Indian Immigrant, First-Time Parents' Voices on Fathering and Fatherhood: A Straussian Grounded Theory (SGT) Approach

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Abstract

Fatherhood has increasingly been recognized globally as central to child-rearing and family well-being. Despite growing awareness of family-centred perinatal care, research, policy, and healthcare systems have provided limited attention to the experiences of fathers, particularly those from racialized and immigrant communities. **Objective:** This study explored the experiences of first-time Indian immigrant fathers who had recently arrived in Canada (within 5 years) as they navigated parenthood within Canada's perinatal care system. It addressed gaps in understanding how the fathers adapted emotionally, culturally, and relationally to fatherhood in a new societal context. **Methods:** Guided by an interpretivist paradigm, this qualitative study employed Straussian Grounded Theory combined with dyadic analysis. Data were generated through in-depth individual interviews with 20 heterosexual, married Indian immigrant parents (10 couples), whose infants were aged 3-15 months. Most participants held postsecondary education, were employed full-time, and were permanent residents or citizens of Canada. Data were analyzed using open, axial, and selective coding, supported by in vivo codes, constant comparison, and dyadic narrative comparison to explore both individual and relational processes influencing experiences of fatherhood. **Results:** The analysis yielded one core theoretical category, "Pivoting into Fatherhood," supported by six interrelated shared categories and associated subcategories. These shared categories captured fathers' emotional and identity shifts; progressive engagement across pregnancy, childbirth, and the postpartum period; migration and work-related structural influences; and evolving relational and caregiving dynamics within couples. Fathers' accounts demonstrated a movement from traditionally provider-oriented roles toward being more engaged, emotionally present. They shared caregiving practices, shaped by cultural continuity, migration-related constraints, and ongoing relational negotiation with

partners. **Conclusions:** Overall, the findings offered a nuanced, relational account of immigrant fatherhood, illuminating how fathers adapted their caregiving identities and practices within a new sociocultural and healthcare context. The resulting Pivoting into Fatherhood Theory conceptualized fatherhood as a dynamic, action-oriented process rather than a fixed role. This study contributes to fatherhood scholarship, family-centred perinatal care, and immigrant health research by advancing a culturally situated, dyadic understanding of fathering and generating practice- and policy-relevant insights to support father-inclusive, culturally safe perinatal systems.

Keywords: Indian immigrant fathers, Canada, grounded theory, pivoting into fatherhood, dyadic analysis, perinatal care, cultural adaptation, caring masculinities, gender roles, immigrant parenting, inclusive policy.

Dedication

To my great-grandmother, Kithariammal, and grandparents, Chinnappa Naidu, Lourdumary, Lourduswamy, and Ponniammal: your presence in my childhood planted resilience that grew into my strength. Though some are gone, your values still guide me.

To my beloved parents, Arokiaswamy and Suseela Catherine: You have shown me, through countless sacrifices, what unconditional love truly means. Appa, your motivation has taught me the value of perseverance. Amma, your gentle hugs, your sacrifices, and your quiet struggles always reminded me that I am enough and inspired me to pursue this research on fatherhood. I am grateful for my in-laws, especially Bakaiammal Amma, a role model for motherhood. You all have given me roots and wings.

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Finally, I dedicate this work to my family and social circle, uncles, cousins, and friends, whose dedication to fatherhood sparked my interest. Your love and support laid the foundation for this research. This dissertation honours the extended family that raised me, including you, my readers. Your insights have shaped this work. With gratitude, I share this milestone with all who influenced my journey.

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I magnify the Lord, my God; I will give thanks with my whole heart and tell of all your wonderful deeds now and forever (Psalm 9:1).

"நன்றி மறப்பது நன்றன்று நன்றல்லது

அன்றே மறப்பது நன்று." (Thirukurral,108)

"Nandri Marappadhu Nandrandru Nandralladhu

Andre Marappadhu Nandru." (Transliteration)

"To forget a good turn is not good,

and good it is to forget at once what isn't good." (Translation)

First and foremost, I am deeply thankful to God, my creator, for being my source of strength, hope, and commitment throughout this process. He has given me the opportunity to fulfill my long-standing dream of completing my Ph.D. This dream began in 1994 during my undergraduate studies and has now become a reality in my fifth decade of life.

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I want to acknowledge the land to which I have immigrated as an international nurse and immigrant parent, as well as my native country (India) and culture, which have shaped this research. During this time, it is my duty and honour to thank all my teachers and mentors who have influenced my professional journey over these past five decades.

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List of Abbreviations

Abbreviation	Full form
ANC	Antenatal Care
BMC	BioMed Central
CALD	Culturally and Linguistically Diverse
CANMAT	Canadian Network for Mood and Anxiety Treatments
CNO	College of Nurses of Ontario
COVID	Coronavirus Disease
EI	Employment Insurance
EU	European Union
FFIF	Father-Friendly Initiative within Families
GT	Grounded Theory
GTA	Greater Toronto Area
GTM	Grounded Theory Methodology
IVF	In Vitro Fertilization
NICU	Neonatal Intensive Care Unit
NVIVO	Qualitative Data Analysis Software (QDAS previously known as NUD*IST)
OHIP	Ontario Health Insurance Plan
PHAC	Public Health Agency of Canada
QPIP	Quebec Parental Insurance Plan
SGA	Small for Gestational Age
SGT	Straussian Grounded Theory
SMC	Synthesized Member Checking
SPIDER	Sample, Phenomenon of Interest, Design, Evaluation, Research Type
UK	United Kingdom
US	United States

Glossary of Terms

Term	Definition/Meaning
Atypical paternal depression	A form of depression in fathers that manifests through symptoms like irritability, withdrawal, or substance use, making it harder to detect in perinatal settings (Affleck et al., 2018).
Audit trail	Systematic documentation of coding, memos, diagrams, and analytic decisions to ensure dependability and transparency in qualitative research (Charmaz, 2006; Corbin & Strauss, 2008).
CANMAT guidelines	The Canadian Network for Mood and Anxiety Treatments recently included paternal perinatal mental health in their clinical guidelines (Vigod et al., 2025).
Caring masculinities	The concept of caring masculinities challenges hegemonic masculinity by promoting empathy, emotional engagement, and caregiving among men (Elliott, 2016).
Caring fatherhood	A type of fathering that focuses on being emotionally present, nurturing, and involved in everyday care. It contradicts traditional "tough guy" ideas and advocates more empathetic, hands-on parenting (Elliott, 2016; Sriram, 2019; Lewington et al., 2021).
Coding paradigm	The Straussian coding paradigm is an analytic tool used to relate categories through conditions, actions–interactions, and consequences, supporting integration of structure and process during theory development (Corbin & Strauss, 2015; Strauss & Corbin, 1998).
Contributory parenting	A model of fatherhood where men actively contribute to caregiving and household responsibilities, moving beyond the provider-only role (Taranikanti et al., 2023).

Term	Definition/Meaning
Constant comparison	A key grounded theory strategy involves the ongoing comparison of data across participants and incidents to refine categories (Glaser & Strauss, 1967).
Core category	The central, integrating concept in grounded theory unifies all other themes (Corbin & Strauss, 2008).
Couvade Syndrome	A psychosomatic condition in which expectant fathers experience pregnancy-like symptoms such as nausea, back pain, or emotional changes (Ganapathy, 2015).
Cultural dissonance	Refers to the psychological discomfort or conflict experienced when a person's cultural values, beliefs, or expectations clash with those of the dominant or surrounding culture. This can occur when individuals or families navigate different norms around parenting, gender roles, or healthcare in a new or unfamiliar cultural setting. For example, immigrant fathers may experience cultural dissonance when their traditional fathering roles differ from expectations in a Western healthcare system (Bond, 2019).
Demographic origin (urban/rural)	Classification is based on participants' upbringing in urban cities or rural towns/villages in India (Statistics Canada, 2022a).
Dyadic analysis	A qualitative method that compares data from both partners in a couple to explore relational dynamics and shared meanings (Collaço et al., 2021).
Dyadic codes	Labels reflecting relational dynamics across couple narratives developed during paired analysis (Francis Xavier et al., 2024).
Eurocentric biases	Institutional and cultural assumptions that prioritize Western norms often lead to the marginalization of immigrant and racialized fathers in perinatal care.

Term	Definition/Meaning
Father-Friendly Initiative (FFIF)	A Quebec-based program that trains healthcare providers to engage fathers in perinatal care (Demontigny, 2020).
Flip-flop technique	A grounded theory analytical tool involving contrastive comparison (e.g., traditional vs. modern fathering) to define category dimensions (Strauss & Corbin, 1998).
Gate-opening/gate-closing	Maternal behaviours that either promote (open) or limit (close) fathers' involvement in caregiving (Schoppe-Sullivan et al., 2015).
Generativity	Erikson's concept of the drive to care for the next generation is applied here to Indian immigrant fathers navigating dual cultural legacies (Sriram, 2019).
Hegemonic masculinity	Hegemonic masculinity is the culturally dominant configuration of masculine practice that legitimates men's collective power in society (Connell, 1995, 2005)
Hybrid parenting roles	Adaptive fathering practices among immigrants blend traditional norms (e.g., provider role) with host-country expectations of emotional caregiving (George et al., 2022).
Immigrant	Refers to an individual who is or has been a landed immigrant or permanent resident, meaning immigration authorities have granted them permanent residence in Canada. Naturalized citizens are also included (Statistics Canada, 2022a).
In vivo codes	Codes created using participants' exact words, preserving the meaning and tone of their experiences (Charmaz, 2014).

Term	Definition/Meaning
Karta	In Indian joint families, the male head, who often holds financial and decision-making authority, frequently distances himself from everyday caregiving (Newbigin, 2010).
Maximum variation sampling	A purposeful sampling strategy is used to capture diverse voices across variables such as language, religion, region, and immigration history (Patton, 2015).
Maternal gatekeeping	Mothers' beliefs and behaviours that influence how much fathers participate in childcare are shaped by societal norms and confidence in the father's abilities (Allen & Hawkins, 1999).
Modern fatherhood	A more balanced role where fathers share caregiving, emotional support, and household duties with mothers. It reflects current expectations in countries such as Canada and is often adopted by immigrant fathers who blend old and new values (George et al., 2022; Taranikanti et al., 2023).
Multi-step (serial) migration	Multi-step (serial) migration in this study refers to individuals who migrated from India to one or more intermediary countries (e.g., the United States) before settling in Canada, rather than migrating directly from India to Canada.
Naître et Grandir (N&G)	A Quebec-based parenting resource developed for parents with low literacy or marginalized backgrounds, designed to encourage paternal engagement (Pluye et al., 2025).
Negative case analysis	A grounded theory technique that strengthens theory development by deliberately analyzing outlier or contradictory data.
Non-transferable paternity leave	Leave benefits reserved exclusively for fathers (e.g., "daddy quotas") to incentivize paternal caregiving (Tervola et al., 2017).

Term	Definition/Meaning
Nuclear family structure	A household unit consisting of parents and their children, without extended kin; common in Western contexts and often necessitating greater paternal involvement for immigrant families.
Open coding	The initial stage in grounded theory involves researchers breaking down the data into discrete parts to identify emerging concepts (Strauss & Corbin, 1998).
Patriarchal deficit	The erosion of traditional male authority among contemporary fatherhood roles (Bailey, 2015).
Patriarchal dividend	The structural advantages men collectively receive from patriarchal systems include authority, economic power, and social legitimacy (Connell, 1995, 2005).
Parent dyads	Married/cohabiting first-time Indian immigrant mother-father pairs
Parental-arranged marriage	A marriage arranged by family elders is a common cultural practice.
Parental Sharing Benefit (Canada)	The Parental Sharing Benefit offers an additional five weeks of standard parental benefits or eight weeks of extended benefits when both parents share EI parental leave, creating a "use-it-or-lose-it" incentive (Government of Canada, 2025). The policy increases the total available parental leave from 35 to 40 weeks (standard) or from 61 to 69 weeks (extended) when each parent claims part of the entitlement (Government of Canada, 2025).
Positionality mapping	The use of tools such as Social Identity Maps to track researcher biases.
QPIP (Quebec)	Provincial plans offer 70% wage replacement (compared to 55% federally), leading to higher leave uptake (Harvey & Tremblay, 2020).

Term	Definition/Meaning
Recent immigrant	Refers to a person granted permanent residency in the five years preceding the census. The 2021 Census covers the period from January 1, 2016, to May 11, 2021 (Statistics Canada, 2022a).
Selective coding	The final phase of grounded theory analysis involves integrating categories around a central phenomenon (Corbin & Strauss, 2008).
South Asian population	Statistics Canada defines the South Asian population as individuals who self-identify as "South Asian" on the Census population group question, including those with roots in India, Pakistan, Sri Lanka, Bangladesh, Nepal, and related regions, as well as respondents who report South Asian in combination with another group (Statistics Canada, 2024)
Standard/extended parental leave	Canadian leave options offering 35 versus 61 weeks (Government of Canada, 2025)
Straussian Grounded Theory (SGT)	A qualitative methodology using systematic coding (open, axial, and selective) to develop theories grounded in participants' data.
Synthesized Member Checking (SMC)	A process where participants validate findings through feedback sessions, often via virtual focus groups (Birt et al., 2016).
Theoretical sampling	An iterative participant selection strategy based on emerging concepts in the data (Strauss & Corbin, 1998).
Traditional fatherhood	A fathering style based on traditional gender roles, where dads are mainly seen as providers and authority figures. They typically have limited involvement in emotional care or in daily parenting tasks, particularly in cultures shaped by patriarchy.
Transitional fatherhood phases	The emotional and psychological journey through pregnancy, childbirth, and postpartum adaptation.

Term	Definition/Meaning
Twice migrated	In Das Gupta's (2021) study, "twice migrated" refers to migrants from India and Pakistan, particularly “Gulf South Asians,” who first moved from their home countries to Gulf nations and then migrated to Canada. This usage is distinct from multi-step migration via other intermediary countries such as the United States.

Chapter 1: Introduction

"I love my father as the stars; He is a bright shining example and a happy twinkling in my heart." Terri Guillemets.

From a young age, my father, a teacher, and my aunt, a professor, emphasized the importance of education in my life. Although my journey took an unexpected turn from aspiring physics professor to a registered nurse, this shift allowed me to discover my true passion. As a clinician and educator in perinatal settings for over 28 years, I have witnessed how clinical, social, and structural influences shape maternal and infant health. Throughout my career, I have also noticed that fathers are often overlooked in perinatal care.

My personal experiences and professional journey have shaped my perspectives. Growing up in India in the 1970s with four sisters, I observed my father encouraging our education, reflecting a paternal style prevalent at the time. In contrast, years later, I saw my brothers in urban India joyfully care for their children, illustrating shifts in gender roles and family structures. However, family members who migrated to other countries described balancing breadwinning expectations with changing caregiving roles in new cultural environments.

As a maternal-child nurse with experience across three countries, I have observed consistent gaps in paternal involvement during the perinatal period and its effects on maternal and child wellbeing, with ripple effects on the entire family across generations. In Indian Neonatal Intensive Care Units (NICU), fathers often watch helplessly from behind glass partitions. In some of my clinical and research encounters, I have observed settings where fathers were not routinely included in maternity care, as well as situations in Canadian clinics where immigrant fathers appeared uncertain, navigating both unfamiliar healthcare systems and shifting

cultural expectations. These observations suggest three recurring themes: limited invitations for fathers' participation, cultural tensions regarding expectations of involvement, and policy-level constraints such as restricted parental leave or limited mental-health supports for fathers. As a maternal and child health nurse, I often wonder whether fathers are considered 'absent' parents in parenting literature and, if so, why. My observations within the perinatal context also support this idea, as highlighted by Schoppe-Sullivan and Fagan (2020). As discussed in Chapter 2, these issues are influenced not only by culture but also by policies and structural biases within Canadian perinatal systems (Da Costa et al., 2017).

A turning point for me occurred when my typically reserved father expressed, "I wanted to be more present in your childhood and your siblings, but no one showed me how." This personal insight motivated me to focus more deliberately on father engagement in clinical practice. Through my doctoral research on Indian immigrant families in Canada, I aim to amplify the voices of fathers and mothers. My goals include challenging healthcare systems that marginalize paternal involvement and bridging cultural divides concerning parenting expectations.

By honouring the often-untold stories of fathers, we can cultivate a perinatal care system that supports diverse families. My journey, from a daughter in 1970s India to a nurse-researcher in Canada, has uniquely equipped me to undertake this vital task: to contribute to the knowledge and transformation of practice in perinatal healthcare, while recognizing and celebrating all forms of fatherhood, whether conventionally reserved or actively engaged.

The dissertation systematically explores the experiences of Indian immigrant first-time parents during the perinatal period, with a specific focus on fathers' often-overlooked perspectives. While the emphasis on maternal and infant health remains central to perinatal

scholarship, the limited attention to fathers, particularly those navigating cultural transitions, represents a significant gap. Meaningfully integrating fathers' perspectives offers potential to strengthen family-centred care and enhance outcomes for mothers, infants, and families as interconnected units. The study aims to address a significant gap by adopting a dyadic approach that captures the narratives of both mothers and fathers. It examines how intersecting factors, including migration, healthcare systems, and cultural expectations, shape their transition into parenthood. Through a comprehensive analysis, the research aims to address the limited integration of fathers into perinatal care and to support the development of more inclusive, family-centred practices.

1.1 Background

Canada's demographic landscape is significantly influenced by immigration, with people of Indian origin being one of the largest and fastest-growing immigrant groups. The 2021 Census revealed that about 1.35 million individuals in Canada identified as having Indian ethnic origin, representing 3.7% of the total population (Statistics Canada, 2022a). Ontario has the largest share of this population, with 774,495 individuals, accounting for 5.6% of the province's residents (Statistics Canada, 2022b). India was also the top country of birth for newcomers arriving between 2016 and 2021, accounting for 18.6% of recent immigrants (Statistics Canada, 2022d). As individuals of Indian origin make up a significant share of Canada's broader South Asian population, these patterns reflect the continued growth and visibility of this community (Statistics Canada, 2024). South Asians also represent 9.9% of all parents of children aged five and under in Canada, underscoring the youthful and growing demographic profile of this racialized group (Statistics Canada, 2024).

The Indian immigrant population is heavily concentrated in the Greater Toronto Area (GTA), particularly in cities such as Brampton (52.4% South Asian), Mississauga (25.4%), and Oakville (13.5%) (Statistics Canada, 2022c). New immigrants often settle in regions where they have existing social networks, access to economic and employment opportunities, and are attracted by the area's general appeal (Statistics Canada, 2022d). These statistics underscore the demographic and cultural significance of the Indian immigrant community, particularly in the Peel and Halton regions of Ontario. Recent immigration trends highlight the need for a more nuanced understanding of the experiences of Indian immigrants, who have represented a significant segment of newcomers in recent years. Despite their growing presence, the experiences of this demographic have been relatively understudied within parenting research. This gap underscores the need for further research on their settlement experiences, parenting, and health.

Despite evidence showing that active father involvement improves maternal well-being, supports infant development, and strengthens family bonds (De Montigny et al., 2020; Public Health Agency of Canada [PHAC], 2017, 2022), this area remains underexplored. The academic discourse continues to focus primarily on white, Western fathers, effectively sidelining the experiences of racialized immigrant populations. (Doucet, 2021). Chapter 2 builds on this foundation by examining how these disparities are reflected across the global literature on fatherhood and perinatal care systems.

Little is known about the experiences of men from culturally and linguistically diverse (CALD) communities in high-income countries who receive perinatal healthcare. (Forbes et al., 2021). Indian immigrants in Canada, despite their demographic significance, are less frequently represented in parenthood research. Macro-level Eurocentric and ethnocentric biases shape

settlement and service experiences (Rajan, 2024), while perinatal experiences are further shaped by systemic barriers to health and social service access and discrimination (Vaillancourt et al., 2024). In addition, culturally shaped understandings of perinatal mental health, including stigma and non-disclosure, can reduce help-seeking and engagement with care (Philip et al., 2024).

During the perinatal period, fathers face challenges as they shift from India's extended family caregiving models to Canada's nuclear family structure. Chapter 2 further explores the literature on how Indian fathers in Canada may face challenges related to systemic exclusion, inadequate culturally relevant support, and recognition of their roles in maternal and infant care, similar to issues noted among other immigrant fathers (Vaillancourt et al., 2024). Immigrant fathers often navigate parenthood without traditional support systems (Bond, 2019; Hodgson et al., 2021). While Canada's healthcare system is more progressive than many in its support for family-centred care, maternal-centric practices still dominate, marginalizing fathers, particularly immigrants adapting to new cultural norms (Bond, 2019). These systemic issues highlight institutional gaps that disproportionately affect racialized families.

Beyond systemic barriers, Indian immigrant fathers navigate multiple personal and social challenges in their transition to parenthood. These include role ambiguity as they reconcile traditional patriarchal expectations with Western caregiving norms (Bhandari & Titzmann, 2017), emotional strain from the loss of social capital (Singh et al., 2020) and exclusion from clinical decision-making, which undermines their confidence as caregivers (Hodgson et al., 2021). Unlike in India, where extended family provides guidance, immigrant fathers must redefine their identities in isolation, often without institutional or community support. Such findings suggest that the lived experiences of Indian immigrant fathers may help expand theories

of fatherhood beyond Eurocentric frameworks, making this population especially important for grounded exploration.

Indian immigrant fathers navigate the challenge of balancing traditional patriarchal expectations with modern caregiving roles. Unlike in India, they often do so without the support of extended family networks. Research across migrant contexts suggests that migration can reshape family roles and caregiving expectations, creating pressures and opportunities for fathers that are relevant across settler countries, including Canada (Philip et al., 2024). In the Indian Immigration Report, Rajan (2024) highlights that Indian immigrants in Canada face complex challenges related to integration, changes in family dynamics, and the availability of social and healthcare services. These dynamics shape how Indian families experience parenthood, particularly in the absence of extended kin networks and in a new cultural environment. Understanding these intersecting factors is essential for developing culturally responsive healthcare policies and father-inclusive perinatal programs that reflect the realities of Canada's largest immigrant population.

A statistical snapshot of modern fathers in Canada reveals that fathers today are older, more diverse, and more likely to live in urban centres than in previous generations (Statistics Canada, 2023). In 2021, the average age of Canadian fathers at the birth of their child was 33.6 years, with nearly 40% aged 35 or older and 14.1% aged 40 or older (Statistics Canada, 2023). Ontario fathers, alongside those in British Columbia, were among the oldest in the country, with averages of 34.0 and 34.4 years, respectively (Statistics Canada, 2023). Over 76% of fathers aged 30 and older reside in census metropolitan areas, with an even higher urban concentration among older fathers (Statistics Canada, 2023). Notably, the proportion of immigrant fathers in Canada has more than doubled over the past three decades, from 13.7% in 1991 to 32.5% in

2021(Statistics Canada, 2023). Among these, Indian-born fathers now constitute the largest subgroup, accounting for 18.1% of all foreign-born fathers (Statistics Canada, 2023).

Alongside these demographic shifts, most Canadian fathers aged 20 to 49 with children under 18 were employed in 2021 (91.8%), underscoring the dual pressures of breadwinning and caregiving that shape the fatherhood experience in Canada. These demographic and socioeconomic realities underscore the importance of examining Indian immigrant fathers, particularly given that India has become the leading country of origin for immigrant fathers in Canada (Rajan, 2024). Understanding how these men adapt to fatherhood in a new cultural context is important for informing inclusive, culturally responsive perinatal care practices that reflect the realities of Canada's largest and fastest-growing immigrant community.

1.2 Theoretical Orientation and Sensitizing Concepts

The study drew on several theoretical ideas that informed my initial orientation to how first-time Indian immigrant fathers make sense of early parenting in Canada. Consistent with the Straussian grounded theory methodology, these ideas served only as sensitizing concepts, guiding early attention without determining the analytic direction.

Perspectives on masculinity and identity show how fathers may balance provider and caregiver roles amid changing expectations of emotional involvement (Connell, 1995, 2005; Bailey, 2015). The ecological systems perspective-oriented attention to the various contexts, family, work, healthcare, and immigration structures, that influence early parenting experiences (Bronfenbrenner, 2009). The intersectional lens (Crenshaw, 1989, 1991) further deepens my understanding of how gender, immigration status, class, language, and racialization intersect to limit or enable fathers' opportunities and constraints in parenting and perinatal care contexts.

Together, these perspectives oriented my early focus on identity, context, and relational dynamics, while allowing the grounded theory analysis to develop inductively from participants' accounts. Their specific applications, such as analytic lenses and sensitizing concepts, are elaborated in Chapter 3.

1.3 Research Problem

The transition to fatherhood requires substantial psychological and social adjustment, with men experiencing significant identity changes as they take on caregiving roles while balancing work and family life (Darwin et al., 2017, 2021; Gemayel et al., 2018; Williams, 2020). For Indian immigrant fathers in Canada, this process is further shaped by cultural adaptation and systemic barriers to healthcare access (Bond, 2019; Kumar, 2015; Kumar et al., 2018). Despite Indian immigrants forming Canada's largest immigrant group, their perinatal experiences remain underrepresented in research, clinical guidelines, and practice.

Existing scholarship largely reflects Eurocentric, middle-class, and mainstream fatherhood, leaving marginalized and non-hegemonic father groups insufficiently understood (Hodgson et al., 2021; Strier & Perez-Vaisvidovsky, 2021). Indian immigrant fathers face distinct challenges, including cultural role conflicts where traditional expectations of patriarchal authority clash with Canadian norms of engaged fatherhood, creating psychological strain as they reconcile competing expectations (Bhandari & Titzmann, 2017).

Immigration also restructures paternal and family dynamics by disrupting extended family support systems that are central within traditional Indian parenting models (Bond, 2019; Philip et al., 2024). Within Canada's healthcare system, fathers often experience marginalization and limited involvement in perinatal care (Costa, 2023). These intersecting pressures, cultural

dissonance, social isolation, and institutional exclusion, intensify an already demanding life transition.

Unaddressed, these challenges affect paternal mental health, marital relationships, and child outcomes (Jeong et al., 2018, 2021; Singh et al., 2020). Healthcare systems remain inadequately equipped due to limited culturally safe practices, insufficient paternal mental health screening, and persistent institutional biases that prioritize mothers' experiences (Bond, 2019; Brown et al., 2020; CPMHC, 2021; Costa, 2023; Doucet, 2021; Hodgson et al., 2021; Vaillancourt et al., 2024).

The study addresses these gaps by exploring the perinatal experiences of first-time Indian immigrant fathers in Canada. It seeks to understand how cultural, social, and institutional factors shape their transition to parenthood. While mothers' experiences remain central to perinatal research, fathers' perspectives are essential for understanding the relational dynamics of early parenting. Therefore, as part of a combined perspective, mothers are included in this study to provide their perspectives. Using a qualitative grounded theory approach, this study contributes by centring the voices of first-time Indian immigrant fathers and informing more inclusive perinatal care models, theoretical understandings of immigrant fatherhood, and policies aimed at supporting diverse families during this critical transition.

1.4 Purpose of the Study

The study uses a Straussian Grounded Theory approach to centre the voices and lived experiences of racialized Indian immigrant fathers and mothers equally during the perinatal period in Canada. By foregrounding the narratives of these ethnic minority fathers and mothers, I explore how immigrants and racialized individuals navigate, and men experience, cultural adaptation and evolving caregiving roles. I also consider how gendered expectations, particularly

for men, shape their experiences within perinatal health care systems. The study aims to develop a data-driven substantive theory of immigrant fatherhood that highlights systemic barriers and resilience strategies among Indian fathers in a transnational context and identifies areas for transforming perinatal care into more inclusive and culturally safe practices. Through its attention to the perspectives of racialized immigrant fathers and mothers, this research will contribute to better-informed family health policies that recognize and support diverse parenting experiences in multicultural societies.

1.5 Research Goal and Objectives

The goal of this study is to explore the experiences and perceptions of first-time Indian immigrant parents (both fathers and mothers) during pregnancy, childbirth, and postpartum in Canada.

The study's specific objectives are to:

1. Expand the knowledge base on fatherhood during the perinatal period, particularly from the perspective of Indian immigrant couples transitioning to parenthood in Canada.
2. Explore the unique needs, challenges, and concerns of ethnically and culturally diverse parents during the perinatal period.
3. Provide insights for healthcare providers, educators, and policymakers on the specific barriers and facilitators of father-inclusive and culturally safe perinatal care.
4. Develop a substantive theory on Indian fathering and fatherhood within the perinatal context, capturing the processes, adaptations, and support structures that shape their transition into parenthood.

1.6 Research Questions

Building on the background and research problem outlined in this chapter, the study is guided by three core research questions, as shown in Table 1. These questions address gaps in understanding the perinatal experiences of immigrant fathers, the limited attention to dyadic parental perspectives, and the need for more culturally safe, father-inclusive care. Together, they aim to deepen understanding of how Indian immigrant families adapt to fatherhood in Canadian perinatal contexts and to inform inclusive and equitable family-centred practice.

Table 1

Research Questions

1. How do first-time, recent immigrant Indian fathers experience pregnancy, childbirth, and postpartum in the childbearing period? 2. How do Indian mothers and fathers perceive fathering roles and behaviours during the perinatal period? 3. What are the available resources, needs, supports, and barriers to fathering as perceived and expressed by the couples?

1.7 Significance of the Study

The study holds significance for policy, practice, and healthcare governance, with implications for clinical care, nursing education, and service delivery. By actively involving fathers as participants and applying the Straussian Grounded Theory (SGT) approach, the study ensured that their voices were systematically and ethically represented in the analytical process (Strier & Perez-Vaisvidovsky, 2021). The research addresses the overlooked experiences of Indian immigrant fathers, the most significant recent immigrant cohort in Canada (Section 1.1), whose perspectives remain largely absent from perinatal literature and practice (see Chapter 2). In the GTA, where Indian immigrants come from diverse cultural, linguistic, and regional

contexts across India's 28 states and 8 union territories (Statistics Canada, 2017), their insights are essential for shaping inclusive healthcare policies.

Fathers remain excluded from perinatal services (Hodgson et al., 2021; Vigod et al., 2025), despite evidence that approximately 10% experience perinatal mental health concerns (CPMHC, 2021), with rates increasing substantially during COVID-19 (Cameron et al., 2020, 2023; Obikane et al., 2023). For Indian immigrant fathers, these risks are intensified by cultural transitions, tensions between patriarchal norms and Canadian caregiving expectations (Bhandari & Titzmann, 2017), and reduced extended family support. Immigrant fathers also encounter healthcare systems that often overlook their cultural and emotional realities (Bond, 2019; Brown et al., 2020), underscoring the need for culturally responsive, father-inclusive perinatal care.

Focusing on recent Indian immigrants to Ontario (2016–2023), who comprise 4.2% of the provincial population (Statistics Canada, 2017), this study extends traditionally mother-centred perinatal research by adopting a father-centred perspective alongside a dyadic analysis (Collaço et al., 2021) to include mothers' perspectives and illuminate role negotiations in immigrant families. It extends the concept of the "patriarchal deficit" (Bailey, 2015) by documenting fathers' perceptions of systemic barriers, resilience strategies, and adaptations of traditional family structures in the Canadian context. By concentrating on first-time parents, it lays a foundation for comparative work with other immigrant groups and advances theoretical understandings of fatherhood in multicultural settings.

The findings will inform policy and practice by promoting family-centred perinatal care that respects cultural diversity (CNO, 2018; PHAC, 2017). In line with PHAC's (2017) view of pregnancy and birth as everyday life events and the CNO's (2018) commitment to culturally safe care, the study supports nursing practices that engage with migration-related challenges. The

results will strengthen clinical protocols for father-inclusive care (Mangwi Ayiasi et al., 2022; Vo et al., 2024), enhance nursing education (Buek et al., 2021; De Montigny et al., 2020; Kumar, 2015), and improve community health programs for immigrant families (Brown et al., 2020; Higginbottom et al., 2013). Documenting fathers' lived experiences will contribute to better assessment tools, shared parenting support, and strategies to reduce the intergenerational impacts of untreated paternal mental health concerns (Gemayel et al., 2018).

Finally, the study addresses persistent gender inequities in caregiving. Mothers continue to bear disproportionate childcare responsibilities with consequences for their health and careers (Pratezina, 2021). Because policies and practices often marginalize fathers, their involvement is rarely positioned as a solution to caregiving inequities. By centring the experiences of Indian immigrant fathers, this study highlights how their exclusion perpetuates these inequities and supports policy development that engages fathers more fully, redistributes care work, and promotes gender equality.

In summary, this study supports the ongoing importance of mother and child-focused perinatal care while highlighting the need to broaden practice frameworks toward family-centred models that intentionally include fathers. It amplifies marginalized perspectives, strengthens evidence for inclusive practice, and provides insights to improve nursing education and healthcare policy in Canada's multicultural context. These themes will be further elaborated in Chapter 2, particularly regarding couple dynamics, policy barriers, and institutional support for fathers.

1.8 Philosophical and Methodological Orientation

The study is grounded in an interpretivist paradigm, which recognizes multiple realities and views knowledge as emerging from the interpretation of participants' accounts (Schwandt,

2007). Methodologically, it is guided by Strauss and Corbin's Grounded Theory (SGT) (Strauss & Corbin, 1998), a systematic set of steps and procedures that generate mid-range explanatory theory rooted in participants' experiences. SGT employs systematic coding, constant comparison, and the coding paradigm to move beyond description toward conceptualizing the social processes through which individuals navigate contexts. A detailed discussion of these philosophical and methodological foundations is provided in Chapter 3.

1.9 Organization of the Dissertation

The experiences of first-time Indian immigrant parents settling in Canada are discussed across the five chapters of this dissertation. Chapter 1 lays the groundwork for the study by introducing the research context, articulating the research problem (Section 1.3), outlining the theoretical orientation that informed the inquiry (Section 1.2), establishing the study's significance for perinatal care, policy, and scholarship (Section 1.7), and situating the research within an interpretivist paradigm and Straussian Grounded Theory methodology (Section 1.8). In addition, the chapter presents the study objectives, research questions, and my personal and professional motivations for undertaking this research.

Chapter 2 reviews the existing literature on the evolution of fatherhood, cultural norms surrounding fatherhood, and the unique challenges immigrant parents face during the perinatal period, with particular attention to gaps in understanding the experiences of first-time immigrant fathers. Chapter 3 outlines the methodology, employing a Straussian Grounded Theory approach enriched by dyadic analysis to capture shared parenting experiences, and details the research design, ethical considerations, participant recruitment, data collection, and analytical processes.

Chapter 4 presents the study findings through participants' narratives, examining how fathers' identities shifted following migration, how traditional expectations were negotiated

within new contexts, and how fathers engaged with healthcare services. Chapter 5 situates these findings within existing literature and theoretical frameworks, exploring how Indian immigrant fathers redefine fatherhood in Canada through processes of cultural adjustment, emotional negotiation, and interaction with structural barriers. Finally, Chapter 6 discusses the theoretical and practical implications of the findings, presents the substantive theory developed in this study, offers recommendations for nursing education, perinatal practice, and policy reform, and acknowledges study limitations while identifying directions for future research.

1.10 Summary

The introductory chapter provides an overview and sets the foundation for the research on Indian immigrant fathers in Canada, highlighting their limited recognition in healthcare despite increased involvement in child rearing. It identifies gaps in practice, research, and policy regarding their challenges in adapting culturally and accessing perinatal support. Using an SGT approach, the study aims to understand immigrant fatherhood by pursuing four goals: to expand knowledge, to explore cultural needs and barriers, to promote inclusive healthcare, and to develop a theory of fathers' adjustment. Focusing on first-time immigrant parents from India, it supports equitable, culturally responsive perinatal care. Later chapters review literature, methodology, findings, and theory.

Chapter 2: Review of Literature

Fatherhood and immigrant experiences are deeply intertwined and shaped by cultural, social, and systemic factors. Strauss and Corbin's (1998) methodology emphasizes the importance of literature reviews in identifying research problems, while Cooke et al. (2012) propose the SPIDER framework (Sample, Phenomenon of Interest, Design, Evaluation, Research type) to guide search strategies. Using the SPIDER framework (Appendix A), I reviewed literature on first-time fathers; South Asian (Indian) fathers; immigrant and transnational fatherhood; and global fatherhood during pregnancy, childbirth, and the postpartum period.

A structured search strategy was developed and applied across Medline, CINAHL, and PsycINFO using Boolean operators ("AND," "OR") (Appendix B). The search, limited to publications from 2015 to 2025, yielded 165 records, including peer-reviewed articles and grey literature (Appendix C). While the systematic search focused on literature published between 2015 and 2025, key foundational studies published prior to 2015 and after 2024 were included to provide essential theoretical background and context. Including these seminal works ensures a comprehensive understanding of fatherhood and situates this study within the broader academic discourse. The review chapter builds on the introductory discussion in Chapter 1, contextualizing global and transnational fatherhood literature while focusing on the specific healthcare, cultural, and policy challenges that Indian immigrant fathers face in Canada.

2.1 Global Perspectives on Fatherhood

Fatherhood and parenting are socially constructed roles shaped by cultural norms, economic conditions, and gendered expectations, rather than by mere biological status (Parke & Cookston, 2019). The perinatal period is commonly conceptualized as a transition during which individuals renegotiate routines, identities, and relationships in response to new parenting roles

(Bäckström et al., 2018; Draper, 2003; Meleis et al., 2000; Schumacher & Meleis, 1994). Draper (2003) conceptualizes fatherhood as a processual transition, highlighting pregnancy and early parenting as key moments for shifts in masculine and parental identities.

Across social and institutional contexts, fathers' roles are often organized around ideals of provision, protection, and family responsibility, although the meanings and enactments of these roles vary. Some studies emphasize financial provision and emotional reassurance as central expressions of fatherhood, while others document growing expectations for emotional involvement and shared caregiving (Johansson et al., 2015; Johansson & Andreasson, 2017; Mrayan et al., 2016). Empirical research further illustrates that contemporary fathering identities are not uniform. Eerola and Mykkänen (2015), for example, identify diverse fatherhood archetypes ranging from provider-oriented to egalitarian and care-engaged forms of fathering.

At the same time, research across settings consistently documents tensions between provider expectations and caregiving involvement. Fathers are frequently encouraged to prioritize paid work and economic stability as central expressions of paternal responsibility, while daily caregiving and antenatal participation remain less expected or unevenly supported (Jayakody & Phuong, 2013; Saraff & Srivastava, 2010). Qualitative studies indicate that caregiving remains widely gendered, with men often positioned as providers rather than direct caregivers, a pattern reflected in parental narratives and institutional practices (Iliyasu et al., 2024; Kironde & Addis, 2023; McLean, 2020). These studies highlight recurring tensions between provider and caregiving roles across different social and institutional arrangements.

Masculinity frameworks help synthesize these patterns in the global fatherhood literature. Connell's concept of hegemonic masculinity frames masculinity as a relational and hierarchical configuration of practice that shapes normative expectations for men's roles, including

fatherhood (Connell, 1995, 2005). This has been linked to the notion of a patriarchal dividend, referring to the structural advantages men may accrue within patriarchal gender arrangements. However, contemporary fatherhood scholarship complicates this assumption: Bailey (2015) argues that many fathers experience a patriarchal deficit when cultural ideals increasingly endorse involved fathering while institutional conditions, particularly employment structures and gendered norms, limit opportunities for caregiving.

Elliott's (2016) concept of caring masculinities further captures how some fathers incorporate care, emotional engagement, and relationality into masculine identities, reframing caregiving as a meaningful masculine practice rather than a departure from masculinity. Building on this, Roy and Allen (2022) explain that masculinity is not fixed but develops through everyday family interactions over time. They argue that masculinities are shaped by relationships across generations and by broader social structures such as laws, institutions, and policy environments. Their work also highlights that families can both reinforce traditional, dominant forms of masculinity and create space for more caring or flexible versions. In addition, they note that these family-level masculinity processes have mental-health consequences and that masculinity should be understood in a gender-inclusive way rather than tied only to male bodies.

Overall, contemporary scholarship portrays fatherhood as a developmental and relational process shaped by gender norms, economic conditions, and institutional arrangements (Draper, 2003; Sriram, 2019). Three cross-cutting patterns emerge in perinatal fatherhood research. First, fathers frequently describe emotional vulnerability and uncertainty, particularly when institutional norms restrict their participation in maternity care (Johansson et al., 2015; Khajehei et al., 2020; Walsh et al., 2021). Second, fathers navigate ongoing tensions between provider expectations and expanding ideals of shared caregiving, often adopting hybrid forms of

involvement shaped by family dynamics and local norms (Eerola & Mykkänen, 2015; Jayakody & Phuong, 2013; Seward & Stanley-Stevens, 2014; Taranikanti et al., 2023). Third, despite growing recognition of paternal mental health and wellbeing, father-inclusive support, particularly for mental health and early caregiving preparation, remain uneven across perinatal services and policy environments (Baldwin et al., 2018; Cameron et al., 2016, 2017; Dennis et al., 2022; Reinicke, 2020; Wray, 2020).

Together, these patterns provide a foundation for the sections that follow, which examine how migration and settlement conditions shape fathering roles, couple negotiations, and access to supports among Indian immigrant first-time parent dyads (Choi et al., 2023; Forbes et al., 2021; Vo et al., 2024).

2.2 Fatherhood in Transnational and Immigrant Contexts

Fatherhood among immigrant and transnational men is shaped by the disruptions and adjustments that migration entails. These fathers often redefine their roles as they navigate changing employment patterns, unfamiliar healthcare systems, cultural differences, and shift expectations from their host society and communities (Merry et al., 2020). This section examines how migration, systemic barriers, cultural adaptation, and intergenerational dynamics affect fathering in the diaspora. Parenting literature highlights how various environments, including workplaces, healthcare settings, community networks, and policy structures, influence caregiving opportunities (Liu et al., 2021; Yoshida et al., 2021), and research on transnational families illustrates how systems often fail to address migrant's cultural and emotional ties across borders (Merry et al., 2020). For immigrant fathers, changing employment patterns, limited support networks, and unknown health systems can significantly affect how families organize care and cope with perinatal demands.

Migration and Role Adaptation

In Canada, newcomer families comprise economic migrants, family-sponsored immigrants, refugees, temporary workers, and undocumented individuals (Statistics Canada, 2019). Brown et al. (2020) conducted a scoping review that found that newcomer families face distinct structural and psychological barriers to accessing early childhood development services. The study highlights the need for participatory research that centres the voices of newcomer families to shape meaningful, culturally relevant policies.

Migration can intensify role strain when fathers' expectations are shaped by origin-country norms that intersect with host-country ideals around gender equality and active caregiving. For example, South Asian fathers in Euro-American settings report tensions in balancing their provider roles with more egalitarian parenting norms (George et al., 2022). Similarly, Indian fathers in Australia have been found to be more involved in caregiving than those in India, a change driven by living in nuclear families and lacking extended family support (Philip et al., 2024). These examples illustrate how intersecting identities, such as race, migration status, and gender, can exacerbate role strain as men navigate systemic obstacles, including discrimination and underemployment, alongside shifting family expectations (Mangwi Ayiasi et al., 2022; Riggs et al., 2016; Vo et al., 2024). Bailey (2015) conceptualizes these shifting conditions as a "patriarchal deficit," where men's authority may be reduced even as expectations for caregiving increase.

Intersectional lens conceptualizes how structural systems (e.g., racialization, gendered norms, and class-based inequalities) interact to shape lived experience (Crenshaw, 1991). In immigrant fatherhood research, these intersecting structures help explain unequal access to resources and uneven possibilities for caregiving involvement (Choi et al., 2023; Mangwi Ayiasi

et al., 2022; Mprah et al., 2023; Strier & Perez-Vaisvidovsky, 2021). Migration-related constraints and socioeconomic disadvantage may reduce opportunities for early involvement and amplify stress, potentially increasing risks for fathers and families in racialized immigrant communities (Kim, 2024; Goel & Mishra, 2024).

Despite the constraints, immigrant fathers often find creative ways to adapt their parenting roles. For example, African fathers in Belgium reported that the absence of extended kinship networks led them to assume caregiving roles typically performed by female relatives (Onyeze-Joe et al., 2022). Such shifts have been theorized as forms of non-hegemonic fatherhood, in which intersecting identities, such as race, migration status, and class, shape fathers' exploration of caregiving practices that diverge from both origin-country expectations and dominant host-country norms (Strier & Perez-Vaisvidovsky, 2021).

Navigating Perinatal Healthcare Systems

Immigrant fathers may face several challenges in engaging with perinatal healthcare. Structural barriers include hospital policies that exclude men from decision-making, staff assumptions that prioritize mothers as the only caregivers, and physical settings that may feel unwelcoming to fathers (Forbes et al., 2021). Implicit biases deepen these obstacles, as some fathers avoid seeking support due to fears of being dismissed by healthcare staff. Additionally, language differences create additional hurdles, limiting fathers' ability to advocate effectively for themselves and their partners (Vaillancourt et al., 2024). These barriers operate within service cultures that often reduce fathers' visibility and participation in antenatal and intrapartum encounters, especially when interactions involve long waits or dismissive communication (Kironde & Addis, 2023; McLean, 2020; Jeong et al., 2021). Bond (2019) argues that immigrant and refugee fathers are often treated as peripheral within family and health services, despite their

importance to family adjustment and coparenting. A father-inclusive practice approach, therefore, requires intentional engagement strategies that recognize fathers as caregivers and relational partners, not only as providers (Bond, 2019). Even in contexts with gender-equality initiatives, fathers may still interpret antenatal care as primarily intended for mothers, which can lower expectations for their own involvement (Andersson et al., 2016).

In Canada, while multicultural policies ideally foster opportunities for culturally responsive care, actual practice often falls short of this ideal. Fathers report discriminatory experiences in maternity wards, including dismissive attitudes and exclusion during childbirth (Forbes et al., 2021; Vaillancourt et al., 2024). Similar patterns appear in the United States, where immigrant fathers described racialized interactions with healthcare providers that limited their participation and eroded trust (Valdez et al., 2022). These findings indicate that multicultural policies alone do not ensure equitable care; institutional cultures and provider practices need to change to fully include fathers' voices. This ongoing tension between exclusion and aspiration shapes the adaptive strategies employed by immigrant fathers, as discussed in the next section.

