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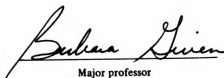
PERCEIVED CHANGES IN THE MARITAL RELATIONSHIP
EXPRESSED BY FIRST-TIME FATHERS THREE TO FIVE
MONTHS FOLLOWING THE BIRTH OF THEIR INFANTS

presented by

Sharon Marie Karber

has been accepted towards fulfillment
of the requirements for

Masters degree in Nursing


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**PERCEIVED CHANGES IN THE MARITAL RELATIONSHIP
EXPRESSED BY FIRST-TIME FATHERS
THREE TO FIVE MONTHS FOLLOWING THE BIRTH OF THEIR INFANTS**

By

Sharon Marie Karber

A Thesis

**Submitted to
Michigan State University
in partial fulfillment of the requirements
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1985

**PERCEIVED CHANGES IN THE MARITAL RELATIONSHIP
EXPRESSED BY FIRST-TIME FATHERS THREE TO FIVE MONTHS
FOLLOWING THE BIRTH OF THEIR INFANTS**

**Sharon M. Karber
Michigan State University
College of Nursing**

A descriptive study of adult first-time fathers was conducted to identify perceptions of changes within the marital relationship three to five months following the birth of an infant.

Perceived changes in the marital relationship were measured using an adaptation of Spanier's (1976) Dyadic Adjustment Scale. The 32-item self-administered Dyadic Adjustment Scale measures changes in dyadic cohesion, dyadic consensus, dyadic satisfaction, and affectional expression. A five-point Likert scale was used for the purpose of identifying the direction of perceived changes following the birth of an infant. King's (1981) conceptual framework was used as the theoretical basis from which nursing implications were derived for the understanding of study variables.

Data were collected from sixty-six first-time fathers, aged 18-36. Data were analyzed using Pearson Product Moment Correlations, T-tests and descriptive statistics.

There were significant positive changes ($p < .05$) in the marital relationship three to five months following the birth of the infant in the areas of dyadic cohesion, dyadic consensus, and dyadic satisfaction. There was no significant change in affectional expression.

The results of this study indicate that first-time fathers perceived positive changes in the marital relationship three to five months following

the birth of their infants. Nursing interventions should be directed toward supporting and reinforcing the positive changes. Anticipatory guidance should be provided to first-time fathers as the infant's growth and development places increased demands on the marital relationship.

**To my husband, Mike, whose love and continued support sustained and
nourished me throughout my graduate education.**

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This research would not have been completed without the invaluable assistance of many individuals. I am grateful to Barbara Given, R.N., Ph.D. for serving as chairperson of this committee. Her guidance and support will be forever remembered.

In addition, I want to thank my committee members, Brigid Warren, R.N., M.S.N, Linda Spence, R.N., M.S., and Patty Peek, R.N., M.S.N. for their contributions to this study. I am grateful for their expertise and suggestions. I also appreciate the skill and patience of Bryan Coyle who assisted me to understand and analyze my research.

This thesis is dedicated to one very important person in my life: my husband, Mike. His support throughout my nursing career beginning with my Associate Degree to my present Master's Degree has enabled me to accomplish personal goals I once only dreamed of acquiring. Through his continued encouragement, nurturing, and confidence in my ability, the completion of this research has become a professional reality. For all of his love and faith in me I will be forever grateful.

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CHAPTER I

THE PROBLEM

Introduction

When a couple marries, a family is formed and a marital relationship is established. Family literature suggests that the joining of two people in marriage is accompanied by feelings of love and commitment of one person to another. As a newly created family embarks on a life together, a husband and wife assume new roles that carry certain rights and responsibilities. To the extent that each fulfills the expectations of the other, the marriage is assumed to be mutually satisfying. Eventually a couple may mutually decide to have a child and the birth of their infant is viewed as a major family life event.

The relationship of the couple following this event has been the subject of much research since the 1950's (LeMaster, 1957; Dyer, 1963; Hobbs, 1965, 1968; Feldman, 1971; Russell, 1974; Lake, 1974; Hobbs and Cole, 1976; Waldron and Routh, 1982; Belsky, 1981). Early investigation concluded that the assumption of parental roles created a crisis in the marital relationship (LeMaster, 1957; Dyer, 1963, 1965). Other investigators have questioned this conclusion (Hobbs, 1965, 1968; Hobbs and Cole, 1976; Russell, 1974) and have stressed the gratifications and positive consequences of becoming a parent. Regardless of the differences among researchers about the impact of the birth of a first child on a couple's

relationship, there is general consensus that the addition of an infant into a family necessitates change that may affect the marital relationship. To better understand changes in the marital relationship following the birth of an infant, Duvall's family developmental framework will be used to analyze the changes the husband experiences during the transition from stage I to stage II.

Background of the Problem

Marital relationship changes following the birth of an infant have been the subject of much research. The focus of previous research, however, has been on mothers' perceptions of these changes and how the roles of mother, wife and worker influence the views of women. Additionally, in many investigations, perceptions of changes in the marital relationship have been assessed six to ten weeks following the infant's birth. Research suggests that a "baby honeymoon" period exists during the first three months following the infant's birth and that changes in the marital relationship which occur may be masked by the novelty associated with parenthood (Miller and Sollie, 1980; Yuan, 1981). Yet another factor which has been suggested as problematic when identifying individuals' perceptions of changes in a marital relationship involves joint interviews. Because the couple was interviewed together, they may not have voiced their true feelings about the extent of changes they perceived (LeMaster, 1957; Lake, 1974). The majority of past studies also have relied on retrospective research designs which may have influenced the accuracy of

recall related to the severity of changes experienced (LeMaster, 1957; Dyer, 1963; Hobbs, 1965, 1968; Russell, 1974).

Many of these problems have yet to be addressed, but within the past ten years researchers have begun to focus on husbands' perceptions of the their wives' pregnancy, labor and delivery, and involvement with the infant. Limited investigation, however, has been conducted regarding fathers' perceptions of marital relationship changes three to five months following the birth of the infant. The time period selected for this investigation will avoid the potential "baby honeymoon" effect on the perceptions of changes in the marital relationship.

Purpose of the Study

The identification of the problem selected has its source in several findings and conclusions. First, there is a lack of nursing research describing a first-time father's perceptions of changes in the marital relationship three to five months following the birth of his infant. A broadened knowledge base regarding these perceptions can assist health care providers to more effectively deal with the first-time fathers and help to enhance the marital couple's relationship. Secondly, there is a need to assess perceptions of changes in the marital relationship without the potential effect of the "baby honeymoon" period influencing research findings. Selecting a time frame after the "baby honeymoon" should control the effect of this potential variable from influencing perceptions of changes in the marital relationship. Thus, the purpose of this study is to

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describe a first-time father's perceptions of changes in the marital relationship three to five months following the birth of his infant.

Specifically, the research questions to be addressed are:

Major Question

1. Does the first-time father perceive a change in the marital relationship three to five months following the birth of his infant?

Sub-research Questions

- a. Does the first-time father perceive a change in dyadic cohesion three to five months following the birth of his infant?
- b. Does the first-time father perceive a change in dyadic consensus three to five months following the birth of his infant?
- c. Does the first-time father perceive a change in dyadic satisfaction three to five months following the birth of his infant?
- d. Does the first-time father perceive a change in affectional expression three to five months following the birth of his infant?

Major Question:

2. If the first-time father perceives a change in the marital relationship three to five months following the birth of his infant, what is the direction of this change?

Sub-research Questions:

- a. If the first-time father perceives a change in dyadic cohesion three to five months following the birth of his infant, what is the direction of the change?
- b. If the first-time father perceives a change in dyadic consensus three to five months following the birth of his infant, what is the direction of the change?

- c. If the first-time father perceives a change in dyadic satisfaction three to five months following the birth of his infant, what is the direction of the change?
- d. If the first-time father perceives a change in affectional expression three to five months following the birth of his infant, what is the direction of the change?

Definition of Concepts

First-Time Father is defined as any married male between 18-35 years of age who has become a planned biologic father for the first time. He is the socially defined guardian, nurturer, caretaker, and protector of an infant between three to five months of age and maintains an ongoing intimate relationship with the infant's biologic mother. He has no other children who live in the household.

Perception is defined as the personal and subjective way a first-time father views experiences. It is "a process of organizing, interpreting, and transforming sensory data and memory; it is a process of human transactions with the environment and gives meaning to one's experience and influences one's behavior" (King, 1981, p. 24).

Family Life Event is defined as a normative family developmental experience which creates changes in the marital relationship. For the purpose of this study, the birth of an infant is considered a family life event.

Marital Relationship is defined as an ongoing affiliation characterized by interactions and/or feelings between two individuals who are bound by a legal marriage contract and living together.

Components identified in the literature which constitute a marital relationship are as follows. Exchanges of affection which have been expressed and labeled in a variety of ways, have been found to contribute to marital relationship bonding (Burr, 1973); effective communication (Lewis and Spanier, 1979); and emotional support (Ammons and Stinnet, 1980). Research has also documented positive relationships between marital satisfaction and respect, esteem, and prestige (Hicks and Platt, 1970; Lewis and Spanier, 1979). Competence in role behavior has also been found to be related to satisfaction with a marital relationship (Chadwick, et al., 1976; Jorgensen, 1979). Provision of services has also been identified as an important dimension in the marital relationship. Westley and Epstein (1969) identified the importance of shared responsibilities, cooperation and working together as a dimension of the marital relationship. Sexual intimacy among couples continues to effect the marital relationship (Ammons and Stinnet, 1980; Lewis and Spanier, 1979; Synder, 1979). Communication behaviors of couples have consistently been found to affect the marital relationship. Synder (1979) found affective and problem solving communication as valued dimensions in marital satisfaction. Companionship (amount and quality of shared time the couple spend together) has been identified as a factor impacting the marital relationship. Community involvement has also been identified as an

important dimension associated with the quality of the marital relationship (Holman, 1981). Emotional maturity is considered to be an important variable for evaluating an individual's potential for making a successful adjustment to marriage (Dean, 1966; Landis and Landis, 1973; Cole, Cole and Dean, 1980). Religiosity has been reported to have a positive relationship to marital stability (Babchuk, et al., 1967; Shrum, 1980). Glenn and Weaver's (1978) study identified church attendance as the strongest predictor of marital happiness.

Based on a review of the literature about the components that comprise the concept marital relationship, four components identified by Spanier were selected to study.

Components of a Marital Relationship

1. Dyadic Cohesion is defined as the mutual engagement in activities such as laughing, discussions, working together on a project or joining together in outside interests.
2. Dyadic Satisfaction is defined as positive feelings about the relationship such as feelings of pleasure or contentment with the alliance along with no regret of marriage and no desire to terminate the marriage.
3. Dyadic Consensus is defined as the agreement between a couple about matters of importance to them and to the maintenance of their

relationship. Issues about which consensus may exist might include finances, the division of labor, and the use of leisure time.

4. Affectional Expression is defined as the demonstrations of positive emotion toward a spouse that suggest love and caring, and the engagement in sexual relations.

Modifying Variables

The researcher acknowledges the following variables which may affect the outcome of the study. Modifying variables for which data were collected include sociodemographic variables (age of father, age of infant, education, occupation, income, race, number of years married). Other modifying variables include prematurity of infant and complications of labor and/or delivery.

Assumptions

In this study, the researcher is making the following assumptions:

1. The components of a marital relationship selected to study represent areas that may be perceived to change.
2. The changes in the marital relationship expressed by each first-time father on the questionnaire will reflect honest answers.

3. Each first-time father who returns the questionnaire will be able to read and respond to the items.
4. Each first-time father is able to recall his perceptions of changes in the marital relationship.

Limitations

In this study, the researcher is acknowledging the following limitations:

1. The quality with which the couple accomplished stage I tasks was not assessed.
2. Closed-ended questions may not elicit the full range of first-time fathers' perceptions of changes in their marital relationships.
3. Data will be collected at one point in time. First-time fathers' expressed changes in their marital relationship may occur prior to or subsequent to the three to five months used as the frame of reference for the study.
4. The subjects who agreed to participate in the study may be different from those who refused. Therefore, the findings may not be representative of all first-time fathers' perceptions of changes in their marital relationships.

5. A small convenience sample was used, thereby limiting the generalizability of findings.
6. Due to complexity of family relationships, the thirty-two item instrument may not adequately tap the concepts under study.

Overview of Chapters

This research study is presented in six chapters. In Chapter I, the statement of the problem, the background of the problem, purpose of the study, research questions, definition of concepts, and assumptions and limitations are presented. The conceptual framework is discussed and related to nursing theory and nursing process in Chapter II. In Chapter III, pertinent literature and research concerning the problems are presented. The research design, methodology, and data analytic techniques are described in Chapter IV. In Chapter V, the research data are presented, analyzed, and discussed in relation to the research questions. The summary of research findings, conclusions, and implications for nursing are discussed in Chapter VI.

CHAPTER II

CONCEPTUAL FRAMEWORK

Introduction

Presented in this chapter is a conceptual framework integrating principles of the Family Developmental Life Cycle and nursing theory as they pertain to marital and childbearing families. The use of the Family Developmental Life Cycle and nursing theory provide a framework for examining first-time fathers' perceptions of changes in the marital relationship three to five months following their infants' birth.

Discussion of the conceptual framework will begin with an introduction and overview of the Family Developmental Life Cycle. This overview will be followed by a description of two stages in the Family Life Cycle—Stage I, the Marital Family, and Stage II, the Childbearing Family—and a discussion of the way in which components of the marital relationship under investigation are manifest at the different stages. Next, modifying variables potentially influencing perceptions of the marital relationship will be discussed. A nursing theory and a nursing process model are presented in the last section as well as an explication of the model for nursing practice as it applies to this study.

DUVALL'S FAMILY DEVELOPMENTAL LIFE CYCLE FRAMEWORK

The framework of the Family Developmental Life Cycle can provide an understanding about perceptions of changes in the marital relationship

following the birth of an infant for several reasons. First, this framework emphasizes the sequential changes families experience with regard to members, events, and stages. The framework discusses how family changes occur as additional members are added. Also, the life cycle framework identifies life events that families experience as they grow and develop. Many theories and empirical studies exist that deal with the family (exchange theory, interactionist theory) and several scholars have identified different stages through which families progress (Rodgers, 1960; Hill, 1963). For the purpose of this study, however, the framework of the family life cycle will be that of Duvall (1977). Duvall's Family Life Cycle was chosen because the focus of the framework evolves around how families change based on the first child's developmental level. Duvall's focus on family change associated with the first child's development provides an appropriate framework for this study because it focuses on potential change following a specific family life event (birth of an infant), that is, a first-time father's perceptions of changes in the marital relationship following the birth of an infant.

Second, Duvall's family life cycle was chosen because the framework focuses on family growth and developmental stages. Duvall (1977) states tasks associated with each developmental stage are a family growth responsibility. The successful achievement of family developmental tasks results in success with later tasks, whereas the failure results in difficulty with later family tasks. Finally, Duvall's conceptual framework is easily understood and usually accepted among various professional disciplines as a vehicle to study the family life cycle (Duvall, 1977).

Duvall's framework of the family developmental life cycle does have limitations, however. These include, first, a middle-class bias. Duvall's framework is based on a white, middle-class population. No discussion is provided of how and if lower income families fit into this framework. For example, establishing a family home may be difficult if a first-time father has no job, and is unable to provide the basic needs for his family. Also, Duvall assumes all families are homogeneous and proceed longitudinally through the same life cycle stages; however, not all families proceed in a continuous way. Family differences have not been clearly discussed and applied to this framework. A second limitation relates to a lack of attention to family diversity. Duvall's framework is based on a traditional family unit consisting of a father, mother and children. A lack of discussion exists as to how single parent families and other non-traditional living arrangements (cohabitating couples) can develop within the context of this family life cycle. Because of these two limitations, the generalizability of this framework is called into question.

Nevertheless, the use of this framework is appropriate for this investigation because this study focuses on assessing perceptions of changes in a marital relationship based on a traditional, middle-class nuclear family unit which is consistent with Duvall's framework.

FAMILY LIFE CYCLE OVERVIEW

The establishment of a nuclear family begins at marriage and lasts as long as both partners remain together. The family life cycle provides a framework for examining changes that occur as a newly created family

evolves over time. The family life cycle incorporates a longitudinal perspective of the family unit as well as sequential and cyclical patterns of growth, development and decline. Duvall (1977) states that the family life cycle encompasses eight successive stages, beginning with marriage and ending with the death of a spouse. (See Figure 2.1) The growth and development of the first child creates the propelling force in the family's sequential movement through the life cycle stages. Although each family proceeds through stages of development in a unique way, there is a predictability about the family life cycle as the family progresses through each of the eight stages of the cycle. Each stage encompasses family developmental tasks that must be accomplished within a critical period of time. Successful passage from one family developmental stage to the next encourages growth of individual family members and progression of the family life cycle.

The family life cycle encompasses life events which may alter the interpersonal interactions of family members. Family life events such as parenthood and the launching of children impose new rights and responsibilities on family members, may alter the family's stability and integrity, and tax their available resources. A family life event may progress to a family "crisis" depending on the hardships of the event, the resources of the family, and the family's perception of the event (Hill, 1963). If the first-time father experiences the birth of the infant as a crisis, this may influence his perceptions of the marital relationship.

The following section addresses Stage I, the Marital Family, and Stage II, the Childbearing Family, of the family development life cycle.

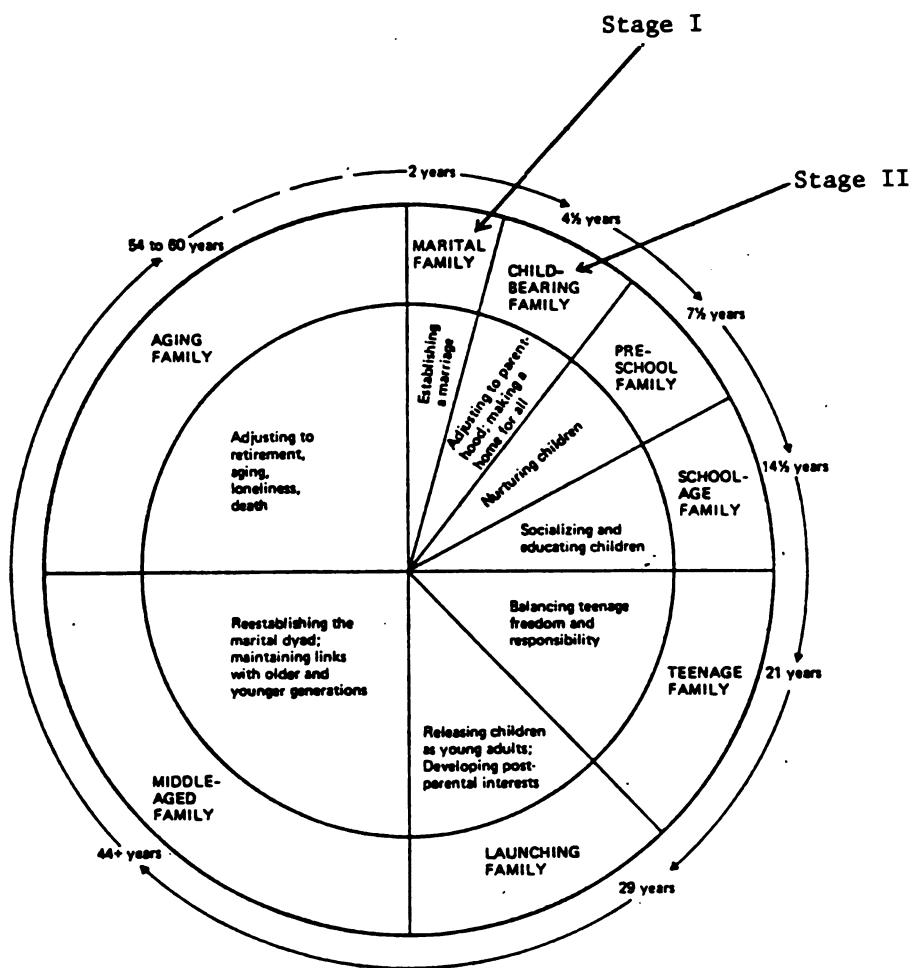


FIGURE 1 Stage-critical tasks in the family life cycle.
(Source: Adapted from Duvall, 1977, Table 7-3, p. 144.)

First, a brief overview of each stage will be presented. Next, the way in which components of the marital relationship under investigation relate to each stage and how the birth of an infant may change the components of the marital relationship are discussed.

Family Life Cycle - Stage I

Stage I of Duvall's (1977) family life cycle, a Marital Family, marks the beginning of a couple's new life together. As a man and woman merge into a family and begin to accomplish the tasks of Stage I, a marital relationship develops. In the review of the literature, a lack of agreement among researchers regarding a conceptual definition of the marital relationship is evident (e.g., Burr, 1973; Cole, 1973; Spanier, 1972). The concept of the marital relationship has taken on an implicit definition within research studies. Investigators continue to attempt to measure the marital relationship even though empirical evidence is lacking regarding a definition of the marital relationship and the components which it encompasses. Spanier and Cole (1976) argue that the lack of agreement in conceptually defining the marital relationship is healthy because it stimulates dialogue among researchers that can lead to improved research and theory development. Duvall (1977) implies that a marital relationship is a socially sanctioned union between two individuals who interact with one another on major issues of their marriage.

Orthner (1981) identifies a marital relationship as a multifaceted arrangement designed to meet individuals' needs. A marital relationship provides an outlet for sexual intimacy and a stable family unit for socializing children. The marital relationship represents a new process of

pair development and symbolizes a relational commitment. For the purpose of this research study, the marital relationship is defined as an ongoing affiliation characterized by interactions and/or feelings between two individuals who are bound by a legal marriage contract and living together. A relationship can be drawn between the marital relationship and Duvall's Family Life Cycle that through the process of accomplishing family tasks, a husband and wife develop positive and/or negative feelings about their relationship. No discussion is provided by Duvall about whether the marital relationship is good or bad, only that there is one. Also, Duvall does not address how to measure whether the newly formed relationship is working.

This researcher assumes the accomplishment of tasks provides a means to measure the quality of the working relationship for a married couple. The identified tasks which the marital couple are expected to accomplish in Stage I include: (1) finding, furnishing and maintaining a home; (2) financially supporting themselves; (3) allocating responsibilities each partner is able and willing to assume; (4) establishing a mutually acceptable, personal, emotional and sexual role; (5) interacting with in-laws, relatives and community; (6) planning for possible children; and (7) maintaining a positive morale about the relationship.

The success or lack of success in accomplishing family tasks influences the feelings the couple develops about their marital relationship. Spanier (1976) has identified four components which can measure the quality of a marital relationship. The components consist of: (1) Dyadic Cohesion; (2) Dyadic Consensus; (3) Dyadic Satisfaction; and (4) Affectional Expression. No clear definitions of the four concepts have been established

by Spanier, but definitions can be extrapolated from his questionnaire items. Spanier's conceptual model of the components that constitute a marital relationship can provide a framework to examine the accomplishments of Duvall's family developmental tasks (see Figure 2).

DYADIC COHESION is defined as the mutual engagement in activities (Spanier, 1976). Companionship and cohesion are defined synonymously in the literature as a sharing of time, activities, or experiences between a couple (Orthner, 1981). One assumption of Duvall's (1977) Stage I of the family developmental life cycle appears to be that the accomplishment of family tasks is facilitated by a couple's mutual engagement in activities. The sharing of time together enhances the couple's opportunity to establish a new family structure outside of the kin network. The family task of finding and furnishing a home requires the couple to spend time together locating and previewing the available apartments/houses prior to selection. The couple must share time communicating their likes and dislikes of potential houses plus becoming involved in activities of purchasing home furnishings. As the couple spends time locating and selecting a home and furnishings they may also share future desires based on mutual likes and dislikes along with financial ability.

The sharing of time and activities provides a mechanism whereby a couple may identify similarities, plus discuss and resolve personal differences. The mutual engagement in activities may provide an opportunity for the couple to establish a positive morale about the marriage and identify future goals. The engagement in activities can

FIGURE 2

Relationship between Duvall's Family Tasks and Spanier's Components

<u>Duvall's Family Tasks</u>	<u>Spanier's Dyadic Adjustment Scale</u>
STAGE I	
1. Finding, Furnishing, and Maintaining a Home	Dyadic Cohesion Dyadic Consensus
2. Financially Independent	Dyadic Satisfaction
3. Allocating Responsibilities	Dyadic Consensus Dyadic Satisfaction
4. Establish Personal, Emotional and Sexual Role	Affectional Expression
5. Interact with Relatives and Community	Dyadic Cohesion Dyadic Consensus
6. Plan for Children	Dyadic Consensus Affectional Expression
7. Maintain Positive Morale	Dyadic Satisfaction Dyadic Cohesion
STAGE II	
1. Adaptation of Home	Dyadic Consensus Dyadic Cohesion
2. Manage Additional Financial Costs	Dyadic Satisfaction
3. Allocate Responsibilities	Dyadic Consensus Dyadic Satisfaction
4. Support Spousal Parental Role	Dyadic Consensus
5. Plan for Future Children	Dyadic Consensus Affectional Expression
6. Relationship with Relatives	Dyadic Cohesion Dyadic Consensus
7. Maintain Spousal Morale	Dyadic Satisfaction
8. Maintain Communication	Dyadic Satisfaction
9. Establish Family Rituals	Dyadic Cohesion

promote a sense of togetherness that may enhance bonding and feelings of commitment to each other. Dyadic cohesion enhances the couple's ability to accomplish family tasks and establish positive feelings about their marital relationship.

