FAMILY DECISION MAKING IN HOMES OF THE DISABLED HOMEMAKER

PROBLEM FOR THE DEGREE OF M. A.
MICHIGAN STATE UNIVERSITY

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1964

FAMILY DECISION MAKING IN HOMES OF THE DISABLED HOMEMAKER

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A Problem

Six Term Credits

Submitted to the Faculty of the College of Home Economics
of Michigan State University in partial fulfillment
of the requirements for the degree of

MASTER OF ARTS

College of Home Economics
Department of Home Management and Child Development

1964

ACKNOWLEDGEMENTS

The writer wishes to express her appreciation to Dr. Beatrice Paolucci for her help and guidance in the preparation of this problem. Also Dr. Alice Thorpe and Mrs. Lula Alonso who served on her committee. This study would not have been possible without the aid of local agencies and subjects who so willingly cooperated in it. I would also like to extend my thanks to these people. Last, but not least, I would like to thank the American Home Economics Association-Vocational Rehabilitation Administration for making my year of graduate study possible.

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ABSTRACT

DECISION MAKING IN HOMES OF DISABLED HOMEMAKERS

by Rosemary M. Harzmann

An exploratory study was undertaken to provide some insight into decision making in homes of homemakers with a physical disability, with the intent of identifying indicators that would be pertinent in helping them solve their managerial problems. The specific objectives of this study were to: (1) identify those family decisions the disabled homemaker makes, (2) determine those family decisions made by other members of the family, and (3) identify what decision making problems disabled homemakers say they encounter.

The sample consisted of twenty-four homemakers with a physical disability. The typical homemaker was: (1) between thirty and forty years of age, (2) a high school graduate, (3) a woman with a physical disability of a degenerative nature, (4) confined to the wheel chair, (5) the mother of two adolescent children, and (6) the wife of a blue collar worker with an income between $5,000 to $7,999.

The homemakers' responses to the interview schedule indicated that there had been changes in: (1) division of labor, (2) activity control, (3) their power in the family, (4) personal and physical aspects of the household, and (5)

the amount of influence they had in making decisions. Less than one-half of the homemakers performed household tasks in the mother's household area. All family members tended to help out more with the tasks that the homemakers were unable to perform. It was apparent that a majority of the homemakers made more decisions about the performance of work in their household area rather than other household areas. The homemakers' power in the family, that is the extent to which she decided over the behavior of other family members, was consistently low. Adjustments were required in three-fourths of the families in the area of performance of work, interaction with the family or outside groups and in personal living. It appeared that the homemaker's influence in making both important and everyday decisions was affected by her disablement. Evidence indicated that the homemaker with a physical disability encountered many new problems in her role as a wife and mother.

Further research is needed to determine the actual changes that have taken place in the homemaker's role in the family. Research is needed that would get at information concerning the homemaker's self-concept, as well as perceptions of the homemaker held by other family members.

CHAPTER I

INTRODUCTION

Homemaker's rehabilitation is of prime importance if a woman with a physical disability is going to function as wife and mother in the social structure of the family. According to Rusk [1] there are 10,000,000 physically handicapped women in the United States. Mrs. Lyndon B. Johnson [2] at the 55th annual meeting of the American Home Economics Association indicated that "one of the most exciting new horizons for home economics is that of helping to solve the problems that daily face ten million homemakers in this country who are permanently or temporarily disabled."

Homemaker's rehabilitation has been given considerable attention during the past decade. Although the number of home economists actively engaged in rehabilitation work has been limited, their major role has been to give direct services to individuals or to serve as consultants or staff educators on rehabilitation teams. Efforts have been directed toward aiding the homemaker with a physical disability to resume a substantial part of her responsibilities as a homemaker. The content of the homemakers' rehabilitation program has included: (1) home management, (2) renovation or rearrangement of housing facilities, (3) clothing selection and care, (4) child care, (5) nutrition, and (6) family relationships. The programs have varied from agency to agency

and from individual to individual.

The home management rehabilitation worker has as a major task helpingthe homemaker to integrate and coordinate a variety of family activities. To date, home management rehabilitation work has placed emphasis on methods of work simplification and energy saving procedures.[3]. Little attention has been given to the "decision making role" of a homemaker with a physical disability. It is difficult to predict how an individual family will react to the disablement of a wife and mother. Information is needed to determine what changes take place in the decision making practices in homes where the homemaker has become handicapped. The disabled homemaker who remains a part of the family group must learn to adjust to old responsibilities to suit her new limitations. The home management rehabilitation worker must recognize the kind of managerial role the disabled homemaker assumes in the family.

It seems likely that if the mother's disablement reduces the number of household tasks she performs there will also be a reduction in her household decision making and an increase in her husband's household decision making. We need to know if this interaction will take place when the homemaker has a handicap and is unable to perform a majority of the household tasks. Also, would the children in the family make more decisions? If this is true the homemaker with a physical disability may be faced with a series of adjustment

problems which she can not justify.

Those working in the area of rehabilitation will need to anticipate those problems encountered by homemakers with a physical disability that are the result of changes in her role in the family or her attempt to maintain her former familial role. In order to assess the needs of the homemaker with a physical limitation it is necessary to know how these people do view their managerial role in the family. This exploratory study was undertaken to provide some insight into decision making in homes of the homemaker with a handicap, with the intent of identifying indicators that would be pertinent in helping them solve their managerial problem.

Operational Definition of Terms

Decision making is defined as the amount of control the homemaker has over an activity.

Power is defined as the amount of control the homemaker has over the activity of others.

Purpose of Study

The overall purpose of this exploratory study was to gain insight into decision making practices in homes of the homemaker with a physical disability.

The specific objectives were: (1) to identify those family decisions the disabled homemaker makes, (2) to determine those family decisions made by other members of the

family, and (3) to identify what decision making problems disabled homemakers say they encounter.

Assumptions

1. It is assumed that one of the fears of the disabled homemaker is that she will fail to carry out successfully her role as a homemaker, i.e., decision maker of the family.

2. It is assumed that the instrument developed by Hoffman is a valid one for identifying decisions made by the homemaker relative to family activity.

Limitations of Study

1. The study was limited to disabled homemakers who could be located in the Lansing, Michigan area.

2. The areas of family decisions explored were limited to selected, specific household tasks.

CHAPTER II

REVIEW OF LITERATURE

Little has been written specifically concerning family reactions and adjustments when the homemaker becomes disabled. Butterfield [4] suggested that ill health of the spouse puts the marriage relation under a special strain. Economic, psychological and social problems are frequently involved. Heart disease, polio, multiple sclerosis, muscular dystrophy, arthritis and accidents, and similar serious happenings may not break a marriage, but they put it under stress. They hinder social life, increase cost of home management and make uncertain much of the future. Recreation, child care, entertainment and many other important aspects of family life can be seriously altered by such ailments.

All families will have to meet problems and crises throughout the family life cycle. Therefore, it is important to consider the habitual ways in which families and members of families have met earlier problems and crises under abnormal circumstances. Since we do not know previous methods of meeting difficulties by families, we can not predict how they will react to the situation [5]. The disablement of one family member has been considered analogous to other traumas to a family structure. The patient's social role in the family, prior to and after his disability, seem to be the best predictor of how homemakers will adjust to the family.

When the patient has an instrumental role in family life which can be maintained in some way after the onset of a disability he is likely to return home. For example, married women with children perform a function in the home that can in most cases be filled by no one else. Even with a severe disability a mother can exert psychological control over her children's development, can make household decisions and substantially influence the home atmosphere. In addition, in the case of a woman who was a housewife before the disability, her center of activity remains the same as it was before which is the home. The rolesof wife and mother are so necessary to the smooth functioning of home life that the husband almost always accepts problems--home care of his severely disabled wife in preference to the problems that arise in caring for young children himself or with the aid of a housekeeper, relative, or friend. As one husband stated, "Before my wife came home, there was no home life. Now as you can see we are really a family again. Although she can not participate in housework, she coordinates everything." It has been noted [6] that when the disabled member is a housewife, the husband's career is not directly affected, although there may be indirect effects in terms of problems of entertaining and flexibility of working hours. The disabled homemaker's own actions and adjustments to her role are important. The degree and manner in which household responsibilities are assigned are important in determining the necessary family adjustments.

It is apparent that all family members will have to make some adjustments.