Integration and Hybrid Parenting Roles

Immigrant fathers often face the challenge of balancing cultural traditions with the norms of their new country. This creates role conflicts, especially between their duties as providers and their growing caregiving responsibilities (Choi et al., 2023). In response, some fathers develop hybrid parenting styles, blending traditional provider roles with increased involvement in childcare, emotional support, and household tasks (Hamel et al., 2023; Onyeze-Joe et al., 2022). In addition, some fathers adopt hybrid approaches that combine culturally embedded postpartum practices with active co-parenting, including increased paternal participation in traditions such as

zuo-yuezi (“doing the month”), a postpartum confinement tradition where mothers rest and recover for about a month after childbirth while family members, mainly women, provide care for both mother and baby; emerging accounts suggest that fathers’ involvement during this period can take more participatory forms of co-parenting and may strengthen family bonds and support maternal wellbeing (Ding et al., 2020; Zhou et al., 2019; Zheng et al., 2023).

Evidence illustrates how hybrid fathering operates in practice. For example, African fathers in Belgium reported being pushed into caregiving roles like feeding and bathing their children due to the lack of extended family networks. In their countries of origin, these duties were typically handled by female relatives (Onyeze-Joe et al., 2022). Likewise, Hamel et al. (2023) observed that immigrant fathers in the U.S. combined financial support with active participation in their children’s daily routines and education. These findings suggest that hybrid fatherhood is often a pragmatic response to changing family arrangements and settlement pressures rather than a simple shift toward egalitarian ideals. Strier and Perez-Vaisvidovsky’s (2021) non-hegemonic fatherhood framework helps explain these adaptations, illustrating how migration and systemic exclusion can generate new forms of paternal involvement that do not fully match traditional roles or host-country standards.

In Canada, immigrant fathers are increasingly participating in early caregiving practices such as holding, feeding, and skin-to-skin contact (Forbes et al., 2021; Vo et al., 2024). Research on parenting has, however, such findings may not capture the experiences of all groups, particularly fathers facing unstable employment, language barriers, or systemic bias, which can reduce their capacity to engage in hands-on involvement. These factors underscore significant variations within immigrant communities. Policy-related constraints also shape fathers’ caregiving opportunities. Even when immigrant fathers are eligible for leave, participation can be

uneven due to language barriers, insecure employment, and limited awareness of entitlements (Tervola et al., 2017). A detailed synthesis of paternity leave and structural supports is presented in Section 2.6. These adaptive patterns and constraints also intersect with intergenerational expectations and cultural transmission within diaspora families.

Intergenerational Impacts and Cultural Transmission

Parenting in the diaspora often involves balancing expectations across generations. Immigrant fathers face pressure from relatives both abroad and locally to adhere to traditional norms (Mrayan et al., 2016; Onyeze-Joe & Godin, 2020). Pooley and Qureshi (2016) observe that when maternal kin are influential, new fathers may be less involved in infant care, whereas men lacking such kin support often assume greater caregiving responsibilities. Fathers who hold egalitarian views may actively challenge intergenerational cycles of gender inequality and promote more equitable household relationships (Dhar et al., 2019).

Cultural continuity can sometimes conflict with the socialization of children in individualistic societies, such as Canada and the U.S. Fathers often feel torn between instilling values like filial piety and collectivism and responding to their children's desire for independence (Choi et al., 2023). For instance, Korean and Latin American fathers struggle to reconcile their own experiences of authoritarian parenting with their children's wish for autonomy (Choi et al., 2023; Hamel et al., 2023). Valdez et al. (2022) similarly document intergenerational tensions in the United States, particularly among first-generation youth, as parents and children negotiate differing expectations.

Policy frameworks can help mediate conflicts related to family roles and responsibilities. In Scandinavia, government-supported parenting initiatives and inclusive family policies help normalize paternal involvement and support fathers in navigating conflicting expectations. Non-

transferable paternity leave, often referred to as "daddy quotas," demonstrates institutional support for fathers' caregiving, thereby reducing stigma and encouraging men to assume more active caregiving roles across generations (Tervola et al., 2017). In Canada, although multicultural policies foster respect for cultural traditions, there are still gaps in providing specific support programs for immigrant fathers navigating generational shifts.

In summary, migration reshapes fatherhood through settlement pressures, shifting family structures, and unequal access to institutional support. Immigrant fathers often adapt by blending provider and caregiving responsibilities in hybrid ways, though opportunities to do so vary with employment conditions, access to services, and broader institutional environments. These dynamics provide an essential foundation for examining Indian immigrant fatherhood and the co-construction of parenting roles through both fathers' and mothers' perspectives in the sections that follow.

2.3 Indian Fatherhood in Domestic and Diaspora Contexts

Indian fatherhood is shaped by long-standing cultural expectations that primarily view men as providers, but these roles are gradually evolving due to social change, migration, and shifting family structures (Isaac et al., 2014). While traditional norms continue to influence parenting in India, exposure to global contexts, particularly among the diaspora, has created opportunities for more participatory and emotionally engaged fathering. Examining both domestic and transnational settings reveals how Indian men navigate the balance between continuity and change in their roles as fathers. Recent Indian fatherhood scholarship emphasizes the heterogeneity of fathering across regions and social classes and cautions against viewing Indian fathers solely through a deficit lens, highlighting adaptability and emerging nurturing practices alongside enduring provider expectations (Sriram, 2019).

Traditional Roles and Cultural Norms in India

Indian fatherhood has traditionally been shaped by patriarchal and family-centred ideals that view men primarily as providers and authority figures, while caregiving tasks are often assigned to women or extended family members (Isaac et al., 2014; Roopnarine, 2015; Saraff & Srivastava, 2010; Sriram, 2019). In joint family setups, fathers typically serve as Karta, the household head responsible for decision-making and resource management, which can limit their emotional involvement, especially where authority and provision are prioritized within household scripts (Isaac et al., 2014; Newbigin, 2010; Sriram, 2019). Historically, legal systems, such as the Hindu Law of Inheritance, reinforced this focus on fathers' financial roles rather than their relational responsibilities (Chaudhary, 2013). Chaudhary characterizes Indian fatherhood as "multi-chronic," evolving through agrarian, industrial, and modern phases, resulting in varying levels of engagement between rural and urban areas

Drawing on Erikson's concept of generativity, Sriram (2019) adapts this framework to the Indian context, arguing that fathering is often expressed through provision, guidance, moral responsibility, and long-term investment in children's futures, even when direct caregiving is limited. This generative framing highlights fathers' relational and nurturing intentions without evaluating involvement solely through Western models of intensive, hands-on caregiving. Importantly, Sriram conceptualizes generativity as a feature of fatherhood across the life course, rather than as a construct limited to the perinatal period, emphasizing sustained responsibility, guidance, and relational commitment over time.

Evolving Fatherhood in Urban Contexts

Urbanization and middle-class mobility have altered traditional patterns, with fathers in nuclear families assuming more responsibilities, especially in dual-income households (Gogineni

et al., 2018; Isaac et al., 2014). However, cultural and class norms influence this change. For instance, Motwani (2024) notes that upper-middle-class urban fathers often rely on domestic help, thereby limiting their direct involvement in childcare. Gupta and Srivastava (2021) report that although 59% of surveyed fathers see caregiving as ideal, only 7% were actively involved in childcare, whereas 51% primarily played with their children. These findings indicate that, despite evolving ideals, masculine norms continue to constrain behaviours. Factors such as education, peer expectations, and early father figures significantly influence involvement, with progressive gender values correlating with higher participation rates (Dhar et al., 2019; Saraff & Srivastava, 2010).

Perinatal Experiences and Emotional Responses

During the perinatal period, Indian fathers encounter unique challenges. Ganapathy's research illustrates how emotional stress can appear as Couvade Syndrome, tokophobia, and "pregnancy blues," with many fathers reporting anxiety and routine disruptions (2015, 2016, 2017). Although these figures are notable, they likely pertain to urban, middle-class groups and may not generalize to all Indian fathers. However, they highlight how exclusion from care and entrenched gender roles intensify paternal distress. These findings also challenge the stereotype that Indian men remain emotionally detached, instead indicating that many experiences visible forms of vulnerability.

Cultural practices often contribute to exclusion. For example, expectant mothers frequently return to their natal homes to give birth, which can decrease fathers' participation and create "communication gaps" with healthcare providers (Naik & Revathi, 2024). Fathers are typically responsible for logistical tasks rather than providing emotional support (Ganapathy, 2017). These service-level patterns align with the broader father-inclusion challenges

synthesized in Section 2.2. Researchers advocate for integrating paternal mental health into maternal care to reduce feelings of isolation and enhance family well-being (Desai & Chandra, 2023).

Diaspora Transformations

Migration and settlement reshape fatherhood by altering the social organization of care, kin availability, and the meanings attached to paternal roles. Cross-cultural scholarship demonstrates that fathering roles vary widely across societies and are increasingly shaped by structural conditions, particularly the availability of father-supportive policies and shifting gender norms, rather than fixed cultural traditions alone (Seward & Stanley-Stevens, 2014). Within immigrant contexts, these shifts are intensified by the disruption of extended kin networks and the need to adapt parenting practices to new institutional and cultural expectations. For immigrant Asian Indian families, qualitative research with mothers highlights that pregnancy, childbirth, and infant care often involve navigating cultural differences and selectively integrating traditional and biomedical practices, with family members, particularly partners, serving as key supports in the absence of familiar networks (George et al., 2022).

A transnational perspective suggests that diaspora fatherhood is shaped not only by individual involvement but by household strategies formed under conditions of migration and settlement (Merry et al., 2020). Das Gupta's (2021) analysis of Indian and Pakistani transnational households highlights how multi-step migration trajectories, racialized labour-market conditions, and ongoing cross-border ties influence the organization of family life and the distribution of gendered responsibilities. While Das Gupta's (2021) "twice-migrated" cohort primarily refers to pathways from India/Pakistan to the Gulf and then to Canada, this review uses multi-step (serial) migration more broadly to include intermediary routes, such as from India to the U.S. and other

countries, and then to Canada. Within this framework, fathers' caregiving roles are negotiated alongside provider obligations in response to settlement constraints, indicating that structural conditions of migration, rather than culture alone, can shape paternal caregiving possibilities during early parenthood.

Global research on fatherhood similarly documents a shift from predominantly provider-oriented roles toward more active engagement in caregiving, including during the transition to parenthood, while expectations of financial provision often persist (Jayakody & Phuong, 2013; Mrayan et al., 2016; Noorahim & Tan, 2024). The organization of early caregiving is further shaped by family structures and kin networks, which distribute perinatal support across wider family systems and influence how fathers participate in maternal and infant care in different cultural contexts (Seward & Stanley-Stevens, 2014).

Policy and Practice Implications

Empirical research suggests that involving fathers can improve outcomes for mothers and their infants. Fathers' attendance at antenatal visits is associated with increased facility-based deliveries (Aguiar & Jennings, 2015). Education, along with spousal support, fosters better breastfeeding and postnatal care (Jungari & Paswan, 2019; Taranikanti et al., 2023). However, gaps in knowledge persist: Mithra et al. (2023) reported that 40% of fathers were unaware of pregnancy-related complications. These insights highlight the significant yet underutilized potential of paternal engagement to enhance family health.

At the policy level, limited paternal leave and workplace expectations in India constrain men's involvement during the perinatal period (Jamir et al., 2024; Motwani, 2024). In diaspora contexts, formal leave entitlements exist (e.g., in the U.S.), but immigrant fathers face barriers, including insecure employment and limited awareness of their parental leave entitlements (Philip

et al., 2024). Ultimately, Indian fatherhood shows a landscape of uneven change: rural and working-class men stay tied to patriarchal norms, urban fathers navigate conflicting ideals and practices, and diaspora fathers adapt out of necessity and opportunity. Culturally sensitive strategies, such as inclusive perinatal care, father-focused community programs, and progressive leave policies, are vital for supporting fathers' involvement, breaking intergenerational cycles of inequality with potential implications for maternal and infant wellbeing (Dhar et al., 2019; Ganapathy, 2017; Jungari & Paswan, 2019; Taranikanti et al., 2023). A more detailed discussion of father-focused support and policy implementation is provided in Section 2.8.

In summary, Indian fatherhood is undergoing an uneven yet accelerating change: traditional provider roles remain, but there are increasing signs of emotional involvement, hybrid caregiving, and policy discussions that are reshaping masculinity. To fully understand these changes, it is essential to conduct comprehensive research across diverse social and economic groups. Future studies should extend beyond urban, middle-class populations to encompass diverse socioeconomic levels, thereby providing a more comprehensive picture of how Indian men approach fatherhood in a globalized context.

2.4 Transitions to Fatherhood

The transition to fatherhood during the perinatal period encompasses emotional and psychological changes that influence men's adjustment to parenthood, as well as the embodied changes noted in the literature (Bakermans-Kranenburg et al., 2019; Corpuz et al., 2021). These adjustments are influenced by cultural norms, societal expectations, and structural barriers that shape fathers' opportunities for involvement and support (Hodgson et al., 2021; Jomeen, 2017). While early caregiving has been linked to embodied and neurobiological shifts that may support bonding, these processes are treated here as background sensitizing concepts rather than analytic

focal points, given the study's emphasis on psychological, relational, and sociocultural transitions. The following section outlines four key aspects of this transition: emotional adjustment, identity formation, role negotiation, and mental well-being.

Emotional and Psychological Adjustments Across the Perinatal Period

First-time fathers experience a mix of excitement and pride alongside anxiety, self-doubt, and fears about supporting their partners during childbirth (Bélanger-Lévesque et al., 2016; Jomeen, 2017). Beyond these psychological stressors, Bélanger-Lévesque et al. (2016) highlight that fathers often experience childbirth as a profound spiritual event, characterized by moments of transcendence and deep connection, even while navigating the technical constraints of a hospital setting. Many feel "present but invisible" in maternity care, reflecting systemic exclusion within systems designed primarily to safeguard maternal health (Hodgson et al., 2021). Complementing this, Williams et al. (2023) describe the psychological paradox fathers face during childbirth: they feel an instinctual drive to act as 'protectors' yet often experience profound helplessness when witnessing their partner's pain. This tension marks childbirth as a critical identity-altering event rather than a passive observational role.

Cross-national research similarly shows that when institutional rules or service cultures restrict fathers' participation during labour and birth, men often report distress, helplessness, and feelings of exclusion (Johansson et al., 2015; Miller & Nash, 2017; Walsh et al., 2021; Khajehei et al., 2020). Such exclusion is reinforced when maternity settings implicitly treat care as women-centred, limiting fathers' visibility in both antenatal and intrapartum encounters (Andersson et al., 2016; McLean, 2020; Jeong et al., 2021).

Across the literature on the postpartum period, fathers reported greater responsibility and uncertainty about meeting their infants' needs or adjusting to disrupted routines (Ageng &

Inthiran, 2024; Daire et al., 2022; Drabkin et al., 2024). These experiences challenge stereotypes of paternal detachment and emphasize the importance of father-inclusive mental health and parenting support (Asselmann et al., 2022; Baldwin et al., 2018). Research also shows that early caregiving practices, such as skin-to-skin contact, enhance paternal confidence, strengthen bonding, and promote more equal participation, offering fathers meaningful entry points into caregiving during a period often dominated by maternal involvement (Olsson et al., 2017). Taken together, these insights demonstrate that fatherhood is both psychologically and socially constructed. Despite this, research rarely integrates biological, psychological, and sociocultural factors into studies of fatherhood in migration contexts. Addressing this gap supports this study's focus on how Indian fathers adapt to early parenthood across transnational settings.

Identity Formation and Self-Efficacy

Identity formation is a central component of the transition to fatherhood, marked by evolving perceptions of competence, responsibility, and relational commitment. Many fathers report feeling unprepared or inadequate at first, particularly when faced with expectations to support their partners and care for their newborns (Baldwin et al., 2019). These early uncertainties often give way to greater confidence as fathers engage in direct caregiving, such as feeding, bathing, and comforting their infants, activities that have been shown to strengthen paternal self-efficacy and reinforce emerging father identities (Pinto et al., 2016).

Preparedness is also shaped by access to information and opportunities for involvement before birth. Prenatal education can play a meaningful role in fostering identity development; Ngai and Lam (2020) note that when fathers receive clear guidance about childbirth and early caregiving, they report feeling more ready to assume their roles and more capable of managing the emotional and practical demands of parenthood. Such shifts in self-perception highlight that

fatherhood is not only a social role but also an evolving identity shaped by participation, learning, and relational feedback. Overall, identity formation during the perinatal period reflects a dynamic interplay between men's subjective experiences, their opportunities for hands-on involvement, and the interpersonal and institutional contexts that shape expectations for paternal participation.

Role Negotiation Across Work and Cultural Expectations

Role negotiation is a key part of becoming a father, as men navigate changing caregiving roles alongside cultural norms and work duties. Many fathers wish to be more involved during the perinatal period but face conflicts between this goal and the demands of their jobs. Kushner et al. (2017) observed that both Chinese immigrant and native-born Canadian fathers valued being both a "provider and co-parent," yet found it difficult to fulfill this dual role due to long hours and limited workplace flexibility. These findings highlight how employment arrangements, rather than personal drive, can limit men's participation in early caregiving. solely

Cultural expectations further complicate the transition to a new identity. Men from conservative backgrounds might face resistance or uncertainty when adopting more egalitarian caregiving roles that diverge from traditional gender norms (Eerola & Mykkänen, 2015). Conversely, in settings where gender equality is more widely accepted or socially rewarded, fathers often experience greater satisfaction and confidence in their caregiving involvement (Adusei et al., 2024; Shorey et al., 2017). Still, stigma persists in contexts where men's caregiving is viewed as inappropriate or incompatible with masculine identity, leading some fathers, particularly those in migration contexts, to limit their participation to avoid social disapproval (Onyeze-Joe et al., 2022). To address these complexities, Lewington et al. (2021) propose the concept of "Caring fatherhood," which frames caregiving and breadwinning not as

opposing roles but as intertwined aspects of contemporary paternal identity. This perspective is especially relevant for fathers navigating diverse cultural expectations and institutional constraints, as well as the compounded demands of migration, settlement, and adaptation. For these fathers, role negotiation is an ongoing process shaped by interpersonal dynamics, cultural norms, and structural conditions that support or hinder active participation in family life.

Mental Health and Wellbeing

Mental health is an integral component of the transition to fatherhood, with many fathers experiencing psychological strain as they navigate new responsibilities, shifting identities and increasing relational demands. Sleep deprivation hampers coping abilities and increases irritability, while anxiety and depression can interfere with co-parenting, diminish emotional support for mothers, and weaken bonds with children (Asselmann et al., 2022; Baldwin et al., 2018; Daire et al., 2022; Fisher et al., 2021; Macdonald et al., 2021). Research shows that paternal mental health challenges can influence co-parenting dynamics, reduce emotional availability, and hinder bonding during the early months of a child's life (Baldwin et al., 2018). These concerns are particularly salient when men feel unsure of their caregiving competence or when workplace and family expectations limit opportunities for rest, involvement, or self-care.

Despite these concerns, fathers' mental health concerns are rarely discussed or addressed in routine perinatal care. Darwin et al. (2017, 2021) and Fischer et al. (2021) observe that many fathers remain invisible within perinatal systems, leaving them without formal avenues for emotional support or guidance. This invisibility can reinforce the assumption that fathers should be self-sufficient or unaffected, making it more difficult for men to disclose distress or seek help. The absence of structured support not only limits fathers' well-being but also affects partners and infants, particularly within contexts where fathers play significant caregiving or emotional roles

(Fischer et al., 2021). Paternal distress (Atypical depression) may be overlooked because symptoms can manifest as irritability, anger, or withdrawal rather than sadness, which can make recognition and support more difficult (Affleck et al., 2018; Baldwin & Bick, 2017).

Overall, the literature highlights the importance of viewing paternal mental health as an essential aspect of perinatal transition rather than an ancillary concern. Macdonald et al. (2021) recommend a single, non-stigmatizing, and cost-effective question for postpartum fathers about their sleep patterns, which may provide an opportunity to inquire about their mental health. As fathers navigate new identities, caregiving responsibilities, and structural constraints, mental health support emerges as a key factor shaping their well-being, relational functioning, and capacity to participate fully in early parenting. This emphasis also underscores the relevance of understanding paternal experiences within broader cultural, structural, and migration-related contexts, including how Indian immigrant fathers in transnational settings negotiate emotional vulnerability and access support during this formative period

2.5 Fatherhood Through the Lens of Partners and Couple Dynamics

Fathers' involvement in the perinatal period depends on motivations, partner expectations, and relationship dynamics. Caregiving, emotional support, and division of labour are shaped by culture, work, and past experiences. These factors influence how fathering roles develop, are negotiated, or constrained. The transition occurs within a context of beliefs and interactions. Mothers' expectations, fathers' readiness, and couple dynamics shape roles. This section explores how partners co-construct fatherhood, focusing on maternal expectations, gatekeeping, and evolving relationships.

Maternal Expectations vs. Paternal Roles

Mothers often expect fathers to be actively involved in caregiving, but paternal participation frequently lags due to limited preparation, work commitments, and societal expectations (Ageng & Inthiran, 2024; Baldwin et al., 2019). Research shows that some fathers prioritize financial and logistical support over direct caregiving, which can create a mismatch and distress within the couple when mothers expect shared responsibility (Ageng & Inthiran, 2024; Al Tarawneh et al., 2020). When fathers' mental health is strained (e.g., anxiety, depressive symptoms), withdrawal or reduced engagement may further amplify mothers' frustration and compound relational tension (Baldwin et al., 2019; Daire et al., 2022). Such mismatches can contribute to relationship dissatisfaction, particularly when mothers seek shared care, but fathers occupy more secondary roles (Bäckström et al., 2018). Importantly, these patterns reflect negotiated outcomes within relationships, shaped by gendered expectations and ongoing interactions rather than fixed preferences of either parent (Buchler et al., 2017). These examples demonstrate that expectations and roles are co-created, evolving in response to cultural norms, family structures, and ongoing negotiations within relationships.

Maternal Gatekeeping and Support for Fathering

Maternal gatekeeping refers to how mothers facilitate or restrict involvement, thereby significantly influencing paternal engagement (Allen & Hawkins, 1999; Schoppe-Sullivan et al., 2015, 2021). Behaviours that open the gate promote involvement, whereas restrictive practices encourage withdrawal. Women's perceptions of spousal support are crucial: those who feel emotionally supported are more likely to engage in caregiving, which enhances paternal-infant bonds (Kaya & Kocatürk, 2024). Conversely, being excluded from healthcare discussions can lead fathers to adopt more passive roles (Walsh et al., 2021). Evidence further suggests that

maternal endorsement of fathers' competence is a key relational catalyst. When mothers express confidence in fathers' parenting ability, fathers demonstrate higher levels of positive engagement; in turn, children show fewer externalizing behaviours in toddlerhood (Yan et al., 2018). New research also shows that fathers' perceptions of greater maternal gate opening predict higher dyadic adjustment through increased coparenting closeness, whereas gate closing is linked to relational strain (Olsavsky et al., 2020).

Cultural expectations continue to shape how caregiving responsibilities are interpreted and negotiated within families. One study found that some mothers viewed early childcare as primarily maternal work, which could limit fathers' opportunities for involvement (Iliyasu et al., 2024). Relationship histories also influence these dynamics: mothers who grew up with supportive father figures tend to facilitate greater partner involvement and experience it, whereas women without such role models may rely on solo caregiving (Kaya & Kocatürk, 2024; Walsh et al., 2021). Additionally, paternal emotional support is crucial for the mother's well-being. Fathers' reassurance can lower perinatal distress and strengthen co-parenting relationships (Fagan et al., 2015; Fletcher et al., 2023; Wells et al., 2024; Widarsson et al., 2015), and evidence shows that greater coparenting closeness, often shaped by maternal gatekeeping, improves overall dyadic adjustment for fathers as well (Olsavsky et al., 2020). However, factors such as workplace stress, poor mental health, and fatigue can weaken this support (Baldwin et al., 2019; Da Costa et al., 2021; Walsh et al., 2021).

Relationship Dynamics

Effective communication about expectations enhances relationship satisfaction, whereas unresolved conflicts increase anxiety and depression in both partners (Estlein & Shai, 2023; Figueiredo et al., 2018; Menéndez et al., 2011). Sharing coping strategies helps strengthen

bonds; however, fathers' intense work commitments may lead to maternal frustration and feelings of neglect (Alves et al., 2020; Roth et al., 2024; Menéndez et al., 2011). Despite dual incomes, mothers often remain the primary caregivers, and perceived imbalances can lead to tension (Bäckström et al., 2018; Twamley & Faircloth, 2024; Menéndez et al., 2011). Fathers' involvement in daily caregiving tasks, beyond playing, boosts relationship quality and reduces resentment (Hughes et al., 2020). Postpartum, intimacy and communication evolve with recovery and stress levels; neglecting these shifts can result in emotional distance (Hughes et al., 2020; Lévesque et al., 2020). These dyadic adjustments have long-term effects that extend beyond the couple. Research indicates that both positive and negative aspects of the relationship during the transition to parenthood are significant predictors of toddlers' internalizing and externalizing behavioural problems (Pinto et al., 2023). These dyadic processes also shape broader family functioning and intergenerational role negotiation during the transition to parenthood (Bond, 2019; Martínez-Pastor et al., 2024).

Research on fatherhood emphasizes reciprocal interactions within couples during the transition to parenthood. Maternal expectations and gatekeeping significantly influence fathers' involvement; mismatches in expectations, cultural norms, and work demands can reinforce traditional roles and increase tension (Menéndez et al., 2011). Additionally, fathers' emotional support directly benefits maternal well-being by alleviating distress and strengthening co-parenting relationships. The findings demonstrate how maternal expectations, gatekeeping, and couple negotiations influence father involvement, although these dynamics in immigrant families adjusting to new cultural and policy environments remain insufficiently understood. Understanding this two-way influence supports this study's goal of examining how immigrant

fathers manage caregiving in multicultural families and identifying points for developing equitable co-parenting policies and support systems.

2.6 Supports for Fathers During the Perinatal Period

The transition to first-time parenthood has been described as the "birth" of the family itself, with parents' experiences during this period playing a critical role in subsequent family adjustment (De Montigny et al., 2006). Support during the perinatal period is therefore not merely supplementary but foundational in shaping established caregiving roles, relationships, and family practices. This is particularly salient for immigrant families, for whom migration may disrupt formal and informal support systems during the transitional phases when parental roles are being formed.

In this section the supports across three interconnected levels: informal networks (family and friends), professional care (health services and providers), and structural policies (parental leave and flexible work arrangements) are presented. Analyzing these elements is crucial for identifying opportunities and barriers that shape father involvement during perinatal transition.

Informal and Family Support

Fathers during the perinatal period rely significantly on informal support networks, including partners, family, and peer groups. Studies by Francis Xavier et al. (2024), Watkins et al. (2024), and Wynter et al. (2024) highlight that emotional, informational, and practical assistance from these networks help fathers cope with stress, build confidence in parenting, and adapt to new roles. Partners often serve as the primary source of guidance and information, facilitating paternal involvement and guiding fathers through unfamiliar caregiving responsibilities. Recent immigration-focused research further underscores the importance of spousal support for immigrant families. A Quebec-based qualitative study by Dufour-Turbis and

Hamelin-Brabant (2020) found that immigrant mothers, due to social isolation and trust issues, primarily relied on their partners for emotional and practical help after birth. This increased dependence on spouses emphasizes the importance of recognizing fathers as key emotional supports in postpartum care for immigrant populations. Father groups and gender-transformative programs have been described as avenues for reducing isolation and challenging restrictive norms, thereby strengthening fathers' engagement and resilience (Williams, 2020; Rominov et al., 2018).

Extended family members, especially grandparents and in-laws, can be both helpful and challenging. Grandparents provide emotional support, direct assistance, and practical advice, particularly for first-time fathers (Francis Xavier et al., 2024; Sæther et al., 2024). Wynter et al. (2024) and Watkins et al. (2024) note that in-laws, especially maternal grandparents, often serve as key advisors influencing family relationships. However, research also shows that intergenerational conflicts may arise when fathers perceive their roles as undervalued or when their parenting styles clash (Comrie-Thomson et al., 2021). Good relationships with in-laws promote collaborative parenting, whereas tense interactions can reduce fatherly engagement (Barrett et al., 2018; Nash, 2018).

The Family Triad Model (FTM) (Cheraghi et al., 2019) offers a valuable framework for understanding how fatherhood fits within broader family systems by examining interactions among fathers, mothers, and grandparents and other extended relatives. This model suggests that optimal couple and family functioning depend on 'triadic coherence,' requiring each spouse to balance their marital relationship with establishing flexible boundaries between themselves and their families of origin. In India, postpartum care is often handled by maternal kin, especially grandmothers, which sidelines fathers and emphasizes their role as providers rather than

caregivers (Gogineni et al., 2018; Saraff & Srivastava, 2010). In contrast, in a transnational context, where nuclear families are the norm, Indian immigrant fathers tend to take on more active caregiving roles due to the absence of extended kin (George et al., 2022; Philip et al., 2024). The FTM demonstrates how the presence or absence of in-laws can either limit or enhance paternal involvement (Cheraghi et al., 2019).

Peer and community support are essential. Father-focused groups provide a safe space for sharing experiences, seeking advice, and normalizing challenges (Barrett et al., 2018; Nash, 2018). Programs dedicated to fathers have been shown to enhance emotional resilience and engagement in caregiving (Baldwin et al., 2024; Wells et al., 2024). This is especially important for Indian immigrant fathers in Canada, who balance traditional expectations from relatives abroad with new parenting norms in their host country.

Healthcare System Engagement

Healthcare providers play a vital role in shaping fathers' perinatal experiences. Nurses, midwives, GPs, and obstetricians play a key role in educating, supporting, and empowering fathers (Buek et al., 2021). Evidence consistently indicates that fathers' participation in perinatal healthcare benefits maternal mental health, child development, and family unity (Watkins et al., 2024; Wynter et al., 2024). Hrybanova et al. (2019) and Baldwin et al. (2024) identified child health nurses and midwives as the most accessible professionals providing practical guidance on infant care and bonding. Although obstetricians and GPs can deliver essential information, they often do not include fathers in consultations (Francis Xavier et al., 2024). In Sweden, first-time fathers appreciated hands-on instruction from nurses but felt ignored when healthcare interactions focused solely on mothers (Hrybanova et al., 2019).

Evidence from Canada further reinforces the central role of nurses in supporting family adjustment during the transition to parenthood. In a Quebec-based longitudinal study of first-time parents, De Montigny et al. (2006) found that nurses, across prenatal, postpartum, and community health settings, were perceived as the most supportive professional providers. Nurses' collaborative and empowering practices were uniquely associated with increased perceived support, higher parenting efficacy, reduced anxiety, and more positive postpartum experiences, with effects persisting beyond the immediate postnatal period. These findings underscore nursing care as a critical relational and structural resource through which fathers and mothers develop confidence, competence, and shared caregiving practices.

In Quebec, immigrant mothers valued provincial services like nurse home visits, 'From Tiny Tot to Toddler,' and Info-Santé phone support. However, cultural mistrust and unfamiliarity hindered their utilization of these services (Dufour-Turbis & Hamelin-Brabant, 2020). Although Canada provides various forms of support, access remains uneven, underscoring the importance of culturally sensitive outreach, including in-home nursing and multilingual resources. Studies by Forbes et al. (2021) and Comrie-Thomson et al. (2021) reveal systemic exclusion of culturally diverse fathers; Ethiopian Australian men, for example, felt unrecognized in perinatal settings. Similarly, Alzghoul et al. (2021) found that Muslim women valued their husbands' presence during culturally sensitive care, suggesting that provider respect significantly influences fathers' involvement. Recent Canadian developments also reflect growing recognition of fathers' perinatal mental health needs; for example, the CANMAT 2024 guideline explicitly acknowledges paternal mental health and promotes inclusive screening and culturally sensitive support (Dennis et al., 2022; Sevigny et al., 2021; Vigod et al., 2025).

Watkins et al. (2024) and Wells et al. (2024) highlight that engaging fathers directly, by inviting questions and affirming their caregiving roles, boosts paternal confidence and strengthens bonding. However, many Western maternity clinics, as in Australia, still marginalize fathers through institutional routines and role assumptions (Seymour et al., 2021). Time constraints often lead providers to overlook fathers' mental health and caregiving needs (Baldwin et al., 2024). Initiatives such as Quebec's Father-Friendly Initiative within Families (FFIF) demonstrate that provider training and organizational reforms can promote paternal involvement (Demontigny, 2020). While developed in a general population context, such initiatives also offer lessons for immigrant families, where systemic barriers, language differences, and cultural expectations often limit fathers' involvement. Promoting father-friendly practices in mainstream services could therefore be an important step toward more equitable care for immigrant fathers in Canada. Emerging approaches, such as social prescribing, aim to connect fathers with counselling, parenting workshops, and community activities, helping reduce isolation and strengthen belonging (Desai & Chandra, 2023).

Building on institutional initiatives such as Quebec's Father-Friendly Initiative in Families, Kumar et al. (2018) highlight how social media activism during the COVID-19 pandemic amplified calls for greater inclusion of fathers. However, during the pandemic, many hospitals excluded partners from childbirth, exposing the fragility of policy commitments to paternal involvement (Jean-Dit-Pannel et al., 2024). Rice and Williams (2024) found that couples framed this exclusion as a denial of both the "right to care" and the "right to experience," challenging assumptions that caring masculinity is structurally supported. These crisis-driven responses reveal underlying institutional values, underscoring the persistent gap between normative ideals of father involvement and actual healthcare practices. For immigrant fathers,

such crises may further intensify exclusion, as limited language skills, smaller advocacy networks, and systemic inequities reduce their capacity to contest restrictive policies.

Educational and Informational Tools

Educational support helps fathers acquire the knowledge and skills necessary for active caregiving. Programs such as structured workshops, digital tools, and father-only sessions have been shown to enhance confidence and preparedness (Lee et al., 2018; Reinicke, 2020). Australia's Antenatal Dads and First-Year Families initiatives enhance paternal self-efficacy (Parry et al., 2019). Providing accessible content on infant care, emotional resilience, and role expectations is crucial (Abbass-Dick et al., 2017; Ge et al., 2019). E-Health breastfeeding resources foster better teamwork and engagement (Abbass-Dick et al., 2020). Zhou et al. (2024) reveal that structured father education significantly increases rates of exclusive breastfeeding.

Reducing stigma is crucial, particularly for immigrant and racialized fathers who might avoid seeking help because of cultural expectations. Scheduling flexibility, mobile-friendly platforms, and plain-language resources help improve access (Da Costa et al., 2017; Pluye et al., 2025; Roch et al., 2018; Sevigny et al., 2021). Collaborations with community organizations also help reach marginalized fathers more effectively. Overall, research indicates that although the benefits of father involvement are well known, system-level, cultural, and informational barriers continue to limit participation, particularly among immigrant men. Recommended strategies include tailoring services for immigrant and racialized fathers through inclusive practices and multilingual counselling, as well as father-focused parenting and mental health supports (Carroll et al., 2020; MacDonnell et al., 2012; Wells & Aronson, 2021).

Despite widespread acknowledgment of paternal emotional stress, perinatal systems are often slow to implement father-focused mental health supports. Evidence across contexts

indicates that paternal postpartum distress can disrupt bonding and family dynamics, yet routine screening and structured supports for fathers remain uncommon (Baldwin et al., 2018; Baldy et al., 2023; Cameron et al., 2016, 2017; Dennis et al., 2022; Eskandari et al., 2017; Fletcher et al., 2020). Supportive policy environments also do not automatically translate into father-inclusive experiences or equitable access, as workplace stigma, father–service fit, and migration-related constraints can limit participation and uptake (Andersson et al., 2016; Choi et al., 2023; Kim, 2024; Reinicke, 2020; Seward & Stanley-Stevens, 2014; Tervola et al., 2017; Wray, 2020).

Paternity Leave and Structural Policy

Policy-related constraints and supports are noted throughout earlier sections; this section provides a focused synthesis of paternity leave and structural policy frameworks shaping fathers' caregiving participation, with particular attention to immigrant fathers' access to and uptake of paternity leave. Paternity leave plays a crucial role in early caregiving, yet it continues to face ongoing financial, structural, and cultural barriers. In 2019, the Parental Sharing Benefit offered up to 5 extra weeks of standard EI parental benefits when benefits are shared, with an extension of up to 8 weeks under the extended option. However, outside Quebec, participation remains low due to wage-replacement issues, stigma, and a lack of awareness (Doucet & McKay, 2020; Government of Canada, 2025; Kim, 2024; Seward & Stanley-Stevens, 2014; Wray, 2020).

Ontario's Employment Standards Act (ESA) provides the job-protected framework for pregnancy and parental leave (Government of Ontario, 2024). Birth mothers are entitled to up to 17 weeks of pregnancy leave, while all new parents may take 61–63 weeks of unpaid parental leave (Government of Ontario, 2024). The ESA also ensures continued access to certain employment-related benefits during this period and protects employees from employer reprisals for taking pregnancy or parental leave (Government of Ontario, 2024). Although the ESA

secures the right to time off, it does not provide income support, meaning fathers' actual ability to take leave depends on federal EI eligibility and wage-replacement levels.

Koslowski (2023) highlights a significant policy paradox in high-income countries. Although 'de-gendered' or gender-neutral policies tend to be structurally adequate, many fathers do not perceive these entitlements as applicable to them. This situation emphasizes the necessity for targeted engagement strategies and communication that includes fathers (Koslowski, 2023; Reinicke, 2020; Andersson et al., 2016). Quebec's Parental Insurance Plan (QPIP), which offers 70% wage replacement and special "Daddy days," has a take-up rate of about 80%, compared with under 20% in other regions (Harvey & Tremblay, 2020). Nevertheless, low-income, precarious, and racialized fathers often lack access or fear losing their jobs when applying for leave (Doucet, 2021; Pulkingham & van der Gaag, 2004).

International research on paternity leave benefits reveals similar trends. Nordic countries lead with extensive, non-transferable leave, such as Sweden's 90 days at 80% pay and Norway's 15 weeks at full pay (Karu & Tremblay, 2018; Lidbeck & Boström, 2021). However, immigrant fathers in Sweden often underuse these benefits due to language difficulties and job insecurity (Tervola et al., 2017). Similar obstacles are observed in the U.S. and East Asia, where factors such as unstable employment and cultural resistance hinder leave-taking (Choi et al., 2023; Mita et al., 2025; Petts et al., 2020).

Key policy recommendations from research include broadening eligibility to include precarious and informal workers, improving support for low-income and immigrant fathers (Doucet, 2021; Pulkingham & van der Gaag, 2004; Tervola et al., 2017), and increasing wage replacement to make parental leave financially sustainable. Canada's EI provides only 55% of income (33% for extended leave), while Quebec's QPIP, at 70%, offers wage replacement,

illustrating how benefits may shape the affordability of taking leave (Doucet & McKay, 2020; Government of Canada, 2025; Harvey & Tremblay, 2020; McKay et al., 2016). Promoting father involvement through public campaigns and improving employer accountability can help reduce stigma, especially in male-dominated industries (Kim, 2024; Tremblay, 2023).

Culturally targeted, multilingual outreach is crucial for increasing awareness and enhancing participation among immigrant fathers (Comrie-Thomson et al., 2021; Forbes et al., 2021; Wray, 2020). In addition to leave policies, flexible work arrangements, such as remote work and adaptable schedules, are crucial for expanding caregiving opportunities, particularly for precarious workers (De Laat et al., 2023). Researchers also recommend implementing non-transferable, father-specific leave and creating more inclusive eligibility criteria that extend beyond employment-based models to include citizenship-based access (Doucet et al., 2019, 2021).

Immigrant fathers in Canada often face limited wage replacement, insecure employment, and low awareness, which reduce their access to paternity leave and perpetuate provider-only roles (Doucet, 2021; Pulkingham &van der Gaag, 2004; Seward & Stanley-Stevens, 2014; Wray, 2020). Evidence indicates that inadequate wage replacement, job insecurity, and low awareness are key barriers preventing immigrant fathers from taking paternity leave, reinforcing provider-centric roles and revealing ongoing structural obstacles to early caregiving.

Overall, the literature highlights a recurring gap between policy goals and actual access. Although paternity leave policies are often framed as gender-neutral and encouraging father involvement, their design and implementation frequently assume stable employment, adequate wage replacement, and familiarity with institutional processes. For immigrant fathers in Canada, including those of Indian descent, these assumptions can hinder policy uptake, reinforce

provider-centred identities, and limit early caregiving engagement (Choi et al., 2023; Kim, 2024; Tervola et al., 2017; Wray, 2020). This pattern underscores the need to explore how fathers interpret, navigate, and respond to policy environments in real-world contexts.

2.7 Key Gaps in Literature Informing the Study

Research on fatherhood has expanded, but several gaps continue to limit understanding of immigrant and racialized fathers during the perinatal period. Despite clear evidence of fathers' direct and indirect contributions to child and family well-being, fathers remain underrepresented in many dominant perinatal frameworks and service models, underscoring the need for more inclusive approaches that account for diverse caregiving roles (Cabrera et al., 2018).

First, theoretical gaps persist in understanding how fathers renegotiate identity during migration. Dominant theoretical approaches, particularly those grounded in Western middle-class contexts, such as hegemonic masculinity, do not fully account for how migration, race, gender, and culture interact to shape paternal identities (Strier & Perez-Vaisvidovsky, 2021). This limits their relevance for immigrant fathers, whose experiences are influenced by multiple structural and cultural factors. This gap informs Research Question 1, which explores how first-time Indian immigrant fathers experience pregnancy, childbirth, and the postpartum period.

Second, relational perspectives remain underdeveloped in the literature. Few studies consider both fathers' and mothers' accounts, even though such perspectives are essential for understanding how immigrant couples negotiate caregiving roles during migration and resettlement. Without this attention to couple dynamics, the interplay between maternal expectations and paternal role development remains incompletely examined. This gap directly informs Research Question 2, which examines how mothers and fathers perceive fathering roles and behaviours during the perinatal period.

Third, system-level gaps remain in how fathers navigate perinatal healthcare systems. Fathers are often marginalized during pregnancy, childbirth, and postpartum, leading to unmet mental health needs and reinforcing unequal caregiving roles (Mangwi Ayiasi et al., 2022; Pratezina, 2021). These issues are especially significant for Indian immigrant families, including fathers in Canada, who face obstacles such as language barriers, cultural disconnects, and a lack of institutional acknowledgment (Costa, 2023; Vaillancourt et al., 2024). This gap aligns with Research Question 3, which examines available resources, needs, supports, and barriers to fathering.

Finally, process-oriented gaps remain in understanding how fathering roles evolve following migration. Although recent work highlights emerging forms of paternal involvement, limited scholarship examines how immigrant fathers negotiate role changes following migration or how cultural transitions, family relationships, and available supports shape early fathering. These gaps highlight the need for research that addresses cultural adaptation, gendered expectations, relational processes, and access to both informal and formal supports among Indian immigrant fathers in Canada (Bailey, 2015; Doucet, 2021). Together, these gaps justify using a grounded theory approach to explore fatherhood as a dynamic, negotiated process across the perinatal period.

2.8 Summary

Global fatherhood literature, focusing on cultural differences, the impacts of migration, and the systemic barriers faced by immigrant fathers, particularly Indian immigrants in Canada, was presented in this chapter. It highlights everyday experiences but notes that issues such as cultural adaptation, role conflicts, and healthcare exclusion remain under-researched. Sensitive concepts such as hegemonic masculinity, caring masculinities, fatherhood transitions, mental

health, and couple dynamics are discussed, though frameworks lack intersectional and dyadic focus. These gaps underscore the need for this study, which explores how immigrant fathers renegotiate their identities, roles, and relationships during the perinatal period, emphasizing the importance of integrated psychological, relational and sociocultural research.

Chapter 3: Methodology

The methodology chapter explored how Indian immigrant families adapted to parenthood as first-time parents, with a focus on fathering, paternal roles, and immigration-related challenges. The chapter comprises four sections: Philosophical Foundations and Methodology; Research Design and Methods; Analytical Process, including SGT and Dyadic Analysis; and rigour, trustworthiness, and ethics.

3.1 Philosophical and Methodological Congruence

The study on first-time fathering among Indian immigrants was grounded in the Interpretivist paradigm and qualitative inquiry. This approach was essential because it focuses on understanding the meaning of social actions from the individuals' perspectives (Schwandt, 2007). This approach was ideally suited to the study's central research questions, which sought to explore how Indian immigrant fathers and their partners perceive and construct their roles. By prioritizing the discovery of these subjective experiences and the meanings attached to fatherhood, interpretivism was crucial for uncovering the participants' unique viewpoints. This method enabled the research to move beyond simple data collection and to examine the nuanced, personal realities of fatherhood within this specific cultural context.

My approach was philosophically underpinned by relativist ontology and subjective epistemology. Relativist ontology posits that reality is multiple and subjectively experienced, shaped by individuals' social, cultural, and relational contexts (Denzin & Lincoln, 2005; Levers, 2013). A subjectivist epistemology follows from this position, recognizing that knowledge is co-constructed, value-laden, and influenced by factors such as language, gender, class, race, and culture (Denzin & Lincoln, 2018; Levers, 2013). This was crucial for understanding the varied experiences of fathers and mothers within Indian families, recognizing that each parent's

perspective is shaped by their unique socio-cultural background. The relativist ontology and subjective epistemology were particularly appropriate, as the research questions sought to capture diverse, culturally situated understandings of fatherhood rather than a singular, objective truth.

These philosophical assumptions directly informed the selection of Straussian grounded theory as the methodological approach for this study. Interpretivism is congruent with Straussian grounded theory because both privilege process-oriented theory building, focusing on how meanings, actions, and interactions unfold over time within specific social contexts. A relativist ontological stance holds that fatherhood is not a fixed or universal role but is experienced differently across cultural, relational, and structural contexts.

Straussian grounded theory, which focuses on conditions, actions, and consequences, provided a framework for examining how Indian immigrant fathers and their partners interpret and respond to transitions in fatherhood. These philosophical commitments guided the study design: in-depth interviews captured multiple realities; constant comparison, memo-writing, and coding supported inductive theory development; and dyadic analysis examined convergence within couples to highlight the co-construction of relational meaning. The following sections describe how these commitments shaped the study's design, sampling, data collection, and analysis.

3.2 Grounded Theory Approach

The term “Grounded theory” is used in two distinct ways: first, as a rigorous research method grounded in analytical principles; and second, as the approach that enables a theory to emerge from and be deeply rooted in empirical data (Glaser, 1998; Glaser & Strauss, 1967). In

this study, grounded theory was employed to develop an explanatory, substantive theory of the transition to fatherhood among first-time Indian immigrant parents in Canada.