DYADIC SATISFACTION is defined as positive feelings about the relationship such as feelings of pleasure or contentment with the alliance along with no regret of and no desire to terminate the marriage (Spanier, 1976). Marital satisfaction is a feeling of pleasure and happiness with the relationship. In Duvall's (1977) Stage I of the family life cycle, the couple is attempting to establish a satisfactory marriage. The couple's family tasks include being satisfied with their first home and furnishings plus being satisfied with available means of financially supporting themselves as an independent family. In addition, each spouse must be satisfied with new role allocations and responsibilities that accompany marriage (provider, housekeeper). The couple must also be satisfied with the degree of interaction between in-laws, relatives, and community, while establishing a new family. Available time and desire to participate with in-laws, relatives and community may be limited while the marital family is attempting to adjust to each other and their new life together. Dyadic satisfaction enhances the couple's ability to accomplish family tasks and establish positive feelings about their marital relationship.

DYADIC CONSENSUS is defined as agreement between a couple about matters of importance to the maintenance of their relationship (Spanier, 1976). This concept is similar to decision-making in that both concepts within a marital relationship discuss how couples must come to an agreement when making decisions about family matters (Orthner, 1981). In

Duvall's (1977) Stage I of the family developmental life cycle, the couple must come to agreement when attempting to accomplish family tasks. The couple must agree on finding and furnishing a home within the price range and location they desire. The couple must agree on allocating responsibilities that each partner is willing and able to assume. The couple must agree on the frequency and extent of involvement with in-laws, relatives, community and each other. Sharing time as a couple provides an opportunity to communicate and experience enjoyment together through activity. According to Kerckhoff (1972), couples' consensus on values varies with status level; consensus was higher among higher status couples than lower. Distinctions were made between the working class and the middle class. The working class was defined as maintaining relatively separate spheres of life in which the exchange of ideas or opinions are not considered a major parameter. In contrast, among middle-class relationships, both spouses were involved in decision-making.

AFFECTIONAL EXPRESSION is defined as demonstrations of positive emotion toward a spouse that suggests love and caring and involves the engagement in sexual relations (Spanier, 1976). Stage I of the family developmental life cycle is a time when the marital couple assumes new roles as sexual mates. According to Duvall (1977), the first year is confusing to the new married couple as they establish styles of affectional expression with each other. Many of the difficulties stem from the couple's lack of or inaccurate knowledge about affectional expression which may lead to unrealistic expectations and disappointment. Also, individual needs growing out of different hereditary makeup, different backgrounds of experience, and differing concepts of sexual activity may

create barriers to mutual gratification. In Stage I of the marital family, the husband and his spouse form a new meaning of affectional expression.

One of the family tasks for the couple involves planning for possible children. The couple must mutually decide whether a child is desired at the present time or whether to postpone conception to a later date. The couple's decision may relate to their age, desire, in-law pressure, task accomplishment or the amount of time married. This marital task necessitates family planning practices if the couple decides to postpone childbearing. On the other hand, if the marital couple decides to conceive a child, the couple anticipates a positive family life event experience.

In summary, Duvall's family developmental life cycle provides a relevant framework for discussing the family as it proceeds through sequential stages, tasks, and events. The concept of the marital relationship was discussed in reference to the lack of a common definition among investigators. Although a lack of empirical evidence exists identifying components of a marital relationship, researchers continue to measure the concept. Based on literature reviewed (Lamanna and Riedmann, 1981; Orthner, 1981; Scanzoni and Scanzoni, 1981; Strong, 1983), components commonly discussed within a marital relationship are companionship/cohesion; affectional expression; decision making/consensus; and happiness/satisfaction. Communication was also identified as a component enhancing the quality of the marital relationship since communication is included within all aspects of a marriage. Each component was discussed in relation to Duvall's family life cycle---Stage I---the marital family and how the accomplishment of family tasks is facilitated by these components. The successful accomplishment of family

tasks enhances feelings the couple have about the quality of their marital relationship.

How the birth of an infant constitutes a family life event which may alter the first-time father's perception of the marital relationship will be presented in the following section.

Family Life Event

According to Duvall (1977), critical periods occur within stages of the family developmental life cycle when new demands and required changes are placed on family members. For example, becoming parents, raising and launching children and retirement are all critical periods. Parad (1974) identifies a critical period as a transition point in the family developmental life cycle. Hill (1963) states family developmental life cycle events are normative situations whereby change and adaptation are viewed as consequences of normative transitions. Miller and Janosik (1980) suggest a family life event represents a turning point for a couple and may be experienced as a crisis depending on the individual's ability to react and adapt to the event. The birth of an infant has been referred to in the literature as a critical transition, developmental event, and a crisis experience (Carter & McGoldrick, 1980; Duvall, 1977; Hill, 1963; LeMasters, 1957). Whatever terminology is used, researchers agree the birth of the first infant creates changes within a marital relationship (LeMasters, 1957; Duvall, 1977; Friedman, 1981; Miller and Janosik, 1980).

Hill identifies parenthood (birth of an infant) as a critical transition in the family's development. LeMasters (1957) stated the birth of an infant represents the final step into adulthood and maturity for which the couple

has no experience. The birth of a first infant, according to Hill, is a stressor event which may proceed to a crisis depending upon the individual's definition of the event, the event itself and the available family resources. The couple's adaptation to the family life event (birth of an infant) will determine the acceptance and understanding of changes in the marital relationship.

For the purposes of this study, a family life event is defined as a normative family developmental experience which creates changes in the marital relationship. The birth of an infant is operationalized as a family life event. The birth of an infant can be classified as a normative expected event which necessitates that the couple reorganize their dyadic family to a triadic family. The couple must alter their life-style to accept and adjust to the infant's demands. The birth of an infant requires dramatic changes in the marital couple's values, behavior, attitudes, and family organization. Incorporating an infant into a formerly childless marital relationship may potentially cause confusion, resentment and conflict. As the parents struggle to redefine their own and each other's roles, disorganization may occur whereby the first-time father is unable to adapt to the family life event. Depending on how the first-time father defines the event, identifies the hardships associated with the life event and exhausts available resources to assist in adapting to the event, he may perceive changes in the marital relationship.

In summary, the birth of an infant is viewed by many investigators as a potential crisis in the marital relationship. Others refute the crisis effect and stress the gratifications (Russell, 1974). Depending on how the first-time father experiences the family life event, he may perceive

changes within the marital relationship. In the following section, Stage II---the childbearing family---will be discussed and how the birth of an infant may influence changes in selected components of a marital relationship.

Family Life Cycle - Stage II

Duvall (1977) identifies that the transition from Stage I to Stage II of the family developmental life cycle occurs with the birth of the first infant. In addition to acquiring new parental roles, family tasks for the childbearing stage must be accomplished. These tasks include: (1) adapting the home to accommodate infant needs; (2) managing additional infant costs; (3) establishing mutual responsibilities; (4) supporting spouses parental role learning; (5) planning for future children; (6) relating to relatives; (7) maintaining spousal motivation and morale; (8) communicating with one another; and (9) establishing family rituals. This family life event may produce changes in the marital relationship because the addition of the infant requires sudden alterations in the family's organization and relationship. Parenthood necessitates family life changes demanding new roles for which little preparation exists. Parenthood is a new demanding role for which the childbearing family may have unrealistic and romanticized myths.

As a result of this family life event (birth of an infant) the first-time father may perceive changes in the marital relationship. How this family life event (birth of an infant) influences a couple's accomplishment of the developmental tasks for the childbearing stage and thereby affects

perceived changes in the marital relationship will be explored in the next section.

In Duvall's (1977) Stage II of the family developmental life cycle, the couple is expected to make decisions on preparing the home for the infant's needs (furniture, clothing, safety measures, and food). The couple is expected to make decisions regarding financial expenditures for infant needs and parental recreation based on their income and budget limitations (used or new furniture, clothing, and babysitters). The couple is also expected to make decisions about who will provide child care needs (feeding, diapering, health maintenance visits and babysitters). Making decisions concerning new parental roles, responsibilities, and obligations is a part of the childbearing task couples must address. This new role obligation is acquired without having prior experience. The husband and wife must provide support, encouragement and assistance to each other as they assume their parental roles. Each spouse must become a learner, teacher and a supporter to the other as their parental roles evolve following their infant's birth. As the childbearing couple is adjusting to new roles they are also forming family rituals which become family specific (mom and dad both putting the infant to bed together at night, location of the infant during family meal time, playing time before bed, reading to the child prior to bed). The couple is expected to make decisions regarding the amount of relative interaction and the extent of accepting relative assistance, information and/or recommendations for child rearing practices. Planning for additional children is another task which the marital couple must discuss and decide on. All of the above childbearing tasks involve the couple communicating with each other in

order to accomplish family tasks and to provide a mechanism to discuss concerns and/or maintain spouse morale.

In Stage II of the family life cycle, the couple is attempting to accomplish tasks within the childbearing stage. The feeling of satisfaction in the marital relationship as the family incorporates the infant into the family structure is a major task for the couple. The couple must feel pleasure or contentment with home accommodations for the infant. The couple must be content and adjust to constraints associated with the infant. The childbearing couple must become satisfied with the extent of involvement from each spouse regarding childcare responsibilities. Communication with each other may focus away from the couple and toward the infant due to child care demands and needs. This refocusing of attention and conversation toward the infant may alter satisfaction with the marital relationship. Interacting with in-laws and relatives is another task the couple must accomplish following the birth. The couple must interact with their relatives as new parents implementing the parental role with a feeling of satisfaction. As the couple begin to establish childbearing rituals, values, and goals, they need to establish a satisfactory feeling about their relationship and new roles.

Research studies have been conducted on changes in the marital relationship associated with satisfaction during the childbearing stage. To most, marital satisfaction decreases following the birth of the first child (Dyer, 1963; LeMasters, 1957; Glenn & Weaver, 1978; Miller and Sollie, 1980; Renne, 1970; Rollins and Feldman, 1970). One reason cited for a decrease in marital satisfaction relates to the decreased time a couple has to nurture their relationship because of the additional responsibilities and

family developmental tasks associated with the childbearing family. Burr (1970), in contrast, reported no decline in marital satisfaction during the childbearing stage of the family life cycle. Hoffman and Manis (1978) reported children had a positive effect on marital satisfaction. Based on the literature review, the majority of research findings report negative changes in marital satisfaction following the birth of an infant. This research study will further add to or call into question past findings.

Changes in the marital relationship associated with companionship may be altered during the childbearing stage of the family developmental life cycle. The couple must adjust their dyadic family to a triadic family which is accompanied by additional roles and obligations of providing for an infant. Maintaining conversation with each other requires time which the couple may lack due to infant needs and demands (feeding, diapering). The care of the infant may result in less time for the couple to have a stimulating exchange of ideas or work together on a project. Although communication within the childbearing family may be occurring, the majority of the communication may focus on or about the infant and not toward nurturing their marital relationship. Changes in the marital relationship regarding spousal motivation and morale may occur due to a decrease in dyadic companionship, time available, and the financial cost involved for the couple to participate in outside activities together.

Rollins and Feldman (1970) in a cross sectional study of 799 married couples, reported that first-time fathers identified declines in companionship with their spouses following the births of their infants. Lake's (1974) longitudinal research on seven middle-class couples identified a decrease in outside activities following the infant's birth. Belsky's, et.al (1983)

research also identified a decrease in perceived cohesiveness for first-time fathers three months following the infant's birth. Research findings tend to support a decrease in dyadic cohesion following the birth of an infant, thus this study will assess this area of change.

In summary, changes in the marital relationship following the birth of an infant may occur within the area of companionship. As the marital family progresses into a childbearing family, additional tasks associated with new roles, obligations and responsibilities evolve. The childbearing tasks focus on integrating the infant into a previously structured dyadic family. Changes in the marital relationship with regard to companionship activities (talking, working together on a project, leisure activities) may occur due to infant demands.

In Stage II of the childbearing family, changes in the marital relationship following the birth of an infant may occur in relation to affection. In Stage I, the family task associated with affection related to establishing and maintaining a mutually acceptable sexual role with a spouse. In Stage II of the family life cycle, this task continues; however, with an infant present, sexual expressiveness may not be as spontaneous or frequent. Changes in the marital relationship may occur because the infant may interrupt the affectional activities. Also, the infant care demands may provide little time and motivation to engage in sexual expression. In addition, the task of family planning may affect the couple's sexual expression, especially if the couple is using alternative methods of birth control in relation to breast feeding mothers. For all of the above reasons, the first-time father may perceive changes in the marital relationship following the birth of his infant.

Past research has addressed the task of maintaining a sexual role based on first-time fathers' perceptions of changes in the marital relationship following the birth of an infant. According to Simmell (1964), a couple undergoes changes in the marital relationship in the areas of affection and intimacy. The couple has needs and desires that the infant interrupts. Sexual expression is frequently identified by the father as one of these needs. Hobbs and Cole's (1976) report that first-time fathers identify decreased sexual responsiveness from their wives as a difficulty six months after the birth of their infant. Significant declines in affectional expression between the prenatal and first post-natal assessment (three months) also were reported by Belsky (1983). Fein (1976) indicated that fathers reported a change in the amount of attention from their wives following the birth of an infant. Much of the wife's attention is directed toward the infant (feeding, bathing), causing the father to feel excluded and deprived. According to Young (1977), a first infant creates changes in the personal relationship of the husband and wife. The wife's attention is redirected from the husband to the new infant. The infant's physical needs (food, water, shelter, warmth and safety) require priority over the marital couple's intimacy and sexual relations. Thus, a decline in sexual response from a wife following the birth of an infant may affect a first-time father's perception of change in the marital relationship. The purpose of this study, therefore, is to assess perception of changes in affectional expression three to five months following an infant's birth.

In summary, Duvall's family developmental framework is a model which can be applied to identify stages and tasks couples experience over their life cycle. Spanier's conceptual model of components that constitute

a marital relationship can provide a means for examining the accomplishment of family developmental tasks. Following the birth of an infant, the marital couple enters a new family life cycle stage (Childbearing) that is accompanied by additional tasks, responsibilities and obligations. Depending on how the first-time father experiences the family life event (birth of an infant), the accomplishment of family tasks may be altered and his perceptions of the marital relationship may change. Lack of agreement exists among investigators concerning perceptions of changes in the marital relationship expressed by first-time fathers in the areas of dyadic cohesion, dyadic consensus, dyadic satisfaction, and affectional expression. This study will provide additional research findings as to the direction of the marital relationship changes expressed by first-time fathers within the Childbearing Stage (see Figure 3). In the next section, modifying factors potentially influencing first-time fathers' perceptions of changes in the marital relationship will be discussed.

MODIFYING FACTORS POTENTIALLY INFLUENCING THE MARITAL RELATIONSHIP

Age of the First-Time Father

Age of the first-time father has not been found to be a significant variable in marital changes following the first birth (Dyer, 1963; Bigner, 1977). In a non-random sample of thirty-two couples who were 35-years old or younger, Dyer (1963) found no significant relationship between the parents' ages and the crisis level on family roles and relationships after the

STUDY VARIABLES

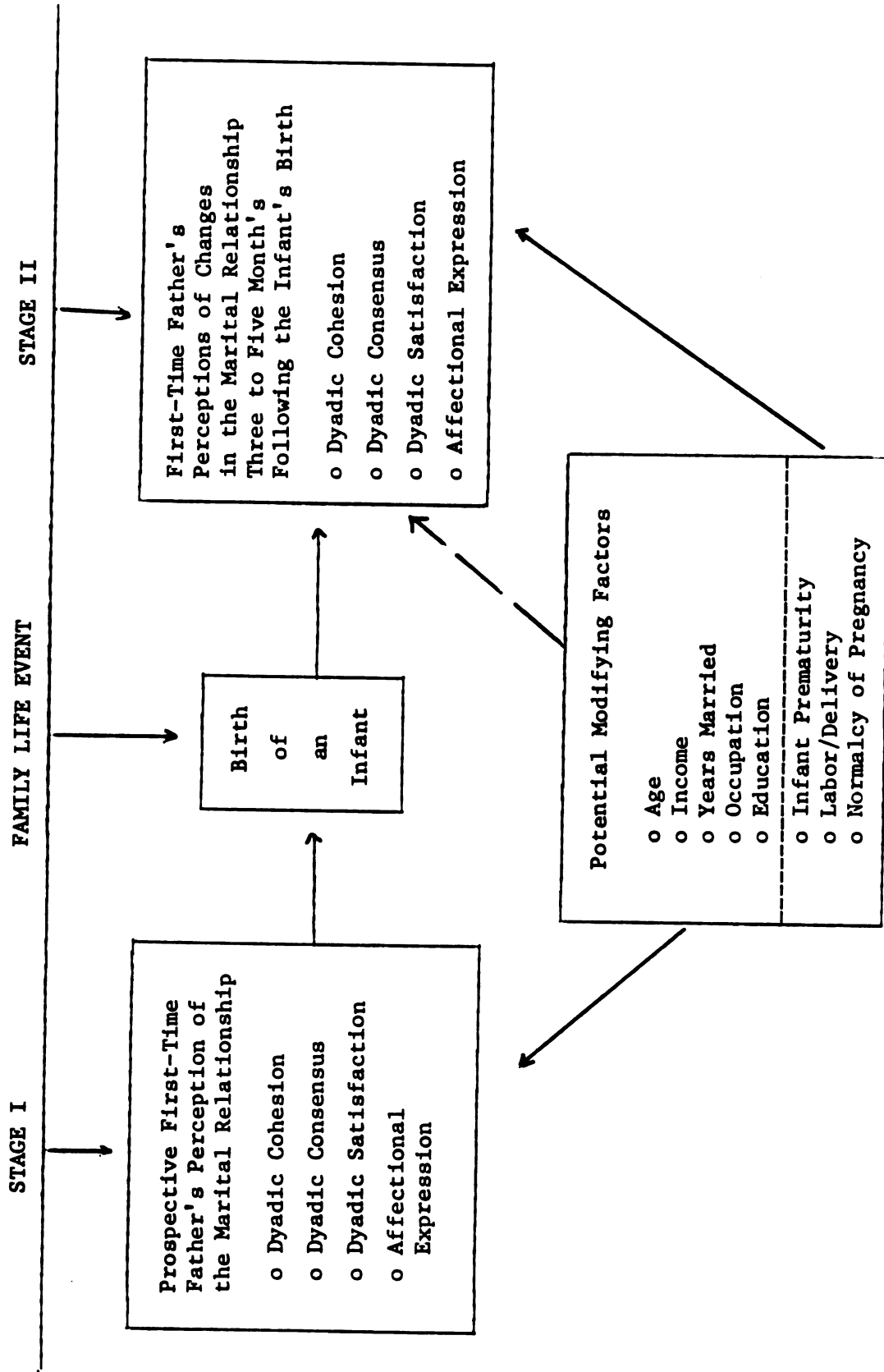


FIGURE 3

birth of an infant. Age of the first-time father will be collected in this study for the purpose of supporting or denying past documented findings and for describing the study sample characteristics.

Age of the Infant

Age of the infant has been found to have a significant effect on perceptions of the marital relationship. Enthusiasm over the new baby fades with time as the novelty wears off (Hobbs, 1965). Thus, the concept of a "baby honeymoon" has been proposed by Feldman (1971). Belsky, Spanier, and Rovine (1983) have suggested that the honeymoon period extends through the first month of the infant's life, but is over by the third post-partum month. According to Belsky, Spanier and Rovine (1983), the frequency of positive interaction between spouses declined significantly from one to three months post-partum. Given the potential "huisse" effect of the "baby honeymoon," this research study will focus specifically on the marital relationship three to five months after the birth of an infant.

Income

First-time fathers must meet additional financial responsibilities following the birth of an infant. The first-time father's new role includes accepting responsibilities for the basic needs of an infant (food, shelter, clothing, warmth) plus the expenses of health maintenance visits, baby pictures, safety requirements (car seat), babysitters and baby furniture. The assumption of these responsibilities, however, may be impeded by a host of factors. First, meeting increased financial demands for infant

needs may be difficult for a first-time father, particularly at a time when the economy is marked by high inflation, unemployment, and high interest rates. Second, money to cover these additional financial expenses may be difficult to accumulate if the wife has left the work force (either temporarily or permanently). Third, family income may decrease and alter the couple's previous life-style.

A first-time father may feel upset by being unable to entertain his spouse or socialize with friends due to additional child expenses and a decreased family income. A life-style change may occur due to the family income, thus affecting perceptions of changes in the marital relationship following the infant's birth. For example, Dyer (1963) found that first-time fathers reported increased concerns about the marital relationship as a result of one income instead of two. The additional energy (either physical or emotional) the first-time father is required to expend to acquire additional income may eliminate leisure activities. The need to plan and implement a strict family budget may influence the desire, time and availability for dyadic nurturing, thus affecting the marital relationship. Thus, income becomes an important modifying variable to consider when assessing changes in a marital relationship following the birth of an infant.

Education of the Father

Yet another factor considered to relate to the marital relationship following the birth of an infant is the first-time father's education. According to Dyer (1963), fathers without a college degree experience greater marital adjustment changes in areas of income, new responsibilities, and routines.

In contrast, other researchers have found the father's level of education has not been a factor influencing changes in the marital relationship following the birth of an infant (Hobbs, 1965; Lake, 1974; Russell, 1974). Thus, the educational level of the first-time father becomes an important modifying variable to assess whether or not perceptions of changes in the marital relationship are related to education.

Number of Years Married

Research findings on the number of years married is inconsistent as to the significant effects on perceptions of changes in the marital relationship. For example, Dyer (1963) found a relationship exists between number of years married and crisis in marital adjustment. According to his study, couples married three years or more experienced less crisis following the birth of the infant than couples married less than three years. Hobbs (1965), in contrast, found no correlation between marital crisis and the number of months a couple was married. Thus, number of years married becomes an important modifying variable to assess whether or not perceptions of changes in the marital relationship are related to years married.

Normalcy of Pregnancy

Past research has been confined to normal pregnancies without attempting to identify differences in perceptions of changes in the marital relationship following the birth of an infant outside of a normal pregnancy. This study assessed this potential modifying factor in hopes of answering if there is any relationship between perceptions of changes in the marital

relationship associated with normalcy of pregnancy. Answers to this question may provide directions for assisting the marital couple through this experience.

Prematurity

Past research studies on prematurity have either focused on the mother's reactions immediately post-partum (Lederman, 1979) or on the mother-infant relationship (Caplan, 1961). No research has been conducted to assess this potential variable on a first-time father's perceptions of changes in the marital relationship.

Normalcy of Labor and Delivery

Again this researcher found no studies that assessed the relationship between the normalcy of labor and delivery to perceptions of changes in the marital relationship following the birth of an infant. These questions regarding potential modifying factors need to be addressed with answers beginning to be formulated.

In summary, perceived changes in the marital relationship following the birth of an infant can be assessed by four components of the Dyadic Adjustment Scale (dyadic cohesion, dyadic consensus, dyadic satisfaction and affectional expression). The direction in perception of changes in the marital relationship can be identified either positively or negatively within each of the above components. Duvall's (1977) conceptual framework for the family life cycle provides a relevant perspective for understanding changes occurring in the marital relationship following the birth of an

infant. Potential factors influencing changes in the marital relationship may include: age of the father; age of the infant; education of the father; number of years married; and income.

In the next section, nursing theory and nursing process will be discussed as a framework for examining perceived changes in the marital relationship following the birth of an infant. Implications for nursing practice will also be presented.

THEORETICAL FRAMEWORK FOR NURSING PROCESS MODEL

Imogene King (1981) has formulated a theory for nursing based on a systems model. This theory provides a framework for application of this study's concepts: perceived changes in a marital relationship following the birth of an infant. First, an overview of King's theory will be presented. This overview will include a description of the conceptual framework from which her theory is derived, a definition of man, nursing, and the theory of goal attainment. Last, a discussion of this theory for nursing as applied to the study variables will be presented.

King (1981) suggests that a theory for nursing must include a way to study human beings interacting with their environment and an awareness of the complex dynamics of human behavior. Humans, groups of humans, and their interaction with each other and their environment, are the central foci for King's conceptual framework and theory. Man is perceived as a social being who is rational and sentient. He is a reacting being capable of selecting alternative choices, setting goals, making decisions and actively participating in the nursing process.

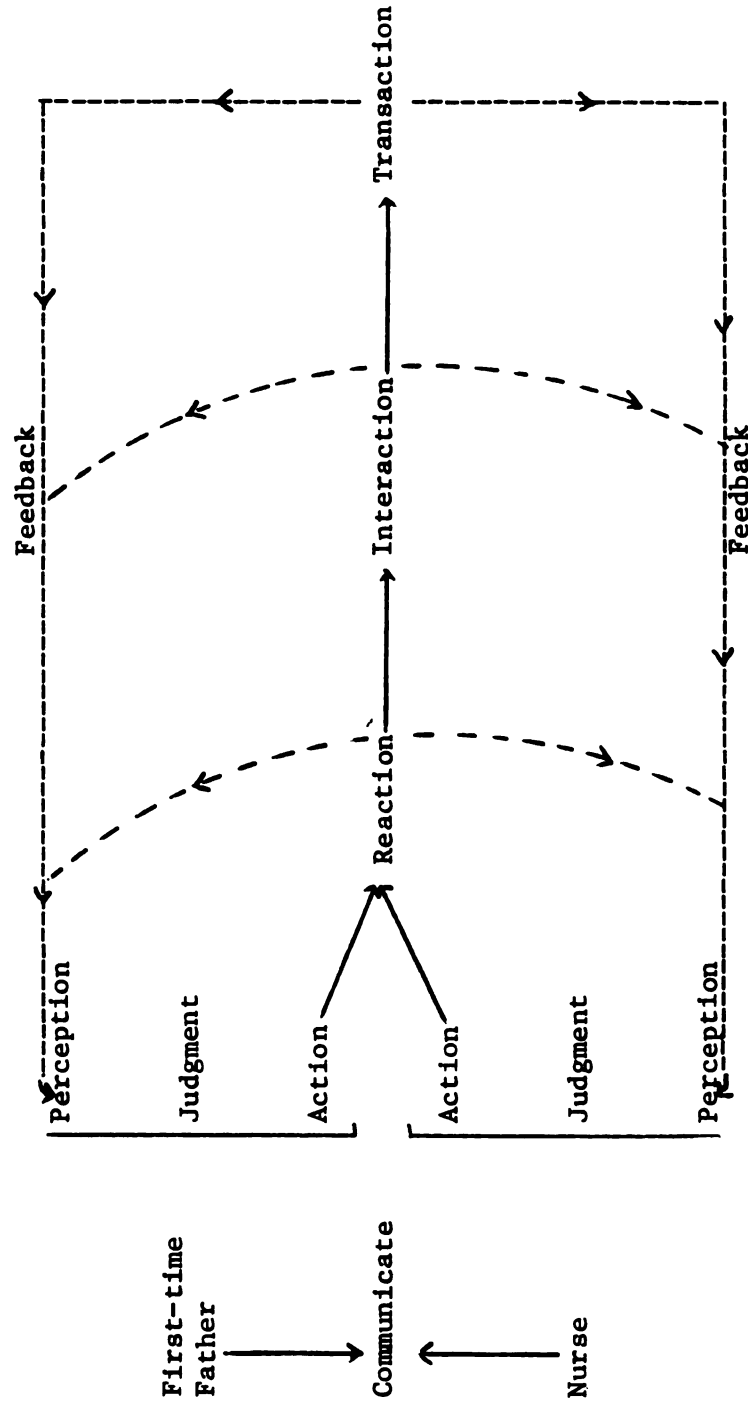
According to King (1981), individuals react to persons, events, and objects in terms of their perception. Perception is an individual's unique and personal means of viewing the world; it is the process by which information is organized, interpreted and transformed to give meaning to one's experiences. An individual's perceptions are influenced by past experiences, values, needs and one's role and status both within the family and society.