The total way of life of all families has undergone a rapid and extensive change in recent years. The mobile, contemporary family faces no particular obligation or ties that might hold the family in a community. This tendency leads to a general weakening of kinship bonds and results in an independent structured family. Because of this tendency the family setting is not one where economic, emotional and other human resources are always sufficient to provide for a chronically ill or disabled person. In addition there has been a large scale transfer of institutional family functions, protective, religious, educational, recreational to the community agencies. This transfer may have so changed the structure of the family unit, that it has become more difficult to cope with family crises. At the same time the culture has adopted a norm for relationships between parent and child that stresses reciprocal emotional weaning as the child grows towards maturity. Because of these changes in the family the disablement of a family member necessitates considerable modifications within the family. If the physically limited person should be the mother, the dynamics of the situation have a greater potential for being serious, but also, even under very severe physical limitations, for being amazingly constructive. In many cases family relationships have improved as a result of the physical limitations

of a mother. Perhaps this results from role modifications and the adjustment to limitations. The changed perception which takes place among some handicapped homemakers seems to be the crucial element. Perhaps rehabilitation efforts should be designed to bring about a perceptual change which is the basis for behavior changes, and to some extent personality changes.

Christopherson [7] suggests four stages of disability These stages are helpful in identifying and predicting kinds of behavior of the disabled person in his important relationships with the family. The initial stage is the acute stage, when the disaster hits. There is often some panic among family members over the event; they vaguely begin to think about long term implications. At this stage most families need some guidance in order to utilize their economic, emotional, and physical resources wisely. It is also during this state when the rehabilitation team should begin to function. During this period emotional relationships are good between the patient and the family.

The second stage, the reconstruction stage, begins when the individual has passed the acute stage, and is trying through surgery, physical therapy, or other means to regain as much of his former physical status as he can. A real status change may be felt; there may be modification in occupational, social, and sex roles. This period is very difficult for the patient and his family from the point of

view of expense and emotional problems. If the patient is fortunate, he makes enough progress in the second stage to become largely independent again and can resume many of his former role activities.

During the third stage, the plateau stage, all reconstructive measures available have been taken. At this time the person is now concerned with maintaining what gains he has made and in developing compensatory skills and attributes. From the standpoint of family relations, this may be the most difficult stage of all primarily because hope for improvement has diminished or gone. A long period of considerable or total care and confinement confronts both the patient and his family, and emotional resources have worn thin. In the fourth stage, the deteriorative stage, the patient gives way to the long process of attrition or suffers a terminal attack. This attrition may as easily result from emotional wear and tear as it can from physical accident or failure. It is important, therefore, not to neglect the interpersonal competency of the individual.

Evidence [8] seems to indicate that there is a definite effect on the family when illness interferes with its normal family functioning over a prolonged period. There are a number of individual factors which will vary with each personal or family situation. The severity, nature of symptomatology, degree of disability, and prognosis will all contribute to the ultimate picture from the standpoint of treatment.

The effect of chronic illness on family functionings will vary to a large extent depending on factors such as age, family structure, economic circumstances and which family member is ill.

As one views what has been done in the past there is evidence that the emphasis has been placed on resources being managed rather than the total family integration and function relative to its own goals.

Christopherson has suggested that we deal with role changes among the physically handicapped women. How one feels about himself and his role are extremely important in a family's function. A part of rehabilitation should be concerned with bringing about perceptional changes of such a nature as to generate hope and to promote personal and role adequacy. The "all purpose role" of the homemaker includes a complex of services, attitudes and expectations. The homemaker with a physical disability has a tendency to retreat from this "all purpose role" [9].

This leads us to the assumption that people with a handicap can not lead a full family life. According to Wright [10] a physically disabled person is a physically able person; there are things he can do, if he so desires, as well as things he can not do. Therefore, it seems more practical to refer to her as a person with a physical disability. The psychological aspects of the disability may be more handicapping than the physical aspect. It is closely related to family relations. One's feelings about the dis-

ability and the attitudes and feelings of others towards the disability are of relative importance. The goals of rehabilitation and ways of achieving them must be understood by the homemaker and her family members. The change from a "housekeeping role" to a "decision making role" can be a constructive approach to her home management role [11]. This new approach to the problem of managing the home is fundamental for the rehabilitation of homemakers with a physical disability. Even the severely physically disabled can make an important contribution to the family in a decision making role.

The foods and nutrition specialists who have been working in the area of rehabilitation have concentrated attention in family nutrition and the preparation of therapeutic diets. One of their major problems is that of teaching disabled homemakers and their families to follow through on dietary suggestions in the family setting [12, 13,14].

The New York Chapter of Home Economists in Business equipped the kitchen of the new homemaking unit at the Institute of Physical Medicine and Rehabilitation of the New York University Center. The original experimental kitchen was replaced with a new homemaking unit that provided three separate working centers designed for ambulatory as well as wheel-chair patients. The patients work in all three units during their reconstruction period. Their confidence increases as old skills return and new skills develop. This program encourages the patient to talk about her own kitchen and

helps her to take a hand in the planning so that the kitchen she returns to will fit her new way of working [16]. The "Heart of the Home Kitchen" developed by the New York State Heart Association has become world famous. The School of Home Economics at the University of Illinois recently reported research and published a bulletin on the wheel-chair kitchen [16]. Research in this area overlaps with housing; however, it does provide a means for the disabled homemaker to prepare nutritious meals for herself and her family.

The focus on the kitchen has motivated research in other areas of housing and interior design. The New York Heart Association, The Institute of Physical Medicine and Rehabilitation in New York and the University of Illinois at Urbana have done a great deal of work on kitchen planning. There is the need for more to be done in the area of adapting existing conditions to suit the needs of the homemaker with a physical disability.

There has been considerable research in the area of clothing for the physically handicapped. However, the emphasis has been on the clothing problems of persons with orthopedic handicaps and neurological diseases [17]. Research has been done by various institutes on clothing design, clothing selection and care, and the adaptation of commercial garments to suit the special needs of the handicapped. There is still a need for research in all areas of clothing for the physically handicapped [18].

Most of the research done in the area of child care and family relations by home economics and other disciplines needs to be related to the particular problems of the handicapped. Some organizations are helping parents with the special problems of rearing handicapped children. A study designed to increase the competence of orthopedically handicapped mothers in caring for young children was the aim of a five year investigation carried on by the School of Home Economics at the University of Connecticut [19]. Research is lacking on the effects of disablement of a homemaker on her husband and family in general.

In a study carried out by Julia Lacy [20], at the University of Maryland, it was concluded that: (1) those homemakers who reflected the greatest insight into educational opportunities for the handicapped tended to reflect a better understanding of inherent problems and to have a more wholesome attitude towards life in general, and (2) homemakers were approachable in terms of assistance needed to strengthen management practices and sought resources available to them. Perhaps this indicates that tangible management practices are more important to the well-being of the family than the less tangible practices. The group of disabled and non-disabled homemakers did not vary in intensity or difference in their attitudes towards selected aspects of personal and family living. However, the study did show a high correlation between the duration of disability and attitude towards life in general as well as towards the disability.

For the homemaker with a physical disability the prospect of resuming household activities and responsibilites can cause much apprehension. Several studies have been carried out to increase the knowledge of the problems encountered by homemakers with physical limitations. Neef [21] indicated that the homemaker with a disability on the average spent more time on household tasks, leisure activities and sleep than the physically abled homemaker. The degree of disablement had a considerable effect on the amount of work these women were able to do. The degree of adjustment increased with the increased limitation. Well adjusted homemakers appeared to be performing all the tasks their physical strength would allow them to perform. The author felt that the poorly adjusted homemakers could perform more household tasks than they did. Community participation was highly correlated with personal adjustment. There appeared to be a general unawareness of possibilities for making their present living situation easier through classes, booklets, etc. Such programs would help increase the homemaker's independence and self-reliance.

Nelson [22] found that sixteen out of the twenty-five homemakers who were interviewed had regular plans for their work. Two of these used written plans. It was also indicated that the husband and children did the tasks not often performed by the homemaker. They particularly helped with meals and house cleaning. Hired help was most often employed for laundry and house cleaning jobs. The jobs most often

done by the orthopedically handicapped homemaker herself were: dusting, meal-preparation, ironing and scrubbing. Those tasks which could be easily delegated, supervised and completed by family members and others were not done by the homemaker with a physical limitation. The study pointed up that homemakers need to be made aware of special devices for the handicapped, of housing designs, and of room and work center arrangement.