Grounded theory was initially developed by Barney Glaser and Anselm Strauss in the 1960s as a response to dominant positivist traditions, with the aim of explaining social processes through systematic data collection and constant comparative analysis (Glaser & Strauss, 1967). Rather than testing preexisting hypotheses, grounded theory emphasizes theory generation closely tied to participants' lived experiences.

Straussian grounded theory (SGT) as articulated by Strauss and Corbin (1998, 2015). SGT is particularly well-suited to examining complex social processes because it explicitly attends to conditions, actions/interactions, and consequences, thereby enabling analysis of how individuals respond to changing circumstances over time. This process-oriented focus aligns with the study's aim to understand how fathers and couples navigate pregnancy, childbirth, and the postpartum period within migration and settlement contexts.

Over time, grounded theory has diversified into several approaches, including Classic Glaserian grounded theory, Straussian grounded theory, and Constructivist grounded theory (Charmaz, 2006, 2014). While these approaches differ philosophically, they share core methodological principles, including iterative data collection and analysis, constant comparison, theoretical sampling, and memo-writing (Bryant & Charmaz, 2019; Charmaz, 2006, 2014; Corbin & Strauss, 2015; Kenny & Fourie, 2015; Mohajan & Mohajan, 2022; Niasse, 2023; Rieger, 2019; Strauss & Corbin, 1998).

Straussian grounded theory was selected for this study because of its methodological transparency, analytic rigor, and compatibility with interpretivist inquiry. Its structured yet flexible coding procedures (open, axial, and selective coding) supported systematic analysis

while remaining responsive to participants' meanings and social contexts. These methodological features supported the development of a process-oriented, substantive theory grounded in participants' accounts and sensitive to the contextual, relational, and temporal dimensions of fatherhood transition among Indian immigrant families (Bryant & Charmaz, 2019; Charmaz, 2006, 2014; Corbin & Strauss, 2015; Mohajan & Mohajan, 2022; Niasse, 2023; Rieger, 2019; Strauss & Corbin, 1998).

3.3 Analytical Perspectives and Sensitizing Concepts

Chapter 1 outlines a theoretically oriented approach to understanding fatherhood as relational, identity-based, and contextually situated. In Chapter 3, however, the focus shifts from theoretical orientation to analytic process. This study did not apply a formal conceptual or theoretical framework to explain fatherhood prior to analysis. Instead, several analytic perspectives informed the researcher's orientation during data collection, theoretical sampling, and constant comparative analysis. Consistent with Straussian grounded theory, these perspectives functioned as sensitizing concepts, guiding analytic attention without prefiguring categories or determining theoretical outcomes (Corbin & Strauss, 2015).

The ecological systems lens sensitized the analysis to multiple, interacting contexts shaping fathering experiences, including family networks, healthcare systems, workplaces, and immigration structures (Bronfenbrenner, 2009). This perspective-oriented attention to how fathers' actions and decisions were conditioned by forces beyond the immediate couple relationship, particularly during settlement and early parenthood.

The intersectional analytical lens (Crenshaw,1991) was not used as the main explanatory framework in this study. Instead, it served as a way of thinking that helped me pay attention to how different systems of power overlapped in participants' experiences. Although Crenshaw's

work provides an important foundation for understanding how factors such as race and gender interact, it does not directly examine issues related to fatherhood, migration, or access to perinatal services. In this study, an intersectional lens guided my analytic questions, particularly regarding whose experiences were supported or constrained by broader social and institutional structures.

To explore how intersecting social positions shape fathers' parenting roles in migration contexts, I drew on current research on fatherhood and migration. Studies in these areas show that gender, immigration status, class, language proficiency, and racialization interact to affect fathers' access to resources and their ability to negotiate their roles in perinatal care settings (e.g., Mangwi Ayiasi et al., 2022; Strier & Perez-Vaisvidovsky, 2021). These applied studies, rather than Crenshaw's original conceptual work, provided the empirical basis for this analysis's understanding of intersectional dynamics.

Masculinity and identity-transition perspectives discussed in 2.1 informed attention to processes of role strain, identity renegotiation, and the emergence of caring masculinities as fathers navigated competing cultural expectations and provider-caregiver tensions (Bailey, 2015; Connell, 2005; Elliott, 2016). These perspectives supported a process-oriented analysis of how fathering identities shifted over time rather than assuming fixed or culturally static roles.

A dyadic analytic lens further informed recruitment, data generation, and analysis by foregrounding parenting as a relational process co-constructed between partners (Collaço et al., 2021). Comparing mothers' and fathers' accounts enabled examination of alignment, divergence, and negotiation within couples, strengthening analysis of relational dynamics without privileging one perspective over the other. Overall, these perspectives served as interpretive guides rather than strict analytical models. They guided theoretical insight, aided comparative analysis, and

emphasized context, process, and relationships, while allowing the substantive theory to develop naturally from participants' accounts. This aligns with the Straussian grounded theory approach, the study's interpretivist and relativist stance, and the use of dyadic analysis.

3.4 Research Design and Methods

The overall research design, including participant recruitment, data collection methods, and the analysis process, is outlined in this section. The methods described reflect the study's qualitative grounding and the iterative nature of Straussian grounded theory.

Research Design

The Straussian Grounded Theory approach is both structured and adaptable, making it well-suited to investigating the complex phenomena associated with transitions in fathering, fatherhood, and immigration. This qualitative study sought to capture the experiences and perspectives of Indian parents, emphasizing their dual journey as immigrants and new parents. Attention was given to fathers' perspectives and roles during this transformative phase (Strauss & Corbin, 1998).

Research Questions (RQ)

The three research questions for this study were developed to directly address specific gaps in the existing literature on fatherhood, especially concerning immigrant populations.

Research Question (RQ1): How do first-time, recent immigrant Indian fathers experience pregnancy, childbirth, and postpartum in the childbearing period? This question focuses on fathers' lived experiences during the perinatal period, addressing gaps in the literature that have given limited attention to how migration and cultural context shape early fatherhood.

Research Question (RQ2): How do Indian mothers and fathers perceive fathering roles and behaviours during the perinatal period? This question adopts a dyadic perspective to examine

how fathering roles are perceived, negotiated, and co-constructed within couples, an area that remains underexplored in existing fatherhood research.

Research Question (RQ3): What are the available resources, needs, support, and barriers to fathering as perceived and expressed by the couples? This question examines the relational, institutional, and structural conditions that influence fathers' involvement, with attention to supports and constraints relevant to immigrant families.

Sampling

For this study, I recruited first-time immigrant parent dyads from India living in the Greater Toronto Area. Because the study focused on traditional gendered parenting expectations, a characteristic often observed within Indian heterosexual family systems, only heterosexual parent dyads were recruited. To ensure a diverse range of perspectives, I employed a maximum variation sampling strategy. This approach aimed to select a varied sample from different contexts to understand both essential and variable aspects of a phenomenon. (Bachmann et al., 2009; Patton, 2015; Suri, 2011).

I contacted a variety of cultural, regional, linguistic, and religious groups to maximize this diversity. This included contacting networks like the GTA Telugu Network and Toronto Tamilargal to capture linguistic differences, as well as groups such as the Indian Women's Circle and Indo-Canadian Nurses to represent diverse social and religious backgrounds. I also conducted recruitment at various locations, including parks and Indian grocery stores, to reach a broader cross-section of the community. Purposive and theoretical sampling techniques were used. Initially, purposive sampling was used to select participants who met the inclusion criteria, specifically first-time Indian immigrant parents, ensuring alignment with the research objectives. Additional participants were recruited through snowball sampling, further strengthening the

purposive approach by including individuals with diverse, relevant experiences. Subsequently, theoretical sampling, as described by Corbin and Strauss (2008), was employed to collect data based on emerging concepts, enabling a comprehensive exploration of their properties, dimensions, and relationships.

Data collection continued until data saturation was achieved. Saturation was reached when further sampling no longer revealed new properties or dimensions related to the developing theory (Corbin & Strauss, 2008, 2015). The ongoing process of theoretical sampling, supported by field notes and reflective memos, ensured a comprehensive analysis that effectively captured the full diversity of the participants' experiences. The parent dyads were recruited and selected according to the inclusion and exclusion criteria listed in Table 2.

Table 2

Sample Selection

Inclusion	**Exclusion**
• Self-identify as Indian from India • First-born child in Canada • Infants aged 3 months to 1.5 years • Landed immigrant, permanent resident and a student permit • Recent immigrant (≤5 years since immigration) • Married/cohabiting • Greater Toronto Area	• Same-sex parents • One of the parents is non-Indian • Indian origin by descent outside India • Other South Asian Origin

- English-speaking parents

The criteria enabled me to create a well-defined and consistent sample, allowing for a focused exploration of the experiences of Indian immigrant parents in the GTA. Limiting the study to the GTA leverages the area's high concentration of Indian immigrants, providing a diverse yet concentrated population for rich data collection. I ensured that participants were proficient in English, while their native languages were Hindi, Tamil, Telugu, Punjabi, or Gujarati, to facilitate effective communication and inclusivity.

Same-sex parents were excluded from this study to maintain a focus on the cultural and societal expectations associated with heterosexual family structures within Indian immigrant communities; however, this exclusion is acknowledged as a limitation, as it does not capture the experiences of LGBTQ+ parents whose parenting trajectories may differ and warrant dedicated study. Accordingly, the sample consisted exclusively of heterosexual parent dyads. This decision was made because conventional gender roles and expectations significantly influence parenting dynamics in these communities, which may differ markedly in same-sex partnerships. By narrowing the scope, the study aimed to conduct a more in-depth exploration of the distinct influences on heterosexual parenting roles.

Furthermore, non-Indian partners and individuals of Indian descent born outside of India were excluded to ensure that the research concentrated on the experiences of those who immigrated from India and are adapting to the parenting cultural context in Canada. While this exclusion, along with that of non-Indian partners and Indian-origin individuals born outside India, enhances specificity, it may limit the generalizability of findings to broader immigrant family contexts. These criteria were established to generate detailed insights into this population,

while recognizing that future research should explore the distinct experiences of same-sex and mixed-race immigrant families.

Data Collection Methods

The data were collected through individual, semi-structured, face-to-face interviews with each parent separately. This approach ensured that the nuanced experiences of fatherhood within Indian immigrant families were captured, aligning with the interpretivist paradigm, which seeks to understand how individuals construct meaning within their cultural contexts.

Participants were recruited through social media platforms such as Facebook, Twitter, and WhatsApp, as well as community organizations, including family doctor offices and newcomer centres, in the Greater Toronto Area (GTA), using the Flyer (Appendix D). Initial contact was made by telephone, during which the study was explained**,** and participation was confirmed. Interviews were scheduled at locations preferred by the parents, such as their homes or public spaces like shopping malls. In some instances, interviews were conducted in parked cars, as participants identified this as a quiet, confidential, and private setting for free conversation.

The study collected comprehensive demographic information from parent dyads via a questionnaire, which participants completed before or after their interviews, depending on their preference. The interview guide included a demographic sheet (Appendix E) that featured a mix of "select all that apply" categories and write-in responses to minimize the risk of nonresponse associated with entirely open-ended questions. Consequently, the questionnaire, as outlined in parts 2 and 3 of Appendix E, included a diverse array of questions (Fernandez et al., 2016), such as age, birthplace, immigration status, education, employment, marital status, parental leave, and

healthcare providers. This demographic data was organized in an Excel spreadsheet to identify patterns that informed the analysis and emerging categories.

Interviews were conducted in homes (70%) and cars parked in mall lots (30%) to accommodate participant preferences. Fathers and mothers in each dyad were interviewed separately for 45-60 minutes. The process began with introductions, the signing of the consent form (Appendix F), and the collection of demographic data, followed by completion of the open-ended questions in the interview guide. The guide initially included demographic questions, 5-6 general questions, and probes to encourage in-depth discussions. The interview questions were refined throughout to incorporate emerging categories, in accordance with grounded theory methodology (Corbin & Strauss, 2015; Foley et al., 2021).

Some parents initially preferred mall settings, but noise and privacy issues led to interviews being conducted in their parked cars. The confined space provided a quiet, private environment, while the other parents and infants remained in a separate vehicle or within the mall to minimize interruptions. At-home interviews allowed one parent to manage the infant and pets in another room or on a different floor. This proximity helped parents feel more at ease, although occasional interruptions occurred, such as when grandparents cared for infants, requiring brief pauses for reassurance.

While most interviews lasted 45-60 minutes, fathers often provided shorter responses, resulting in sessions lasting 30-35 minutes. Approximately 7-8 parents engaged deeply, resulting in interviews extending up to an hour. Approximately 80% of participants demonstrated high engagement. This was evident in their willingness to provide detailed narratives rather than brief answers and in their appreciation of the study's focus on fatherhood and the cultural connection with the interviewer. This level of participation was crucial for collecting rich qualitative data.

Dyadic analysis was central to the study, enabling exploration of both individual and relational experiences of parents within the family unit. By interviewing fathers and mothers separately, this approach foregrounds relational aspects, such as the spousal relationship, while capturing distinct perspectives. For instance, a father noted his infant's clinginess toward the mother, attributing it to work commitments that limited bonding opportunities. In contrast, the mother saw this attachment as a cherished aspect of motherhood. These contrasting views underscored the importance of maintaining sensitivity to relational dynamics during interviews.

During the interview process, challenges and adjustments included conversations with mothers that often shifted to their own experiences of pregnancy and childbirth. This required gentle redirection to keep the focus on fatherhood. Similarly, fathers often focused on mothers and infants and required a prompt to discuss their own roles. Techniques such as paraphrasing, reflective listening, and minimal interruptions helped participants feel understood while keeping the interview on track. Early interviews revealed the importance of using specific prompts to elicit fathers' reflections on their roles, prompting ongoing revisions to the interview guide.

Data collection, analysis, and memo writing were conducted concurrently with the semi-structured interviews. This approach allowed flexibility in probing emerging categories while ensuring alignment with grounded theory methodology. Open and axial coding were employed to identify patterns and themes. The analysis process will be detailed in Section 3.5.

3.5 Analytical Process

The analytic process used to develop the Pivoting into Fatherhood theory proceeded through an iterative, non-linear integration of Straussian grounded theory and dyadic analysis, allowing attention to both individual meaning-making and relational processes within couples.

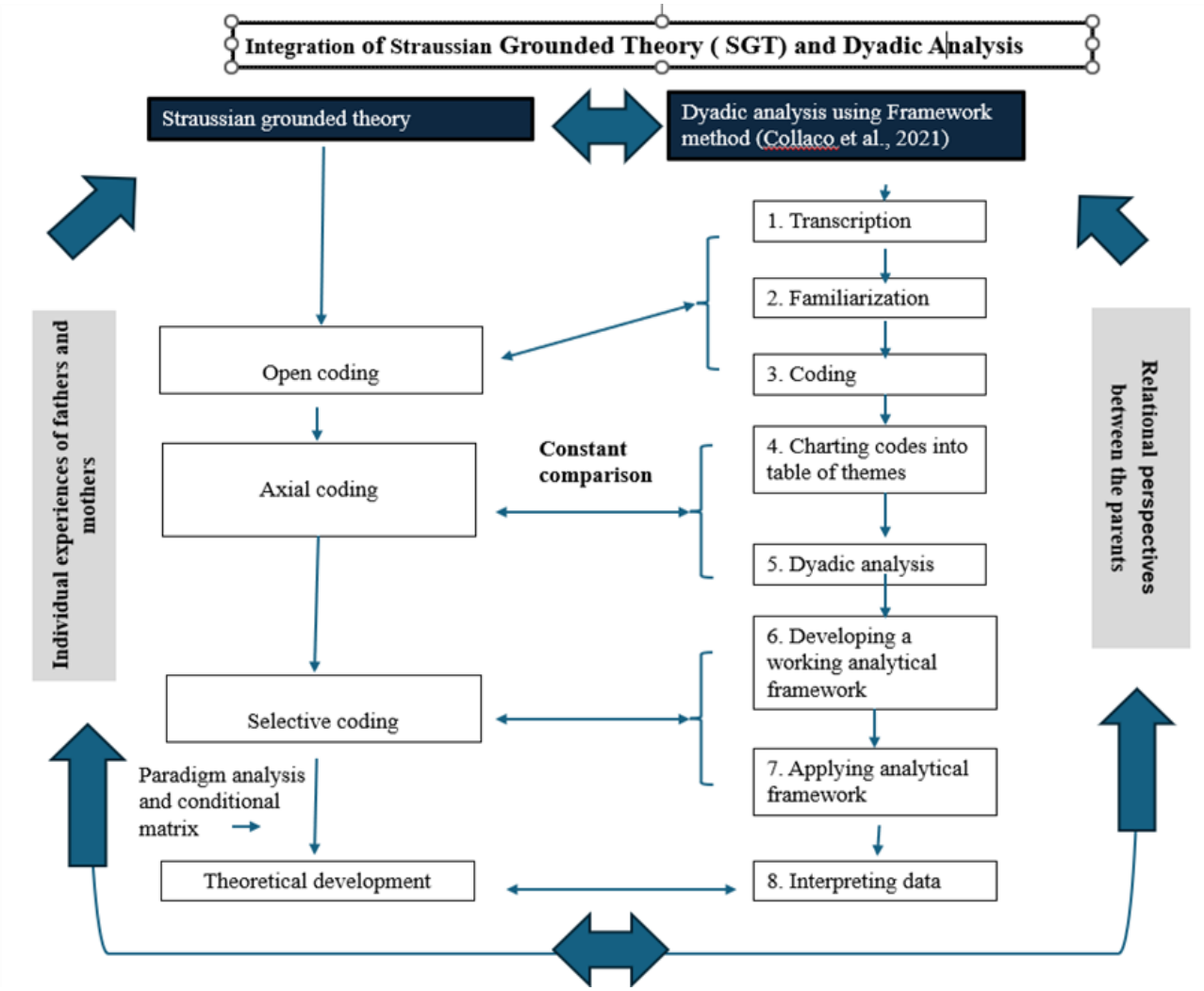
The analytic process unfolded across four interconnected stages: (1) systematic coding using Straussian grounded theory (open, axial, and selective coding), (2) constant comparison and memo-writing to refine emerging categories, (3) dyadic analysis of paired mother–father accounts to examine convergence and divergence in perspectives, and (4) integration of individual and dyadic findings to identify the core category and construct the substantive theory. Together, these stages supported a rigorous, process-oriented analysis grounded in participants' accounts while remaining sensitive to relational, cultural, and structural contexts.

Integration of Grounded Theory and Dyadic Analysis

The analysis combines SGT and dyadic analysis, as shown in Figure 1, to create a comprehensive framework for examining immigrant fatherhood.

Figure 1

Analytical steps integrating Straussian Grounded theory and Collaco's Dyadic Analysis.



Each of the two approaches brings unique strengths to the analytical process, aligns with the research objectives, and provides a comprehensive understanding of fatherhood and fathering within the context of immigration and cultural diversity. I used SGT as a systematic approach to develop a theory grounded in the lived experiences of first-time parents transitioning to parenthood as new immigrants. To further elaborate, SGT effectively explored the challenges of adapting to fatherhood while navigating a new cultural environment. This method provided a nuanced understanding of the factors that influence new immigrant parents.

The study's use of grounded theory was an ideal fit, as it enabled the development of new, relevant theories of Indian fathering in the Canadian diaspora (Bryant, 2019; Bryant & Charmaz,

2019). The structured guidelines of SGT ensured a systematic and rigorous examination of the data through a process of systematic coding (Corbin & Strauss, 2008, 2015). This rigorous approach, which emphasized the researcher's self-awareness and sensitivity to transitions in immigration and parenthood, facilitated a deep exploration of the social processes involved in becoming a father and adapting to a new cultural environment. Ultimately, this methodology ensured that the findings were directly and meaningfully grounded in the data collected from the participants.

Finally, SGT served as the foundation for identifying and structuring themes in the data. The research process began with open coding to capture emerging concepts, which were grouped into broader categories during axial coding. Subsequently, selective coding refined these categories, identifying pivoting as the central category. Thus, this systematic coding process laid the groundwork for a cohesive theoretical structure. In addition to the SGT analysis, dyadic analysis was utilized to explore the relational dynamics between fathers and mothers, highlighting both their shared and contrasting experiences. Examining each parental dyad highlighted the collaborative nature of parenting, illustrating how each partner influences the other's adjustment. Insights from a dyadic perspective enriched the SGT framework by highlighting shared categories, ultimately leading to the development of a central core category that reflects both the father's and the mother's experiences.

Dyadic analysis allows for a comparative examination of two linked perspectives, offering insights into both individual experiences and shared relational dynamics (Collaço et al., 2021). By treating the dyad as the unit of analysis, this method makes visible the ways partners influence and respond to one another. Applying this approach to my study of Indian immigrant families helped uncover how mothers and fathers negotiate parenting roles, revealing nuanced

patterns of support, conflict, and collaboration. This methodological lens thus aligns closely with my aim of understanding how relational expectations shape parental decision-making within these families.

The analytical steps were not linear; instead, they were conducted simultaneously throughout the iterative analysis of the data. This comprehensive approach enhances the analytical rigour and integration of findings related to Indian immigrant fatherhood and parenthood. The analytical approach is illustrated in Figure 1 and discussed in detail in the following sections. Consistent with this iterative, non-linear analytical process, I employed various analytical tools to examine the data for general concepts, contextual meanings, and social processes, particularly during the coding stages. To delve deeply into participants' narratives about fatherhood and motherhood, I utilized sensitizing questions, as suggested by Corbin and Strauss (2008). By asking questions such as "Who are the actors involved?" and "What challenges do they face?", I aimed to capture contextual details effectively. This approach involved a thorough exploration of key aspects of their experiences, including challenges such as information overload and emotional adjustments to fatherhood. Memos played a crucial role in documenting my reflections and identifying key patterns throughout this process.

Additionally, I incorporated theoretical questions to investigate the relationships between emerging concepts, with a primary focus on balancing career and family priorities among immigrant parents. This analysis examined the transitions parents undergo during the postpartum period and the strategies they use to achieve work-life balance.

Furthermore, I applied the flip-flop technique (Strauss & Corbin, 1998) to contrast perspectives between fathers and mothers and within parent dyads. This technique illuminated the spectrum of fatherhood roles, from traditional to modern, providing valuable insights into

generational shifts in caregiving practices and suggesting that fathering roles exist on a continuum rather than as dichotomous categories. The analysis of language further enriched this examination, allowing me to derive in vivo codes from participants' narratives that revealed more profound meanings. For instance, phrases like "pillar of support" and "blessed with amazing support" highlighted the emotional significance of familial support. Overall, these analytical tools contributed to a nuanced understanding of parental experiences and dynamics.

In this analysis, properties and dimensions served as another vital tool for refining both lower-level and higher-level categories through open coding, axial coding, and selective coding. The properties are defined as "characteristics of a category, the delineation of which defines and gives it meaning" (Strauss & Corbin, 1998, p. 101). Dimensions, on the other hand, were defined as "the range along which general properties of a category vary, giving specification to a category and variation to the theory" (Strauss & Corbin, 1998, p. 101).

For example, these properties provided insight into critical aspects of parental experiences, such as emotional support and role adaptation. This framework enabled me to examine how individual experiences varied along a continuum, from minimal to extensive support or from traditional to modern role engagement, as shown in Table 3.

Table 3

Example of Properties and Dimensions

Subcategories	Properties	Dimensions
Father engagement and participation	Involvement intensity	Traditional to modern
	Scope of involvement	Minimal to extensive support blending with active caregiving

By defining categories with specific properties and dimensions, my analysis progressed from a purely descriptive phase in open coding to a more explanatory framework in axial coding. This enabled the identification and linking of relationships among categories, thereby establishing a cohesive and grounded theoretical structure.

Another significant analytical tool, based on the work of Strauss and Corbin (1998), is the coding paradigm. This tool is essential in axial coding as it links subcategories to a central phenomenon through causal conditions, context, intervening conditions, actions/interaction strategies, and consequences. By employing the coding paradigm, I examined how multiple influences, including cultural, relational, and structural factors, shape fathers' roles. This approach facilitated an in-depth exploration of whether and how fatherhood is negotiated within partnerships rather than experienced in isolation.

Through a systematic examination of causal conditions, intervening factors, and outcomes, the coding paradigm enhanced my understanding of how Indian immigrant families construct fatherhood. This model allowed me to trace how fathering roles emerge, shift, pivot and solidify over time. The following sections illustrate its application across different coding stages, demonstrating how it contributes to refining the emergent categories through relationships and theoretical insights derived from the data. A visual example of the integration of the coding paradigm is presented in Chapter 5.

Finally, I used the Conditional/Consequential Matrix, as outlined by Corbin and Strauss (2008), to analyze the complexity of social processes by mapping the conditions and consequences that shape experiences at micro to macro levels. In applying the pivoting into Fatherhood theory, this matrix examined how individual, relational, cultural, and structural factors shape fathers' adaptation to evolving parenting roles, as discussed in Chapter 5.

Straussian GT Analysis

Following the structured guidelines of Strauss and Corbin (1998), I implemented a systematic three-phase coding process, open, axial, and selective, to analyze the interview data. This approach, grounded in the constant comparison method, ensured that data collection and analysis co-occurred, allowing concepts to be continuously refined and integrated. This process identified shared relational categories and a core category that will be detailed in the findings, as shown in Figure 1.

My analysis began with the meticulous transcription of each interview, preserving both spoken language and emotional nuances. I reviewed each transcript multiple times to become familiar with the content before initiating open coding (Corbin & Strauss, 2015). Using a line-by-line microanalytic approach, I identified meaningful units, actions, and processes, labelling segments in participants' own words where possible to remain close to the data (Corbin & Strauss, 2015; Strauss & Corbin, 1998). To support rigour and establish shared interpretive grounding, my supervisor and I independently coded the first three dyad interviews (Corbin & Strauss, 2015). I then continued to code the remaining 17 dyad interviews using both paper-and-pencil methods and NVivo (Lumivero, 2023). This process generated approximately 509 initial codes from fathers' narratives and 746 from mothers' narratives. Throughout, I used diagramming, grouping, and clustering to support constant comparison within and across dyadic accounts (Corbin & Strauss, 2015), allowing similarities, differences, and early conceptual patterns to emerge without imposing pre-existing assumptions (Corbin & Strauss, 2015; Glaser & Strauss, 1967).

During open coding, individual narratives were broken down into lower-level categories based on participants' experiences, as shown in Table 4. This phase explored experiences and

identified patterns. For example, the Emotional Engagement and Anticipation category reflected fathers' emotional investment in pregnancy, including excitement and anxiety. Engagement ranged from high (attending appointments) to low (minimal involvement).

Table 4

Examples of Category Development

Lower-Level Categories	Conceptual Groups (Subcategories)	Overarching Themes (Higher-Level Categories)
Fathers' narratives		
Emotional engagement and anticipation Involvement in prenatal care and decision-making Unique challenges during pregnancy	Experiences during pregnancy	Transitional experiences (Temporal phases)
Mothers' narratives		
Active prenatal engagement Readiness for fatherhood	Fathers' involvement during pregnancy	Evolving roles of fathers

Similarly, the readiness for fatherhood category highlighted fathers' psychological and practical preparedness. Its properties included emotional confidence and caregiving knowledge, with dimensions ranging from high readiness (actively preparing for caregiving) to low readiness (characterized by uncertainty and adherence to traditional provider roles). From the mothers' perspectives, categories like active prenatal engagement captured their partners' participation in pregnancy-related activities. These categories, with their defined properties and dimensions, remained closely tied to the data, providing a foundational basis for deeper analysis in subsequent coding phases.

The properties include emotional investment and communication, whereas the dimensions range from high engagement (e.g., attending prenatal appointments and discussing birth plans) to low engagement (e.g., minimal involvement and passive support). Similarly, the readiness for fatherhood category emphasizes fathers' psychological and practical preparedness for becoming parents. The properties encompass emotional confidence and caregiving knowledge, with levels ranging from high readiness (actively preparing for and embracing caregiving roles) to low readiness (characterized by uncertainty and adherence to traditional provider roles).

Axial Coding: Higher-Level Categories

Axial coding moved the analysis from a descriptive to an analytical level by reorganizing the lower-level categories into broader conceptual patterns (Corbin & Strauss, 2008, 2015; Strauss & Corbin, 1998). This process involved linking related experiences and identifying the properties and dimensions of each category. I used the coding paradigm to examine how external and internal factors, including workplace policies, partner support, and economic stress, affected the fatherhood experience at each stage.

I grouped related subcategories from both fathers' and mothers' narratives into higher-level categories, as shown in Table 5. For example, concepts such as "Experiences during pregnancy" and "Readiness for fatherhood" were grouped under the overarching theme of Transitional experiences (Temporal Phases), which captures the emotional and role shifts fathers undergo across the perinatal stages. The analysis of its properties and dimensions revealed key variations in fathering roles: some fathers adopted modern caregiving practices, while others adhered to traditional cultural norms, prioritizing financial support over hands-on caregiving.

Table 5

Summary of the Higher-Level Categories of Fathers' and Mothers' Narratives

Fathers' Narratives	Mothers' Narratives
Personal fatherhood journey and identity (Internal) Transitional experiences (Temporal phases) Structural foundations and challenges to fathering (External) Emotional well-being and mutual support (Relational)	Evolving roles of fathers Challenges to fathering (as perceived by mothers) Emotional well-being and mutual support Influences of extended family and community Work-family integration and advocacy Cultural and generational transitions into fatherhood Fatherhood identity and evolution (as perceived by mothers)

Similarly, mothers' perspectives on their partners' actions, such as "Active prenatal engagement," were synthesized into the higher-level category "Evolving roles of fathers." This category captures the shifts in paternal engagement as fathers transition from traditional providers to actively involved caregivers. This was a crucial distinction, as mothers' narratives primarily focused on their evaluations and expectations for their partners' evolving roles, providing a dyadic perspective on how fatherhood is jointly constructed. By combining the coding paradigm with constant comparison and other analytical tools, I achieved a comprehensive view of the multifaceted experiences of first-time Indian immigrant parents, which I will detail further in the findings section.

After identifying the higher-level categories for fathers' and mothers' voices, which are distinct and unique to each one's experience and perspective on fathering and fatherhood, Collaco et al.'s (2021) dyadic analysis was integrated during the axial coding.

Dyadic Analysis: Novel Integration

In this study, I explore an innovative approach that integrates dyadic analysis with the SGT framework, as illustrated in Figure 1. This unique combination opens new avenues for understanding complex interactions and dynamics. This method, a central aspect of the study, examined the relational dynamics and shared perspectives of first-time immigrant Indian parents. Drawing on the Framework Method for dyadic analysis as outlined by Collaço et al. (2021), this process enabled the systematic identification of overlaps, contrasts, and evolving roles within each couple's parenting experience, illuminating fatherhood as a co-constructed journey.

While SGT guided the open, axial, and selective coding of individual interviews, dyadic analysis was employed to compare narratives both across and within couples. This fusion of methods enhanced the study's rigour by strengthening the relational aspect of the narratives.

After the initial open and axial coding of individual interviews using SGT, the study systematically compared the narratives of fathers and mothers through the following three key steps. First, within-dyad analysis involved analyzing individual codes for each couple side by side to identify similarities and incongruences. A matrix was created for each dyad, charting thematic summaries and quotes to synthesize their shared or divergent experiences into dyadic codes, as shown in Table 6.

Table 6

Sample Dyadic Framework Matrix

Mother's Narrative	Fathers' Narrative	Dyadic Code/Summary	Dyadic Category

“He has played a significant role in my journey. I was stressed, and he tried to keep me calm.” (M1)	“I need to put more effort into doing hands-on work, even after coming back from work” (F1)	**Dyadic Code:** Progressive Role Shift **Summary:** Both partners acknowledge the evolving nature of parental roles. The father embraces change, while the mother affirms involvement but desires continued growth.	Evolving fathers’ roles
“When they gave the baby to him for skin-to-skin contact, I cried. It was beautiful to see him holding her” (M2).	“The moment we got the baby out, and she was crying, I just held her, and everything changed” (F2).	**Dyadic Code:** Shared Emotional Journey **Summary:** Both parents describe childbirth as transformative. Witnessing the father’s bond shapes the mother’s emotional state.	Emotional interdependence

Next, across-dyad comparisons were made to identify shared themes in how couples navigated fatherhood. This step helped reveal patterns emerging across the broader sample. After comparing the dyads and analyzing the dyadic summaries across all ten dyads, six common relational categories were identified that reflect the collective experiences of fathers and their partners, as shown in Table 7.

Table 7

Dyadic Categories

Axial Coding	Selective Coding
Shared/ relational categories (fathers' and mothers' narratives)	Core category
Evolving fathers' roles Cultural transition Emotional interdependence Perspectives on support systems Preparation for parenthood Challenges and barriers to fatherhood	Pivoting

The final stage of this process involved applying the coding paradigm to each shared category to understand how the experiences of both partners connected together. For instance, the emotional interdependence category was analyzed with respect to its causal conditions and intervening factors. This demonstrated that maternal expectations shaped fathers' emotional expression, and that mothers' well-being, in turn, was influenced by paternal responsiveness.

During dyadic analysis, participants frequently referred to both their own parents and their in-laws when discussing family involvement and intergenerational influence. To maintain analytic consistency, the term 'grandparents' is used throughout this dissertation as an inclusive descriptor encompassing both participants' parents and in-laws, that is, the infant's maternal and paternal grandparents. When relational direction or dynamics were analytically relevant (for instance, contrasting experiences with mothers' parents versus mothers-in-law), this distinction is

made explicit in the chapters on the findings. This clarification ensured interpretive accuracy while respecting the cultural and relational complexity of Indian immigrant families.

The systematic dyadic analysis provided an in-depth understanding of how relational, cultural, and institutional factors influence fatherhood, with the detailed findings presented in the findings chapter.

Selective Coding

Selective coding followed the principles of Strauss and Corbin (1998), centring on identifying a core category that unified the data. The process began with dyadic analysis (Collaço et al., 2021), systematically comparing mother-father narratives to identify relational patterns. Through constant comparison, categories were iteratively refined to isolate a central, action-oriented process. The core category was selected for its capacity to integrate all subordinate categories and to address the guiding analytical questions: "What is this research all about?" and "What seems to be going on here?" (Corbin & Strauss, 2008). The coding paradigm (Strauss & Corbin, 1998) was applied to examine conditions, actions, and consequences, ensuring the core category was both abstract and grounded in data.

Theory Development, Validation and Finalization

The theory emerged through iterative, selective coding and constant comparison, supported by memo writing and diagramming to trace relationships among categories. Reflexivity was maintained to mitigate bias, and the coding paradigm was used to systematically map interactions between contextual conditions, strategies, and outcomes. Dyadic analysis further clarified relational dynamics. Saturation was achieved through repeated data revisitation, with concepts (e.g., work-life balance) noted for future study. The process emphasized axial linkages between categories to ensure conceptual coherence.

The validation of the Pivoting into Fatherhood theory used the coding paradigm and the Conditional/Consequential Matrix to compare categories. The coding paradigm structured the analysis of causal conditions, intervening factors, and consequences, while the Matrix mapped multilevel influences (micro, meso, and macro) on fathers' experiences. This dual approach ensures that the theory captures data variability while acknowledging participants' lived experiences.

The Final Theory, Pivoting into Fatherhood, was shaped through this iterative and comparative process. Its dimensions derive from the coding paradigm, which rigorously examines each dimension's properties, variations, and relationships with the core category. The Conditional Matrix contextualizes these dimensions by analyzing how external factors, such as cultural norms and institutional policies, intersect with individual experiences, as discussed in Chapter 5. Together, these layered analyses facilitated a process-driven, relational understanding of the phenomenon while maintaining analytical rigour.

3.6 Rigour and Trustworthiness

Quality in this study was supported by the systematic use of core Straussian grounded theory procedures (Corbin & Strauss, 1990; 2008; 2015). These included theoretical sampling, data saturation, constant comparison, memo-writing and diagramming, and theoretical sensitivity, which guided the development of concepts grounded in participants' accounts. Analytic decisions were documented to show how categories evolved. Attention to negative cases, an audit trail, and rich description strengthened confidence in the findings, while reflexive notes supported confirmability. Triangulation across parent perspectives added depth. Together, these strategies helped ensure that the final theory was robust, transparent, and grounded in the data.

Theoretical Sampling

Theoretical sampling involves "sampling concepts, not people," guided by the developing analysis (Corbin & Strauss, 2015, pp. 134-135). This was critical in my study as I sought to capture the nuances and emerging categories in parenting. Early in the analysis, unexpected concepts such as the twice-immigrant parent status and fertility concerns surfaced. However, as analysis progressed, these were set aside for future exploration, and attention shifted to areas that more clearly illuminated fatherhood and fathering within immigrant contexts.

Key concepts such as immigration, cultural challenges, shared parenting, father involvement, and support systems became central and were further developed through targeted questioning in subsequent interviews. For instance, I identified well-developed concepts, such as evolving parental roles, support systems, and cultural adaptations, as well as less developed concepts, including work-life balancing strategies and the psychological impact on parents, from the first three to four interviews as emerging themes. These gaps prompted the need to adjust the interview questions for later participants to probe these areas more deeply. Because the interview itself was used as an iterative process for theoretical sampling, aiming to saturate the less developed concepts (Foley et al., 2021). This was achieved by asking questions such as "Can you share more about how becoming a parent has affected you emotionally and psychologically?" and "What specific strategies have you and your partner implemented to manage work and parenting responsibilities?" This iterative process of data collection, coding, and analysis allowed for a thorough examination of concepts crucial to understanding the fatherhood experience. Through constant comparison, I refined the emerging categories and concepts, ensuring that no new themes emerged and that the data were well saturated.

In alignment with the principles outlined in Strauss and Corbin's Basics of Qualitative Research (Corbin & Strauss, 2008, 2015; Strauss & Corbin, 1998), techniques such as constant comparison, coding, and memoing were employed throughout the analysis to foster this sensitivity. Earlier interviews and memos were revisited regularly to refine categories and ensure grounding in participants' accounts. Maintaining flexibility, as noted by Charmaz (2006), enabled adjustments as new insights emerged. By refining concepts and strategically adapting interviews to develop less-established areas, theoretical saturation was achieved, and the data well supported central concepts related to fatherhood within immigrant contexts.

Data Saturation

Data saturation was achieved when no new themes emerged from the narratives (Strauss & Corbin, 1998). After analyzing the narratives of ten mothers and ten fathers, I found that the study effectively captured the diversity of experiences, with no additional insights appearing in subsequent interviews. This suggests that the data collection was thorough and represented a broad spectrum of experiences. The detailed accounts provided by participants encompassed personal and systemic factors that influenced their parenting experiences, including emotional well-being, mental health, healthcare interactions, and financial concerns.

These narratives reflected a wide variety of coping mechanisms, support systems, and adaptation strategies, thus highlighting the richness and complexity of modern immigrant parenting experiences. The integration of SGT and Dyadic Analysis introduced an additional layer of data saturation, as similar categories emerged across the narratives of both fathers and mothers. Feedback from member checking provided additional perspectives on the relevant aspects of parenting and fatherhood, which were adequately captured. Together, these steps

supported the conclusion that saturation had been achieved and that the developing categories adequately reflected the study's central concerns.

Constant Comparison

The constant comparison method is a key process in grounded theory, using an iterative approach to identify patterns by comparing similarities and differences in the data (Glaser & Strauss, 1967; Strauss & Corbin, 1998). In my analysis, I utilized this approach by breaking down the data from the 20 narratives into smaller parts and examining them for commonalities and distinctions.

Through this process, I refined the coding scheme and identified patterns that consistently emerged in the narratives. For instance, in Mother 6's narrative, similarities such as the importance of support, adjustment to parenthood, and cultural practices were grouped. At the same time, differences like healthcare accessibility and paternal involvement were categorized separately. Similarly, the narratives exchanged between mothers and fathers, as well as those between dyads, were compared during the analysis.

As part of this iterative verification, I also addressed negative cases and deviations, which Corbin and Strauss (2015) highlight as important for strengthening category development. Some fathers described embracing more traditional roles centred primarily on financial provision. One father explained that he works long hours, so his wife manages most of the baby's care, reflecting how his own father parented. Another father noted that he preferred to focus on securing the family's future, believing that caregiving was better handled by his wife and extended family. While less common, these accounts offered a valuable contrast to fathers who shared caregiving responsibilities and broadened the range of fathering experiences represented

in the developing theory. Observing these deviations provided a richer understanding of the range of fathering experiences, thereby strengthening the emerging theory.

By continually comparing these codes, I identified broader themes in the data. Through constant comparison, similar concepts were grouped into broader categories, forming themes with distinct properties and dimensions (Corbin & Strauss, 2015). This method enabled me to systematically reduce and classify the data, ultimately identifying a core category that encapsulated the study's central theme. As Flick (2018) emphasizes, this process not only allows the continuous refinement of concepts but also enhances the credibility of the research findings by ensuring thorough, repeated comparisons of the data.

Memo-Writing and Diagramming

Memo-writing was a central analytic strategy throughout this study. From the beginning of data collection through later stages of analysis, I wrote memos to record emerging ideas, questions, and reflections. Memos functioned as working documents that supported the development and refinement of concepts, helping to build links between categories (Corbin & Strauss, 2008, 2015).

I wrote memos in multiple formats, handwritten, typed, and voice-recorded, to capture emotional tone and contextual detail. For example, a sample early memo from the first mother interview is included in Appendix G. Initial memos were often tentative and exploratory; they were revisited and revised as analysis progressed, consistent with Strauss and Corbin's (1998) guidance. NVivo (Lumivero, 2023) supported this process by allowing me to code data and write linked memos, reinforcing the close connection between data and interpretation (Rich, 2012).

Diagramming was used alongside memo-writing to visually trace relationships among categories, particularly during axial and selective coding. Corbin and Strauss (2015, pp. 141–

142) describe diagramming as a helpful way to integrate categories and make relationships visible. Diagrams helped map contextual conditions, strategies, and consequences and clarified how the core category developed.

Memoing also supported reflexivity. For instance, when one father described parenting roles using the metaphor of "front and back wheels," I noted my own reaction and recognized how this metaphor could reflect assumptions about leadership within families. Recording such reflections helped me examine my positionality and remain attentive to alternative interpretations. This metaphor later informed the concept of shared parenting.

As the analysis advanced, memos helped raise descriptive codes toward more abstract concepts. These were then integrated through both SGT and dyadic analysis. The ongoing documentation of analytic decisions strengthened dependability by maintaining a record of how categories developed over time. A sample memo related to pivoting is provided in Appendix H.

To support this process, I worked iteratively with the data using multiple coding passes, both manually with paper and pencil and digitally with NVivo (Lumivero, 2023). These repeated engagements helped me compare emerging ideas and strengthen the development of codes and categories. I also used software such as Excel, Canva, and PowerPoint to diagram and visualize the developing relationships among categories. These tools supported analytic thinking by helping refine concepts into more defined categories. By continuously revisiting and reworking these visualizations, I adhered to the principles of constant comparison and theoretical saturation in grounded theory, thereby enhancing both the transparency and coherence of the analytic process. Overall, memo-writing and diagramming deepened engagement with the data, supported reflexive practice, and contributed to the development of the Pivoting into Fatherhood theory.

Theoretical Sensitivity

Theoretical sensitivity was maintained throughout the study, allowing attention to the concepts and relationships emerging from the data. Corbin and Strauss (1990, 2015) note that theoretical sensitivity develops through engagement with the literature, professional and personal experience, and ongoing interaction with data. These sources helped me notice subtle meanings, interpret participants' experiences, and refine emerging categories.

During analysis, I read and re-read transcripts, questioned initial assumptions, and compared data across interviews to deepen insight. This supported recognition of important shifts, such as fathers' increasing involvement in caregiving and their negotiation of culturally shaped expectations. These observations helped shape the development of categories related to fathering roles. As the analysis progressed, fathers' experiences were compared with mothers' perspectives. Mothers often described fathering in relation to their own expectations and family histories, offering additional interpretive depth. Attending to both perspectives reinforced the understanding of fatherhood as co-constructed within couples and informed the theoretical framework.

Consistent with Straussian grounded theory, theoretical sensitivity guided decisions about which concepts required further refinement and which were sufficiently developed. It also encouraged openness to alternative explanations and remained closely tied to participants' accounts rather than pre-existing assumptions. This process strengthened the conceptual grounding of the Pivoting into Fatherhood theory.

Additional Practices Supporting Quality

In addition to the core procedures of Straussian grounded theory, several complementary practices were undertaken to enhance transparency, clarity, and depth. Although these strategies

are not formal requirements in Strauss and Corbin's method, they support clear documentation of analytic development and demonstrate that interpretations remain grounded in participants' accounts.

An audit trail was maintained to systematically document analytic decisions throughout data collection and analysis. This included field notes, memos, NVivo (Lumivero, 2023) files, and organized folders containing coding stages and diagram drafts. Field notes captured contextual details during and after interviews, including observations of the setting, relational dynamics between partners, and moments of emotional intensity. These notes were later compared with transcripts and memos to enrich interpretation. Collectively, these records enabled analytic decisions to be followed over time, aligning with Strauss and Corbin's emphasis on making procedures explicit, thereby allowing readers to evaluate the adequacy of the work (Corbin & Strauss, 2015).

Regular debriefing supported ongoing reflection on interpretations and coding. I met with my supervisor during early data collection, reviewed the first three transcripts together, and refined the open-coding process. A subsequent committee meeting determined that data collection could be discontinued. I also submitted an audit trail to the committee for review, and their feedback was incorporated into the analysis. These discussions helped ensure that developing interpretations remained grounded in the data rather than being driven by personal assumptions.

Synthesized Member Checking (SMC) was used to enhance confidence in the findings. Rather than presenting raw transcripts, I shared synthesized and categorized interpretations with participants for reaction (Birt et al., 2016). During Zoom sessions, I presented summaries and invited participants to clarify, add to, or correct any information. Participants could choose

pseudonyms and keep cameras off, supporting comfort and confidentiality. The shared-screen format facilitated discussion, with approximately 3 mothers and 3 fathers participating. Their feedback clarified interpretations and validated the relevance of the categories. This collaborative approach strengthened credibility and supported the representation of participants' experiences. Additionally, SMC empowers participants and fosters trust, creating a collaborative and inclusive research environment (Motulsky, 2021).

Triangulation further contributed to interpretive depth by drawing on multiple perspectives. Comparing narratives from fathers and mothers, alongside dyadic analysis, supported examination of convergences and contrasts within couples. Member-checking discussions also enhanced this comparative process. This use of triangulation aligns with Torrance's (2012) view that triangulation enriches understanding rather than confirms findings.