King (1981) describes the concept of growth and development as a function of genetics, meaningful and satisfying experiences, and an environment conducive to helping individuals move toward maturity. The manner in which an individual grows and develops can be influenced positively or negatively by other people. Growth and development is a process that takes place in individuals' lives and assists them to move toward maturity. Life events (birth of his infant, death of a relative) can be identified as a growth and development process which may require assistance from health care personnel to adjust to the changes experienced.

Nursing's responsibility is to provide this needed assistance to clients. According to King (1981), the goal of nursing "is to help individuals maintain their health so they can function in their roles" (pp. 3-4). To accomplish this aim, interactions between the nurse and client must occur. A schematic process of human interaction is shown in Figure 4.

The process of human interaction necessitates understanding concepts pertinent to the theory. These concepts include interaction, perception, transaction, and communication.

FIGURE 4
A SCHEMATIC PROCESS OF HUMAN INTERACTION
(From King, 1981; p. 61)
(modified)



Interaction is an interpersonal process of perceptions and communication between individuals using verbal and non-verbal behaviors that are goal-directed (King, 1981; p. 145). According to King (1981), goal attainment is the focus of all nurse-client interactions. King (1981) states when the nurse and the client interact, they perceive one another, the situation or event, make judgments and make decisions to act.

A key element in the concept of interaction is perception. Perception is each individual's unique manner of viewing the world, a composite of one's experiences, background, biological inheritance, and growth and development (King, 1981). Perception gives meaning to one's experiences, influences one's behavior, and determines one's image of reality. Clients entering the health care system may experience changes in perceptual following developmental life events. The nurse must assess the client's perception accuracy plus his/her own perception of the situation. According to King (1981), perceptual accuracy is vital if mutual goal setting is to occur.

If perceptual accuracy is attained, transactions between the nurse and client will occur. Transactions are observable behaviors of human beings interacting with their environment. In the nursing process, transaction involves an exchange of values between the nurse and client to identify commonalities and set mutual goals. Transactions result in goal attainment and an increased level of health for the client.

Based on King's (1981) conceptual framework and Duvall's family developmental framework, a model was constructed for the first-time fathers' perceived changes in the marital relationship following the birth of

an infant. (See Figure 5) The model is discussed below, integrating King's nursing process model with Duvall's family developmental life cycle.

EXPLICATION OF THE NURSING MODEL FOR MARITAL RELATIONSHIP CHANGES

The first-time father and nurse are unique human beings. Each react to and interact with other individuals and the environment based on their perceptions of the world around them. Their perceptions are influenced by their particular knowledge, past experience, values, needs, and growth and development. The clinical nurse specialist's knowledge of family developmental theory will influence his/her perception of changes that occur in a marital relationship following the birth of a first child. As a result the nurse and the first-time father will react differently to changes in the marital relationship following the birth of an infant.

During the reaction phase, the first-time father may identify the infant as a factor influencing changes in the marital relationship. He may identify additional roles, obligations and responsibilities due to the infant which may be affecting the couple's relationship. Alterations in the couple's life-style may occur while they attempt to meet the demands of the infant. The family life event (birth of an infant) requires additional family tasks and responsibilities, e.g., providing for an infant and establishing a new role as a parent (Duvall, 1977). The first-time father may verbalize positive or negative changes in the marital relationship relative to dyadic cohesion, dyadic consensus, dyadic satisfaction and affectional expression. Modifying factors which influence the first-time

father's perceived changes in the marital relationship following the birth of an infant may include his age, education, occupation, income and years married. While the father is expressing his reaction to the changes in his marital relationship, the clinical nurse specialist must assess changes in the marital relationship following the birth of an infant. Utilizing the nursing process, data will be obtained regarding the first-time father's knowledge, past experience, values, and needs.

In the interaction phase, the synthesis of perception and communication between the clinical nurse specialist and the first-time father is represented by verbal and non-verbal behavior utilizing a problem-solving approach. Duvall (1977) states a family life event (birth of an infant) may alter the sharing of time and activities between a couple. The first-time father may communicate these concerns to the clinical nurse specialist. The problem is identified and a nursing diagnosis is made based on the assessment of the first-time father's perceptions of changes in the marital relationship. A nursing diagnosis such as "alteration in dyadic cohesion secondary to the birth of an infant resulting in need for anticipatory guidance to enhance the marital relationship" may be made. Mutual goal setting occurs relative to improving the marital relationship of the couple. It is essential that the clinical nurse specialist and the first-time father establish an interpersonal relationship to facilitate goal attainment.

Once the clinical nurse specialist and the first-time father have identified concerns based on perception and shared information through communication and have mutually set goals and explored and agreed on the means to achieve the goals, nursing action is then taken to assist the first-

time father to achieve goal attainment through education, counseling and anticipatory guidance. Nurses can also assist the first-time father by identifying resources and serving as a support system. Through acknowledging and validating with the first-time father the presence of changes in the marital relationship following the birth of an infant, the clinical nurse specialist can normalize the perceptions relative to the marital relationship, thereby lessening his anxiety. The clinical nurse specialist can assist the first-time father in defining his perceptions, attitudes, feelings and needs relative to his marital relationship, assess behavioral responses (coping mechanisms) that have been effective in the past, and recognize strengths and supports within the social systems that are available to him. Based on Duvall's framework, first-time fathers may need assistance in adjusting to family life events. New patterns of behavior are required which the first-time father has had no prior experience implementing. Interventions are aimed at enhancing the marital relationship in the areas of dyadic cohesion, dyadic consensus, dyadic satisfaction, and affectional expression. The clinical nurse specialist can also implement a program of anticipatory guidance through post-natal classes. The program can expand and focus on marital relationship changes following the birth. The first-time father can be encouraged to attend post-partial parent groups where concerns of new parents are shared and solutions to problems sought. This class would also serve as a reference group, equipped with peer role models and support systems.

In the transaction phase the first-time father may identify goal attainment or progress toward achievement of a family task. Duvall (1977)

identifies a family task for a first-time father is to maintain spousal morale. Due to the adjustment process associated with a lack of time for each other because of the infant, the clinical nurse specialist may need to develop interventions to accomplish this task. A transaction provides the clinical nurse specialist an opportunity to measure the effectiveness of nursing management. During the transaction phase, the first-time father may report changes in the amount of time spent together as a goal accomplishment. Based on his perception, the first-time father has been assisted to problem solve his concern, take action on accomplishing a family task and enhance the marital relationship following the birth of an infant (see Figure 5). A feedback mechanism during the reaction, interaction, and transaction phases allows the first-time father and clinical nurse specialist to communicate changes in perception throughout the model.

Summary

In this chapter each of the concepts pertinent to the study was discussed in relationship to Duvall's family developmental framework. The theory of King (1981) was used as a basis for applying the concepts to nursing science. A conceptual model was constructed for the first-time father to depict the relationship between a family developmental life event (birth of an infant) and the perceived changes in the marital relationship.

A review of the literature pertinent to changes in the marital relationship following the birth of a first infant will be provided in Chapter III. The strengths and limitations of previous research will be described to establish the need for this study.

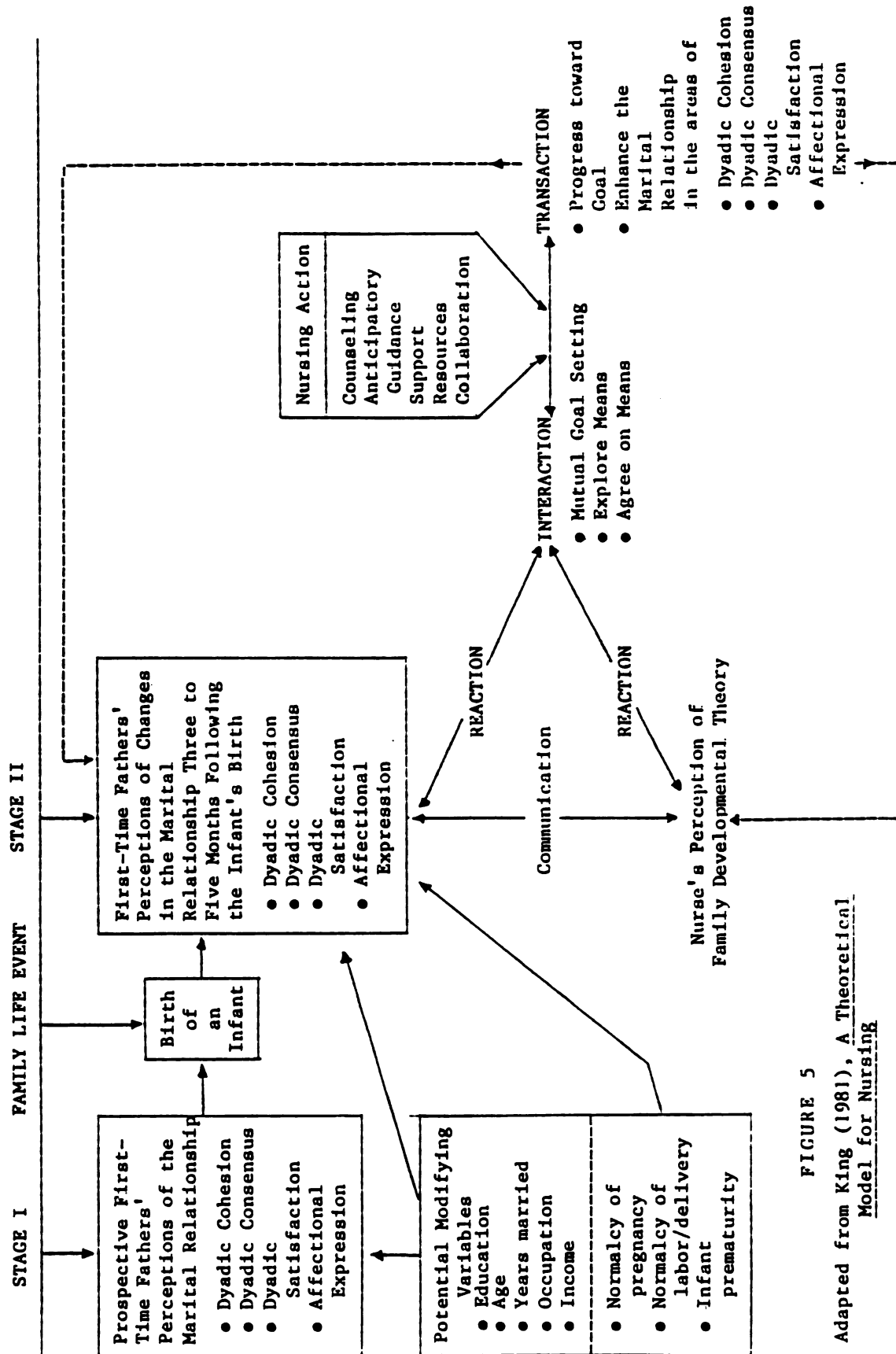


FIGURE 5

Adapted from King (1981), A Theoretical Model for Nursing

CHAPTER III

REVIEW OF THE LITERATURE

Introduction

This chapter will include a discussion of research studies relevant to changes in the marital relationship following the birth of an infant. The literature review will be presented in reference to Duvall's Family Developmental Life Cycle---the Childbearing Family as a framework from which to focus the discussion. Major research findings relative to the concepts under investigation will be presented as well as strengths and weaknesses of the studies examined. Modifying factors that may affect research findings will be presented and discussed. Changes in the marital relationship will only be discussed for fathers and/or couples. Given the focus of this study, wives' perceived changes will not be considered.

Transition to Parenthood

LeMaster (1957) was the first researcher to conclude that the transition to parenthood creates a "crisis" in a couple's relationship. His conclusion was based on a retrospective, exploratory study he conducted in 1957. Utilizing Hill's (1949) definition of crisis as "a sharp or decisive change for which old patterns are inadequate," LeMaster interviewed forty-six, middle-class, married couples between the ages of 25 and 35

years who had had a child within the past five years. Each of the forty-six couples rated their experiences regarding the transition to parenthood from "no crisis" to "severe crisis" on a five-point scale. Thirty-eight of the forty-six couples (83%) reported severe crisis in adjusting to the birth of a first infant.

The hypothesis tested was that a first infant would force a reorganization in the couple's relationship; whereby new roles, responsibilities, values and need fulfillment would require adjustments, thus constituting a crisis. LeMaster reported almost all ($n = 34$; 89%) of the couples in crisis rated their marriages as good or better at the time of the interview. With only three exceptions, these ratings were confirmed by close friends. Adjustment changes couples identified led LeMaster to support the belief that crisis patterns occur whether the marriage is good or poor. Stability of marriage was not a predisposing factor to adjustment difficulty. LeMaster found there was no relationship between the degree of crisis and the degree to which the infant was unplanned. LeMaster also reported that each of the thirty-eight couples in the crisis group romanticized parenthood and felt they lacked adequate preparation for parental roles. Thus, LeMaster found support for his hypothesis that the transition to parenthood is a crisis creating changes in roles, responsibilities, values, and need fulfillment within the marital relationship. Changes in the marital relationship first-time fathers identified were: (1) decline in sexual response of the wife (affectional expression); (2) economic pressure resulting from additional expenditures necessary for the child plus his wife's retirement (dyadic consensus); (3) interference with social life (dyadic cohesion); (4) worry about a second

pregnancy in the near future; and (5) a disenchantment with the parental role.

LeMaster's study has several limitations. The sample of couples was non-random, limiting the generalizability of his findings to all couples having a first child. In addition, couples were interviewed together which may have altered honest reporting of personal changes perceived within a marital relationship. LeMaster also does not provide information about scale item construction. Further, he does not report information about the specific age range of the children or the parents when interviews were conducted. Thus, frequency distribution by age of crisis scores were not reported. The range of ages of the children included in the study spanned one to five years, therefore calling into question the accuracy with which the crisis was recalled. A child's age and developmental level may have had an effect on the extent of identified crisis experienced. The limitations of the study should call into question the findings particularly with the time span used in this research study. In summary, this study found that perceived changes in the marital relationship following the birth of an infant are considered a crisis by first-time parents.

Dyer (1963) closely replicated LeMaster's (1957) study on the effects the arrival of the first infant has upon family roles and relationships. Like LeMaster, Dyer used Hill's definition of a crisis as a basis for his study. Criteria for inclusion in Dyer's study were the same as LeMaster's with two exceptions. First, the age span of children in LeMaster's study was from birth to five years, whereas in Dyer's study, the age span was birth to two years. Second, only the father had to have a college education to be included in LeMaster's study. In contrast, Dyer included mothers or fathers in his study if either had a college education. Yet another difference

between LeMaster's (1957) and Dyer's (1963) research was the methodology used. LeMaster interviewed the couples personally, Dyer administered separate questionnaires to the couples. Dyer also included socio-demographic questions in his study to determine if such variables had an effect on marital adjustment.

Dyer's sample included thirty-two self-selected urban and/or suburban middle-class married couples aged 35 years or younger. These subjects responded to a sixteen-item checklist on a five-point Likert scale that ranged from "no crisis" to "severe crisis." The items in the questionnaire addressed the following areas: (1) division of labor within the family; (2) authority; (3) companionship; (4) finances and income; (5) homemaking; (6) social life and recreation; (7) child care; (8) health; and (9) family interests and activities. The reliability of the instrument was reported to be 0.94. Content validity of the scales was tested by "jury opinion" utilizing six married couples with one or more children (Dyer, 1963; p. 197). Information was obtained concerning the strength of the marriage prior to the baby's birth with regard to resources and family organization. An analysis of the data showed that crisis scores and family organization were positively correlated. Couples whose marriages were stronger and who had had more resources to draw upon prior to the birth of their infants tended to experience less crisis after the first baby was born.

Fifty-three percent of Dyer's (1963) sample experienced severe crisis with the birth of the first child and another 38% were classified in the moderate category. Fathers reported, in order of frequency, the following experiences: (1) loss of sleep, up to six weeks; (2) adjusting to new responsibilities and new routines (dyadic consensus); (3) upset schedules and daily routines (dyadic consensus); (4) ignorance of the amount of time and

work the infant required (dyadic consensus); and (5) financial worries and adjustments (dyadic consensus). Eighty percent of the fathers admitted to one or more severe problems in the areas of: (1) adjusting to a single income (dyadic consensus); (2) demands of parenthood (dyadic consensus); and (3) adjusting to new routines (dyadic cohesion). Significant negative relationships ($p < 0.05$) were reported between the degree of crisis and (1) preparation for marriage courses; (2) marital adjustment; (3) number of years married; (4) having planned for parenthood; (5) age of the child; and (6) number of years' education for husbands but not for wives. On the strength of these findings, Dyer reported support for LeMaster's assertion that the birth of an infant creates changes in the marital relationship and these changes can be labeled as a crisis experience. Dyer (1963) improved on LeMaster's study by developing a questionnaire based on LeMaster's findings. Dyer utilized a separate questionnaire for each spouse to collect personal perceptions and to exclude the possibility of interviewer influence.

Hobbs (1965) conducted a descriptive, retrospective study to discover whether the findings of LeMaster (1957) and Dyer (1963) with middle-class couples could be generalized to a probability sample of first-time parents. In addition, Hobbs investigated sociodemographic variables which could predict couples who would have difficulty in adjusting to parenthood. Using a 50 percent random sample taken from public birth records, Hobbs studied the post-partum experiences of fifty-three, first-time parents who were white, resided within city limits, and had infants between three and eighteen weeks old. Over 90% of both males and females in the sample recalled that their marriages were happy and satisfying prior to the birth of the infant.

In Hobbs' study, first-time fathers completed a 23-item questionnaire, based primarily on LeMaster's report of difficulties which new parents identified on a three-point scale. Response choices for items they felt "bothered" by ranged from "none" to "somewhat" to "very much." Hobbs reported a split half reliability coefficient of 0.62 for each spouse. The researcher identified 86.8% of the couples in the "slight" crisis category and no couples in the "severe" crisis category.

First-time fathers identified the following changes in declining order: Money problems (dyadic consensus); feeling edgy or emotionally upset; additional amount of work; physical tiredness; necessity to change plans following the infant's birth (dyadic consensus); interruption of routine habits of sleeping; going places (dyadic cohesion); household tasks—housekeeping not as neat (dyadic consensus); decreased contact with friends (dyadic consensus); and decreased sexual response of wife (affectional expression).

To predict which couples would have difficulty adjusting to parenthood, Hobbs investigated the following variables: parents' pre-post birth ratings of their marriage, parents' age, parents' education, family income, desired or planned pregnancy, whether conception was post-marital, preference of baby's sex, additional children desired, extra help to care for the infant, prematurity-maturity of baby, baby's age, baby's health, feeding method, and number of hours in 24 the infant slept. Four of the fifteen variables departed from chance distribution to a statistically significant degree at the 0.05 level. Hobbs reported the following findings for first-time fathers: (1) family income and crisis scores were negatively correlated ($p < 0.01$); (2) infant's age and crisis scores were positively correlated ($p < 0.01$); (3) infants requiring more than additional routine

health checks and were ill positively correlated ($p < 0.05$) with crisis levels; and (4) extra help with child care was positively correlated ($p < 0.02$) with difficulty in adjusting to the first child.

Hobbs' findings diverged sharply from LeMaster's and Dyer's, both in the distribution of couples according to the degree of "felt difficulty" reported, and with regard to variables differentiating those who had little difficulty with the first child from those who had greater difficulty. Hobbs identified the need for further research to discover the relevant variables and their relationship to the process of transition from changes in the marital dyad to a triad.

In 1968, Hobbs conducted a study similar to his first (1965), expanding the design to include interview data with the original questionnaire in an effort to determine if the two methodologies would report the same findings. Both the 23-item checklist and an unstructured interview were administered to a random sample of twenty-seven couples. The sample was similar to that used in his original study except that their infants ranged in age from six to fifty-two weeks. Interviews were tape recorded and scored later by the same two individuals who conducted the interviews. Interviewer ratings yielded higher difficulty scores than the checklist data, but the extent of the "felt difficulty" perceived by 95% of the first-time fathers was no more than "moderate" regardless of the method used.

Hobbs' (1968) findings regarding predictive variables differed in his second study from his first and were as follows: (1) there was a significant negative correlation between marital adjustment and the "felt difficulty" scores of first-time fathers ($p < 0.005$); there was no relationship between baby's age and "felt difficulty" scores; some clarification was provided regarding the earlier finding that extra help was associated with a higher

occurrence of difficulty in marital adjustment. Hobbs concluded that couples appreciate extra help when: it reduces their household chores; offers them more freedom to concentrate on their new parental roles; does not intrude and is not judgmental of their performance of their new roles. No mention was made if previously studied variables were replicated. Results of the study suggest that the checklist may be a reliable instrument; however, validation of the tool was not measured. Hobbs did not conceptually define "felt difficulty"; however, he operationalized it using LeMaster's crisis scale items as a basis to measure the degree of difficulty. Hobbs was indirectly measuring crisis but called it felt difficulty. Hobbs' crisis checklist focused on feelings and attitudes more than LeMaster's crisis definition concerning the adequacy of patterns of behavior. Conceptually, meanings were different between Hobbs and LeMaster. Hobbs (1968) concluded that results from both his studies (1965 and 1968) indicated that first-time parents report much less "felt difficulty" in the marital relationship following the birth of the first child than LeMaster's and Dyer's studies indicated.

Russell (1974) studied a random sample of first-time parents ($n = 296$ wives; $n = 272$ husbands) who were urban middle-class couples. The infants ranged from 6 to 56 weeks old, with a mean age of 29 weeks. Russell measured the degree of crisis, defined as a change related to self, spouse or relationship with significant others which the respondent identified as "bothersome". Russell's definition of crisis is not consistent with Hill's definition (cited earlier) which is concerned with the inadequacy of old patterns of behavior for dealing with a stressor event. Russell defined crisis to coincide with the operational definition by Hobbs' checklist, which

was the instrument used to measure crisis in her study. Hobbs' checklist focuses on feelings and attitudes more than patterns of behavior.

Russell used Hobbs' 23-item checklist—a five-point scale to measure the extent of "bothersome" (crisis) issues. The response choices for crisis included: none, slight, moderate, extensive, and severe. First-time fathers' mean scores indicated ($p < .001$) slight to moderate crisis following the birth of an infant. Variables identified as correlating negatively ($p < .05$) with crisis included: (1) planned pregnancy; (2) wanting more children; (3) age of the father; and (4) marital adjustment. Positive correlations related to crisis included: (1) conceiving before marriage; (2) infant's temperament.

Russell (1974) also developed and administered a 12-item "gratification" checklist to assess what first-time parents found enjoyable within the childbearing role. The response choices were: not at all, somewhat and very much. No information about the scoring was provided. The reliability of the checklist computed by a split-half method was .93. A limitation of the checklist included being limited to face validity. The researcher reported spouses selecting responses of personal gratifications following the birth of an infant. Variables found to correlate positively ($p < .05$) with the first-time father's perceived gratification in the childbearing family stage included: (1) preparation for parenthood; (2) wanting more children; (3) perceived influence of the infant on the marriage; and (4) saliency of the father role. Variables found to correlate negatively were: (1) education ($p < .05$); and (2) prestige ($p < .001$). Reporting the relationship as having improved since the birth of the infant was negatively correlated with crisis.

In summary, the first-time father perceived the first year following the birth of his infant as only moderately stressful as well as perceiving personal gratifications. A limitation of this study was addressed earlier concerning face validity of the gratification checklist. In addition, Russell's definition of crisis was not consistent with Hill's. Her definition identified criteria for change, however in a global perspective which made it difficult to interpret what "bothersome" meant. A major strength of this study involves a first attempt to identify positive changes following the birth of an infant.

Summary

Between 1957 and 1968, five major retrospective research studies were conducted on changes in the marital relationship following the birth of a first child. Changes expressed by first-time fathers revolved around finances, sexual concerns, companionship, house and child care tasks, social life, recreation, and additional responsibilities. Although the researchers defined the changes as a crisis experience, the inconsistent findings, type and extent of changes may be questioned due to the limitations of the research designs.

Time frames for conducting the retrospective studies varied from six weeks to five years. This time range may have influenced first-time fathers' recall of changes within the marital relationship. Also, the infant's developmental stage may have influenced perceived changes. A six-week old infant and a five year old infant place different demands on parents due to their growth and developmental level.

