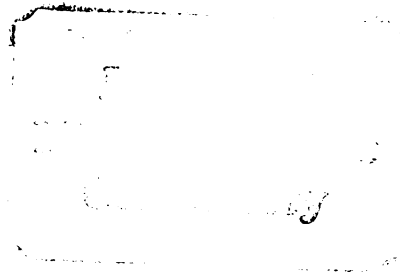


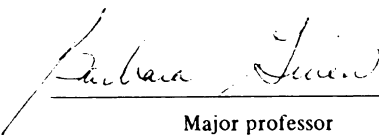
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FATHER'S ROLE SIX TO TEN WEEKS POSTPARTUM

presented by
Karen Ann Stapish Bowman

has been accepted towards fulfillment
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MASTER OF SCIENCE degree in NURSING


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PREPARATION FOR PARENTHOOD
AND THE PERCEIVED IMPACT OF THE BABY
ON THE FATHER'S ROLE
SIX TO TEN WEEKS POSTPARTUM

By
Karen Ann Stapish Bowman

A THESIS
Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

MASTER OF SCIENCE IN NURSING

College of Nursing

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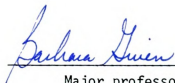
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ABSTRACT

PREPARATION FOR PARENTHOOD AND THE PERCEIVED IMPACT OF THE BABY ON THE FATHER'S ROLE SIX TO TEN WEEKS POSTPARTUM

By

Karen Ann Stapish Bowman

A descriptive study of first-time fathers was conducted to identify the relationship between their preparation for parenthood and the perceived impact of the baby on their lives six to ten weeks postpartum.

Data were collected by means of a self-administered questionnaire from 40 first-time fathers aged 23 to 35. Data were analyzed using Pearson product-moment correlations and descriptive statistics.

There were significant relationships between the preparation for parenthood and the perceived impact of the baby ($r=.35$, $p<.013$), previous fathering experiences and household concerns ($r=.33$, $p<.05$), parent preparation and self-care activities ($r=.29$, $p<.035$), parent preparation and emotional concerns ($r=.27$, $p<.046$), parent preparation and sexual concerns ($r=.46$, $p<.001$), and financial awareness and household concerns of the first-time father ($r=.35$, $p<.013$).

In conclusion, nurses should recognize that men do prepare for parenthood and this preparation does influence their adjustment to parenthood in specific areas. Nurses must assist the first-time father to prepare for parenthood and help him adjust to his new role as a father.

This thesis is dedicated to my parents, Bill and Pat Stapish,
and to my husband Paul for all of the love and support they gave me
throughout my graduate education.

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For the nurses in the community who willingly distributed the questionnaire packets, I would like to extend my appreciation for making the collection of my research data possible. And a special note of gratitude must be extended to all of those first-time fathers who cooperated so importantly by completing and returning their questionnaires.

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CHAPTER I
THE PROBLEM
Introduction

In general, researchers have neglected the fathers' entrance into parenthood and the experiences before and after the birth of their first child (Fein, 1976). Some research studies have focused on mothers and their adjustment to parenthood; fewer studies exist which focus on the father's preparation for parenthood and his concerns with his role after the baby is born. Since pregnancy affects both men and women, it is unfortunate that more researchers have not examined the father's preparation for parenthood and the perceived impact of the baby on the father's role.

While anticipating the arrival of his first baby, the father may experience confusion, insecurity, fear, and uneasiness because of unknown factors related to his forthcoming fatherhood. The impact the baby's birth had on the father's roles may be altered by the father's previous experiences in his own life. A way to modify these feelings the father may be experiencing would be to have the prospective father think about the way in which he was raised and to use his past experiences as a model when he raises his own child. Therefore, it becomes possible to modify the feelings of confusion, insecurity, fear, and uneasiness before the baby's birth (Stichler, 1978).

Historically, a father learns about fatherhood in the extended family atmosphere of his origin. The decreasing size of the family, and the family's configuration being more nuclear than extended creates a situation where fathers less commonly experience a pregnancy in their

family of origin (Stichler, 1978). As a result, the expectant father today faces new situations for which he may have little or no previous experience.

The impact of the baby's birth on the fathers' role may be modified by experiences before the birth of the baby. Experiences men have with other children or other parents may help to prepare them for parenthood and lessen the impact the baby places on their lives. The men are using anticipatory socialization, which is a process to help them adapt to their new role of being a father. Anticipatory socialization is "the premature taking on of the behaviors and attitudes of an aspired-to reference group" (Wheeler, 1966). The husband's mechanisms of preparing for parenthood are not taught in a formal educational system. Rather, the husband learns about preparation for parenthood through anticipatory socialization.

This researcher discusses three specific components of anticipatory socialization available to the father: role modeling, role rehearsal, and reference groups. One component of the anticipatory socialization process is role modeling. The husband develops his role by reflecting upon the way in which he was reared. He thinks about his own father, or father figure, and analyzes how this person prepared him for his life as a husband and a father. By thinking about his father, the prospective father is using role modeling, since role modeling is viewed as learning from someone else who possesses the necessary skills.

Role rehearsal is another component of anticipatory socialization wherein the husband rehearses, in advance, the roles that he will play in the future (Hardy and Conway, 1978). Specific examples include the husband's previous experiences in caring for children and his thinking

about budget changes such as additions and increases in financial responsibilities as they relate to his new baby.

The final component of anticipatory socialization to be addressed in this study is the reference group. Reference groups are collections of people whom individuals use as an example of how to gauge their own behavior (McGee, 1975). Included in the husband's reference group is his own father or father figure, the individuals involved with child-birth classes, and his own preparation for becoming a parent by observing his surrounding environment. The prospective father uses a reference group as a form of socialization to become more familiar with his new impending father role.

To adequately assess the level and degree of anticipatory socialization the husband accomplished while awaiting the baby's birth, it becomes necessary to address the perceived impact his new baby places on his life. One should note the existence of any relationship between preparation for parenthood experiences and the expressed, perceived impact of the baby on the father's life. Conceptually, the baby's birth involves a change which has the potential to act as a stressor as the father moves into a new stage of his life cycle, parenthood. Actually, the first-time father may perceive his child as a stressor and express changes that have occurred in his own role or lifestyle. The father may perceive this impact in the following areas of concern: social, self-care, emotional, household, and sexual.

Nurses can play a role in preparing the husband for parenthood, thus easing the impact and the stress which may exist for first-time fathers after their baby is born. In order to help the first-time father in his transition to parenthood, the nurse can use the nursing process,

which includes the following steps: assessment, planning, intervention, and evaluation. Essentially, the nursing process involves mutuality between the husband and the nurse. Together, they share in the decision-making, and both have input into developing the plan and evaluating the outcome.

The nursing process may be used to help the first-time father prepare for parenthood and make the adjustment to being a parent. The type of preparation to which the primigravida father has been exposed and his expectations of parenthood are critical issues that need to be assessed. The assessment component includes his past fathering experiences through his own father and/or father figure, his attendance at childbirth classes, his experiences taking care of children, his self-preparation (parent preparation) through information he gains by reading, and his financial awareness through budgeting for the addition of a baby to the family and the accompanying expenses. Once the initial phase of assessment is completed, the nursing process continues through the agreed-upon plan, intervention, and evaluation.

The plan is drawn from the collection of mutually established assessment data and must be individualized for each father. From this step the intervention phase follows, which is the provision of anticipatory information and guidance to enhance the first-time father's preparation for parenthood. The final phase of the process is evaluation. In essence, the desired outcome from the evaluation would be for the first-time father to adapt to the stress his baby places on him in his new role as a parent. In this study, the researcher will examine the father's preparation for parenthood and the perceived impact of the baby

on his life. This researcher considers the nursing process as a scientific method nurses can use in a practice to continually assess the first-time father's needs. The major evaluation process is the ability of the primigravida father to adapt to the stress the infant places on his role of father. Therefore, the plan is to examine the relationship between the father's experience before the child's birth, labeled "preparation for parenthood," and "the perceived impact of the infant on the father's role."

Purpose of the Study

The purpose of this study will be to examine the relationship between preparation for parenthood experiences and the perceived impact of the baby on the father's role six to ten weeks postpartum. This is an area of research that has been neglected in the past.

Although men and women have always shared responsibilities in the reproductive process, the providers of health care have not prepared men and women in the same way to assume their responsibilities as parents. In general, men and women have been left to learn about parenthood by previous experiences through their own parents, their friends, and available media (for example, books and television). Consequently, since the preparation for impending parenthood is so vague and ill-defined, a father's feelings and his perceptions of his role following the birth of his baby are often neglected.

This researcher will discuss variables in the preparation for parenthood and the perceived impact of the baby on the father's role six to ten weeks postpartum. It is hoped that results of this study

will be valuable to health-care providers who work with expectant primi-gravida parents by helping these health-care providers recognize the importance of including the father in the preparation for parenthood and easing the father's transition into the altered role of husband and the new role of father.

Statement of the Problem

Is there a relationship between selected dimensions of preparation for parenthood and the perceived impact of the infant in the primigravida father's role six to ten weeks postpartum?

Hypothesis

There is a relationship between selected dimensions of preparation for parenthood and the perceived impact of the infant.

Sub Hypotheses

1. There is a relationship between previous fathering experiences and social concerns of the first-time father.
2. There is a relationship between previous fathering experiences and father's self-care activities.
3. There is a relationship between previous fathering experiences and emotional concerns of the first-time father.
4. There is a relationship between previous fathering experiences and household concerns of the first-time father.

5. There is a relationship between previous fathering experiences and the sexuality concerns of the first-time father.
6. There is a relationship between participation in childbirth classes and the social concerns of the first-time father.
7. There is a relationship between participation in childbirth classes and father's self-care activities.
8. There is a relationship between participation in childbirth classes and the emotional concerns of the first-time father.
9. There is a relationship between participation in childbirth classes and the household concerns of the first-time father.
10. There is a relationship between participation in childbirth classes and the sexuality concerns of the first-time father.
11. There is a relationship between child-care experiences and the social concerns of the first-time father.
12. There is a relationship between child-care experiences and the father's self-care activities.
13. There is a relationship between child-care experiences and the emotional concerns of the first-time father.
14. There is a relationship between child-care experiences and the household concerns of the first-time father.
15. There is a relationship between child-care experiences and the sexuality concerns of the first-time father.
16. There is a relationship between parent preparation and the social concerns of the first-time father.
17. There is a relationship between parent preparation and the father's self-care activities.

18. There is a relationship between parent preparation and the emotional concerns of the first-time father.
19. There is a relationship between parent preparation and the household concerns of the first-time father.
20. There is a relationship between parent preparation and the sexuality concerns of the first-time father.
21. There is a relationship between financial awareness and the social concerns of the first-time father.
22. There is a relationship between financial awareness and the father's self-care activities.
23. There is a relationship between financial awareness and the emotional concerns of the first-time father.
24. There is a relationship between financial awareness and the household concerns of the first-time father.
25. There is a relationship between financial awareness and the sexuality concerns of the first-time father.

Assumptions

The researcher is making the following assumptions in this study:

1. It is assumed that the subjects will answer the questionnaire honestly with respect to the criteria of being a primigravida father.
2. It is assumed that the fathers will complete the questionnaire without receiving help from their wives or other outside sources.
3. It is assumed that the father will self-administer the questionnaire in a conducive atmosphere at a time when adequate thought and attention can be given to the questions.

4. It is assumed that the birth of the first child may act as a stressor.
5. It is assumed that the father's perceptions of the impact the baby has placed on his life can be measured.
6. It is assumed that preparation for parenthood will ease the first-time father's adoption of his new role.
7. It is assumed that this researcher's instrument is measuring the critical dimensions of preparation for parenthood and the perceived impact of the baby on the father's life.

Limitations of the Study

The limitations of the study are:

1. The subjects who agreed to participate in the study may be different than those who refused, by the fact they volunteered to participate.
2. The mechanism for obtaining the sample may not provide an even distribution of the differing socio-cultural backgrounds of primigravida fathers. Therefore, the research findings will not be generalizable to the entire population of primigravida fathers.
3. Because this instrument is close-ended, it limits the participants to choose a response which they feel most closely resembles their honest response.
4. The mechanism of instrument distribution, completion, and return is a limitation to the study when the tool is mailed to the respondent. The researcher does not have control over the completion and return of the questionnaire.
5. The data collected with respect to factors affecting preparation for parenthood are retrospective and require recall.

6. It is the wife's perception that her husband would be willing to complete the questionnaire, and this perception may not reflect the husband's choice.
7. There is no prior established test of reliability or validity for the questionnaire being used.
8. The expectant-parent classes vary in their content and in the number of class sessions offered.
9. The emphasis in this study was placed on past role models (for example, the father and/or father figure) rather than current role models, such as neighbors or friends.

Conceptual Definition of Terms

Primigravida Father was defined as a legally married man, who is a biological father for the first time, without step-children, adopted children, or foster children. He will be providing directly or indirectly for the physical, emotional, and psychological needs of his offspring. The definition has been adapted in part from Obrzut (1976, p. 1441).

Preparation For Parenthood was defined as the following selected dimensions which may affect the primigravida father's preparation:

- a. previous fathering experiences,
- b. experiences in childbirth classes,
- c. child-care experiences,
- d. parent preparation (self-sought experiences),
- and e. awareness of financial impact.

Past Fathering Experiences were defined as those experiences provided by their own fathers or father figures who functioned as role models. The experiences will include such areas as the husband's interpretation

of the amount and quality of care he received from his own father or father figure, the importance placed upon caring for children and their needs, and prior experiences with siblings. Past fathering experiences are a primary way most men learn about fathering (Biller and Colman, 1975). Learning how to be a father can be thought of as a continuous process, beginning during childhood through examples given by his own father or father figure. Therefore, according to Biller and Colman, (1975), it is important for expectant fathers to recall and resolve conflicts which they may have had during their own paternal background.

Childbirth Classes were defined as attending formal educational programs to help prepare the first-time father for the birth of his baby. The childbirth classes included are Lamaze and Expectant Parents' Organization (EPO). Attending Lamaze or EPO is a factor that may enhance preparation for parenthood. But the type of preparation obtainable differs as the class objectives and time-frame of the courses are not identical. The Lamaze program lasts eight weeks, and its primary purpose is to prepare the expectant parents for the birth process. Little if any time is spent on aspects of parenting or adjustment to the newborn. On the other hand, the ten-week EPO classes have broader objectives including the family's adjustment to the baby, the father's role in caring for the baby, and a discussion about the couple's need to maintain some time for themselves. The primary purpose of EPO classes are to learn about maternal changes, fetal development, labor, delivery, breathing, and relaxation. Attending the preparation classes may influence the way fathers prepare for being a parent, but the depth and focus of the programs are limited and not all-inclusive.