Although grounded theory does not aim for broad generalization, Strauss and Corbin (2008) note that detailed accounts of a phenomenon enable readers to judge whether the findings may apply elsewhere. In this study, thick descriptions of fatherhood and mother–father interactions might support its transferability, particularly in other immigrant or culturally diverse parenting contexts similar to the participants' demographics (Corbin & Strauss, 2008, p. 314).

Self-reflexivity also supported quality. I recognized that my background as a cisgender female, a recent immigrant, and a healthcare professional influenced how I approached the study. My positionality as an Indian woman and mother informed my sensitivity to cultural expectations surrounding fatherhood. I maintained a reflexive journal to identify moments when my assumptions surfaced, such as empathy for fathers balancing work and parenting. For example, a father's comment, "Back home, I did not need to be so hands-on, but here, I am expected to do much more," (F7) prompted reflection on how migration reshapes caregiving

roles. To clarify how my identity informed my interpretation, I utilized the Social Identity Map (Jacobson & Mustafa, 2019) presented in Appendix I, which helped strike a balance between insider familiarity and openness to diverse accounts. Attending to these reflections, along with careful consideration of negative cases during comparison, enhanced credibility and helped ensure that interpretations remained closely tied to the participants' voices.

3.7 Ethical Considerations

Ethical approval for the study was obtained from the York Research Ethics Board (REB) in February 2023, as noted in Appendix J. A renewal was granted in February 2024 to facilitate member-checking sessions. To ensure all participants were fully informed, the study used an approved informed consent form from the Ethics Committee. Before each interview, I reviewed the form with the participants step by step. Once they confirmed they fully understood the study's purpose and their rights, including the right to withdraw at any time without penalty, they signed the forms. A signed copy was subsequently given to them for their personal records. This process guaranteed that consent was both informed and voluntary, which is fundamental to ethical research.

I ensured confidentiality and anonymity throughout the study by using pseudonyms and storing all data in password-protected files. During analysis and reporting, I removed all personal identifiers to protect participants' privacy. In one interview, when a mother became emotional while discussing her recently deceased father, I paused the session, provided her with tissues, and offered to reschedule. However, she chose to continue after a brief pause. I also provided her with mental health and well-being resources to manage any distress. For the focus group discussions, I addressed potential risks of social discomfort and privacy loss by organizing separate Zoom groups for fathers and mothers, obtaining non-disclosure agreements, and using

pseudonyms. These steps ensured that sensitive information was managed securely and thoughtfully throughout the process.

3.8 Summary

The chapter discusses the study's philosophical basis, design, and methods, with a focus on grounded theory and dyadic analysis. It covers recruitment, ethics, and data collection via interviews and journaling. Analysis involved theoretical sampling, saturation, comparison, memo-writing, and sensitivity, documenting decisions and negative cases to improve confidence. Triangulating parent views added depth, ensuring the final theory reflected the complex experiences of first-time Indian immigrant parents in Canada.

Chapter 4: Findings

Chapter 4 presents the empirical findings generated through the grounded theory analysis of interviews with 10 Indian immigrant parent dyads (20 participants). Consistent with Straussian grounded theory, the primary purpose of this chapter is theory building, that is, to present analytically derived categories, their properties, dimensions, and relationships that emerged inductively from participants' accounts.

The analysis examines how first-time fathers and mothers navigate pregnancy, childbirth, and early parenting, with a particular focus on the evolving roles of fathers. The chapter is organized into four sections: The demographic profile outlines participants' backgrounds, including age, education, employment, and immigration status, providing essential context for

interpreting the findings. The key categories explore the lived experiences of fathers, structured around four dimensions: internal (identity and emotions), transitional (stages of fatherhood), external (structural and cultural influences), and relational (emotional support and work-family balance). The Core Category, "Pivoting," captures the adaptive journey of fathers as they navigate evolving roles and expectations in a new cultural environment. Finally, the integrated theory synthesizes these insights through a coding paradigm and consequential matrix, illustrating how relational dynamics and systemic conditions shape the transformation of fatherhood in immigrant families.

The experiences and perceptions of fatherhood during the perinatal period address three key research questions.

RQ1: How do first-time, recent immigrant Indian fathers experience pregnancy, childbirth, and the postpartum period in Canada?

RQ2: How do Indian mothers and fathers perceive fathering roles and behaviours during the perinatal period?

RQ3: What are the available resources, needs, support and barriers to fathering as perceived and expressed by couples?

4.1 Demographic Information of the Participants

The study includes 20 participants arranged in 10 dyads of Indian immigrant parents, with both mothers and fathers. Detailed demographic characteristics are presented in Tables 8 and 9 and are summarized here to contextualize the findings.

Table 8

Self-reported demographic information of the parents (n=20): Part 1

Characteristics	Category	Percentage/Value
Parent's Age	Mothers	M = 32 years (Range =

	Fathers	M= 34 years (Range = 29–
Infant's Age		Range = 3–15 months
Educational	Bachelor's Degree	40% mothers, 30% fathers
	Master's Degree	60% mothers, 70% fathers
Employment Status	Full-time Employed	90%
	Not Employed	10% (Mothers only)
Immigration Status	Permanent Residents	80%
	Canadian Citizens	20%
Immigration	First-time Immigrants	70%
	Twice Immigrated/ Multi-step migration	30%
Geographic Origin	Urban	60%
	Rural/Small Town	40%

Note. Educational attainment represents the highest degree achieved, not cumulative totals. The high level of educational attainment and employment stability within the sample may influence the transferability of the findings to populations with different socioeconomic profiles.

Participants were in early to mid-adulthood, with fathers aged 29–39 years (M = 34) and mothers aged 28–38 years (M = 32). Overall, the sample was highly educated, with the majority holding postgraduate qualifications. Educational attainment was comparable across genders, reflecting a socioeconomically stable sample. Employment was similarly stable, with most participants engaged in full-time paid work, and only a small proportion of mothers were not employed at the time of the interview. Most participants identified as Hindu; the remainder identified as Christian. The majority held permanent residency or Canadian citizenship, ensuring access to healthcare and social services. Infants ranged in age from 3 to 15 months, with most families interviewed during the later stages of the first year postpartum.

Most families in this study were dual-earner households, with fathers consistently employed full-time and most mothers returning to paid employment after childbirth. Parents described coordinating caregiving around their work schedules, with mothers assuming primary

daytime responsibilities during maternity leave and fathers contributing before and after work. Both parents noted work-related constraints, including limited employer-supported paternity leave, expectations to return to work soon after childbirth, and financial pressures that shaped leave-taking decisions. Some parents discussed mortgage commitments and cost-of-living factors that limited how much time fathers felt able to take away from paid work. These patterns of leave-taking and early caregiving formed the context in which fathers and mothers described their experiences of pregnancy, childbirth, and early parenting.

Parental leave use varied considerably between mothers and fathers in this sample. Mothers took an average of 30 weeks of leave (range = 6–56 weeks), drawing on a combination of maternity leave and a portion of the shared parental leave entitlement. Fathers, in contrast, took significantly shorter periods of leave, averaging 5 weeks (range = 0–6 weeks). Most fathers relied on short periods of vacation time, unpaid days, or workplace flexibility rather than accessing the shared parental leave available to them. Several fathers reported taking only 2-3 weeks before returning to work. These patterns showed both gendered expectations around early caregiving and financial employment, and settlement pressures by newly arrived immigrant families.

Table 9

Self-reported demographic information of the parents (n=20): Part 2

Characteristics	Category	Percentage/Value
Marital Arrangement	Parental Arranged	70%
	Self-Arranged	30%
Religious Background	Hinduism	70%
	Christianity	30%
Parental Leave	Mothers (weeks)	M= 30 (Range = 6–56)
	Fathers (weeks)	M= 5 (Range = 0–6)

Type of Delivery	Spontaneous Vaginal	60%
	C-Section	30%
	Assisted	10%
Health Care Providers	Family Physician	80%
	Nurse	30%
	Obstetrician	20%
	Pediatrician	20%

Note. Reported fathers' leave was drawn from the shared parental leave entitlement.

Participants' accounts indicate that engagement with health care providers during the perinatal and early parenting periods was primarily with family physicians, who served as the main point of contact and the primary source of continuity of care for most families. Nurses played a notable supportive role, particularly around childbirth and early postnatal care, often providing practical guidance and reassurance. In contrast, specialist involvement, such as obstetricians and pediatricians, was more limited and episodic, typically accessed for specific medical needs rather than ongoing support. Overall, the pattern suggests a health care experience characterized by reliance on generalist providers, with specialist care accessed selectively, shaping how families navigated information, reassurance, and decision-making during early parenthood.

While the sample was relatively homogeneous in education, employment, and marital arrangements, meaningful variation was evident in immigration pathways, geographic origins within India, and caregiving practices. Approximately one-third of participants had migrated more than once, often through intermediary countries, and participants came from both urban and rural backgrounds. These variations, though modest, add analytic depth by illustrating how shared social positioning coexisted with diverse migration histories and parenting arrangements.

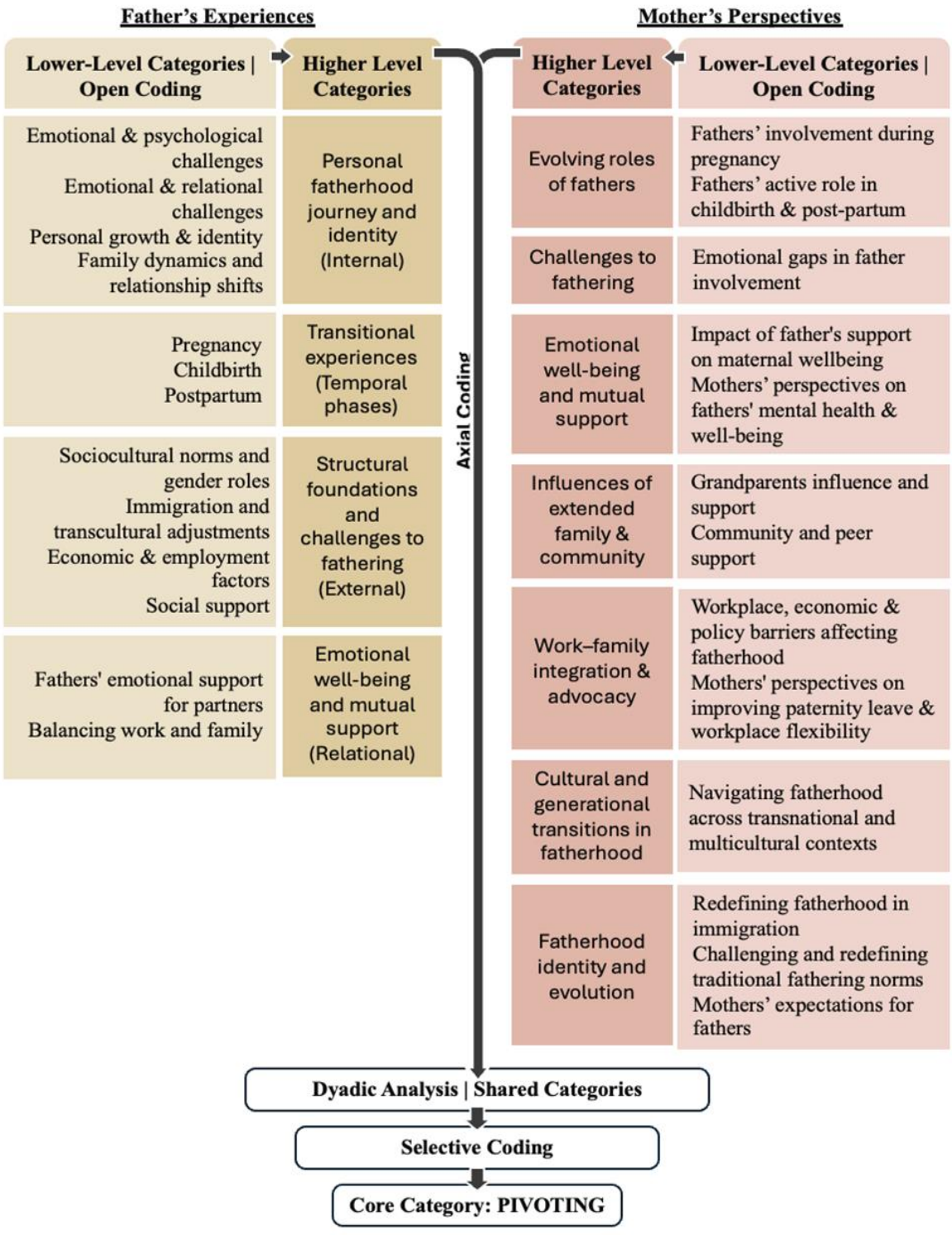
Together, these demographic characteristics and early caregiving arrangements provide an important contextual foundation for the thematic findings presented in Section 4.2, which examines parents' lived experiences during the perinatal period in greater depth.

4.2 Key Categories of Couple Experiences

Findings from interviews with first-time Indian immigrant parent dyads, focusing on fathers' and mothers' narratives are reported in this section. Using Strauss and Corbin's (1998) grounded theory approach, especially axial coding, the analysis found patterns and relationships.

Figure 2

Key Categories of the Couple Experiences


Father's Experiences
Mother's Perspectives
Lower-Level Categories | Open Coding
Higher Level Categories
Emotional & psychological challenges
Emotional & relational challenges
Personal growth & identity
Family dynamics and relationship shifts
Personal fatherhood journey and identity (Internal)
Pregnancy
Childbirth
Postpartum
Transitional experiences (Temporal phases)
Sociocultural norms and gender roles
Immigration and transcultural adjustments
Economic & employment factors
Social support
Structural foundations and challenges to fathering (External)
Fathers' emotional support for partners
Balancing work and family
Emotional well-being and mutual support (Relational)
Axial Coding
Higher Level Categories
Lower-Level Categories | Open Coding
Evolving roles of fathers
Fathers' involvement during pregnancy
Fathers' active role in childbirth & post-partum
Challenges to fathering
Emotional gaps in father involvement
Emotional well-being and mutual support
Impact of father's support on maternal wellbeing
Mothers' perspectives on fathers' mental health & well-being
Influences of extended family & community
Grandparents influence and support
Community and peer support
Work–family integration & advocacy
Workplace, economic & policy barriers affecting fatherhood
Mothers' perspectives on improving paternity leave & workplace flexibility
Cultural and generational transitions in fatherhood
Navigating fatherhood across transnational and multicultural contexts
Fatherhood identity and evolution
Redefining fatherhood in immigration
Challenging and redefining traditional fathering norms
Mothers' expectations for fathers
Dyadic Analysis | Shared Categories
Selective Coding
Core Category: PIVOTING

Higher Level Categories of Fathers' Experiences

The analysis of fathers' narratives revealed three overarching categories that structure their experiences: internal, transitional, and external, as shown in Figure 2. These categories provide comprehensive insights into the first research question: How do first-time Indian immigrant fathers experience fathering and fatherhood during pregnancy, childbirth, and the postpartum period as newcomers to Canada?

- The internal category captures fathers' personal emotions, perceptions, and identity transformations as they navigate the transition into fatherhood.
- The transitional category reflects the evolving roles and adjustments fathers undergo across the stages of pregnancy, childbirth, and postpartum.
- The external category highlights broader contextual influences, such as cultural norms, immigration-related challenges, employment conditions, and social supports, that shape their fathering journey.

Each of these categories is further elaborated by subcategories that illustrate the nuanced, multifaceted nature of fatherhood in the context of migration and early parenting.

Personal Fatherhood Journey and Identity (Internal). This higher-level category explores how first-time Indian immigrant fathers in Canada redefined themselves as men and parents during the perinatal period. It addresses RQ1 by examining emotional, psychological, and relational changes, and informs RQ2 by illustrating how fathers and their partners perceive the evolving roles and identities of fatherhood. The internal transformation involved emotional adjustment, personal growth, and shifts in couple and family dynamics, as detailed in the following subcategories.

Emotional and Psychological Challenges. Fathers report a wide range of emotions upon entering fatherhood, including joy, fear, nervousness, and vulnerability. These emotional responses are often layered and complex. As F3 noted, "We were happy, but we were also scared... It isn't easy to stay calm, but then again, there is nothing you can do... Even though sometimes I feel tired, it's very good." For some, prenatal complications have intensified emotional strain. F3 reflected, "The pregnancy was not really a joyride. There were a lot of ups and downs... However, then we became more religious, praying every evening for at least 10 minutes." Together, these narratives reveal how fathers coped with uncertainty through spirituality, emotional regulation, and a commitment to staying present for their partners and children.

Emotional and Relational Challenges of Fatherhood. This subcategory highlights how fathers' emotional journeys interact with their relationships. Psychological strain often leads to relational tension, especially during pregnancy and birth. F2 described feeling unsure of his readiness, sharing, "I was super nervous and felt like I didn't know if I could be the dad I'm supposed to be." Yet, some fathers witnessing their partners' strength during labour often transformed that anxiety into deep respect and emotional connection. As mentioned by F4:

> The moment we got the baby, she was crying. I could see the joy on my wife's face, even though she went through 18 hours of labour. That changed everything, and I gave her more respect than before. (F4)

These moments of vulnerability and admiration reshaped how fathers viewed their roles within the couple dynamic.

Personal Growth and Identity. Fathers described a significant shift in self-concept, moving from individual-focused identities to ones centred on caregiving and family. The realities

of parenting often catalyzed this transformation in a new cultural context. As F7 expressed, "Before, my focus was on my career and personal accomplishments. Now, it is about creating a stable and happy environment for my family." Many contrasted their involvement with the distant paternal roles they had witnessed growing up, as illustrated by F10: "My father does not know how to change a diaper, but I changed my daughter's first diaper without hesitation." Others drew on intergenerational values: F7 reflected, "I remember how my father would forgo his own comforts to prioritize my education and well-being. That taught me to think beyond myself."

Immigration played a pivotal role in shaping these shifts in identity. Fathers had to adapt in the absence of extended family or domestic help. F7 acknowledged this adaptation, sharing, "I never thought I'd be this hands-on. But being here, I realized I need to step up, not just at work but at home too." Emotional connection and legacy thinking also deepened across narratives, with F1 explaining, "My father taught me to think beyond myself, to plan for the long term, and ensure my family is cared for. That is what I want to instill in my kids." For some, this transformation was captured in deeply emotional moments. As F8 described: "When I saw my child's head for the first time in the labour room, it hit me that life was no longer just about me."

These reflections illustrate how the transition to fatherhood prompted a redefinition of self, where caregiving and emotional presence became central to paternal identity. Fathers' narratives consistently emphasized a shift from traditional, provider-centric roles to more involved, nurturing roles shaped by the demands of parenting in a new cultural context.

Family and Relationship Dynamics. As verbalized by fathers, these findings address RQ2, highlighting how couple relationships evolve with the arrival of a child. Internal changes also reshaped couple relationships and household functioning. Many fathers described

developing greater respect and patience toward their partners. F7 explained, “Fatherhood made me calmer; before I would argue back quickly, but now I pause and think because I know she’s going through so much.” This shift reflected emotional regulation and empathy, showing how the transition to fatherhood influenced relational behaviour.

Communication patterns also changed, with daily conversations increasingly centred on parenting. Fathers recognized the importance of maintaining emotional connection with their partners amidst the demands of caregiving. F4 reflected, “Now, whenever you call, the first question is, how is the baby? ‘… but I consciously ensure I ask about my wife because she could feel left out.” This growing awareness of partners’ emotional needs illustrates an effort to preserve intimacy and mutual understanding.

Some fathers described challenges in bonding when infants showed a preference for the mother. As F4 noted, “I try to give her breaks by taking over baby care when I’m home. It’s difficult because he usually prefers being with her, and it sometimes feels like I’m stepping into her space.” This quote reveals the emotional complexity of early father-infant bonding and the sensitivity required to navigate shared caregiving.

Couples also experienced tensions related to expectations from their extended family. F3 explained, “It is a balancing act… constantly trying to mediate between the way my mother thinks things should be done and what my wife feels is best for our child.” Such experiences highlight fathers’ mediating role in reconciling differing generational perspectives and family traditions with their partners’ parenting preferences. Together, these narratives demonstrate that identity change extended beyond self-perception, influencing how fathers expressed respect, shared caregiving responsibilities, and managed intergenerational expectations within the couple dynamic.

Transitional Experiences of Fathers (Transitional). This higher-level category describes the movement experienced by fathers during pregnancy, childbirth, and the postpartum period. This category contributes to RQ1 by tracing fathers' transitions across pregnancy, childbirth, and the postpartum period, and to RQ3 by revealing the support and barriers they encounter during these stages. Unlike the internal category, which focuses on emotional and identity shifts, transitional experiences highlight how fathers responded to practical milestones and gradually built confidence in their caregiving roles. These transitions also reflect how fathers adjusted to new systems and expectations in their parenting environment.

Fathers' Experiences Through Pregnancy. Pregnancy marked the beginning of fathers' reorientation toward family life. Many participants described an immediate sense of responsibility upon hearing the news. F1 recalled, "I immediately felt very happy. The thought of being a father brought a sense of responsibility I've never felt before." This quote demonstrated how announcing a pregnancy can induce a psychological change towards caregiving.

Fathers also reported anticipation and nervousness during medical appointments, especially ultrasounds. F2 reflected, "I felt a mix of excitement and nervousness. Every time we had an ultrasound, I eagerly awaited any piece of information my partner could share." These accounts show how fathers engaged emotionally with pregnancy, even when their involvement was indirect.

For some, this stage carried a unique strain. Fathers undergoing assisted reproductive treatments spoke of the emotional and physical toll. As F10 explained, "Our journey to pregnancy was through IVF, which was emotionally and physically challenging." This reflection highlights the psychological toll of assisted reproduction and the resilience required to navigate

uncertainty. Overall, fathers' narratives during pregnancy reveal early emotional commitment and a growing sense of responsibility, marking the beginning of their transition into fatherhood.

Fathers' Experiences Through Childbirth. Childbirth was described as a defining moment that intensified fathers' emotional involvement and confirmed their caregiving roles. One participant recalled, "I remember seeing my child's head during labour while encouraging my wife to push. It's a moment I will remember forever" (F4). This quote reflects the emotional impact of witnessing birth and the father's active role in supporting his partner.

Another father emphasized the internal shift from uncertainty to readiness: "Despite the initial doubts, I told myself I could handle the responsibilities of fatherhood" (F1). This statement illustrates how childbirth served as a turning point in the development of paternal confidence.

Cultural beliefs also shaped experiences. Some fathers integrated Indian traditions, such as choosing auspicious delivery times. As F10 explained:

> The doctor was very supportive in asking us what time we wanted the baby to be delivered. Since she also comes from a cultural background that values auspicious times, she asked if we had a preferred time, and we wanted to keep to that. (F10)

The above quote shows how fathers integrated their cultural preferences with the adaptable nature of the Canadian healthcare system.

Fathers contrasted these experiences with those in India, where they were often excluded from labour rooms. F10 reflected, "In India, the hospital usually does not allow fathers in the labour room. However, here I was present throughout the process, and it felt very different to see and support my wife directly." These findings show that childbirth marked a significant shift in paternal engagement, shaped by both emotional intensity and the surrounding healthcare context.

Fathers' Experiences Through Postpartum. The postpartum period introduced new caregiving responsibilities and practical adjustments. Fathers described a steep learning curve as they balanced infant care, household duties, and employment. F3 shared, "Those first few weeks brought a flurry of diaper changes, soothing cries, and precious moments of peace." This quote captures the intensity and emotional reward of early caregiving.

Another father described adapting his routine to support his partner: "I used to cook for her for a month, where I used to wake up at four in the morning and do some cooking for her" (F6). This illustrates the shift toward shared domestic responsibilities and the father's proactive role in postpartum support.

Extended family support was highly valued when available. As F7 noted, "Fortunately, by the grace of God, we were able to secure a visa for our in-laws... Her support was invaluable." This highlights the importance of familial assistance in easing the postpartum transition.

In contrast, fathers without such support described negotiating caregiving directly with their partners. These variations reveal how fathers adapted to postpartum demands, often stepping into roles traditionally held by extended family. Collectively, these findings show that fathers' involvement increased significantly during the postpartum period, reinforcing their identities as engaged and adaptable caregivers. These experiences also highlight key supports (e.g., family presence, workplace leave) and gaps that influence fathers' ability to participate fully in early caregiving.

Structural Foundations and Challenges to Fathering (External). This higher-level category captures influences outside the immediate family system that shaped fathers' transition into parenthood. In contrast to the internal category (self-identity and emotional adaptation) and the transitional category (movement across pregnancy, birth, and postpartum), the external

category refers to social norms, cultural expectations, migration-related changes, employment and economic realities, and formal and informal support networks that either constrained or enabled fathers' engagement. These findings address RQ1 by describing the broader social environment fathers encountered during the perinatal period, and RQ3 by identifying the supports and barriers that shaped their fathering experiences.

Socio-Cultural Norms and Gender Roles. Participants described moving away from patriarchal expectations they had witnessed growing up. Many fathers had been raised to view the paternal role as primarily financial, with limited emotional or caregiving involvement. F9 explained, "Back in India, most of the time, fathers were considered the providers. However, after coming here, I've realized we both share everything, from feeding to putting the baby to sleep." This quote reflects a shift toward more egalitarian parenting roles.

Generational contrasts were also noted. As F10 shared, "My father is surprised by my involvement; he never took care of the baby much back home. However, for me, it feels natural to hold her, change diapers, and help at night." These narratives show how fathers redefined "good fathering" beyond financial provision, embracing emotional presence and hands-on caregiving as central to their role.

Immigration and Transcultural Adjustments. Migration shaped fathers' practical and cultural adjustments. Without extended kin or hired help, household and childcare tasks had to be redistributed. F7 explained, "In India, we could easily find domestic help, but here we learned to do everything ourselves. It made me realize how much teamwork matters in a marriage." This quote highlights how migration necessitated a shift toward shared caregiving.

To adapt, fathers built new social infrastructures. As F1 noted, "In India, there is more community, …. everyone gives advice. Here, we created our own group of friends; everyone is

pregnant, everyone's sharing the experience." These peer networks provided emotional and practical support in the absence of extended family.

Many fathers highlighted how migration expanded opportunities for involvement in childbirth. As one father explained, "In India, I didn't see the husband going into the birthing unit. But here, I was with her from admission until childbirth… it felt good to be part of it" (F9). This contrast highlights how Canadian healthcare practices enabled fathers to participate more fully, thereby reshaping their understanding of paternal roles. These stories illustrate how fathers maintain cultural continuity while adjusting to new norms and institutional procedures. They also highlight how migration has created more opportunities for fathers to be actively involved.

Economic and Employment Factors. Many fathers described how their ability to enact their caregiving ideals was strongly influenced by work and financial conditions. Without access to inexpensive labour or family support, caregiving responsibilities were more evenly distributed. One father observed, "In India, manual labour is inexpensive… but here it's not, so we end up sharing everything more" (F10).

Some fathers emphasized the importance of supportive environments. F7 explained, "I think paternity leave could have made a difference after his birth, actually. At least two weeks should be mandated for all organizations, even if unpaid." Others faced rigid schedules that limited participation. As F9 shared:

> We were also looking for in-person sessions, especially prenatal and newborn care classes, but because of our work schedules, it was very difficult to attend in person. Most classes were held during working hours, and taking time off was not feasible. So due to our jobs, we couldn't attend, and we opted for virtual ones instead. (F9)

Collectively, these accounts illustrate that economic stability and workplace flexibility shaped the extent to which fathers could participate in early caregiving. Where employment support was available, involvement became more feasible; when absent, fathers adapted their caregiving around demanding schedules and financial constraints.

Social Supports. Social support encompasses both informal and formal networks. Several fathers emphasized the importance of healthcare professionals as key sources of guidance and reassurance. F8 shared, "The advice from our obstetrician has been invaluable. We've received clear guidance on what to expect and how to support my partner and baby." Fathers consistently highlighted nurses' role in active labour support, including coaching and real-time instruction. One father shared:

> In the beginning, there was only one nurse. I was holding one leg of hers, and as it took so long, I even took up a nurse's job for some time, like '1, 2, 3, 4, push, push, push.' I remember all those things now. I saw the nurse doing it. The nurse placed one hand on one of the devices and operated the computer with the other, as it was becoming difficult for her too. (F4)

The above account illustrates how fathers not only observed but also deeply appreciated the physical and emotional labour nurses performed during childbirth, recognizing them as central figures in their support systems. Nurses also played a pivotal teaching role after birth, particularly in helping new fathers learn practical skills, as verbalized by one father:

> We saw how the nurses handled the baby and made sure we were holding him right. We learned from the nurses… who showed us how to change his diaper. We even asked the nurse to show us how to bathe the baby for the first time, and she took a video of her doing it. (F4)

Fathers commonly described nurses as their main point of support during childbirth and the immediate postpartum period. They noted that nurses provided both emotional reassurance and hands-on guidance, particularly when teaching newborn-care skills such as bathing, holding, and diapering. Fathers also highlighted nurses' involvement in coaching during labour and in facilitating shared decision-making alongside other health-care providers. These accounts illustrate that, in the absence of extended family, nurses were often the primary support for fathers during the early transition to parenthood.

For many participants, community and peer networks also provided crucial reassurance. A few fathers leaned on friends for practical help and emotional connection. As F1 reflected, "Parenting is not a two-person job. As they say, you need a village to raise a baby. It makes sense." Such networks created a sense of belonging and shared learning in the absence of an extended family.

For some fathers, grandparents, even when physically distant, offered emotional and cultural continuity. F1 explained, "Even though my parents were absent due to visa issues, their calls and advice kept me anchored; they helped me navigate the first few months of fatherhood despite the distance." Others described how in-person support eased adjustment. F6 noted, "Luckily, we have our mother-in-law here… But for others who don't have, it's going to be very challenging."

Overall, these accounts show that fathers relied on various social supports, including professional, peer, and family networks, which strengthened their confidence and caregiving abilities despite facing limited resources and distance from relatives.

Emotional Well-Being and Mutual Support (Relational). This higher-level category contributes primarily to RQ1 by describing how first-time immigrant Indian fathers experience

and provide emotional support during pregnancy, childbirth, and postpartum. It also informs RQ2 by illustrating how fathers perceived their roles in supporting their partners and maintaining relational stability during the perinatal period.

Fathers' Emotional Support for Partners. Many fathers consistently described emotional support as inseparable from practical caregiving. Their narratives revealed a progression from early household adjustments during pregnancy to active caregiving in the postpartum period. These actions were not only functional but also deeply relational, reflecting a commitment to shared responsibility and emotional presence.

One father described his daily routine and the effort to maintain consistency despite fatigue:

> After I come home from work, I wash all the bottles and the pump parts. And then when I am taking care of my baby, she will cook. And some days when I'm very tired, even washing the pump parts and the bottles won't happen for one or two days, but we somehow manage. (F3)

The above account illustrates the reality of balancing work and caregiving, where emotional support is expressed through persistence and shared effort.

A few fathers emphasized their intention to relieve their partner's burdens. F5 shared, "I try to make sure that I take over the baby responsibilities as much as possible when I get home from work, just to give my wife a bit of a break." This quote reflects a motivation rooted in empathy and attentiveness to his partner's needs, showing how fathers perceived their role as both supportive and restorative.

Some participants also described adapting their routines to be more present and helpful, especially when working from home. One father explained:

> After having a child, it's not one person's responsibility; it's both of us. For example, I am working, and my partner is on maternity leave, and I am doing work from home, so whenever she needs to do some household things, I take care of the baby along with my office work. (F9)

The above narrative highlights the complexity of multitasking and the father's effort to integrate caregiving into his professional responsibilities.

The progression toward shared caregiving often began during pregnancy. One father reflected on his early shift in mindset:

> The first thing I changed is that I need to put more effort into doing housework. I used to vacuum every now and then, but once she got pregnant, I thought, OK, I need to pick up my pace and help her in some way. (F1)

The above quote demonstrates how fathers began preparing for their caregiving role before the child's arrival, signaling a proactive and evolving sense of responsibility.

Together, these accounts show how fathers' emotional support was enacted through tangible caregiving practices. The quotes reflect a developmental trajectory from prenatal preparation to postpartum adaptation, revealing varied motivations, including empathy, duty, and a desire for relational balance. Fathers viewed their involvement not as optional but as essential to their partners' well-being and household functioning.

Balancing Work and Family. Fathers described balancing professional obligations with family responsibilities as one of the most challenging aspects of early parenthood. Their narratives revealed a persistent tension between the desire to be emotionally and physically present for their partners and infants, and the demands of employment, commuting, and financial provision. This subcategory contributes to RQ1 by illustrating how fathers experienced

competing roles during the perinatal period, and to RQ2 by showing how they perceived their caregiving involvement within the constraints of work.

F2 reflected on the internal conflict he felt when deciding how much leave to take, "I could have taken one more week, but I felt it was important to get back to work. There's a lot going on, and I didn't want to leave my team hanging too long." This quote illustrates the pressure fathers felt to prioritize professional responsibilities, even when parental leave was available. Several fathers spoke about the emotional strain of trying to meet both work and family expectations:

> Balancing work and family life is a constant challenge. I took four weeks of the available five weeks of parental leave, but every day I felt torn between my responsibilities at work and my need to be at home with my newborn and wife (F5).

The above account highlights the emotional cost of navigating dual roles and the sense of guilt or inadequacy that can accompany such decisions.

Commuting distance also influenced fathers' ability to remain involved. F4 shared, "Because I work and go from Scarborough to Mississauga every day, that's a long ride. "This quote reflects how logistical barriers, such as travel time, reduced opportunities for daily engagement with their partners and children.

Financial pressures further shaped fathers' decisions and availability. F4 noted, "Budgeting has been tighter since the baby arrived. We've had to cut back on non-essentials to afford quality childcare." This statement illustrates how economic responsibilities affected fathers' capacity to participate in caregiving and influenced household priorities.

Despite these challenges, some fathers described their efforts to remain involved. F2 recalled, "That initial month, when I took off… was just to support her during that initial phase...

So, like during that one month off, I was like helping them out with the schedule" (F2). Similarly, F4 described how financial planning helped him feel more secure in taking leave, "We did all the maths and everything... if you're able to work, it is well and good, and if you're not able to work, it is fine as well; we could manage." These reflections show how fathers actively negotiated their roles, using planning and compromise to support their families.

Workplace flexibility was also a key factor in enabling caregiving. One father noted, "My workplace offers flexible hours, which have been invaluable" (F7). This quote illustrates how supportive employment policies enabled fathers to remain engaged without compromising their job security.

Together, these narratives reveal how fathers navigated the intersection of work and caregiving. Their experiences reflect a continuous effort to balance provider and caregiver identities, shaped by organizational culture, financial realities, and personal values. Fathers expressed a strong desire to be present and supportive, even when structural constraints limited their ability to be so.

Higher-Level Categories of Mothers' Experiences

Indian mothers' perspectives on fathering roles and behaviours during the perinatal period, as illustrated in Figure 2, are presented here. These findings address Research Question 2 (RQ2) by examining how mothers perceive and experience their partners' adaptation to pregnancy, childbirth, and early parenting. Mothers' accounts provide a complementary perspective to fathers' self-reports, illuminating fatherhood as it was experienced within the couple dynamic.

Evolving Roles of Fathers. Most mothers consistently described a noticeable transformation in their partners' roles throughout the perinatal period. Fathers were observed

assuming caregiving and supportive responsibilities that challenged traditional expectations of paternal behaviour. This evolution was evident across pregnancy, childbirth, and the postpartum phase, and was generally perceived as a positive shift toward shared parenting.

Fathers' Involvement during pregnancy. During pregnancy, many mothers highlighted their partners' active participation in medical appointments and prenatal care, marking a departure from conventional norms where men were typically uninvolved. M5 stated, "He has been very involved, attending every ultrasound and most doctors' appointments," underscoring the father's commitment to being present and informed throughout the pregnancy. This level of involvement differed from what several mothers described as standard practices in their families of origin.

Several mothers emphasized fathers' initiative in preparing for the baby's arrival. M4 shared, "He researched and purchased items for the baby, from the crib to the bottles. He wanted to make sure everything was ready before the baby arrived." This narrative illustrates the father's initiative in logistical planning and his emotional readiness for parenthood.

In the absence of extended family support, some fathers assumed responsibilities traditionally carried out by female relatives. As M6 recalled:

> When we came to know about our pregnancy, I think he gave his 100% because I didn't want to cook. I had that allergy to smells. I was feeling nausea and all. So, he would wake up early in the morning until my mother came. He was the one who cooked for me… a lot of support. (M6)

The father's adaptability and willingness to take on maternal tasks, which extend beyond cultural norms, are highlighted in this quote.

A few participants also described how their partners' constant presence compensated for the absence of relatives. M7 explained, "He [my husband] was very involved. He worked from home, accompanied me to appointments, and took care of me. He was my closest relative here and made sure everything was all right." This quote reflects how fathers filled gaps in emotional and practical support, particularly in the context of migration and the absence of extended kin networks.

Fathers as Partners in Childbirth and Postpartum.-Mothers described fathers' intense emotional and practical involvement during childbirth, even in unfamiliar or stressful circumstances. One mother shared, "He was even more vocal than the nurses in encouraging me to push... He handled everything remarkably well, especially considering he had never dealt with blood before" (M4). Her description underscores fathers' determination to remain supportive despite inexperience and potential discomfort. Not all moments felt steady. Another mother recalled, "He drove me to the hospital. My water broke, but I didn't tell him because he was fidgety, and his hands were shaking… He couldn't come inside due to hospital restrictions at the time" (M3). This shows how fathers' anxiety and situational barriers (such as hospital entry rules) could limit immediate support, underscoring emotional strain and vulnerability.

Postpartum, mothers repeatedly described fathers as hands-on caregivers. One noted, "He's been really hands-on with everything from nighttime feedings to diaper changes, which isn't something you often see in the families back home" (M1). Another added, "He is fully involved. Like he's always there and never had to convince him to go change a diaper or get up in the middle of the night" (M2). These narratives highlight a clear break from traditional expectations, with fathers engaging directly in infant care.

Mothers also compared their current experiences with norms in India: “Back home, this would have been mostly my responsibility, but here, he steps in without me having to ask. It makes a big difference” (M8). Such reflections emphasize how migration and new family structures may catalyze more equitable parenting.

Taken together, these maternal accounts describe fathers as increasingly hands-on and engaged caregivers. Mothers depicted their partners’ involvement in prenatal care, domestic work, childbirth support, and infant care as markers of partnership and shared responsibility within the family. Although some fathers displayed nervousness or uncertainty, mothers’ narratives overall reflect growing involvement and adaptability, illustrating how fathers experienced their roles as shifting amid migration and new family norms. These findings directly inform RQ2 by showing how mothers perceived evolving fathering roles and shared parenting during the perinatal period.

Challenges to Fathering. Mothers’ narratives revealed that while fathers increasingly engage in practical caregiving during the perinatal period, their ability to provide emotional support was perceived as inconsistent. This section contributes to RQ2 by highlighting the gap between the hands-on help mothers receive and the deeper emotional presence they often desired from their partners. It accurately reflects the focus on the difficulties and limitations in fathering as perceived and verbalized by mothers during the perinatal period.

Emotional Gaps in Father Involvement. Many participants appreciated their partners’ involvement in daily caregiving tasks such as feeding, cleaning, and attending appointments. However, this practical support did not always translate into an emotional connection. M3 described this disconnect through two experiences: “He helped by feeding and cleaning, but I felt he wasn’t emotionally present when I was overwhelmed,” and later, during childbirth:

> He was holding my leg, and my mother-in-law was on the other side, and they were both like, 'Push, push!' And then he's like, 'You got this, you got this.' And I just, like, I know you're motivating, but you're irritating me. (M3)

These accounts illustrate how logistical involvement, though well-intentioned, may feel misaligned or insufficient during emotionally intense and vulnerable moments.

Some participants reflected that family-of-origin experiences shaped their expectations of emotional support. One participant reflected, "I expected him to be more like my dad, who was always there. Sometimes, it feels like I'm doing more alone than I thought I would" (M7). In contrast, M10 recognized the differences across generations and the evolving nature of fathering, stating, "Dad was supportive, but times were different. I know my husband faces work stress; my father didn't. I try to keep that in mind." These reflections indicate that mothers' expectations are shaped by both historical models and current circumstances, especially considering migration and employment challenges.

The contrast between father–child bonding and partner support was also noted. As M9 expressed, "Whenever I see them together, I want to capture each moment. It's wonderful, amazing, like a pure form of love." While fathers' affection toward the child was celebrated, some mothers felt their own emotional needs were less visible or prioritized.

Cultural and gender norms further influence how emotional presence is understood. As M4 shared, "If I talk about my husband, who is a recent father, he makes me tea … he started doing stuff, and now he does shopping. So I have to do the tadka (the final step of tempering spices in Indian cooking), you know. He really chops very well, and he's getting trained." Her comment shows admiration for his increasing participation in domestic tasks, but it also highlights that practical help doesn't always satisfy deeper emotional needs. This indicates that

cultural ideas about masculinity and caregiving still shape how emotional involvement is viewed, even as fathers take on more housework.

Economic and structural pressures also impacted fathers' emotional availability. A participant explained, "He works so far and comes home exhausted. I can see he wants to help, but sometimes there's just nothing left" (M8). These accounts highlight how systemic factors can constrain not only practical involvement but also the emotional bandwidth required for supportive co-parenting.

In summary, mothers' accounts reveal a nuanced spectrum of fathering engagement. While practical help is increasingly common and valued, emotional presence remains uneven and is shaped by a complex interplay of gender norms, work conditions, cultural expectations, and personal histories. These findings offer a deeper understanding of shared parenting dynamics and suggest that emotional support is a critical, yet often overlooked, component of fathering during the perinatal period. Not all mothers see fathering challenges the same way. Some compare their partners unfavorably to their own fathers, while others recognize differences across generations and contexts, setting more realistic expectations. This shows that perceptions of fathering difficulties are influenced by relationships and circumstances, rather than being universal.

Emotional Well-Being and Mutual Support. Mothers highlighted the importance of emotional well-being as a shared experience during the transition to parenthood. Their accounts revealed that fathers' emotional and practical involvement could ease maternal stress and strengthen family bonds. However, mothers also pointed to moments when emotional presence was lacking and emphasized that fathers faced emotional challenges as well. This section

addresses RQ2 by exploring how fathering behaviours influence shared emotional well-being and informs RQ3 by identifying areas where fathers may require support.

Impact of Father's Support on Maternal Well-being. Several mothers described how their partners' emotional steadiness helped them cope with uncertainty and stress. M1 recalled her husband's reassurance during breastfeeding difficulties, "Don't pressure yourself. Even if you can't breastfeed or have a low milk supply, it's okay. If we need to use a formula, we will." Such affirmations helped normalize alternative feeding choices and reduced feelings of guilt. Similarly, another participant described her partner's calming influence during moments of anxiety:

> He was always calm and the voice of reason. I've always been like, 'Oh my gosh, panic mode,' and he's like, 'It's OK... we'll just take it one day at a time.' We don't know what will happen, so let's not stress about it. He was really there for me. (M3)

These examples illustrate how emotional connections beyond task-sharing contributed to maternal confidence and reduced anxiety. However, not all mothers felt emotionally understood. While practical support was often present, emotional depth was sometimes missing. One participant explained, "Sometimes he tried to cheer me up, but it felt like he didn't really understand how anxious I was inside" (M5). This distinction between doing and feeling was especially significant in contexts where extended family support was absent, leaving mothers more reliant on their partners for emotional care.

Mothers' Perspectives on Fathers' Mental Health and Well-being. In addition to reflecting on their own needs, mothers acknowledged the emotional toll that fatherhood took on their partners. M5 shared that her husband had concealed his own fears to protect her, "He was nervous too, but he didn't show it because he wanted to keep me calm. Later, he told me he was

terrified during those days." Some mothers expressed concern about the lack of resources available to fathers. M3 noted, "The only information we received when we came home from the hospital was a book about depression, even in fathers." These accounts suggest that fathers may suppress their emotional struggles due to limited support and societal expectations.

Immigration-related isolation further intensified these challenges. Without nearby family, couples navigated the postpartum period alone. As M1 shared, "Here it's just us figuring things out on our own." This lack of external support meant fathers often assumed additional responsibilities without cultural safety nets or peer models, increasing emotional and logistical strain. Importantly, mothers also described their own efforts to support their partners. M10 reflected, "During my pregnancy, he was everything I wanted… but I also tried to be there for him when he looked exhausted." These reflections underscore the reciprocal nature of emotional well-being and how couples adapt to each other's needs during this transition.

Overall, these findings reveal that while fathers' support can significantly enhance maternal well-being, their own emotional needs are often overlooked. This highlights gaps in formal systems and resources that could better support both parents, especially in contexts of migration and limited family support.

Influences of Extended Family and Community. Extended family and community networks play a pivotal role in shaping parenting experiences among Indian immigrant couples. This section explores how grandparents (parents and in-laws), relatives, and peer groups influence caregiving practices, cultural continuity, and the negotiation of parenting roles, particularly in the absence of traditional support systems.

Grandparents' Influence and Support. The role of grandparents in shaping parenting expectations is significant in immigrant families. Many mothers reported that their parents'

caregiving approach influenced their partners' expectations. This intergenerational dynamic shaped both mothers' recovery and fathers' involvement in early caregiving.

For instance, a mother emphasized the importance of adhering to traditional postpartum practices as guided by her maternal grandmother:

> My mom (maternal grandmother) said not to take a shower for 11 days…. but I'm just scared of what could happen if the stitches get wet. My husband (father) has to do the clean-up right… He has been accommodating, but you know it's still awkward like you're not able to get up and you want to clean yourself up, but you have to ask your husband, 'Can you clean up my pee?' (M1)

The traditional postpartum practices often relied on support provided by the mother's family, especially her mother, as illustrated in the above narrative. In their absence, the father assumed intimate caregiving tasks usually handled by female relatives. The mother described the emotional discomfort of relying on her spouse for such private care, illustrating how immigrant couples adjust boundaries and roles when extended family support is unavailable. His willingness to help marks a pivot toward partnership and shared adaptation in a context where extended family is absent.

Cultural food and activity practices were another area where grandparents' influence guided couples, but had to be adapted in Canada. One mother described balancing postpartum activity advice: "My mom would say don't step out too much in the cold after delivery, but here the doctor said walking is good. My husband told me to follow what keeps me comfortable and safe" (M6). Another emphasized maintaining a traditional diet while adapting to local life: "We didn't really eat outside for nine months… My husband was also actively involved, helping with the cooking when he could" (M4). A third reflected on negotiating cultural restrictions while

working: “Some say, ‘Oh, don’t walk too much,’ but the doctor here said, ‘Be as active as you want.’ I had to stand all day as a teacher, and my husband supported me, encouraging me to choose what felt right” (M5).