Considerable attention has been given to the role change of the employed homemaker. It would appear that much of the research can be related to the problems of the handicapped homemaker. The main difference may be that the employed homemaker has her outside job to justify her lack of control in the mothers' household area and may gain control over other areas because she contributes to the money income of the family.

A study done in a rural Pennsylvania community concluded that women who work outside the home apparently do not do so at the expense of housekeeping but at the cost of leisure time and some changes in the amount and frequency of certain production tasks. It seems apparent that women are not shifting the responsibility for household tasks even when they are employed. At the present time we are experiencing a period when there is a trend towards societal shifts in roles and home production. Tuttle's study [23] stated that both the husband and children are taking an active part in

home care. In the Hoffman study [24] it was evident that the division of labor pattern was different for the employed and non-employed homemaker. It was also found that the employed homemaker had less area control and her husband had more. Therefore the mother's employment, one of the variables in the study, may be considered as an exerting force towards the readjustment of the family structure.

Perhaps this is why the need is greater for the homemaker with a physical disability to remain a performer, if at all possible, as well as the manager of the home.

CHAPTER III

PROCEDURE

This study was designed to explore the decision making (activity control) practices in families where the homemaker has a physical limitation. The interview method was employed.

Interview Schedule

The interview schedule developed by Hoffman [24] to study effects of the employment of mothers on family structure was adapted for this study because it met certain criteria considered important; i.e., that it appeared to: (1) provide a valid method for identifying family decision making, (2) it provided relevant background information about the homemaker and her family, and (3) it required a limited amount of time to administer.

The interview schedule consisted of three main parts: (1) general background information, (2) who does and who decides a selected number of household tasks, and (3) changes which resulted from the disablement of the homemaker. (See Appendix.)

The form of questions and actual items used for identifying both decision making and task performance were the same as those used by Hoffman [24]. Hoffman developed these interview questions from a categorization system

developed by Herbst [24]. Classification of household tasks used as a basis for the Hoffman schedule and for the schedule used in this study were:

> Mother's household area--this includes those household tasks conventionally performed by the mother in the family such as food preparation and cleaning inside the house.
>
> Father's household area--this includes those household tasks conventionally performed by the father in the family such as the repairing of certain fixtures and washing the family car.
>
> Common household area--this includes tasks commonly done by both parents.
>
> Child care area--this includes tasks relevant to the care and training of children. They are more often performed by the mother than the father.
>
> Economic area--this refers to the acts of allocating goods to family members, handling budgetary matters, and other tasks relevant to monetary affairs that take place within the family. This area is predominantly the husbands' sphere.
>
> Social area--this refers to the area of entertainment and informal social interaction that takes place between family members and with persons or groups outside the family. Both parents are active in this area.

The actual items consisted of a group of questions which asked the homemaker, who does routine household tasks and who decides about these tasks. These questions were read to the homemaker and her responses were recorded on the schedule. The responses to these questions were used to determine the decision making role of the homemaker in the family.

Open-ended questions were used to elicit information about: changes which took place in the home after the disablement of the homemaker, how household tasks were being

done, and problems encountered by homemakers with a physical disability. These questions were an adaptation of the Hoffman questionnaire [24]. The homemaker's responses were recorded in her own words. The adapted interview schedule was pretested on three homemakers.

Selection of Sample

The sample consisted of twenty-four homemakers in the Lansing, Michigan area who met the following criteria:

1. Homemakers with a physical disability who had one or more children from two years to sixteen years of age.
2. Homemakers with a physical disability whose husbands were in the household.

A telephone call was made to each prospective homemaker to request her cooperation in participating in the study and to make an appointment for the interview. At this time it was also determined whether the homemaker met the criteria set up for participants in the study.

Data Collection

Data were collected through personal interviews which took place in the home setting so that the interviewer could observe the family situation.

Some time was spent to establish rapport between the interviewee and the interviewer. Background information was

secured to further describe the sample. The interviewing schedule was then administered. The questions were read and recorded by the interviewer. In one case, because of a hearing impairment, it was necessary to give the schedule to the homemaker. The degree of impairment of the homemaker affected the length of time it took to administer the schedule. Because of the nature of the third part of the schedule it was found that a change in terminology was more effective in some cases. At the close of the interview the way was paved for a return visit, should this be necessary.

Interviews were scheduled during the weekdays. It was found that weekends were not convenient for most families because it was one day when the husband was home and he had many things to do or because families wanted to do things together.

Analysis of Data

Data were analyzed descriptively. Responses were tabulated according to division of labor, area of control and power score of the homemaker. To determine the amount of power a homemaker had in the family, weights were assigned to her degree of participation in making decisions over the behavior of other members of the family. The weights were given as shown in Table 1. A power score for each household area was determined for each homemaker. The power score was used to determine the degree of decision making assumed by the disabled homemaker.

Table 1. Scoring System for Mothers' Power Measures

Mothers' Responses	Weight
Mother decides, other does	3
Mother and other decide, others do	2
Mother and other decide, mother and others do	1
Mother decides, mother does; father decides, father does; both decide, both do; neither parent decides, neither parent does	0
Nobody decides, other does	-1
Father decides, other does	-2
Other decides, mother does	-3

Responses from the open-ended questions were categorized according to: personal changes in the home, physical changes in the home, how household tasks are being done, changes in the amount of influence the homemaker has in the home, and problems a homemaker with a physical limitation encounters as a homemaker.

CHAPTER IV

DESCRIPTION OF SAMPLE

The study was limited to the nuclear family. Each family had a homemaker with a physical disability, a father, and children.

The sample consisted of twenty-four homemakers from the Lansing, Michigan area. A list of names was secured from the following sources: The Visiting Nurses Association, The National Foundation, Multiple Sclerosis Society, Muscular Dystrophy Association, Rehabilitation Center, Inc., Ingham County Health Department, Ingham Medical Hospital and Ingham County Extension Service. Several local agencies did not wish to contribute to the study. In general it was found that most people were cooperative in suggesting possible interviewees because they recognized the need for getting pertinent information about homemakers so that their services could better meet the needs for rehabilitation. The sources providing names of interviewees had no data about family composition, therefore, it was necessary to contact each family and to determine if the criteria set up for the study were applicable. Homemakers were eliminated for the following reasons: (1) did not answer the telephone after several attempts, (2) telephones were disconnected, (3) telephone numbers were unpublished, (4) husband was not present in the household, (5) there were no children in the family, and

(6) homemaker was unwilling to participate in the study. The total list of homemakers was sixty, and from this twenty-four homemakers met the criteria and were willing to participate in the study.

Description of Sample

Table 2. Age of Homemaker

Age Group	Number of Homemakers	Percent of Homemakers (N-24)
20-30 years	1	4.2
31-40 years	12	50.0
41-50 years	10	41.6
51-60 years	1	4.2
Total	24	100.0

The highest percentage of homemakers were in the thirty to fifty year age group.

As seen in Table 3 a majority (79.1%) of the homemakers had a high school education. Three of the women had received additional training, in nursing, business education, and as a beautician. Ten homemakers had some formal home economics education on the high school or college level.

Table 3. Homemaker's Education

Highest Grade Complete	Number of Homemakers	Percent of Homemakers (N-24)
8th grade	1	4.2
9th grade	1	4.2
10th grade	1	4.2
11th grade	2	8.0
12th grade	15	62.5
3 years college	1	4.2
4 plus years college	3	12.6
Total	24	99.9

Table 4. Homemakers Physical Disability

Medical Problem	Number of Homemakers	Percent of Homemakers (N-24)
*Amyothrophic lateral Sclerosis	1	4.2
Blind	1	4.2
*Freidreich's Ataxia	1	4.2
Cardiac	2	8.3
*Multiple Sclerosis	6	25.0
*Muscular Dystrophy	1	4.2
Poliomyelitis	4	16.7
*Rheumatoid Arthritis	4	16.7
Tuberculosis	2	8.3
Spinal fusion	1	4.2
*lupus Erythematosus	1	4.2
Total	24	99.9

*These are of a degenerative nature.

The highest percent (25%) were homemakers with

multiple sclerosis. Of the medical problems 58.5 per cent are of a degenerative nature. Five homemakers were confined to a wheel-chair. Seven homemakers used the wheel-chair a majority of the time. These women did have limited standing and walking tolerance. Two women used a cane for walking. A couple of women frequently used a wheel-chair because they felt it was easier to get around and it also saved them energy. In some cases there was no visible sign of the medical problem.