Varied methods of data collection compounds a weakness for the transition to parenthood literature. For example, interviewing couples

together may not have allowed fathers an opportunity to discuss their perception of changes. Also, research during the 1960's focused on mothers' transition whereby fathers who identified changes may not have received equal importance when deciding on an answer during an interview question. In addition, when questionnaires were developed and used, content validity and reliability of the instruments were not always established. Social desirability should also be questioned especially with interviews. The samples (except Russell's, 1974) were not random and findings can not be generalized to the entire population, yet these studies have become classic and ones which researchers turn to as a beginning point when attempting to continue investigation in this area. What these studies have done is to raise the consciousness of health care providers, educators and the public as to the changes first-time parents experience following the birth of an infant. These past researchers have attempted to explore variables which may or may not contribute to the difficulty of changes experienced in a marital relationship following an infant's birth. The present study differs from past research by increasing the accuracy of recall by shortening the time since the infant's birth and controlling the accuracy of recall by limiting the study to a two-month time frame. Potential modifying variables will be assessed which have not been examined in the literature prior to this study (prematurity, labor and delivery complications).

Although the studies by LeMaster, Dyer, Hobbs, and Russell identified areas where changes within the marital relationship occurred, no attempt was made to conceptualize the items. The following sections within this literature review will focus on marital relationship changes within the childbearing family life cycle using Spanier's conceptual model

components of dyadic consensus, dyadic cohesion, dyadic satisfaction and affectional expression.

Marital Satisfaction in the Childbearing Family

Rollins and Feldman (1970) conducted a research study based on Duvall's developmental framework that measured marital satisfaction over the family life cycle. The cross-sectional research study utilized a sample of 799 middle- and upper-class, well educated, caucasian couples in their first marriage with the wife not working outside the home. The tool used was a self-administered questionnaire and each spouse was instructed to complete it individually. The researchers reported a response rate of 85%. Upon return of the questionnaires, couples were classified into one of the following eight stages of the family life cycle (Duvall, 1977): 51 couples at stage I (beginning family), 51 couples at stage II (child rearing), 82 couples at stage III (preschool), 244 couples at stage IV (school age), 227 couples at stage V (teenage), 64 couples at stage VI (launching), 30 couples at stage VII (empty nest), and 50 couples at stage VIII (retirement). Four items in the questionnaire were used to elicit data on marital satisfaction: (1) general marital satisfaction; (2) negative feelings from interaction with spouse; (3) positive companionship experiences with spouse; (4) satisfaction with present stage of the family life cycle. A six-point Likert scale was utilized to record responses.

Data analysis included cross tabulations on the response categories for each of the four questions on marital satisfaction by stages of the family life cycle. This was done separately for each sex but only data for fathers' scores will be reported in relation to marital satisfaction.

(1) General Marital Satisfaction: Husbands indicated a slight decline from the "beginning" of marriage to the school-age stage. Following school-age, a slight increase to the "empty nest" (Stage VII) with a rapid increase to the retirement stage. Findings were reported to be statistically significant.

(2) Satisfaction with present stage of the family life cycle: both husband and wife rated highly the childbearing stage as the most satisfying experience. Low marital satisfaction occurred when launching the children from the home. This could indicate satisfaction with parenthood more than marriage.

Rollin's and Feldman's study had several limitations. A cross sectional study does not allow inferences to be drawn about the "real" effect of time and the family life cycle on marital satisfaction. An unequal number of couples within each stage of the family life cycle may have also skewed the results. In summary, general marital satisfaction is reported to decrease beginning during Stage I (married couple) and then to increase during Stage VII (launching). These findings would support a decrease in marital satisfaction for first-time fathers following the birth of an infant.

Burr (1970) conducted a cross-sectional study on 116 randomly selected middle-class couples. The purpose of his study was to measure satisfaction with six different aspects of the marital relationship. Burr defined satisfaction as a subjective condition in which an individual experiences a certain degree of attainment of a goal or desire. The selected areas of marital satisfaction measured were finances, social activities, household tasks, companionship, sexual interaction, and relationships with children. All age groups and stages of the family life

cycle were represented in the sample. Data were gathered by a pre-arranged session in the subjects' home during which time each spouse completed a questionnaire and was interviewed by a trained researcher. Questionnaire completion and interviews were conducted separately. Each family was placed in a family life cycle stage which was determined by the wives' interview responses regarding the age of the oldest child and whether or not the child lived in the home. The researcher reported collapsing the childbearing with the pre-school stage due to the small sample size in each category. Subjects responded to three questions in each of the six areas of marital interaction identified above and the responses in each area were summed. Fathers' mean scores were used to measure change within the six areas of the marital satisfaction.

Burr reported no systematic decline over the life cycle in satisfaction within the six areas of the marital relationship (finances, social activities, household tasks, companionship, sexual interaction, and child relationships). Burr (1970) found positive statistical relationships (p less than .01) between satisfaction scores over the life cycle and finances, task performance and companionship. Limitations of this study include the collapsing of the child bearing with the preschool stage to constitute a more similar sample size to the other stages. The collapsing may have lessened the differences in satisfaction previously identified especially for first-time fathers. Also the sample size in each stage was not equal. Thirty couples were in the "teen-age" stage while twelve couples in the "childbearing/pre-school" stage. Validity, reliability and a scoring method of the questionnaire for differing response choices were not addressed.

In summary, the incongruent findings between Rollins and Feldman (1970) which indicated a decrease in marital status and Burr (1970) which

indicated an increase in marital satisfaction following the birth of an infant support the need for additional research in the child bearing stage. Assessing first-time fathers perceptions of changes in the marital relationship following the birth of an infant will further add support to past research findings as to whether satisfaction increases or decreases.

Snyder (1979) conducted a multidimensional descriptive study involving 111 couples selected from the general population and 30 couples in marital therapy. The purpose of the study was to assess factors contributing to marital satisfaction. Couples representative of the general population were selected from a metropolitan area of 110,000. Demographic information available for respective census tracts allowed a stratified random sample design to be utilized for a more heterogeneous group (education, occupation, socioeconomic level). Couples were selected by systematically collecting a pool of 1,120 names from the telephone directory. Names were grouped according to the census tract as determined by the couple's address. Names were randomly sampled from each census tract. Each spouse completed a Marital Satisfaction Inventory of 280 items which composed eleven original scales. Although some of the items included were taken from scales found in the literature, Snyder reported the majority were original. The Marital Satisfaction Inventory scale assessed the following areas: (1) Conventionalization; (2) Global Distress; (3) Effective Communication; (4) Problem-Solving Communication; (5) Time Together; (6) Disagreement about Finances; (7) Sexual Dissatisfaction; (8) Role-Orientedness; (9) Family History of Distress; (10) Dissatisfaction with Children; and (11) Conflict over Child Rearing. Each subject also completed the Locke-Wallace Marital Adjustment Test (MAT) and a biographic questionnaire. Scores on the Marital Satisfaction

Inventory (MSI) were correlated with the Global Distress Scale of the MSI and with the scores on the Locke-Wallace MAT. Couples in marital therapy were matched with thirty control couples not in therapy on the basis of age, socioeconomic status, and number and ages of children. Using these matched groups, a third set of correlations was obtained between MSI scales and the criterion of whether or not a couple was currently engaged in therapy. Three sets of correlations were calculated. Biserial correlation of items with respective scale scores ranged from .40 to .95 with a mean of .75, indicating intrascale items correlated with the respective scales. The researcher reported sufficient reliability. The researcher reported nine of the eleven scales as significantly different between couples in marital therapy and the control. In addition, ten of the eleven scales correlated significantly with the M.A.T. The researcher reported a test-retest reliability of the Marital Satisfaction Inventory for 37 couples averaging .89. Indexes for individual scales averaged 0.89. Information was not provided concerning the number of items within each scale.

A rank-ordering of correlations indicated that a couple's affective and problem solving communication were the best single predictors of global marital satisfaction ($r = .76$ and $.77$, respectively). The amount and quality of leisure time spent together, sexual satisfaction and agreement about finances all were positively correlated with global marital satisfaction ($r = .73$, $.53$ and $.42$, respectively). All the above findings were reported to be statistically significant at the p less than .01 level. In summary, this study reported a positive relationship exists between marital satisfaction and communication, sex, and the amount and quality of time spent together.

Summary of Marital Satisfaction in the Childbearing Family

In summary, research findings have been inconclusive regarding first-time fathers' perception of changes in marital satisfaction following the birth of the infant. Some studies report positive changes in marital satisfaction while others report negative changes. Potential reasons for these results may be related to the research design. Collapsing stages of the family life cycle when evaluating marital satisfaction may not capture a specific time frame desired for measuring satisfaction (following the birth of an infant). Also, few studies have focussed on first-time fathers' perception of marital satisfaction. Factors identified in the literature as influencing marital satisfaction include communication, leisure time spent together, sexual satisfaction and agreement about finances.

Childbearing Family - Changes in the Marital Relationship

Agreement on issues within a marital relationship enhances the accomplishment of family tasks within Duvall's Developmental Life Cycle. A review of literature indicates that following the birth of an infant, additional events, activities and discussions occur between the childbearing couple. Accomplishing the childbearing tasks of adapting the home, managing additional financial expenditure, allocating responsibilities, planning for future children and supporting the spousal parental role are issues the couple is expected to deal with if family tasks are to be achieved.

An infant's demands and requirements may decrease the amount of time couples spend together to discuss feelings and concerns regarding marital issues. This lack of time to mutually agree on issues may affect the marital relationship following the birth of an infant.

Research suggests that first-time fathers express adjustment difficulty in areas of marital consensus during the transition to parenthood. According to LeMaster (1957), first-time fathers expressed adjustment difficulty within the marital relationship related to: (1) economic pressure resulting from wife's retirement; (2) additional expenses necessary for the child; (3) interference with social life; (4) decline in sexual response of wife; (5) worry about a second pregnancy; and (6) a general disenchantment with the parental role.

Dyer's (1963) research assessed family life changes following the birth of an infant. Eighty percent of the first-time fathers admitted to one or several problems within the marital relationship in the areas of: (1) adjusting to a single income; (2) adjusting to demands of parenthood; (3) adjusting to sharing the infant with grandparents/other relatives; and (4) adjusting to new routines. Hobbs (1965) in addition reported first-time fathers expressed difficult changes following the birth of an infant related to: (1) money problems; (2) additional amount of work; (3) having to change plans; (4) interruption of going places; and (5) decreased contact with friends.

Russell (1974) studied a random sample of first-time parents (N = 296 wives; N = 272 husbands) from Minneapolis who were urban middle-class parents. The infants ranged from six to fifty-six weeks old, with a mean age of twenty-nine weeks. Russell measured the degree of crisis, defined as a change related to self, spouse, or relationship with significant others which the respondent identified as "bothersome". Russell contrasted "bothersome" (crisis) issues for husbands and wives. Concerns of wives clustered around the emotional and physical self such as concerns about loss of figure and feeling emotionally upset. Husbands' concerns covered a

broader range of problems including in-laws and economics. Thus supporting fathers perceive a change in consensus issues following the birth of an infant.

Fein (1976) conducted an exploratory study involving a non-random sample of thirty middle-class couples who were expecting their first child. The sample was recruited through childbirth education classes, obstetricians' offices, and by word of mouth. The research methodology included questionnaires and interviews with the couple four weeks before and six weeks after the birth of the infant. Data were collected using a variety of instruments taken from previous research and originally developed. No documentation, however, regarding validity or reliability was provided. Results of Fein's (1976) research indicated first-time fathers experienced feelings of both gratification and burden when they became parents. Some of the responses related to burden were: (1) men identified a decrease in attention from their wives—perceiving the infant's needs came first; and (2) men reported a significant decrease in the amount of time reported being alone with their wives since the infants' birth. The lack of attention from their wives and the reduced time spent alone with their wives may interfere with the accomplishment of Stage II tasks involving supporting parental role learning; maintaining spousal motivation and morale. In contrast, fathers derived gratification from being a parent and having a new area of experience (i.e., an infant) to share with their wives. The above researcher demonstrates that consensus items were identified as important to first-time fathers. Following the birth of an infant, both positive and negative changes occur.

Limitations of this study include a lack of generalizability due to the sample size and selection. Lack of documented statistical analysis for

significance questions the strength of the findings. Socioeconomic variables were not analyzed for correlational significance regarding findings. Criteria for inclusion into the study were not addressed. Also, the couple was interviewed together which may have restricted honest expressions of changes within the marital relationship.

Wente and Crockenberg (1976) studied the relationship between perceptions of adjustment difficulty in the transition to fatherhood and the marital relationship, Lamaze training and age of the infant. The purpose of the study was threefold: (1) to determine the extent to which first-time fathers are bothered by perceived changes in the marital relationship; (2) to determine if men view their adjustment to parenthood more negatively after a period of time, that is, whether adjustment difficulty is related to an infant's age; and (3) to determine if Lamaze trained men report more positive adjustment to parenthood than fathers without Lamaze training.

A volunteer sample of forty-six Caucasian first-time fathers ranging in age from 21 to 37 years with annual incomes ranging from less than \$5,000 to over \$20,000 was studied. The first-time fathers were from two northern California communities and were divided into three groups: (1) fathers of infants 0-3 months old who attended Lamaze classes; (2) fathers of infants 4-7 months old who attended Lamaze classes; and (3) fathers of infants 4-7 months old who did not attend Lamaze classes. All three groups were matched on education and income. Each father completed a questionnaire relative to: demographic characteristics, initial response to the infant, whether infant was planned, and amount and type of child care participation. The first-time fathers rated, on a 7-point scale, their perceptions of change on 17 adjustment items. Upon completion of the questionnaires, a semi-structured interview was conducted to allow fathers

to expand on and to clarify their responses. The wives were often present during the interview but did not participate.

Wente and Crockenberg's results indicated: a significant ($p < .001$) correlation between the marital relationship and the total adjustment difficulty scores. Specific items related to marital adjustment difficulty were: (1) wife had less time for me; (2) we had less time for each other; (3) not enough time for family; (4) change in established relationship with wife; (5) being tied down at home and missing sleep. The item, lack of knowledge of parenting, correlated significantly ($p < 0.001$) with the total adjustment difficulty score. No significant differences were found between total adjustment difficulty scores of fathers with infants 0-3 months old compared to fathers with infants 4-7 months old. No statistically significant differences existed between the Lamaze trained and non-Lamaze trained groups of fathers.

In summary, Wente and Crockenberg note their data supported potential disruption of the marital relationship following the birth of an infant. Items that deal directly with the marital relationship (wife had less time for me; we had less time for each other; not enough time for family; and change in the established relationship with wife) all correlate with perceived changes in the marital relationship. Limitations of this study include a lack of generalizability due to the non-random sample. The instrument development was not discussed in relation to item selection, validity, reliability. The only information provided was a 17 item change scale consisting of a 7 point Likert with a possible range of 13 to 91. Statistical analysis involved t-test calculations.

Cowan and Cowan (1978) conducted a longitudinal study to assess family change following the birth of the first child. The researchers

identified that an overriding task in a long-term relationship is establishing a balance between individuality and coupleness. Three interrelated dimensions studied were the psychological sense of self, social role behavior, and communication patterns. The sample was composed of eight couples from two private obstetrical practices in the San Francisco Bay area. The couples were followed from early in pregnancy (3-5 months pregnant), to the time their infants were six months old. Questionnaires and interviews were used to collect data. Mean age of the couples was 28 years old and their educational backgrounds ranged from high school through post-graduate study. Six of the seven couples identified career concerns related to salary adequacy and consideration of changes in career direction. Identified points of conflict among couples in social role behavior concerned role division (household tasks, family decision making roles). Decisions about the use of time were considered as a source of conflict during mid-pregnancy and at the six month follow-up. Additional requirements for home care (picking up toys, housecleaning) and infant care (feeding, diapering) resulted in fewer hours for the individual and/or couple to spend in leisure activity. It is difficult to draw specific conclusions about the research due to the small, self-selected sample. The researcher did not report the method of data analysis used in the study but only their interpretation of the results.

Waldron and Routh (1981) studied the effect of the first infant on the marital relationship. Data were collected from a volunteer, non-random sample obtained from an obstetric clinic and through Lamaze childbirth classes. The sample consisted of forty-seven married couples who were upper middle class, college educated, ranged in age from 20-35 years (mean 27) and who were married from less than one year to nine years (mean

four). Each spouse completed the Locke-Wallace (1959) Marital Adjustment Scale during the last trimester and again six to eight weeks following the birth of the infant. The changes on the Locke-Wallace Marital Adjustment Scale scores for first-time fathers were analyzed. The first-time fathers' mean scores were 121.52 at pretest and 118.59 at post-test, the change being non-significant. The results of the study indicate the first-time father perceives no significant change in the marital relationship following the birth of his infant.

The strengths of the study include the use of a pre/post measurement for change. The limitations of this study include a lack of discussion regarding the Locke-Wallace Marital Adjustment Scale. The scoring, reliability and validity of the instrument were not discussed. Another limitation includes a lack of generalizability of the findings to the population due to the sample homogeneity and size..

Broom (1984) studied twenty-two upper middle-class couples who were expecting their first child. Subjects were selected from community childbirth education classes and randomly assigned to a prenatal study group (eleven couples) and a post-partum study group (eleven couples). The purpose of the research study was to identify anticipated and actual post-partum concerns about the marital relationship following the birth of an infant. Mean ages for both groups and sexes was approximately 28 years. The tool was developed by the researcher based on a literature review and pilot testing. Five categories (family income, household tasks, physical affection, empathy and companionship) were used to assess marital consensus. Content validity was assessed by two faculty authorities and two perinatal nurses. One subject was asked to repeat the procedure thirty minutes after completing it for the study, producing a Spearman rank

ordering correlation of .81 between the two rankings. The researcher reported reliability estimates for the eleven sets of ranking for each group ranged from .78 to .94. Each individual within the two groups was asked to randomly rank order thirty-five personal concerns about the marital relationship, spousal concerns about the marital relationship and then indicate three concerns the couple had discussed most, followed by three concerns the couple had discussed least. The prenatal group was interviewed during the last month of pregnancy and the post-partum group was interviewed during the second or third post-partum week. Correlations were computed for prenatal/post-partum wives' concerns and prenatal/post-partum husbands' concerns. Frequencies were analyzed for the top eighteen concerns because respondents indicated that fewer than half of the thirty-five concerns were important to them. The relative importance of the eighteen concerns were ranked according to each group mean ranking.

Analysis of the data showed:

- (1) Ranking of the prenatal and postnatal husbands' concerns were highly correlated ($r = .78$).
- (2) Post-partum couples identified increased financial concerns more often than the prenatal couples, but the difference was not significant.
- (3) Prenatal husbands were more accurate in predicting postpartum concerns than their wives.
- (4) Postpartum husbands and wives ranged from low agreement ($r = .32$) to high agreement ($r = .70$) with an average correlation of .52.

Prenatal average correlation was $r = .45$. This result indicates an increase in the amount of agreement on issues following the birth of an infant.

- (5) Husbands (prenatal and postpartum) were significantly ($p < .05$) more accurate in estimating their wives views on the importance of concerns.
- (6) Most discussed item for both groups was the task category followed by family income and companionship.

Limitations of this study include a highly educated sample who were exposed to childbirth education classes. The fact that all couples had attended childbirth classes biases the sample because the classes may have promoted discussion of some of the marital relationship concerns investigated. Also the sample size was small within each group.

Childbearing Family—Changes in Companionship

Accomplishing family tasks for the childbearing stage depends on the couple sharing responsibilities and engaging in activities together. Following the birth of an infant, new roles, responsibilities and obligations may influence the couple's ability to share in activities together. The infant's needs and demands (feeding, diapering, clothing) may decrease the amount of available time for the couple to have a stimulating exchange of ideas or engage in outside interests together. The couple may find that additional child care responsibilities limit opportunities to calmly discuss issues of importance. Emotional bonding for the couple through shared activities may decrease, whereby the first-time fathers may perceive a change within the marital relationship.

Rollins' and Feldman's (1970) study of marital satisfaction (discussed earlier) involved a cross-sectional survey sample of 799 first-married couples. Data on marital satisfaction was collected from four questions on the questionnaire. One of the questions assessed companionship experiences with the spouse. Each spouse was asked to identify the frequency of events between the husband and wife concerning items related to "laughing together," "calmly discussing something," "having a stimulating exchange of ideas," and "working together on a project."

Results of the study indicated that "positive companionship experiences" for husbands and wives were similar. For both sexes, there was a high frequency of positive companionship experiences at the beginning of marriage and declining substantially to the "pre-school" stage and a leveling off over the remaining stages. Level of statistical significance for this pattern was reported for husbands as p less than .01. In summary, a stimulating mutual engagement in activity during marriage decreases from the beginning of marriage with no recovery but only a leveling off. Similar findings were reported by Pineo (1961).

Lake (1974) conducted a longitudinal study involving seven middle-class couples in their mid-twenties who were expecting their first child. The couples were interviewed during pregnancy, during the first year of parenthood, and again three years following the birth of the infant. The purpose of the study was to identify changes that occur following the birth of an infant. The couple stated prior to the infant's birth (infant will not affect our marriage, husband will always come first, we will be partners, both will baby-sit and change diapers) changed drastically. Following the infant's birth, couples identified the first months as physically exhausting, yet romanticized a honeymoon quality of excitement and novelty about

parenthood. Changes in dyadic cohesion occurred following the infant's birth. Couples identified a decrease in activities shared together to the point where one spouse accused the other of neglect. One couple reported an increase in the husband's preoccupation with work (including Saturdays) and yet another reported a decrease in outside activities together following the infant's birth due to the husband moonlighting for additional income while the wife stayed home with the infant. The couples identified that favored activities needed to be re-examined, some discarded, and all couples agreed that their life-styles changed following parenthood.

At the three-year follow-up, couples reported new strengths in their relationship. Church attendance increased for the couple. Also, husbands reported an increased participation with child care activities and wives reported an involvement in sharing financial responsibility for the family. The couples identified a strong sense of partnership within their marital relationship. Many of the couples expressed feelings that parenthood strengthened their marriage. They identified a closeness-togetherness bond.

Marital companionship is a dimension that is valued and continues to be desired within a marital relationship following the birth of an infant. As one wife stated, "Much as I love my son, at seven thirty when we close his door and my husband and I are alone---that's the time I treasure" (Lake, 1974; p. 152).

Limitations of the study include a small, self-selected, homogeneous sample. No statistical data were provided by the researcher. The methodology for the study utilized an interview; however, no information was provided concerning open- or closed-ended questions. The researcher

did not report how data were analyzed or if and how interviewer bias was controlled.

Belsky (1983) conducted a longitudinal cross-sectional research study from the last trimester of pregnancy through the infant's first year of life. The purpose of the study was to assess changes in the marital relationship in response to the birth of a first-born or later-born infant. Seventy-two volunteer, middle-class, well educated couples were obtained from a community obstetrical practice and childbirth education class. All but three of the couples were Caucasian.

Each couple was studied in the last trimester then again at one, three, and nine months post-partum. Joint interviews, in-home behavioral observations and individual questionnaires were administered at the designated evaluation times. The Spanier Dyadic Adjustment Scale (1976) was used to assess the quality of the marital relationship. Interview data provided information on (a) division of labor, (b) joint leisure activities, and (c) child care. Marital characterization was assessed by having each spouse assess the relationship as a romance, friendship or partnership. Home observation provided data on the husband-wife interaction.

Results from the Dyadic Adjustment Scale Scores utilizing a univariate analysis of variance revealed significant time effects on the overall DAS scale. A significant ($p < .001$) decline in self-reported marital adjustment across the period studied was reported for both spouses. In the cohesion subscale, the decline was statistically significant between the prenatal assessment and the first postnatal (three months) assessment even though the decline continued through the ninth month. Marital characterizations results showed couples bearing their first child identified their relationships as more of a romance and less of a partnership.

Partnership scores increased linearly over time. Only the change from three to nine months was significant ($p = .01$). Although romance displayed a linear decline a level of statistical significance was not achieved.

Marital functioning data indicated couples bearing their first child reported a significant ($p = .01$) decline in the frequency of joint leisure activities from the last trimester of pregnancy to the first post-natal assessment at three months, remaining unchanged after that. Husbands showed a small but significant ($p < .001$) increase in child care tasks from three to nine months post-partum. Nevertheless, means at all times of measurement indicated that wives were performing the majority of these traditionally female household activities.

Marital interaction data indicated that the frequency of baby-related communications declined significantly between one and three months and remained stable thereafter. Marital interactions that were not focused upon baby-related events displayed a linear decline from one to three to nine months, but only the change from one to three months proved significant, indicating a decrease in non-baby related communication between the couple occurs following the infant's birth.

Results of the correlational analyses (designed to assess the extent to which spouses and couples maintained their ranking of identified changes in the marital relationship) revealed that regardless of the nature of the measurement used (DAS, interview, observation and marital characterizations), individual spouses and couples tended to maintain their ranking of changes across periods of six months. This study indicates perceived changes within a marital relationship identified by first-time parents maintains a consistent pattern for periods of six months.

In summary, Belsky (1983) reported a linear decline in the overall marital adjustment from the last trimester of pregnancy to three then nine months postpartum. Affectional expression showed a significant decline between the first two measurement periods, with only slight change occurring thereafter. Romance showed a linear decline whereas partnership showed a linear and statistically reliable increase. Limitations of this study include a lack of generalizability to the population due to the homogeneous study sample. The strengths of the study include the longitudinal design and the variety of methodologies (questionnaire, interview, and home observation) utilized.

Childbearing Family---Changes in Affection

Maintaining a satisfying sexual relationship within a marriage can be identified as a developmental task within the Family Developmental Life Cycle. A review of the literature indicates that limited research has been conducted on the psychosocial sexual relationship. Most of the marital sex literature is based on clinical populations or on self-selected respondents who have answered magazine surveys (eg. the Redbook report of Levin and Levin, 1975).

LeMaster (1957) interviewed 46 middle-class Caucasian couples following the birth of a first infant. Of the couples interviewed, 83% identified experiencing a "severe crisis" in adjusting to the birth of a first infant. First-time fathers reported a decline in the sexual response of their wives as an adjustment issue following the birth of an infant.