These narratives illustrate how the absence of extended family in Canada can create both practical gaps and new opportunities for fathers to take on caregiving roles. They also reveal that culturally attuned community or professional supports could help couples navigate this transition, meeting the “supports and barriers” dimension of RQ3 by identifying where families rely on informal adaptation and where they need external guidance.

Community and Peer Networks. Community expectations and peer influences shape how fathers and mothers negotiate parenting roles. Many mothers noted that although some fathers are increasingly sharing caregiving duties more equitably, certain community norms continue to reinforce traditional gender roles, leading to tension within families. One participant (M3) described setting clear expectations for shared domestic work, asserting that parenting must be a “team effort.” Her firm communication represents a conscious rejection of inherited patterns, illustrating how some couples renegotiate roles despite external expectations.

Similarly, M2 emphasized cooperative strategies for parenting: “We’ve always kind of said that okay. One of us says no, and the other sticks by the rules, at least in front of Baby... it’s always a discussion”. This approach demonstrates intentional teamwork and alignment between parents, while also adapting to influences from extended family and peers.

These insights clarify how mothers perceive fathering roles within the broader cultural environment (RQ2) and show that while peer and community expectations can reinforce traditional norms, deliberate communication and couple-level strategies act as protective supports (RQ3).

Work-Family Integration & Advocacy. Balancing work demands with family life remains a central challenge for fathers, as reflected in mothers' accounts. Economic pressures, workplace structures, and societal expectations often shape how present and emotionally available fathers can be. These constraints influence not only caregiving capacity but also the emotional dynamics within families. This section contributes to RQ2 by examining how mothers perceive fathering behaviours within the context of employment, and to RQ3 by identifying structural barriers that limit father involvement and family well-being.

Workplace, Economic & Policy Barriers Affecting Fatherhood. Mothers described how long work hours, job-related stress, and lack of paternity leave reduce fathers' ability to be present. M10 explicitly explained: "His job doesn't give him any real time off after the baby is born. He wanted to be more involved, but he had to go back right away. It really affected him because he felt like he was missing the early moments" (M4). This illustrates how economic and employment pressures limit caregiving and emotional connection. Another mother admires her husband's bond with the baby. However, she notes that he expresses affection through actions rather than emotions, underscoring his limited emotional expressiveness. "Whenever I see them together, I want to capture each moment. It's wonderful, amazing, like a pure form of love,... Sometimes, though, he doesn't talk much about how he's feeling. He's more into doing things than saying it" (M9).

Differences in what "involvement" means also created mismatched expectations. Some mothers valued physical presence; others sought emotional availability. These narratives suggest that both economic pressures and cultural scripts shape how fathers engage, often falling short of mothers' evolving expectations.

Mothers' Perspectives on Improving Paternity Leave & Workplace Flexibility. Several mothers highlighted systemic changes that could alleviate these strains. One of the mothers called for explicit workplace support, "Even at the office, his managers and employers need to be more vocal about this to the fathers. It's okay to take leave... they should say, 'No, you have to take two or three weeks off. It's mandatory" (M6).

Others saw national policy gaps as a barrier. One mother explained:

> There is no paternity leave for him in Canada... Not being able to spend enough time with our baby is a big factor for him. As a country, it would be beneficial to have some form of mandatory paternity leave, even just one month. (M10)

Some mothers perceived fathers' highly engaged caregiving as exceptional rather than usual. For instance, a mother reflected on her partner's proactive support, "He was there through everything. Especially after the sixth month, he started taking care of most things around the house so I could rest more. I don't think many men do that" (M4).

These accounts highlight how structural barriers, including limited leave, rigid workplace cultures, and economic pressures, continue to influence fathers' roles. They also highlight how lingering cultural expectations can make equitable caregiving seem unusual rather than standard.

Overall, these findings clarify how mothers perceive fathering behaviours within modern work and policy contexts. They reveal explicit structural constraints that affect father engagement and point to the need for more inclusive workplace practices and supportive national policies to enable fathers' active participation in caregiving.

Cultural and Generational Transitions in Fatherhood. Mothers' narratives highlighted how fatherhood is changing across cultures and generations. This category responds to RQ2 by illustrating how mothers perceive their partners' ability to adapt to new cultural expectations, and

to RQ3 by highlighting the cultural pressures and resources that shape fathering in immigrant families.

Navigating fatherhood across transnational and multicultural contexts. Migration was described as a context that requires fathers to renegotiate their roles, balancing traditional expectations with new social norms. Some mothers observed parallels between their partners' efforts and their own fathers' adaptability. As one participant reflected, "My father adjusted to new roles, and I observe [my partner] doing the same here, far from home; however, not all fathers might be like this "(M6). This comment shows how mothers value adaptability as a key marker of "modern" fatherhood, seeing their partners' efforts as a continuation of generational resilience in new settings. However, not all experiences were seamless. M8 noted that her husband made efforts to adapt but "still feels more comfortable with the Indian way of doing things," suggesting that cultural integration can remain partial and uneven. Such comparisons reveal how mothers often evaluate fatherhood not only through caregiving tasks but also through how effectively fathers adjust socially and emotionally to new cultural environments.

Cultural integration also involved redefining presence. Several mothers emphasized that being present involves more than just physical presence; it also encompasses emotional connection and an awareness of new norms. One explained that "Modern fathering meant 'showing up' not only to help but to understand new norms and support shared decisions in unfamiliar contexts" (M2). These reflections suggest that active engagement and cultural sensitivity are emerging dimensions of paternal presence.

Extended family expectations sometimes complicated this process. Several mothers described tensions when traditional norms from family elders clashed with their desire for egalitarian parenting. One mother shared, "Sometimes his parents say, 'This is not how we do

things,' and he's torn. He wants to respect them, but he also wants to back me up, and that balance is hard" (M9). This tension highlights the cultural negotiation that immigrant fathers must undertake, balancing inherited norms with the couple's shared vision for parenting.

Overall, mothers viewed successful fatherhood in migration as relational and adaptive, requiring not just additional tasks, but also the integration of caregiving with cultural awareness and flexibility. These narratives revealed how both inherited traditions and the demands of new social environments shaped fathers' roles.

Fatherhood Identity and Evolution. This category describes how mothers perceive fathers, reimagining what it means to be a father in a new cultural and social context. It directly responds to RQ2 by exploring how mothers perceive their partners' fathering roles and behaviours during the perinatal period and informs RQ3 by revealing the supports and barriers that shape this evolving identity.

Redefining Fatherhood in Immigration. Mothers observed fathers stepping into parenting roles that departed from traditional, provider-focused models. Immigration often acted as a turning point, prompting fathers to take hands-on caregiving and shared decision-making in the absence of extended family support. Living in nuclear households after migration was frequently cited as a factor reshaping fathering roles. M5 reflected on her husband's daily involvement, "He does pretty much everything that I do, except for pumping… He even picks out clothes for her to wear." Coming from a family that had twice migrated before settling in Canada, she linked this shift to the practical need for shared caregiving and contrasted it with older generational patterns:

> There are some things they [our fathers] don't really do back home. For example, they never make coffee. But my husband will always make the coffee, and his brother is very

> hands-on. He does some of the cooking, and they share responsibilities. Seeing how well that works, it's easy to see that it works better than what our parents had. (M5)

These reflections suggest that necessity and peer modelling contribute to evolving expectations of fatherhood.

Maintaining cultural heritage remained important, though families often adapted traditions to fit new realities. One mother noted:

> Adjusting to the new healthcare system while keeping our traditional practices was challenging. Back home, you have family and elders to guide you through everything. Here, it's just the two of us, and we had to decide what advice to follow and what to let go of. (M1)

Similarly, M3 said, "We had to redefine our roles at home and M8 added, "We found ways to incorporate our cultural values into our parenting practices." These accounts show that couples selectively adopted traditions, blending cultural continuity with new norms.

Mothers described fathers as increasingly involved in caregiving, decision-making, and cultural adaptation. Their participation reflected a more active and equitable approach to parenting, shaped by both practical needs and shifting expectations. At the same time, this transition was not uniform. Some mothers described tension between traditional advice from elders and the couple's evolving parenting choices. One participant (M9) noted that her partner often felt "torn between respecting his parents and supporting our new ways of doing things." These narratives illustrate how fathers navigate competing expectations while establishing new norms within the couple dynamic.

Overall, mothers' accounts portray modern fatherhood in immigrant families as fluid and negotiated. "Being present" was described as encompassing emotional support, practical

involvement, and cultural sensitivity. Fathers were seen as adapting to new roles while managing pressures from traditional standards and limited extended family support. Mothers highlighted both the appreciation for successful adaptation and the challenges faced when partners struggled to adjust. These narratives reflect the ongoing redefinition of fatherhood within the context of migration, cultural continuity, and evolving family dynamics.

Challenging and Redefining Traditional Fathering Norms. Mothers described how the transition to parenthood in a new cultural context prompted couples to renegotiate traditional roles and expectations. Moving away from extended family support and adapting to Canadian norms led to a rethinking of long-standing assumptions about caregiving and household responsibilities. One mother described navigating conflicting postpartum rules shared by relatives back home and the realities of living in Canada:

> After delivery, there were so many calls from back home about what to do , don't go out, don't shower, don't touch cold water, but here life is different. My husband kept saying, 'We'll listen, but we will do what makes sense for us.' That helped me feel free to choose what worked for my recovery without feeling like I was disrespecting tradition. (M7).

This account highlights how fathers' support in decision-making helped mothers feel empowered to choose recovery practices that suited their context, while still respecting cultural heritage.

Proactive fathering was also described as emerging from the very beginning of pregnancy. M9 recalled her partner's immediate and sustained engagement:

> From the beginning of my pregnancy, I remember day one when I thought I was pregnant but was not getting my period. So, he immediately went outside to get the kit, right? He didn't delay it. So, from that day, he could have said, "I will go after the office; I am

> tired." But in the morning, the first thing he did was go to the pharmacy; he got me that kit, and from that day on, even when he was working, he took some time off so we could go and test. So from that day, he has been 100% involved. (M9)

Her narrative illustrates fathers' intentional presence and emotional investment from the earliest stages, in contrast to traditional models in which paternal engagement often began after birth.

Fathers' active caregiving also challenged gendered assumptions about household labour. As M4 noted, "We are both parents. There is no default parent here. If I cook, he cleans. If I feed, he changes the diaper." Such shared responsibilities were described as reducing maternal burden and fostering a sense of partnership.

Several mothers emphasized how this support strengthened their emotional well-being. M5 shared, "Eventually, we had to switch to formula… I felt like I was failing as a mother, but my partner reassured me that it was okay." His calm approach helped counter self-doubt and reinforced emotional resilience during postpartum recovery. Reflections on generational change were also common. M1 stated, "It's equally important, just like for a baby; being a father is the same as being a mother." These perspectives suggest that modern fatherhood is increasingly viewed as a shared, emotionally engaged role, shaped by both necessity and evolving values.

Collectively, these narratives show how immigration and shifting family structures are fostering a more flexible, egalitarian model of fatherhood. By challenging traditional norms and embracing shared caregiving and decision-making, couples are reshaping parenting roles in ways that support maternal well-being and model balanced parenting for future generations.

Mothers' Expectations and Recommendations for Fathers. Mothers consistently emphasized the importance of their partners' emotional support and presence during pregnancy and the postpartum period. Calm reassurance and shared responsibility were described as central

to feeling supported. M5 reflected, “I expected him to take care of me, and he met those expectations. I was clear in communicating my needs, and he was responsive.” Similarly, M1 shared, “He told me not to worry about breastfeeding judgments… whatever works for us is good enough.” These accounts highlight how affirmation and advocacy were perceived as meaningful expressions of care.

Many mothers expressed a desire for fathers to move beyond traditional provider roles and engage actively in daily parenting. M3 stated:

> “Even when we got married, I was like, it’s going to be a very 50/50 team thing. If I’m in the kitchen, you have to be in the kitchen. If there is no one sitting on the couch watching TV and one person slogging in the kitchen, I have seen that, and I don’t want to be part of that. So before we got married, I was obvious. My expectations for everything I wanted were, when we got pregnant, like, you know, this is hard for me, and you have to do this. You have to do this even now. I’m like, this is your to-do list. I have enough on my list, and I can’t keep adding more because I’m mentally burnt out. (M3)

Active involvement in prenatal and postnatal care was also emphasized. M5 noted, “He came to all the ultrasounds. We made decisions together.” For others, support during birth was especially significant. M1 recalled, “Even during the emergency C-section, he stayed by me. That is fatherhood.” Mothers appreciated partners who were willing to learn and adapt to new responsibilities. M4 described, “We were married in India for like four years; he never made even tea. As soon as we landed... he started doing stuff. Now he shops, chops, and helps everywhere.” M6 added, “He used to wake up and cook for me before my mother arrived.” These actions, though simple, were seen as meaningful shifts in caregiving roles, especially in the absence of extended family.

Fathers were also valued as advocates and protectors, particularly when navigating external pressures. M1 recalled, “Don’t worry about others… whatever works for you and the baby is the right thing.” This kind of support helped mothers feel confident in making decisions aligned with their own needs. Several mothers emphasized the importance of sharing the mental load. M3 insisted, “This is your to-do list. I’m not going to be the default parent.” Others highlighted reciprocity in care. M7 shared, “I was vomiting a lot, but I still took care of him when he was sick. It has to go both ways.”

Overall, these narratives reflect how mothers define meaningful father involvement, encompassing emotional connection, shared decision-making, visible advocacy, and mental load sharing. These findings deepen RQ2 and RQ3 by showing how mothers evaluate fathers’ roles and identify both relational expectations and structural or cultural barriers that influence their partners’ ability to meet those expectations.

Collective Experiences of Fathers and Their Partners (Dyadic Analysis)

The findings from the dyadic analysis of fatherhood among first-time immigrant Indian parents, providing insights from both partners within the dyads and across their experiences, are presented in this section. The study uses grounded theory axial coding to examine how fathers fulfill their roles and the challenges couples face in early parenthood, including cultural transitions and emotional interdependence. It highlights six common categories representing the experiences of immigrant Indian fathers and their partners in Canada, offering a detailed look at how cultural expectations, emotional support, and external challenges influence fatherhood, as illustrated in Figure 3.

Figure 3

Dyadic Analysis/Shared Categories

1. Evolving fathers' roles
2. Cultural transitions
3. Emotional interdependence
4. Perspectives on social supports
5. Parenthood preparation
6. Navigating challenges and barriers together

Evolving Father's Roles. Within the dyadic experiences, fathers described a noticeable shift from passive to active parenting, embracing shared responsibilities and redefining traditional roles. This evolution was often marked by increased domestic engagement and emotional support. One father captured this sense of partnership through a metaphor: "The front two wheels are dad; the back two wheels are mom … both are very important to us" (F1). This imagery underscored the importance of coordinated involvement, suggesting that both parents contribute essential support to family well-being.

In Dyad (1), the father reflected on his growing involvement in household tasks, "I need to put more effort into doing house chores... I started cooking slowly" (F1). His partner reinforced this transformation, highlighting his caregiving efforts post-delivery:

> He is the one who has been, you know, going down, bringing stuff, bringing, you know, changing diapers for the baby, except for feeding... washing her bottles, cleaning the breast pump, everything. He is the one who has taken care of it" (M1).

Similarly, in Dyad (7), the father balanced work and caregiving, prioritizing his family's emotional and physical well-being, evidenced as, "I was there for every doctor’s appointment and during labour, offering mental support" (F7). His partner acknowledged the same, saying, "He was very involved, taking care of our baby and me, even making food and ensuring I was comfortable" (M7).

While some fathers embraced caregiving seamlessly, others faced challenges. In Dyad (4), the father struggled with financial pressures, "I must go in every day so that we are able to stay afloat" (F4). However, his partner still recognized his efforts, "He handled that part, even cooking at home" (M4).

Fathers in Dyads (5) and (8) experienced a learning curve, often due to a lack of role models. One father shared, "It took me months to get used to feeding and changing diapers because I never saw my father do it" (F5). In contrast, fathers like those in Dyad (2) and Dyad (1) embraced caregiving from the outset, "From the first week, I took charge of diaper changes and feeding" (F1), and similarly, "We decided early in our marriage that we would both be equally involved in parenting. It’s a partnership in every sense" (F2).

Across dyads, a common trend emerged: a shift toward egalitarian parenting that challenges traditional gender roles in Indian families. Fathers increasingly participated in diaper changing, nighttime caregiving, feeding support, and postpartum care, roles historically reserved for mothers. Mothers consistently acknowledged these contributions, especially in contexts lacking extended family support, where fathers stepped up out of necessity. However, the degree of paternal involvement varied, influenced by factors such as work schedules, job flexibility, financial stability, and cultural expectations. As one father noted, "I try to help in the evenings, but my job takes a lot of time." (F5)

Across dyads, fathers' roles shifted from primarily provider-oriented to more active, hands-on caregiving, though the extent and pace of this change varied according to work demands, financial pressures, and prior exposure to caregiving models.

Cultural Transitions. The cultural transition significantly shaped parenting roles among Indian immigrant couples in Canada. Fathers often adapted more quickly to Canadian parenting norms, influenced by exposure through workplaces and social networks. In contrast, mothers described a more profound sense of cultural disruption and emotional loss, particularly in the absence of extended family support. Across dyads, partners reflected on the unevenness of this adjustment, noting that fathers' quicker adaptation often contrasted with mothers' sense of cultural loss.

One father reflected on the challenge of adjusting to a new cultural system, "It may be manageable when you're born into this system, but when you're not, you need more support" (F3). Mothers frequently spoke of missing the safety net of extended family and culturally familiar care. Several mothers vividly contrasted their postpartum realities in Canada with what they would have experienced in India:

> In India, it's easier to hire help for cooking, cleaning, and other tasks. My mom was always freaking out … 'oh, you won't get the massage that you should get after the delivery.' … I was trying not to get stressed out with the things I can't do here … I must finally be happy that I'm here … In terms of support … I think I would be more like a queen there than I was here. I still had to do things myself. (M3)

Together, these paired accounts reveal how partners experienced family expectations and cultural continuity differently. Family expectations were also experienced differently by mothers and fathers. Some mothers described pressure from extended families to adhere to traditional

postpartum norms, even from a distance. For example, one mother said, “I felt my in-laws prioritized the baby, and my diet preferences were a point of contention” (M8). Meanwhile, her husband perceived these cultural suggestions as non-intrusive, remarking, “Parents suggest cultural practices but do not pressure us” (F8).

Across several dyads, couples described actively integrating familiar traditions with new parenting expectations. Despite these challenges, couples found ways to integrate their cultural heritage with Canadian parenting norms. Several fathers spoke about consciously blending traditions with local expectations. One father described this cultural balancing act:

> So, in Canada, the father’s role is an active part in day-to-day life, whereas in India, you don’t see the father as part of that. Back home, fathers were providers and decision-makers, but here I realized I needed to be present, changing diapers, helping with feeds, being there every step. (F5)

Mothers also reflected on cultural differences during birth itself, noting how men’s involvement felt novel compared to India: “In India, the husband is outside the hospital, buying sweets for relatives; here it’s totally different” (M5).

Dyadic accounts indicate that migration intensified cultural renegotiation within couples, with fathers often adapting more quickly to Canadian parenting norms. In contrast, mothers experienced a deeper sense of cultural loss and the absence of extended family support.

Emotional Interdependence. Emotional interdependence influenced how couples supported one another during pregnancy, childbirth, and the postpartum period. Some dyads sustained open emotional communication, while others struggled due to work strain and limited family support.

Partners who entered parenthood with established communication patterns tended to maintain openness, whereas those adapting to new stressors initially leaned on practical problem-solving. Couples starting parenthood with habits of discussing decisions and emotions, often rooted in friendship, respect, or shared learning, tended to communicate openly (e.g., Dyads 3 and 9). Conversely, those facing demanding jobs, migration stress, or lacking extended-family support (e.g., Dyads 8 and 9) initially focused more on practical caregiving than emotional dialogue. Over time, isolation sometimes increased reliance on each other, leading to more open sharing of feelings as trust grew. These contexts explain differences in emotional connection across dyads.

Dyad 3 exemplified this mutual adaptation, showing how emotional reassurance developed alongside physical caregiving. The father shared, “Even when I feel exhausted, I know I have to be there for my child emotionally and physically” (F3). His partner added, “We tried to support each other by being open about our feelings and reassuring one another” (M3).

Across several couples, fathers reported personal growth in emotional expression, marking a gradual shift from task-based to feeling-oriented support. Across dyads, fathers described both emotional growth and initial reluctance to show vulnerability. In Dyad 8, the father reflected, “Raising a child has made me more sensitive and emotionally aware. I wasn’t someone who thought much about emotions before… I started paying more attention to how my wife was feeling too.” (F8), in addition, He acknowledged early difficulty expressing stress: “I didn’t want to seem weak, so I kept things to myself at first” (F8).

Mothers often wanted a deeper emotional connection with their partners. One mother shared: “I felt lonely sometimes… he was supportive but didn’t fully understand the intensity of

what I felt. As a mother, I felt so much more strongly. And he was there, but maybe at 30–40% of the same emotion." (M3)

In contrast, some dyads emphasized coordinated problem-solving over emotional articulation. Other couples leaned more on practical teamwork than on emotional dialogue. One father explained, "We don't really overthink things… if something comes up, we handle it" (F9). The mother in the same dyad reflected, "Sometimes I used to shout, and he handled it calmly and then we'd talk later" (M9). Some fathers noted that work limited their early presence: "I try to help after work, but sometimes I feel like I could do more. The first phase is difficult" (F3).

Emotional interdependence emerged as uneven across dyads, with fathers frequently expressing care through practical actions, while mothers sought deeper emotional reciprocity, shaped by work strain, cultural norms, and relational histories.

Perspectives on Social Supports. Social support played a critical role in shaping couples' early parenting experiences, providing emotional reassurance, practical guidance, and confidence-building. Extended families, particularly grandparents (parents and in-laws), remained central for many. When physically distant, families adapted by relying on professional help, community groups, and peer networks. These resources were both supportive and, at times, challenging, as couples balanced outside input with their own parenting instincts. Across dyads, partners consistently described social support as both stabilizing and demanding, revealing a shared effort to balance interdependence with autonomy.

In Dyad 1, both partners highlighted the importance of family despite physical distance. F1 shared:

> Even though they're not here, they help me a lot mentally. My parents call every day, and they check in on how we are managing. They give us advice, and sometimes, even

> though they are not physically present, it makes a difference knowing that they are there for us in spirit. It is tough not having them here, but I know I can always call them if I need guidance. (F1)

M1 echoed this, describing how her mother's cousin intervened, explaining how a relative stepped in at a critical moment:

> Luckily, my mom's cousin from the US came to Brampton for two weeks… We were panicking, and my husband was running around gathering things. She had delivered a baby in the US with little support, so she knew exactly what we were going through… When the baby's temperature dropped slightly, she reassured us and adjusted the room temperature. She bathed the baby, cooked for us, and guided my husband on postpartum meals. (M1)

Together, these paired accounts reveal how couples reconstructed a sense of familial closeness through emotional connection and practical adaptation, even across continents. In other dyads, particularly those without nearby relatives, partners turned toward professional and institutional resources for reassurance and guidance. Other couples leaned more on professional support. M5 described the impact of hands-on guidance:

> Breastfeeding was completely new to me, and I had so many questions. The lactation consultant was incredibly patient, guiding me through various latching techniques and ensuring I felt comfortable. It made such a difference because, in those early days, I was unsure if I was doing it right. Having that professional help made me feel more prepared and confident. (M5)

These narratives highlight how access to professional expertise substituted for traditional postpartum knowledge once offered by elder women in extended families. This proactive

approach extended to prenatal classes and frequent discussions with their obstetrician, ensuring both parents felt well-informed and ready for their newborn's arrival. Some couples favored more autonomous learning, utilizing digital and peer resources to compensate for the lack of family support. Meanwhile, Dyad (9) relied predominantly on informal and self-guided learning approaches. The father explained:

> I didn't know much about newborn care at first, but I started watching YouTube videos and reading books. It helped, but honestly, my wife was my main source of information. She had done a lot of research, so I would just ask her whenever I was unsure. We figured things out together. (F9)

Some couples experienced family help as both a relief and a challenge for setting boundaries. M5 reflected: "We could not have survived without them. They helped with baby care and reassured us, but we also had to ensure our own decisions were respected." Meanwhile, the father (F5) in Dyad 5 found comfort in his mother's presence during labour, saying, "My mom was there during the labour process, which was really good. She knew what to do and just having her there made things less stressful."

Finally, where relatives were absent, peer networks became vital. M8 noted: "I joined a lot of groups. Since we didn't have our parents around, I needed a way to connect with other moms, ask questions, and feel like I wasn't alone." (M8)

These shared accounts show that social supports functioned both as lifelines and pressure points. Families adapted creatively, integrating remote guidance, professional expertise, and peer communities, to replace the extended family structures they left behind. However, the tension between appreciating help and needing autonomy was a recurring theme. These findings inform RQ3 by highlighting how access to flexible, culturally sensitive support can buffer the emotional

and practical strains of early parenthood, while also underscoring the barriers couples face when navigating unsolicited advice or insufficient resources. Overall, the dyadic accounts underscore that adequate social support for immigrant families depends not only on availability but also on alignment with couples' evolving sense of autonomy and shared decision-making.

Parenthood Preparation. Across the ten dyads, both parents acknowledged feeling underprepared for the postpartum period. Cultural norms, socioeconomic status, and the degree of paternal involvement in caregiving shaped their experiences. While many fathers expressed a strong desire to support their partners, their actual participation varied depending on work constraints, personal readiness, and access to resources. Across dyads, partners repeatedly described this unpreparedness as both a practical and emotional gap, highlighting how cultural expectations often outpaced available support.

Dyad 6 reflected this shared sense of surprise and emotional strain that characterized early parenthood for many couples. The mother shared, "We were both unprepared for how difficult the postpartum period would be. There was so much I didn't know, and it struck me hard" (M6). Her partner echoed this sentiment, "The first few weeks were really tough. I knew things would change, but I didn't realize how intense it would be. The sleepless nights, the constant worry, it was all a lot to handle" (F6). Together, these reflections show how emotional overwhelm and physical exhaustion were common entry points into parenthood, reinforcing couples' reliance on one another for stability.

In other dyads, such as Dyad 4, the absence of formal preparation was noted as a barrier to confidence and readiness. The father admitted, "We did not attend prenatal classes, and I believe that made it difficult for us to prepare for the postpartum period" (F4). The mother reflected on relying on informal sources:

> I wanted to do so much, but time just flew by. The only things I relied on were Instagram videos and advice from my mother and mother-in-law over the phone. I went into delivery without any formal preparation, which, in hindsight, was not the best decision. (M4)

Many parents turned to informal digital resources or advice from family members to make up for the absence of organized prenatal education as narrated above.

These narratives highlight the importance of structured preparation and support systems in helping parents anticipate the emotional and logistical demands of early caregiving.

Across dyads, fathers' preparation behaviours ranged from proactive research to reactive learning, reflecting diverse approaches to involvement. In Dyad (2), the father took an active role in researching childcare essentials, "I did most of the research, what bottles to buy, how to swaddle, and shared what I learned with her" (F2). This contribution was appreciated by mothers, as seen in Dyad (3), "He did most of the research for the baby, and it helped me feel more confident" (M3). These aligned accounts illustrate how information gathering functioned as an early form of emotional and practical support within couples.

In contrast, some fathers struggled with limited time and relied on their partners to lead the preparation process. The father in Dyad (6) described his efforts to stay informed despite work constraints:

> I wanted to be there for everything, but work made it hard to attend all the doctor's visits. Some days I could make it, some days I couldn't. I was hoping everything was going OK, and I was always nervous until she called me afterward. (F6)

Such accounts highlight how occupational demands influenced both the availability and perceived adequacy of fatherly engagement.

Similar sentiments emerged in other dyads, where fast-paced work environments limited consistent prenatal involvement. Workplace demands also shaped preparation in Dyads (1) and (5). One father shared, "I wasn't sure where I fit in during delivery. I was present, but everything happened so fast, and I didn't know what to do besides support my wife" (F1). Another added, "I wanted to attend all the appointments, but work made it impossible. I know I missed out on a lot" (F5). These statements reveal that even physically present fathers often grappled with role ambiguity, navigating uncertainty about how best to contribute during childbirth.

Conversely, a smaller group of fathers took the initiative to address gaps in formal preparation through self-study. In Dyad (10), the father explained, "We didn't have parents here… so we both had to learn everything by ourselves. Whatever we didn't know, we looked it up and managed it together" (F10). This co-learning approach highlights how mutual problem-solving served as both an educational and a bonding process.

These pathways demonstrate that readiness for parenthood varies, influenced by factors such as work, migration, and gender expectations. Workplace policies, culture, and resources affected fathers' preparation for fatherhood. Self-motivated fathers learned independently through books, online resources, and discussions with their partners. Conversely, work constraints limited some fathers' prenatal involvement, leading to uncertainty and missed chances.

Despite these variations, most fathers articulated a strong commitment to shared parenting and emphasized the importance of being present in caregiving. While some fathers reported feeling overwhelmed or lacking confidence during the transition, others described feeling more prepared due to prior involvement in prenatal care, supportive work environments, or cultural models that encouraged active fatherhood. Collectively, these narratives illustrate that

adequate preparation for parenthood relies as much on relational and structural support as on individual readiness, underscoring the need for systems that enable equitable participation in early caregiving.

Navigating Challenges and Barriers Together. The early stages of parenthood presented significant challenges for fathers, including financial strain, work-life imbalance, and unexpected caregiving demands. Across dyads, fathers expressed a desire to be more involved in caregiving but encountered barriers, including demanding work schedules, limited paternity leave, and societal expectations.

Mothers frequently identified insufficient paternity leave as a key concern, describing how limited leave constrained fathers' ability to provide sustained hands-on support during the postpartum period. These constraints were closely linked to broader challenges fathers faced in balancing professional responsibilities with emerging parenting roles. Fathers in multiple dyads, described difficulty navigating competing expectations from work, family, and parenting. In Dyad 7, the father reflected, "We had to navigate expectations from both sides, our families back home and the realities here" (F7). His partner described how these pressures shaped their adjustment as a couple, noting, "Adjusting to new parenting roles took time, but strengthened us" (M7). Similarly, in Dyad 9, the father described a shift in priorities:

> Before having a kid, I was less involved in household work and more focused on my activities, but as a parent, I had to change. Now, I balance work and home, making sure I support my wife and child as much as possible. (F9)

His partner appreciated this change, "I think I wanted this, that my husband would support me and be involved in everything. From the start, he was present, and that made a big difference."

(M9). These shared reflections illustrate how balancing work and caregiving strengthened couples' appreciation of one another's efforts.

For some fathers, becoming a parent in a new cultural context felt like stepping into an unfamiliar role without guidance. One father described this sense of pressure vividly, "I can say I feel like a Marvel hero. You don't have any context. You don't have any background. People are looking for you to come and take the stage. Go on and do it" (F10). This metaphor captured the weight of expectation and the challenge of learning how to parent while adapting to a new social environment.

Systemic workplace constraints were frequently cited as barriers to father involvement. A mother from Dyad (10) noted, "The lack of sufficient paternity leave in Canada affects the quality time my husband can spend with our newborn" (M10). Fathers in Dyads (4) and (10) echoed these frustrations: "Balancing work and parenting has been the hardest adjustment" (F4) and "I wish I had more time at home, but my work is demanding" (F7).

Experiences varied across dyads. Fathers in Dyads (4) and (9) reported feeling supported by workplace flexibility or by cultural expectations of shared parenting. In contrast, fathers in Dyads (1) and (6) reported more significant obstacles, including long work hours and rigid workplace policies that limited their involvement.

Across dyads, navigating these constraints demanded constant adjustment and communication, revealing fatherhood as an evolving, negotiated process. The findings reveal how Indian immigrant couples in Canada jointly navigated early parenthood, deepening insights into RQ2 and RQ3. Fathers' roles evolved from traditional providers to active caregivers, shaped by cultural transitions, workplace exposure, and relational dynamics. Dyadic experiences highlighted varied levels of preparedness, with structural barriers, such as limited paternity leave

and demanding jobs, affecting involvement. Despite these challenges, couples adapted through shared routines, mutual support, and collaborative learning, illustrating how fatherhood and co-parenting are co-constructed within the context of migration.

A more nuanced view of these relational dynamics shows that fatherhood is co-constructed through ongoing dyadic negotiation rather than individual adjustment. Fathers' and mothers' differing interpretations, such as seeing family advice as supportive rather than intrusive, or valuing instrumental over emotional support, illustrate how pivoting unfolds differently for each partner. These divergences are not indicators of relational discord but rather moments in which couples actively renegotiate boundaries, expectations, and caregiving philosophies. As such, dyadic processes are not peripheral but central to understanding how immigrant fathers develop new caregiving identities within their marital and cultural contexts.

4.3 Core Category: Pivoting as an Adaptive and Transformational Process

Pivoting emerges as the central process by which first-time immigrant Indian fathers continually adjust to evolving roles, cultural transitions, emotional interdependence, and structural constraints. Rather than a static identity, fatherhood is enacted as a fluid, action-oriented process in which men re-balance provider expectations with hands-on caregiving, shared decision-making, and emotional presence. Key shifts within Pivoting include (a) moving from passive to active caregiving, (b) balancing work, culture and family expectations, (c) engaging supports beyond extended family, and (d) integrating personal growth with relational adaptation. Pivoting was selected as the core category over alternatives such as "adapting," "negotiating," or "balancing" because it most accurately captured the dynamic, directional, and ongoing nature of fathers' responses across changing relational, cultural, and structural conditions, rather than a static or situational adjustment.

Importantly, pivoting implies an anchor: one "foot" remains grounded in culturally salient commitments (e.g., responsibility, sacrifice, long-term planning, and respect for elders), while the other "foot" turns toward emergent norms (such as egalitarian caregiving, emotional expressiveness, and shared mental load). This is not a rejection of tradition but an integration of valued heritage with contemporary practice. As one father put it, "In Canada, fathers' expectations differ. I found myself doing things I never would have considered doing back in India" (F3). A corresponding observation from a mother underscores visible change at home: My husband stepped up in ways I did not expect. He got more interested in daily tasks and baby care" (M1).

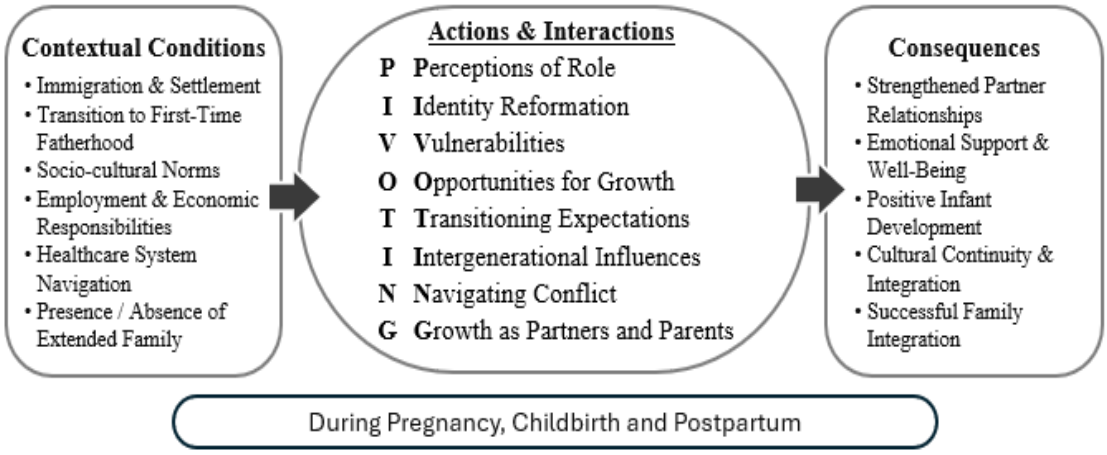
The pivoting concept is introduced in the coding paradigm as in 4.4, showing how adaptive actions unfold over time and contexts. It also bridges RQ1 and RQ3 by explaining fathers' experiences, partners' perceptions, and the influence of systems on fatherhood adaptation.

Pivoting into Fatherhood: A Relational Process Through the Coding Paradigm

The findings depict Pivoting into Fatherhood as a relational, evolving process, using Strauss and Corbin's (1998) coding paradigm (Figure 4). The model shows how first-time Indian immigrant fathers adapt during pregnancy, childbirth, and the postpartum period, responding to contextual conditions through actions and interactions, with observable outcomes. It frames fatherhood as a dynamic process rather than a fixed identity, shaped by migration, relationships, and structural systems.

Figure 4

Relational Process of Pivoting into Fatherhood



Contextual Conditions. As illustrated on the left side of the coding paradigm (Figure 4), contextual conditions shape the initial challenges and motivations for fathers' role adaptation. These conditions form the background against which fathers' adaptive processes unfold. They include immigration and settlement experiences, first-time fatherhood, sociocultural norms, employment and economic responsibilities, navigation of the healthcare system, and the presence or absence of extended family support. Together, these conditions functioned as both constraints and catalysts, prompting fathers to reconsider traditional paternal roles and engage more actively in caregiving.

Immigration and Settlement Experiences. Immigration and the loss of extended family support emerged as particularly salient conditions shaping fathers' responses. These shifts disrupted familiar caregiving scripts while simultaneously creating space for new forms of involvement. One father reflected, "In India, my role was more traditional, but expectations from fathers are different in Canada. It forced me to change" (F2). Exposure to diverse parenting

models through migration also influenced adaptation: “Having lived in the United Arab Emirates before moving to Canada, I’ve seen a variety of parenting approaches. It makes me realize some of the challenges and opportunities that we experience as immigrants” (F2).

Transition to First-Time Fatherhood. The demands of first-time parenting intensified these pressures. As one mother noted, “Balancing work and family life was tough, but sharing responsibilities with my husband made it manageable” (M5). Becoming a first-time parent heightened uncertainty and accelerated the need to renegotiate roles, particularly in the absence of familiar caregiving models.

Healthcare System Navigation. Navigating unfamiliar healthcare systems further shaped early experiences of partnership: “Navigating the healthcare system was stressful at first, but my husband’s support made a big difference” (M6). Conversely, systemic barriers such as delayed health coverage heightened vulnerability: “We didn’t have OHIP at that time… we felt the immediate need for it because we did not have any support or facilities without it” (M7). These experiences positioned healthcare navigation as both a stressor and a site of emerging collaboration.

Employment and Economic Responsibilities. Employment demands and economic responsibilities intersected with caregiving expectations, shaping how and when fathers could engage. Work schedules, job security, and access to leave policies influenced fathers’ availability and intensified the need to balance provider roles with caregiving responsibilities.

Extended family support. Where extended family was present, cultural continuity and caregiving support buffered stress: “Having my in-laws here meant we could follow our traditions more closely” (M7). Analytically, these contextual conditions serve as the starting

point of the coding paradigm, marking moments when inherited patterns became insufficient and new practices were required.

Actions/Interactions. At the centre of the coding paradigm are fathers' actions and interactions, conceptualized here as pivoting, which capture how men actively respond to the contextual conditions outlined above. Pivoting reflects the strategies fathers use to reconcile cultural values with new caregiving demands in partnership with mothers. The **PIVOTING** framework articulates eight interrelated dimensions through which this process unfolds: **P**erceptions of role; **I**dentity reformation; **V**ulnerabilities; **O**pportunities for growth; **T**ransitioning Fathers' perceptions of fatherhood shifted as they redefined involvement in line with Canadian expectations; **I**ntergenerational influences; **N**avigating conflict; and **G**rowth as partners and parents. One father explained, "We decided early on that we would both be equally involved in parenting. It is a partnership in every way" (F2). Identity reformation involved integrating caregiving and emotional presence into masculine self-concepts: "My father never changed diapers, but I had to learn on day one. It just became natural" (F10).

Vulnerabilities surfaced as fathers encountered emotional, psychological, and logistical challenges. As one participant acknowledged, "No one prepares you for how much extra time parenting takes. It changes everything" (F5). These vulnerabilities also created opportunities for growth, strengthening relational bonds: "Providing emotional support was just as crucial as offering physical assistance during pregnancy" (F8).

Transitioning expectations required reconciling traditional provider ideals with hands-on caregiving: "The expectations of fatherhood now begin from day one" (F10). Intergenerational influences prompted reflection and recalibration: "My father was always the decision-maker, but now I try to involve my wife more in decisions about our children" (F6). Navigating conflict

between inherited norms and emerging egalitarian ideals was common, as one mother observed: “In India, the expectation is that the mother will care for the newborn. However, both parents are required to be actively involved” (M5).

Ultimately, growth as partners and parents emerged as couples learned together over time: “We are constantly learning from each other. This is a lifelong process” (F3). These actions and interactions occupy the model's central analytic space, illustrating how pivoting unfolds iteratively across pregnancy, childbirth, and the postpartum period.

Consequences. As depicted on the right side of the coding paradigm, pivoting into fatherhood led to a set of interconnected consequences across the relational, familial, cultural, and societal levels. These outcomes include strengthened partner relationships and shared parenting, enhanced emotional support and well-being, positive infant development, cultural continuity and integration, and successful family integration within Canadian society.

Strengthening Partner Relationships. Active caregiving and early co-parenting decisions transformed spousal relationships, fostering more egalitarian partnerships. “We decided early in our marriage that we would both be equally involved in parenting. It’s a partnership in every sense” (F2). Joint learning strengthened mutual respect and collaboration. “It is a learning process for both of us… every day, every time, it is new learning for both of us” (M9).

Emotional Support and Well-Being. The recognition of the importance of emotional support during the perinatal period has consistently emerged as another outcome of progressive and adaptive fatherhood. For instance, father (8) identifies emotional support as a priority alongside physical support, which could reduce stress for their partners and, in turn, enhance their psychological well-being during a vulnerable period. As shown in the quote, "Providing

emotional support was just as important as the physical help during her pregnancy" (F8). One mother highlighted, "His presence and support during my labour were invaluable" (M7). Emotional support within the family increases the emotional well-being of both partners. Thus, emotional support strengthens emotional connections between partners, thereby contributing to a stronger relationship.

Positive Infant Development. Mothers and fathers agree that father engagement has a positive effect on an infant's development. Fathers are observed participating in routine caregiving activities, such as changing diapers, playing, and feeding their infants, which strengthens the bond and provides the infant with a sense of emotional security. A secure and playful relationship between father and child is fostered when fathers are consistently involved, as F1 noted when describing the gradual change in his daughter's attachment to him, saying, "For the first three or four months, I tried to play with, but she never used play with me, now it is the opposite she always wants to play with me." Mothers also noted the crucial role fathers play in their infants' development. M3 explained, "It's really helpful when he steps in because I see my baby reacting to him differently; they are building their bond, and it helps me, too." Similarly, M9 acknowledges the father's involvement, stating, "From day zero, I would say it is a beautiful, magical bond they share…"

Mothers acknowledge the vital role dads play in encouraging emotional and physical growth in their infants, which contributes to their overall development. Both parents' active involvement ensures that the child receives comprehensive care, promoting positive child development. Additionally, infants experience healthy development, benefiting from the support of multiple caregivers, including grandparents. This is evidenced by the saying, "Having my

parents visit from India helped us a lot, especially with cultural practices and child-rearing advice" (F3).

Cultural Continuity and Integration. Both parents are committed to upholding their cultural traditions while raising their newborns in a new environment. Cultural continuity involves preserving and practicing essential traditions, such as rituals, language, and food. Meanwhile, cultural integration involves adapting these practices to fit within Canadian systems, such as healthcare, work, and education, ensuring they remain relevant and manageable in everyday life. Parents play a vital role in maintaining continuity and fostering integration. An extended family can support continuity, as one person mentioned, "Having my parents visit from India helped us a lot, especially with cultural practices and child-rearing advice" (F3). Some parents also modify traditions to suit local contexts. "It is crucial… we keep our traditions alive, and my husband has been instrumental in ensuring we follow our customs as we would have back home" (M5).

Successful Family Integration. Another significant outcome is the successful integration of fathers into their roles in Canada. Adaptation is experienced as both practical and enriching. "Adapting to the healthcare practices here was a learning experience but keeping some of our traditions made it easier" (M8). The fathers' successful adaptation to and integration into the Canadian fathering role attest to their adaptability and resilience. The combined efforts of both parents create a supportive environment that benefits the entire family. Their participation in caregiving reflects a more egalitarian family structure, challenging traditional gender roles and leading to more resilient and adaptive families. This, in turn, facilitates better integration into Canadian society while maintaining their cultural identity. As noted in the quote, "Navigating

between two cultures was tough, but it has enriched how we raise our child" (M4). These outcomes reflect the successful integration of the family into the Canadian culture.

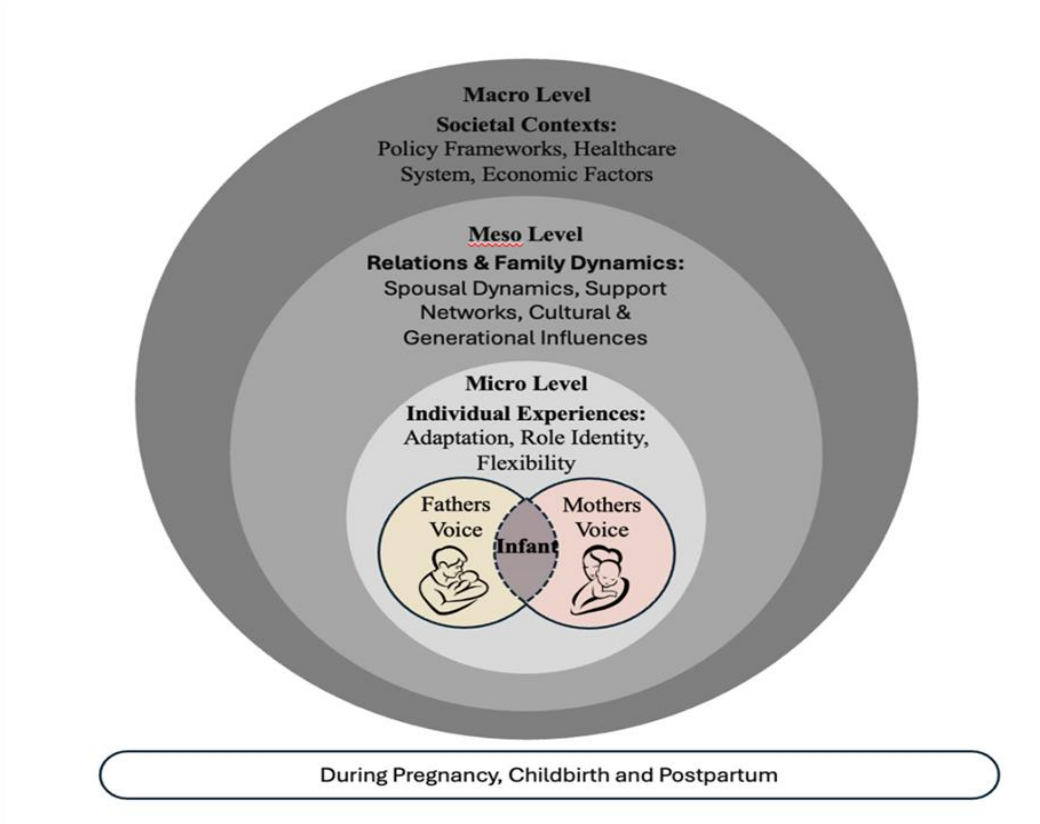
Pivoting into Fatherhood: A Multilevel Consequential Matrix

The conditional matrix by Corbin and Strauss (2008) captures a subject's complexity, aiding analysis and understanding of conditions and consequences associated with events (p. 91). It organizes relationships and shows how conditions and effects change over time.