Table 5. Length of Time the Medical Problem has Existed.

Length of Time	Number of Homemakers	Percent of Homemakers (N-24)
1-3 years	6	25.0
4-6 years	5	20.8
7-10 years	2	8.3
Over 11 years	11	45.8
Total	24	99.9

The highest percent (45.8%) of the homemakers had their medical problem for over eleven years. The range was from three months to forty-four years. Blindness, poliomyelitis and rheumatoid arthritis occurred early in life for four of the homemakers.

Table 6. On-Set of Medical Problem

On-set	Number of Homemakers	Percent of Homemakers (N-24)
Before marriage	4	16.7
After marriage	20	83.3
Total	24	100.0

On-set	Number of Homemakers	Percent of Homemakers (N-24)
Before birth of children	9	37.5
After birth of children	15	62.5
Total	24	100.0

In five cases the early stages of the disease appeared early in the homemaker's married life. These medical problems were: muscular dystrophy, poliomyelitis and tuberculous. One homemaker developed multiple sclerosis before the birth of her last child.

As seen in Table 7, about 50 per cent of the homemakers were active in clubs and organizations. However, the highest percent (45.8%) had become less active since the on-set of the physical disability.

Table 7. Community Participation

Belong to Organizations	Number of Homemakers	Percent of Homemakers (N-24)
Yes	12	.50
No	12	.50
Total	24	100

How Active Since Disablement	Number of Homemakers	Percent of Homemakers (N-24)
More active	1	4.2
Same	0	33.3
Less active	11	45.8
*Don't know	4	16.7
Total	24	100.0

*Since early childhood--homemaker was unable to make a comparison.

Table 8. Husband's Occupation

Occupational Status	Number of Families	Percent of Homemakers (N-24)
Employee	17	70.8
Entrepreneur	3	12.5
Professional	3	12.5
Disabled	1	4.2
Total	24	100.0

A majority of the husbands' occupations were blue-collar industrial or service workers. One husband was unemployed because of physical disability.

Table 9. Family Income

Income Level	Number of Families	Percent of Families (N-24)
Under $2,000	1	4.2
$2,000 to 2,999	2	8.3
$3,000 to 3,999	1	4.2
$4,000 to 4,999	3	12.5
$5,000 to 7,999	8	33.3
$7,500 to 10,000	5	20.8
Over $10,000	4	16.7
Total	24	100.0

A majority (54.1%) of the families had an income between $5,000 to $7,499. The income range was from under $2,000 to over $10,000 a year. Several homemakers estimated the figure given as the approximate income.

Table 10. Number and Sex of Children

Number + Sex of Children	Number of Families	Percent of Families (N-24)
1 female	1	4.2
2 females	4	16.7
1 male	3	12.5
2 males	1	4.2
3 males	1	4.2
4 males	1	4.2
1 female + 1 male	9	37.5
2 female + 1 male	1	4.2
2 females + 2 males	2	8.3
2 females + 3 males	1	4.2
Total	24	100.2

All families included a mother, father and children. The number of children in the family ranged from one to five.

Two families had sons over eighteen years of age living in the home and one family cared for a twelve year old nephew during the school year.

Table 11. Ages of Children

Age Group	Number of Children	Percent of Children (N-55)
1-3 years	4	7.3
4-6 years	5	9.1
7-10 years	11	20.0
11-13 years	15	27.3
14-18 years	20	36.4
Total	55	100.1

In over one-half of the families (63.7%) the children were between eleven and eighteen years of age. These families represent in large measure families with pre-teen and teenage children.

Table 12. Range of Children's Age in Families.

Age Group	Number of Families	Percent of Families (N-24)
1-3 years	2	8.3
4-6 years	4	16.7
7-10 years	7	29.2
11-13 years	11	45.8
14-18 years	13	54.2

The typical homemaker had the following characteristics: (1) her average age was between thirty to forty years

of age, (2) she had a high school education, (3) her physical disability was of a degenerative nature, (4) she was confined to the wheel-chair, (5) her medical problem occurred after her marriage and has existed over eleven years, (6) she was less active in community life, (7) her husband was a blue-collar worker and earned an average income, and (8) she had two adolescent children.

CHAPTER V

FINDINGS

Division of Labor

The participation in household tasks by family members was determined by asking the homemaker who does which task in the various household areas. The tables indicate the distribution of performance of household tasks among family members.

As seen in Table 13 the majority of the homemakers (62.5%) prepare the evening meal. About one-third of the mothers prepare breakfast for the family. Less than one-half of the homemakers perform tasks in the mother's household area. The father performs most frequently in the food area; i.e., getting the breakfast (25%) and getting groceries (50%). Children in the family tend to assume more responsibility for tasks done in this area than does the father. Hired help usually does the cleaning and dusting.

Table 14 shows that a small percentage of homemakers help out in the father's area. The father does a majority of the tasks in his area. The children show a greater degree of participation in mowing the lawn, shoveling the snow and washing the car. They also tend to help out more in the mother's area than the father's area. All members participated in this area (with the exception of the mother).

Table 13. Percentage of Family Members Performing Household Tasks: Mother's Area (N-24)

Task	M.* Alone	F.* Alone	C.* Alone	Other Alone	M.& F.	M.&C.	F.&C.	Other & Fam.	All Fam. Members
Getting breakfast	33.3	25.0	8.3	----	8.3	4.2	4.2	4.2	8.3
Cleaning and dusting	45.8	4.2	16.7	25.0	----	8.3	----	----	----
Cooking evening meal	62.5	4.2	8.3	4.2	8.3	4.2	4.2	----	4.2
Doing dishes	37.5	----	33.3	----	12.5	4.2	----	8.3	4.2
Setting table	20.8	----	54.2	4.2	4.2	----	----	4.2	4.2
Making beds	4.2	----	8.3	----	8.3	8.3	20.8	16.7	8.3
Getting groceries	20.8	50.0	----	4.2	12.5	4.2	8.3	----	----

*M = Mother

F = Father

C = Children

Table 14. Percentage of Family Members Performing Household Tasks: Father's Area (N-24)

Task	M.* Alone	F.* Alone	C.* Alone	Other Alone	M.& F.	M.& C.	F.&C.	Other & Fam.	All Fam. Memberss
Mowing lawn and shoveling snow	4.2	33.3	29.2	----	8.3	----	25.0	----	----
Washing car	----	33.3	25.0	4.2	8.3	----	12.5	4.2	----
Fixing things	8.3	87.5	----	----	----	----	----	4.2	----
Cleaning cellar and garage	4.2	58.3	8.3	----	----	----	8.3	4.2	----
Putting up screens and storm windows	----	56.0	4.2	----	----	----	4.2	12.5	----

*M = Mother; F = Father; C = Children.

In Table 15 it is shown that the children and the father assume the majority of the responsibility for the tasks done in the common household area. Only 25 per cent of the homemakers put things back in place.

Table 16 shows that the homemaker with a physical disability did not perform any task in the child care area a majority of the time. In all child care tasks, with the exception of getting children out of bed, both the mother and father shared the responsibility. Approximately the same number of mothers got the children out of bed (50%) as those who showed some degree of involvement in the preparation of breakfast (45.8%). In one family hired help assumed responsibility for the care of younger children. In only 79.2 per cent of the families did an adult see to it that the children ate. Fathers seldom got children to help although the father and the children worked together in the mother's household area in 37 per cent of the families.

Table 17 shows that the only task the mother performed a majority of the time is that of writing letters. In all other tasks the families performed the tasks together. A higher percentage of fathers played games with the children in the family. In 70.8 per cent of the families it was indicated that they went on vacations as a family unit.

The father showed a greater degree of participation in the economic area as is indicated by Table 18. At least half of the mothers and fathers purchased big things for the family and things for the children together. Mothers (29.2%) who paid

Table 15. Percentage of Family Members Performing Household Tasks: Common Household Area (N-24)

Task	Alone	Alone	Alone	Alone	M.&F.	M.& C.	F.& C.	& Fam.	All Fam. Members
Putting things back in place	25.0	4.2	12.5	4.2	----	4.2	25.0	4.2	----
Taking out garbage	4.2	12.5	50.0	----	8.3	----	12.5	----	12.5
Weeding garden	----	50.0	8.3	----	8.3	----	16.7	----	----

*M = Mother; F= Father; C = Children.