Child-Care Experiences were defined as a past experiential form of preparation. This subcomponent considers the father's handling, feeding, babysitting, diaper-changing, and caring for a sick or fussy baby. A time-frame has been incorporated in this study (zero to ten weeks) since this includes the period of time in which data have been collected.

Parent Preparation was defined as the informal experiences or information that men seek during their wife's pregnancy to enhance their knowledge about fatherhood. While preparing to become a father, men have been heard to say that they were observing children and reading information about child development and parenthood (Fein, 1976). In addition, men prepared for parenthood in other ways: showing an interest in children, observing other fathers, talking to other fathers, and reading about fathering (May, 1978).

Financial Awareness was the last selected dimension to be included under the major variable of "preparation for parenthood." Financial awareness was defined as the father's recognition of possible additional expenses that might be incurred with the birth of the baby. Financial purchases for the baby is a means that men have used to prepare for parenthood (May, 1978). Additionally, other possible ways to prepare financially are through budgeting and being aware of increased costs that will result with health-care expenses, baby items such as clothing and food, and unexpected emergencies.

Therefore, for the purpose of this study, preparation for parenthood was defined as those selected dimensions discussed which might have an effect on the primigravida father's preparation for parenthood. In the following paragraphs, the perceived impact of the infant on the father role will be discussed.

Perceived Impact of the Infant on the Father Role Six to Ten Weeks

Postpartum was defined as the first-time father's picture of reality, his attitudes, feelings, reactions and his responses to his concerns about social, self-care, emotional, household, and sexual matters.

Social Concerns dealt with the father's social life, such as a change in the father's personal time outside of the home, the frequency with which the father goes out without his wife, the father's feelings about making social plans, and the father's degree of comfort with leaving the baby with a babysitter after the baby's birth. In a study conducted by LeMasters (1957), fathers indicated interference with the social life as one of the adjustments to be faced. Within this area, concerns arose about social schedules, interruption of routine activities, and decreased contact with friends (Hobbs, 1965).

Self-Care Concerns dealt with the father's leisure and recreational time after the baby's birth. Included is the father's time and opportunity to carry through with his own personal agenda, such as showering, sleeping, and reading the newspaper.

Emotional Concerns were feelings and reactions that the primigravida father might express or experience after the baby's birth. The reactions that may occur are jealousy, anger, and difficulty in expressing his feelings. These reactions may be shown through his feelings about the baby, his wife, or his role as a father, such as confusion, disenchantment, and self-doubt (Hobbs, 1965; LeMasters, 1957).

Sexuality Concerns from first-time fathers have been expressed as a decrease in the sexual responsiveness of his wife, the worry about a second pregnancy in the future, and concern about his wife's personal appearance (Hobbs, 1965). Fathers may feel trapped, ambivalent, afraid

to approach their wives sexually, or guilty about the pregnancy. Also, there may be feelings of jealousy about the baby and the place the baby has assumed in the family, changing the family structure from a dyad to a triad relationship (Duvall, 1977; Obruzut, 1976). The father may have concerns caused by his feelings of decreased privacy, or concerns that the baby will awaken and interrupt any sexual relationship.

Household Concerns were defined as the father's interpretation of the neatness of the house, the wife's attitude toward housekeeping, the number of household chores that are not completed, and the father's reaction to assisting with the chores since the birth of the child. In one of the classic articles dealing with parenthood, Hobbs (1965) found that fathers noticed the housekeeping was not as neat as it was before and during the pregnancy. Fathers may have to learn new roles in regards to the domestic duties in addition to their role as father. The housekeeping factor may add stress to an existing stressful situation. For the first time he becomes aware of a permanent third member in the family and household. The addition means a sudden change from the usual pattern of living for the husband and his wife.

Extraneous Variables

Identified in this study were these extraneous variables: cultural background, formal education, age, number of years married, number of siblings and income of the husband. These variables may affect the man's preparation for parenthood. The father's culture may impact on the way he prepares and adjusts to parenthood. May (1978) noted the similarities in paternal behavior in the various cultures may be based on

biological determinants, while the differences in the various cultures are probably culturally determined. In interpreting May's statement, it becomes important to ask fathers what their cultural background is, to note if differences exist among cultures in the way men prepare for parenthood, or the way they perceive their role after the baby is born.

Other extraneous variables exist that may impact on the way a man prepares for parenthood. Researchers indicate that couples married three or more years experience less of a crisis with the birth of a baby than couples married a shorter time. Husbands with more than a high-school education have an easier transition into parenthood and view income as a major concern (Dyer, 1963). Culture, formal education, age, number of years married, number of siblings, and income will be considered extraneous variables in this study and will not be used for purposes of selecting men for this study.

Overview of the Chapters

This research study has been organized into six chapters. Included in Chapter I are the introduction, the statement of the problem, the hypotheses, the purpose of the study, the assumptions, the limitations, the conceptual definition of terms, and the extraneous variables.

The conceptual framework is discussed in Chapter II. This framework is based upon factors that influence the men's preparation for parenthood, with a focus on role socialization and the impact of the baby as a major change in the father's life. The concepts are further discussed as they may relate to Orem's (1980) nursing framework.

In Chapter III the pertinent literature and the research on the problem are reviewed.

A discussion of the methodologies and procedures are described in Chapter IV. The sample and settings of the study, the data-collection procedure, the instrument, the scoring procedures, and the question of the protection of human rights are included in this chapter.

The data are presented in Chapter V along with the analysis of the results.

In Chapter VI the research findings are summarized and interpreted. Recommendations, conclusions, and implications for nursing are discussed in this chapter.

CHAPTER II

CONCEPTUAL FRAMEWORK

Introduction

The conceptual framework for this study was derived from two major areas of interest. Preparation for parenthood, as it relates to role socialization for the first-time father, is the first area of interest to be addressed. The second area of interest is the perceived impact of the infant on the father's role. The birth of the infant will be viewed as a life event change and will be discussed as a stressor. The role of the nurse, as it relates to the first-time father, will be discussed in connection with Orem's self-care nursing framework.

Conceptual Model

The conceptual model developed for this study includes the following major components: extraneous variables, the prospective father, the man's preparation for parenthood through anticipatory socialization, the impact of the birth of the infant as a stressor, the father's perceived impact of the infant, the role change which is the adoption of the father role, and the nursing process (See Figure 1). Each of the components will be discussed along with the possible relationship of the parts to one another. The prospective father is the first component addressed.

The prospective father, for the purposes of this study was defined as a married man who, traditionally, was expected to be an adequate provider, sex partner, companion, confidante, decision-maker, and accountant (Duvall, 1977). The traditional role of the prospective father as the

financial provider of the family has changed as the duties of the wife as homemaker/mother and the prospective father as breadwinner/father are in a time of transition. The father role is no longer clearly defined.

The transition from prospective father to father demands the addition of a new role to the man's life. The addition of this new role creates new demands and responsibilities. Unfortunately, the prospective father may have little or no concept of the role he is undertaking in becoming a father. Society does not provide many specific mechanisms for learning how to become a father, what the expectations are, and how to ease into the transition of parenthood.

A man enters marriage with certain characteristics such as his age, culture, education, and number of siblings. For the purposes of this study, these variables are labeled as extraneous variables. The variables being studied may impact the way a man prepares for parenthood and, therefore, will be included in the study. Two additional variables that may impact the prospective father's preparation for parenthood are the number of years married and the degree to which the pregnancy was planned and/or desired.

Age has not been found to be a significant variable in preparing and/or adjusting to parenthood (Dyer, 1963; Bigner, 1977). Specifically, Dyer studied couples who were 35 years old or younger as one of his criterion in looking at the effect of the first child on the family roles and relationships. No significant relationship was found between the parents' ages and the crisis level after the infant was born.

Bigner (1977) studied the variable of father's age in a different way. The purpose of Bigner's research was to determine if specific variables, age being one of the variables, were associated with attitudes

toward fathering and father-child activity. The results did not indicate a significant relationship existed with father's age and his attitude toward fathering, nor father-child activity. Despite the results of Bigner and Dyer's finding, data will still be collected and analyzed as general descriptions in this study.

There is an indication that controversy exists in the literature regarding the variable of length of time married and its affect on parenthood. In a study by Dyer (1963), it was noted that a relationship existed between couples married three or more years experiencing less of a crisis with their infant's birth than couples married a shorter time interval. Conversely, Hobbs (1965) found no correlation between crisis and number of months the couple was married. Soule et al (1979) studied expectant fathers as they approached their transition into parenthood and the factors associated with developing a father identity. A hypothesis was made that men who delayed conception of their first child would be more confident about their parenting experience. The results indicated that those men married a shorter time were more likely to have a highly positive father identity. Since controversy exists in the literature, this variable will be included as a part of this study.

Agreement can not be reached among researchers regarding the degree to which a planned and/or desired pregnancy presents a crisis situation. In older research studies, becoming a parent was addressed from a crisis framework. LeMasters (1957) indicated the existence of crisis did accompany a planned and/or desired pregnancy, while Dyer (1963) concluded the existance of crisis was diminished in families who planned and/or desired the pregnancy. The more recent researchers studied parenthood from a transition framework instead of a crisis framework. The ease or

difficulty that each couple has during the transition to parenthood is variable. Leonard (1976) noted fathers' attitudes were most positive toward their baby if the pregnancy was planned. Since there was a disagreement in the literature about the degree of crisis or transition associated with a planned and/or desired pregnancy, this variable will be included in this study.

Another variable that will be addressed in this research is the amount of education the expectant father has completed. Dyer (1963) found that fathers who had an education beyond high school had an easier transition in becoming a parent. Conversely, Soule et al (1979) noted men who were more highly educated were less positive and less confident about their role.

Just as education may be a significant extraneous variable, so may the husband's cultural background. Biller (1975) notes that the father role varies across cultures. The father may be available to the family on a regular basis or an irregular basis, he may be authoritative, effective or ineffective. While Biller goes on to further indicate that the mother role varies from one society to the next, her role is more constant. Cultural differences are probably learned responses and are culturally determined, while similarities in father behavior across cultures may be based on biological determinants (Rympa, 1976). Since the role varies across cultures, the preparation for the role may also vary. Culture, therefore, becomes an important variable to address along with any variation between cultures and their customary means used to prepare for parenthood.

The final extraneous variable to be discussed is the number of siblings of the prospective father. The literature reviewed does not

offer any specific research as to whether siblings have an influence or an outcome on the preparation for parenthood. However, younger siblings can provide experience with infant-care and older siblings can be a model to pattern one's self after for parenthood. Therefore, the possibility does exist for a prospective father to have rehearsed for parenthood through his own family. To summarize, the prospective father brings with him specific characteristics which may impact his preparation for parenthood.

Preparation for Parenthood Through Anticipatory Socialization

"Socialization refers to the process by which persons acquire knowledge, skills, and dispositions that make them more or less able members of their society" (Brimm, 1966, p. 3). The socialization process is enhanced through anticipatory socialization which is the early taking on of the behaviors and attitudes of an ascribed role (Wheeler, 1966). Roles are further defined as those expected behavior patterns, personality traits, obligations, and privileges that are attached to a particular status (Light, 1979). The following is a discussion of how a prospective father may prepare for his role using anticipatory socialization.

The socialization process involves a continuous and cumulative learning experience which includes the following specific components: role modeling, role rehearsal, and reference groups. Anticipatory socialization also includes other specific components such as role-taking, role negotiation, and trial and error. These latter components will not be individually discussed and presented in this study.

Through the use of role modeling, reference groups, and role rehearsal, the husband may be able to prematurely experience the role of father by gaining an understanding of the new demands and responsibilities placed upon him. Thus, anticipatory socialization provides an avenue for the prospective father to practice, or prepare for, his impending new role of fatherhood.

It is important to recognize that anticipatory socialization is dependent upon the father's past socialization experiences. Adults use previous experiences and prior means of dealing with new situations or new roles as a basis to adapt to further roles. Therefore, adult socialization is somewhat limited by the socialization that occurred in previous years (Brimm, 1966). Individuals can only rehearse those roles or situations, both positive and negative, that have been made known to them.

Therefore, the husband awaits parenthood with specific past experiences that may have been helpful to him in the acquisition of new knowledge and skills. One must recognize that each husband is an individual and the scope and depth of past socialization experiences will vary. However, in general, a man may use role modeling, reference groups, and role rehearsal as a means to prepare for and develop the skills and knowledge necessary to compliment the role of father.

Preparation for parenthood was defined as the following selected dimensions which may affect the man's preparation for being a primigravida father: a. previous fathering experiences, b. attendance at childbirth classes, c. child-care experiences, d. parent preparation experiences, and e. awareness of financial impact. Preparation for parenthood involves the recognition of an impending additional role.

Anticipatory socialization is a process through which a husband acquires the knowledge and skills that make him more or less able to adapt to the impending role change. The specific components of role modeling, role rehearsal, and reference groups will be discussed as dimensions of anticipatory socialization as they relate to the selected dimensions of preparation for parenthood.

Role Modeling

A role model is "generally viewed as an individual who possesses certain skills and displays techniques that the individual lacks and from whom, by observation and comparison with his own performance, the individual can learn" (Hardy and Conway, 1978, p. 140). Men who are awaiting the birth of their infant may use a role model in preparing for parenthood. The role models for the prospective father come from his previous childhood experiences and previous fathering experiences (Biller, 1975). In this study, the emphasis is placed on past role models and, more specifically, his father or father figure rather than current role models such as neighbors or friends.

The anticipatory socialization provided through a role model involves the prospective father's reflecting upon the skills and techniques used by his father and/or father figure when he was being raised. The husband may think about his past fathering experiences and may use those experiences to raise his own child. Therefore, using a role model is an indirect method by which men acquire skills and techniques used in preparing for parenthood. By looking back on the values and attitudes which he witnessed in his own father or father figure, he will make choices

which guide his behavior in preparing for parenthood. Therefore, a role model can give a father a perspective upon which to base his own plan for child-rearing and should help decrease the impact of the baby's birth.