As shown in Figure 5 below, the matrix illustrating layers from micro to macro levels is helpful for examining how intersecting factors from fathers' and mothers' voices influence adaptation to fatherhood. These factors interconnect across the three layers and affect family structure.

Figure 5

Consequential Matrix of Pivoting into Fatherhood



The matrix layers add complexity to the core category by demonstrating how the father's actions influence and lead to positive changes at micro, meso, and macro levels. The matrix not only organizes the conditions and consequences of fatherhood adaptation but also reveals how individual, relational, and societal factors interact to shape evolving parenting roles.

Micro-Level Influences (Individual Experiences). At the micro level, personal factors such as age, gender, and educational background significantly influence how fathers engage with their parenting roles. The voices of mothers and fathers in this study illustrate the critical role of pivoting and adaptive fatherhood and motherhood in enhancing family dynamics and ensuring the emotional well-being of both parents and children.

Fathers who possess more flexible work schedules or progressive attitudes towards caregiving are better able to balance work and home responsibilities. Their capacity to adapt plays a crucial role in reshaping their perceptions of fatherhood and masculinity.

For example, one father reported that his work flexibility enabled him to be more present at home, allowing him to contribute to both childcare and household chores. "My role in my current job is quite flexible, allowing me to be more present at home, helping with the baby and other household responsibilities" (F1).

The outcomes of these experiences reflect personal growth, as fathers adapted to more hands-on caregiving roles. This, in turn, indicates a shift from traditional masculinity toward a more nurturing form of fatherhood, resulting in greater personal fulfillment and involvement. This is evidenced in the narrative, "I didn't see myself doing baby care before, but now it is part of my routine" (F7).

Meso-Level Influences (Family Dynamics). Spousal dynamics in immigrant families change substantially as men become increasingly involved in parenting, impacted by both

cultural norms and their partner's needs. Traditionally, fathers in Indian families were considered providers with little engagement in day-to-day caregiving. However, this dynamic is changing as Indian fathers in Canada adopt a more collaborative role, often driven by a need to share duties in the absence of extended family support. One mother commented on her husband's involvement in their connection, saying:

> He does pretty much everything that I do, except for pumping, which he does a lot less of now that he's back at work. However, he handles everything from diaper changes to feeding her, and he's very special to her. (M5)

Shared responsibilities not only strengthen the emotional bond between father and child but also enhance the bond between spouses.

A mutual appreciation for each other's contributions to parenting fosters a more balanced and respectful dynamic within the family. Fathers have noticed how their involvement in caregiving affects not only their own perceptions but also those of their partners. One father commented:

> Not having the additional help has helped us appreciate each other more… I certainly appreciate if my wife is cleaning the house or does the dishes… I appreciate it because I know how much work it is… We try to split chores evenly… So if she's had time to do it, I'm like, oh wow, okay, you're the reason the house is clean today. … That also helps me learn how to appreciate my wife in a different way, as opposed to taking her for granted. (F2)

The father's newfound respect stems from a shift in roles and duties, in which both partners recognize the significance of each other's work. This newfound appreciation stems from a change of roles and responsibilities, in which both spouses acknowledge the worth of each

other's work. This transition leads to a more equitable partnership that fosters reciprocal respect and support, ultimately enhancing family dynamics.

Support networks, especially from extended family members, play a vital role in shaping the family dynamics of immigrant parents. The presence of in-laws or parents often offers practical and emotional support during the postpartum period. For instance, one mother emphasized the significance of her mother-in-law's presence by stating, "Having my mother-in-law here was a tremendous support. She helped with the baby and prepared nutritious meals for me. Having an elder person with us was crucial" (M9). This external support system enables the parents to effectively navigate their new roles while also alleviating the emotional and physical burden on the mother.

In immigrant families, fathers express a desire to find a balance between the influence of social networks and a sense of independence in caregiving. For example, one parent articulated this sentiment, saying:

> Traditionally, it's more like you just go stay at your mother's place, and they just kind of look after you. But we wanted to be more independent. In my view, it was as if they'd come and help, then leave, and we'd have to figure out how to do it ourselves. (F5)

This approach promotes family resilience and self-reliance by ensuring that both parents fully assume their responsibilities. While external support networks are valued, the family ultimately grows more vital as a result.

Fathers' perceptions of their roles within the family are significantly shaped by cultural and generational variances with their parents. Many fathers reflect on the traditional expectations imposed on them by earlier generations and on how these differ from their responsibilities in Canada. One parent highlighted these differences, stating, "In Canada, I feel that the father's role

is a vital part of everyday life, whereas in India, fathers are not as actively involved. Here, you're almost like a mother, involved in everything" (F1). This cultural transition profoundly impacts fathers in immigrant settings as they strive to navigate the demands of their traditional upbringing alongside the more egalitarian responsibilities expected in their new environment.

The fathers' generational background also influences the way dads approach decision-making and family responsibilities. For instance, one father shared that he was inspired by his own father's practice of seeking advice from elders, "I realized that it's not just about us; we should also learn from those around us. This is something I learned from my father, who consistently sought guidance from elders and friends before making important decisions" (F7). These intergenerational conditions and differences shape how fathers merge traditional values with modern parenting approaches. The outcome is a combination of cultural traditions and flexibility, with men integrating their ancestral roots into their parenting while addressing the demands of raising children in a Canadian setting.

Macro Level Influences (Societal Contexts). At the macro level, societal issues, such as immigration status, cultural norms, and legislative frameworks, heavily influence Indian immigrant families, both fathers and mothers. These macro-level factors affect how families navigate the challenge of reconciling their traditional values with Canada's egalitarian norms. Fathers are expected to adjust their perceptions of parenting and caregiving to align with societal expectations in their new nation while maintaining connections to their cultural practices.

One crucial aspect affecting parenting roles is immigration and its influence on adaptation. Fathers and mothers have noted the disparity between societal expectations of fatherhood in India, where it is predominantly associated with motherhood, and in Canada, where fathers are expected to play a crucial, hands-on role, often in the absence of extended

support systems. A mother pointed this out, stating, "If we were in India, perhaps he would not have been as involved, but here he has to be because it is just us. Sometimes, he knows how to take care of the baby better than I do" (M9). Likewise, fathers have acknowledged the need to redefine their roles. One father expressed, "In India, fathers were not as involved in day-to-day child-rearing activities. The father's role was primarily one of providing. However, here in Canada, it is different. Fathers are expected to help with everything, from feeding to changing diapers" (F1). The societal norms of shared responsibility in Canada present a challenge for fathers, who must redefine their roles and actively participate in caregiving to develop stronger emotional bonds with their children and partners.

The integration of diverse cultures is a significant factor shaping how Indian families navigate their new parenting roles in Canada. Many parents value the blending of traditions from both cultures as an enriching family experience. One mother (M1) expressed, "Navigating between two cultures was challenging, but it has enriched how we raise our child" (M10). A similar sentiment was shared by the father (F9), who said, "Our child gets to learn about Indian traditions, but she is also growing up with the values of Canadian society" (F9). This demonstrates the embrace of two cultures, a practice supported in Canada by its multiculturalism policies.

Canadian policy frameworks, particularly those related to parental leave and childcare, have been shown to significantly influence fathers' involvement. These policies and norms have encouraged fathers to be more involved in ways that were less common in their home countries. As one mother expressed, "Our employer has been supportive, and we are very grateful for the government support as well" (M9). Similarly, a father mentioned, "The policies here are different. I was able to take time off work to be with my child when she was born, which is not

something I could have done back in India" (F1). These policy frameworks provide fathers with opportunities to be more involved in early childhood care, thereby fostering stronger bonds and promoting shared responsibilities.

At a macro level, societal factors influence the navigation of fathers' and mothers' parenting roles in Canada. Through this adaptation process, parents develop a unique parenting style that blends Indian traditions with Canadian values, thereby enriching their relationships with both their infants and the broader community. As a result, Canadian policies facilitate this transition to a certain extent, thereby strengthening family dynamics and promoting successful integration into society.

4.4 PIVOTING into Fatherhood Theory

Pivoting into Fatherhood Theory, illustrated in Figure 6, explains how first-time Indian immigrant fathers adapt to parenting in Canada through an iterative, dynamic, and context-sensitive process. The theory integrates the core category of Pivoting, the Strauss and Corbin coding paradigm (Figure 4), and the multilevel consequential matrix (Figure 5) into a coherent explanatory framework.

Rather than representing a linear transition into fatherhood, the theory conceptualizes adaptation as ongoing repositioning in response to shifting cultural expectations, relational demands, and structural conditions. Fathers did not move predictably from traditional to egalitarian roles; instead, they pivoted back and forth, recalibrating involvement as workplace demands, cultural comfort, partner needs, and institutional supports changed. These finding challenges dominant models of fatherhood that assume sequential or progressive role change.

Figure 6

Pivoting into Fatherhood Theory

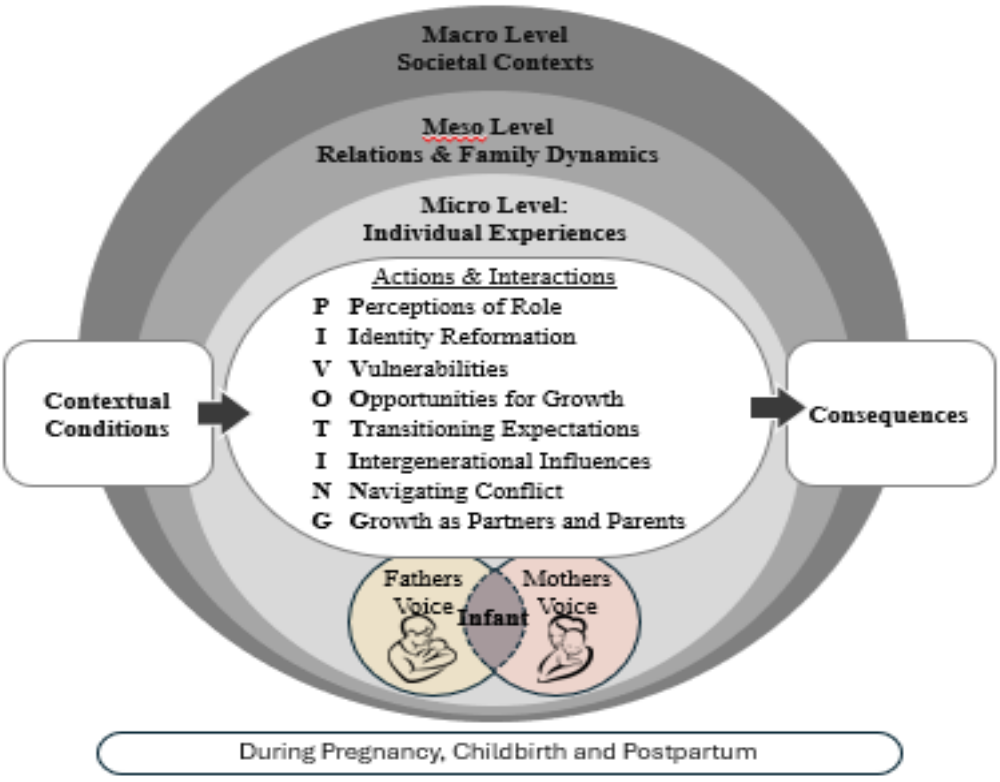


Figure 4, shown in the above section 4.3, illustrates how pivoting unfolds as a relational action–interaction process. Contextual conditions, such as immigration, first-time parenthood, employment demands, navigating healthcare, and the presence or absence of extended family, create moments when established paternal scripts become insufficient. In response, fathers engage in adaptive actions and interactions, conceptualized as pivoting, through which they renegotiate caregiving, emotional support, decision-making, and identity in partnership with mothers. These pivots occur across pregnancy, childbirth, and the postpartum period, reinforcing fatherhood as a fluid practice rather than a fixed role.

While Figure 4 explains the process of adaptation, Figure 5 presented in section 4.3, extends the theory by situating pivoting within multilevel contextual areas. The consequential matrix demonstrates how fathers' adaptive actions reverberate across micro (individual), meso (family and relational), and macro (societal and policy) levels. At the micro level, pivoting reshapes men's identities, emotional capacities, and perceptions of masculinity. At the meso level, it reorganizes spousal dynamics, caregiving labour, and intergenerational relationships. At the macro level, it intersects with immigration systems, cultural norms, and Canadian policy environments that both enable and constrain father involvement. Together, Figures 4 and 5 constitute the analytic backbone of the Pivoting into Fatherhood Theory, as shown in Figure 6. The coding paradigm explains movement and how fathers respond and adapt, while the consequential matrix explains impact and how those adaptations generate relational, cultural, and societal outcomes over time. Integrated, they reveal fatherhood adaptation as a negotiated, multilevel process shaped by both agency and structure.

The properties of pivoting are flexibility, learning, cultural integration, collaboration, resilience, and emotional support that capture fathers' capacity to engage dynamically across these levels. As one father reflected, "In India, my role was about providing, but here I had to learn how to change diapers and feed my baby" (F10). Such narratives illuminate how pivoting enables fathers to retain valued cultural commitments while expanding into active caregiving and emotional engagement.

In sum, the Pivoting into Fatherhood Theory explains how Indian immigrant fathers reconcile tradition and transformation through sustained adaptive effort. The theory offers a nuanced account of fatherhood that foregrounds movement, relational negotiation, and structural context, contributing an empirically grounded alternative to linear models of paternal transition

4.5 Summary

In brief, the transition of first-time Indian immigrant fathers into fatherhood is often described as akin to stepping into this role like a "Marvel hero." This phrase, verbalized by a father, highlights how entering fatherhood without traditional models requires courage, resilience, and a willingness to reinvent oneself. These fathers adapt to unfamiliar roles in Canada, facing stress from societal expectations. Such pressures increase the need for resilience as they navigate new responsibilities. Through pivoting, they balance cultural values with parenting demands, assume responsibilities, manage emotional challenges, and redefine their roles. This transformation reveals their strength, as they shift from distant providers to involved, nurturing fathers. Together, these findings form the empirical foundation for the Pivoting into Fatherhood Theory.

The findings highlight the dynamic nature of fatherhood among first-time Indian immigrant fathers, as they balance traditional provider roles with caregiving and emotional involvement. These fathers redefine masculinity by blending cultural values of responsibility with modern parenting norms through intergenerational reflection. Their caregiving is supported by spousal collaboration and community networks, aiding their transition despite persistent challenges, such as uneven workplace conditions and limited access to paternity leave. Overall, immigrant fatherhood emerges as a complex adaptation process influenced by cultural continuity, negotiation, and structural opportunities rather than a simple shift to egalitarian parenting.

Chapter 5: Discussion

Chapter 5 interprets the study's key findings in relation to existing research on immigrant fatherhood and gender roles during the perinatal period. Drawing on the voices of Indian immigrant fathers and mothers in Canada, it examines how fathers experience, negotiate, and redefine their roles during the transition to parenthood. The discussion is guided by the Pivoting into Fatherhood theory, which emerged inductively from the data and conceptualizes fatherhood as a dynamic, adaptive process shaped by cultural, structural, and interpersonal conditions.

The shared and relational categories from dyadic analysis, including evolving fatherhood roles, cultural adaptation, emotional interdependence, systemic challenges, and support systems, are examined in relation to existing literature. Each category incorporates perspectives from both mothers and fathers, aligned with the research questions. The sections connect to the Pivoting process, illustrating how fathers' adaptations occur through gradual changes influenced by migration, gender expectations, relationship dynamics, and life in Canada. The chapter discusses implications and provides recommendations for perinatal practice, education, research, and policy aimed at supporting ethno-racial and immigrant fathers. It emphasizes culturally sensitive, inclusive, and equitable approaches.

5.1 Interpretation of Findings

The findings illustrate how Indian immigrant fathers move beyond conventional paternal expectations to engage in caregiving while balancing inherited cultural norms with the social and structural realities of life in Canada. Importantly, adaptation emerged not as a linear progression but as a dynamic, ongoing process, characterized by continual adjustment as fathers recalibrated their identities, responsibilities, and relationships in response to evolving caregiving demands.

Interpreting these findings in relation to existing literature allows for a deeper understanding of how masculinity, migration, and caregiving intersect in the lives of Indian immigrant fathers.

In this context, the demographic characteristics of the sample function as analytic conditions rather than merely descriptive attributes. Fathers' age, educational attainment, employment stability, and migration pathways shaped the conditions under which caregiving adaptations unfolded, influencing how fathers accessed resources, engaged with healthcare systems, and participated in family life during the perinatal period.

Fathers in this study had an average age of 34 years (range: 29–39), closely aligning with the national average age of Canadian fathers at childbirth (33.6 years; Statistics Canada, 2023). The absence of fathers under 29 years situates this cohort within a life stage commonly associated with delayed parenthood, particularly among urban and highly educated populations. National data indicate that nearly 40% of Canadian fathers are now aged 35 years or older, with concentrations highest in metropolitan regions such as Ontario (Statistics Canada, 2023). This alignment suggests that the participants' caregiving transitions occurred within broader demographic patterns of later-life entry into parenthood.

Participants' positioning in middle adulthood provided a foundation of socioeconomic stability that shaped their parenting experiences. Being in their early to mid-30s, often associated with accumulated life experience and increased role stability, appeared to facilitate more intentional and reflective caregiving. This finding aligns with Erikson's perspective on generativity, in which mid-adulthood is characterized by heightened motivation to nurture and guide the next generation. As Sriram (2019) notes, this developmental drive may be particularly salient for immigrant fathers balancing dual cultural legacies, helping to explain the purposeful and family-centred caregiving described in the findings.

The participants demonstrated educational and employment profiles that significantly surpassed national averages. Eighty-five percent held at least a bachelor's degree, with 60–70% possessing master's degrees, and 90% were employed full-time. This group notably exceeded the approximate 34% of Canadians aged 25–64 who hold a bachelor's degree or higher (Statistics Canada, 2022a) and the national employment rate of 91.8% among fathers aged 20–49 (Statistics Canada, 2023). These forms of human capital likely shaped fathers' capacity to engage proactively with perinatal systems and caregiving roles. Consistent with the findings, educational attainment and employment stability supported confidence in navigating healthcare and information systems and facilitated early involvement in prenatal care and infant caregiving. Rather than operating solely as background characteristics, these structural conditions formed part of the context in which adaptive fathering practices emerged.

Cultural factors also shaped family dynamics and caregiving negotiations. The prevalence of arranged marriages (70%) and shared religious backgrounds (70% Hindu) contributed to cohesion in family values and caregiving expectations. At the same time, parenting in Canada without the physical presence of extended family required adjustments, particularly in reconciling traditional postpartum practices with the realities of nuclear family life. Dyadic findings suggest that shared cultural values often facilitated joint decision-making and coordinated caregiving, while the absence of grandparents and kin prompted fathers to assume caregiving tasks traditionally undertaken by elders, accelerating hands-on involvement and role renegotiation within couples.

These patterns reflect broader trends among immigrant fathers in Canada, where Indian-born fathers represent the largest subgroup of foreign-born dads (18.1%; Statistics Canada, 2023). The participants' demographic profile, characterized by urban residence, higher

education, and cultural cohesion, aligns with national data showing that 76% of fathers aged 30 years and older live in census metropolitan areas, where immigrant communities are concentrated (Statistics Canada, 2023). In this context, fatherhood adaptation unfolded at the intersection of migration, life-course timing, and structural opportunity.

Accordingly, the findings were interpreted in light of the specific structural, socioeconomic, and cultural conditions shaping this cohort. Participants' relative educational advantage and employment stability differentiated their experiences from those of immigrant fathers facing precarious work or economic insecurity factors widely identified as constraining paternal involvement (De Laat et al., 2023; Doucet, 2021; Pulkingham & van der Gaag, 2004; Tervola et al., 2017). Rather than limiting the analytic value of the findings, this context clarifies the conditions under which the transition to fatherhood was made possible. Future research is needed to examine how intersecting factors such as employment precarity, immigration status, and access to social supports shape caregiving adaptation among more structurally vulnerable groups within Canada's diverse Indian immigrant population.

Evolving Fatherhood Roles

The Research Question 1 explores how first-time Indian immigrant fathers in Canada experience fathering during pregnancy, childbirth, and postpartum periods. The findings reveal a widespread and profoundly felt redefinition of masculinity, as most fathers described moving from traditional provider roles to active caregiving, aligning with Elliott's (2016) concept of caring masculinities. This shift emphasizes emotional connection and shared responsibilities, challenging conventional norms that prioritize financial provision over hands-on caregiving. Importantly, this study extends Elliott's framework by situating caring masculinities within an immigrant context, where caregiving practices are shaped not only by gender norms but also by

migration-related disruptions, structural constraints, and the absence of extended kin support. For these fathers, caring masculinities were not merely ideological shifts but pragmatic adaptations to settlement conditions that required increased emotional labour and domestic engagement.

Several fathers recounted taking on practical childcare tasks, such as diaper changing, from the first days, acts that symbolized a generational departure from their fathers' experiences. Both mothers and fathers portrayed this as a deliberate and shared embrace of nurturing roles, reflecting a mutual commitment to evolving family dynamics. In this way, caring masculinities were enacted as relational and situational practices, emerging through negotiation with partners and in response to the demands of early parenting in a new sociocultural environment. Earlier research may have underplayed such proactive caregiving because it often relied on mothers' reports or focused on highly patriarchal, low-resource settings where men's emotional roles were structurally constrained (Raman et al., 2016; McLean, 2020). By foregrounding fathers' own narratives, this study refines existing conceptualizations of caring masculinities by demonstrating how immigrant fathers actively construct caregiving identities at the intersection of masculinity, migration, and family necessity.

Fathers in this study described managing tensions between inherited ideals of masculinity and caregiving expectations in the Canadian context, particularly regarding emotional expression. Many participants spoke of minimizing or containing their own emotional struggles, reflecting cultural norms that emphasize resilience, stoicism, and strength (Baldwin et al., 2019; Fletcher et al., 2020). The absence of extended family in Canada encouraged this shift, as fathers and mothers renegotiated household roles together. These patterns challenge assumptions that immigrant fathers retain rigid gender roles despite migration and instead illustrate selective adaptation, where cultural values are preserved while caregiving practices evolve (Vo et al.,

2024). This fluidity aligns with contemporary discussions of caring masculinities (Elliott, 2016; Lewington et al., 2021) and highlights the value of policies that support immigrant fathers' caregiving without framing culture as an obstacle.

Fathers' involvement in caregiving is not uniform. While some fully embraced caregiving responsibilities, others struggled to balance work demands with their new roles, echoing broader evidence that employment conditions and workplace culture strongly shape fathers' capacity to engage in early childcare (Doucet & McKay, 2020; Tremblay, 2023). Even among this relatively privileged, highly educated sample, limited access to paternity leave and inflexible job demands constrained involvement, extending Canadian evidence that structural barriers persist across socioeconomic groups.

Taken together, these patterns show that caring masculinities among Indian immigrant fathers develop through ongoing, everyday negotiation rather than a simple shift away from tradition. Fathers' involvement in tasks such as night-time care, diapering, and postpartum support illustrates a move toward relational presence in parenting. Importantly, this change does not replace cultural values but builds on them, blending responsibility, sacrifice, and seva with the shared caregiving expectations encountered in Canada.

Indian immigrant fathers exemplify intergenerational role modelling through daily acts of sacrifice and community responsibility, rather than through direct teaching. Several fathers recalled their own fathers' quiet dedication to family and education, memories that shaped their understanding of selfless parenting. This mirrors the cultural ethos of seva (selfless service), central to Indian fatherhood, in which values are transmitted through lived practice rather than explicit instruction.

Unlike Western research frameworks that conceptualize father involvement primarily through observable interaction styles (Cabrera et al., 2018), the accounts in this study point to a subtler, relational form of modelling embedded in everyday family life. In contrast to findings from some non-Western contexts, where paternal roles are described as more explicitly authoritative or directive, as in Cheraghi et al.'s (2019) study of Iranian families, participants in this study described fatherhood as enacted through quiet presence, responsibility, and moral example rather than through formalized authority. Here, caregiving knowledge was transmitted implicitly through routine actions and relational consistency, underscoring a culturally situated ethic of care rather than overt instruction.

Grandfathers offer spontaneous, grounded guidance, reinforcing a relational ethic of care (Ben-Shlomo & Taubman-Ben-Ari, 2017). The observations show fatherhood as culturally influenced, with Indian ideals like seva coexisting with and strengthening contemporary caregiving, rather than replacing Western norms. Immigrant fathers adapt these values, blending traditional selflessness with goals for their children's success. This mix, respecting and reshaping inherited ideals through migration, demonstrates that fatherhood is both personal and cultural. Small acts build strong identities and maintain family ties across generations.

Mothers' perspectives provide a complementary lens, offering insight into how they perceive and support this shift. Many mothers expressed appreciation for their partners' efforts to assume caregiving responsibilities, recognizing the challenges they face in balancing traditional expectations with contemporary parenting norms. Several mothers spoke of wanting not only practical support but also emotional presence from their partners, highlighting the affective dimension of caregiving. Mothers also played a crucial role in encouraging fathers to embrace these new roles, acting as catalysts for change within the family. Their support and advocacy for

shared parenting not only facilitated fathers' adaptation but also challenged traditional gender norms, fostering a more equitable division of labour.

Despite migration challenges, diaspora fathers focus on preserving culture by incorporating language, traditions, and values into parenting. Indian fathers in Australia, for example, participate in cultural and religious events to connect with their heritage (George et al., 2022; Philip et al., 2024). Similar patterns were evident among fathers in this study who maintained cultural continuity through rituals during pregnancy and childbirth, while adapting to new social and institutional environments. During the perinatal period, fathers actively maintained language use, religious observances, and family traditions in their households, even as they navigated Canadian clinical and healthcare routines. While this negotiation can cause friction, it also provides opportunities for fathers to be more involved, balancing respect for their heritage with evolving expectations of fatherhood in their host society.

The study also reveals a clear connection between fathers' active involvement during childbirth and mothers' appreciation of their support. For many couples, fathers' presence during labour strengthened relational closeness and supported fathers' transition into more engaged caregiving roles after the birth of their child. Research indicates that witnessing birth can heighten men's sense of responsibility and emotional connection, leading to a more substantial commitment to hands-on care (Baldwin et al., 2019; Johansson & Andreasson, 2017). Among participants, fathers who were present during labour reported greater confidence in soothing, feeding, and supporting their partners afterward. This transformative effect aligns with Bélanger-Lévesque et al. (2016), who see childbirth as a profound spiritual milestone.

Despite often feeling marginalized by medical routines, fathers engage in meaningful processes that reshape their paternal identity. This echoes findings from Scandinavian studies, in

which birth presence and immediate skin-to-skin contact are associated with ongoing caregiving involvement and facilitate equal parenthood (Olsson et al., 2017; Tervola et al., 2017). Comparable patterns have been observed among Ugandan fathers, in which even partial birth attendance reshaped traditional provider-only roles and encouraged practical postnatal support (Kironde & Addis, 2023). Furthermore, Williams et al. (2023) argue that this transformation is driven by the father's negotiation of the 'protector' role during labour. Their inability to take away their partner's physical pain during childbirth prompted a shift toward other forms of protection, specifically, emotional reassurance and postnatal advocacy.

Findings regarding mothers' perspectives on father involvement indicate that most mothers selected their husbands as birth companions, reflecting the absence of extended family support due to migration. Many contrasted this with practices in India, where female relatives typically provide labour support, and fathers are rarely present (Seward & Stanley-Stevens, 2014). In the Canadian context, maternity care practices that align with family-centred care principles, such as the routine inclusion of partners during labour and birth, facilitated fathers' presence. These practices are consistent with guidance promoting companionship during childbirth (Canadian Paediatric Society [CPS], 2019; World Health Organization [WHO], 2018). Mothers described fathers' presence as empowering and emotionally supportive, fostering closeness and shared responsibility in the postpartum period. Collectively, these findings suggest that clinical practices informed by family-centred guidelines can partially offset the absence of extended kin and contribute to the early shaping of fathers' caregiving identities.

Some of the voices of twice-immigrant parents can be situated within Das Gupta's (2021) research on families navigating multiple migration processes. Our findings show that these fathers actively negotiated between traditional gender norms and Canadian institutional and

labour market conditions. Fathers with prior settlement in intermediary contexts (U.S. or Middle Eastern countries) described greater familiarity navigating Canadian systems and renegotiating household labour and caregiving expectations, while those who migrated directly from India more often described heightened role strain linked to loss of multigenerational caregiving supports (Seward & Stanley-Stevens, 2014; Chaudhary, 2013). These patterns suggest that earlier migration experiences and exposure to Western family norms may shape post- migration role negotiation (Seward & Stanley-Stevens, 2014).

Overall, this study contributes a nuanced understanding of how Indian immigrant fathers navigate fatherhood in Canada. The findings align with literature on evolving paternal roles in egalitarian societies (Johansson & Andreasson, 2017; Roopnarine, 2015) and the structural factors shaping involvement (Doucet & McKay, 2020; Tremblay, 2023) and are consistent with recent evidence that migrant fathers adapt and maintain traditional roles (Vo et al., 2024). Fathers underwent notable emotional and psychological adjustments marked by stress, anxiety, and resilience, and increasingly embrace hands-on caregiving that challenges traditional masculine norms. Their experiences are further shaped by structural barriers, such as limited workplace support, and by the need to integrate traditional cultural practices with contemporary Canadian parenting expectations. Together, these patterns illustrate that fatherhood adaptation in the immigrant context is fluid, relational, and embedded within the intersecting influences of culture, migration, and couple dynamics.

Cultural Adaptation and Shared Parenting

The findings reveal a complex process of cultural adaptation as fathers pivot between traditional Indian parenting values and modern Canadian norms. This adaptation is not passive but involves active reinterpretation and intentional decision-making. Fathers frequently reflected

on their fathers' self-sacrifice and discipline as moral templates for parenting, while simultaneously describing new forms of emotional engagement and caregiving that were unfamiliar to previous generations.

Several fathers, for example, spoke of feeling proud to participate in daily caregiving, such as diapering and feeding, actions their fathers might have viewed as unconventional. These reflections illustrate immigrant fathers' active cultural negotiation, blending inherited values of seva (selfless service) with modern expectations of shared caregiving (Tervola et al., 2017). This finding aligns with research on the intergenerational transmission of parenting values (Sriram, 2019) but emphasizes the intentional adaptation of these values, challenging the notion of passive cultural transmission. In this study, fathers described maintaining cultural continuity while adapting to new parenting expectations as emotionally demanding, particularly when negotiating cultural differences without extended family support. These experiences resonate with prior research documenting heightened stress and emotional fatigue among Indian immigrant fathers when extended family support is unavailable (Philip et al., 2024).

The findings from this study underscore the critical role that immigrant networks, community centres, and peer families play in facilitating immigrant fathers' transition to fatherhood. These support systems provide essential reassurance, shared knowledge, and a sense of belonging, which are particularly beneficial during this significant life change. Research indicates that community-based supports, including father groups and father-focused programs, are effective in reducing feelings of isolation. They also help normalize the challenges associated with early caregiving, ultimately strengthening fathers' confidence and engagement during this crucial period (Barrett et al., 2018; Nash, 2018; Mark Williams Report, 2020; Rominov et al., 2018; Baldwin et al., 2024; Wells et al., 2024). In the context of immigrant families, the

challenges associated with migration can exacerbate feelings of isolation. As a result, these families often become increasingly reliant on close relational supports, particularly from partners. This highlights the necessity of accessible community and peer resources during the postpartum period (Dufour-Turbis & Hamelin-Brabant, 2020).

Cultural and geographic backgrounds significantly shape fathers' perceptions of their caregiving roles. Prior research shows that fathers in urban environments are more likely to adopt egalitarian parenting practices, whereas those in rural areas often begin with traditional gendered divisions of labour (Chopra, 2020). Although the families in this study reported being primarily urban and highly educated, fathers still frequently described challenging, deeply rooted cultural expectations from their own families. Some fathers noted that their fathers' surprise at their hands-on involvement symbolized intergenerational change catalyzed by migration.

Geographical relocation disrupts traditional support systems, requiring fathers to assume more hands-on caregiving. In India, especially in rural and semi-urban settings, extended family, particularly maternal kin, often provide childcare support, with mothers commonly returning to their parental home for birth and early recovery (maternal natal visits) (Gogineni et al., 2018; Saraff & Srivastava, 2010). Participants in this study, living without this safety net in Canada, described increased caregiving demands and the need to adapt quickly.

Digital communication with relatives, particularly during the COVID-19 pandemic, provided partial continuity of emotional and informational support but could not replace embodied, in-person assistance. This aligns with Kumar et al.'s (2018) findings that online connections sustain relational ties but do not replace the practical and affective dimensions of caregiving. These constraints were further intensified by pandemic-related restrictions, which limited fathers' access to care spaces and caregiving experiences. In this regard, the findings

parallel Rice and Williams's (2024) observations that immigrant fathers experienced contested "rights to care" and "rights to experience," as public health measures disrupted their ability to be physically present and fully participate in early caregiving. For participants in this study, the absence of extended family combined with restricted access during the pandemic heightened fathers' sense of responsibility while simultaneously constraining the relational support typically available during the perinatal period.

Comparisons with India, where extended family support is culturally embedded, further highlight the fragile institutional commitment to father inclusion for immigrant families. This aligns with Roopnarine's (2015) observation that South Asian fatherhood is deeply patriarchal yet capable of adaptation. However, this study shows that adaptation is not simply a rejection of tradition but a process of balancing cultural preservation with the demands of a new social environment.

Fathers described efforts to blend cultural and biomedical logics during childbirth, negotiating practices such as selecting auspicious birth times while adhering to medical protocols in emergencies. This flexibility not only preserved cultural continuity but also reduced cultural dissonance for couples, helping both partners feel respected and supported in moments of uncertainty. Such adaptability reflects immigrant fathers' active engagement and aligns with broader discussions on cultural adaptation and hybridization (Seward & Stanley-Stevens, 2014), further challenging assumptions that fathers remain passive participants in childbirth.

The experiences of twice-immigrant families further illustrate the layered nature of adaptation. Families who had previously lived in regions such as the Middle East often reported smoother adjustment to Canadian systems, particularly to health and social institutions, drawing on prior exposure to transnational mobility and settlement processes. This pattern is consistent

with Das Gupta's (2021) argument that step-migration trajectories shape household decision-making and settlement strategies, with the household functioning as a cross-border space where work, migration plans, and gendered responsibilities are negotiated under changing conditions.

At the same time, the data show that transnational ties may remain socially and morally binding after settlement, shaping family strategies and influencing how caregiving is negotiated (Merry et al., 2020). Fathers described receiving advice and pressure from relatives abroad and experiencing obligations that reinforced provider expectations, even as they sought to increase hands-on caregiving during early parenthood. Importantly, these cross-border influences did not require families to live transnationally; rather, they operated through ongoing relationships, responsibilities, and normative expectations that shaped everyday parenting decisions in Canada.

Mothers' accounts reveal varied experiences with kin support during the perinatal transition. Some found kin reassuring and helpful, while others felt cultural pressure that reinforced traditional roles and limited couple autonomy. Mothers aimed to build independence and routines, actively managing family involvement. They also negotiated cultural expectations around postpartum rest, diet, and activity, often prioritizing Canadian medical advice over family knowledge. These accounts show migration creates diverse adaptation paths where family support can both buffer and exert pressure.

The need for flexible boundary-setting emerged as a vital adjustment for immigrant couples navigating early parenthood. The Family Triad Model (Cheraghi et al., 2019) emphasizes the importance of triadic coherence, balancing the marital relationship with responsibilities toward extended family, in contexts where blood ties traditionally take precedence over the spousal unit. This framework was particularly relevant to participants in this

study, including both first-time and twice-immigrated families, whose parenting experiences were shaped by ongoing family involvement across borders and, in some cases, by the physical presence of visiting parents or in-laws. In some couples, fathers experienced kin advice as supportive while mothers experienced it as intrusive, underscoring how gendered expectations shape the meaning of "support" within extended family relations.

For others, especially those with in-laws temporarily residing with them during the postpartum period, boundary-setting required navigating daily caregiving dynamics while preserving marital autonomy. Fathers often described feeling positioned between respecting elders' guidance and supporting their partners' preferences, highlighting the relational labour required to sustain triadic coherence in migration contexts. These findings extend Cheraghi et al.'s (2019) model by illustrating how triadic boundary work unfolds not only within co-resident extended families but also within transnational and intermittently co-present family arrangements common among immigrant households.

The study reveals that fathers in immigrant families often balance traditional cultural expectations with modern parenting roles, adapting to new environments while preserving aspects of their cultural heritage. Mothers appreciated their partners' efforts to integrate rituals, language, and values into family life while adopting egalitarian caregiving practices, highlighting the dynamic and collaborative nature of cultural adaptation. This aligns with broader research on immigrant fatherhood, where men negotiate between traditional gender norms and the expectations of their new sociocultural environments (Choi et al., 2023; Twamley & Faircloth, 2024). Immigrant fathers frequently navigate tensions between fulfilling provider roles, as expected in their home countries, and actively engaging in childcare, which is more emphasized in their host societies (Strier & Perez-Vaisvidovsky, 2021; Vo, 2024). Similar findings have been

reported among migrant fathers from Uganda and Vietnamese American families, where fathers reshape caregiving roles in response to host-country expectations while retaining aspects of cultural identity (Mangwi Ayiasi et al., 2022; Vo, 2024).

Bailey's (2015) discussion of the patriarchal deficit, which describes the erosion of traditional male authority within contemporary Western fatherhood, resonates with the study's findings. While Bailey's work, primarily set in the Irish context, highlights how men experience uncertainty and role disruption as paternal authority declines, the present study extends this analysis by examining how fatherhood is transformed in transnational and migration-specific contexts. Indian immigrant fathers in this study did not simply experience a loss of authority; instead, they actively negotiated shifting expectations across origin-country norms and Canadian caregiving practices. Fathers described developing deliberate strategies, such as engaging proactively with healthcare systems, sharing decision-making with partners, and selectively adapting cultural practices, that reflect agency rather than passive adaptation. These findings refine Bailey's conceptualization by showing that the patriarchal deficit in immigrant contexts is not experienced solely as loss but also as a site of reconstruction. Masculinity was reconfigured through relational engagement, caregiving competence, and emotional presence, shaped by migration, reduced kin support, and institutional navigation.

Across the section, hybridity emerged not as a seamless process but as an ongoing negotiation shaped by the absence or changing forms of kin support, exposure to Canadian healthcare and workplace systems, and dyadic decision-making within couples. Fathers' willingness to adapt was often driven by migration-related necessity rather than by ideological commitment alone, underscoring how hybrid fathering practices are produced by structural conditions as much as by cultural choice. Fathers with prior migration exposure often described

greater confidence adopting shared caregiving and selectively retaining culturally salient values while adapting to Canadian parenting norms.

In addressing Research Question 2 (How do Indian mothers and fathers perceive fathering roles and behaviours during the perinatal period?), the study emphasizes that parents recognize a significant shift toward more equitable caregiving, with fathers engaging in caregiving beyond traditional provider roles. Mothers appreciate the emotional connections and empathetic caregiving fathers provide, though they acknowledge occasional gaps between emotional and practical support. Cultural adaptation is crucial as fathers navigate inherited parenting practices alongside modern expectations of shared caregiving.

These narratives revealed that cultural change does not occur as a simple shift from "Indian" to "Canadian" fatherhood but through a layered process of adaptation, negotiation, and transformation. Adaptation occurs when fathers assume caregiving tasks typically performed by extended kin in India. Negotiation is evident when couples collaboratively decide which traditional postpartum practices to modify, retain, or let go. Transformation arises when fathers construct new models of fatherhood that meaningfully diverge from both Indian expectations and Western stereotypes. Within this continuum, pivoting serves as the mechanism through which fathers reconcile cultural heritage with emerging parenting identities in a multicultural setting.

Emotional Interdependence and Co-parenting Dynamics

The following section explores the emotional and relational aspects of fatherhood and co-parenting, focusing on Research Question 2: How do first-time Indian immigrant mothers and fathers experience fatherhood? It also informs Research Question 3 by revealing the dynamics that shape support needs, highlighting the navigation of emotional interdependence, mental health challenges, maternal gatekeeping, and communication during the transition to parenthood.

The study findings show that fathers experienced dual pressures: providing practical support to their partners while suppressing their own emotions, reflecting internalized societal expectations of masculinity. This pattern aligns with existing research indicating that immigrant fathers often face heightened stress, emotional isolation, and identity conflicts, especially when extended family support is absent (Choi et al., 2023; Forbes et al., 2021). The COVID-19 pandemic amplified these challenges, limiting in-person support and forcing families to rely on virtual connections to cope with isolation (Francis Xavier et al., 2025; Jean-Dit-Pannel et al., 2024). For example, one father shared that although his parents could not be present due to visa issues, their calls and advice "kept me anchored," underscoring the role of digital communication in sustaining resilience. However, while virtual support reduces loneliness, it may not address deeper paternal mental health needs, pointing to gaps in culturally sensitive psychological care and the potential value of father -inclusive telehealth or support groups (Vaillancourt et al., 2024).

Fathers employed coping strategies that blended cultural resilience with proactive, problem-focused mechanisms. By way of illustrative comparison, cultural practices such as gaman, a Japanese concept emphasizing silent endurance and self-restraint during hardship, have been used to describe perseverance in the face of adversity (Obikane et al., 2023; Raman et al., 2016). Rather than reflecting passive endurance, fathers in this study described more active, solution-oriented forms of coping. Several participants reported establishing structured routines and deliberately planning daily tasks to reduce stress for both partners, reflecting intentional emotional regulation and shared responsibility. This pattern extends McLean's (2020) argument that caregiving contexts can facilitate adaptive reframing of masculine roles. Consistent with Yan et al.'s (2018) findings, fathers' active engagement, supported by cooperative co-parenting,

served as a protective factor, reducing family stress and enhancing relational adjustment. Collectively, these findings illustrate how immigrant fathers transform culturally rooted orientations toward endurance into relational and action-based coping practices that sustain psychological well-being and family stability.

Despite systemic exclusion from perinatal healthcare systems (Jeong et al., 2021; Vaillancourt et al., 2024), fathers in this study demonstrated proactive efforts to cultivate emotional intelligence and strengthen communication with their partners. Several participants described transformative moments during childbirth that deepened their empathy and self-awareness, as they recognized the physical and emotional magnitude of their partners' experiences. These encounters appeared to reshape paternal identity, shifting emphasis from provision toward emotional connection and shared caregiving. This finding contrasts with research indicating that fathers in patriarchal contexts often prioritize financial contribution over engagement (McLean, 2020), instead highlighting immigrant fathers' capacity to transcend traditional provider norms and embody more emotionally expressive, relational forms of masculinity.

Fathers frequently reported suppressing emotions due to societal expectations of strength and composure, yet many described experiencing heightened stress and emotional isolation during the perinatal period. Several participants reflected on the overwhelming nature of early fatherhood, describing the cumulative strain of sleeplessness, constant vigilance, and uncertainty in caring for a newborn. Such accounts underscore the physiological and psychological adjustments that accompany the transition to fatherhood. Consistent with the existing literature, sleep disruptions in the early postpartum period are linked to increased paternal stress and reduced emotional regulation (Da Costa et al., 2021; Macdonald et al., 2021).

Mothers in this study frequently acknowledged the emotional fatigue and stress experienced by their partners, noting that these struggles sometimes strained the couple's relationship and reduced fathers' capacity for engagement. This aligns with Roy and Allen's (2022) view that men's emotional practices and caregiving roles are shaped within family-level relational processes rather than isolated individual traits. In addition, this extends the recommendations of Baldwin et al. (2019), who reported that paternal depression can significantly increase the risk of maternal depressive symptoms, creating a reciprocal cycle of emotional distress within families. Mothers described wanting greater reassurance and emotional connection from their partners, reflecting an unmet need for mutual emotional responsiveness during the perinatal period. These observations highlight the importance of integrated interventions that address both parents' mental health and foster emotional interdependence, echoing Fletcher et al.'s (2023) call for dyadic approaches to perinatal support.

Mothers in this study reported a persistent gap between their expectations of emotional support and fathers' predominant emphasis on practical, task-oriented contributions, despite fathers' expressed efforts to be supportive through presence, problem-solving, and instrumental help (see Section 4.2, Emotional Interdependence). While fathers often described these actions as expressions of care, mothers did not always experience them as emotionally attuned or validating. As Roy and Allen (2022) argue, these patterns reflect broader structural and cultural expectations that position men as practical providers, shaping how they learn and perform caregiving. This pattern was particularly evident in patriarchal cultural contexts where fathers have traditionally been positioned as providers rather than nurturers (Ageng & Inthiran, 2024; Iliyasu et al., 2024). Even among highly educated, urban fathers who were otherwise proactive in

caregiving, emotional engagement often lagged logistical preparation, such as focusing on organizing or purchasing baby supplies rather than learning caregiving skills.

Intergenerational models strongly influenced these expectations. Mothers who had experienced close emotional relationships with their own fathers frequently hoped for similar warmth from their partners but instead encountered more action-focused and less emotionally expressive responses. These findings extend Ageng and Inthiran's (2024) argument by demonstrating that migration can create opportunities for renegotiating emotional roles. However, it does not automatically endow fathers with the emotional competencies required for such shifts. For many couples, this dissonance became a central point of adaptation, requiring intentional communication and shared learning as they moved toward more emotionally reciprocal and balanced forms of parenting. Roy and Allen (2022) similarly emphasize that masculinities develop through intergenerational family processes, with emotional practices carried forward, and sometimes reshaped across generations.