Table 16. Percentage of Family Members Performing Household Tasks: Child Care Area (N-24)

Task	M.* Alone	F.* Alone	C.* Alone	Other Alone	M.& F.	M.& C.	F.& C.	Other & Fam.	All Fam. Members
Getting children to eat	37.5	4.2	----	----	37.5	----	----	----	----
Getting children to help	45.8	8.3	8.3	----	29.2	----	----	----	----
Getting children to bed	25.0	4.2	25.0	----	29.2	----	----	----	4.2
Taking care of younger children**	16.7	----	----	4.2	4.2	8.3	----	4.2	8.3
Getting children out of bed	50.0	37.5	8.3	----	----	4.2	----	----	----
Getting children to behave at table	4.2	25.0	----	----	62.5	----	----	----	----

*M = Mother; F = Father; C = Children.

** In 54.2 per cent of the families there were no children under 10 years of age.

Table 17. Percentage of Family Members Performing Household Tasks: Social Area (N-24)

Tasks	M.* Alone	F.* Alone	C.* Alone	Other Alone	M.& F.	M.& C.	F.& C.	Other & Fam.	All Fam. Members
Writes letters	75.0	4.2	----	----	12.5	4.2	----	----	4.2
Watches T.V.	4.2	----	4.2	----	4.2	----	8.3	4.2	70.8
Invites friends	4.2	----	20.8	----	8.3	----	----	8.3	54.2
Goes on vacation	----	4.2	----	----	----	----	----	4.2	70.8
Plays games in family	----	----	4.2	----	4.2	4.2	16.7	4.2	37.5

*M = Mother; F = Father; C = Children.

Table 18. Percentages of Family Members Performing Household Tasks: Economic Area (N-24)

Task	M.* Alone	F.* Alone	C.* Alone	Other Alone	M.& F.	M.& C.	F.& C.	Other & Fam.	All Fam. Members
Children's allowance	4.2	41.7	----	----	25.0	----	----	----	----
Pays monthly bills	29.2	54.2	----	----	8.3	4.2	----	----	4.2
Buys big things for the family	----	29.2	----	----	62.5	----	----	----	4.2
Pays out money for jobs done	20.8	33.3	4.2	----	----	----	----	----	----
Saves money	8.3	25.0	----	----	25.0	----	4.2	4.2	4.2
Buys things for children	12.5	25.0	4.2	4.2	50.0	----	4.2	----	----

*M = Mother; F = Father; C = Children.

bills usually did it by check.

Activity Control

To determine activity control the question "who decides . . . ?" was asked. The tables indicate the extent to which the mother made the decision alone and also what decisions other family members made. The amount of control over an activity is determined by her decision making.

It can be seen by Table 19 that a majority of the homemakers made the decisions in the mother's area. The highest percentage (95.8%) decided about cleaning and dusting. Father was less apt to make decisions alone about the mother's household area. Decisions over who got breakfast and who made beds were made in 64.2 per cent and 70.8 per cent of the families respectively. Children were seldom included in the decision making in this area.

By Table 20 it can be seen that a majority of the fathers make the decision a majority of the time about tasks in the father's area. The mother showed a higher degree of participation in decisions about mowing the lawn, shoveling the snow, fixing things, and putting up screens or storm windows. However, the mother tended to make more decisions about the father's household tasks than he did in her area. Children made more decisions in the mother's household area.

Table 19. Percentage of Family Members Deciding Household Tasks: Mother's Area.(N-24)

Task	M.* Alone	F.* Alone	C.* Alone	Other Alone	M.& F.	M.& C.	F.& C.	Other &Fam.	All Fam. Member
Getting breakfast	50.0	4.2	----	----	----	----	----	----	4.2
Cleaning and dusting	95.8	----	4.2	-----	-----	----	----	----	----
Cooking Evening meal	79.2	8.3	4.2	----	8.3	----	----	----	----
Doing dishes	62.5	----	----	----	16.7	----	----	----	4.2
Setting table	66.7	4.2	----	----	8.3	----	----	----	----
Making beds	45.8	8.3	16.7	----	----	----	----	----	----
Getting groceries	62.5	12.5	----	----	25.0	----	----	----	----

*M = Mother; F = Father; C = Children.

Table 20. Percentage of Family Members Deciding Household Tasks: Father's Area (N-24)

Task	M.* Alone	F.* Alone	C.* Alone	Other Alone	M.& F.	M. &C.	F.& C.	Other & Fam.	All Fam. Members
Mowing lawn and shoveling snow	16.7	70.8	----	----	8.3	----	----	----	----
Washing car	----	58.3	8.3	----	4.2	----	4.2	----	----
Fixing things	29.2	62.5	----	----	4.2	----	----	----	----
Cleaning cellar and garage	8.3	62.5	----	4.2	4.2	----	4.2	----	----
Putting up screens and storm windows	25.0	45.8	----	----	8.3	----	----	----	----

*M = Mother; F = Father; C = Children.

Three-fourths of the homemakers decided exclusively about putting things back in place as is seen in Table 21. The father assumed responsibility for deciding about what was to be done outside the house.

Mother tended to make decisions alone in the child care area. The highest percentage of mothers (62.5%) decided about what the children should eat (see Table 22).

Table 23 shows that the homemaker decides more than anyone else about inviting friends. A majority (75%) of the mothers assumed responsibility for corresponding with relatives and friends. The family vacation was more often decided by mother and father together.

Both the mother and father decided in approximately the same number of families about payment of monthly bills and paying out money for jobs to be done (see Table 24). In 70 per cent of the families the mother and father decided together about large purchases for the family and things for the children. In only one family were children included in the economic area--that was saving money. In a majority of the tasks the mother made fewer decisions alone than the father did alone.

Table 21. Percentage of Family Members Deciding Household Tasks: Common Household Area (N-24)

Task	M.* Alone	F.* Alone	C.* Alone	Other Alone	M.& F.	M.& C.	F.& C.	Other & Fam.	All Fam. Members
Putting things back in place	75.0	4.2	----	----	4.2	----	----	----	8.3
Taking out garbage	50.0	20.8	4.2	----	16.7	----	----	----	4.2
Weeding garden	4.2	66.7	----	----	12.5	----	----	----	----

*M = Mother; F = Father; C = Children.

Table 22. Percentages of Family Members Deciding Household Tasks: Child Care Area (N-24)

Task	M.* Alone	F.* Alone	C.* Alone	Other Alone	M.& F.	M.& C.	F.& C.	Other & Fam.	All Fam. Members
Getting children to eat	62.5	8.3	8.3	----	12.5	----	----	----	----
Getting children to help	50.0	12.5	4.2	----	20.8	8.3	----	----	----
Getting children to bed	45.8	12.5	8.3	----	29.2	----	----	----	----
Taking care of younger children	33.3	----	----	----	12.5	----	----	----	----
Getting children out of bed	58.3	16.7	12.5	----	4.2	4.2	----	----	----
Getting children to behave at table	4.2	16.7	----	----	58.3	----	----	----	4.2

*M = Mother; F = Father; C = Children.

Table 23. Percentage of Family Members Deciding Household Tasks: Social Area (N-24)

Task	M.* Alone	F.* Alone	C.* Alone	Other Alone	M.& F.	M.& C.	F.& C.	Other & Fam.	All Fam. Members
Writes letters	75.0	16.7	----	----	----	----	----	----	4.2
Watches T.V.	20.8	25.0	12.5	----	4.2	----	4.2	----	16.7
Invites friends	50.0	25.0	----	----	20.8	----	----	----	4.2
Goes on vacation	----	12.5	4.2	----	37.5	----	----	----	25.0
Plays games in family	----	4.2	29.2	4.2	4.2	4.2	----	----	12.5

*M = Mother; F = Father; C = Children.

Table 24. Percentages of Family Members Deciding Household Task: Economic Area (N-24)

Task	M.* Alone	F.* Alone	C.* Alone	Alone	M.& F.	M.& C.	F.& C.	Other &Fam.	All Fam. Members
Children's allowances	12.5	20.8	----	----	45.8	----	----	----	----
Pays monthly bills	41.7	45.8	----	----	12.5	----	----	----	----
Buys big things for the family	8.3	16.7	----	----	70.8	----	----	----	----
Pays out money for jobs done	20.8	20.8	----	----	16.7	----	----	----	----
Saves money	8.3	45.8	----	----	25.0	----	----	----	4.2
Buys things for children	12.5	16.7	----	----	70.8	----	----	----	----

*M = Mother; F = Father; C = Children.