Reference Group

A reference group is also a component of anticipatory socialization. By definition, a reference group is a group of people whom individuals use as an example of how to gauge their own behavior (McGee, 1975). The function of a reference group is to provide the individual with a source of values that he can use in guiding his behavior, especially in situations where a choice has to be made (Hardy and Conway, 1978).

The man has a choice as to the way in which he will portray the role of father and what type of behavior he will show towards his baby. A reference group may provide the man with a source of values regarding his role as a father. The prospective father can then select those values that he feels are most appropriate and beneficial and use those to guide his behavior when he becomes a father.

Childbirth classes may serve as a reference group for some men. Men have indicated concern regarding feelings of helplessness and apprehension about labor and delivery (May, 1978). Therefore, by participating in childbirth classes, the prospective father has access to a group of individuals who share common anticipations. The individuals together form a group to prepare themselves for parenthood through learning and practicing in anticipation of labor and delivery.

By preparing for labor and delivery, the individuals are preparing for their baby's birth and the addition of another member to the family.

The childbirth classes foster preparation through such avenues as practicing breathing techniques and exercises which will help during the birth process and can also enhance the prospective father's knowledge of what to expect during the birth and the immediate postpartum period.

Additionally, the topics of the baby's early growth and development along with the adjustment to parenthood are discussed in general.

Prospective fathers may use the knowledge or ideas generated through the reference group to become more aware of a spectrum of events from the baby's birth to adjusting to parenthood.

Men have also been noted to prepare for parenthood by observing children and reading information about parenthood and child development (Fein, 1976). In this situation, men are using a reference group to prepare for the birth of their baby and for parenthood. While awaiting the birth of the first child, men may use other parents as a frame of reference by observing their children. Men may use a reference group through reading material written by individuals with an interest in parenthood and children.

The prospective father must interpret any material that he has read about parenthood and children. However, the prospective father may indirectly use the material to adopt the role of father by becoming familiar with the relevant information available about parenthood, childrearing practices, and normal growth and development. Therefore, through interpreting information written by a reference group, the prospective father may be able to enhance his own parenting skills.

Role Rehearsal

Role rehearsal is another component of the anticipatory socialization process that men may use in preparing to become a father. Role rehearsal can be thought of as an individual practicing, in advance, the role(s) they will play in the future (Hardy and Conway, 1978). The man may have rehearsed for the role of parenthood periodically throughout his life. Infant-care skills comprise an area in which men have stated concerns related to parenthood (Obrzut, 1976). A mechanism by which the prospective father may have accomplished the preparation is through rehearsal of everyday child-care (Gearing, 1978).

In addition to child-care experiences being of concern to the prospective father, so is the financial impact that occurs with parenthood (Stichler, 1978; Coley, 1976). An awareness of the financial impact may be foreseen through preparation and role rehearsal. The prospective father should take into account the possibility of additional expenses such as those related to health care, infant necessities, and emergencies which may arise with the baby. Preparation for and adjustment in financial expenditures should occur before the infant's birth as part of the prospective father's preparation for parenthood. Included in this preparation should be any potential changes in income if his wife will be temporarily or permanently unemployed. Through role rehearsal the husband could practice budgeting by including expenditures that will result with the birth of the baby.

In summary, men may prepare for parenthood through the process of anticipatory socialization. Anticipatory socialization includes role modeling, reference groups, and role rehearsal which are means men may

use to ease the impact of the stress associated with the baby's birth. The infant creates new demands, changes in life routines, and breaks in established patterns of living. Therefore, the birth of the baby involves the addition of a concurrent role, that of fatherhood. Consequently, any previous roles that the man experienced may be stressed by the new role which the baby has created.

Impact of Stressor/Birth of Infant

The infant's birth and the resultant changes may be perceived as an event resulting in role stress. When the man adds the new role of fatherhood, he generally does not relinquish any of his previous roles. "A stressor is that which produces stress" and stress is "the nonspecific response of the body to any demand whether it is caused by, or results in, pleasant or unpleasant conditions" (Selye, 1978, p. 78, 74). Stress occurs when the stressor places demands upon the individual which exceed the individual's resources (Scott, 1980), or when demands made by the environment, either internal or external, upset the normal homeostasis of the individual (Antonovsky, 1980). The stressor may be social, cultural, psychological, or physiological in nature (Scott, 1980).

As defined, stress may occur from a variety of causes and may be the result of a pleasant or positive experience. Stress is not always negative or bad and, in fact, is necessary for life to continue (Selye, 1978). Stress should be viewed as stimulating growth as an individual learns to adapt or adjust to a new situation.

Normal life events that are commonly considered to be positive occurrences, such as marriage and becoming a parent, produce various amounts of stress. The common element in either a positive or negative stress is the quantity of change and the degree of rapid adaptation necessary (Pelletier, 1979). Any alteration in an individual's life-style may produce stress even for a brief period. Without stress in one's life, there would be little positive change, and without the challenges that accompany life, there would be stagnation (Pelletier, 1979).

As defined, a stressor may result for a variety of reasons, whether it be social, cultural, psychological, or physiological. It is the individual's interpretation and evaluation of the stressor which becomes the response to the stress (Scott, 1980). Different individuals respond to the same stressor with differing mechanisms (Manat, 1977). The mechanisms include the individual's control over the event, the desirability, and the nature and degree of preparation for the impending occurrence (Fairbanks, 1979).

Becoming a parent for the first time was considered a normal developmental event which might produce stress. The stress factor was present as the couple needed to readjust and reorganize their lives to adapt from the marriage stage of the life cycle to the childbearing stage (Duvall, 1977).

The first-time father will be expected to experience some level of stress. One such type of stress is known as role stress. Role stress is a social structural situation in which role obligations are vague, irritating, difficult, conflicting, or impossible to meet (Hardy and Conway, 1978). A precipitating factor of role stress is the addition

of a new role. The addition of the father role will hopefully be a pleasant growth-producing experience.

An expectant first-time father is likely to experience role stress, because the father role and its obligations are not clearly defined. Even though becoming a father for the first time will, hopefully, result in a pleasant experience, this pleasant experience does not mean the absence of stress. Stress can result from a change even when the change has been desired or the change resulted in happiness. Becoming a father involves changes, such as an additional full-time role and the responsibilities associated with that role.

Role stress for the first-time father may result for at least two reasons. He may experience role stress because society in general does not have a clear definition of the father role. The father role varies by definition from the man's being primarily the financial provider to an active provider of care for his baby. Therefore, the expectant first-time father may find his adjustment to parenthood difficult because he is assuming a new role that lacks a clear definition. Second, a man may experience role stress because there is a disagreement about his role. The prospective first-time father and his wife may not have reached a mutual understanding of what his role will include. Furthermore, the expectant first-time father may also experience conflict with his peers or his wife, who do not view his role in the same spectrum. This father may find his new role to be irritating if there is a lack of agreement about his role.

The role stress is preceded by a stressor. In this study, the baby's birth will be defined as the stressor or causative agent (See Figure 1). For the first-time father in this study, this researcher has

selected five specific areas of concern that might result in stress because of the change that occurs in the father's everyday life and the change in his role. These areas of concern for the first-time father are social, self-care, emotional, household, and sexual. The five areas of concern for the father are termed "the perceived impact of the infant" (See Figure 1). From these areas of concern the father may experience certain negative personal feelings which will be defined as role strain because role strain is the subjective negative feelings, such as frustration, tension, or anxiety (Hardy and Conway, 1978). Furthermore, role strain may be thought of as a state of distress that a person experiences. Role strain may be generated because of role stress, and in this study role strain is the negative subjective feelings the father experiences in the five specific areas of concern since the baby's birth.

The birth of the baby marks the transition point in the life cycle for the husband, who then becomes both a husband and a father (Bain, 1978). Greenberg and Morris (1974) studied the impact of the baby's birth on the father shortly following delivery. They noted that a majority of fathers described the birth experience and their observations in terms related to engrossment or sense of absorption, preoccupation, and interest in their baby. Greenberg and Morris also stated that society, in general, lacks a clear definition of how a father is supposed to react and express himself to his baby. From the Greenberg and Morris study, one may conclude that even though fathers described the baby's impact as positive, it does not indicate that there was an absence of stress.

Therefore, normal life changes and the transition through the life cycle have the potential to cause stress. Three important variables aid in understanding the nature of life stress. These variables are the

individual, the life event, and the qualitative dimension on which the event varies (Redfield, 1979). The importance of recognizing the variables is to help predict the level of success with which one will proceed through the normal life cycle. The individual's perception of control over the environmental event and the degree of psychosocial assets may all mediate the effects of life stress (Fontana, 1979). In other words, life stress is dependent upon the individual's desire or readiness for the change, the individual's perception of the life event, and the degree of importance in which the life event varies. The birth of the baby is the stressor, which may impact the primigravida father in the following selected areas of concern: social, self-care, emotional, household, and sexual. Those selected dimensions may be areas that produce stress for the first-time father because of the changes that occur in those areas. The feelings that result because of those changes are role strain for the first-time father. The following is a presentation of the five areas that may produce stress for the first-time father following the baby's birth. Role strain occurs when the father experiences such feelings as frustration, bother, or anxiousness in the selected areas of concern for the first-time.

Perceived Impact of Infant

Social concerns have been an area in which first-time fathers have indicated role stress (Hobbs, 1965). Role stress has centered around the factor of time. First-time fathers are concerned about the amount of time that will be available to socialize with their wife and/or friends

and the ability to make entertainment plans after the baby's birth (Hobbs, 1965). Any change that may occur for the first-time father in the area of social activity may result in stress. The father may no longer have, or feel as if he has, as much time to plan or participate in social activities. In fact, the father may find that the couple's social activities have changed. The change in social activities, and the effect that places on the role of the father, depends on his interpretation of the change and the desirability of the change. The father may perceive the change in social activities anywhere along a continuum from desirable to stressful. Another related area of concern for the first-time father is how comfortable he feels leaving the infant with a babysitter. Depending upon how the first-time father views the changes in the social area, this may or may not result for him.

Stress may also occur in the area of self-care for the first-time father. Self-care will be defined as the father's own personal agenda. Within this definition are the father's daily routines. Stress may result depending upon the number and type of changes in the father's daily routine and how easy it is for him to rearrange his routine. Stress may also occur because of a lack of time to carry out daily routines or interruption of activities. Researchers support that stress may occur in the area of self-care. Specifically, fathers have indicated that the baby interrupting sleep is bothersome (Russell, 1974), as is the lack of time available for his personal agenda such as showering and reading the newspaper.

Another area that may cause stress for the first-time father is his emotional concerns since the baby's birth. The father may experience a lack of emotional support from his wife following the baby's birth (Cronenwett, 1981). This lack of support may be an expression of concerns, feelings, and reactions following the baby's birth. The reactions may be portrayed through feelings such as general disenchantment with the paternal role, self-doubt regarding his worth as a parent, and disturbed or ambivalent feelings about the baby (Hobbs, 1965; LeMaster, 1957).

Also, the father's perception of any change in the type or amount of attention he received from his wife since the baby's birth may result in emotional concerns for the first-time father. Researchers support that some men noted a change in the amount of attention being shared between husband and wife since the baby's birth (Fein, 1976). The father may feel ambivalent towards the baby or jealous if he perceives that the baby is receiving more attention than is necessary. The feelings the father may experience may be related to the amount of attention his wife is now showing towards the baby and thus, taking away the amount of attention she would generally portray towards him.

Household concerns are another area that may produce role stress for the first-time father. The father may feel pressured into helping with household chores (Resnick, 1978). Fathers have indicated that the housekeeping is not as neat after the baby's birth (Hobbs, 1965). The stress factor is a result of the father's interpretation and evaluation of the neatness of the house, the wife's attitude about housekeeping, and the number of household chores that are not completed. The father's perception of the environment and the degree to which household duties

and responsibilities are of concern to the first-time father may result in stress.

Sexual concerns of the first-time father are a final area to be discussed that may result in stress. Specific areas in which fathers have indicated concern regarding sexuality are: a decrease in sexual responsiveness of their wives, worry about a second pregnancy sooner than desired, and their wife's sexual and physical appearance (Hobbs, 1965). The stress may occur as a result of the perceived impact the baby has placed on the couple's sexual lives. The father may feel trapped, ambivalent, afraid of approaching his wife sexually, guilty for the pregnancy, and jealous of the baby (Duvall, 1977; Obrzut, 1976). To summarize, first-time fathers may express and/or experience stress in various areas of everyday life after the birth of the baby.

Role Change Adoption of Father Role

The ease with which the adoption and adaptation to the father role occurs depends on the individual's interpretation and evaluation of the stressor. As Fairbanks (1979) stated, there are factors which help to predict the level of stress which an individual will experience. The factors are the individual's control over the event, and the nature and degree of preparation for the event. Therefore, a way that is available to help ease the transition for the prospective father is by preparing for parenthood. Through preparation, hopefully, the prospective father will be able to gain a greater awareness and control over the situation and thus ease the impact of the stressor and any resulting stress for the first-time father.

The use of the nursing process is an ideal way to help men to prepare for parenthood and to aid them in the transition from the birth to their perceived impact of the baby. The desired result of the transition is a positive adoption of the father role and being able to work through any areas of concern or stress related to the role. The assessemnt of the role change adoption is beyond the scope of this study. However, the adoption of the fatherhood role will be discussed under nursing implications in Chapter VI.

Relation to a Nursing Theory

In this section, preparation for parenthood and the perceived impact of the baby on the father will be discussed in relation to Orem's nursing theory (1980). The theory is based upon therapeutic self-care with the nurse and client working together to either promote or maintain an individual's level of self-care. The concept of self-care is divided among various levels and the amount or type of care the client needs to achieve his ideal level of well-being. The different levels include: those individuals who need total care or are "wholly compensatory", those individuals who only need partial care or are "partly compensatory", and those individuals who are capable of caring for themselves but could care for themselves better, or with greater ease, if they had provisions for additional support or education. The individuals in this last group are in the supportive-educative system. This study focuses on individuals who are primarily in the supportive-educative system and are capable of caring for themselves.

Self-care is further defined as "the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health, and well-being" (Orem, 1980, p. 35). The nurse can help individuals maintain and achieve their individual need(s) for self-care (Orem, 1980). "The primary work of nurses is to provide nursing in accord with the needs individuals have in assuming responsibility for their related self-care" (Orem, 1980, p. 15). A primary level of self-care includes mastery of the various stages of the life cycle, including parenthood. The first-time father will be placed in the supportive-educative system. Encompassed within this system are the goals of support, guidance, teaching, and acquisition of knowledge and skills to enable an individual to follow through with self-care responsibilities (Orem, 1980). The supportive-educative system is for situations where the individual is able to perform, or can and should learn to perform, measures of therapeutic self-care, but needs assistance.