The study's findings indicate that maternal gatekeeping significantly influenced fathers' participation in caregiving. When mothers felt emotionally supported, they encouraged greater father involvement, but when emotional needs were unmet, some mothers limited paternal participation, leading fathers to feel anxious or withdraw. This pattern reflects previous research on maternal gatekeeping (Allen & Hawkins, 1999; Kaya & Kocatürk, 2024; Ranta et al., 2024) and supports findings that maternal gate opening improves dyadic adjustment by increasing coparenting closeness, whereas gate closing negatively impacts relationship quality (Olsavsky et al., 2020). These insights highlight the importance of addressing both partners' emotional well-being to foster cooperative co-parenting.

Mothers often feel emotionally disconnected despite fathers' practical involvement. One mother (M7) reflected, "I needed him to reassure me, but he was just as lost as I was," underscoring the gap between mothers' expectations and fathers' ability to provide emotional support. This aligns with Baldwin et al. (2019) but diverges by emphasizing the interconnectedness of emotional and practical support in fostering familial well-being. It also highlights the need for emotional intelligence training for fathers, as many rely on practical support to show love but struggle with verbal reassurance.

The study emphasizes the importance of open communication and mutual support in fostering emotional interdependence. Fathers' active involvement in prenatal care and childbirth challenges traditional gender roles and reflects a shift toward shared parenting (Khajehei et al., 2020; Sapountzi-Krepia et al., 2015). However, the prioritization of financial and medical knowledge over emotional caregiving by fathers suggests that cultural and structural barriers continue to shape paternal roles. The study builds on Fletcher et al. (2023) and Wells et al. (2024) by emphasizing the importance of fathers' emotional support in mitigating maternal stress and improving family well-being.

Research in similar contexts indicates that couple-based approaches, such as joint prenatal education, father-focused perinatal workshops, and culturally tailored parenting groups, can help fathers build emotional connection and communication skills while fostering shared parenting (Fletcher et al., 2023; Sapountzi-Krepia et al., 2015; Wells et al., 2024). These programs have been associated with lower maternal stress, greater paternal confidence, and more balanced caregiving after birth (Fletcher et al., 2023; Khajehei et al., 2020). However, fathers often lack access to such resources or awareness of their benefits, underscoring the need for targeted, culturally sensitive supports.

The findings of this study align closely with existing research on the interpersonal changes couples experience during the transition to parenthood. Like Alves et al. (2020), this study highlights the stressors related to childcare, work-family conflicts, and evolving partner roles. For instance, fathers in this study described feeling overwhelmed by the demands of early parenthood, such as sleepless nights and constant worry (F6), findings that mirror Alves et al.'s (2020) findings on the challenges of balancing professional responsibilities with caregiving duties.

The study also converges with Roth et al. (2024) on the importance of Dyadic Coping (DC) in managing stress. Fathers who engaged in structured routines and proactive planning (F9) demonstrated how shared responsibilities and mutual support can enhance resilience, echoing Roth et al.'s (2024) emphasis on joint planning and emotional check-ins as effective coping strategies. Additionally, the role of virtual support in mitigating isolation (F1) aligns with Roth et al.'s (2024) findings on the benefits of shared stress as a "we-stress" rather than an individual burden.

While the study aligns with much of the existing literature, it also reveals some divergences. For example, the study challenges the notion of passive endurance (Raman et al., 2016) by highlighting fathers' active and intentional coping strategies, such as structured routines (F9). This contrasts with prior research that often portrays fathers as passive recipients of stress rather than proactive agents in managing it. One reason earlier work may have underplayed active coping is that it frequently focused on patriarchal or low-resource contexts where men's emotional roles were culturally constrained and where methodological approaches relied heavily on mothers' reports rather than fathers' narratives (McLean, 2020; Raman et al., 2016).

Additionally, the study diverges from traditional gender norms by documenting how immigrant fathers actively reframe their roles, moving beyond provider roles to adopt more dynamic and intentional strategies. This challenges McLean's (2020) assertion that fathers in patriarchal cultures prioritize financial provision over engagement, showing instead how fathers develop emotional intelligence and self-awareness (F1). These differences may also reflect the study's sample of highly educated, urban fathers and its father-centred qualitative design (self-reported interviews), which allowed men's proactive coping to surface more clearly than in studies using other approaches.

The study reveals gaps in addressing paternal mental health needs, particularly in the context of virtual support. While digital communication alleviates isolation (F1), it does not explicitly address deeper psychological challenges, as noted by Vaillancourt et al. (2024). This highlights a missing link in the literature on how to effectively integrate mental health support into digital tools for fathers.

Furthermore, the study does not extensively explore the impact of workplace constraints and societal expectations, which Harding et al. (2023) identify as significant barriers to father involvement. While the study addresses fathers' exclusion from perinatal healthcare systems (Jeong et al., 2021; Vaillancourt et al., 2024), it does not explore how workplace policies or cultural norms may further limit paternal engagement. Future work could more thoroughly examine workplace barriers and policy gaps in parental leave that shape father involvement (Harding et al., 2023).

The emotional asymmetry expressed across dyads underscores that emotional labour remains a deeply gendered and culturally patterned process, even as caregiving tasks become more evenly shared. Fathers' reliance on instrumental forms of support reflects long-standing

norms that associate masculinity with problem-solving and restraint. In contrast, mothers' desire for emotional attunement reflects relational expectations embedded in both Indian and Canadian cultural contexts. Within the Pivoting framework, these tensions illustrate that emotional presence is an emerging but uneven dimension of fatherhood adaptation, one that requires not only learning new behaviours but unlearning deeply socialized understandings of how men should express care.

Building Alternative Support Systems

The Research Question 3 is addressed in this section by examining the resources, needs, supports, and barriers shaping fathering among first-time Indian immigrant couples. The salience of alternative support systems must also be understood within the broader context of family formation. The transition to first-time parenthood has been described as the "birth" of the family, with parents' early experiences during this period playing a foundational role in shaping family adjustment and long-term relational patterns (De Montigny et al., 2006). For the Indian immigrant families in this study, the absence of extended kin support during this formative stage heightened the importance of both formal and informal resources, positioning fathers' support-seeking behaviours as central to stabilizing family functioning rather than as supplementary assistance.

Across the findings, immigration status emerged as a key structural condition influencing fathers' caregiving roles. In the absence of extended family support, a cornerstone of Indian parenting, fathers assumed caregiving and domestic responsibilities traditionally undertaken by female relatives, prompting a reconfiguration of household roles. Fathers described a dual burden characterized by the need to sustain provider responsibilities while simultaneously increasing hands-on and emotional caregiving. Rather than replacing traditional

masculine roles, caregiving was layered onto existing expectations, intensifying workload and emotional strain. This tension was evident in fathers' accounts of balancing demanding work schedules with nighttime caregiving, household labour, and partner support, often without kin-based assistance.

These findings align with immigration-focused research on migration-related isolation and uneven access to culturally safe services, as well as on how families mobilize support during early caregiving (Dufour-Turbis & Hamelin-Brabant, 2020; Forbes et al., 2021). However, this study extends prior research by demonstrating how fathers actively constructed alternative support systems through spousal collaboration, peer networks, selective workplace flexibility, and professional services to sustain caregiving engagement. In this context, caregiving was framed not as a departure from masculinity but as an expanded moral responsibility.

Despite increased involvement, structural constraints such as limited paternity leave and inflexible employment shaped how caregiving could be enacted. Consequently, alternative support systems functioned as essential mechanisms rather than optional resources, enabling fathers to remain engaged under constrained conditions. These findings underscore the need for culturally responsive and structurally supportive interventions that recognize the compounded expectations faced by immigrant fathers.

Reliance on alternative support systems was particularly salient for fathers undergoing the physiological and psychological adjustments associated with early fatherhood. The findings show that fathers reported disrupted sleep, persistent fatigue, and severe exhaustion during the postpartum period. These experiences align with existing evidence that sleep disturbances during the transition to parenthood can negatively impact mental health and adjustment (Da Costa et al., 2021; Macdonald et al., 2021). Collectively, these accounts illustrate how migration-related

stressors, combined with early parenting demands, intensified fathers' vulnerability during the perinatal period and increased reliance on relational and community-based supports. Although not examined directly in this study, reliance on digital tools and online networks also raises equity concerns, including disparities in access and digital literacy, which may shape fathers' capacity to mobilize these supports.

The absence of extended family support functioned as a core contextual condition shaping fathers' caregiving adaptation. In response, many fathers demonstrated resilience by actively constructing alternative support systems. Drawing on problem-solving, planning, and help-seeking capacities, alongside culturally rooted values of endurance and family responsibility, they recreated functional safety nets within their local environments. As reflected in the findings, several fathers (e.g., F6, F9) mobilized friends, immigrant networks, and community-based resources to manage childcare demands and reduce social isolation. These strategies illustrate how, when kin-based support was unavailable, fathers engaged in adaptive processes that substituted familiar familial structures with diverse, locally accessible forms of support.

In response to these strains, fathers described seeking support beyond traditional family networks through various adaptive strategies. As shown in the findings, participants in Dyad (8) engaged with online resources and immigrant parenting groups, reflecting a shift toward self-directed learning and peer-based community support among younger fathers. Such engagement demonstrates proactive adaptation rather than passive reliance. However, evidence suggests that informal and peer-based supports alone are often insufficient for addressing fathers' psychological distress during the perinatal period. Accordingly, these patterns indicate the need

for structured mental health resources, including father-specific support groups and counselling, to address challenges that informal networks may not fully address (Rominov et al., 2018).

Initiatives such as Quebec's Father-Friendly Initiative within Families (FFIF) illustrate how system-level reforms can complement the informal and community-based strategies employed by immigrant fathers. Implemented across three Quebec regions, FFIF focused on training healthcare professionals and community workers to adopt father-inclusive practices, including reshaping clinical environments to welcome fathers, improving communication strategies, and explicitly recognizing fathers' emotional and caregiving roles (De Montigny, 2020). By targeting professionals' beliefs, role perceptions, and everyday practices, the initiative demonstrated that institutional commitment can meaningfully support father involvement and enhance the relational contexts in which fathers provide care.

At the same time, FFIF was developed within a general population framework and did not explicitly address cultural safety, migration-related barriers, or the needs of ethnoculturally diverse families. As such, while the programme advanced gender-inclusive practice, it may insufficiently account for the structural, linguistic, and cultural challenges faced by immigrant fathers. This limitation highlights an important gap between father-inclusive policy initiatives and culturally responsive care, underscoring the need for future programmes to integrate father-friendly approaches with explicit attention to cultural competence and equity for immigrant families. The study's findings contrast with prior research, which often portrays immigrant fathers as struggling without traditional support systems, while this study emphasizes their adaptability and resourcefulness.

The study findings align with Seward and Stanley-Stevens (2014), who discuss the challenges immigrant fathers face in adapting to new parenting roles, but they go further by

illustrating how fathers build new support structures rather than merely experiencing cultural displacement. An unexpected finding was that fathers' proactive involvement with community networks and healthcare professionals for guidance indicated greater agency than previously thought. Instead of viewing the lack of extended family as insurmountable, fathers compensated by seeking other sources of support, highlighting their resourcefulness and adaptability.

Healthcare professionals and community networks emerged as central sources of support for immigrant fathers navigating early parenthood. Across dyads, fathers described healthcare professionals, particularly nurses, as key supports during pregnancy and the postpartum period, especially when the extended family was absent. Fathers indicated that nurse-led guidance enhanced their confidence in practical caregiving tasks (e.g., newborn care) and helped normalize uncertainty during early parenting. These interactions were frequently described as hands-on, reassuring, and instructional, positioning nurses not only as clinical providers but also as educators and coaches who facilitated fathers' entry into caregiving roles.

Alongside professional support, fathers relied on alternative networks to compensate for the physical absence of family. Several participants described maintaining regular virtual contact with parents and in-laws, drawing on cultural knowledge, reassurance, and emotional continuity across distance. Others, particularly younger parents, turned to online parenting groups, immigrant networks, and peer communities for information and validation. Collectively, these patterns indicate a shift toward hybrid support strategies that combine professional guidance, transnational family connections, and self-directed learning.

Consistent with the nursing literature, the findings indicate that nurses provided critical relational and informational support to immigrant couples navigating early parenthood without extended family networks. As demonstrated in Chapter 4, fathers and mothers described nurses

as accessible, credible, and reassuring sources of guidance during pregnancy and the postpartum period, particularly when uncertainty, fatigue, and caregiving stress were heightened. This mirrors evidence from Canadian research showing that nurse-led support, characterized by collaboration, empowerment, and practical guidance, is uniquely associated with increased perceived support, parenting confidence, and reduced anxiety among first-time parents (De Montigny et al., 2006; Dufour-Turbis & Hamelin-Brabant, 2020).

In the present study, such interactions appeared to facilitate fathers' pivoting into caregiving roles by legitimizing their involvement, normalizing uncertainty, and providing concrete strategies for infant care. Rather than functioning solely as clinical providers, nurses emerged as key actors in expanding families' support networks and reinforcing shared caregiving practices, particularly for immigrant fathers negotiating new parenting expectations within unfamiliar healthcare systems. These findings align with evidence emphasizing the central role of nurses and midwives in fostering father-inclusive perinatal care. As highlighted in Chapter 2, when nurses actively engage fathers through direct communication, practical demonstration, and emotional reassurance, paternal confidence, bonding, and readiness for caregiving improve (Buek et al., 2021; Watkins et al., 2024; Wells et al., 2024).

However, the literature also notes that nursing practice often remains predominantly mother-focused, leaving fathers feeling peripheral to care (Baldwin et al., 2024). This pattern reflects reports from some fathers in this study who relied more on virtual kin or peer communities when they perceived limited direct engagement from clinicians. Research on immigrant perinatal experiences similarly demonstrates that fathers may feel excluded when communication is not culturally or linguistically responsive (DeMontigny et al., 2018). Collectively, these insights suggest that while fathers greatly value nurse-led education and

emotional support, inconsistent father-inclusive practices may limit their sense of belonging within the care team, highlighting the need for culturally attuned, intentional engagement strategies, particularly for families parenting without local kin networks.

These statements highlight how fathers combined professional guidance, local community resources, and virtual family connections to navigate the early stages of parenthood. This aligns with Roopnarine (2015), who highlights the importance of father-friendly healthcare systems in promoting paternal involvement and, by doing so, expands our understanding by showing that informal, community-based networks are equally critical for immigrant fathers' confidence and caregiving engagement.

Furthermore, the findings regarding fathers' increased caregiving involvement in the absence of extended family support align with Philip et al. (2024), who emphasize that diaspora fathers face systemic barriers, such as exclusion from mainstream support programs and healthcare services that fail to address their cultural needs. Without extended family networks, these fathers assume hands-on parenting responsibilities, which increases their stress but also creates opportunities to redefine their roles. This study extends Philip et al.'s work by demonstrating how fathers proactively establish alternative support systems, such as community networks and healthcare professionals, to navigate these challenges.

Grandparents (parents and in-laws) also shaped parenting expectations, with mothers often following traditional practices, such as dietary restrictions during pregnancy. At the same time, fathers balanced support for these customs with modern healthcare advice. This highlights the ongoing tension between tradition and modernity within immigrant families as they adapt across different cultural contexts.

A key finding is that among the participants, two to three families had both paternal and maternal grandparents present, providing valued practical and emotional support, as frequently described by mothers. However, some mothers found this support overwhelming, noting that it occasionally discouraged full father involvement, an observation consistent with research showing that multigenerational presence can inadvertently reinforce traditional, mother-centred caregiving (Mrayan et al., 2016; Saraff & Srivastava, 2010). In contrast, most fathers in this study remained engaged despite the presence of grandparents, often using it as an opportunity to observe, learn, and practice caregiving skills alongside elders, such as cooking, soothing infants, and participating in daily routines.

The reinterpretation of kin support as mentorship rather than exclusion was fostered through fathers' intentional proximity to caregiving tasks, shared responsibility with partners, and the absence of rigid gatekeeping from other family members within households. As a result, grandparents' involvement functioned less as a replacement for fathers and more as a scaffold for skill acquisition and confidence building, aligning with Chaudhary's (2013) description of relational learning within Indian family systems. This aligns with findings that transnational fathers can reinterpret kin support as mentorship rather than exclusion (Chaudhary, 2013; Merry et al., 2020).

Another key observation was the gendered nature of grandparental involvement. More grandmothers, particularly maternal grandmothers, were invited to participate during the perinatal period. In contrast, paternal grandmothers were sometimes perceived as less supportive or as sources of tension with new mothers, echoing earlier evidence that postpartum support in South Asian families is strongly matrilineal but can also lead to conflicts with in-laws (Gogineni et al., 2018; Gupta & Srivastava, 2021). Grandfathers were mentioned across dyads, but far less

frequently. Even when families arranged for parental support from India, it was usually grandmothers, not grandfathers, who travelled or stayed with the couple. This reflects long-standing cultural norms in which postpartum and infant care are viewed as women's responsibilities, making grandmothers the default caregivers. The comparatively limited involvement of grandfathers highlights how support pathways remain gendered, with female kin continuing to anchor the practical and emotional labour of early parenting.

These findings show how grandparents influence mothers' adherence to traditional caregiving and health practices, whereas fathers actively mediate between intergenerational advice and modern medical guidance. Such negotiation illustrates fathers' emerging role as cultural and practical bridges, helping to preserve valued traditions while integrating evidence-based care, an adaptive function rarely documented in prior research on immigrant fatherhood.

A notable pattern is the overwhelming reliance on grandmothers for postpartum support, which further reinforces traditional caregiving norms. While this was often beneficial, mothers at times felt pressured by the cultural rituals emphasized by family elders. Prior work on extended family influence and tension, including Maryam et al. (2024) among Jordanian families and Gupta and Srivastava (2021) in Indian contexts, supports these findings. Additionally, the study highlights that the COVID-19 pandemic disrupted this pattern for several families; travel restrictions prevented grandparents from being physically present, adding stress for fathers who had to assume fuller caregiving roles without the support of extended kin.

Significantly, the study adds new insight by showing that grandparental presence did not necessarily reduce paternal involvement. Instead, many fathers remained actively engaged, utilizing their parents' and in-laws' (grandparents') wisdom as informal mentorship, learning practical skills such as cooking or soothing a baby while balancing modern healthcare guidance.

The common assumption that when grandparents step in, fathers step back is challenged by this finding: in this sample, grandparental support often served as a scaffold, enabling fathers to blend cultural practices with contemporary parenting and to strengthen their caregiving identity.

Support systems, including extended family, healthcare professionals, and peer networks, played a crucial role in shaping parenting experiences. Literature suggests that immigrant families rely on diverse forms of support, yet access to these resources varies significantly (Forbes et al., 2021; Vaillancourt et al., 2024). For instance, in Uganda, urban fathers are expected to assist with feeding and bathing, reflecting a generational shift toward more active involvement (Kironde & Addis, 2023). This study found that dyads with extended family support, such as Dyad (5), benefited from additional caregiving assistance, yet also faced challenges in asserting autonomy. This mirrors research on how family involvement can both facilitate and create conflict (Chaudhary, 2013; Seward & Stanley-Stevens, 2014).

Dyads without kin support, such as Dyad (8), relied more heavily on digitally mediated resources and peer-based parenting communities. Rather than reiterating earlier descriptions of self-directed learning, this contrast highlights how the presence or absence of kin actively shaped the form of support fathers mobilized, thereby reinforcing the adaptive nature of support-seeking among immigrant parents particularly where immigration related constraints limit access to formal supports and increase the value of flexible, accessible resources (Renicke, 2020; Kim, 2024; Seward- Stevens, 2014) in such contexts, digital tools and mobile friendly resources can strengthen preparedness and engagement by making parenting information easier to access outside traditional services (Lee et al., 2018; Da Costa et al., 2017; Sevigny et al., 2021). A striking contrast emerged between Dyads (1) and (9). The father in Dyad (1) maintained a strong connection with distant family members through frequent communication, using emotional

reassurance as a substitute for physical support. Meanwhile, the father in Dyad (9) relied almost entirely on digital resources and spousal guidance. This divergence highlights different approaches to navigating support systems within immigrant fatherhood (George et al., 2022; Philip et al., 2024).

The findings of this study provide several significant contributions to the literature on immigrant parenting and co-parenting dynamics. It challenges the narrative of immigrant fathers as passive victims of migration stress by foregrounding the resilience and agency of both fathers and mothers in navigating early parenthood. Specifically, the findings illustrate how couples actively mobilized alternative support systems, including community networks, peer groups, and healthcare professionals, to compensate for the absence of extended family and to sustain caregiving, emotional well-being, and relational stability during the perinatal period. It also underscores the role of fathers as cultural mediators, balancing traditional practices with modern healthcare advice and integrating elder wisdom into their caregiving practices. Additionally, it reveals the complex role of extended family involvement, highlighting both the benefits and tensions. It also emphasizes the value of digital tools in maintaining virtual family connections and accessing professional guidance when physical support is absent.

To address Research Question 3 (What are the available resources, needs, supports, and barriers to fathering as perceived and expressed by couples?), the findings highlight several key aspects of the support immigrant fathers require. Community groups, healthcare professionals, virtual support systems, and extended family play a vital role in providing both practical and emotional resources. However, many fathers reported intense stress, isolation, and difficulty managing emotional demands, particularly when working long hours or lacking nearby kin. These barriers point to a pressing need for mental health support specifically designed for

immigrant fathers, including culturally sensitive counselling, father-inclusive perinatal education, and community-based peer groups. Systemic challenges such as limited workplace flexibility, inadequate paternity leave, and economic pressures further limit fathers' ability to access or benefit from available supports.

Support systems, whether familial, peer-based, or professional, function as catalytic conditions that shape the speed and ease with which fathers can pivot. In the absence of extended kin, the availability of peer communities, culturally attuned healthcare providers, and informal mentorship networks is essential for normalizing fathers' involvement and offering alternative caregiving scripts. Conversely, unsupportive or culturally incongruent systems can stall pivoting by reinforcing maternal-centric models of care. These relational and institutional supports should therefore be understood not as supplemental but as structural enablers of the transformation of fatherhood.

Parenthood Preparation and Transition into Fatherhood

The section expands on how first-time Indian immigrant fathers prepare for and transition into their roles as parents. It addresses Research Question 1, which explores how fathers experience fatherhood across pregnancy, childbirth, and the postpartum period, and intersects with Research Question 3, as preparation overlaps with support needs. The section examines how education, employment conditions, and prenatal exposure shape fathers' readiness and adjustment to parenthood.

Fathers' educational attainment and job flexibility influenced their entry into caregiving. While not universal, several fathers with postgraduate education and professional employment (e.g., Dyads 2, 3, and 7) described negotiating flexible schedules and proactively learning about infant care. This aligns with Koslowski's (2023) review, which highlights the importance of

workplace policies and paternity leave structures in supporting paternal engagement, while noting that fathers often require explicit encouragement to recognize that these policies apply to them. In contrast, other fathers faced rigid work structures that limited caregiving time. One father (F5), for example, reported taking only two of the five weeks of available parental leave due to job demands, reflecting persistent breadwinner expectations and structural constraints.

The type of marriage also shaped how couples negotiated caregiving roles. Fathers in arranged marriages more often reported initial adherence to traditional divisions of labour, whereas couples in self-arranged/ love marriages (e.g., Dyads 2 and 7) described more open discussions about shared parenting. These patterns, however, were not uniform. Some arranged-marriage couples developed more egalitarian caregiving arrangements when supported by other adaptation factors, such as age, length of marriage, or prior exposure to Canadian cultural norms.

A recurring trajectory involved fathers moving from feeling like outsiders in maternal healthcare settings to becoming more active participants. Many fathers initially described feeling unsure during prenatal scans, noting that they could not make sense of what they were seeing, but through repeated attendance and encouragement from their partners, they gradually developed confidence in interpreting fetal images and participating more actively in shared decision-making. This pattern supports findings by Kotelchuck et al. (2022) and Vaillancourt et al. (2024), who show that repeated clinical exposure and inclusive prenatal care can strengthen paternal engagement. However, this transition was not universal. Some fathers (e.g., Dyads 6 and 10) remained more tentative, citing demanding work schedules and limited time for prenatal involvement. These findings suggest that while knowledge acquisition can facilitate engagement, systemic barriers, particularly workplace constraints, may delay or interrupt this shift.

Several fathers addressed knowledge gaps through self-directed learning, while others, despite being proactive in seeking information, remained constrained by heavy workloads (Dyads 6 and 10). This indicates that preparation alone is insufficient when opportunities to enact caregiving are limited. As Doucet and McKay (2020) and Tremblay (2023) argue, the timing and structural feasibility of caregiving are critical. A small number of couples (e.g., Dyad 10) also described experiences of IVF and delayed conception. Although not widespread, these experiences intensified fathers' emotional investment while exposing gaps in the system, such as delayed communication from providers and heightened emotional strain. Given the limited occurrence, these findings are treated as illustrative rather than dominant patterns.

Mothers frequently led preparation efforts and expressed regret over missed formal prenatal education, particularly couple-focused learning opportunities. Some parents explicitly recommended that breastfeeding and postpartum support be made mandatory in prenatal programming, reporting that they were underprepared for feeding challenges. Together, these wishes reflect families' desire for structural support that aligns with their lived caregiving realities. Their expectations were shaped by cultural norms that position fathers as providers, alongside Canadian healthcare cues that encourage partner involvement. Despite fathers' attendance at scans and appointments, many mothers felt a lack of emotional reassurance. This echoes Ageng and Inthiran's (2024) findings on fathers' emphasis on technical and financial preparation, and contrasts with Baldwin et al.'s (2019) work documenting high emotional involvement among engaged fathers. Rather than framing this solely as an interpersonal disconnect, the findings suggest that emotional expression itself becomes a site of cultural negotiation. Fathers' practical involvement may reflect adaptation to Western caregiving norms, while limited emotional sharing continues to reflect provider-oriented masculine ideals and

discomfort with vulnerability. Recognizing this duality reframes the issue from emotional neglect to culturally shaped fatherhood identity, underscoring the need for relational and emotion-focused prenatal supports (Ageng & Inthiran, 2024; Choi et al., 2023).

Fathers generally entered the birthing room prepared to provide practical and moral support. However, some practices, such as skin-to-skin contact, were initiated by staff rather than by self-direction (Olsson et al., 2017). This challenges assumptions that immigrant fathers remain passive (Forbes et al., 2021) and highlights the role of system-level facilitation in shaping paternal participation (CPS, 2019; WHO, 2018). When healthcare providers actively engaged fathers, confidence and emotional presence appeared to increase; conversely, limited institutional encouragement reinforced observer roles. Anxiety around infant care was common and linked to concerns about competence and the absence of kin support. Preparation strategies varied, ranging from structured prenatal classes (Dyads 2 and 3) to informal online learning and partner guidance (Dyads 4 and 9). Consistent with existing research, both formal and informal learning pathways supported caregiving competence when accessible (Sriram, 2019; White et al., 2018).

Overall, these findings extend existing research on fatherhood preparation by demonstrating that education and work flexibility facilitate engagement but do not guarantee it when time constraints persist. Caregiving negotiation emerged as fluid and shaped by migration experiences, cultural exposure, and structural opportunity, rather than marriage type alone. An emotional preparedness gap also remained evident: fathers often developed practical readiness without an equivalent emotional connection, unless supported by couple-focused or father-specific interventions. Together, these findings underscore the importance of culturally sensitive, father-inclusive prenatal programming that addresses emotional communication, self-efficacy,

and relational adjustment, as well as practical caregiving knowledge (Ganapathy, 2017; Dhar et al., 2019).

Navigating Challenges Together

The section addresses Research Question 3 by exploring how first-time Indian immigrant couples navigate systemic barriers, emotional interdependence, and resilience in their parenting journey. The study underscores how delayed access to healthcare exacerbates stress among immigrant parents, such as a lack of health insurance coverage. This aligns with Motwani's (2024) argument that healthcare access is a critical structural determinant of immigrant parenthood experiences. This study adds that these barriers not only affect maternal health but also place additional emotional and logistical burdens on fathers, who often take on the role of navigating the healthcare system. These findings further support Brown et al.'s (2020) scoping review, which confirms that newcomer families face unique structural barriers to accessing services, including economic challenges, language barriers, and complex administrative processes, that are significantly worsened by their immigration status.

Financial constraints were another significant barrier to fathers' uptake of parental leave, especially for families navigating mortgage payments, high living costs, and limited access to paid leave. Several parents, particularly fathers in households with recent mortgages, explained that extended leave was not possible because they needed a full income to meet financial commitments. These pressures were especially salient for newly arrived immigrant families, many of whom described living in high-cost regions while adjusting to new jobs, establishing credit histories, or supporting families abroad. Such financial strain mirrors broader evidence that low-income and precariously employed fathers face the greatest barriers to accessing leave under the Canadian EI system (Doucet & McKay, 2020; McKay et al., 2016). Quebec's Parental

Insurance Plan (QPIP) demonstrates the potential of progressive policy: 80% of fathers there take leave, in part because of higher wage replacement and dedicated paternity time. In contrast, Canada's federal EI system, with lower replacement rates and no stand-alone paternity leave, results in uptake of less than 20% outside Quebec (Harvey & Tremblay, 2020; Tremblay, 2023).

Participants' accounts collectively illustrated how parental leave policies and workplace cultures shaped fathers' early involvement in caregiving. Fathers' capacity to take leave was uneven: some were able to take 4–6 weeks through employer support, accumulated vacation days, and spousal encouragement, while many others reported taking only 2–3 weeks before returning to full-time work. Fathers who took more leave described smoother transitions into early caregiving, deeper bonding with the infant, and a more secure sense of caregiving competence, whereas fathers who took less leave reinforced provider-role expectations and reduced direct engagement. These patterns reinforce existing research showing that the mere existence of leave entitlements is insufficient; actual leave use depends on workplace cultures and managerial flexibility (Karu & Tremblay, 2018; Sievers, 2023).

In Ontario, the Employment Standards Act (ESA) grants job-protected parental leave but does not include income replacement. As a result, fathers' ability to take more than one or two weeks off largely depends on federal EI benefits, which offer relatively low wage replacement rates (Government of Ontario, 2024; Government of Canada, 2025). This structural gap partly explains why most fathers in the study took only a brief leave despite Ontario's apparent generous leave policies on paper (Government of Ontario, 2024; Government of Canada, 2025). For many families, the presence of parents and in-laws also reflected cultural norms of intergenerational caregiving, where extended family traditionally assumes a central role in supporting new parents, thereby reducing immediate pressure on fathers to take longer periods of

formal leave. Financial obligations such as mortgages, high living costs, and remittance obligations intensified these challenges, making extended leave financially impractical for many.

A notable pattern across all dyads was the central role of workplace flexibility as an enabling condition. Fathers who worked remotely or used hybrid schedules reported significantly greater involvement in daily routines, diaper changes, feeding, contact naps, and soothing, despite taking minimal formal leave. Remote work allowed them to "jump in" during breaks, rotate caregiving with partners, and remain emotionally present in ways rigid schedules could not. Participants repeatedly contrasted this with rigid employers who expected an immediate return to the office or discouraged time off, describing the latter as no supportive to early father–infant bonding. These findings echo research arguing that flexible work arrangements, more than policy availability alone, support, sustained father involvement, and reshape masculine identities toward shared caregiving (Doucet, 2021; Scott et al., 2013).

Within the Pivoting into Fatherhood model, workplace flexibility and leave policies functioned as structural conditions that either enabled or constrained fathers' adaptive actions. Supportive conditions, such as short-term leave, work-from-home options, and manager understanding, allowed fathers to integrate caregiving into daily life and negotiate caregiver identities. When absent, these conditions reinforced traditional expectations and limited the scope of caregiving engagement. This underscores the importance of policy implementation and organizational culture, rather than policy existence alone, in shaping fathers' perinatal experiences. Parents also expressed recommendations and wishes regarding leave and workplace conditions. Several fathers stated they wished they had more paid time off or a dedicated paternity leave option. Mothers similarly wished partners could stay home longer, often recommending "at least 2–3 weeks" or "one full month" of partner leave to support recovery and

shared bonding. Others suggested clearer communication from employers about available leave options, stronger wage replacement, and more father-specific preparatory classes.

Postpartum, fathers took on a broad range of practical caregiving tasks, with support from extended family. Participants described the early weeks as a constant flurry of diaper changes, soothing efforts, and precious moments of peace and calm, highlighting the intensity of newborn care. Several parents also emphasized that obtaining visas for parents or in-laws provided invaluable support during this period, particularly with cooking, household tasks, and newborn care. Importantly, many fathers remain engaged despite the presence of elders, a finding that challenges the assumption that grandparents sideline paternal care. Fathers described this continued engagement as shaped by personal values, spousal expectations, and adaptation to Canadian norms.

Couples faced not only logistical but also emotional demands. Many fathers felt "present but invisible" in perinatal care, with their emotional needs overlooked (Hodgson et al., 2021). This confirms findings by Andersson et al. (2016), who observed that even in egalitarian societies, fathers often struggle to find their role in maternal-focused healthcare settings, frequently feeling that their specific needs for preparation and inclusion go unrecognized. Anxiety about childbirth and infant care was common and linked to both self-efficacy and migration stress. Biological changes may support this adaptation; for example, fathers who engaged in hands-on care described calming and bonding effects, consistent with research showing caregiving can influence stress-regulation systems (Corpuz et al., 2021; Rempel et al., 2017). This helps explain how fathers sustain involvement despite initial anxiety.

Ultimately, the study highlights that while many couples navigated challenges collaboratively, this was not a universal experience. Some fathers reported struggling to provide

emotional reassurance despite practical support, echoing findings that emotional preparedness often lags behind technical readiness (Baldwin et al., 2019). These insights highlight opportunities for culturally sensitive, couple-focused programs that build both partners' capacity to communicate, share care, and cope with systemic stressors.

The findings of this study provide detailed answers to the three research questions. The narratives of Indian immigrant fathers reveal a profound redefinition of masculinity, addressing Research Question 1. The active cultural adaptation and hybrid parenting practices highlighted in the study respond to Research Question 2. At the same time, the exploration of available resources, needs, supports, and barriers provides a comprehensive answer to Research Question 3. Together, these findings deepen understanding of how Indian immigrant fathers navigate the transition to fatherhood in Canada, challenging traditional norms and embracing a more inclusive vision of fatherhood.

5.2 Interpreting Pivoting: Theoretical Contributions to Immigrant Fatherhood

The core category of Pivoting, emerging directly from participants' voices, encapsulates the dynamic adaptation that Indian immigrant fathers undergo as they reconstruct fatherhood in Canada. Developed through the integration of Straussian Grounded Theory with Collaço's dyadic analytic approach, the concept of pivoting captures both individual sense-making and relational meaning-making across father–mother accounts. Fatherhood in this study is not a static but a responsive, action-oriented process shaped by cultural transition, relational interdependence, and systemic constraints. Conceptually, pivoting advances understanding of how men adapt to fatherhood by capturing both the internal identity work and relational adjustments involved in balancing long-held provider models with the practical and emotional demands of caregiving.

A class-based perspective adds an important nuance to how 'involvement' is understood across contexts. As Motwani (2024) notes, upper-middle-class urban fathers in India may depend on domestic help for childcare, thereby reducing their direct hands-on involvement and maintaining a perceived balance between work and family life. The experience of immigrant fathers in this study diverges from that pattern; the loss of kin support networks and reduced everyday informal help often made fathers' caregiving involvement both deliberate and necessary, rather than an option. This clarifies that pivoting is best seen not just as a change in attitude but as an adaptation driven by the practical needs of settling in and the daily realities of parenting without extended support.

Theoretically, Pivoting builds on and extends existing explanations of changes in fatherhood. Connell's (1995) hegemonic masculinity and Roopnarine's (2015) work on economic transition help explain shifts away from exclusive breadwinning; however, the present study shows fathers actively incorporating caregiving and emotional labour into their father identity. One father reflected on his experiences and noted that expectations for fathers in Canada differ from those in India. He found himself engaging in activities and embracing responsibilities that he never would have considered before moving to Canada. Such accounts frame caregiving as growth rather than loss, aligning with caring masculinities (Elliott, 2016). Conceptualizing adaptation as iterative and context-sensitive also challenges linear transition models by demonstrating movement back and forth across roles depending on work demands, partner needs, and available supports.

Pivoting operates through interrelated mechanisms that make adaptation visible in everyday life: flexibility in reorganizing routines to meet family needs, reflexive reassessment of inherited parenting models, and expanded emotional engagement beyond task-based

involvement. These mechanisms are sustained through strategic alignment with partners, as couples coordinated caregiving and work demands through negotiation, planning, and shared decision-making. Dyadic analysis highlights that mothers often valued fathers' consistent presence and shared responsibility more than any single task, strengthening co-parenting and supporting infant responsiveness. This relational alignment is significant given evidence that relationship quality during the transition to parenthood is associated with later child adjustment (Pinto et al., 2023).

Importantly, Pivoting did not unfold uniformly. Variation reflected differences in prior caregiving exposure, confidence, language demands, and access to structural supports such as flexible employment and leave. Resilience emerged as a cross-cutting feature, as fathers adapted strategies, redistributing tasks, intensifying involvement during available time, or recalibrating routines, to remain relationally present despite workplace inflexibility, limited leave, or settlement stress. In this sense, adaptation was often situationally produced rather than solely internally motivated. Fathers with greater structural latitude could more readily translate intention into sustained practice, while those facing rigid work conditions experienced slower or partial pivoting. This extends scholarship on caring masculinities by showing how migration and reduced kinship support can intensify caregiving engagement through settlement pressures and constraints, not only through ideological commitments to gender equality (Tervola et al., 2017; Onyeze-Joe et al., 2022).

Overall, Pivoting offers a nuanced account of immigrant fatherhood that recognizes variability, reversibility, and resilience as central features rather than deviations from an idealized trajectory. By embedding cultural transition, systemic constraint, and relational negotiation within a single explanatory process, the Pivoting theory strengthens immigrant

fatherhood frameworks and contributes a culturally grounded lens for understanding how caregiving masculinities are produced and sustained in the Canadian diaspora.

Together, these interpretations address RQ1 by explaining how first-time Indian immigrant fathers adapt to fatherhood in Canada through an iterative process of pivoting that reshapes masculinity to include caregiving and emotional presence alongside provision. They address RQ2 by demonstrating, through dyadic comparison, that this adaptation is co-constructed within couples, with mothers' perspectives revealing how fathers' sustained presence, shared responsibility, and emotional support strengthen co-parenting and infant responsiveness over time. They address RQ3 by clarifying the structural and systemic conditions that enable or constrain pivoting, showing that fathers' involvement is often situationally produced through employment flexibility, access to leave, settlement pressures, language demands, and institutional supports, rather than driven by intention alone. Taken together, the Pivoting framework integrates individual identity work, relational negotiation, and broader systems into a single explanatory account of immigrant fatherhood adaptation in the Canadian diaspora.

5.3 Significance of the PIVOTING into Fatherhood Theory

The PIVOTING into Fatherhood Theory advances fatherhood research by addressing critical gaps in existing frameworks and offering a culturally and contextually grounded understanding of how Indian immigrant fathers adapt to new caregiving roles. Built inductively from the narratives of first-time Indian fathers in Canada, this theory is specific to the studied group and context; it should not be assumed to represent all immigrant or Indian fathering experiences. Instead, it provides foundational analytic transferability to guide future inquiries into similar populations and to inform practice. It also invites further exploration and refinement in other cultural and migration contexts.

The theory integrates two complementary lenses: 1) Bronfenbrenner's Ecological Systems Theory (1979/2009), which explains how nested contexts, from individual readiness to policy environments, interact in shaping fatherhood, and 2) grounded theory methodology (Glaser & Strauss, 1967), which ensured the theory was built directly from participants lived experiences rather than imposed from pre-existing models. Together, these perspectives provide a multi-level, flexible, and culturally sensitive framework for understanding the adaptation to fatherhood.

Existing scholarship offers valuable insights into fatherhood but does not fully capture the distinct circumstances of immigrant fathers. Much of the prior work is grounded in Western, middle-class assumptions and gives limited attention to how cultural transition, immigration status, gender, and access to support shape fathering. Masculinity frameworks, including discussions of hegemonic, caring, and inclusive masculinities (Connell, 1995; Elliott, 2016; Anderson, 2009, as cited in Hunter et al., 2017), help explain shifting paternal roles, yet they often overlook how migration and racialization reshape these processes. Similarly, ecological and intersectional perspectives (Bronfenbrenner, 2009; Crenshaw,1991; Strier & Perez-Vaisvidovsky, 2021) draw attention to multilevel influences but are seldom applied to perinatal fathering in newcomer contexts.

The Pivoting into Fatherhood theory addresses these limitations by integrating individual identity work, couple-level negotiation, and broader structural influences. It situates fathering within transnational migration, highlighting how men draw on cultural beliefs as they adapt to new expectations in Canada. In doing so, the theory connects micro-level changes in self-concept to shared decision-making within couples and to meso- and macro-level conditions such as workplace policies, immigration precarity, and access to health care. This multilevel focus,

grounded in parents' accounts, offers a context-specific explanation of how first-time Indian immigrant fathers reorganize caregiving, emotional labour, and breadwinning during the perinatal period.

In contrast, the PIVOTING theory explains how fathers integrate heritage-based commitments, such as responsibility, sacrifice, and long-term planning, with new practices such as emotional availability, shared mental load, and egalitarian parenting. It highlights resilience and identity reform in the face of migration-related disruptions, showing how support systems, from partners and extended family to policy and workplace structures, intersect with cultural values. This conceptualization not only fills blind spots in existing models but also provides a data-grounded framework uniquely attuned to first-time Indian immigrant fathers in Canada, offering a starting point for theory development across diverse immigrant fathering experiences.

5.4 Strengths of the Study

The study demonstrates several strengths that enhance the credibility, depth, and applicability of its findings. Its design integrates rigorous qualitative methods with a dyadic lens, enabling a detailed, relational view of the perinatal transition. The culturally specific focus on first-time Indian immigrant fathers in Canada, combined with reflexive practice, supports a transparent and contextually grounded account. Together, these features enhance trustworthiness and provide a solid foundation for transferability in similar settings.

Methodological Rigour

One of the study's key strengths is its methodological rigour, which ensures a nuanced understanding of the experiences of Indian immigrant fathers during the perinatal period in Canada.

A significant strength is the use of in-person interviews conducted separately with parent dyads, which allow for deeper, candid insights into the individual experiences of both fathers and mothers. Rooted in SGT, this approach provided a systematic yet flexible framework for data collection and analysis. Unlike other grounded theory variants, SGT emphasizes structured processes such as constant comparison and theoretical sampling, ensuring findings are deeply grounded in the data while allowing new insights to emerge.

The grounded theory approach was particularly well-suited to studying complex family adaptation. The iterative process of open, axial, and selective coding, supported by memo writing and theoretical sampling, revealed the dynamic nature of fathering among Indian immigrant families. This approach balanced rigour with flexibility, ensuring credible, participant-centred findings. By applying SGT principles, the study generated a substantive theory of Pivoting into Fatherhood, capturing the multifaceted journey of immigrant fathers and providing rich, context-specific insights that extend the literature on fatherhood and migration.

The use of dyadic analysis further strengthened the study by integrating the perspectives of both fathers and mothers, offering a relatively rare, holistic view of the transition to parenthood. While most fatherhood research treats fathers' and mothers' narratives separately, this design captured the relational and interdependent nature of parenting, how fathers' engagement reduced maternal stress and how mothers' encouragement enabled men to challenge traditional gender roles. It highlighted the family as a cohesive unit, revealing how spousal support, communication, and shared responsibilities shape the fatherhood journey.

The study also illuminated the role of extended and transnational family ties, showing how cultural traditions and practical support are reinterpreted in the Canadian context (Merry et

al., 2020). The ability to link individual identity work with relational adaptation and broader family ecology strengthened the theoretical model.

Finally, the study demonstrated strong reflexivity by acknowledging the researcher's positionality and potential influence on the research process. Active reflection on assumptions and biases during analysis enhanced the transparency and trustworthiness of the findings, aligning with recognized qualitative quality standards (Lincoln & Guba, 1985). Moreover, this reflexive practice followed a structured approach consistent with grounded theory guidance, incorporating ongoing attention to how the researcher shaped methodological decisions, participant interactions, and data interpretation, as recommended by Gentles et al. (2014).

Cultural and Contextual Focus

A significant strength of this study is its cultural and contextual specificity. By focusing on Indian immigrant fathers, a group underrepresented in perinatal and fatherhood research, it fills a critical gap. It provides new insight into how cultural, social, and structural factors shape fathers' adaptation to migration. The emphasis on the perinatal period, a time of profound change, allowed examination of the challenges and strategies fathers use as they build new caregiving roles while navigating healthcare systems and the loss of extended kin support.

The study's cultural lens is especially valuable in showing how men reconcile traditional Indian parenting values, such as responsibility, sacrifice, and respect for elders, with Canadian norms of shared caregiving and emotional presence. This moves beyond a deficit-framing of immigrant fathers to highlight their resilience, growth, and identity transformation. These findings point to the need for culturally responsive support systems, including perinatal programs, healthcare engagement strategies, and workplace policies that address the dual demands of heritage maintenance and adaptation to Canadian norms of fatherhood.

While the Pivoting into Fatherhood theory is not meant to be universal, it offers a contextually grounded, culturally sensitive framework grounded in the lived experiences of first-time Indian fathers in Canada. It can be viewed as a foundational theory within this specific context and sample, providing a conceptual starting point that other researchers can refine, test, and adapt as they explore fatherhood across different immigrant and cultural groups. Its clear scope enhances its transferability while respecting the participants' unique experiences.

5.5 Study Limitations

The study provides valuable insights into the experiences of first-time Indian immigrant fathers during the perinatal period; however, several limitations should be acknowledged. These limitations include geographic scope, participant characteristics, potential biases, and methodological and systemic constraints. Acknowledging them clarifies the boundaries of the Pivoting into Fatherhood substantive grounded theory and identifies areas where future research can extend its applicability.