Power Score

"A person's power is determined by the degree to which he decides over another person's behavior or makes decisions about objects which will affect another person" [24]. For the purpose of this study the writer was interested in discovering the amount of power a homemaker with a physical disability had in her family. The procedure for determining power scores is discussed on page 21.

Table 25. Mother's Power in Mother's Household Area

Range of Power	Number of Families	Percent of Families (N-24)
21-14	4	16.7
10-7	4	16.7
6-1	13	54.2
0	--	----
-1- -4	3	12.5
Total	24	100.1

The maximum power score for mother's household area was twenty-one. The range of power was from twenty-one to minus four. The majority of the homemakers (54.2%) had a power score between one and six. Only 12.5 per cent had power scores under zero. Four homemakers had major control over the household area.

Table 26. Mother's Power in the Father's Household Area.

Range of Power	Number of Families	Percent of Families (N-24)
10-6	1	4.2
5-1	5	20.8
0	4	16.7
-1 to -5	12	50.0
-6 to -10	2	8.3
Total	24	100.0

The maximum power score for the father's area was fifteen. The homemaker's power range was ten to minus ten in this area. One-half of the homemakers had a score of minus one to five. Only one homemaker scored above plus six. Homemakers had little control over the activity of others in this area.

Table 27. Mother's power in the Child Care Area.

Range of Power	Number of Families	Percent of Families (N-24)
11-7	5	20.8
6-1	15	62.5
0	1	4.2
-1 to -6	3	12.5
Total	24	100.0

No one achieved the maximum power score for the area which was eighteen. Power scores ranged from plus seven to

minus six. The majority (62.5%) fell in the six to one plus group.

Table 28. Mother's Power in the Common Household Area

Range of Power	Number of Families	Percent of Families (N-24)
9 to 7	2	8.3
6 to 4	7	29.2
3 to 1	11	45.8
0	2	8.3
-1 to -3	2	8.3
Total	24	99.9

The maximum power for the common household area was nine. About one-third of the homemakers (37.5%) exercised power in this area.

Table 29. Mother's Power in the Social Area

Range of Power	Number of Families	Percent of Families (N-24)
10 to 6	2	8.3
5 to 1	12	50.0
0	1	4.2
-1 to -5	8	33.3
-6 to -10	1	4.2
Total	24	100.0

None of the homemakers achieved a complete power score of fifteen in this area. A majority of the homemakers had low power in this area.

Table 30. Mother's Power in the Economic Area

Range of Power	Number of Families	Percent of Families (N-24)
11 to 7	2	8.3
6 to 1	13	54.2
0	8	33.3
-1 to -6	1	4.2
Total	24	100.0

The maximum power score for the area was eighteen which no homemaker achieved. A majority had low power in this area.

Table 31. Mother's Power Score for All Household Areas

Range of Power	Number of Families	Percent of Families (N-24)
36 to 25	4	16.7
24 to 13	12	50.0
12 to 1	5	20.8
0	1	4.2
-1 to -12	2	8.3
Total	24	100.0

The total possible power score for all areas of household tasks was ninety-six. Scores for each homemaker in all areas ranged from thirty-six to minus twelve. When viewed in total the homemakers tended to have limited control over the activities of others in all areas of the household.

Changes in Household Performance

In response to the question "After the onset of your disability were there any changes that took place in your household?" That changes had occurred was indicated by 79.2 per cent of the homemakers. These changes fell into three areas: (1) performance of work, (2) interaction within the family and with outside groups, and (3) in personal living.

One-fourth of the homemakers stated that they were unable to do household chores. One-sixth could perform a limited number of chores. After the acute stage of a non-degenerative disease, homemakers stated that they began to assume their role in the home gradually; i.e., doing simple household tasks first and gradually assuming responsibility for the larger tasks. Those with a disease of a degenerative nature indicated adjusting to doing things a different way or not being able to do household chores.

The majority of changes which were made in household activities were in the area of cleaning, feeding, and clothing the family. Heavy cleaning was the most difficult task for the homemaker to perform. Care of floors, weekly and seasonal cleaning were frequently done by another member of the family or hired help. Most homemakers found it necessary to change methods of buying and preparing food. In a few cases the practice of baking and canning was discontinued or limited. Clothing purchases along with the laundry were

mentioned as the tasks which were done by another member of the family. Miscellaneous tasks in the area of yard work and home decoration were no longer done by the homemaker. An increase in the cost of household operation resulted from sending laundry out, having husbands' shirts done, dry cleaning more items, and having someone come in to do housework. In most cases activities in the above areas were not performed by the homemaker. In 70.8 per cent of the homes the homemaker said that she did not send things out to be done. Reasons given for this were the lack of money or no felt need to do so.

Changes in interaction with family or outside groups resulted from the disablement of the homemaker. Twenty-nine and two-tenths per cent of the families found it necessary to move to a new location. Along with assuming care for the household the husband also assumed more responsibility for the children. Children were trained to do more things for themselves and were expected to help out more in the home. Some homemakers expressed concern over what would happen when the children left home. Persons other than family members living in the home or coming into the home to work influenced the behavior of the children. The homemaker said that she found it necessary to accept another person in the home. Homemakers felt that they were less able to spend time with their families. This was due to the need for additional rest and the homemaker's inability to participate in all family activities. Family vacations were discontinued because of

lack of money or the inconvenience of traveling. Social life was greatly curtailed. The husband and wife were not able to participate in community activities or recreational activities. They visited fewer friends and did less entertaining in the home. In some cases the homemaker no longer attended P.T.A. meetings. Along with this the homemaker and her family had to adjust to her new limitations.

The homemaker found it necessary to adjust to changes in her personal living. One homemaker stopped working. In general about one-third of them stated that they had learned to accept things as they were and do what they could each day. They tended to leave some household chores undone or do not do them as often. Their illness had taught them that some of the things they used to consider important were not really that important. For example one homemaker stated, "I used to be real fussy . . . have learned from my sickness that you can be neat and clean without over doing."

Changes in Household Facilities

Major and minor physical changes were made in many of the homes. Five homemakers were fortunate in that they were able to build homes around their physical limitation. However, only two of these families consulted a professional person in drawing up the plans. As a result the other three homemakers had limited provisions and the homemakers stated that they were unable to work effectively in the house.

Some of the changes the builder made, the homemaker stated, were a hinderance. Two of the homemakers who moved to Lansing because of their physical limitations looked for one level homes and houses that would be convenient for them to work in.

The purchase of equipment or rearrangement of equipment made it possible for some homemakers to accomplish household tasks. Such items as: washer and dryer, dish washer, adjustable ironing board and small appliances have been of greatest value to the homemaker.

Installation of grab bars in the bathroom, rails in the hallways and outside ramps were frequently mentioned items. In several cases doors had to be widened, counter tops and cupboards lowered. Installation of a telephone upstairs or longer cords made it possible for the homemaker to have a telephone near by in case of an emergency. One homemaker had an intercommunication system which made it possible for her to keep in contact with her children. In several of the homes self help devices were employed as an aid in helping the homemaker care for herself and her family.

A few homemakers mentioned other minor changes. One homemaker stated that she had less "junk" around the house, rugs were removed as they limited the homemaker's ability to get around in the house. Several rearranged cupboards and the kitchen. Several stated that they felt more changes could be made but did not have the family cooperation or that

they had not gotten around to doing it. They also saw the need for more changes in the future but would wait until they had to do it. Few were making long range plans.

Changes in Work Delegation

The husband, children, relatives, neighbors and hired help aided the homemaker with a physical disability in getting the household chores done. In 83.3 per cent of the families all family members helped out more. Less than half (41.7%) were able to hire full or part time help. Relatives were more apt to help out during the acute stage of the illness, however, few had been willing to help out over a longer period of time.

In 50 per cent of the families the homemaker stated that the husband assumed all or most of the responsibility for home care. In some cases he supervised or delegated jobs to the children. In most cases he assumed the entire responsibility for the house and children when the wife was in the hospital. Along with assisting his wife with simple household tasks he was doing most of the heavy work. He did such tasks as: shopping (food, clothing, and gifts), cooking, laundry, and cleaning. In addition to his household chores he assumed "self care" for the wife.