The assistance within the supportive-educative system is individualized according to one's needs. The supportive-educative system is the only system where an individual's requirements for assistance relate to decision-making, behavior control, and acquiring knowledge and skills. Variations exist within the supportive-educative system, and in the first variation, the individual may be able to perform self-care measures but may need support and guidance. Second, the requirement of teaching is present. In the third variation, providing a developmental environment is the needed assistance. Finally, the nurse may be used as a consultant when the individual is competent in self-care but needs periodic guidance.

First-time fathers may vacillate among the variations within the supportive-educative system. The first-time father may need education,

support, or guidance, or a combination of these three. It's important for both the nurse and the first-time father to assess his needs. These needs determine ways of assisting the first-time father to feel competent with his own self-care abilities. The amount of education, support, and guidance needed by first-time fathers varies with their own knowledge, skills, and their degree of comfort in maintaining and promoting self-care measures.

An example of a father's need for support and guidance would be when he had the knowledge to perform the skill but had no experience with that skill. In this situation, the nurse and first-time father have mutually agreed that support and guidance would be beneficial to him and would make him feel more competent in his self-care. The nurse should reinforce the father's behavior and offer positive suggestions. By so doing, she would be promoting the father's self-care abilities whether they are in caring for himself or caring for his totally compensatory baby.

Providing teaching is also a variation of the supportive-educative system. Within this variation, the nurse and father have cited areas in which the father lacks knowledge and skills. In preparing for parenthood, the expectant father, for example, may be unaware of the various stages of labor and the meanings attached to them. In this case, the nurse could educate the prospective father about the stages of labor, what they mean, and how he can help his wife during it. In this way, the promotion of self-care would take the form of educating the father so he understands what his role is during the labor process.

The third variation of providing a developmental environment can be thought of in broad general terms. One goal would be for him to maintain

his own self-care while also caring for his baby. Included within the developmental environment would be the father's assuming his role as a father, yet continuing to develop his own personal, social, and professional life as he desires. The first-time father needs to be made aware of the developmental accomplishments of his baby so as his baby grows and matures, the first-time father is able to provide the baby with a stimulating environment.

Finally, the father may need only periodic guidance instead of more constant support and guidance. With periodic guidance, the nurse may be thought of as a consultant. The father may have questions about his role or about his baby and discuss these with the nurse. This variation would probably be more easily understood if Orem had labelled it as consultant instead of periodic guidance. The overall variations of support, guidance, and education within the supportive-educative system are based on the nurses and the first-time fathers making a continual assessment of his needs. The goal is for the first-time father to feel competent in the area of self-care.

The first-time father is in a developmental transition as he moves into the parenthood stage (Duvall, 1977). Within this stage, a new role is introduced to the individual, that of being both a husband and a father. The goals of self-care change as the stage of the life cycle changes. The goals of self-care may be thought of as a change of focus. In particular, with the father who undergoes a developmental transition and the acquisition of a new role, he must learn how to maintain his own self-care abilities. The father should be able to make adjustments in order to maintain both psychological and physical health while assuming a new role and being a provider to a wholly compensatory infant. The

individual, in particular the father, needs to recognize the developmental requirements of the stages of the life cycle and adapt his own self-care regimen to attend to the changes.

The goal of promoting self-care in the form of support and education is at the primary level of prevention of illness. The primary level of prevention can be defined as occurring before the onset of health problems, as "directed to the maintenance and promotion of health and the prevention of specific diseases" (Orem, 1980, p. 132). Primary prevention is then applicable to changes and developments in the normal life cycle including parenthood.

The goal of primary prevention is to maintain optimum psychological as well as physical health. In order to achieve this goal, teaching and guidance may be provided to assess the level of individual accomplishment of the developmental tasks. It may be necessary to provide support and education to assist individuals in recognizing the new and/or different responsibilities that are present as an individual matures and proceeds through the various stages of the life cycle. In particular, parenthood is recognized as being a normal life event or a normal developmental phenomenon. The man, when he becomes a father, may be faced with additional responsibilities and adjustments for which he has had no prior experience. In particular, the father will need to adapt to a new role, that of parenthood, define his responsibilities, maintain or redevelop a relationship with his spouse, and continue his own self-care abilities within a realm that maintains his health in general.

The purpose of providing support and education in the normal life developmental cycle is to assist the individual to adapt to new levels of self-care before any breakdown in health can occur. In particular,

one would assist the father to understand his role as a parent. Included would be the father's recognition of how being a parent and husband would coincide; the need of the father to meet or make provisions for the infant's self-care needs; and how, in general, to achieve his new level of self-care.

"In modern society, adults are expected to be self-reliant and responsible for themselves and for the well-being of their dependents" (Orem, 1980, p. 6). However, it is important for the nurse to recognize that self-care is learned relative to the beliefs, habits, and practices that characterize the cultural way of life of the individual (Orem, 1980). The process of learning self-care is therefore a continuous and developmental process. Factors which enter into the individual's scope of self-care are age, developmental stage, and health (Orem, 1980).

The nurse can have an impact on the prospective father's preparation for parenthood through the use of the supportive-educative system. The nurse can assess the needs of the individual man before the baby's birth. In the roles of teacher and consultant, the nurse may offer support and guidance thus assisting the individual in recognizing the implications of the next developmental stage, that of parenthood before the baby's birth. Therefore, the nurse and prospective father can together work to further develop the prospective father's self-care abilities before the infant's birth. But according to Orem (1980), the nurse must keep in mind the prospective father's cultural background and age, as additional factors which may influence the prospective father's preparation for parenthood. The nursing process must promote the husband's preparation for parenthood and his self-care.

Nursing Process Prior to Birth of Infant

The nursing process is a continual scientific means of problem-solving. This process includes assessment, planning, intervention, and evaluation. The nurse must assess the man's self-care ability and prior experiences since these provide a basis for identifying the husband's needs in preparing to become a father. The nurse and the patient make the assessment. Together they share their assessments and their priorities. The assessment component is done by the nurse, and her assessment is shared with the husband. It is imperative that the nurse inform the husbands of the assessment that has been made. Without the sharing of information, a greater probability exists that the nurse and husband will have differing priorities. The goal of the nursing process should always be to further the father's self-care ability in a manner that will meet each father's individual needs.

The nurse can facilitate the prospective father adapting to the next developmental stage of parenthood through the mutual establishment of a plan. The plan should include areas the prospective father has questions about, such as: infant-care, labor and delivery, and his personal experiences. The goal of the plan should be to improve the quality of preparation by promoting the father's self-care from early pregnancy through the birth and the postpartum period.

Once the plan has been mutually established between the prospective father and the nurse to promote self-care, the next phase that follows is intervention. The intervention phase occurs when the devised plan is acted upon. The nurse can guide, support, demonstrate, listen and teach the prospective father, but it is the prospective father's responsibility

to follow through with the plan. Included within this phase may be the opportunity for the prospective father to practice child-care through simulation; to tour the labor and delivery suite; and to observe a movie that includes a discussion and/or demonstrates labor and delivery. In addition, time may be provided for the man to discuss his concerns about the way he was raised. The purpose of this phase is to recognize that prospective fathers have needs relative to preparing for parenthood, and more importantly, to assist the prospective father in meeting his needs through anticipatory socialization.

The final phase of the nursing process involves evaluation. The evaluation may be immediate or long term. The immediate evaluation involves the father's degree of comfort in his new role. The long term evaluation is the father developing a positive adoption of the father's role. The evaluation, as is the entire nursing process, is based upon the individual's own needs for self-care.

Nursing Process After Birth of Infant

Nurses have the potential to affect the father's stress level concerning the impact of the infant on his role as father. In order to ease the transition for the father into parenthood, nurses must recognize that prospective fathers have needs before the birth of the infant. Through the recognition of their needs and the use of the nursing process, it would be possible to ease the transition into fatherhood and thus, decrease the stress. However, the father's questions, concerns, or needs do not end abruptly once the infant is born.

The purpose of the nursing process initially in preparing for parenthood is to ease the initial adjustment to parenthood without ignoring the father after the baby's birth. The nursing process continues to be of value in easing the impact the infant places on the first-time father. Together, the nurse and father should assess the level of stress that has resulted with the infant's birth. A plan should be developed that prioritizes the father's areas of stress. Areas in which the father may perceive stress are emotional, sexual, household, self-care, and social concerns following the infant's birth. The nurse and father together must develop a plan to reduce the stress.

The intervention is the next phase of the nursing process: the implementation of the plan. The intervention phase may include available time for the father to voice his concerns about the impact the baby has placed on his life, and time to recognize and use available support persons to ease his transition from being a husband to being both a husband and a father. The importance of the nursing process is to maintain the individuality of each father. A specific tool can be used to assess the father's stress level, but the plan and intervention must be specific for each individual.

Finally, the entire process is evaluated. It must be noted, that the nursing process is a continual process and not a one time endeavor. The purpose of evaluating the nursing process is to note the level of the father's goal attainment. The outcome goal of using the nursing process as an intervention is for the father to develop and feel comfortable with self-care in the parenthood stage of the life-cycle, thus, adopting the role of father.

Summary

In Chapter II the conceptual model was presented. The various components of the diagram were discussed. Specifically, the extraneous variables - age, culture, education, number of siblings, years married, planned and/or desired pregnancy - were discussed. The topic of preparation for parenthood was discussed as it related to anticipatory socialization. Furthermore, the selected dimensions of preparation for parenthood, previous fathering experiences, attending childbirth classes, previous child-care experiences, parent preparation, and financial awareness were analyzed as they related to role modeling, role rehearsal, and reference groups. The impact of the baby's birth was treated, as it had been dealt with in the literature from a time of crisis through a normal transition period. The perceived impact of the baby was investigated in various subcategories. These included the following concerns: social, self-care, emotional, household, and the sexual concerns of the first-time father. An introduction was made on the role change of the expectant father and adoption of the father role. Finally, preparation for parenthood and perceived impact of the infant were discussed in relation to Orem's nursing theory. (See Figure 1 for the diagram of the concepts).

In Chapter III the review of the literature will be presented as it relates to preparation for parenthood, role, stress, and perceived impact of the infant on the first-time father.

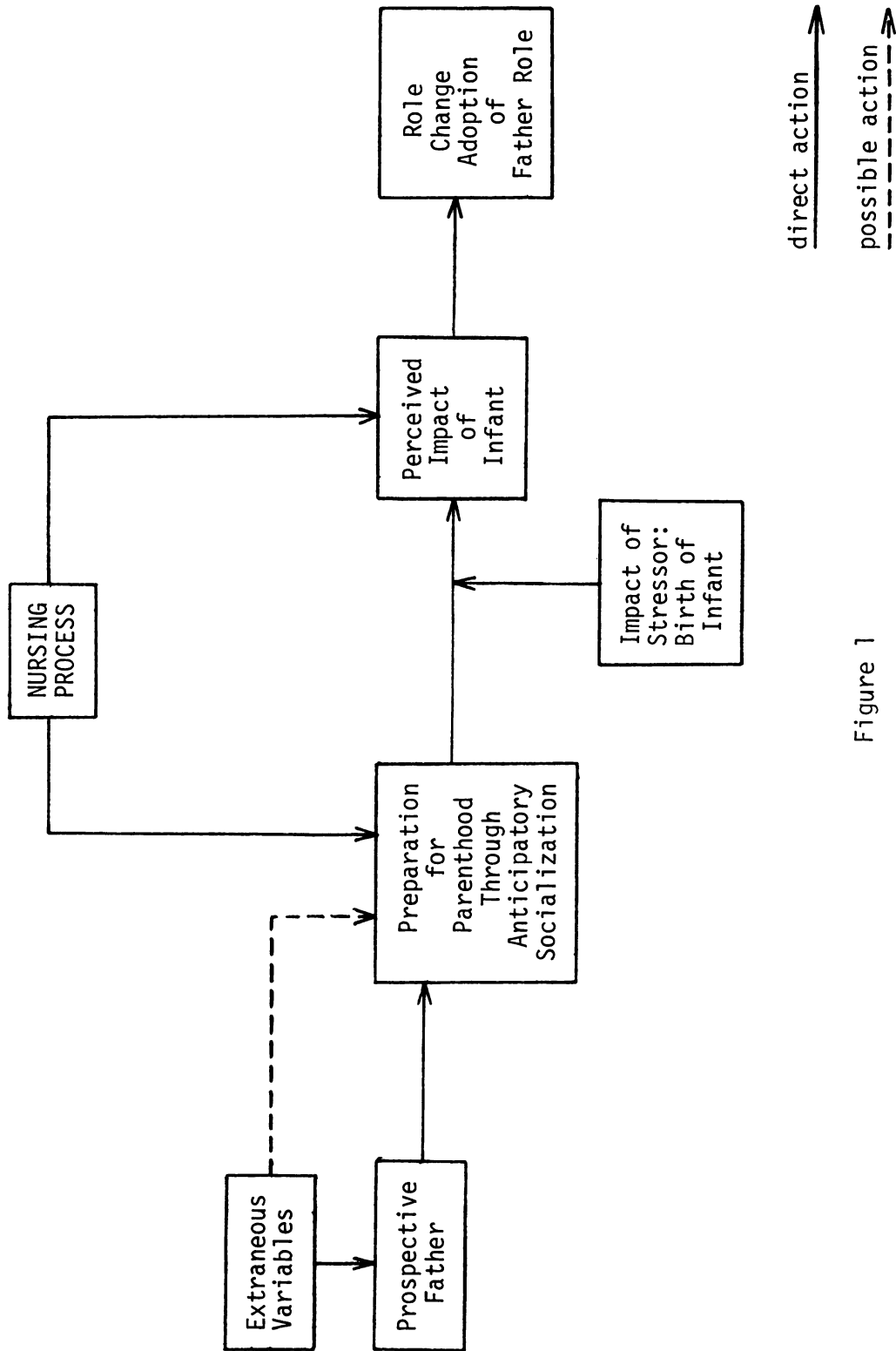


Figure 1

CHAPTER III

REVIEW OF LITERATURE

Introduction

This is a descriptive study about first-time fathers and their preparation for parenthood and the impact of the baby on the father at six to ten weeks postpartum. This review of the literature is primarily concerned with studies of the ways men may prepare for the birth of their babies and the impact the infant may have on the fathers' lives. The literature review will be presented within four major categories: 1. preparation for parenthood, 2. role transition, 3. birth of the baby as the stressor, and 4. perceived impact of the baby on the father's life.