Methodologically, the study was conducted exclusively in the Greater Toronto Area (GTA). Although the GTA is one of Canada’s most culturally diverse regions and offers extensive settlement services and healthcare infrastructure, its unique demographic composition and access to multicultural supports may have shaped fathers’ adaptation differently than in other Canadian provinces or international contexts with fewer resources. Consequently, the findings may not fully reflect the experiences of Indian immigrant fathers residing in rural areas, smaller cities, or regions with more limited institutional and community supports.

Participant characteristics also shape the scope of the findings. The study focused solely on first-time fathers, thereby excluding men with multiple children whose caregiving confidence, role negotiation, and reliance on support networks may differ. In addition, only heterosexual,

cohabiting couples were included, excluding single fathers, same-sex parents, and non-cohabiting couples, whose pathways into fatherhood and access to supports may vary substantially. Immigration status was not explicitly stratified (e.g., permanent resident, temporary worker, international student), which may influence access to parental benefits, employment protections, and healthcare services, and thus shape perinatal stressors and caregiving involvement.

As with most qualitative research, reliance on self-reported data introduces the possibility of recall bias and subjective interpretation. Although fathers and mothers were interviewed separately to encourage independent reflection, participants may have moderated their responses knowing their partner was also participating. Fathers may also have underreported emotional struggles or uncertainties due to social desirability pressures and culturally embedded norms surrounding masculinity, resilience, and strength. My shared cultural background as an Indian researcher likely facilitated rapport and trust and may have influenced how participants framed their experiences in ways that aligned with perceived cultural expectations.

The cross-sectional design represents an additional limitation. Fathers' accounts captured experiences at a single point between 3 and 18 months postpartum, offering a snapshot rather than a developmental account of fatherhood adaptation. Longitudinal research could provide deeper insight into how pivoting processes evolve, stabilize, or shift as children grow and family demands change. Furthermore, although fathers and mothers described their interactions with healthcare providers, the perspectives of nurses, midwives, and physicians were not included. Incorporating provider perspectives could offer a more comprehensive understanding of how institutional practices facilitate or constrain father involvement.

Recruitment processes also revealed culturally specific challenges. Participation decisions often involved extended family members, particularly grandparents, reflecting collective decision-making norms common in many Indian households. Approximately one-third of initially interested families declined to participate after family consultation, suggesting that fathers from more hierarchical or conservative family contexts may be underrepresented. While no significant gender differences in willingness to participate were observed once approval was secured, these dynamics nonetheless shaped the sample and highlight the need for culturally responsive recruitment strategies when working with Indian and other immigrant families.

An additional consideration concerns the heterogeneity of Indian identity itself. India is not a monolithic cultural entity; it encompasses substantial variation across languages, religions, regions, castes, classes, and migration histories. Although participants in this study reflected some diversity, the findings primarily represent a highly educated, urban, professional subgroup of Indian immigrants. As discussed earlier in the thesis, participants' educational attainment, employment stability, and nuclear family arrangements shaped the conditions under which they pivoted into fatherhood. Moreover, the study focused exclusively on fathers who migrated directly from India, excluding Indian-origin fathers from other diasporic contexts such as the Caribbean, Fiji, or Africa, whose family structures, colonial histories, and cultural configurations may differ. The findings should therefore be understood as transferable to similar populations and contexts, rather than broadly representative of all Indian or South Asian fathers.

Beyond methodological constraints, it is important to acknowledge the theoretical boundaries of Pivoting into Fatherhood theory. Developed as a substantive grounded theory, it is intentionally context-specific and grounded in the lived experiences of first-time Indian immigrant fathers parenting in Canada during the perinatal period. The theory explains how, and

under what conditions, fathers adapt to caregiving roles within this sociocultural and structural context, rather than offering a universal or formal theory of fatherhood. Pivoting should therefore not be interpreted as a normative or linear trajectory applicable to all fathers across cultures or life stages. Its analytic strength lies in contexts characterized by migration, nuclear-family living, limited extended-kin support, and exposure to egalitarian caregiving norms.

Recognizing these limitations points to important directions for future research. Longitudinal studies could examine how pivoting unfolds beyond the perinatal period and across subsequent stages of parenthood. Comparative research involving fathers with multiple children, second-generation immigrant fathers, or fathers from other Indian diasporas could clarify how acculturation, experience, and structural positioning shape caregiving adaptation. Expanding research to include diverse family structures and incorporating healthcare provider and policy perspectives would further strengthen the understanding of how institutional contexts influence father involvement.

Overall, acknowledging both methodological limitations and theoretical boundaries strengthens the credibility of this study and situates the Pivoting into Fatherhood theory appropriately, as a rigorous, contextually grounded explanation of immigrant fatherhood adaptation that invites further empirical testing and theoretical refinement rather than universal generalization.

5.6 Key Implications and Recommendations

The findings of this study have significant implications for healthcare providers, policymakers, and community organizations, both theoretically and practically, as well as for policy. They highlight the need for culturally sensitive, inclusive, and supportive approaches to perinatal care for immigrant fathers. The study's implications and related recommendations are

organized across micro, meso, and macro levels to reflect how fatherhood adaptation is shaped by personal, family, community, workplace, and societal structures**,** as shown in Table 10.

Micro-Level Implications (Individual and Family)

Fathers' adaptation experiences can inform fatherhood training programs, parenting workshops, and counselling services. Culturally responsive perinatal education would benefit from prioritizing and integrating father-inclusive strategies to actively engage and support fathers throughout the perinatal period (Hrybanova et al., 2019; Baldwin et al., 2024). Improving father-inclusive communication in healthcare settings is crucial, as is providing tailored resources and consultations to reduce paternal exclusion within perinatal health frameworks (Watkins et al., 2024). Some mothers have expressed that expanding mental health support for fathers is essential, addressing stress and anxiety during the perinatal period through father-specific counselling, peer support groups, and introducing mental health screenings for fathers during prenatal visits, supported by digital and mobile mental health resources (Ganapathy, 2017; Baldwin et al., 2019; Da Costa et al., 2017).

Several participants reflected on learning breastfeeding and newborn care in unfamiliar systems. Some fathers and mothers expressed that fathers would benefit from male-led or father-only preparation spaces, emphasizing a need for culturally appropriate, father-specific learning opportunities. Father-inclusive breastfeeding education and digital tools can strengthen fathers' confidence and reduce the sense of exclusion some fathers described (Abbass-Dick et al., 2020; Zhou et al., 2024). Others emphasized the benefits of safe spaces for asking questions and learning from other men, supporting the creation of father-only or male-led antenatal programs when culturally appropriate (Lee et al., 2018; Parry et al., 2019). Tailored, literacy-appropriate

digital parenting resources would further enhance accessibility for fathers with diverse language and educational backgrounds (Pluye et al., 2025).

Meso-Level Implications (Workplace and Community)

At the meso level, participants' narratives highlighted that workplaces and community contexts often determined how effectively fathers could sustain caregiving after birth. Fathers' accounts reveal that workplaces and community resources can either support or constrain caregiving. Several men explained how unpredictable work schedules or fear of job insecurity limited their time at home after the birth of a child. Strengthening workplace flexibility and ensuring equitable access to parental leave are essential to enable immigrant fathers to engage fully without jeopardizing their income or employment stability (Motwani, 2024; Twamley & Faircloth, 2024). Family-centred perinatal care should extend beyond hospitals, with community programs such as peer support groups and culturally grounded fatherhood workshops helping fathers feel less isolated and more confident in a new cultural setting (Barrett et al., 2018; Nash, 2018).

From a practice perspective, enhancing healthcare professionals' capacity to deliver culturally safe, father-inclusive care could improve fathers' recognition as equal caregivers. Community health initiatives could further support families with transnational grandparent involvement by offering resources that promote triadic coherence, marital balance, and adaptable family boundaries (Cheraghi et al., 2019; Watkins et al., 2024). These findings also highlight the need for nursing curricula to incorporate father-inclusive, culturally responsive perinatal care competencies, ensuring that future nurses are prepared to engage immigrant fathers as equal partners in caregiving.

Macro-Level Implications (Policy and Societal Structures)

At the systems level, this study underscores how immigration status, precarious work, and limited leave access hinder fathers' involvement. Expanding paternity leave and wage replacement for precarious and newly arrived workers would directly address these structural barriers (Baldwin & Bick, 2017; Hodgson et al., 2023). Strengthened legal protections can help prevent retaliation when fathers take leave, while public awareness campaigns can challenge the gendered assumptions that some participants described encountering (Hunter et al., 2017; Johansson & Andreasson, 2017).

Health policy should also move towards family-centred frameworks to formally embed father-inclusive standards of perinatal care (Francis Xavier et al., 2024; Watkins et al., 2024). Funding culturally tailored fatherhood programs within public health would extend support to underrepresented groups, complement existing maternal services, and align with calls for equity and inclusion.

5.7 Research Implications

The findings of the study advance the knowledge of immigrant fatherhood by developing the Pivoting into Fatherhood theory. This culturally grounded, context-specific framework explains how first-time Indian fathers in Canada adapt to fatherhood. The findings, while valuable, suggest several directions for further research to enhance the understanding of fathering in migration contexts.

First, the retrospective and cross-sectional nature of this research provided a rich but time-bound view of fatherhood between three and eighteen months postpartum. Many participants said their fathering roles were "still changing" as their infants grew and family demands shifted. Longitudinal studies following fathers beyond the perinatal period could reveal

how paternal identity, caregiving competence, and couple dynamics continue to evolve through toddlerhood and early childhood (Baldwin et al., 2019; Doucet & McKay, 2020).

Second, although the present work sheds light on how fathers reinterpret intergenerational parenting values in Canada, its sample was limited to first-generation immigrants. Future research should compare first- and second-generation families to examine how intergenerational acculturation shapes fathers' identity, caregiving practices, and relationships with extended kin (Nguyen & Morales, 2023).

Third, structural and policy barriers described by participants, including precarious employment, partial paternity leave eligibility, and economic pressures, warrant further investigation. Studies should examine how workplace protections, wage replacement rates, and employer culture influence immigrant fathers' access to leave and flexible work (Hodgson et al., 2023; Twamley & Faircloth, 2024).

Fourth, while dyadic interviews deepened understanding of shared parenting, future studies could extend this approach to include diverse family structures such as single fathers, non-cohabiting parents, and same-sex couples. Intersectional approaches are also essential. This study showed that class, employment security, and language fluency shape access to Canada's "father-friendly" systems. A more systematic intersectional analysis could clarify how immigration status, race, and socioeconomic location combine to influence paternal adaptation (Fletcher et al., 2023).

Finally, the perspectives of healthcare providers were beyond the scope of this study but remain critical. Fathers described inconsistent inclusion by nurses and physicians, suggesting a need to explore perinatal providers' own perceptions of father involvement and cultural safety.

Such research could inform father-inclusive training and service design within maternity and public health systems (Forbes et al., 2021; Comrie-Thomson et al., 2021).

Table 10's recommendations are evidence-informed opportunities, not strict directives, reflecting the study's exploratory, qualitative nature. Overlap among stakeholder suggestions highlights the multi-level support needed for father-inclusive care, with perinatal nurses central to providing culturally responsive education, newborn care guidance, and emotional support, especially for families without local kin. Increasing access to digital and community resources can enhance fathers' confidence and involvement during the transition to parenthood.

Table 10

Recommendations Emerging from the Study

Stakeholder	Key Recommendations
Clinical Practitioners	• Ask dads about stress, sleep, confidence, and support at key visits (prenatal, late pregnancy, postpartum). • Offer 10-minute partner coaching with supportive scripts for tough moments. Provide a referral handout to local resources. • Use culturally safe shared decision-making for traditions. Offer father-specific mental health screening and referrals.
Perinatal Nurses	• Make a standard "teach-the-partner" skill set (diapering, bathing, soothing, safe sleep, bottle/pump-part cleaning) with return demonstration. • During labour, assign a role (comfort measures, hydration reminders, advocacy questions) so fathers know "what to do." • Send families home with a 1-page "First 72 hours" plan (sleep shifts, feeding plan, red flags, who to call). • Facilitate skin-to-skin contact and early bonding, and coach fathers on emotional connection.

Policy and governance	• Restructuring policy that mandates at least one to two weeks of paternity leave irrespective of immigration and employment status. • Strengthen uptake of EI parental benefits for partners by reducing workplace stigma and ensuring protected time off is realistic for new immigrant families. • Fund evening/weekend/virtual prenatal & newborn-care education so working fathers can attend. • Build partner-inclusive perinatal standards (screening and referral pathways for perinatal mental health and couple wellbeing). • Invest in newcomer family supports that replace "missing extended family" (culturally safe parenting groups).
Research Community	• Conduct longitudinal studies to follow fathers beyond the first postpartum year. • Compare first- and second-generation families to examine intergenerational differences. • Study workplace and policy influences on immigrant fathers' leave uptake and access to caregiving. • Expand dyadic and intersectional approaches to include single fathers, LGBTQ+ parents, and non-cohabiting families. • Explore perinatal providers' perspectives to identify systemic barriers to the inclusion of fathers.
Communities	• Organize father-to-father newcomer circles, both virtual and local, emphasizing practical skills and emotional support. • Provide brief workshops on understanding family advice across borders, including boundary scripts and integrating tradition with safety. • Utilize community champions to promote hands-on fathering as aligned with Indian cultural values and Canadian realities. • Media campaigns that normalize fathers' importance in caregiving, avoiding gender stereotypes.

5.8 Final Reflections and Conclusion

The findings of this study enhanced the understanding of fatherhood in migration contexts by generating the Pivoting into Fatherhood theory. This context-specific, culturally grounded framework explains how first-time Indian fathers in Canada adapt traditional notions of masculinity regarding caregiving and emotional presence. While not intended as a universal model for all Indian or immigrant fathers, it provides a foundational, data-driven lens for understanding paternal adaptation within comparable migration and settlement contexts.

The study met its objectives by illuminating how cultural adaptation, identity reformation, and relational dynamics evolve throughout the perinatal period. Notably, the combined voices of fathers and mothers reveal fatherhood not as a fixed role but as a dynamic, fluid one, shaped by personal readiness, couple collaboration, and broader systems such as workplace culture and policy environments. Through dyadic analysis that brings both parental perspectives into dialogue, the findings show how fathers' involvement is enabled or constrained by everyday negotiations within couples, particularly as families adapt to new cultural expectations and navigate reduced extended-family support. These findings deepen understanding of caregiving masculinities and reinforce the enduring need for father-inclusive perinatal care and family supports that recognize both parents as active participants in early parenting.

The findings point clearly to three key areas of action. There is a pressing need to expand father-inclusive perinatal care, addressing the persistent family-centred orientation of services that often leaves many fathers feeling peripheral during pregnancy and early parenting. Second, the study underscores the value of recognizing intersectional barriers, including precarious employment, immigration-related insecurity, and language demands, which shaped fathers'

ability to engage confidently and should inform tailored mental health support and accessible education. Third, fatherhood involvement cannot be strengthened without broader policy reforms that ensure equitable paternity leave, wage replacement, and workplace protections. Across these areas, participants consistently emphasized that successful parenting is a partnership.

Many fathers described family life as functioning best when both parents are engaged, like the two wheels of a vehicle moving in synchrony. The metaphor the participants articulated reflects a more profound truth echoed throughout the study: mothers and fathers each provide essential forms of care, and supporting both partners strengthens the family system, promotes relational well-being, and enhances children's developmental environments, particularly in the demanding early months of parenting in a new country.

In conclusion, this dissertation offers a culturally sensitive, theoretically informed contribution to scholarship and practice on racialized immigrant Indian families in the Canadian diaspora by centring the lived experiences of first-time Indian immigrant fathers and foregrounding parenting as a shared, relational project. The study uses an innovative dyadic design that incorporates perspectives from both fathers and mothers. This approach goes beyond single-respondent accounts. It shows how caregiving, emotional labour, decision-making, and shifts in identity are co-constructed within couples. Additionally, it highlights how these factors are negotiated across migration, cultural expectations, and structural constraints.

The resulting Pivoting into Fatherhood Theory advances perspectives on immigrant fatherhood. It conceptualizes paternal adaptation not as a linear transition, but as an iterative process. This process involves ongoing recalibration and is anchored in valued cultural commitments while also expanding into hands-on caregiving, emotional presence, and collaborative partnership. By connecting micro-level experiences to meso-level family dynamics

and macro-level systems, this research also provides an actionable roadmap for strengthening culturally inclusive perinatal and early parenting supports.

The call to action is clear: healthcare systems, educators, policymakers, employers, and community organizations must intentionally design family-centred, equitable, and culturally responsive environments where both parents are meaningfully supported, because when fathers are equipped to pivot alongside mothers, families are better positioned to thrive through shared caregiving in migration contexts.

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Appendix A

SPIDER Chart

SPIDER Tool	Search Terms	MeSH Terms
S- Sample	“father*” OR “husband*” OR “paternal*” OR “male adj2*” OR “parent*.”	Fathers/
PI – Phenomenon of Interest	“Childbearing*” “antenatal*” OR “pregnan*” OR “antepart*” OR “childbirth*” OR “infant*” OR “labor*” OR “labour*” OR “newborn*” OR “Peripart*” OR “postnat*” OR “postpart*” OR “primigravid*” Or “primipara*”	pregnancy/ or gravidity/ or exp labour, obstetric/ or parity/ or exp parturition/ or pregnancy outcome/ or live birth/ or pregnancy, unplanned/ or perinatal care/ or postnatal care/ or prenatal care/
D- Design	“questionnaire*” OR “survey*” OR “interview*” OR “focus group*” OR “case stud*” OR “observ*”	
E - Evaluation	“attitude*” OR “behavior*” OR “behaviour*” OR “belief*” OR “believ*” OR “challenge*” OR “Experience*” OR “feel*” OR “opinion*” OR “perceiv*” OR “perception*” OR “resource*” OR “role*” OR “understand*”	adaptation, psychological/ or emotional adjustment/ or feedback, psychological/ or "sense of coherence"/ or attitude/ or optimism/ or pessimism/ or respect/ or stereotyping/ or "wit and humor as topic"/ or behavior/ or stress, psychological/ or burnout, psychological/ or maternal behavior/ or maternal deprivation/ or parent-child relations/ or parenting/ or paternal behavior/
R – Research Type	“Quantitative” OR “qualitative” OR “mixed method*”	

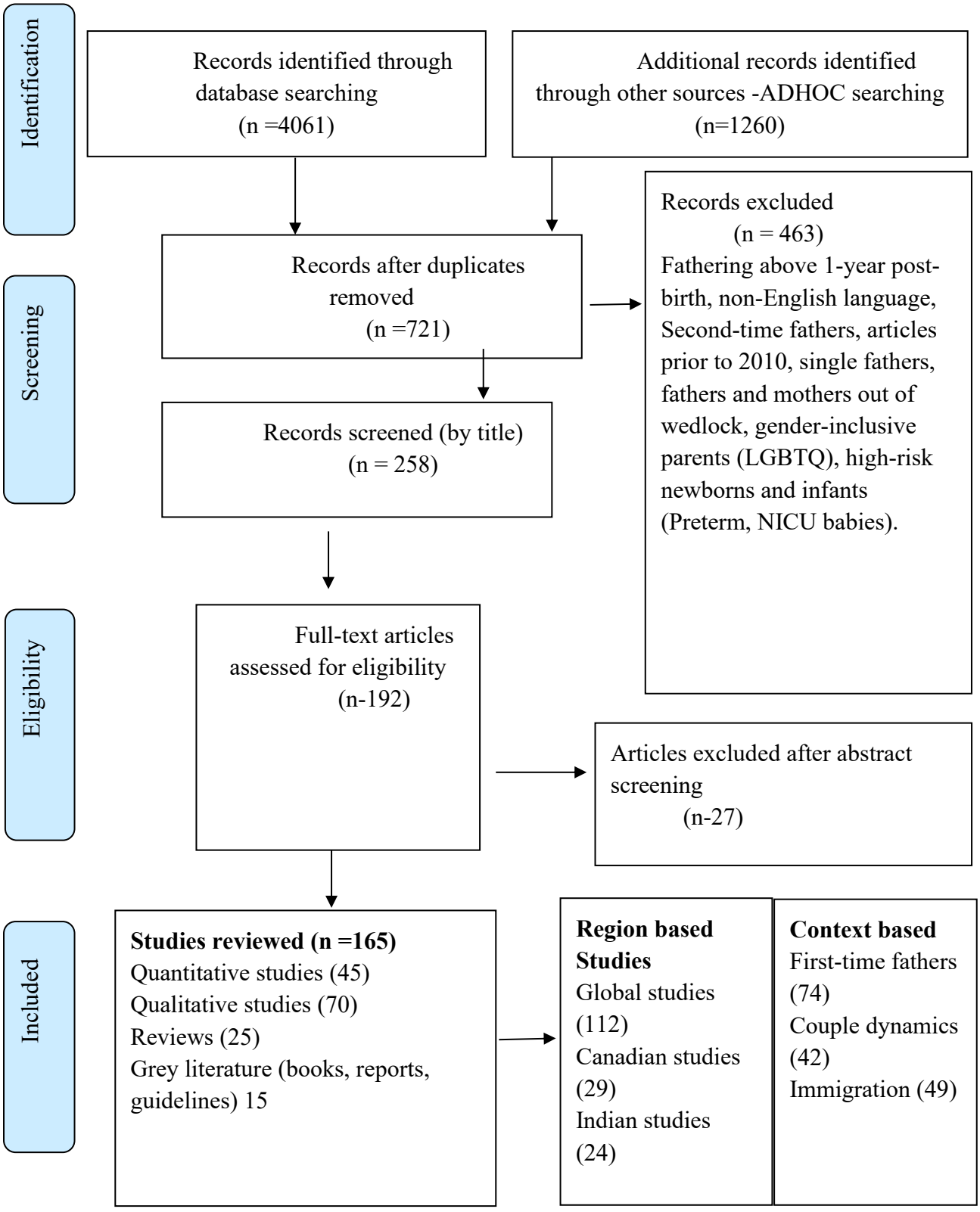
Appendix B

Inclusion and Exclusion Criteria for Search Strategy

Search Criteria	Inclusion	Exclusion
Study participants	First-time mothers and fathers	Parents of more than one child, single fathers, fathers, and mothers out of wedlock, Gender-inclusive parents (LGBTQ), high-risk childbearing, high-risk newborns and infants (Preterm, Congenital diseases, NICU babies)
Cultural background	South Asian (India, Pakistan, Bangladesh, Sri Lanka, Bhutan, Nepal, and the Maldives), Canadians- Across the globe	
Immigration status	Immigrant and non-permanent residents (with a work/study permit) across the Diaspora	
Context of the study	Experiences, perceptions, roles, behaviours of fathering in the childbearing period (Pregnancy, childbirth & postpartum up to one year)	After one year of birth Above one year of the child
Methods of study	Qualitative studies, quantitative studies, mixed method studies, and reviews or reports	
Language	English	Other than English
Type of study	Peer-reviewed articles and books/Grey literature	
Period	2015 – 2025	Before 2015

Appendix C

PRISMA Diagram



Appendix D

Flyer for Study

RECRUITMENT FOR A STUDY!

Are you a first-time parent from India?

Would you like to participate in a study to explore fathering and fatherhood roles and behaviours during pregnancy, childbirth and after the birth of your first child?

If yes, we invite you to participate in this project.

What will you do?

Take part in a face-to-face interview for about 45 minutes to one hour

You will receive $50 for participating

For further details, please contact

Josephine Francis at jxavi27@yorku.ca

Tel: 416-736-2100 EXT.44527

*Approved by York University's Research Ethics Board

Funded by the Tylenol® Fund to Advance Diversity in Nursing and Health Equity Research Scholarship - Canadian Nurses Foundation

Appendix E

Interview guide

Dear Mrs.----------,

I am Josephine Francis Xavier, a Ph.D. student at York University, School of Nursing.

Thank you for showing interest in this study. I will first go through some details with you to ensure you are okay with participating in the study, and then I will ask you to sign a consent form to confirm this.

As per our mutual agreement, we need to interview each other as part of the Grounded Theory study. I am particularly interested in learning about your views and perceptions on fathering and fatherhood. To fulfill this objective, I appreciate your participation as a new mother in sharing your experience. The interview will last from 45 minutes to 1 hour. There are no right or wrong answers. I will be audio recording our conversation, using a voice recorder, to remember what you have said. This interview is voluntary. If you want to finish it at any stage, you can. We will complete the study, and your data will not be included. All your details will be made anonymous when I write up this interview, so no one will be able to identify you. The anonymized information will be kept on a password-protected computer file only. I will know the password.

Do you have any questions before we begin?

Are you happy to sign the consent form? [signing of the form if agrees]

Before we start the interview, would you mind first completing this form, which asks for some basic information about you [complete demographic data form]

Part 1: Demographics

Age: What is your age? (specify) ----------

Birthplace: Please specify your birth state in India. ----------

North India (Mention)

South India (Mention)

East India (Mention)

West India (Mention)

Outside India (Mention)

Place of residence over the past years: ----------

Same as above

Outside India (mention)

Geographic Location:

How would you describe the setting where you lived? ----------

Rural

Small town

Suburban

Urban

Other (specify)

Immigration status in Canada:

Work permit

Student permit

Permanent resident

Canadian citizen

Visiting

Educational background:

What is the highest degree or level of education you have completed? ----------

High school or less

Higher Secondary (10+2 years)

Certificate

Diploma

Baccalaureate degree

Master's degree

Doctoral degree

Postdoctoral

None of the above

Employment Status: Which best describes your employment status? ----------

Employed, full-time

Employed, part-time

Employed, casual

Not employed, looking for a position

Not employed, NOT looking for a position

Disabled, not able to work

Retired

Parental leave: Do you have paternity/maternity leave? Yes/No

If yes,

How long----------

Marital Status: What is your marital status? ----------

Married

Not married (or in a relationship)

Divorced but co-parenting.

Others(specify)

Religious Background: What faith do you practice? ----------

Hinduism

Christianity

Islam

Sikhism

Buddhism

Others

None

Prefer not to mention!

Language: Mention the languages you can

read----------

write----------

speak----------

understand----------

Health Care provider: Who were the care providers during pregnancy? ----------

Nurse

Midwife

Doula

Family Physician

Obstetrician

Hospital

Walk-in clinic(provider)

Health Care provider: Who were the care providers during childbirth? ----------

Nurse

Midwife

Doula

Family Physician

Obstetrician

Hospital

Walk-in clinic(provider)

Health Care provider: Who were the care providers after the birth of the child? ----------

Nurse

Midwife

Doula

Family Physician

Obstetrician

Hospital

Walk-in clinic(provider)

Thank you very much!

Part 2: Semi-Structured Questionnaire: Mothers

Good day to you, Mrs. -------. I am JFX, and I am one of the Ph.D. students.

Thank you for showing an interest in this study. I will first discuss the details with you to confirm your willingness to participate in the research, and then I will ask you to sign a consent

form to confirm your consent. This would be an excellent opportunity to discuss the role of Fathers. To fulfill this objective, I appreciate your participation as a new mother in sharing your story.

The interview will last for 45-60 minutes. There are no right or wrong answers. I will audio record our conversation through a voice recorder to remember what you have said. Please keep in mind that the interview is voluntary. If you want to end it at any stage, you can. When we finish, your data will be included in this study. All your details will be anonymous when I write up this interview, so that no one will identify you. Anonymized information will be kept on an encrypted password-protected computer file. The collected data will be shared with Dr. Nazilla, Dr. Saeed Moradian and Dr. Lisa Seto Nielsen (the thesis committee members) for this research only.

Sample interview questions (Mothers)

Q1. What springs to your mind when you hear the word "father"?

Q2. How would you describe your father? Recall a story or an occasion.

Q3. How are fathers and mothers different?

Q4. How has your partner (father) of your child been involved since learning you were pregnant?

Q6. What are the changes in caring for each other since the start of pregnancy to date?

Q7. What are your expectations of your partner(father)?

Q8. How have you shared your expectations for parenting with the father of your baby?

Q9. What support and information did you receive during pregnancy, childbirth, and postpartum?

Q10. How is fathering different in Canada from what you experienced or thought of before coming to Canada?

Q11. What are the changes you see and expect in fathering?

Q12.What do you wish had been different during your pregnancy, labour and delivery and postpartum experience?

Part 3: Semi-Structured Questionnaire: Fathers

Good evening, Mr. ----------. I am JFX, and I am one of the Ph.D. candidates.

Thank you for showing an interest in this study. Regarding a mutual agreement to interview you as part of the research, I am particularly interested in learning about your perceptions and experiences of fathering and fatherhood. This would be an excellent opportunity to discuss your experiences. I appreciate your participation as a father in sharing your story to fulfill this objective.

The interview will last for 45-60 minutes. There are no right or wrong answers. I will audio record our conversation through a voice recorder to remember what you have said. Please keep in mind that the interview is voluntary. If you want to end it at any stage, you can. When we finish, your data will be included in this study. All your details will be anonymous when I write up this interview, so that no one will identify you. Anonymized information will be kept on an encrypted password-protected computer file. The collected data will be shared with Dr. Nazilla, Dr. Saeed Moradian and Dr. Lisa Seto Nielsen (the thesis committee members) for this research only.

Sample interview questions (fathers)

Initial question: Tell me about choosing to volunteer for this study.

Lead-in questions:

Q1. What Springs to your mind when you hear the word, father?

Prompts

Explain the qualities you admire in your father.

Q2. How will you describe your father? Recall a story or an occasion.

Q3. Thanks for sharing. Would you share an example of how your parents were similar in their parenting roles? Why do you think there are similarities? How have you learned fathering behaviours and roles?

Q4. How are you involved as the father from when your partner(mother) started pregnancy, childbirth and after childbirth?

Probes

Can you tell me about your experiences?

How did you feel when you found out your partner was pregnant?

What did your partner(mother), family and friends say when they learned about the pregnancy?

What did you feel/think when your partner(mother), family and friends said when they learned about the pregnancy?

What were your feelings when your partner was going through the labour process?

What did you do immediately after the birth of the baby?

Talk about your experiences during the first few days after the birth of your baby.

Q5. How has caring for each other changed since the start of pregnancy to date?

Q6. What are your hopes and expectations from your partner now?

Q7. I want to ask you about the resources. What support and information did you receive for yourself and your partner (mother) during Pregnancy, childbirth, and post-birth?

Who provided support during the pregnancy period?

How did these supports differ from those of your partner?

What type of things did they do to make you feel supported?

Who was your partner's support?

How did you obtain information on parenting, childbearing, and health resources in Canada?

What type of things did they do to make you feel supported?

How did you feel about the medical staff's communication with you about what was happening?

Did the medical staff or anyone else (Who?) provide you with emotional support during the delivery, and how?

What else could have been done to make the experience better?

Q8. How is fathering different in Canada? What are the changes you see in yourself as a father?

Talk about how you think you are doing as a father.

Talk about changes in the way you father your baby.

Others: Is there anything you would like to add regarding the experience?

Thank you very much!

Appendix F

Informed Consent Form: Individual Interviews (Fathers/Mothers)

Date:

Study Name: Indian Immigrant, First-Time Parents' Voices on Fathering and Fatherhood: A Straussian Grounded Theory Approach

Researchers:

Graduate student

Josephine Francis Xavier, RN, MSN, IBCLC, Ph.D. candidate

Graduate program in nursing,

School of Nursing,

York University, Ontario, Canada.

Tel: (416)736-2100, Extn: 44527, E-mail: jxavi27@yorku.ca

Graduate supervisor

Dr. Nazilla Khanlou, RN, PhD

Women's Health Research Chair in Mental Health, Faculty of Health.

Academic Lead, Lillian Meighen Wright Foundation Maternal Child Health Scholars Program.

Associate Professor, School of Nursing.

Editor-in-Chief, INYI. Journal (https://inyi.journals.yorku.ca/)

Tel: (416) 736-2100, ext. 20166, E-mail: nkhanlou@yorku.ca

Purpose of the Research:

This research project aims to better understand the fathering experiences of Indian First-time immigrant fathers and mothers during pregnancy/childbirth and the post-birth period. This

research is necessary because very little information is available on Immigrant Indian fathers' roles in Canada. This study may help us better understand the fathering practices in India and Canada. This project would add a knowledge base to provide culture-sensitive, father-inclusive policies and practices in childbearing settings to support fathers, mothers and immigrant families from India during the childbearing period. In the broader context, this study will help nurses and healthcare providers meet the meaningful and individualized needs of immigrant families from India.

This exploratory qualitative study uses grounded theory methodology to explore the fathering experiences of Indian Immigrant first-time parents in Canada. The interview session will include a survey component (See the Demographic sheet for example) and a face-to-face interview with first-time mothers. The data collected will be analyzed using the intersectional lens. The information collected will be used for the project, and the findings will be presented and reported in the Ph.D. dissertation, presentations, workshops, conference, infographics and journal articles.

What You Will Be Asked to Do in the Research:

You are invited to participate in the fathering/fatherhood study because you are an Indian mother giving birth to your first child.

Your participation will include:

1. A face-to-face interview that can take about 45 minutes to one hour.
2. The session will take place at (your own preferred space), on the ( ) at (hrs EST: Canada).
3. The interviewer will introduce the study's objectives and will ask you to read and sign this consent form.
4. Next, you will be asked to fill out a demographic form.

5. The interview will commence as a conversation between you and the interviewer.

6. The interview will be audio recorded and later transcribed word for word.

Your personal information will be kept confidential.

7. You are also invited to participate in a follow-up group (Mothers only/Fathers only) discussion if you are interested.

In this group discussion, the data summary will be presented to you and other mothers who have volunteered to participate (a feasible time and place will be requested) to obtain clarifications and suggestions related to the analyzed data.

As a token of acknowledgment for your time and effort in sharing your experiences, you will receive a $50 gift card for your participation in the interview.

Risks and Discomforts:

During face-to-face, individual interviews, your participation in this study might be perceived as uncomfortable due to the time and place commitment. To accommodate your needs, we will make every effort to schedule the interview at a convenient time and location. Likewise, sharing your unique personal experiences can cause you some emotional discomfort, if any. During this situation, please inform the researcher, who will refer you to appropriate sources for assistance. The following steps will be taken to avoid or resolve these risks: (1) All questions will be presented in a polite, respectful, and sensitive way. (2) You are free to answer questions that you would like to answer only. (3) If you are not comfortable, the interview will be paused or rescheduled for another day or cancelled if required.

Benefits of the Research and Benefits to You:

Participation in this study will allow you to share your experience and point of view as a first-time mother involved in the care of your child (a personal satisfaction). Your voice as a mother's

experience will provide foundational data on the Indian immigrant mothers' experiences during pregnancy, childbirth, and the postpartum period. The study will primarily benefit the researcher by helping her draft and produce a thesis dissertation on the fathering and fatherhood experiences of Indian first-time parents during the childbearing period (pregnancy, childbirth, and the early years after birth). The findings will support the father-inclusive health care practices of families in hospitals and community settings.

Voluntary Participation and Withdrawal:

Your participation in the study is entirely voluntary, and you may choose to stop participating at any time. Your decision not to volunteer, to stop participating, or to refuse to answer questions will not influence the nature of the ongoing relationship you may have with the researchers or study staff, or the nature of your relationship with York University, either now or in the future. A gift card, worth $50, will be offered as a token of appreciation for agreeing to take part in this study. "If you stop participating, you will still be eligible to receive the $ 50 gift card for agreeing to be in the project, even if you withdraw without completion of the research." In the event you withdraw from the study, all associated data collected will be immediately destroyed wherever possible. Should you wish to withdraw after the study, you will also have the option to withdraw your data until the analysis is complete.

Confidentiality:

The interviewing or recording of the participant will be associated with a pseudonym. All information you supply during the research will be held in confidence. Unless you specifically indicate your consent, your name will not appear in any report or publication of the research.

Audio recordings will be saved in a password-protected file on the research team members' local computers, not the cloud-based service. The principal investigator will maintain a link that

identifies you to your coded information, ensuring it is secure and accessible only to the principal investigator and/or selected members of the research team. Any information that can identify you will remain confidential.

The recorded data will be subsequently transcribed and analyzed for themes using the intersectional lens. The hard copies will be stored in the researcher's locked files and password-protected on the computer until January 2028 and then destroyed using a cross-cut shredder. The electronic data, including audio recordings and data saved on USB drives, desktops, laptops, and other portable electronic devices, will be deleted from the network drives. The trash and recycling bins will be emptied simultaneously and regularly as needed. Confidentiality will be provided to the fullest extent possible by law.

Please note that participants are expected to agree not to make any unauthorized recordings of the content of a meeting/data collection session.

Questions About Research?

If you have questions about the research in general or about your role in the study, please feel free to contact Josephine Francis Xavier either by telephone at (416)736-2100, Extn: 44527 or by e-mail (jxavi27@yorku.ca) or my supervisor, Dr. Nazilla Khanlou, Tel: 416 736 2100, ext. 20166 or by e-mail (nkhanlou@yorku.ca). Also, you can contact the Graduate Program in Nursing, Health, Nursing & Environmental Studies Building, Office 301A, 4700 Keele Street, Toronto, ON M3J1P3, Tel: 416-736-2100 x 20362

This research has received ethics review and approval from the Delegated Ethics Review Committee, which is authorized by the Human Participants Review Sub-Committee of York University's Ethics Review Board. It conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as

a participant in the study, please contact the Director, Research Ethics in the Office of Research Ethics, 3rd Floor, Kaneff Tower, York University, (e-mail [mailto:ore@yorku.ca]ore@yorku.ca)."

Legal Rights and Signatures:

I consent to participate in **Indian Immigrant, First-Time Parents' Voices on Fathering and Fatherhood: A Straussian Grounded Theory Approach** conducted by **Josephine Mary Violet Francis Xavier**. I understand the nature of this project and wish to participate. I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

Signature_____ **Date**_____

Participant

Signature_____ **Date**_____

Principal Investigator

Additional consent (where applicable)

1. **Audio recording**

☐ I consent to the audio recording of my interview(s).

Signature_____ **Date**_____

Participant Name:

2. **Consent to waive anonymity**

I, _____, consent to the use of my name in the publications arising from this research.

Signature_____ **Date**_____

Participant Name:

3. Consent for the use of the (anonymized) quotes from the interviews.

I ----------, consent to the use of quotes from the interview in research articles, conferences, workshops and focus group discussions that will be attributed with a pseudonym or using the word "participant."

Signature_____ Date_____

Participant Name:

4. Permission for a follow-up group participation

You are also invited to participate in a follow-up group discussion if you are interested. In this group discussion, the data summary will be presented to you and other fathers who have volunteered to participate (a feasible time will be requested) to obtain clarifications and suggestions related to the analyzed data.

☐ I give permission to be contacted for a future follow-up group discussion.

☐ I am not interested in the follow-up group discussion.

Appendix G

Sample Memo: M1-Initial Coding Phase

Date: March 18, 2023

Title: Fatherhood and shared caregiving

This memo highlights the vital role of supportive parenting, emphasizing the equal importance of fathers in caregiving. One mother (M1) expressed deep gratitude for her husband's unwavering support, noting, "He must take care of two more, one little human being and another me," reflecting their shared responsibility. She further stressed that "the well-being and development of the baby are dependent on the involvement of both parents," promoting the idea that fathers are just as crucial as mothers in raising children, challenging traditional gender roles in caregiving.

From this memo, I realize how important it is to give practical support to parents, especially when it comes to balancing work and parenting. One parent mentioned, "It is hard for me because we have many meetings... and we have to take care of the baby," which really shows how tough it can be to juggle both. This makes me think that workshops could be helpful, giving parents tips on how to manage both roles. I also see how crucial it is to provide non-judgmental resources, as one parent said, "We were clueless in the first few days... luckily, one of my cousins helped us." Having clear guidance for new parents could make a big difference in those early, confusing days. Finally, I'm reminded of how important it is to celebrate fathers' roles in both the workplace and at home. Recognizing the contributions of dads can really help in creating a more balanced and supportive environment for everyone. This memo helps me sort out my thoughts as I work toward the final theory.

Appendix H

Sample Memo: Final Coding Phase - Core Category

Date: June 12, 2024

Title: Pivoting

In this memo, I am focusing on the idea of pivoting, which has come up often in the data. The fathers I interviewed talked a lot about how they've had to take on new roles and responsibilities that they did not expect, especially compared to their experiences in India. For example, Father (F3) said, "In Canada, the expectations from fathers are different. I found myself doing things I never imagined doing back in India." This really shows how much their roles have changed since moving to a new country.

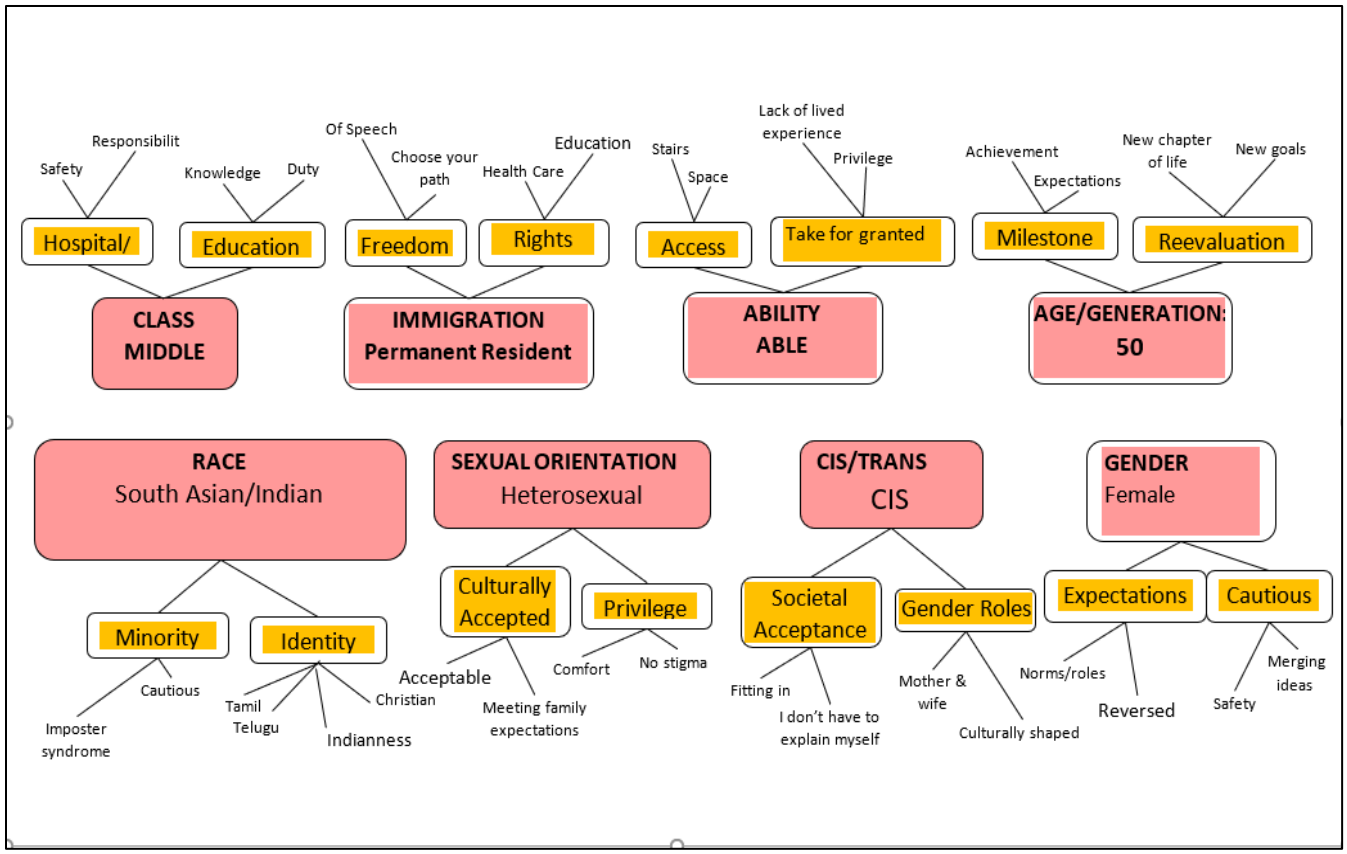
I noticed that their ability to be flexible and willing to learn is key to how well they adapt to these new expectations. There seems to be a strong connection between their role adaptation and how they integrate into Canadian culture. As they take on more childcare and household responsibilities, they are adjusting not only within their families but also to the norms of their new society.

The adaptation process doesn't happen quickly. It's ongoing, and the fathers are constantly learning and making adjustments as they go. Their flexibility plays a huge part in this, and it's helping them succeed in their new roles as fathers.

Looking ahead, I think it's important to dig deeper into how this role adaptation and pivoting affect their relationships with their partners and children. I also want to explore whether there are any specific things that make this adaptation easier or harder for them.

Appendix I

Social Reflexivity: Personal Reflexivity



Appendix J

Ethics Approval

YORK
UNIVERSITÉ
UNIVERSITY

OFFICE OF RESEARCH ETHICS (ORE)
3rd Floor, Kaneff Tower

4700 Keele St.
Toronto ON
Canada M3J 1P3
Tel 416 736 5914
www.research.yorku.ca

Certificate #:	**STU 2023-008**
Approval Period:	**02/03/23-02/03/24**

ETHICS APPROVAL

To: **Josephine Francis Xavier**
Graduate Student of Nursing
jxavi27@yorku.ca

From: Alison M. Collins-Mrakas, Director, Research Ethics
(on behalf of Janessa Drake, Chair, Human Participants Review Committee)

Date: Friday, February 3, 2023

Title: **Indian Immigrant, First-Time Parents' Voices on Fathering and Fatherhood: A Straussian Grounded Theory (SGT) Approach**

Risk Level: ☒ Minimal Risk ☐ More than Minimal Risk

Level of Review: ☒ Delegated Review ☐ Full Committee Review

I am writing to inform you that this research project, **"Indian Immigrant, First-Time Parents' Voices on Fathering and Fatherhood: A Straussian Grounded Theory (SGT) Approach"** has received ethics review and approval by the Human Participants Review Sub-Committee, York University's Ethics Review Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines.

Note that approval is granted for one year. Ongoing research – research that extends beyond one year – must be renewed prior to the expiry date.

Any changes to the approved protocol must be reviewed and approved through the amendment process by submission of an amendment application to the HPRC prior to its implementation.

Any adverse or unanticipated events in the research should be reported to the Office of Research ethics (ore@yorku.ca) as soon as possible.

For further information on researcher responsibilities as it pertains to this approved research ethics protocol, please refer to the attached document, **"RESEARCH ETHICS: PROCEDURES to ENSURE ONGOING COMPLIANCE".**

Should you have any questions, please feel free to contact me at acollins@yorku.ca.

Yours sincerely,

Alison M. Collins-Mrakas M.Sc., LLM
Director, Office of Research Ethics