Hobbs and Cole (1976) studied a random sample of 120 couples following the birth of their first infant for the purpose of assessing

adjustment difficulty. The infants' mean age was six months old. A 23-item check list (originally developed by Hobbs, 1965) was utilized to measure the amount of perceived "felt difficulty." First-time fathers reported they perceived a decrease in the sexual responsiveness of their wives as the second most important adjustment concern following the birth of the infant.

Belsky (1983) conducted a longitudinal cross-sectional research study to assess marital relationship changes following the birth of an infant. The results indicated a significant ($p < .001$) decline in the affectional expression dimension between the last trimester of pregnancy and the first post-natal assessment (three months).

In summary, research studies indicate affectional expression decreases following the birth of an infant. First-time fathers identify this change as an adjustment concern. Contributing factors for this change have not been specifically examined, but based on other findings and concerns this decrease in affectional expression may relate to a couple's lack of time spent together, the wife's attention being redirected from husband to infant, with infant's needs and demands taking precedence over the couple's intimacy and sexual relations. Thus, a decline in sexual response from a wife following the birth of an infant may affect a first-time father's perception of the marital relationship.

A review of the literature regarding changes in the marital relationship identifies a lack of nursing research in this area. The majority of nursing research investigates fatherhood in relation to expectant father concerns, infant engrossment, and transition to fatherhood associated with role strain, stress, and social support. Additional nursing research must focus investigation on marital relationship changes following the birth of

an infant. Based on the literature review, support for this investigation is warranted.

MODIFYING VARIABLES POTENTIALLY INFLUENCING PERCEPTIONS OF THE MARITAL RELATIONSHIP

Age of the First-Time Father

Research concerning the relationship between age of the father and perceived change in the marital relationship following the birth of an infant has yielded divergent results. Early studies by Dyer (1963) and Hobbs (1968) identified no significant relationship between the parents' ages and the crisis level within the marital relationship following the birth of the infant. Both studies set age criteria at 35 years or younger. Information was not reported on the age of the youngest father. Russell (1974), in contrast, reported a significant negative correlation ($p < .01$) between the first-time father's age and the perceived adjustment difficulty associated with parenthood. Hobbs and Cole (1976) identified individuals aged 22 years or more were found to have less difficulty in adjusting to parenthood within a marital relationship than did persons aged 21 and under. Research findings are inconsistent as to whether the age of the father affects perceived difficulties in the marital relationship. This research study will further add to the knowledge base as to whether or not age of the father affects perceived changes in the marital relationship following the birth of an infant.

Age of the Infant

The age of the infant may be an important variable affecting first-time fathers' perceived changes in the marital relationship. Studies which included infants under one year of age (Hobbs, 1965, 1968; Russell, 1974) reported lower crisis scores among couples than studies which included a broader range of infants' ages (LeMaster, 1957; Dyer, 1963).

This suggests a positive relationship between the infant's age and the couple's difficulty in marital adjustment. Feldman's (1971) research suggested a "baby honeymoon" exists for 4-6 weeks during which time couples are elated with the experiences of parenthood. Following those weeks, reality of parenthood's obligations increases and the novelty of the infant decreases, fostering perceived changes in the marital relationship to surface. Wente and Crockenberg (1976) found no relationship between infant's age and the extent of difficulty perceived by parents following the infant's birth.

Conflicting results from past research make it difficult to conclude whether the age of the infant affects perceived changes in the marital relationship. This research study will assess this modifying variable and due to the suggested "baby honeymoon" effect, will examine marital relationship changes three to five months post-partum.

Level of Education

Dyer (1963) examined the relationship between level of education and difficulty encountered by first-time fathers adjusting to parenthood and found a significant negative correlation ($p < .05$). In addition, Russell (1974) reported a significant negative correlation ($p < .05$) between the father's (and mother's) level of education and the number of "gratification" items

they checked. Russell suggested that couples with more education may discover alternative routes to self-fulfillment and place less importance on an infant. First-time fathers identify this on the role of parenthood within the marital relationship. Lake (1974) reported no difference between the magnitude of perceived marital relationship changes and the couple's educational levels. The sample included a variety of educational levels up to and including post-graduate. All couples identified changes within their relationship and education did not lessen the degree of the perceived difficulty. Cowan and Cowan's (1978) longitudinal research identified marital relationship changes following the birth of an infant. The couple's educational level ranged from high school graduate through doctorate. The magnitude of the changes were similar within the dimension of dyadic cohesion. No statistical information was reported.

The educational level may have enhanced the availability of resources (e.g., finances, knowledge) which could influence research findings in inconsistent ways.

Years Married

Research concerning the effect of the number of years married on first-time fathers' perceptions of changes in the marital relationship following the birth of an infant is a variable which has received limited investigation. Dyer's (1963) study indicated a negative relationship between the number of years married and crisis following an infant's birth. Dyer reported couples married more than three years experienced less crisis.

Normalcy of Labor/Delivery

A review of the literature indicates few research studies have assessed labor and/or delivery as a potential variable affecting perceptions of changes in the marital relationship following the birth of a healthy newborn. Russell (1974) reported data supporting the idea that the ease of pregnancy and delivery decreased crisis following the birth of an infant. The majority of research has been conducted utilizing a sample selection of normal labor and/or delivery. This research study will examine this variable as a factor influencing changes in the marital relationship.

Summary

A review of the literature indicates the majority of research regarding changes in the marital relationship following the birth of an infant have utilized retrospective designs (ranging from birth through five years). The accuracy of recalling perceived marital relationship changes following the birth of an infant may have been influenced by the time ranges investigated. Cross sectional studies have also reported collapsing infants' age ranges (infant and preschool) making it difficult to identify changes within a marital relationship specific to the infant's age, even though support exists that an infant's age may influence marital relationship changes. Interviews have been conducted with marital couples regarding relationship changes, based on the historical emphasis concerned with the mother/baby transition, a first-time father may not have had an opportunity to share his perception of change. Also, with couple interviews, the first-time father may not have shared his personal views regarding changes in the marital relationship honestly.

Marital questionnaires have been used to measure change; however, some researchers have relied on face validity of content items. Other investigators have failed to establish and/or report reliability and validity for the instrument.

Previous research in marital relationship changes has made no effort to assess modifying variables such as normalcy of pregnancy, labor and delivery. Sample selection criteria maintained a homogeneity of normalcy. Restricting the sample on these dimensions may lessen influencing circumstances related to marital relationship changes.

In conclusion, there are several implications for research from this literature review. First, nursing research is needed with regard to investigating changes in the marital relationship following the birth of an infant. Nursing researchers such as Jackie Clinton, (fathers couvade experience); Regina Lederman (marital relationship as a psychological predictor of pregnancy outcome and perception of birth); Kathryn May (phases of father involvement in pregnancy); and Mary Malnory (a prenatal assessment tool for mothers and fathers) are identifying fathers as a significant member in this family life event. Nursing research must continue to expand in the area. Second, limiting retrospective studies and expanding longitudinal investigations would strengthen the findings as they occur. If retrospective studies are conducted for identifying perceived changes in the marital relationship, they should limit the time range thus minimizing the influence of time. Criteria for subject inclusion should control for variables (not under study) that potentially could influence perceived change in a marital relationship. Further, research regarding first-time father's perception of change is needed due to the historical focus on mothers and also due to the fact that marital relationship roles

and responsibilities are changing (infant care, household tasks, finances) whereby, fathers may have some perceived concerns.

In Chapter IV, the operational definition of the variables, characteristics of the sample, the data collection procedure, data analysis methods, instruments and scoring, and research questions will be presented.

CHAPTER IV

METHODOLOGY

Overview

This descriptive study was designed to examine changes in the marital relationship perceived by first-time fathers three to five months after the birth of their infants. Spanier's Dyadic Adjustment Scale (1976) was used to measure first-time fathers' perceptions of changes in the marital relationship following the birth of their infant. Sociodemographic information about the subjects were collected to characterize the study sample. In this Chapter, the research questions and subquestions will be stated. Study variables and modifying variables will be operationally defined, then the sample, instrumentation and scoring, human rights protection procedures, data collection procedures and data analysis will be described.

Research Questions

The following research questions were addressed in this study:

Major Question

1. Does the first-time father perceive a change in the marital relationship three to five months following the birth of his infant?

Sub-research Questions

- a. Does the first-time father perceive a change in dyadic cohesion three to five months following the birth of his infant?
- b. Does the first-time father perceive a change in dyadic consensus three to five months following the birth of his infant?
- c. Does the first-time father perceive a change in dyadic satisfaction three to five months following the birth of his infant?
- d. Does the first-time father perceive a change in affectional expression three to five months following the birth of his infant?

Major Question:

2. If the first-time father perceives a change in the marital relationship three to five months following the birth of his infant, what is the direction of this change?

Sub-research Questions:

- a. If the first-time father perceives a change in dyadic cohesion three to five months following the birth of his infant, what is the direction of the change?
- b. If the first-time father perceives a change in dyadic consensus three to five months following the birth of his infant, what is the direction of the change?
- c. If the first-time father perceives a change in dyadic satisfaction three to five months following the birth of his infant, what is the direction of the change?
- d. If the first-time father perceives a change in affectional expression three to five months following the birth of his infant, what is the direction of the change?

SAMPLE

The study participants constituted a convenience sample of sixty-six first-time fathers who voluntarily agreed to complete study questionnaires. The participants in the study resided in a mixed urban/rural community with a population of approximately 200,000. Local newspaper birth announcements were utilized to locate the sample. Phone numbers of potential subjects were found by using a telephone directory or operator assistance. Because the sample was not random, the results of this study can only be generalized to first-time fathers possessing characteristics similar to those in the sample.

To be eligible for inclusion in this study, fathers had to meet the following criteria:

- (1) adult married male between 18-35 years of age;
- (2) a planned biologic father for the first time;
- (3) married to the infant's biologic mother;
- (4) living in a household which included no other children or individuals;
and
- (5) no serious or chronic illness since the birth of the infant.

In addition, the first-time father's infant had to be:

- (1) 3 to 5 months of age; and
- (2) basically healthy with no known abnormality, serious or chronic illness since birth. A last criterion for inclusion related to the first-time father's wife. She had to be:

- (1) basically healthy with no known abnormality, serious or chronic illness since the birth of the infant for her husband to be eligible for the study.

DATA COLLECTION PROCEDURE

The researcher made personal contact by telephone with eighty-two first-time fathers. Potential subjects were called in the evening during the week and during the day on Saturdays. A standardized format (see Appendix E) was used during each telephone contact which included the following information: an introduction of myself by name and title, plus the purpose of the research study. An explanation was provided to each first-time father concerning how his name was obtained. Each father was asked if this was his first child and if this was a planned event. Information was obtained concerning the infant's birth and health along with inquiries regarding both parents' health. Based on his answers, the first-time father was asked to participate in the study if he qualified according to the criteria outlined above. The first-time fathers were informed that participation would require approximately fifteen minutes to complete a questionnaire. First-time fathers were assured all information would remain confidential. An opportunity was provided for each father to ask questions. First-time fathers were informed that they could refuse to participate if they later changed their minds. If any first-time fathers were hesitant to participate or wished to discuss their involvement in the study with their spouse, the first-time father was recontacted within three days to obtain a response. If a refusal to participate was obtained upon

follow-up contact, the researcher thanked the first-time father for his time and ended the conversation.

When first-time fathers agreed to participate, the following process was implemented. A cover letter, questionnaire, and self-addressed stamped envelope were mailed to each participant within three days. Participants were requested to complete the questionnaires alone and return them to the investigator within one week. A code number was established for each participant and placed on the questionnaire to assist with the follow-up procedure. A participants log was maintained for each subject in order to identify returned questionnaires and to establish a telephone follow-up date for non-respondents. (See Appendix F.)

Participants who failed to return their questionnaire after two weeks were recontacted by telephone. The investigator inquired if the father had any problems or concerns regarding completion of the questionnaire. Participants were offered another questionnaire if the initial one was misplaced. When participants failed to return the second questionnaire, no further contact was initiated. The investigator interpreted this as a lack of desire to participate and respected their decision. When questionnaires were returned, the participant's code number was logged for date of response so follow-up measures were avoided. Each questionnaire was assessed for completeness and if the subjects met additional criteria for inclusion. Additional criteria evaluated for inclusion on the questionnaire included father's age, date of infant's birth, if he was the biologic father, and if he had any other members residing in the household. Questionnaires from subjects who did not meet the criteria were then eliminated. Two of the subjects were eliminated because they indicated on the questionnaire

other family members were residing in the home (stepdaughter and mother-in-law). Four additional subjects had to be eliminated because they were above 35. Following the additional criteria screening, subjects responses were then coded and prepared for data analysis.

Collection of data took place from April, 1983, through February, 1984. Approximately 180 fathers were contacted via telephone. Two first-time fathers refused to participate in the study. The reasons given for refusing to participate in the study included being too busy and unwilling to share feelings about his marital relationship with anyone. Eighty-two fathers were mailed questionnaires. Of these, seventy-two returned the questionnaire; sixty-six met the established criteria; six did not qualify; and ten did not return the questionnaires. Sixty-six (80%) of the eighty-two identified fathers provided the data for this study.

INSTRUMENT

This section will describe the instrument development. In addition, operational definitions of the study variables, potential modifying variables, and other variables will be discussed.

Dyadic Adjustment Scale

The instrument utilized in this study was adapted from that developed by Spanier (1976) which measures the quality of marriage. The original development of the scale was an extension of assessment tools used by Terman (1938) and Locke and Wallace (1959). Spanier's Dyadic Adjustment Scale was developed by generating a pool of approximately 300

items which had been previously used in measuring marital adjustment. Following the elimination of duplicate items, 200 remained. Spanier administered the questionnaire to a variety of sample groups (married, divorced, and cohabitating), not for the purpose of establishing generalizability, but to analyze items comprehensively and assess the scale. The identified sub-scales were dyadic cohesion (5 questions), dyadic consensus (13 questions), dyadic satisfaction (10 questions), and affectional expression (4 questions).

Spanier reported that content validity was established by three judges other than himself. Information was not provided concerning the judges' qualifications. Items were evaluated according to: (1) relevant measures of dyadic adjustment for contemporary relationships; (2) consistency with nominal definitions identified by the developer; (3) clear wording with appropriate response choices.

To establish construct validity, Spanier (1976) selected the Locke-Wallace Marital Adjustment Scale (1959)—the validity of which had been established—to assess the ability of the Dyadic Adjustment Scale to measure the same general construct. A correlation of .86 between these scales among married participants were reported.

Convergent validity was reported to be established by conducting factor analysis of the Dyadic Adjustment Scale items. All items within each of the four sub-scales had factor loadings in excess of .30.

Spanier (1976) reported a reliability of .96 for the total Dyadic Adjustment Scale. The following reliabilities for each sub-scale were reported: dyadic consensus, .90; dyadic cohesion, .86; dyadic satisfaction,

.94; affectional expression, .73. No information was provided concerning test-retest reliability measures for the instrument.

Spanier's Dyadic Adjustment Scale was adapted for this study by altering the stem for the questions. Adapting the stem to read: SINCE THE BIRTH OF THE BABY allows changes within the marital relationship to be measured in reference to the baby. (See Appendix B for a copy of the instrument.) A five-point Likert response scale was utilized to record responses for the majority of questions included in this instrument.

OPERATIONAL DEFINITIONS OF VARIABLES

DYADIC SATISFACTION was operationalized by ten questions which asked about first-time fathers' perceptions of changes in areas such as discussing or considering divorce or separation, leaving the house after a fight, confiding in your mate, quarreling, or kissing mate. Answers were recorded on a five-point scale which ranged from "much less often since the birth of the baby" to "much more often since the birth of the baby." For the purposes of analysis, a response coded (1) or (2) was considered to reflect the perception of a negative change. A response coded (4) or (5) was considered to reflect the perception of a positive change. No perceived change was coded as a (3). (See Appendix A, items 16, 17, 18, 19, 20, 21, 22, 23, 31, 32.)

DYADIC COHESION was operationalized by five questions which assessed changes perceived by first-time fathers since the birth of the infant regarding the frequency of verbal exchange of ideas, laughing together, working together on a project, discussing issues of concern

calmly. Answers were recorded on a five-point scale which ranged from "much less often since the birth of the baby" to "much more often since the birth of the baby." For the purposes of analysis, a response coded (1) or (2) was considered to reflect the perception of a negative change. A response coded (4) or (5) was considered to reflect the perception of a positive change. No perceived change was coded as a (3). (See Appendix A, items 24, 25, 26, 27, 28.)

DYADIC CONSENSUS was operationalized by thirteen questions that asked about first-time fathers' perceptions of changes regarding the frequency of agreement in decision making on matters of importance involving handling family finances, recreation, religious matters, friends, life philosophy, dealing with in-laws, amount of time spent together, household tasks, leisure time interests and activities and career decisions. Answers were recorded on a five-point scale which ranged from "disagree much more" to "agree much more." For the purposes of analysis, a response coded (1) or (2) was considered to reflect the perception of a negative change. A response coded (4) or (5) was considered to reflect the perception of a positive change. No perceived change was coded as a (3). (See Appendix A, items 1, 2, 3, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15.)

AFFECTIONAL EXPRESSION was operationalized by four questions that asked about first-time fathers' perceptions of changes regarding sexual relations involving demonstration of affection, feeling too tired for sex and not showing love. Two answers (items 4 and 6) were recorded on a five-point scale that ranged from "disagree much more" to "agree much more." The other two answers (items 29 and 30) recorded differences of opinions on a "yes" or "no" response. (See Appendix A, items 4, 6, 29, 30.)

A yes response was coded as a (1) and a no response was coded as a (2). For the purposes of scoring, a positive response was scored as a (4) and a negative response was scored as a (2).

Positive Change was defined as the first-time father's perception that he is experiencing more pleasure in the marital relationship since the birth of the infant and is measured on the Dyadic Adjustment Scale reflecting a positive response.

Negative Change was defined as the first-time father's perception that he is experiencing less pleasure in the marital relationship since the birth of the infant and is measured on the Dyadic Adjustment Scale reflecting a negative response.

MODIFYING VARIABLES

SOCIODEMOGRAPHIC

This instrument was designed to elicit information about variables that may influence the first-time father's perception of change within the marital relationship. The following items were included in this instrument (see Appendix B).

AGE OF THE FATHER was elicited by a question that asked the respondent to record the year of his birth. For purposes of coding, 1983 was used as the baseline to calculate biological age.

NUMBER OF YEARS MARRIED was elicited by a question that asked the respondent to record the total number of years he had been married to his wife.

LEVEL OF EDUCATION was elicited by a question that asked the respondent to indicate the highest grade completed. Responses ranged from grammar school to post-graduate education.

YEARLY TOTAL INCOME was elicited by a question that asked the respondent to check the amount of his annual family income (prior to taxes and other deductions) the year prior to the baby's birth. Responses were recorded on a scale ranging from \$5,000 to \$25,000 and over.

RACE/ETHNICITY was elicited by a question that asked the respondent to indicate his racial or ethnic background. Responses were recorded as either White, Black, American Indian, Hispanic, Oriental, or Other.

OCCUPATION was elicited by a question that asked the respondent to write his main occupation. Responses were coded according to Hollingshead's (1957) scale which defines social position by occupation.

EMPLOYMENT STATUS was elicited by a question that asked the respondent to record if he was working at a regular job, unemployed, student, disabled, or other.

TYPE OF BUSINESS OR INDUSTRY was elicited by a question that asked the respondent to document what kind of business or industry he worked in. Responses were coded related to self-employed/not self-employed and public involvement/low public involvement.

OTHER

NORMALCY OF PREGNANCY was elicited by a question that asked the respondent to indicate if his wife's pregnancy was normal and uncomplicated. Responses were recorded as a yes or no.

NORMALCY OF LABOR AND DELIVERY was elicited by a question that asked the respondent if his wife's labor and delivery was normal and uncomplicated. Responses were recorded as a yes or no. If the respondent marked a no, he was asked to list problems experienced. A list of complications were categorized by long labor, cesarean section, twins, breech, use of forceps, fast labor, position, and other.

INFANT PREMATURITY was elicited by a question that asked the respondent if his infant was more than four weeks premature. Responses were recorded as a yes or no.

Information obtained about each variable was summarized to describe the study sample.

Pre-Test of the Instrument

Three first-time fathers who did not participate in the study critiqued the instrument for readability, suitability of the questions, comprehension of the directions and the amount of time needed to complete the instrument. The researcher was available by telephone for questions or concerns the questionnaire raised. Upon return of the questionnaires, one father identified his main occupation as a teacher; however, he was presently working in a factory. Based on his input, a rephrasing and further explanation of the occupation question was made. No other changes were made.

HUMAN RIGHTS PROTECTION

Specific procedures were followed to assure that the rights of the study participants were not violated. These procedures were approved by the Michigan State University Committee on Research Involving Human Subjects on February 25, 1983. (See Appendix C.) Participation was voluntary and the individual could withdraw from the study at any time. Completion and return of the questionnaire was considered as consent to participate in the research study.

A letter explaining the research study and purpose, the approximate time involved in participation and assurances of anonymity were provided to each participant. (See Appendix D.) An identification number was assigned to each questionnaire to ensure respondents' anonymity. The completed instruments were kept in a file cabinet in the investigator's home.

PROCEDURE FOR DATA ANALYSIS

Descriptive statistics (percentages, means, and standard deviations) were used to describe the sociodemographic characteristics of the study sample as well as the scores on the Dyadic Adjustment Scale. Negatively worded items on the Dyadic Adjustment Scale were reflected before data analysis.

To answer research question #1, the significant differences from the expected value of no change (3.0) versus the reported change were analyzed using a t-test mean score for each subscale (dyadic consensus,

dyadic cohesion, dyadic satisfaction and affectional expression) on the Dyadic Adjustment Scale.

To answer research question #2, sample means were calculated for each subscale on the Dyadic Adjustment Scale utilized in the study: perceived marital relationship change (total); dyadic cohesion change; dyadic consensus change; dyadic satisfaction change; and affectional expression change.

The Pearson Product Moment Correlation was utilized to evaluate the relationships between selected modifying and other variables and each of the scales used in the study: dyadic consensus; dyadic cohesion; dyadic satisfaction; and affectional expression. A correlation indicates the extent to which two variables are linearly related without implying causality.

The magnitude of the relationship is indicated by the correlation coefficient. Strength of correlations was interpreted using the following criteria from Borg and Gall (1979; pp. 513-514).

Value of (r) Strength of Relationship

0.00 to 0.19	No significant relationship
0.20 to 0.34	Very slight relationship
0.35 to 0.64	Moderate to fair relationship
0.65 to 0.84	Marked to fairly high relationship
0.85 to 1.00	High to very high relationship

For this research study, a level of confidence was set at .05 for correlations to be considered statistically significant. When a correlation coefficient is statistically significant, reasonable confidence exists (less

than 5% chance of random error) that such a value represents a non-random degree of statistical association. Correlation coefficients allow for predictions about individuals and variables under study. In addition, internal consistency, reliabilities, and scale intercorrelations were analyzed to aid in assessing comparability with previous research using the Dyadic Adjustment Scale.

RELIABILITY AND VALIDITY

Reliability is the consistency with which the instrument measures the attributes it is intended to measure (Polit and Hungler, 1983). Internal consistency is a measure to establish reliability of an instrument. To determine the degree to which items within each of the four sub-scales of the Dyadic Adjustment tool were related to one another, internal consistency was computed using coefficient alpha. The coefficient alpha, ranges from 0 to +1.00 and reflects the degree of interrelatedness among items within a scale. A reliability coefficient of 0.70 or above is considered satisfactory for group level comparisons (Polit and Hungler, 1983). Should a satisfactory level of reliability not be obtained, additional items positively correlated with the other items of the scale would increase the reliability coefficient. If the coefficient alpha is 0.80 or higher, the instrument or scale may be considered to possess high internal consistency (Crano and Brewer, 1973).

Validity of a scale is defined by Polit and Hungler (1983) as the degree to which an instrument measures what it is intended to measure. There are several types of validity (face, content, concurrent, construct,

predictive), and the general purpose or intent of the study dictates the type of validity most relevant. Content validity and construct validity are most pertinent to this study.

Content validity is concerned with the sampling adequacy of the content area being measured (Polit and Hungler, 1983). Content validity is determined by the degree to which items constituting the scale represent all relevant aspects of a particular domain (marital relationship) under investigation. The evaluation of content validity is a subjective measure. Spanier reported the Dyadic Adjustment Scale as having content validity (discussed earlier in the instrument section). Content validity was accepted based on Spanier's discussion of the scale development process.

Construct validity is defined by Polit and Hungler (1983) as the degree to which an instrument measures the concept under investigation. In this study, the concepts are: dyadic consensus; dyadic cohesion; dyadic satisfaction; and affectional expression. Intercorrelations among subscales were utilized as a means of assessing each construct in this study.

Threats to validity that are pertinent to this study include social desirability and response sets on the Dyadic Adjustment Scale. The first-time father may have been influenced to respond in a socially desirable way because it may have been difficult to express negative feelings about the marital relationship after having an infant.

Questions on the Dyadic Adjustment Scale were phrased in such a way as to control for response set selection by asking the subjects to respond to questions phrased positively and negatively (e.g., "How often do you and your partner quarrel?"; "How often do you kiss your wife?").

SUMMARY

Discussed in Chapter IV were the research questions, the operational definitions of the study variables, modifying and other variables. Also presented were the sample criteria, data collection procedures, instrumentation, scoring and techniques for data analysis, reliability and validity of the instrument, and human rights procedures. Chapter V presents the data and analyzes the results in relation to the research questions under study.

CHAPTER V

DATA PRESENTATION AND ANALYSIS

Overview

In this Chapter, the study sample will be described and data will be presented to identify first-time fathers' perceptions of change within selected dimensions of a marital relationship following the birth of an infant. A volunteer, non-random sample of sixty-six first-time fathers ranging in ages from 18 to 36 years comprised the sample. Data elicited from these fathers were used to address the following research questions:

Major Question

1. Does the first-time father perceive change in the marital relationship three to five months following the birth of his infant?