Overview

When he becomes a father, a husband undergoes changes by assuming an additional role. Preparing to become a father varies from one husband to another. His baby's birth marks a transition point in his life. The baby adds new demands to the father's daily life, and the effect of these may cause stress as the father enters the next developmental stage in the family life cycle: parenthood. A father experiences varying degrees of stress, depending upon the way he has prepared for the baby's birth.

To facilitate the father's adjustment to parenthood, nurses should study prospective fathers during the prenatal period, paying special attention to their concerns about becoming fathers and their preparation for their babies' birth. By so doing, nurses can gain a better

understanding of concerns that prospective fathers may have about the impending birth, and generate ways to facilitate their adjustment to parenthood. Unfortunately, researchers have tended to overlook the perspective father, his problems and his concerns about becoming a parent. The husband has been considered mostly in terms of how he can better understand his wife and give her emotional support (Arnstein, 1972).

After the birth of the baby, couples vary in the degree to which they incorporate the baby into the family unit. Some of the variations among couples may depend upon their preparation for parenthood. Part of the variation associated with their incorporating the baby into the family may be accounted for by the fathers' preparation for parenthood. Therefore, the primary focus of this study is to address various ways men have prepared for parenthood and the new role they must learn and assume.

In preparing to become a father, many men attend some form of childbirth preparation classes. Rarely, however, does the content of the childbirth program focus on the father. Instead, the emphasis of most childbirth programs is on the mother's preparation for childbirth and primarily includes the father as a coach. Although the childbirth preparation classes focus on the mothers, one cannot assume that fathers are uninterested. Indeed, the wife's pregnancy and the infant's birth should also be considered as important events related to the father's preparation for parenthood. Either when the couple is deciding to have a family, or during the pregnancy, is the time when the husband should begin to consider how he will assume the impending role associated with fatherhood.

Preparation For Parenthood

In this section, various authors' papers and research studies will be presented which focus on the ways men prepare for their child's birth. Researchers have disagreed about the adjustment process of couples when they become parents. In the earlier literature, parenthood was considered to be a crisis, first, primarily due to the family reorganization that resulted with the baby's birth and, second, because of the lack of preparation for parenthood. More recently, the adjustment process involved in becoming a parent is being considered a stress that has the potential to develop into a crisis for some couples. (For more specific information see the Stress section). The following are descriptive studies that address various ways men have prepared for parenthood and the various sociodemographic variables that may or may not influence a man's preparation for parenthood.

In a classic research study, LeMasters (1957) conducted an exploratory study to examine the effect of adding a family member and the reorganization necessary within the family structure. The couples (n=46) were middle-class, married, had lived in a city or the suburbs, and were 25 to 35 years old. In the population studied, the husband had graduated from college, his wife was not employed after the birth of their first child, and the first child was born within five years from the time the data was obtained. Information was not provided about the specific age range of the child when the parents were interviewed.

LeMasters (1957) interviewed both the husband and the wife, but it is not known whether they were interviewed separately or together. Documentation was not provided about what attempts were made to avoid

interviewer bias. Although thirty-five of the thirty-eight couples reported the pregnancies were either planned or desired, these couples were still experiencing difficulty in adjusting to parenthood. By their responses, they were considered to be in a crisis situation. Furthermore, a majority of the couples who were in the crisis group rated their marriage as good, indicating stability of marriage was not a pre-determinant factor to adjustment difficulty. The results of LeMasters' study indicate that desire for children and a stable marriage situation did not exempt the couples he studied from experiencing difficulty with parenthood. LeMasters pointed to the importance of preparing couples more adequately for parenthood beyond the couples' desire for children.

LeMasters concluded the possibility existed that couples who agreed to participate in the study were not representative of the general adjustment process of middle-class parents to parenthood. Therefore, the findings of the study can not be generalized to a similar group of parents. In an attempt to closely replicate LeMasters' (1957) study, Dyer (1963) studied couples who recently had children. The framework in Dyer's study was similar to LeMasters, since both researchers used a crisis framework.

Dyer's research is included to address the sociodemographic data, to determine if this had any possible effect on the couples' preparation for parenthood and, therefore, their adjustment to parenthood. Dyer's sample (n=32) differed in the amount of education and the number of years between the baby's birth (LeMasters - up to five years, Dyer - up to two years) and the time of the study. A final difference was in the methodology. LeMasters interviewed the couples in his study, Dyer administered separate questionnaires to the husband and the wife.

Items for the questionnaire were drawn from previous studies and professional opinions about marriage and family life following the birth of the first child. The specific items on the questionnaire were not provided in the reported research. An average crisis score was derived for each couple from their respective questionnaire. The average score was the summed items for both the husband and the wife ranging from a score of one, indicating no crisis, to a score of five, indicating a severe crisis. In an attempt to assess the couples' marital satisfaction at the time of the baby's birth, Dyer asked the couples a series of questions (specific number not provided). Dyer indicated the importance of assessing the strength of the couples' marriage to note the state of family organization. This was important as researchers of family crisis have concluded the impact of the crisis will depend on various causes, such as the other resources the family has to draw on and the state of the family organization when the crisis occurs.

Dyer found statistically significant relationships ($p=.05$) between couples' adjustment to parenthood, and both their crisis level and the number of years married. Those couples married three or more years experienced less crisis than couples married a shorter time. The amount of education the husband had was found to be statistically significant and related to the crisis level ($p=.05$). When the husband was a college graduate less crisis was reported, as was the case with those couples who planned the pregnancy and then followed their plan. In summary, Dyer (1963) reported couples having an easier transition to parenthood were married more than three years, the husband had a college education, and the pregnancy was planned. The variables, just discussed, may also be thought of as possibly affecting the way a couple prepares for

parenthood. In conclusion, Dyer agrees with LeMasters' contention that more formal education is needed by middle-class individuals preparing to be parents.

In another descriptive study about variables that may be helpful in assisting couples to adjust to parenthood, Hobbs (1965) studied first-time parents. He conducted a research study to discover whether the findings of LeMasters (1957) and Dyer (1963) that parenthood was producing an extensive or severe crisis in middle-class couples would generate to a probability sample of first-time parents. In addition, Hobbs searched for variables which might predict those couples who would probably have considerable difficulty in adapting to parenthood. Hobbs also addressed various sociodemographic information that might be predictive of couples who will experience more difficulty in adjusting to parenthood, in the hope that once specific variables were identified, they might be used to help couples in preparing for parenthood.

The sample studied by Hobbs (n=53 couples) was a random sample of white urban first-time parents. The fathers' ages ranged from 18 to 38 years with a median age of 24.5 years, variable education and occupations, and a median family income of \$5,900. The age of the babies ranged from three to eighteen weeks, with a median of 9.8 weeks as compared with LeMasters' study where the children were up to five years old and in Dyer's study where the children were up to two years old.

The couples in Hobbs' (1965) study were given a 23-item checklist indicating extent of crisis associated with the birth of the infant. Of the variables studied (for example, parents' age, and the family income), the only reported statistically significant finding that might be helpful in assisting husbands to prepare for parenthood was income ($p < .01$).

Hobbs concluded that as the family income increased, there were fewer fathers in the extensive-severe crisis category (no specific income brackets provided).

To further address variables that may influence the way men prepare for childbirth, Leonard (1976) studied fathers' feelings and attitudes toward their infant two days after the baby's birth and to further delineate what facilitated feelings and attitudes. The study sample (n=52) was comprised of volunteer first-time fathers, without adopted or step-children, whose wives had normal, full-term newborns, drawn from a 500 bed private hospital in a large southwestern metropolitan area. Leonard talked to the appropriate nursing personnel about any problems the couples or their babies might have that would prevent the father's inclusion in the study. Then, the researcher approached the men on their wives' second postpartum day to discuss the study and the instrument. Furthermore, the researcher ascertained that the men were first-time fathers without adopted children or children from previous marriages. (The method for ascertaining whether the men were first-time fathers was not provided). The fathers were given a questionnaire to complete in the hospital two days after the baby's birth. The first-time fathers' profiles were: average age 27, annual income \$10,000 to \$20,000, married to their wives three or more years, fairly evenly divided among being the youngest, middle, or oldest child in their family of origin, majority of fathers had three or more years of college education, no experience in caring for a newborn, and little or no experience caring for young children. The majority of the pregnancies were planned.

The results of Leonard's (1976) study revealed a positive significant correlation ($p < .005$) with attitude and the husband's experience with

children, and his enjoyment of caring for young children when he was growing up. Also a significant correlation ($p < .05$) was found with the couples who together planned the pregnancy and those fathers who felt more knowledgeable about infant-care marked a more positive attitude score on the questionnaire.

In summary, the implications presented from Leonard's (1976) limited study sample indicate the importance of preparing for the baby's birth beyond the actual labor and delivery experience to include infant-care. Another implication was the importance for the couple to plan the pregnancy together. Leonard's study has limitations because of the small sample size the study cannot be generalized to all first-time fathers who have a similar sociodemographic background. Information was not provided about the reliability or the validity of the instrument, nor was the instrument provided.

From a different perspective, but still addressing first-time fathers and their preparation for parenthood, Fein (1976) studied men with the primary purpose of addressing their experiences before and after their infants' birth. The men studied chose to attend childbirth preparation classes with their wives. The study population consisted of 32 middle-income couples, pregnant with their first child, from the greater Boston area, all of whom had chosen to attend some form of childbirth preparation class. The couples completed a variety of instruments and were also interviewed approximately four weeks before and six weeks after the baby's birth.

Fein (1976) reported that men's prenatal preparations appeared to focus toward labor and delivery, parenting, the emotional support they would be able to give and to receive in the weeks after birth, and

possible long-term changes in their marriages and life styles. In addition, several men were concerned about how to care for the baby, and how to parent. Men who remembered their own fathers had been emotionally distant from them when they were growing up hoped to be closer to their own children. Some men reported that they had prepared for their baby's birth by observing children and caring for children during the pregnancy. Five men said they had been reading extensively about child development and parenting.

The study conducted by Fein (1976) supported the idea that men prepare for parenthood in various ways. Data was not provided as to what relationship existed, if any, between men's feeling of confidence in being able to care for a newborn and the postpartum adjustment.

Manion (1977) studied first-time fathers (n=45) to determine which caretaking activities fathers provided for their infants and what some of the factors were which influenced the fathers' participation. Part of Manion's study is relevant to this study in discussing the ways men prepare for parenthood. In her study, the first-time fathers were married men whose wives had been admitted to a 650 bed private general hospital in a midwestern community for an uncomplicated birth of their first baby. Her methodology consisted of the mother and father completing two questionnaires. While the mother and the baby were still hospitalized she and her husband completed the first questionnaire, and they completed the second questionnaire six weeks postpartum. The results of the father's first questionnaire will be discussed. The instrument, its format and reliability were not provided. The majority of fathers were middle class, educated, and 20 to 29 years old. Approximately half were married one to three years, 75 percent reported the pregnancies to be planned, and almost

75 percent of the husbands attended physician-sponsored prenatal classes. In general, the majority of the fathers had little formal preparation for the physical tasks of parenthood; ten (22%) fathers reported having cared for younger siblings, one (2%) father had frequent babysitting experience, and twelve (27%) fathers had attended college courses in child development.

The data analysis computed in Manion's (1977) study used correlations between the amount of the father's participation in the prenatal period and his participation in infant care. This researcher's study has not considered the father's participation in infant care, instead it has dealt with the impact the infant places on the father's life style. But Manion addressed sociodemographic data and preparation variables as does this researcher's study. The results of Manion's study indicated those fathers who participated in the baby's birth also participated in his baby's care ($p=.01$). Furthermore, those fathers who remembered their relationship with their own parents as being good were the fathers who were involved with the baby's care ($p=.02$). Manion did not provide specific information about the ages or educational levels of the fathers in relation to their preparation for parenthood and their involvement with their baby.

From a general approach, Obrzut (1976) studied fathers with the purpose of ascertaining how fathers-to-be defined fathering, how they prepared to be a father, and their feelings about fatherhood. Obrzut interviewed twenty expectant first-time fathers who were 20 to 40 years old, with a mean age of 27 using an interview schedule that had both open-ended and close-ended responses. The interview schedule was modified from a questionnaire. No effort was made in the study to control for

the age, race, and socio-economic status. Thirteen of the twenty pregnancies were planned. The fathers reported a variety of activities in preparing to be a father. (See Table 1).

Table 1

Activities Reported By Fathers In Preparing To Be A Father

<u>Activities</u>	<u>Percentage Out of 100 For Each Activity</u>
Providing living arrangements for baby	95
Making financial purchases for baby	95
Attending Parenting classes	90
Showing an interest in children	90
Anticipating changes in lifestyle	85
Thinking about their role as father	85
Planning father-child activities	85
Reading about fathering	80
Observing other fathers	75
Talking to other fathers	70
Dreaming about their baby	45
Increasing family income	25
Reorienting network of friends	25
Babysitting	20
Practicing infant-care activities	15

Despite the reported activities of Obrzut's (1976) study, 80% of the men interviewed expressed concern about infant-care skills, 68% about their adequacy as a father, and 35% about financial security. The results of this study indicated that husbands have concerns about becoming fathers even though they reported activities to prepare themselves for fatherhood. The study has limitations of a small population and an interview schedule that was not tested for validity or reliability.

In a later study that also addressed the way men prepare for parenthood, Entwisle and Doering (1981) looked at the birth of the first baby and the early months of the baby's life as being a critical period in the evolution of the family. The study population was carefully selected in order to have a representative sample from a cross section of various

ethnic and religious groups. Entwisle and Doering reported the following sample characteristics regarding fathers who participated in his study: 60 first-time fathers from the Maryland area (average age 26.9), 29 men with some high school education, 26 men with some post-high school education but no college degree, and 15 men with post-graduate education. One-half were middle class; one-half, lower class; and approximately equal numbers representing the various religious faiths of: Protestantism, Catholicism, and Judaism.