In 41.7 per cent of the families children were assuming more responsibility for home care. In 12.5 per cent of the homes the children were doing everything. Jobs were usually assigned to them.

Sometimes they worked with the mother, assisting her with the things she was unable to do. Some of their chores were: cleaning, shopping, washing, ironing, doing dishes, making beds, care of own room and personal items, and care of the mother.

Hired help was more apt to do the cleaning. In some cases they also cared for the homemaker during the day. In two cases it was found that hired help did all the household tasks. It was also found that they did the washing and ironing. Additional help was used during the homemaker's recovery period.

Relatives or neighbors frequently cared for young children while the homemaker was in the hospital. Four homemakers had neighbors who would come in and help her when she was unable to do things. Mother or mother-in-law came into the home and cared for the homemaker and her family during the early stages. In some cases relatives continued to come once a week to do cleaning, washing, ironing, baking, and mending.

The homemaker expressed a need for remaining active in the home if she was to continue to be an important member of the family. Several stated that they had seen several cases where the wife has been "shelved." Several stated that this need to remain important was a motivating force in their lives. They wanted to do what they could. Some have found that they had been able to remain active by: scheduling work,

purchasing equipment to make the job easier, rearranging the house and changing the way of doing things.

Changes in Homemaker's Influence

The homemaker's opinion about changes in the amount of say she had in the family was both negative and positive. When asked open-ended questions regarding their influence in the family a number of homemakers became more emotional. Instead of discussing the questions they talked about their family's acceptance of them and what was going to happen to them. The writer believes that the information acquired in this area is highly subjective.

Fifty per cent of the homemakers felt that there had been a change in the amount of say they had in the family. Several felt that they probably had more to say because of various reasons: (1) the family has to consider the homemaker with a physical disability first and center things around her more frequently, and (2) she had to do more talking in order to remain active. One homemaker stated, "I have become bolder . . . afraid of being put away." Yet, other homemakers stated that they had little to say in respect to what children did, that the husband made more decisions, that they did not have the same authority, that the husband had more power because he was doing things and that the family allowed them (homemakers) to do less. Although they resented this, they felt that there was little they could do because the husband was "running the home."

Twenty-eight and eight-tenths per cent of the homemakers stated that they had more say in major decisions because it was necessary to look at decisions in terms of the physical limitation. Others felt that the more severely disabled the wife was the less she would have to say. In the early stages of a degenerative disease the wife could become the dominant personality, however, as time goes on she might say less because the family could begin to ignore her. Five of the homemakers felt that their husbands had taken over.

In every day decisions 20.8 per cent of them felt that change occurred because their husbands were taking a more active role in the home. In some cases he made the decision because he did not wish to bother her.

The emotional tone of the homemakers response in answering open ended questions indicated that this is an important area. Perhaps a projective test would be more effective in determining the change in the homemaker's role in the family of a homemaker with a physical handicap.

Problems a Homemaker with a Physical Limitation Encounters as a Homemaker

Homemakers expressed the desire for help with problems they encountered as a homemaker in the area of: limitation of material resources, performance of work, managerial abilities, and interpersonal relationships.

The high cost of medical treatment and medication had put a serious strain on the family income. Lack of enough money to go around was one of their concerns. Little money was left over for extras after the essential items are purchased. They would like additional information about the selection of household equipment. Most homemakers were unable to find clothing suitable to their physical limitation. What is available apparently was very costly.

The largest emphasis was placed on performance of work. Homemakers felt that help in this area should be made available at the onset of the illness. Anything that would make their work easier was desired by them. However, not all of the homemakers could recognize any problems or see solutions. They stated that they knew they could make changes but did not know how to go about it. Some of the specific household problems they had were: planning and preparing family meals, safety in the kitchen, using the stove and oven, washing and ironing, bed making, light and heavy cleaning (dusting, mopping floors, use of vacuum cleaner, etc.), arrangement of cupboards and kitchen, and opening boxes or canned goods. The most frequent reply was "problems in

doing the physical work." Three homemakers mentioned work simplification techniques and sitting down to work as possibilities.

There was evidence that homemakers needed help in developing their managerial abilities. Planning, organizing and delegating household tasks were areas of weakness.

Some families felt that information in the area of family relationships was needed. Information about child care and discipline was requested as well as a better understanding of the husband and wife relationship. Getting the family to understand the medical problem and its meaning to the family seemed important to the homemaker.

CHAPTER VI

CONCLUSIONS AND DISCUSSION

The writer feels that this exploratory study has provided a great deal of valuable information about existing conditions in the home of the homemaker with a physical disability. The impact of her disablement has affected many areas of family living. The homemakers' responses to the interview schedule indicate that there have been changes in: (1) division of labor, (2) activity control, (3) her power in the family, (4) personal and physical aspects of the household, and (5) the amount of say she has in making decisions. Evidence seems to indicate that the homemaker with a physical disability encounters many problems in assuming her role as a mother and wife.

It was found that less than 50 per cent of the homemakers were performing tasks in the majority of the mother's household area; the exception being getting the evening meal which was done by 62.5 per cent of the homemakers. The children, more so than the father, appear to participate more in the performance of household tasks. However, half of the fathers purchased groceries and a fourth of them got breakfast for the family. The largest percentage of mothers performed tasks in the mother's household area and the child care area.

It was apparent that a majority of the homemakers made more decisions about the performance of tasks in their own

household area. This would indicate that they still had considerable control over the areas when they performed the work themselves. It was also found that the homemaker made limited decisions in the child care, common household and social areas of the family. The homemaker had more control over the activity when she made the decision alone--rather than with another member of the family. Few children made decisions alone, fathers were more involved in deciding.

The extent to which the mother decided over the behavior of other family members, as reported by the mother, was used to determine the mother's power in the family. One of the major findings of this study was that in general the mother's power score was very low. In the mother's household area, out of a possible score of twenty-one the majority (54.2%) of the homemakers had a score of between one and six. Seventy-five per cent of the homemakers had no power or had a minus score in the father's household area. In the child care area, usually performed by the mother rather than the father as reported by research in normal families, 62.5 per cent of the homemakers had scores of one to six. At least 50 per cent of the homemakers scored above zero in all other areas. Thirty-six was the highest power score received out of a possible ninety-six for all household areas. Half of the homemakers had scores in the thirteen to twenty-four range, an indicator of low power.

In 79.2 per cent of the families adjustments were required in areas of performance of work, interactions with the family or outside groups and personal living. Depending upon the nature of the disablement the homemaker was either adjusting to resuming her duties within her limitations or losing the ability to perform these duties. The homemakers were not satisfied with their role in the family or the roles the husband and children were assuming.

It was apparent that the homemaker could not function at the same level as in the past without the help of someone else. It was found that in 83.3 per cent of the families all family members helped out more. In less than half (41.7%) full or part time help was hired. These homemakers have stated that a way for them to be an important member of the family was to remain active. Conveniences in some areas had made this possible.

The study indicated that the mother's physical limitations affected the amount of influence she had in the family and her "degree of say" in both important and everyday decisions.

A variety of problems were encountered by homemakers with a physical disability. It was felt that individualized help at the onset of the disability would be of greatest value. The emphasis was placed on work simplification techniques. This indicated that homemakers do wish to assume a more active role in the home. It was evident that they encountered problems in the area of family relationships

because of their request to have more information about this area. Some homemakers felt that they had the mental ability to plan and delegate work but felt that they needed more information about how to manage.

Implications for Research

This study has provided information about the decision making role of the homemaker with a physical disability. More questions have been posed than answers given. It is evident that further research is needed to determine the actual change that has taken place in the homemaker's role in the family. Research that would get at information concerning the perception of the homemaker's role by other family members seems necessary before meaningful conclusions can be drawn.

A limited amount of research has been done relative to decision making and control over the activities of others with normal homemakers. Hoffman, who studied a group of employed homemakers, found that fathers participated more in household tasks and mothers less. This study would indicate that the same thing is true when the homemaker becomes disabled. However, research evidence seems to be lacking in the amount of participation in normal families. Research is needed to indicate the change in participation, in performance, decision making and power before and after the onset of the disability if valid conclusions are to be drawn.