Sub-research Questions

- a. Does the first-time father perceive a change in dyadic cohesion three to five months following the birth of his infant?
- b. Does the first-time father perceive a change in dyadic consensus three to five months following the birth of his infant?
- c. Does the first-time father perceive a change in dyadic satisfaction three to five months following the birth of his infant?
- d. Does the first-time father perceive a change in affectional expression three to five months following the birth of his infant?

Major Question:

2. If the first-time father perceives a change in the marital relationship three to five months following the birth of his infant, what is the direction of this change?

Sub-research Questions:

- a. If the first-time father perceives a change in dyadic cohesion three to five months following the birth of his infant, what is the direction of the change?
- b. If the first-time father perceives a change in dyadic consensus three to five months following the birth of his infant, what is the direction of the change?
- c. If the first-time father perceives a change in dyadic satisfaction three to five months following the birth of his infant, what is the direction of the change?
- d. If the first-time father perceives a change in affectional expression three to five months following the birth of his infant, what is the direction of the change?

Descriptive Findings of the Study Sample

The study sample consisted of sixty-six English-speaking first-time fathers whose ages ranged from 18 to 36 years. The subjects were both the biologic and socially defined guardian of a 3 to 5 month old infant of either sex. The fathers had no previous children either natural or adopted. The infants were basically healthy with no known abnormality or serious chronic illness occurring since birth. Also, the subjects and their wives were basically healthy with no known serious or chronic illness. Each of the subjects was married to and maintained an ongoing relationship with

the infant's biologic mother. The first-time fathers, their wives and infants lived as families with no other persons residing in their households. The following section will include a description of the sample in relation to the modifying variables under investigation.

MODIFYING VARIABLES

Sociodemographic

The sociodemographic variables utilized in the present study were age, racial or ethnic background, years married, education, income level and occupation. The frequency distribution and percent of those first-time fathers responding to these variables are presented.

Age. The age of the first-time fathers ranged from 22 to 36 years with a mean age of 28.6 years. Two first-time fathers were included in the sample who were 36. Questionnaire responses were assessed and found no differences from the participants.

Years Married. The range for number of years married was from one to thirteen years. The mean was 4 years.

Racial or Ethnic Background. Race and ethnic background was ascertained for each participant in the study. Table 1 includes data on the number and percentage of subjects by race. Sixty-four of the fathers (97%) were white, two of the fathers (3%) checked "other." The "other" responses listed were mulatto and Ashkenazic jew.

Table 1
 Number and Percentage of Subjects
 by Age, Years Married, Racial or Ethnic Background.
 (N = 66)

Variable	Number of Subjects	Percent
Age in years		
22-26	16	24
27-31	35	53
32-36	15	23
	—	—
Total	66	100
Years Married (Mean = 4.075)		
1- 3	34	51
4- 6	23	34
7- 9	5	8
10-13	4	7
	—	—
Total	66	100
Racial or Ethnic Background		
White	64	97
Other	2	3
	—	—
Total	66	100

Income Level. The income range choice for the subjects was from \$5,000 to \$25,000 or more annually. Over one-half (n=41; 63%) reported a yearly income of \$25,000 or more. One subject failed to answer the item on income level. Distribution of annual family income for subjects is presented in Table 2.

Table 2
Number and Percentage of Subjects by
Annual Family Income Levels
(n = 65)

Variable	Number of Subjects	Percent
Income		
7,000 to 8,999	3	5
9,000 to 10,999	2	3
11,000 to 12,999	2	3
13,000 to 14,999	2	3
15,000 to 16,999	1	2
17,000 to 19,999	3	5
20,000 to 24,999	11	17
25,000 and over	41	63
	—	—
Total	65	100

Education. The educational levels of the subjects ranged from "graduated from high school" (6%) to "post-graduate or professional" (21%). The mean educational level was between "some college" and "graduated from college." Eighty percent (n=56) of the subjects had attended college.

The number and percentage of the subjects by educational level can be seen in Table 3.

Occupation. Sixty-four of the sixty-six subjects responded to the question asking that they describe the type of work they do. Hollingshead's occupational categories were used to code the occupational variable. There were two cases of missing data. Of the sixty-four subjects who responded, one-third ($n = 21$) were higher executives/business managers and professionals. Another one-third ($n = 20$; 31%) were identified as skilled and semi-skilled workers. The number and percentage of subjects according to occupation can be seen in Table 4.

Table 3
Number and Percentage of Subjects by Educational Level
($n = 66$)

Variable	Number of Subjects	Percent
Education		
Graduated High School	4	6
Technical, Business, or Trade School	6	9
Some College (less than 4 years completed)	21	32
Graduated College (4 years completed)	21	32
Post-Graduate or Professional	14	21
	—	—
TOTAL	66	100

Table 4
Number and Percentage of Subjects by Occupational Level
(n = 64)

Variable	Number of Subjects	Percent
Occupation		
Higher executives, proprietors of large concerns, major professionals	12	19
Business managers, proprietors of medium-sized businesses, and lesser professionals	9	14
Administrative personnel, small independent businesses, and minor professionals	8	13
Clerical and sales workers, technicians, and owners of little businesses	9	14
Skilled manual employees	16	25
Machine operators and semi-skilled employees	4	6
Unskilled employees	6	9
	—	—
Total	64	100

OTHER DESCRIPTIVE VARIABLES

Other variables used to describe the sample included: difficulty living on present income and work status. The frequency distribution and percentages of first-time fathers who responded to these variables can be seen in Table 5.

Difficulty Living on Income. One-third ($n = 25$) of the subjects reported they experienced some difficulty living on their present income. Forty-one (62%) of the subjects reported having little or no difficulty living on their present income.

Work Status. Sixty-two (94%) of the subjects reported that they currently worked at a regular job.

Other additional variables used to describe the study findings included: normalcy of pregnancy, complications of labor and/or delivery, and prematurity of the infant. The frequency distribution and percentage of subjects who responded to these items can be seen in Table 6.

Normalcy of Pregnancy. Sixty-four (97%) of the subjects responded that their wives' pregnancies were normal. This was based on the first-time father's definition of normal; however, information was provided on the questionnaire that identified nausea/vomiting and fatigue during the first 3-4 months being normal.

Normalcy of Labor and/or Delivery. Almost three-fourths ($n = 48$; 73%) of the subjects indicated a normal labor and delivery. Eighteen (27%) subjects indicated that their wives experienced complications with labor and delivery.

Complications of Labor and Delivery. The majority of complications (15%) were due to cesarean sections. Subjects' responses coded in the

Table 5
 Number and Percentage of Subjects by
 Difficulty Living on Present Income and Work Status
 (n = 66)

Variable	Number of Subjects	Percent
Difficulty Living on Present Income		
Very difficult	1	2
Fairly difficult	3	5
Somewhat difficult	21	32
Not too difficult	22	33
Not difficult at all	19	28
	—	—
Total	66	100
Work Status		
Regular job	62	94
Unemployed or laid off	2	2
Student	1	2
Other	1	2
	—	—
Total	66	100

"other" category (4%) were related to umbilical cord wrapped around infant's head, induced labor, meconium-stained amniotic fluid, and bleeding after delivery. The remaining six subjects (9%) indicated that their wives experienced a fast/long labor or the baby's position was a complication.

Infant Prematurity. Each subject was asked if his baby was more than four weeks early or premature. One subject (2%) indicated his baby was premature. Sixty-five (98%) indicated their babies were not premature.

Table 6
Number and Percentage of Subjects
Responding to Complications of Labor and Delivery
(n = 66)

Variable	Number of Subjects	Percent
Complications of Labor and Delivery		
No complications	48	73
Long labor	3	4
Cesarean section	9	15
Fast labor	2	3
Position	1	2
Other	3	4
	—	—
Total	66	100

SUMMARY

An examination of the descriptive statistics showed that the majority of first-time fathers in the sample were in their late twenties, white, middle-class, college-educated, maintained a regular job, and had been married one to thirteen years with a mean of four years. Based on the subjects' responses, their wives' pregnancies and labor and delivery were uncomplicated.

Reliability of the Dyadic Adjustment Scale

The procedure used for determining the reliability of Spanier's instrument was Cronbach's coefficient alpha. Alphas were calculated for each of the dyadic adjustment subscales (dyadic consensus, dyadic cohesion, dyadic satisfaction and affectional expression) plus a total scale reliability. Analysis of the reliabilities indicate an adequate level of internal consistency within each of the dyadic adjustment sub-scales. Internal consistencies were lower than those reported by Spanier (Dyadic Cohesion, .86; Dyadic Consensus, .90; Dyadic Satisfaction, .94; and Affectional Expression, .73), possibly indicating sample specific differences.

Correlations among subscales were computed as a means of assessing the degree of relationship among the constructs (consensus, cohesion, satisfaction, and affectional expression) within the Dyadic Adjustment Scale. Results indicate that in this sample, the constructs do not highly correlate with each other, indicating that each of the Dyadic Adjustment Subscales are assessing relatively independent constructs. Correcting the

intercorrelations for lack of reliability yields values ranging from .27 (cohesion/expression) to a maximum of .58 (consensus/satisfaction). These values indicate the possible range of overlap between the error-free constructs as operationalized in this study. The scales appear to be tapping relatively separate domains with a maximum theoretical intercorrelation of .58, or 34% common variance.

Table 7
Reliabilities of the Dyadic Adjustment Scale
and Component Subscales
(n = 66)

Scale	Reliability	Number of Items
Subscales		
Dyadic Consensus	.73	13
Dyadic Cohesion	.65	5
Dyadic Satisfaction	.80	10
Affectional Expression	.75	4
Total Dyadic Adjustment Scale	.85	32

Table 8
Correlation Matrix:
Intercorrelations of Dyadic Adjustment Scales Utilized in Present Study
(n = 66)

	Dyadic Consensus	Dyadic Cohesion	Dyadic Satisfaction
Dyadic Cohesion	.275		
Dyadic Satisfaction	.438	.378	
Affectional Expression	.263	.189	.236

Presentation of Data Related to the Research Questions

In this section, all analysis of the data is presented as related to the individual research questions under investigation (see Table 9). A t-test mean score was analyzed for each subscale (dyadic consensus, dyadic cohesion, dyadic satisfaction and affectional expression) and for the entire scale to measure significant differences from the expected value of no change (3.0) versus the reported change.

Research Question 1.

Does the first-time father perceive a change in the marital relationship three to five months following the birth of his infant?

Thirty-two items (Appendix A) were utilized in the analysis of perceptions of changes in the marital relationship. The Dyadic Adjustment

Scale total mean score was 3.21 and the standard deviation was .303 with sixty participants completing all of the questions. The expected value indicating no perceived change was 3. The t -value for perceptions of overall changes in the marital relationship expressed by first-time fathers three to five months following the birth of their infants was 5.531 with 59 degrees of freedom, indicating a statistically significant change at the .001 level of confidence. Based on the findings, first-time fathers do perceive a change in the marital relationship three to five months following the birth of the infant.

Table 9
Perceived Changes in the Marital Relationship
Expressed by First-Time Fathers
Three to Five Months Following the Birth of Their Infants

Dyadic Adjustment Sub-Scales	Expected No Change \bar{x}	Actual \bar{x}	Standard Deviation	t-value	Degrees of Freedom
Dyadic Cohesion	3	3.14	.53	2.20*	65
Dyadic Consensus	3	3.13	.32	3.21*	60
Dyadic Satisfaction	3.05	3.46	.42	8.08**	66
Affectional Expression	3	3.06	.63	.78	65
Total	3	3.21	.303	5.531**	60

*p less than or equal to .05

**p less than or equal to .001

Sub-Research Questions

- 1a. Does the first-time father perceive a change in dyadic cohesion three to five months following the birth of his infant?

Five dyadic cohesion items (Appendix A, items 24, 25, 26, 27, and 28) were utilized in the analysis of perceived change. Each item could be scored from 1 to 5 with an expected condition of a no change mean for the subscale being 3. The dyadic cohesion total mean score was 3.144 and the standard deviation was .53 with sixty-five participants completing the subscale questions. The t -value for perceived change in dyadic cohesion was 2.20 with 64 degrees of freedom indicating a statistically significant perceived change in dyadic cohesion at the .05 level of confidence. The study findings indicate that the first-time father does perceive a change in dyadic cohesion three to five months following the birth of their infants.

- 1b. Does the first-time father perceive a change in dyadic consensus three to five months following the birth of his infant?

Thirteen dyadic consensus items (Appendix A, items 1, 2, 3, 5, 7, 8, 9, 10, 11, 12, 13, 14, and 15) were utilized in the analysis of perceived change. Each item could be scored from 1 to 5 with an expected condition of a no change mean for the subscale being 3. The dyadic consensus total mean score was 3.132 and the standard deviation was .329, with sixty participants completing the subscale questions. The t -value for perceived change in dyadic consensus was 3.21 with 59 degrees of freedom indicating

a statistically significant perceived change in dyadic consensus at the .05 level of confidence. The study findings indicate that the first-time father does perceive a change in dyadic consensus three to five months following the birth of his infant.

- 1c. Does the first-time father perceive a change in dyadic satisfaction three to five months following the birth of his infant?

Ten dyadic satisfaction items (Appendix A, items 16, 17, 18, 19, 20, 21, 22, 23, 31, and 32) were utilized in the analysis of perceived change. All dyadic satisfaction items except one (32) could be scored from 1 to 5 with an expected condition of a no change mean for the subscale being 3. Item 32 required a score from 1 to 6 with an expected condition of no change mean for the item being 3.5. A total expected mean for the subscale was 3.05. The dyadic satisfaction total mean score was 3.462 and the standard deviation was .422 with sixty-six participants completing the subscale questions. The t-value for perceived change in dyadic satisfaction was 8.08 with 65 degrees of freedom indicating a statistically significant perceived change in dyadic satisfaction at the .001 level of confidence. The study findings indicate that the first-time father does perceive a change in dyadic satisfaction three to five months following the birth of his infant.

- 1d. Does the first-time father perceive a change in affectional expression three to five months following the birth of his infant?

Four affectional expression items (Appendix A, items 4, 6, 29, 30) were utilized in the analysis of perceived change. Two of the items (4 and 6) could be scored from a 1 to 5 with an expected condition of no change mean for the items being 3. The other two items (29 and 30) required a yes or no response and were scored as a 2 or a 4. The expected condition of a no change mean for these two items was 3. The affectional expression total mean score was 3.062 and the standard deviation was .634 with 65 participants completing the subscale questions. The t -value for perceived change in affectional expression was .781 with 64 degrees of freedom indicating no significant change in affectional expression at the .05 level of confidence. The study findings indicate that the first-time father does not perceive a change in affectional expression three to five months following the birth of his infant.

Research Question 2.

If the first-time father perceives a change in the marital relationship three to five months following the birth of his infant, what is the direction of this change?

A t -value was calculated for the total dyadic adjustment scale mean as discussed in Research Question 1. The total t -value of 5.531 with a standard deviation of .303 and 59 degrees of freedom indicates the first-time father perceives a statistically significant ($p < .05$) positive change in the marital relationship three to five months following the birth of his infant.

Sub-research Questions

- 2a. If the first-time father perceives a change in dyadic cohesion three to five months following the birth of his infant, what is the direction of the change?

A t -value was calculated from the dyadic cohesion subscale total mean as discussed in research sub-question 1a. The total t -value of 2.20 with a standard deviation of .53 and 64 degrees of freedom indicates the first-time father perceives a statistically significant ($p < .05$) positive change in dyadic cohesion three to five months following the birth of his infant.

- 2b. If the first-time father perceives a change in dyadic consensus three to five months following the birth of his infant, what is the direction of the change?

A t -value was calculated from the dyadic consensus subscale total mean as discussed in research sub-question 1b. The total t -value was 3.21 with a standard deviation of .329 and 59 degrees of freedom indicates the first-time father perceives a statistically significant ($p < .05$) positive change in dyadic consensus three to five months following the birth of his infant.

- 2c. If the first-time father perceives a change in dyadic satisfaction three to five months following the birth of his infant, what is the direction of the change?

A t -value was calculated from the dyadic satisfaction subscale total mean as discussed in research sub-question 1c. The total t -value of 8.08 with a standard deviation of .422 and 65 degrees of freedom indicates the first-time father perceives a statistically significant ($p < .001$) positive change in dyadic satisfaction three to five months following the birth of his infant.

- 2d. If the first-time father perceives a change in affectional expression three to five months following the birth of his infant, what is the direction of the change?

A t -value was calculated from the affectional expression subscale total mean as discussed in research question 1d. The total t -value of .781 with a standard deviation of .634 and 64 degrees of freedom indicates the first-time father perceives no significant change in affectional expression three to five months following the birth of his infant.

Next the correlations between the total dyadic adjustment scale and potential modifying variables will be reported (see Table 10).

Education. A slight but significant negative correlation ($r = -.264$; $p .05$) was obtained between the first-time father's level of education and perceived change in dyadic satisfaction three to five months following the birth of his infant. Level of education did not correlate with the remaining three components of the dyadic adjustment scale (consensus, cohesion, and affectional expression).

Table 10
Correlations between Dyadic Adjustment Scale and Potential Modifying Variables

Modifying Variables	Dyadic Consensus	Dyadic Cohesion	Dyadic Satisfaction	Affectional Expression
Father's Age	-.093	.075	-.090	-.135
Years Married	.051	.141	.082	-.180
Education	-.044	-.155	-.264*	-.117
Occupation	-.081	-.061	-.266*	-.093
Income	-.144	.154	-.140	-.124
Difficulty Living	.060	.171	.201*	.068
Normalcy of Pregnancy	-.032	.052	-.005	-.088
Normalcy of Labor/Delivery	-.226*	-.026	-.123	-.087
Infant Prematurity	.117	-.013	.077	.161

*p less than .05

Occupation. A very slight but significant negative correlation ($r = -.266$; $p < .05$) was obtained between first-time fathers' level of occupation and perceived dyadic satisfaction three to five months following the birth of his infant. Level of occupation failed to correlate with dyadic cohesion, consensus, and affectional expression.

Difficulty Living on Income. A slight positive correlation ($r = .201$; $p < .05$) was obtained between the first-time father's perceived difficulty living on present income and dyadic satisfaction. That is, if first-time fathers perceived no difficulty living on present income, dyadic satisfaction increased. The remaining three components of the dyadic adjustment scale did not correlate with this modifying variable.

Labor/Delivery Normalcy. The analysis showed a slight negative correlation ($r = -.226$; $p < .05$) between the normalcy of labor/delivery and perceived change in dyadic consensus. As the normalcy of the labor and delivery decreased, first-time fathers perceived an increase in dyadic consensus three to five months following the birth of their infants. The remaining three components of the dyadic adjustment scale did not correlate with this variable.

The first-time father's age, years married, income level, pregnancy normalcy and infant prematurity failed to correlate significantly with the dyadic adjustment scale components.

Correlations between Modifying Variables

The following section will discuss correlational findings between the selected modifying variables within this study (see Table 11).

Normalcy of Pregnancy. A positive correlation ($r = .299$; $p < .05$) existed between the first-time father's perceived normalcy of his wife's pregnancy and the normalcy of labor and delivery. This can be interpreted

as the more normal the pregnancy, the more likely a normal labor and delivery.

Infant Prematurity. A fairly high negative correlation ($r = -.701$; $p < .001$) was obtained between the infant's prematurity and the normalcy of pregnancy. As the infant's prematurity increased, the perceived normalcy of the pregnancy decreased.

Years Married. A high positive correlation ($r = .488$; $p < .001$) was obtained between the number of years the father was married and the father's age.

Education. A high positive correlation ($r = .655$; $p = .001$) was indicated between the first-time father's level of education and occupational status.

Income. Positive correlations ($p < .05$) were obtained between level of income and father's age ($r = .362$); years married ($r = .222$); education ($r = .274$); and occupation ($r = .252$).

Difficulty Living on Income. A negative correlation ($r = -.199$; $p < .05$) existed between the first-time father's perceived difficulty living on income and his occupation. A high positive correlation ($r = .475$; $p = .001$) was obtained between difficulty living and level of income.

SUMMARY

In Chapter V, data were presented that described the study sample. Data analysis using t-test values for perceptions of changes in the marital relationship were reported. First-time fathers identified significant positive changes in dyadic consensus, dyadic cohesion and dyadic

Table II
Pearson Product Moment Correlations between Modifying Variables

	Father's Age	Occupation	Pregnancy Normalcy	Labor/Delivery Normalcy	Infant Prematurity	Years Married	Education	Income	Difficulty Living
Father's Age									
Occupation	.141								
Pregnancy Normalcy	-.028	-.076							
Labor Normalcy	.054	-.139	.288*						
Infant Prematurity	.058	.086	-.701**	-.202*					
Years Married	.448**	.191	.026	-.089	.136				
Education	.172	.655**	.075	-.016	.059	.110			
Income	.362*	.252*	.008	.133	.057	.222*	.274*		
Difficulty Living	.168	.199*	-.062	-.179	.109	.177	.215*	.475**	

*p less than .05

**p less than .001

satisfaction following the birth of an infant. No significant change was reported for affectional expression. Pearson Product Moment Correlations were utilized to identify the degree and direction of the relationships among the study variables and reliability indices for the instrument were discussed. Last, additional findings not addressed in the research questions were presented.

In Chapter VI, data described in Chapter V and the research questions will be interpreted and summarized. Conclusion and implications for nursing education, research and practice will be discussed within the context of the conceptual framework of the research study.

CHAPTER VI

SUMMARY, INTERPRETATIONS, AND RECOMMENDATIONS

Overview

In Chapter VI a summary and interpretation of the study findings are presented. This summary and interpretation includes a review of previous chapters followed by a discussion of the sociodemographic characteristics of the sample population and how these potential modifying variables may have influenced the outcome of the study. Findings for the research questions are discussed within the context of results from previous research studies. Limitations of the present study are cited and implications of the study for nursing practice, education and research are presented.

Summary of Findings

A descriptive study of adult first-time fathers was conducted to identify perceptions of changes within the marital relationship three to five months following the birth of an infant.

Perceived changes in the marital relationship were measured using an adaptation of Spanier's (1976) Dyadic Adjustment Scale. The 32-item self-administered Dyadic Adjustment Scale measures changes in dyadic cohesion, dyadic consensus, dyadic satisfaction, and affectional expression. A five-point Likert scale was used for the purpose of identifying the

direction and strength of perceived changes following the birth of an infant. The use of the Family Developmental Life Cycle framework (Duvall, 1977) and King's (1981) nursing theory provide a means to examine first-time fathers' perceptions of changes in their marital relationship three to five months following their infants' birth.

Data were collected from sixty-six first-time fathers, aged 18-36. Data were analyzed using Pearson Product Moment Correlations, t-tests and descriptive statistics. The data results suggest significant positive changes ($p < .05$) in the marital relationship three to five months following the birth of the infant in the areas of dyadic cohesion, dyadic consensus, and dyadic satisfaction. There was no significant change in affectional expression.

First-time fathers perceive positive changes in the marital relationship three to five months following the birth of their infants. Nursing interventions should be directed toward supporting and reinforcing the positive changes. Anticipatory guidance should be provided to first-time fathers as the family continues through the developmental life cycle stages placing increased demands on the marital relationship.

Review of Previous Chapters

In Chapter I, the forming of a family was discussed in relationship to assuming new roles. To the extent that each spouse fulfills the other's role expectations, the marriage is assumed to be mutually satisfying. Eventually the couple may decide to add a child to the family structure. The addition of a child is viewed as a major family life event from which marital relationship changes may occur. Since the late 1950's, researchers

have examined perceptions of changes in the marital relationship following the birth of an infant; however, inconsistent findings as to whether the changes are positive or negative remain unanswered.

Presently, there is a lack of nursing research describing fathers' perceptions of changes in the marital relationship following the birth of an infant. In addition, research has been conducted on perceptions of changes in the marital relationship during a suggested "honeymoon" period which may have affected the study results. Therefore, the purpose of this study was to identify first-time fathers' perceptions of changes in the marital relationship three to five months following the birth of their infants. Research questions, conceptual definitions and strengths, and limitations to the study were identified.

In the second chapter of this thesis, the concept of a marital relationship was discussed. It was noted that empirical evidence is lacking regarding a definition and components making up a marital relationship; nevertheless, researchers continue to attempt to measure the concept with available tools.

A conceptual framework derived from Duvall's (1977) Family Developmental Life Cycle was presented in Chapter II. Duvall's framework focuses on how families change as they proceed through eight identified family stages which begin at marriage and end with the death of a spouse. The focus of this investigation was on Stage I, the Marital Family, and Stage II, the Child-Bearing Family. The marital relationship was discussed in relation to a newly created family and components identified in the literature constituting the relationship. As a family life event (birth of an infant) occurs within Duvall's developmental life cycle, new stages and tasks are required of family members. The couple must alter their

lifestyle to accept and adjust to the infant's demands. Depending on how the first-time father defines the event, identifies the hardships associated with the life event and exhausts available resources to assist in adapting to the event, he may perceive changes in the marital relationship.

In the third chapter of this thesis, literature was reviewed in relation to first-time fathers' perceptions of changes in the marital relationship following the birth of his infant. Classic research studies identify the birth of an infant as a critical event creating a crisis in the marital relationship. The addition of an infant to the family structure creates a need to reorganize the Marital family (dyad) to a Childbearing family (triad). This reorganization necessitates assuming new roles, responsibilities and obligations for which first-time fathers have had no experience. Depending on how the first-time father views the birth of the infant, he may perceive changes in the marital relationship. First-time fathers identified changes in the marital relationship following the birth of an infant in regards to: (1) lack of attention and affection from his wife; (2) increased economic pressure; (3) altering family plans to accommodate the infant; (4) decreased companionship; (5) decreased socializing; and (6) alterations in marital satisfaction. It was acknowledged that very little nursing research exists that measures perceptions of changes in the marital relationship following the birth of an infant.