The husbands ($n=60$) in Entwisle and Doering's study were interviewed by male graduate students, who were not fathers, during the nine months of the pregnancy and again ($n=57$) 4 to 8 weeks postpartum. The men reported that 62% of the pregnancies had been entirely planned, 93% had some experience with newborns, 21% felt they knew a great deal or all about infant-care, 77% reported anxiety about the financial responsibility of raising a child. In order to prepare for the baby's birth, the husbands reported practicing for labor ($p<.01$). In addition, 50% of the men received information from male friends who were fathers, 20% obtained childbirth information from magazines, 37% from pamphlets, almost 50% read specialized books on childbirth, 19% had witnessed a childbirth, and 82% had seen at least one movie dealing with childbirth.

In summary, Entwisle and Doering controlled the population for a cross section of various ethnic and religious groups. They felt an association existed between the level of preparation and some indicators of parenting. It becomes difficult to make a conclusive statement because they did not consider a number of other variables, for example, previous infant-care experience or previous role model experience. Other limitations make it difficult to draw specific conclusions because the

sample was comprised of volunteers and was not generalizable. Furthermore, Entwisle and Doering did not interview all the fathers (mothers $n=120$), and they only acknowledged one stress theory. The stress theory used was Janis Theory of 1958, and Entwisle and Doering did not substantiate it with any newer theories.

The researchers that were discussed in this section studied various ways men have prepared for parenthood. Sociodemographic variables were included as part of the research as various factors that might influence the ways men prepared for parenthood.

To delve further into the subject of men's preparation for the baby's birth, Barnhill (1979) presented a paper from a theoretical approach about the concerns of fathers-to-be (FTB) who were attending prepared childbirth programs. The fathers were from a cross-section of various ethnic and religious groups, with most men awaiting the birth of their first baby. The group (15 to 40 expectant fathers) met during the last half of the third trimester of the women's pregnancy. The group was led by one or two male mental-health professionals. The participants in each group were informed they would have an opportunity to discuss their concerns related to their experiences during their wives' pregnancies, and their concerns related to themselves while they were waiting to become parents.

Initially, the groups were unstructured so the group leaders could discover what areas of concern were important to the husband. From the sessions, six developmental tasks evolved which the husband needs to accomplish successfully in order to pass through the three stages of childbirth: the "preparation", "the birth process", and the "after shock" (Barnhill, 1979, p. 233). The developmental tasks included decision-making,

mourning, empathic responding, integrating, synergizing and differentiating from the extended family and establishing family boundaries. Through the father's successful resolution of the tasks, the family prepares for the next developmental stage: infancy.

The unfortunate part of Barnhill's report is the lack of a research base. The information provided is interesting and would be worth carrying out in a research format. It would be interesting to note whether a father is better able to integrate his new role when he is involved in a group session such as Barnhill (1979) describes or when he individually attempts to master parenthood.

Barnhill addressed the developmental tasks of fathers-to-be who participated in a childbirth education program. In the remainder of this section on preparation for parenthood, researchers who used an empirical design to study childbirth preparation classes for expectant parents will be discussed.

Whitley (1979) conducted a research study comparing 19 couples who participated in both conventional prenatal classes and prepared childbirth classes to 92 couples who participated in only the conventional prenatal classes. The conventional classes were a monthly series of four prenatal classes given in a military hospital, whereas the prepared childbirth classes varied and included Childbirth Education Association classes, Lamaze classes, Kitzinger Psychosexual Method, and hypnosis.

The purpose of Whitley's research was to compare the characteristics of couples who attended both types of classes. She was looking for differences that might influence the teaching method in the two groups and for an approach to discuss the problems that might arise from these differences. The results show the 19 prepared childbirth couples to be

better educated, older, and of a significantly ($p < .05$) higher socioeconomic status than the couples in the conventional program. The reasons for attending prepared childbirth classes primarily centered around the experience of labor and delivery. In general, all couples attended the conventional program so the husbands could be present during labor and delivery. Unlike the couples who attended the conventional classes, those couples who attended both the conventional and an additional class found the content somewhat more diversified to include baby-care, exercises, and general information about pregnancy. Statistical analysis was not performed on the two groups because so few questionnaires were returned.

The reliability of Whitley's study was severely limited as a result of her method of collecting data. The parity of the mothers was provided but not the parity of the fathers. Furthermore, information was unavailable as to why the individuals involved with additional preparation classes were not looking for more knowledge about baby-care, exercises, and general information regarding pregnancy. It was very difficult to draw any conclusions about the two groups.

In another study about classes for expectant parents, Smith and Smith (1978) discussed a pilot program for prenatal and postpartum classes developed to educate parents about the physical and psychological aspects of pregnancy, childbirth, infant-care, parenting, and child development. The major goal of the pilot program was to prepare parents to meet the new challenges of parenthood and promote healthy parent-child relationships. Forty-one married couples attended the classes - the men's mean age was 29 and the women's mean age was 26.7. Seventy percent of the men had more than a twelfth-grade education, and seventy-three percent



of the couples said this was their first baby. Data was collected using a pretest-posttest questionnaire. The possible range was from 1 (no help at all) to 5 (a tremendous help). The results from the male participants' perspective about the helpfulness of the prenatal and postpartum classes were 4.7, on the average prenatally and 4.3 postpartum. The results of the study from the participants' perspective were positive, but one must keep in mind that the participants were volunteers, older, and educated. This limits the generalizability of the study and it, therefore, is not applicable to a similar population group. The results of the study from the participants' view indicate that the classes were helpful. The study should be conducted with a treatment and control group to possibly allow for some generalizability of the results.

Summary

The researchers who began to study the ways men prepare for their baby's birth were LeMasters (1957), Dyer (1963) and Hobbs (1965). These researchers described the sample they studied and presented the data using descriptive statistics. In these initial studies, adjustment to parenthood was examined by using a crisis framework. The researcher's studies have been primarily presented by focusing on the man who is preparing to be a father or on areas where men were finding difficulty in adjusting to parenthood and how this adjustment related to their preparation.

Both LeMasters and Dyer reported that, for the sample they studied, becoming a parent resulted in a crisis. They both concluded that more formal education was needed by couples who were preparing to be parents.

Hobbs (1965) found that income was the one variable that might be helpful in preparing couples for parenthood. He concluded that as the family income increased, the number of fathers decreased in the extensive-severe crisis category.

More recent research focused on ways men prepared for the birth of their babies. Leonard (1976), Fein (1976), and Obrzut (1976) examined previous activities or various ways men reported they had prepared themselves for parenthood. Despite a variety of reported activities, men still expressed unresolved concern in certain areas about becoming fathers, such as infant-care skills and financial security. In a more recent descriptive study, Entwisle and Doering (1981) found men reported similar ways of preparing for parenthood, as Obrzut (1976) had found.

Both Whitley (1979) and Smith (1978) conducted an empirical study that concentrated on how couples prepared for parenthood from the perspective of childbirth education classes. Whitley (1979) found that the couples who elected to attend both the conventional and prepared childbirth classes were better educated, older, and of a higher socioeconomic status. Smith (1978) studied both prenatal and postpartum classes. His results indicated that the couples found the classes to be helpful, but these couples were also older and better educated as in Whitley's (1979) study.

Role Transition

This section contains a general discussion of role transition as it has been dealt with in the literature. Specific research concerning the transition from the role of husband to the roles of husband and father

will be discussed. Initially, the prospective father's role transition will be discussed from researchers who studied this area using descriptive statistics. The last study deals with role transition from an empirical design.

Specific research about fathers and their role transitions can be found dating back to the late 1950's. LeMasters (1957) discusses ways men prepare for parenthood including role as one facet that changes when the baby is born. A primary focus of this study was the concept that the addition of a new family member may constitute a crisis as "roles have to be reassigned, status positions shift, values reoriented, and needs met through new channels." When LeMasters addressed the role changes that occur in a family with the birth of a child, he used Hill's (1949) crisis framework. His reason for using that specific framework was based on past research that indicated a crisis may originate within the family unit, requiring the family unit to reorganize.

The results of LeMasters' study supported the contention that becoming a parent constituted a crisis. More specifically, 38 of the 46 couples (83%) reported "extensive" or "severe" crisis in adjusting to their first child. In interpreting the findings, LeMasters noted possible explanations for his results relating specifically to the aspect of role change. Two of the explanations were parents had romanticized parenthood and were not acutely aware of the role changes and implications involved with becoming a parent, and the couples' role as parents may be in conflict with other roles they assume. The limitations of the research were no specific background information was provided about how the couples prepared for their infants' birth, the type of interview format was not discussed, and the sample was relatively small and limited to middle class couples.

Dyer (1963), using the same crisis framework as LeMasters, studied parents with the purpose of looking at the effects of the baby's birth upon the family roles and relationships. The couples (n=32) in Dyer's study had similar characteristics to the sample in LeMasters' study except for the amount of education of either the husband or the wife, and the number of years possible between the birth of the child and the date of the interview. A Likert-type scale was used to measure the degree of crisis after the baby's birth. The items were scored on a one to five scale, with one indicating no crisis and five indicating severe crisis. The specific questionnaire was not provided but items for the questionnaire were drawn from areas of marriage and family life following the baby's birth. (For more information, see the Preparation Section). Dyer attempted to measure the extent to which the birth of the first child represented a crisis to the couples he studied.

The study results support the hypothesis that adding a child constituted a crisis for the sample studied. Dyer addressed the couple's preparation for marriage and childbirth and found that 38% of the mothers and 65% of the fathers indicated no formal or informal preparation for parenthood. Furthermore, a majority (no statistic provided) of parents felt they were adequately prepared, and a large majority (80%) said "things" were not what they expected after the baby was born. An implication is that family roles and relationships may undergo a reorganization after the addition of a new family member. Furthermore, a stable marital relationship, a planned pregnancy, and the couple being prepared for parenthood should help decrease the role adjustment.

Fein (1976) studied middle-income couples (n=32) who were pregnant with their first child four weeks before the baby's birth and six weeks

after the baby's birth using two interviews and a variety of instruments. The goal of the study was to understand, without relying on a crisis perspective, men's prenatal experiences. A major interpretation from the study (for more specific results, see the section of Preparation for Parenthood) was men need to develop a coherent role that meets their needs and the needs of their wives and babies (for example, breadwinner or non-traditional) rather than any particular predefined role.

From a more longitudinal approach, Cowan and Cowan et al (1978) conducted a group study to look at family formation. The group was comprised of eight couples from two private obstetric practices in the San Francisco Bay Area who were expecting their first baby in three to five months. The couples were followed for one year, from early in the pregnancy until the infants were approximately six months old. The purpose of the group was to have the couples share their experiences in the transition from being a couple to becoming a family. Four of the couples met weekly with the researchers as a group for eight months, until the babies were four months old, and the other four couples were interviewed by the researchers periodically over the same time span. In addition, all of the couples completed a variety of instruments, for example, self-image and social role behavior. The couples in the two groups were not randomly assigned or systematically matched, yet the group characteristics were similar. There were three white couples and one black couple in each group. The mean age of the ongoing group was 28.6 years with a range of 22 to 36 years while the mean age of the comparison group was 27 years with a range of 21 to 37 years. Education for both groups ranged from high school through doctorate degrees with the ongoing group tending to have fewer years of formal education with a corresponding

lower income level. The couple relationships with the ongoing group existed for 8 months to 10 years: in the comparison group the relationships existed for 16 months to 7 years. In each group were three planned babies and one unplanned, but wanted, baby.

The results of the Cowan and Cowan study in the area of self-image and self-esteem indicated this was a period of disequilibrium in relation to experiencing career crisis, especially for the men (six out of seven men). The researchers also report that while both partners expected to be tired after the baby's birth, the partners attributed many of their problems either to their own inadequacy as parents or to the presence of the baby. Furthermore, the factor of time was considered a problem for a majority of the eight couples (no specific number provided) before the pregnancy and continued to be a source of contention during and following the pregnancy.

It becomes difficult to draw any specific conclusions about the groups as the samples were small, not truly matched, not randomly assigned, and a "no treatment control" was lacking. The group approach, however, did provide a "support network" for the couples involved in the ongoing group, thus providing those couples with a chance to gain several kinds of perspectives in sharing points of view while going through the role transition from being a dyad to becoming a triad. The couples were able to discuss their concerns about becoming parents. Participation in the study also resulted in an additional impetus for the couples to focus on various aspects of their relationship. The various instruments the couples completed assisted them to discuss different ideas, expectations, or resolve conflicts about their relationships. The couples seemed motivated to use their energies to reduce any major or detrimental problems in

assuming the parental role. While other studies reviewed did not study parents, using the same method as Cowan and Cowan, some of the implications were similar. LeMasters (1957), Dyer's (1963), and Fein's (1976) research implied there was a role transition involved with becoming a parent and, often, parents were not prepared for the transition.

In a recent exploratory study, Entwisle and Doering (1981) interviewed first-time fathers (n=60), addressing ways men prepared for parenthood (for more specific information, see the section of Preparation for Parenthood). Entwisle and Doering considered that the first pregnancy and birth constituted a critical period in the evolution of a family and studied ways men prepare themselves for parenthood. A husband must integrate the father role with those roles previously held. As pointed out by Entwisle and Doering, there is no apprenticeship for becoming a parent, and the period of assuming the role of father is a time of transition resulting in an ambiguous role. Entwisle and Doering noted "previous experience and childbirth preparation classes seemed to help middle-class fathers adjust to their new roles" (p. 258).

Even though the study has limitations, such as not including a wider variety of ways men may prepare for parenthood, the idea of some preparation for parenthood seems to result in an easier transition to the role of father. Why this easier adjustment process to parenthood occurs was beyond the scope of the Entwisle and Doering study. The reader must remember the study sample was middle-class couples and the conclusions of the researchers cannot be generalized to all expectant couples.

In a unique way of addressing the father role, Eversoll (1979) conducted a study with college juniors and seniors (n=36 males; n=309 females) who were in a midwestern university system. The focus of the study

considered differences that exist between college males' expectations and college females' expectations of the father position. The instrument, "The Father Role Opinionnaire" (FRO) was constructed to measure attitudes within father sub-roles, of which there are five: 1. nurturing sub-role, 2. the problem-solver sub-role, 3. the provider sub-role, 4. the societal model sub-role, and 5. the recreational sub-role. The results of the study indicated no statistically significant difference was found on the FRO scales of societal sub-role model and recreational sub-role model between males and females. However, a statistically significant ($p < .001$) difference was found on the nurturing sub-category as females placed more emphasis than males on the typical father behavior within the category and females also placed significantly less emphasis ($p < .001$) on the father behavior typical within the sub-role categories of problem-solver and provider.