Factors other than the disability may be responsible for decision making and power in the family. Research is needed to discover the relationship of such variables as: traditional role ideology, socio-economic factors and education as they relate to decision making and power.

Implications for the Rehabilitation Worker

This study has provided some clues for working with the disabled homemaker. One way of helping the homemaker feel important in her family is to help her to continue to make every day contributions to her family. Through work performance the home management specialist can be helpful in providing techniques and methods for making this possible. There is a strong indication that the homemaker lacks knowledge about the delegation of work to others. Information concerning delegation and supervision with an emphasis on maintaining particular family relationships seems important.

There seems to be some indication that the home management specialist should work with all family members instead of the homemaker alone. There is evidence that many of the problems result from interactions with other family members.

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APPENDIX

INTERVIEW SCHEDULE

BACKGROUND INFORMATION

1. Persons in the family
   ___husband
   ___wife
   ___children
   ___other_____
   _____

2. Number and age of children
   ___male_____
   _____
   _____
   ___female
   _____
   _____
   _____

3. Age of homemaker
   ___20 to 30
   ___31 to 40
   ___41 to 50
   ___51 to 60

4. Education of homemaker
   (grade completed)
   ___grade school
   ___high school
   ___junior college
   ___college
   ___other

5. Family money income per year
   ___under $2,000
   ___$2,000 to $2,999
   ___$3,000 to $3,999
   ___$4,000 to $4,999
   ___$5,000 to $7,499
   ___$7,500 to $10,000

6. Husband's occupation
   _____

7. Medical problem
   _____

8. How long have you had this?
   ___1 to 3 years
   ___4 to 6 years
   ___7 to 10 years
   ___over 11 years

9. Degree of disability
   (observation; do not ask)
   ___hempilegia
   ___paraplegia
   ___quadriplegia
   ___bed
   ___wheel chair
   ___crutches
   ___prosthes
   ___not visible

10. Did this take place
    ___before marriage
    ___after marriage

11. Did this take place
    ___before birth of children
    ___after birth of children

PART I--DAY AT HOME

INTRODUCTION

I am interested in knowing how families manage. You have probably noticed that things are sometimes done differently in your friend's homes from the way they are done in yours. We are trying to find out about the differences there are between families and in what ways families do things alike. I am going to ask you certain

questions about your families and about the different things that are done in your home.

When I ask you "who does it?", you decide who does it most of the time. If two people do something and you can not decide who does it most of the time, give both names.

Coding: a) 1. Mother
2. Father
3. Son
4. Daughter
5. Other

b) 1. All of the time
2. Most of the time
3. Occasionally
4. On special occasions
5. Seldom

		1	2	3	4	5
1. Who gets breakfast ready?	a					
	b					
Who decides who should get breakfast?	a					
	b					
2. Who mows the lawn and shovels snow?	a					
	b					
Who decides when the lawn needs mowing and when the walks and drive need shoveling?	a					
	b					
3. Who does the cleaning and dusting?	a					
	b					
Who decides who should clean and dust?	a					
	b					
4. Who cooks the evening meal?	a					
	b					
Who decides what to cook for the evening meal?	a					
	b					
5. Who washes and cleans the car?	a					
	b					
Who decides about washing and cleaning the car?	a					
	b					

		1	2	3	4	5
6. Who fixes things when they go wrong, like stopped-up sinks, and blown-out fuses?	a					
	b					
Who decides who should repair things like stopped-up sinks, and blown-out fuses?	a					
	b					
---						
7. Who cleans up the cellar, garage and shop around the home?	a					
	b					
Who decides when to clean up the cellar, garage and shop around the home?	a					
	b					
8. Who does the dishes?	a					
	b					
Who decides who should do the dishes?	a					
	b					
9. Who sets the table?	a					
	b					
Who decides who will set the table?	a					
	b					
10. Who makes the beds?	a					
	b					
Who decides who will make the beds?	a					
	b					
11. Who puts up the screens or storm windows around the house?	a					
	b					
Who decides when screens or storm windows should go up?	a					
	b					
12. Who gets the children to eat all the food they should.	a					
	b					
Who decides what the children should eat?	a					
	b					

		1	2	3	4	5
13. Who gets the children to help around the house?	a					
	b					
Who decides what the children should do to help around the house?	a					
	b					
14. Who takes care of the younger children in the family?	a					
	b					
Who decides who should take care of the younger children in the family?	a					
	b					
15. Who gets the children to go to bed?	a					
	b					
Who decides what time the children should go to bed?	a					
	b					
16. Who gets the children out of bed at the right time?	a					
	b					
Who decides when the children should get out of bed?	a					
	b					
17. Who gets the children to behave right at the table?	a					
	b					
Who decides how the children should behave at the table?	a					
	b					
18. Who gets the groceries?	a					
	b					
Who decides who should go and buy the groceries	a					
	b					
19. Who puts things back in their place?	a					
	b					
Who decides where things should go around the house?	a					
	b					

		1	2	3	4	5
20. Who puts out the garbage or the trash, like tin cans, empty bottles, or old newspapers?	a					
	b					
Who decides who should put out the garbage or the trash, like tin cans, empty bottles, or old newspapers?	a					
	b					
21. Who plants things and does weeding?	a					
	b					
Who decides what planting and weeding should be done?	a					
	b					
22. Who writes letters to parents, relatives and friends?	a					
	b					
Who decides who should write letters to parents, relatives and friends?	a					
	b					
23. Who gives spending money or allowance to the children?	a					
	b					
Who decides how much spending money or allowance the children should get?	a					
	b					
24. Who pays the monthly bills like the telephone, gas, milk, and other things? (Who goes and pays them or sends the money in?)	a					
	b					
Who decides who should pay the monthly bills like the telephone, gas, milk and other things?	a					
	b					
25. Who buys big things for the family like a car, refrigerator, or stove? (Who goes to the store and picks them out?)	a					
	b					
Who decides to buy new things for the family like a car, refrigerator, or stove?	a					
	b					
26. Who pays out money for jobs which the children do around the house?	a					
	b					
Who decides how much money to pay the children for jobs they do around the house?	a					
	b					

		1	2	3	4	5
27. Who saves money?	a					
	b					
Who decides how much money will be saved?	a					
	b					
28. Who buys things like a bike, a puppy, ice skates, and other things?	a					
	b					
Who decides what will be bought for the children and when?	a					
	b					
29. Who looks at TV when the whole family is home?	a					
	b					
Who decides what to watch on TV when the whole family is home?	a					
	b					
30. Who has friends come over to the house?	a					
	b					
Who decides when friends will be invited to the house?	a					
	b					
31. Who goes away for a vacation.	a					
	b					
Who decides where and when to go on a vacation?	a					
	b					
32. Who plays games together in the family?	a					
	b					
Who decides what games to play and when to play them?	a					
	b					

PART II

1. After the onset of your disability were there any changes that took place in your household? ___yes ___no (Personal)

2. If yes, what were these changes? (list)

3. After your disability, how did you get your household chores done?

4. Did you get any additional hired help? ___yes ___no

5. Were there any things you used to do yourself that you started sending out to be done or things you stopped doing? (list)
   a) Send out b) Stopped doing

6. Did anyone help you out more at home when you became disabled? ___yes ___no

7. If yes, who and what did they do?

8. Were there any other changes in the home? (Physical)

9. Did you feel that there was any change in how much say you had in the family? ___yes ___no

10. If yes, what kind?

11. In the important decisions that you made in the family, like whether to buy a house, whether to buy a new car, where to live and such things, do you think there is any difference between disabled and non-disabled homemakers in how much say they have? ___yes ___no

12. If yes, what is this difference? (Find out whether disabled or non-disabled have more say, in what areas this would be true, and any specified conditions. Record personal references.)

13. The question just asked was about rather important decisions. Now I'd like to ask about everyday, routine, decisions like what to have for supper, what time the children should go to bed, or what place things belong in around the house. Do you think there is any difference between disabled and non-disabled wives in how much say they have in the little everyday decisions like these?

14. If yes, what do you think the difference is? (Find out which have more say, and in what areas, etc. Record any personal references.)

14. Continued

15. Do you belong to any organizations or clubs? ___yes ___no

16. Have you been more active in clubs and organizations than you are now, less active, or about equally active, during the past year?

17. What are some of the problems you encounter as a homemaker?

18. If a course were offered for disabled homemakers, by a home economist, what would be some of the things you would want included?