In the fourth chapter of this thesis, an explanation of the research methods for this retrospective study was presented. A description of the sample selection was given, along with additional criteria for the infant and mother. Statistical methods also were described, including descriptive, inferential and t-test techniques.

Finally, in Chapter V the data results were presented. Analysis of the data provided the following results. The first-time father does perceive a statistically significant positive change in the marital relationship three to five months following the birth of his infant in dyadic cohesion, dyadic consensus and dyadic satisfaction. The first-time father does not perceive a statistically significant change in affectional expression three to five months following the birth of his infant. The following section will discuss the study sample and provide interpretations of the results.

Descriptors of the Study Sample

Sociodemographic Characteristics

A summary of the sociodemographic characteristics of the study sample and comparison of these characteristics to other research findings will be presented. Sociodemographic characteristics of the subjects in this study may have affected the outcome of the study. The manner in which the sociodemographic variables could have influenced the results of the study will be presented in the discussion of findings for the research questions.

Age. The mean age of the study participants was 29 years with a range of 22 to 36 years. Within the context of Duvall's family developmental framework, the participants in this study can be considered in the young adulthood developmental stage. The ages of the first-time fathers were similar to subjects in Hobbs (1965, 1968) and Hobbs and Coles (1976) investigations. These researchers reported the mean age of first time fathers was 24. Russell's (1974) study consisted of a wider age range,

from 17 to 47 (mean 29), while LeMaster (1957) and Dyer (1963) reported a more narrow range from 25 to 35 years, however, no mean ages were identified.

Sex. The inclusion of only male (first-time father) subjects was inherent in the study design. Therefore the results of this study reflect first-time fathers' perceptions only, and the findings cannot be generalized to young adult first-time mothers. The present study therefore differs from previous research on young adults first-time parents which has included both mothers and fathers (LeMaster, 1957; Lake, 1974). Nursing literature is scant in relation to studying only first-time fathers' perceptions of changes in the marital relationship.

Work Status. Almost all (n = 64; 97%) of the subjects indicated that they were currently employed at the time data was collected. Two subjects (3%) indicated they were unemployed. Compared with national data based on 1983 U.S. Bureau of Labor statistics (Statistical Abstracts of U.S., 1985) indicate 91.2% of males 16 years of age and over are employed. Two first-time fathers (2%) responded they were unemployed. Thus, the sample contained a larger number of employed first-time fathers. Reasons for this may include the automobile industry located within the local area where subjects resided. Another reason may be first-time fathers felt the need to be employed in order to provide for their families and so may have accepted any available jobs found. Also, the sample contained a highly educated group which may have enhanced obtaining employment.

Occupation. One-third (n = 64; 33%) of respondents indicated they were higher executives/business managers and professionals. Another one-quarter (n = 16; 25%) indicated they worked in skilled manual labor.

Compared with national data based on the 1980 U.S. Bureau of Census (Statistical Abstracts of the U.S., 1985) the male occupation of the labor force for 1980 in higher executives/business managers and professionals was 22%. The labor force for skilled manual workers was 21%. A possible reason for the higher executives/business managers and professionals as compared to the nation may relate to the university town.

Race or Ethnic Background. The majority of first-time fathers were white (97%). The remaining 3% of participants described themselves as mulatto and/or jew. No other specific racial or ethnic background was identified by any of the participants. Past studies (Dyer, 1963; Hobbs, 1965; 1968; Lake, 1974; LeMasters, 1957) have been composed of similar racial backgrounds. According to the 1980 U.S. Census, 83.1% of the population is white, 11.7% black, and the remaining racial groups comprise 5.2% of the population. Therefore, there is a larger proportion of whites in the present study than in the general population. In comparing the study population to the Lansing and East Lansing area, the national data based on 1980 Census (Current Population Reports, 1981) indicated blacks comprise 5% of the population, Spanish comprise 3%, and whites comprise 92%. Based on Lansing and East Lansing data, the study sample contained a larger percentage of white participants. Reasons for the large proportion of whites may relate to the study methodology which utilized local newspaper birth announcements or the personal preference of another newspaper versus the one used thus omitting them from being included in the study. In addition, the possibility exists that families of minority races may not be approached in the hospital as equally as white families. Also the potential exists that minority families are making the decision to have home births instead of hospital deliveries.

Education. Of the sixty-six respondents, all indicated they had graduated from high school. One-third ($n = 21$; 32%) of the respondents indicated they had attended some college and over one-half ($n = 35$; 53%) were college graduates or had post-graduate education. Participants in this study differed from LeMaster's (1957) and Dyer's (1963) because they established criteria for inclusion that the father (LeMaster) and the father and mother (Dyer) had to have a college education.

In comparing the study sample education to the general U.S. male population (1980 Census statistics), 33% of the general population have below a high school education, 35% have a high school degree, and another 32% have attended college. The participants in the study sample differed from the general population in that the subjects are more educated. A possible explanation for this more educated sample may have to do with the available institutions of higher education within the local area. In addition, this is a college town which attracts professionals to this area for a university academic position.

Income. Approximately two-thirds ($n = 41$; 63%) of the subjects reported an annual family income above \$25,000. No higher ranges were available for categorizing. The U.S. Bureau of Census (Current Population Reports, 1982) for a white, three-person family size, the mean income was \$28,804. The income for the study sample and the U.S. population for a family of three cannot be compared because no mean income for this study could be calculated due to the sample's high range.

It was anticipated that perceptions of financial adequacy could affect answers, therefore subjects were asked as to how difficult it was to live on their family income. One-third ($n = 21$; 32%) indicated experiencing some difficulty living on their present income, while two-thirds ($n = 41$; 62%)

expressed little or no difficulty. In comparing this study with past studies (Dyer, 1963; LeMasters, 1957; Hobbs, 1968; Lake, 1974; Russell, 1974) subject's responses indicated less perceived difficulty living on family income than past investigations. This finding may reflect the subjects' relatively high reported income level plus the fact that almost all (97%) were employed at a regular job. This high income is also consistent with the subjects' high educational range. These findings may account for why they did not perceive difficulty living on their family income.

In summary, the study sample covered an age range of 22 to 36 years, with a mean age of 29. The subjects were married from one to thirteen years, with a mean of four years. The majority of participants included fathers currently working at a regular job with a small number of unemployed and students. All the subjects had a high school education or higher. The median annual income for the sample was above \$25,000. Almost all the participants were caucasian. Therefore the sample in the present study was composed primarily of white, middle class, well educated first-time fathers. Duvall's family life cycle framework appears to be an appropriate model for the study sample. This is similar to samples of other studies of first-time fathers (LeMaster, 1957; Dyer, 1963; Rollins and Felding, 1970; Burr, 1970; Waldron and Routh, 1981; and Belsky, 1983).

Additional Findings Regarding the Study Sample

Selected sociodemographic and other potential modifying variables concerning the first-time father (age, income, education, number of years married, occupation, normalcy of pregnancy, labor/delivery, and infant

prematurity) were correlated with each scale utilized in the present study. In Chapter V, results of Pearson Product Moment Correlations were reported for statistically significant relationships (Table 10). In this section, data are summarized and interpreted for statistically significant relationships.

Education. There was a negative relationship between education and dyadic satisfaction. As the education of the first-time father increased, he perceived a decrease in dyadic satisfaction. Some explanations for this negative correlation could be related to the sociodemographic characteristics of the study sample. The mean age was 29 years, the majority of the sample had attended college, had a regular job and reported an income above \$25,000 per year. The negative correlation between education and dyadic satisfaction supports the idea that as the first-time father becomes educated, his job responsibilities/time required and demands made on him may diminish his perceptions of dyadic satisfaction thus channeling his satisfaction, time and energy away from his marital relationship. In addition, as the first-time father becomes more educated, his areas of interest, involvement in activities and social contacts may expand which may result in a perceived decrease in dyadic satisfaction.

Yet another explanation for the negative relationship between education and dyadic satisfaction may be that the educated first-time father may feel the infant required menial parental care for which he is not (by choice or ability) willing to provide. He may feel fatherhood responsibilities are not his role and as a result may alienate himself from the infant and mother relationship, thus may perceive a decrease in dyadic satisfaction.

Occupation. There was a negative relationship between the occupation of the first-time father and dyadic satisfaction. The first-time fathers who maintained a higher executive/professional occupation perceived a negative change in dyadic satisfaction three to five months following the birth of his infant. A possible explanation for this decrease in dyadic satisfaction could relate to a transfer of satisfaction feelings toward his professional occupation verses his marital relationship.

Normalcy of Labor/Delivery. There was a negative relationship between normalcy of labor/delivery and dyadic consensus. As the normalcy of the labor/delivery decreased, the first-time father perceived an increase in dyadic consensus. A possible rationale for this relationship could be that as problems occur during labor/delivery, a first-time father may feel there is an increase in marital relationship bonding whereby decisions must be made as a couple and during that time each support the other while coming to an agreement on marital issues. This increased mutual decision-making may create a positive feeling between them—one which may enhance the continued consensus three to five months following the birth of the infant.

Difficulty Living. There was a positive relationship between the difficulty living and dyadic satisfaction. As the ease of living improved, the first-time father perceived an increase in dyadic satisfaction. A possible rationale for this positive relationship could be that a couple without financial difficulties has one less major cause for marital disharmony.

Conclusions of the Research

In Chapter II of this study a conceptual model was presented for first-time fathers' perceived changes in four selected components of the marital relationship following an infant's birth. Based on the study findings, the following conclusions and modifications in the model are proposed. (See revised Model, Figure 6)

The conceptual model should include assessing perceptions of the prospective father's marital relationship in Stage I of the Family Life Cycle. According to Duvall (1977), the successful accomplishment of Stage I family tasks enhances the success with later tasks. Marital adjustments are expected as developmental tasks associated with family life cycle stages proceed. By modifying the conceptual framework to include Stage I of the family life cycle, longitudinal perceived relationship changes could be assessed before and after a family life event which would allow a comparison between perceived changes. The pre-post assessment would also facilitate continuity of care and allow an interpersonal relationship to become established. Nursing assistance toward enhancing and/or providing anticipatory guidance to the prospective father's perception of marital relationship changes in Stage I could facilitate the adjustment to Stage II.

The sociodemographic items provided information regarding the growth and development of the first-time father plus information about the accomplishment of family tasks (age, years married, income, occupation and education). These factors were considered to be of importance in determining the first-time father's reactions to the birth of his infant. Based on research findings, items that significantly correlated with perceived changes in the marital relationship following the birth of an infant were education, occupation, difficulty living and normalcy of

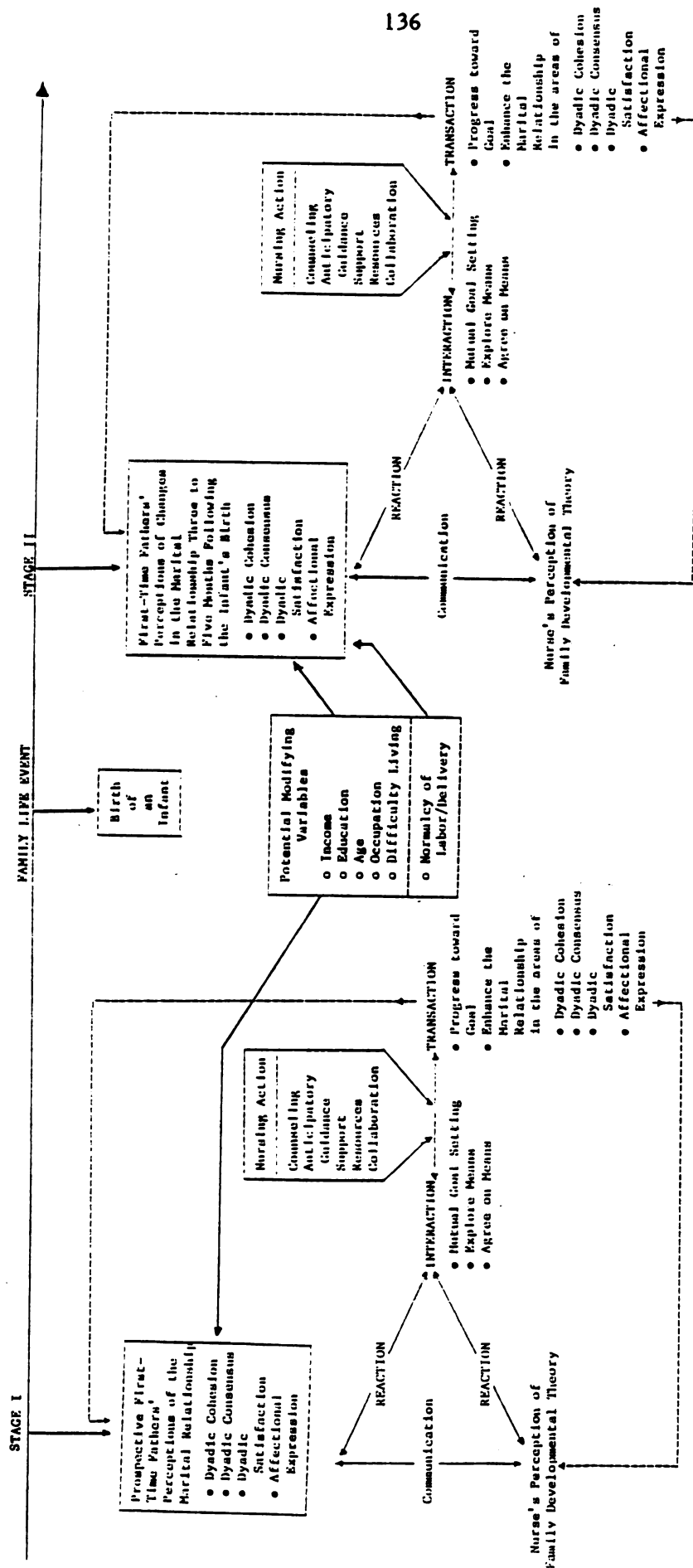


FIGURE 6

Adapted from King (1981), *A Theoretical Model for Nursing*

labor/delivery. Again, these items except labor and delivery normalcy could be assessed in Stage I using a more random sample.

Reactions of the first-time father after the birth of an infant were conceptualized as changes in the marital relationship in the areas of dyadic consensus, dyadic cohesion, dyadic satisfaction and affectional expression. Various components were found to be significantly changed. It is thus evident that the first-time father reacts to the family life event and is able to identify components within his marital relationship that are affected. First-time fathers identified significant positive changes in the marital relationship three to five months following the birth of an infant. What cannot be inferred from this study is a cause-effect relationship between the birth of an infant and the positive changes perceived in selected components of the marital relationship.

Adapting the model to assess the first-time father prior to and following the infant's birth would facilitate a longitudinal approach toward identifying, assisting and/or supporting a first-time father's adjustment to changes in his marital relationship.

RESEARCH QUESTIONS

In the present study, two major research questions regarding first-time fathers' perceptions of changes in the marital relationship were investigated. Study findings as they relate to the questions will be summarized and interpreted in this section.

Major Questions

1. Does the first-time father perceive a change in the marital relationship three to five months following the birth of his infant?
2. If the first-time father perceives a change in the marital relationship three to five months following the birth of his infant, what is the direction of this change?

A significant change ($t = 5.531$, $p .001$) was found which appears to indicate that the first-time father does perceive a positive change in the marital relationship three to five months following the birth of his infant. The marital relationship in this study was defined as an ongoing affiliation characterized by interactions and/or feelings between two individuals who are bound by a legal marriage contract and living together. The results of this study can be interpreted that the first-time father is experiencing more pleasure in the marital relationship since the birth of his infant.

This finding does not support past research (LeMaster, 1957; Dyer, 1963) that reported first-time fathers perceive the birth of an infant as creating a crisis in the marital relationship. LeMaster did not identify crisis as a negative or positive experience for the couple; however, his findings identified areas of change from a negative perspective. The findings of this research conflict with LeMaster's. In addition, the findings of the present study do not support Waldron and Routh's (1981) study which indicated first-time fathers perceived no significant change in the marital relationship six to eight weeks following the birth of their infants. Waldron and Routh failed to define their concept of the marital relationship, which does not orient the reader to the concept being measured. The sample

characteristics between these two studies are similar to the present study with regards to age, education, years married, socioeconomic class. However, many differences between these studies can be identified. First, different instruments were used. Second, different study designs were implemented. Third, different points in time at which the data was collected, and fourth, sample selection was different. These different research methodologies may have contributed to inconsistent study findings.

Rationale for a Positive Change in the Marital Relationship

One explanation why the first-time father may perceive a positive change in the marital relationship following the birth of an infant may relate to the accomplishment of the Family Developmental tasks. The childbearing family tasks include establishing a home, providing for a family and establishing a career. Based on the sociodemographics of this sample (high income, full-time job, educated) the first-time fathers in these childbearing families appear to be accomplishing the tasks which may affect positive perceptions of changes in the marital relationship.

Yet another reason the first-time father may perceive a positive change in his marital relationship following his infant's birth may relate to his age and his planned desire for an infant. The mean age of the fathers was 29 and they indicated during the screening that the pregnancy was planned. Their mature age and desire for an infant may have influenced their readiness for an infant, thus indicating a positive change in the marital relationship.

Another explanation why the first-time father may perceive a positive change in the marital relationship may relate to the number of

years married. The range of years married for this study sample was from 1 to 13 with a mean of 4 years. It may be that these first-time fathers had had enough time to adjust to and establish a feeling that their marital relationship was fulfilling and worthwhile. The couple may have had adequate time within Stage I, The Marital Family, to successfully accomplish developmental tasks which according to Duvall leads to success with future tasks.

In summary, researchers continue to attempt to measure marital relationship changes following the birth of an infant even though conceptually an agreed upon definition does not exist. Research findings continue to be reported even though the results are different. Based on this study and reasons cited above, continued research should be conducted to clearly define the concept and support if first-time fathers perceive changes in the marital relationship following the birth of their infants.

Research Sub-Questions

- 1a. Does the first-time father perceive a change in dyadic cohesion three to five months following the birth of his infant?
- 2a. If the first-time father perceives a change in dyadic cohesion three to five months following the birth of his infant, what is the direction of the change?

A significant change ($t = 2.20, p = .05$) was found which indicates that the first-time father does perceive a positive change in dyadic cohesion three to five months following the birth of his infant. Dyadic cohesion for this study was defined as mutual engagement in activities such as laughing,

discussions, working together on a project or joining together in outside interests. The results of this study can be interpreted that the first-time father is experiencing more companionship activities with his spouse in the marital relationship since the birth of his infant.

This finding does not support past research (Rollins & Feldman, 1970; Lake, 1974; Belsky, et. al, 1983) that indicated first-time fathers perceive the birth of their infant causing a decrease in the sharing of activities together.

The concept of cohesion in past studies has not been clearly defined; however, activities that have been assessed to measure cohesion are similar. The sample characteristics among these studies are similar in regards to middle class, caucasian, and education fathers. Differences between the studies include: the implementation of different assessment modalities (interview vs. questionnaire) and different study designs (longitudinal vs. cross sectional).

One explanation why the first-time father may perceive a positive change in dyadic cohesion following the birth of his infant may relate to the increased role the father may have with child care. He may perceive that through assisting with child care he is involved in more activities with his spouse. The infant may serve as a facilitator toward uniting the couple in joint activities. The infant may provide a focus for which the couple together become involved in activities and projects (picking out toys, putting together baby furniture). Another explanation for why the first-time father perceives a positive change in cohesion may involve his personal commitment and philosophy about marriage being a partnership whereby a desire exists to share jointly in child care tasks and activities.

By participating in child care activities, more time alone with the wife is available after necessary tasks are completed.

Yet another explanation may relate to new knowledge gained by the first-time father through his education or possible expectant parent classes concerning parenthood and the need for spouses to spend time alone nurturing their relationship. Sample characteristics indicate the financial ability, intellectual level and minimal difficulty living on present income support the ability to engage in social activities together. In addition, the data support the idea that the couple could afford a babysitter or daycare if and when desired in order to nurture their relationship.

In summary, inconsistent study findings regarding dyadic cohesion support the need for continued research as to whether cohesion increases or decreases following the birth of an infant.

Research Sub-Questions

- 1b. Does the first-time father perceive a change in dyadic consensus three to five months following the birth of his infant?
- 2b. If the first-time father perceive a change in dyadic consensus three to five months following the birth of his infant, what is the direction of the change?

A significant change ($t = 3.21, p = .05$) was found which indicates that the first-time father does perceive a positive change in dyadic consensus three to five months following the birth of his infant. Dyadic consensus for this study was defined as the agreement between a couple about matters of importance to them and to the maintenance of their relationship. The results of this study can be interpreted that the first-time father is

experiencing more agreement in marital issues since the birth of the infant.

Past research (Russell, 1974; Cowan and Cowan, 1978) identified a decrease in dyadic consensus. Russell (1974) identified mothers being more concerned about personal issues while fathers were more concerned about general issues (finances and in-laws). Cowan and Cowan (1978) suggests a lack of agreement between the couple concerning role division of household tasks and family decision making roles. Lake (1974) reported a decrease in dyadic consensus during the first year of parenthood but at the three-year follow-up, couples reported a strengthening of their relationship in relation to sharing financial responsibilities and mutual decision making (attending church). Broom's (1984) research which identified an increase in agreement between a couple following the birth of an infant supports the present investigation.

Similarities in the above studies include the operational definition of consensus (agreement on issues). Differences between the studies include sample selection (volunteer/random), sociodemographics (middle class/working), instrument used (interview/questionnaire), and study design (longitudinal/cross sectional).

An explanation why the first-time father may perceive a positive change in dyadic consensus following the birth of his infant may relate to the women's movement whereby a father considers his spouse as an "equal" when marital decisions must be made. Past research which was conducted in the 1950's and 1960's had no exposure to women's demands for equal rights. Thus, perceptions of women's roles and rights were probably very different than from today. Another explanation may relate to the increase in the number of women in the workforce. This could imply women are

establishing more power and authority in the marital relationship whereby men (first-time fathers) are becoming more accepting of the spouse's ability, desire and pressure to assist with decision-making. This socialization process may be influencing the first-time father's perceptions of dyadic consensus in the marital relationship.

In summary, research studies are not reporting consistent findings regarding marital consensus. For this reason additional investigations must continue.

Research Sub-Questions

- 1c. Does the first-time father perceive a change in dyadic satisfaction three to five months following the birth of his infant?
- 2c. If the first-time father perceives a change in dyadic satisfaction three to five months following the birth of his infant, what is the direction of the change?

A significant change ($t = 8.08$, $p = .001$) was found which indicates that the first-time father does perceive a positive change in dyadic satisfaction three to five months following the birth of his infant. Marital satisfaction for this study was defined as positive feeling about the relationship such as feelings of pleasure or contentment with the alliance along with no regret and no desire to terminate the marriage. The results of this study can be interpreted that the first-time father is experiencing more happiness in the marital relationship since the birth of his infant.

A positive change in dyadic satisfaction supports Burrs' (1970) research which identified first-time fathers experiencing an increase in

marital satisfaction until the preschool stage when an abrupt decrease occurs. However, these findings do not support Rollins' and Feldman's (1970) research. Rollins' (1970) reported first-time fathers indicated a slight decline in general marital satisfaction from the beginning of marriage to the school age. Rollins' sample did indicate that the husband identified the childbearing stage of the family life cycle as the most satisfying experience. This may indicate satisfaction with parenthood more than the marital relationship. Comparison of the study samples indicate both were middle-class, educated caucasians, and completed a questionnaire (different). This research study is similar to the above samples except for a fifteen-year time factor difference.

A possible explanation for first-time fathers perceiving a positive change in the marital relationship following the birth of an infant may be that the first-time father has had adequate time (three to five months) to adjust to family reorganization and perceives himself fulfilling the role of provider thus facilitating an increase in marital satisfaction. Another reason marital satisfaction may increase following the birth is that most couples in a marital relationship identify the relationship as happy or they end it. The percentage of divorce rates presently are 40% (Strong, 1983) whereby couples who are unhappy in a relationship do not stay. Another reason for an increase in marital satisfaction may have to do with the women's liberation movement, whereby more wives are contributing financially to family resources which allow more material possessions to be purchased, thus facilitating a first-time father's satisfaction in the marital relationship. Also, within the past ten years, fathers' roles have changed, with societal acceptance toward a more nurturing caregiver image. First-time fathers presently are more involved directly with providing child care

which was historically the mother's role. This new role may enhance a feeling whereby the first-time father feels he is included (and not an outsider) in the triad family. This feeling of inclusion may affect his perception of marital satisfaction. Continued research should be conducted to either support or deny if first-time fathers perceive changes in dyadic satisfaction following the birth of an infant.

Research Sub-Questions

- 1d. Does the first-time father perceive a change in affectional expression three to five months following the birth of his infant?
- 2d. If the first-time father perceives a change in affectional expression three to five months following the birth of his infant, what is the direction of the change?

No significant change was identified by first-time fathers in affectional expression three to five months following the birth of the infant. Affectional expression for this study was defined as demonstrations of positive emotion toward a spouse that suggest love and caring, and the engagement in sexual relations. The results of this study can be interpreted that the first-time father does not feel any difference in the demonstration of affection from his wife since the birth of the infant.

This study finding does not support past research (LeMaster, 1957; Dyer, 1963; Hobbs, 1965) that reported first-time fathers experience a decrease in affection following the birth of an infant. This study finding does support Belsky's (1983) research which indicated first-time fathers perceived no significant change in affectional expression three to nine months following the infant's birth. Differences between the studies

include: (1) the measurement tool used; (2) a longitudinal versus a one point in time assessment; and (3) the ages of the infants during the time of assessment. Similarities among the above studies include: (1) a non-random sample; (2) father's age; and (3) each study failing to conceptually define affection.