In a further attempt to examine aspects of parenting, Eversoll asked the students to rank five dimensions of the parenting role to ascertain their preference for a parenting style. The results show females expressed a greater preference for an androgynous parenting style (32.7%) as compared to the males' preference for an androgynous style (23.1%).

Eversoll's study indicates that males and females did not agree about parent role expectations. The investigator concludes that role expectations are in a state of flux. As other researchers have indicated, becoming a parent involves a transition as the individual takes on a concomitant role in which he may have had little or no prior experience. The role, in general, is not clearly defined. Lack of a clear definition of what being a father involves makes assuming the role even more difficult in a society where roles are changing. The researcher does not

provide any sociodemographic information about the study's participants. The reliability and validity of the instrument were not provided.

The researchers just discussed in this section examined the role transition when a man becomes a father. The researchers studied the area of role transition through the use of descriptive statistics. The last study to be considered in this section is a further examination of role transition and a program to facilitate role adjustment. The researchers used an experimental design in studying role.

Meleis and Swendsen (1978) conducted a three-group study to test the effect of role supplementation, as a preventive nursing intervention with couples who were expecting the birth of their first child at the Kaiser-Permanente Hospital, California. The sample consisted of volunteer couples divided non-randomly among three groups. The groups consisted of 12 couples who agreed to participate in the experimental or role supplementation group, 36 couples who were in the control group who also participated in other pre-natal programs offered by the hospital, and 10 couples who selected the FamCap special program of individualized care and early hospital discharge.

Data were collected in a variety of areas including manifest anxiety, marital role, and sociodemography. Data collection began during the early part of the women's third trimester. These researchers collected data at various times, including pre-program, pre-delivery, post-program, and post-delivery. They used a variety of instruments to collect data from questionnaires through open-ended interviews conducted by research assistants who were not involved with the treatment program.

The role supplementation program was conducted under the assumption that "if conditions and processes surrounding role transitions were well defined and well rehearsed and if resources to facilitate the transition were identified, role transition might be accomplished more smoothly and with as little psychosocial discomfort as possible." (p. 12) In order to accomplish the overall goal of role mastery and role integration, the program was further divided into two major components of role-clarity and role-taking with the major strategies being reference group, role modeling, and role rehearsal. The process used to accomplish role mastery was communication by telephone, group meetings, and home visits. The specifics of the role supplementation program were: 1. a home visit by a clinical nurse specialist before the group meeting began, 2. home visit post-group meetings, but pre-delivery by the same clinical nurse specialist, 3. eight weekly two-hour group meetings during the third trimester of pregnancy conducted by two clinical nurse specialists, and 4. two home visits, one being 24 to 48 hours after hospital discharge, and one five to six days later by a clinical nurse specialist.

The initial home visits were used as a time to initially explain the role supplementation programs, answer questions or concerns before the baby's birth and the later home visits were to discuss the couples' labor and delivery experiences. Extra home visits were made according to the individual needs and desires of the families.

The results of Meleis and Swendsen's study (1978) indicate differences among the groups did not result from pre-existing variations in demographic data. More specifically, in relation to husbands, no significant differences existed for mean age, religious and educational characteristics, length of marriage, or occupation. Significant

differences ($p=.02$) were found for husbands who participated in the three groups on the Marriage Role Expectation Inventory pre- and post-delivery. The baby's birth helped to improve the role perception of husbands more than participating in the role supplementation or FamCap programs. The husbands in the role supplementation program had a significantly higher level of anxiety at the beginning of the study than the husbands in the control or FamCap groups. At the end of the program, the husbands in the experimental group had a significantly lower level of anxiety ($p=.01$) and the mean anxiety level for all the groups became comparable. Therefore, the nursing intervention in the experimental group was successful in lowering the husbands' anxiety levels.

Meleis and Swendsen (1978) recognized that limitations existed in their study. The limitations were a small sample, unmatched sample groups, and lack of validity and reliability on all of the tools.

Summary

The recognition that a baby's birth involves role transition for the mother and father dates back to an early study conducted by LeMasters (1957). In a further verification of LeMasters' (1957) work, Dyer (1963) also studied first-time parents. Even though both researchers used the same definition of crisis, their studies can not be compared because the methodologies they used differed. Each researcher's results supported the hypothesis that the role transition involved in becoming a parent produced a crisis.

In 1976, Fein took a different approach in studying first-time fathers than the traditional crisis framework, and he looked at men's

pre-natal experiences. He concluded men need to develop their own specific, individualistic role to meet their own family needs rather than a particular role.

Cowan and Cowan (1978) attempted to study first-time parents over a period of time to look at family formation. Because of variables they did not control, this researcher found it difficult to draw many conclusions. Yet the group did provide the individuals with a network of people who were experiencing the same kind of concerns, such as career crisis, fatigue, and lack of time in general.

Meleis and Swendsen (1978) used an empirical design through a group-approach in addressing first-time parents and their transition to parenthood. They studied role supplementation as a preventive nursing intervention with couples who were expecting their first baby rather than the family formation approach taken by Cowan and Cowan (1978). The role program did succeed in lowering the mean anxiety level of men and resulted in comparable anxiety levels in all study groups.

One can note the change in terminology used by the researchers from 1957 to 1978. Originally, the transition to parenthood constituted a crisis. More recently, it is considered a transition that may create anxiety.

Stress

Included in this section is a general discussion about the methodology various researchers have used to study couples who recently had their first child. Researchers have used the terms crisis and stress to indicate the difficulties couples were experiencing in adjusting to

the birth of a baby in their family. In general terms, crisis is defined as a crucial point or situation, as a turning point (American Heritage Dictionary, 1969). The state of stress is defined as emphasis placed upon something, or as a mentally or emotionally disruptive or disquieting influence (American Heritage Dictionary, 1969).

In more specific terms, after a review of the literature, a crisis can be thought of as occurring when a person is in an extreme state of disequilibrium. A crisis occurs when something disrupts that person's usual responses, and these usual coping skills for dealing with change become inadequate. A crisis is self-limiting (Moos, 1977). The crisis experience is a turning point after which some level of equilibrium will be re-established. Although this new level may not be what the individual would define as ideal, yet he does re-establish some level of equilibrium.

This researcher has focused on the area of stress and has defined stress as "the nonspecific response of the body to any demand whether it is caused by, or results in, pleasant or unpleasant conditions" (Selye, 1978, p. 74). The state of stress occurs when people are faced with a new situation. This new situation may be the result of some good or bad occurrence that has happened to the person. Stress should not be viewed as always being negative; instead it should be considered as stimulating and growth-producing. When a person learns to deal with stress effectively, that person has either developed new techniques for dealing with the situation or has mobilized and adapted old techniques for dealing with it.

It becomes important to recognize that a degree of stress is part of everyday life and that this stress fluctuates, while a crisis is self-limiting. By definition a crisis implies a more critical situation

than stress does. When a person experiences either crisis or stress, the end result may be a growth-producing experience as the person learns new ways to handle the situation effectively. It becomes important to remember that crisis and stress are individually defined and experienced. The basis for determining whether a specific situation will result in stress or crisis for the person depends on how the person interprets the situation, the desirability of the change, and the number of other changes occurring in his life. Stress has the potential to become a crisis when the person allows the stress to become overpowering and/or does not have sufficient resources or support to handle the stress.

The way various researchers have described and defined crisis over the years has changed. Some of the earlier researchers, such as LeMasters (1957) and Dyer (1963) used Hill's definition, which defined crisis as a major change which the person did not have an adequate coping mechanism to deal with. In reviewing the literature, it became apparent that not all of the researchers defined the term crisis consistently. To summarize these last few paragraphs, a crisis is self-limiting and stress can continue. A person can experience stress that leads to a crisis. This crisis will resolve, and the person may experience a higher level or lower level of adaptation that may in turn result in stress.

In reviewing the literature, the earlier researchers based their work on a crisis framework. But in studying their research and their definition of a crisis, this researcher is not certain whether they were studying crisis or stress. Over the years the methodology was changed, leaving fewer extraneous sources to influence the data, and the adjustment to parenthood became labelled as a transition period rather than a crisis. Furthermore, not all of the researchers reviewed provided a

definition of either crisis or stress, making it difficult to interpret how they defined their results in terms of the severity of the crisis. The point should be raised whether the researchers who labelled the transition to parenthood a crisis were in fact referring to a stress situation. Earlier researchers relied on a crisis framework to explain the couples' adjustment to parenthood and did not acknowledge the theory of stress.

The first part of this section includes descriptive research studies about parents' adjustment to parenthood. The last study in this section is an experimental study by McGuire and Gottlieb who look at social support as a way to decrease parental stress.

LeMasters (1957) studied parents and how they adjusted to parenthood using a crisis framework. He reported the majority of the couples he studied ($n=46$) experienced an "extensive" or "severe" crisis (83 percent) in adjusting to parenthood. In judging LeMasters' methodology, the variable of time and method of data collection must be discussed. LeMasters conducted a "relatively unstructured" interview with the couples once five years after the birth of their first child. The time-span for this study was large. This varied time-frame had the potential of other variables intervening and affecting the study results. Even though LeMasters concluded that parenthood resulted in a crisis for the sample he studied, this may be somewhat misleading because of all the variables LeMasters did not control. For example, LeMasters did not provide data about the age of the infant when the interview was conducted or the number of other changes within the family that might influence the results of his study. In other words, one family may be experiencing difficulty adjusting to a baby, and another family may be experiencing difficulty

because the first child is toddling and the second child is a baby who does not sleep all night. The latter example may occur because one of the criteria for inclusion in this study was that the couples must have had their first child within five years. No mention was made as to whether the couples had any other younger children.

LeMasters used Hill's (1949) definition of crisis as "Any sharp or decisive change for which old patterns are inadequate" (p. 51), which is similar to the way this researcher described stress as occurring when demands placed upon an individual exceed the individual's resources. This researcher questions whether the couples in LeMasters' sample were really experiencing a crisis or a stress that resulted from the baby's birth.

LeMasters conducted the interviews, and information was not provided as to how he attempted to avoid bias during each interview. He does say the crisis rating was jointly agreed upon between him and the couple. This makes the reader wonder how clear an understanding the couples had of the meaning of crisis. The possibility certainly exists that those couples who were interviewed may have been in a crisis at the time they were interviewed for reasons other than their adjustment to parenthood.

In keeping with the same crisis framework, Dyer (1963) also studied the adjustment process for first-time parents. His methodology differed from LeMasters' with respect to his instrument and some sample characteristics. The data were collected using a Likert-type scale with married couples who had their first child within the previous two years. Both Dyer and LeMaster were attempting to measure similar concepts. They tried to determine whether the birth of the first child represented

a crisis or critical event for the couples studied. (For more specific information about the instrument, see the Preparation Section).

The time variable in Dyer's study for data collection was up to two years, but no specific information was provided about the age of the child at the time of collection. The average age of the child (twelve months) indicated many factors could have affected the parents' process of adjustment that could have been attributed to the baby's birth and the supposed crisis the parents were experiencing.

Since the items on the instrument were not provided, it is difficult to determine whether the instrument was truly measuring parenthood as a time of crisis or a time of stress. Even though the instrument had a high reliability coefficient (.94), the validity of the scale was determined by six young married couples who reported the instrument validated the extent of crisis other parents would experience. Information was not provided about the couples' understanding of a crisis.

The statistics gathered from the couples in Dyer's study who responded to the instrument indicated that fewer people experienced an "extensive" or "severe" crisis (53 percent) in adjusting to parenthood than in LeMasters' study (63 percent). A comparison can not be made of the two studies even though both researchers attempted to measure the same concept, because they varied in their methodologies. But one must question whether the couples were truly experiencing crisis rather than stress because of the new responsibilities associated with raising a child.

Up to this point in time the researchers relied on a framework that carried with it heavy connotations to describe the couples' adjustments to parenthood. When a person thinks about a crisis, often a sense of urgency or the need for an immediate response comes to mind, whereas

when a person thinks about stress, the sense of urgency or need is not as heightened. A crisis situation connotes or suggests that people who are experiencing a severe problem need to be helped so that they do not eventually become unable to handle daily routines. In reviewing the literature, this researcher has not found any reference to couples who decompensated to the extent that they were unable to handle daily life tasks when they became a parent. Rather, becoming a parent causes changes in the person's life as they assume a new role and new responsibilities that will result in stress because of unknown factors.

Hobbs (1965) attempted to learn if the earlier studies of parenthood as a crisis would generally be true of all first-time parents. In so doing, Hobbs studied first-time parents (n=53 couples) to look for variables that would determine which couples might experience difficulty in adjusting to parenthood. (For more specific information, see the Preparation Section). In order to obtain the data, Hobbs used an objectively scored three-degree checklist consisting of 23 items. The responses for the instrument were in degrees of "bother." Did the father consider a specific statement "not being a bother," or "somewhat of a bother," or "very much of a bother"? Hobbs attempted to measure the extent of crisis associated with the birth of the first child. He never provided the statements.

The results of Hobb's study revealed that none of the couples experienced extensive or severe crisis in adjusting to parenthood. Hobbs does conclude that more precise definitions of variables were needed to discover what variables were interrelated to the couple's adjustment to parenthood. The reader may draw a conclusion that Hobbs does not rule out that an adjustment process to parenthood exists, rather, what variables

make the adjustment easier and what the adjustment should be labelled. At this point, an appropriate label for the adjustment process may be stress because of the unknown factors that enter in when couples become parents with the addition of a new role.

Russell (1974) studied a random sample of first-time couples (n=296 wives; n=272 husbands) from Minneapolis who were urban middle-class parents with babies who ranged from 6 to 56 weeks old, with a mean age of 29 weeks. She measured the degree of crisis using Hobbs' checklist asking parents what "things" they enjoyed about their newly acquired role (p. 295). Russell was quick to note the "gratification" checklist had limitations in its validity, and at best was limited to face validity. It also became important to recognize that Russell used a different definition of crisis than LeMasters and Dyer. The definition used by Russell was "Change in self, spouse, or relationships with significant others which the respondent defines as 'bothersome'" (p. 295). A limitation of the study was Russell's using Hobbs' checklist because Hobbs did not clearly define his definition of crisis but only implied he was using the same definition as LeMasters and Dyer. It becomes difficult to draw specific conclusions about parenthood as a crisis or as a stress since the researchers varied their definitions and methodologies.