One explanation why the first-time father may perceive no change in affection following the birth of his infant may relate to the question items not adequately measuring the construct. The reliability of this subscale was lower than the other three subscales. Maybe the questions were not understood and/or clearly stated on the questionnaire. Also, there were only four questions from which to measure perceived changes.

Another explanation as to why there was no perceived change in affection may relate to his satisfaction with the marriage. Possibly an adjustment in affection has already occurred to the point that it has become an accepted marital change which is viewed as normal.

Partnership tends to increase and romance decrease in a marriage following an infant's birth. Possibly this has occurred whereby the first-time father accepts the amount of affection as sufficient. Another explanation for no perceived change in affectional expression may relate to the father desiring not to share his true feelings on the questionnaire, so that he answered them in a neutral manner. Choosing to answer the questions in a neutral manner limits sharing of concerns and open communication between the couple.

Limitations of the Present Study

In addition to the limitations cited in Chapter I, the following limitations have been identified which may have affected the results of this study. These limitations encompass those factors that need to be considered in developing a methodology for future research.

The threat of bias due to social desirability which existed in the questions measuring perception of change following an infant's birth should be viewed as a limitation. Findings suggested that the first-time father perceives a "positive change" which may have been influenced by the subject responding with a socially desirable answer rather than his true perception.

The use of birth announcements from the newspaper may have affected the population sample of this study. The sample consisted almost entirely of caucasians. The high caucasian sample percentage may imply other racial groups are not approached as equally in the hospital to publicize their infants' birth announcement in the paper. The high caucasian percentage may also mean differences exist among racial groups as to the social significance placed on having the birth announcement in the paper. The high caucasian percentage could also indicate differences among individuals to take the time to complete the form in order to have it publicized. In addition, the possibility exists that some individuals may choose not to have the announcement within this particular newspaper.

Another limitation of this study involved the use of the telephone for contacting potential participants. Some first-time fathers may have been excluded if they did not have a telephone during the data collection procedure.

The age criteria for inclusion placed a limitation on the generalizability of findings to other first-time fathers (adolescents and middle age). The age criteria restricted the sample to one developmental age group (young adulthood).

Yet another limitation of this study was that screening of subjects was conducted in two parts at two different points in time. Considering the 2-3 week time lapse between initial telephone screening and the subject's returning the questionnaire, answers to the initial screening questions may have altered; for example, the subject may have changed his living arrangement, his age may have increased, and the health of his family may have altered, thus not meeting the established criteria. If all screening questions had been asked at the same time (i.e., all on the telephone or all in the questionnaire), the time and cost involved in preparing and mailing the questionnaire could have been decreased. Accuracy of the study could have been increased by not including clients who did not meet the criteria, if all screening criteria had been assessed on the questionnaire itself.

Another limitation of this study relates to Spanier's (1976) Dyadic Adjustment Scale. Based on the average intercorrelations (.68) of the four subscales reported by Spanier, intercorrelations (.27 - .58) of the present study and Sharpley's (1983) study failing to distinguish the four constructs through factor analysis statistically supports that this tool is not measuring four separate constructs but only one (Marital Adjustment). Spanier has attempted to develop a tool (Terman, 1938; Locke and Wallace, 1959) but has not accomplished the task. From literature review, it is clear researchers are unable to conceptually define a marital relationship let alone

adequately operationalize the constructs that comprise the dimension(s) and Spanier appears to be no exception.

Yet another limitation of this study involved the conceptual model which identified fathers perceptions at one point in time -- 3 to 5 months following the birth of an infant. Asking a father to retrospectively remember what his marital relationship was like before the birth and compare that feeling to what his relationship is like presently questions recall accuracy of his perceived changed.

Implications for Nursing

In this section, the implications of the findings will be presented in relation to nursing practice, nursing education and nursing research. Each of these three sections will focus on fathers due to the lack of past and present attention given this group. The Family Clinical Nurse Specialist (FCNS) providing primary care to first-time fathers and their families must implement nursing interventions that will enhance the marital relationship so that when family life events occur, the couple can adjust to these life events utilizing the strengths of their relationship.

Implications for Nursing Practice

The implications for nursing practice will be discussed within the context of the nursing process model adapted from King (1981). Evidence from parenthood literature suggests that first-time father perceives changes in the marital relationship following the birth of his infant. The results of the study indicated a first-time father perceives a positive change in his marital relationship following the birth of his infant within

components of dyadic consensus, dyadic cohesion, dyadic satisfaction. No perceived change was identified in affectional expression. When study findings are considered in relation to King's (1981) nursing concepts, a number of implications for the FCNS emerge. According to King (1981, p. 144), nursing is a "process of human interactions between a nurse and a client whereby each perceives the other and the situation; and through communication they set goals, explore means and agree on means to achieve goals." As the implications for nursing practice are discussed, the reader should keep in mind that the nursing process may be implemented with the father and/or the couple during any stage of the antepartum, intrapartum or postpartal periods of parenthood.

The FCNS working in primary care settings should alter his/her work schedule in order to enhance accessibility of providing health care services to clients. Based on the findings of this study, 94% of the first time fathers responded they were employed. At this time, the majority of employers do not provide men (first-time fathers) with time off in order to accompany their wife or infant during health care visits. For this reason the FCNS may need to schedule appointments during lunch hours or in the evening in order to involve the father in decision-making issues. In addition, access to the entire family is important in order to establish continuity of care and to develop an ongoing interpersonal relationship during the family development life cycle.

As soon as the FCNS becomes aware that the wife is expecting (planned), nursing interventions could be implemented via telephone call, appointment scheduling or a personally addressed letter to the dyad encouraging the idea that pregnancy is a family experience and is a special

time in their marital relationship which should be shared. The idea must be conveyed that the prospective father is an important individual during and after pregnancy and should be included in decision-making issues. The intervention of including the father during the prenatal period allows the FCNS to establish an ongoing relationship not only with the mother but with the father. This intervention enhances the opportunity to include the first-time father as an important component in the prenatal assessment phase and reinforces the social acceptance of his involvement.

When the prospective father accompanies his wife for a prenatal check the FCNS could provide a card and phone number to the father. This intervention would establish the nurse as the primary health care provider and an available contact person should questions arise. Prospective fathers need to be aware that it is not only common and natural for them to have questions but also acceptable for them to call the FCNS when concerns arise.

Another important FCNS intervention should include assessing the couple's marital adjustment before and after the infant's birth. The purpose of this intervention would be to identify similar or different perceptions of marital concerns. The dyad's awareness of the different perceptions could facilitate identifying goals with the couple and to begin problem-solving and identifying potential solutions.

The marital adjustment tool could be implemented verbally or from a questionnaire. Sharpley and Cross (1983) statistically supports the use of a six item marital adjustment tool taken from Spanier's (1976) 32 item tool (refer to page 158 for more detail). The six items on the tool consists of: 1) feelings concerning philosophy of life; 2) aims, goals and things believed important; 3) amount of time spent together; 4) exchange of ideas; 5) frequency

of

discussion; and 6) time spent together on a project. Key questions would have to be developed by the nurse in order to determine adjustment concerns in each of the item areas. An example of a question regarding philosophy of life may include: What do you think is most important for this baby? A possible question regarding amount of time spent together may include: How often do you spend time alone with your wife? The CNS would need to investigate the literature in order to develop reliable questions to assess the items thoroughly however, once this tool is developed it could be shared and utilized by other health care providers when managing couples during prenatal and postnatal phases.

Assessing the sociodemographic characteristics of the father is another important component in managing prenatal and postnatal care. Based on the findings of this study, first-time fathers in the sample were in their late twenties, white, middle-class, college educated, maintained a regular job and had been married a mean of four years. These findings cannot be generalized to all first-time fathers in a primary care setting. The FCNS managing teenage fathers, unwed fathers, unemployed fathers, and less educated fathers may need different intervention strategies to meet their specific needs. Based on the FCNS's theoretical background and clinical judgment, management strategies may include different levels of reading material, discussing growth and development stages of the father and/or infant and identifying available community resources which some of these fathers may wish to attend. The FCNS must function as a client advocate based on her knowledge of community resources available in the local area that provide information, offer assistance, programs or material.

If community resources do not exist, the nurse could collaborate with other health care professionals and develop a program.

The FCNS may also need to collaborate with other health care providers. If for example the couple needs to consult with a specialist, the nurse would discuss with the couple the purpose of the consultation visit and familiarize them with what procedures may occur. Also, the FCNS would need to collaborate with the specialist and/or office nurse to provide continuity of care due to different health care providers delivering care to this couple.

Postnatally, the FCNS should continue to reassess the family (individually or together) regularly as the infant is seen for health maintenance visits. This ongoing assessment facilitates identifying changes that may occur in the marital relationship plus assists the FCNS in longitudinally managing health care problems that arise.

Based on the FCNS's clinical experience managing a family as they proceed through different stages of the family life cycle, nursing care standards specific for fathers could be developed as an intricate part of Stage I and Stage II of family development. This would acknowledge the significant role first-time fathers assume plus identify them as having perceptions regarding this family life event which may influence the marital relationship.

Implications for Nursing Education

Several suggestions for nursing education are drawn from the study results. From a review of the literature, the researcher found limited nursing information concerning fathers' perceptions with regards to the marital relationship. Therefore, one of the focuses in nursing education

curriculums both graduate and undergraduate should be on addressing marital relationship changes experienced by the new father. Nursing, with its long history of active involvement in family and child care, is in an excellent position to expand the knowledge base of fatherhood and then to educate members of their own profession, other health care disciplines, childbirth educators, and the larger community.

Dissemination of information by nursing about fathers and the perceived changes in the marital relationship following the birth can be done at several levels. Identifying the nurse's role in the hospital, primary care settings and community settings (such as childbirth and parenting programs) in regards to assisting the couple (first-time father) in understanding and adjusting to marital changes following the infant's birth should be a focus of nursing education. The research findings in the area of prospective and first-time fathers needs to be a part of the education curriculum that focuses on the family and developmental changes that occur following the birth of an infant. This education should focus on the marital couple and in particular the man, since further information needs to be disseminated on fathers. The emphasis of this education should focus on enhancing the marital relationship as an integrated unit and identifying strategies to implement this objective.

Socializing the nurse to fatherhood trends is a responsibility nursing education should assume. This socialization process would decrease ambiguity and facilitate the consistency among the nursing profession regarding nursing assessment and management strategies.

Nursing curriculums should also foster nurses to assess their personal perceptions regarding the fatherhood role. Nursing perception of fathers may impact the degree of commitment, interest, and desire to assist the

them in understanding and adjusting to changes in the marital relationship following his infant's birth.

Implications for Nursing Research

From this study, implications for further research may be derived. Suggestions will be made for the improvement of this study and future research.

An important implication from this study is the need for replication. Not only should similar samples be studied but studies should be conducted that seek similarities and differences among various other first-time fathers (cohabitating; adolescents). By varying the sample, the generalizability of the findings increase. If commonalities were found among various samples, this could establish direction for nursing intervention and standards regarding first-time fathers' needs, concerns, and relationship changes.

Also needed is a stricter control of the environment in which the first-time father completes the instrument. Filling out the questionnaire at home in the presence of the spouse may result in responses affected by social desirability bias. Also, completing the questionnaire at home where the father may have discussed items with his spouse could have affected the responses the first-time father selected. Hobbs (1965) reported an increase in crisis scores for first-time fathers when interviews were utilized as compared to questionnaires. These different methods should be investigated further for variations in findings.

Another area for future research should include a larger sample size with an increase in the age range of fathers between 18 to 22 years. This

may result in a greater variation in perceptions of changes in the marital relationship which may provide a significant variable.

A longitudinal study should be conducted describing the marital relationship prior to the infant's birth and through the infant's first year of life. A study design of this nature may identify if and what those changes are in the marital relationship occur and further support the "baby honeymoon" time frame.

An important implication from this study is the need for nursing to conduct additional fatherhood research to add to the literature. A limited amount of nursing literature is available to enable the profession to establish standards for first-time fathers and maintain a knowledge base associated with fatherhood trends. All nursing research (graduate nursing included) related to fatherhood should be published in order to add to the nursing literature.

There was no measure of social support in the present study. This variable may have an important effect on a first-time father's perceptions of changes in the marital relationship.

Another implication from this study is the need to randomly select a population of first-time fathers. A random selection would increase generalizability of study findings. Newspaper birth announcements should not be used; instead, birth records located at a state health department are recommended.

Another implication for future research would be to assess fathers' attendance at childbirth classes. This variable may influence perceptions of changes in the marital relationship, especially if the classes provide anticipatory socialization of future role and family structure alterations.

An additional implication from this study is the need to assess a higher annual family income range. Over 63% of the sample indicated an annual family income above \$25,000. Based on this large percentage income range a mean could not be calculated. The income range on the sociodemographic questionnaire needs to be increased to the \$70,000 range. This would enhance establishing a mean annual family income from which a comparison could be drawn between other sociodemographic research findings.

One other implication from this study is the need to assess whether the mother is presently working. This could be a potential modifying factor which may influence a first-time father's responses concerning his marital relationship. As more women are entering the workforce, men may need to assume more household (womenly) tasks which may alter his perception of the marital relationship.

Additional research needs to be conducted using Spanier's (1976) Dyadic Adjustment Scale. Sharpley and Cross (1983) report data results to indicate that Spanier's 32-items are unnecessary. These researchers, through the use of discriminant analysis, item analysis, and factor analysis evaluated a sample of ninety-five unrelated married persons. The ability to discriminate subjects above and below the median total scale score was 92% for six (8, 10, 11, 25, 27, and 28) selected items compared to 98% for the full thirty-two item instrument.

This alternative scale of six items was analyzed for this study. The six item total mean score was 3.25 and the standard deviation was .432 with 64 participants completing the questions. The t -value for perceptions of changes in the marital relationship expressed by first-time fathers three to five months following the birth of the infant was 4.0 with 63 degrees of

freedom. Data analysis indicates a statistically significant positive change at the $p < .011$ level of confidence. This finding supports Sharpley and Cross' six-item scale as adequate to measure marital adjustment. Further, for quick screening purposes, Sharpley and Cross suggest item 31 alone would be appropriate. These shorter assessment items should be evaluated in future research to further identify the need for the full 32-item tool in measuring one concept (Marital Adjustment).

Summary

This study has identified changes the first-time father perceives in the marital relationship three to five months following the birth of his infant. The findings of this study have implications not only for nursing practice, but for other disciplines as well. Nurses and other professionals such as marriage counselors, psychologists, social workers, and physicians, need to be aware of the marital relationship changes the first-time father perceives following the birth of his infant.

There is a need for nursing research in the area of fatherhood. There is a need for collaborative efforts (research, workshops, and seminars) to identify and assist first-time fathers through this childbearing family event. Through this professional collaboration, first-time fathers will be assisted to attain and maintain physical and psycho-social health.

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APPENDIX A
DYADIC ADJUSTMENT SCALE

DYADIC ADJUSTMENT SCALE

Most marital couples have disagreements in their relationships. For each question, please indicate below with a check mark whether, since the birth of your baby, you agree or disagree with your wife.

SINCE THE BIRTH OF YOUR BABY	Disagree Much More Since Birth of Baby	Disagree Somewhat More Since Birth of Baby	No Change Since Birth of Baby	Agree Somewhat More Since Birth of Baby	Agree Much More Since Birth of Baby
Ex: Political Viewpoints	_____	_____	_____	_____	_____
1. Handling family finances	_____	_____	_____	_____	_____
2. Matters of recreation	_____	_____	_____	_____	_____
3. Religious matters	_____	_____	_____	_____	_____
4. Demonstration of affection	_____	_____	_____	_____	_____
5. Friends	_____	_____	_____	_____	_____
6. Sex relations	_____	_____	_____	_____	_____
7. Conventionality (correct or proper behavior)	_____	_____	_____	_____	_____
8. Philosophy of life	_____	_____	_____	_____	_____
9. Ways of dealing with parents or in-laws	_____	_____	_____	_____	_____
10. Aims, goals, and things believed important	_____	_____	_____	_____	_____
11. Amount of time spent together	_____	_____	_____	_____	_____
12. Making major decisions	_____	_____	_____	_____	_____
13. Household tasks	_____	_____	_____	_____	_____
14. Leisure time interests and activities	_____	_____	_____	_____	_____
15. Career decisions	_____	_____	_____	_____	_____

Most marital couples have alterations in the frequency of behaviors. For each question, please indicate below whether, since the birth of your baby, the frequency of your behavior with your wife has changed.

SINCE THE BIRTH OF YOUR BABY	Much Less Often Since Birth of Baby	Somewhat Less Often Since Birth of Baby	No Change Since Birth of Baby	Somewhat More Often Since Birth of Baby	Much More Often Since Birth of Baby
Ex.: How often do you reminisce with your wife?	_____	_____	_____	_____	_____
16. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	_____	_____	_____	_____	_____
17. How often do you or your mate leave the house after a fight?	_____	_____	_____	_____	_____
18. In general, how often do you think that things between you and your partner are going well?	_____	_____	_____	_____	_____
19. Do you confide in your mate?	_____	_____	_____	_____	_____
20. Do you ever regret that you married (or lived together)?	_____	_____	_____	_____	_____
21. How often do you and your partner quarrel?	_____	_____	_____	_____	_____
22. How often do you and your mate "get on each other's nerves"?	_____	_____	_____	_____	_____
23. How often do you kiss your wife?	_____	_____	_____	_____	_____
24. How often do you and your mate engage in outside interests together?	_____	_____	_____	_____	_____

Please answer each of the following questions regarding how often you say the following events occur between you and your wife since the birth of your baby.

SINCE THE BIRTH OF YOUR BABY:

	Much Less Often Since Birth of Baby	Somewhat Less Often Since Birth of Baby	No Change Since Birth of Baby	Somewhat More Often Since Birth of Baby	Much More Often Since Birth of Baby
Ex.: Cry together	_____	_____	_____	_____	_____
25. Have a stimulating exchange of ideas	_____	_____	_____	_____	_____
26. Laugh together	_____	_____	_____	_____	_____
27. Calmly discuss something	_____	_____	_____	_____	_____
28. Work together on a project	_____	_____	_____	_____	_____

These are some things about which couples sometimes agree and sometimes disagree. Indicate if either item below caused differences of opinions or were problems in your relationship since the birth of your baby. (CHECK YES OR NO)

29. Being too tired for sex _____ Yes _____ No
30. Not showing love _____ Yes _____ No

31. The dots on the following line represent different degrees of happiness in your relationship. Please circle the dot that best describes the degree of happiness within your marital relationship since the birth of your baby.

More Satisfied Than Before Birth of Baby	Somewhat More Satisfied Than Before Birth of Baby	No Change Since Birth of Baby	Somewhat More Dissatisfied Than Before Birth of Baby	More Dissatisfied Than Before Birth of Baby
--	---	-------------------------------------	--	---

1

2

3

4

5

32. Which of the following statements best describes how you feel about the future of your marital relationship since the birth of your baby. (CHECK ONE)

_____ I want desperately for my relationship to succeed, and would go to almost any length to see that it does.

_____ I want very much for my relationship to succeed, and will do all I can to see that it does.

_____ I want very much for my relationship to succeed, and will do my fair share to see that it does.

_____ It would be nice if my relationship succeeded, but I cannot do much more than I am doing now to keep the relationship going.

_____ It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.

_____ My relationship can never succeed, and there is no more that I can do to keep the relationship going.

APPENDIX B
SOCIODEMOGRAPHIC QUESTIONNAIRE

1. What is the date of your birth? / / .
month day year
2. What is the date of your baby's birth? / / .
month day year
3. Are you the biologic or natural father of your baby? (CHECK ONE)
 1. Yes 2. No
4. Was your wifes' pregnancy a relatively normal, uncomplicated pregnancy?
(Nausea, vomiting, fatigue, light bleeding or cramping during the first 3 to
4 months can be considered normal unless your doctor indicated otherwise.)
(CHECK ONE)
 1. Yes 2. No
5. Was your wife's labor and delivery relatively normal and uncomplicated?
 1. Yes 2. No

If your answer was NO, please list the problem(s).

6. Was your baby more than four weeks early or premature? (CHECK ONE)
 1. Yes 2. No
7. Do you have, or have you in the past had, any other children, either
natural, foster, or adopted? (CHECK ONE)
 1. Yes 2. No
8. Does anyone else live in your household, other than you, your spouse and
your baby? (CHECK ONE)
 1. Yes 2. No
9. How many years have you and your wife been married? Years
(WRITE IN)
10. What is your racial or ethnic background? (CHECK ONE)
() White () Hispanic
() Black () Oriental
() American Indian () Other (Specify: _____)

11. How much schooling have you had (highest grade completed)? (CHECK ONE)

- ☐ None or some grammar school (up to 6th grade)
- ☐ Junior high school (7-9th grade)
- ☐ Some high school (10-12th grade)
- ☐ Graduated high school
- ☐ Technical, business or trade school
- ☐ Some college (less than four years completed)
- ☐ Graduated college
- ☐ Post-graduate college or professional

12. Are you working now at a regular job, unemployed, a student, or what? (CHECK ONE)

1. Working now at regular job

- ☐ Unemployed or laid off
- ☐ Student
- ☐ Disabled
- ☐ Other (Specify): _____

GO TO QUESTION 15

13. What is the main occupation you work at? (What type of work do you do?) (WRITE IN)

14. What kind of business or industry is that in? (What do they make or do?) Is it your own business? (WRITE IN)

15. Taking all sources of money into consideration, what was your annual family income the year prior to the baby's birth (before taxes and other deductions)? (CHECK ONE)

- | | |
|--|--|
| <input type="checkbox"/> Less than \$5,000 | <input type="checkbox"/> \$13,000 - \$14,999 |
| <input type="checkbox"/> \$5,000 - \$6,999 | <input type="checkbox"/> \$15,000 - \$16,999 |
| <input type="checkbox"/> \$7,000 - \$8,999 | <input type="checkbox"/> \$17,000 - \$19,999 |
| <input type="checkbox"/> \$9,000 - \$10,999 | <input type="checkbox"/> \$20,000 - \$24,999 |
| <input type="checkbox"/> \$11,000 - \$12,999 | <input type="checkbox"/> \$25,000 or over |

16. Since the birth of your baby, how difficult is it for your family to live on your present income? (CHECK ONE)

- | | |
|---|---|
| <input type="checkbox"/> Very Difficult | <input type="checkbox"/> Not Too Difficult |
| <input type="checkbox"/> Fairly difficult | <input type="checkbox"/> Not difficult at all |
| <input type="checkbox"/> Somewhat difficult | |

17. Please indicate the date you completed this questionnaire.

____/____.
month day

APPENDIX C
UCRIHS APPROVAL LETTER

MICHIGAN STATE UNIVERSITY

UNIVERSITY COMMITTEE ON RESEARCH INVOLVING
HUMAN SUBJECTS (UCRIHS)
238 ADMINISTRATION BUILDING
(517) 355-2186

EAST LANSING • MICHIGAN • 48824

February 25, 1983

Ms. Sharon M. Karber
710 Twinbrook Drive
Dewitt, Michigan 48820

Dear Ms. Karber:

Subject: Proposal Entitled, "Perceived Changes in Marital
Adjustment of First-Time Fathers Since the Birth
of the Infant"

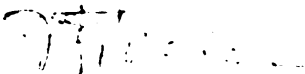
I am pleased to advise that because of the nature of the proposed research, it was eligible for expedited review. This process has been completed, the rights and welfare of the human subjects appear to be adequately protected, and your project is therefore approved.

You are reminded that UCRIHS approval is valid for one calendar year. If you plan to continue this project beyond one year, please make provisions for obtaining appropriate UCRIHS approval prior to February 25, 1984.

Any changes in procedures involving human subjects must be reviewed by the UCRIHS prior to initiation of the change. UCRIHS must also be notified promptly of any problems (unexpected side effects, complaints, etc.) involving human subjects during the course of the work.

Thank you for bringing this project to our attention. If we can be of any future help, please do not hesitate to let us know.

Sincerely,



Henry E. Bredeck
Chairman, UCRIHS

HEB/jms

cc: Dr. Barbara Given

APPENDIX D
LETTER OF EXPLANATION

MICHIGAN STATE UNIVERSITY
COLLEGE OF NURSING

Cover Letter

Investigator: Sharon Karber, R.N., B.S.N.
Graduate Student Family Clinical Nurse Specialist
College of Nursing
Michigan State University
(517) 669-5359

Dear First-Time Father:

I am presently conducting a study involving first-time fathers as part of the requirements for obtaining a Master's Degree in Nursing. The purpose of the study is to identify changes in marital adjustment since the birth of your baby. The results from this research will be utilized toward identifying how nursing can assist new fathers in dealing with marital changes following the birth of a first baby.

If you agree to participate, you will be asked to fill out a questionnaire which will take approximately 15 minutes to complete. I am interested in your responses so please do not ask anyone to help you with your answers. If you do not understand any part of the questionnaire, you may call me for help. It is important you answer each question as honestly and accurately as you can. I would like you to return it to me in the stamped envelope provided within one week.

You do not have to put your name on the questionnaire and the information you give will remain strictly confidential. You are free to withdraw from the study at any time. Withdrawal will in no way affect the health care your family is now receiving.

I will be pleased to send you a summary of the results of the study following its completion if you so desire.

Thank you for your time and cooperation.

Sincerely,

Sharon Karber, R.N.
Phone: (517) 669-5359

APPENDIX E
TELEPHONE CONVERSATION FORMAT

APPENDIX E

TELEPHONE CONVERSATION FORMAT

Ask to speak with Mr. _____.

Introduce self.

Purpose of study.

How name was obtained.

Inquire if the first-time father's age is between 18-35 years old.

Inquire if first infant and age was between 3-5 months.

* Ask if he would be interested in possibly participating.

Inquire if planned event.

Ask about infant's health.

Ask about father's health.

Ask about mother's health.

APPENDIX F
PARTICIPANT'S LOG

APPENDIX F

Patient Number	Name Address Phone Number Date of Infant's Birth	Date Questionnaire Mailed	Date Phoned	Date Received	Comments Received