At various places throughout Russell's research study, she points to the inappropriateness of a "crisis" label to describe the transition to parenthood. In fact, she suggested that from the work of previous researchers (for example, Hobbs, 1965), the idea began of considering parenthood as a transition that includes both rewards and stressful aspects when couples become parents. Russell does not clearly stay with one framework in conducting her research. Initially, she indicated she

she should use a crisis framework and she defined crisis. Later, when Russell discussed her findings and drew conclusions, she discussed them in terms of stress without elaborating on the definition or meaning of stress.

To summarize Russell's findings, men reported an extensive or severe crisis 4.8 percent of the time. Different variables were associated with the husband's response. Those men reporting high levels of marital adjustment were less likely to experience problems in adapting to the first year of parenthood ($p < .001$), the pregnancy being planned was found to result in less stress ($p < .05$), conception occurring after marriage resulted in less stress ($p < .02$), and an inverse relationship existed between the father's age and adjustment difficulty ($p < .01$). Preparation for parenthood was found to be positively associated with men's gratification scores ($p < .001$). Russell concluded that the first year of parenthood to be moderately stressful for the couples she studied.

Hobbs and Cole (1976) replicated Hobbs' 1965 study with a similar population of first-time parents ($n=65$ couples) and also attempted to further evaluate the instrument used by Hobbs to measure the problems reported by parents in adjusting to their first child. The results indicated in both studies that over 97 percent of the couples were in the moderate or lower level of crisis. Hobbs and Cole concluded that the checklist instrument was a fairly good index of difficulty in adjusting to the first child, but the individual items on the index needed to be refined to improve the measurement of difficulty experienced by parents in adjusting to the first child. Finally, the authors agreed that the beginning of parenthood should be considered a transition time with the possibility of some difficulties arising, not severe enough, however, to be considered a crisis.

In a recent exploratory study, Entwisle and Doering (1981) studied first-time parents (n=60 men) with a list of multiple research goals. One of those goals, they said, was to address the "degree of stress these couples faced as a result of their experiencing childbirth in the seventies, a time during which there has been much social change affecting young families" (p. 5). (For more detailed information about the sample and methodology, see the Preparation Section). The authors pointed out that the first child is a major turning point in a couple's life resulting in the need to reorganize their lifestyle, but this turning point does not automatically mean a crisis. Further, the birth event can be thought of under two major categories: 1. the physiological crisis related to physical separation of the mother and child, and 2. the social crisis related to the family's equilibrium. In essence, the amount of stress perceived following the baby's birth will vary among couples and, for some couples, the perceived stress may reach the crisis level, but not in general.

The researchers up to this point have studied the parents' adjustment to parenthood, using either a crisis or stress framework or a combination of the two. This next researcher continued to use a descriptive design and focused on social support as a way to affect stress.

Social support has been identified as a variable that affects perceptions of levels of stress. Lein (1979) conducted a study that investigated how couples who work manage the dynamics of planning, problem-solving, and decision-making in raising their family. The focus of this study was an attempt to describe and explain the ambivalence of men's responses to the pressure of contributing more help with housework and child-care. The notion of pressure can be equated to stress because

men were expected to function in a non-traditional role rather than their role primarily centering around being the financial provider.

Lein interviewed and observed families (n=25) from the Boston area where both parents were present in the home and employed in the paid labor force with incomes ranging from \$6,000 to \$20,000. Lein explored the reactions of those men who contributed a greater effort with housework and child-care as more mothers of young children enter the labor force. The method of collecting data included one or two interviews with the wife alone, one or two interviews with the husband alone, one interview with the couple together, and at least three observations of the parents with their children. Lein does not report her method of interviews and observations.

The results of Lein's study indicated that men perceived their role as being the primary financial provider for the well-being of their families. It also became apparent that men's social networks were different from women's. Men tended to have a social network of friends who were co-workers rather than neighbors or relatives. As a result, men did not report that they drew upon their own social network to help with child-care and housework. In fact, often men reported being ridiculed for their involvement in what had been considered traditionally women's responsibilities. Lein's study points towards the lack of social support reported by the men studied in taking on some of the more non-traditional roles. Although Lein does not define the lack of support observed in his study as being a stressor, theoretically a relationship may exist between social support and levels of stress.

Greenberg and Morris (1974), in an attempt to understand the impact of the first baby upon the father, studied two groups of first-time

fathers (n=30) with similar sociodemographic characteristics whose wives had normal pregnancies, vaginal deliveries without instruments and delivered normal infants, born in London, England, at one of three maternity hospitals. In order to carry out the study, the fathers were divided into two groups: 1. those whose first contact with their baby occurred at birth, and 2. those whose first contact with their baby occurred after the birth, when the baby was shown to them by the nurses. The fathers were given a written multiple-choice questionnaire to complete between 48 to 72 hours following the baby's birth. Fifteen fathers were interviewed in an open-ended manner after completing the questionnaire. Eight of the fifteen fathers had witnessed their baby's birth and seven of the fifteen fathers had not.

In their study, Greenberg and Morris focused on the fathers' "engrossment" with their infants - - defined as a "sense of absorption, preoccupation, and interest in the infant" (p. 521). The results of the questionnaire showed both groups of fathers (97 percent) rating their paternal feelings as average to very high. The clinical interviews (n=15) showed specific aspects of the fathers in developing their bond to their infants, aspects which were basically his perception of the newborn, attraction to the baby, happiness about the baby, and an awareness of the baby through the increase of their senses (for example, visual, tactile).

In discussing the results and implications, Greenberg and Morris (1974) indicate it is likely that fathers begin developing a bond to their baby within the first three days of life. At the same time, the authors point is made that, in the American society, the acceptable expression of a father's behavior towards his infant is becoming more ill-defined and confusing. Perhaps this confusion makes the father feel

somewhat insecure about what the appropriate response should be. This confusion about his role can certainly lead to stress for the first-time father. Even though Greenberg and Morris approached their study from the idea of engrossment, this does not exclude the possibility that fathers will experience stress as they assume a new role that is not clearly defined. A limitation of the study was the time-frame used by the researchers to study the father's reactions to his baby. Since the fathers completed the questionnaire within 48 to 72 hours following delivery, the reality of the fathers new role may not have had time to set in.

Gilman and Knox (1976) studied two types of coping mechanisms (fantasy and holidays) with Caucasian first-time fathers (n=95) from Greenville, North Carolina. A 43-item mailed questionnaire was the method used to ascertain if fantasy ("thinking back to pre-baby times") and holidays ("going out alone with the wife") were successful ways of coping with fatherhood (p. 134). The results indicated that fantasy was not a successful way to cope with parenthood and might, in fact, trigger a crisis. The men who fantasized were better educated, kept a cautious distance from the baby (the baby slept in it's own bedroom), and were Protestants (p .10). Using the coping mechanism of holidays seemed to be a more successful means of coping with the baby's birth. The men who used holidays as a coping mechanism expressed extreme love for their baby, had less than a college degree, and were not Protestant (p .10).

In summary, Gilman and Knox point out that some authorities disagree as to whether parenthood is or is not a crisis. Gilman and Knox present a limited view of the transition to parenthood because they did not define the variable of crisis, nor did they consider that parenthood may in

fact result in stress instead of crisis as other researchers have believed. The authors, in discussing their results of whether parenthood is a difficult time, indicate some of the differences may be accounted for because of the variety of coping mechanisms fathers use in dealing with the transition to parenthood. The researchers did not provide any information about the age of the infant when they collected the data. Information was not provided about the type or amount of preparation the father had before the baby was born or his previous ways of coping with new or difficult situations.

These researchers who used descriptive statistics examined the adjustment to parenthood and variables that might affect that adjustment. The last research article in this section also deals with adjustment to parenthood from the perspective of social support. The researcher used an experimental design.

McGuire and Gottlieb (1979) used an experimental design in studying new parents ($n=24$ couples) who had children two years old or younger. The purpose of their study was two fold: first, to create a setting that would encourage social support to new parents, and second, to assess the effects of this social support intervention on the parents' level of perceived stress and well-being and their pattern of using informal social resources as a way of gaining support for their new role.

The parents in the McGuire and Gottlieb study were volunteers randomly assigned to a treatment group and a control group obtained from two family-practice offices from a town with an approximate population of 70,000. The researchers presented the descriptive data on both the parents and the children. The parents were 19 to 35 years old, and the majority of parents in both the treatment and the control group were of the

lower-middle class. The children's ages ranged from 1 to 24 months; the mean age of the children in the treatment group was 14.1 months while the children in the control group averaged 11.9 months old.

All of the individuals in the McGuire and Gottlieb study completed a pre-test before the intervention began that included parenting stress as one of the variables. A post-test was given five weeks after the group intervention. The individuals in the treatment group were divided into two groups, each group having six couples plus one of the family-practice physicians and his wife as co-participants or group facilitators. (Information was not provided about any specific training the group facilitators received). The treatment group offered social support and provided time for the new parents weekly for six to seven weeks. The control and the experimental group received written educational material.

Analysis of covariance was used to analyze the data and yielded two statistically significant findings: 1. "couples in the social support groups discussed child-rearing matters with members of their own social networks more frequently than did control group couples" ($p=.02$) (p. 114), and 2. members of Physician I's group reported an increase in the "number of network members" with whom they discussed child-rearing matters ($p=.05$), (p. 114). A statistically significant relationship was not observed between increased social support and change in the parents' level of stress, well-being, or overall health status after the intervention.

McGuire and Gottlieb (1979) were initially prepared to conclude that social support does not moderate stress. But after re-examining the population studied, they concluded that their sample had a low absolute level of stress and initially were healthy; therefore, it becomes impossible

to test the hypotheses that social support protects their health. Suggestions were made for future research: 1. the instrument used should be able to take into account individual differences of aspirations between an individual's current level of performance and ideal level, and 2. the study should be conducted when the children are younger and parents are experiencing higher levels of stress.

Summary

Disagreements have been evident among the researchers whether the transition to parenthood results in a crisis or a stress for first-time parents. In the earlier studies, a wide time-frame was used to collect data and many variables were not examined that may have been the result of parenthood being considered as a crisis. There was also a wide variation that existed in the way various researchers defined terms used to describe the impact of parenthood.

Various researchers' studies were discussed in this section. LeMasters (1957) studied first-time parents and drew the conclusion that becoming a parent resulted in a crisis for the majority of the couples he studied. Dyer (1963) studied first-time parents, using a different method than LeMasters. Dyer drew the same conclusion as LeMasters that the adjustment to parenthood resulted in a crisis for the parents he studied. Hobbs (1965) wanted to see if the earlier researchers' results would generalize to a probability sample of first-time parents. Hobbs was unable to agree with LeMasters and Dyer's results. Hobbs concluded the adjustment process to parenthood would be better labelled as producing stress than producing crisis.

Russell (1974) studied the adjustment process of couples using a crisis framework. She does not maintain a crisis framework throughout her study when she concluded that the first year of parenthood may be moderately stressful for the couples she studied. Other researchers such as Hobbs and Cole (1976) and Entwisle and Doering (1981) concluded becoming a parent may result in some difficulties or stresses. The stresses are usually not severe enough to be considered a crisis.

Researchers approached the transition to parenthood from the aspect of social support as a variable affecting the fathers' perception of his level of stress. In Lein's (1979) study of men's responses to being involved with more of the non-traditional tasks, Lein concluded men have a different social network than women. This different network may result in stress for fathers. From a different approach but still using social support, McGuire and Gottlieb (1979) studied new parents using both a treatment and a control group. One of the purposes of the study was to assess the effects of social support on the parents' level of stress. McGuire and Gottlieb concluded that social support may moderate stress but not in the group they studied because they (the parents) had a low level of stress at the beginning of the program.

Researchers continued to address different variables that might mediate the stress level for parents. Gilman and Knox (1976) studied the ideas of "fantasy" and "holidays" as being ways to reduce stress for parents. The researchers concluded "holidays" may be used as a coping mechanism to moderate the stress level of parents. In essence, various researchers have discussed parenthood, using different frameworks and various ways of social support. At this point, becoming a parent is not considered to result in a crisis. Rather, stresses may be present, making

the adjustment process somewhat difficult. Social support, it seems, is a way to moderate stress but more data are needed in this area.

Perceived Impact of the Baby on the Father's Life

In this section, research studies will be presented that discuss the father's perceived impact of the baby on his life. Initially, the researchers who used a descriptive study to discuss the father's perceptions of parenthood will be considered. The last researcher presented in this section used an empirical design in studying the impact of the baby on the father.

LeMasters (1957) interviewed parents (n=46) to discover if adding the first child to the family would result in a crisis. During the interview, men reported the following feelings or experiences in adjusting to the first child: "decline in sexual response of wife, economic pressure resulting from wife's retirement plus additional expenditures necessary for the child, interference with social life, worry about a second pregnancy in the near future, and a general disenchantment with the parental role" (p. 354). LeMasters concluded (see previous sections for details) that adding the first child constituted a crisis. The husband may feel that his wife is more interested in their baby and also feel semi-isolated as the third member of the family. A wide variation in age of the first child existed when the interviews were conducted. Information was not provided about what percentage of the fathers were experiencing concerns or the age of their first child at the time reported.

In an attempt to closely replicate LeMasters' study (1957), Dyer (1963) also studied parents (n=32) and the addition of the first child to

the family. Dyer addressed the fathers' reactions after the infants' birth. The fathers reported the following experiences, problems, and reactions in adjusting to the first child: "1. Loss of sleep, up to 6 weeks (50 percent), 2. adjusting to new responsibilities (50 percent), 3. upset schedules and daily routines (37 percent), 4. ignorance of the great amount of time and work the baby would require, and 5. financial worries and adjustments for the majority of the families, involving adjustment to one income with the added expenses of the child (62 percent of the wives had been employed before having the child)" (p. 198).

Of the problems experienced, each spouse was asked to indicate which problems were most severe. The results for the men indicated 80 percent admitted to one or more severe problems, such as 1. "adjusting to one income after my wife quit her job and the baby came", 2. "adjusting to the new demands of parenthood", 3. "getting used to the new routines", and 4. "sharing with grandparents and other relatives" (p. 199). The main hypothesis concerned with the addition of the first child constituting a crisis was supported in general by Dyer's study. Dyer reported the specific areas of concerns of the fathers.

Hobbs (1965) studied the degree of crisis associated with the birth of the first child (n=53 couples) using a three-degree bothersome checklist. In reviewing the checklist results, Hobbs (1965) noted 75 percent of the fathers said they were bothered by interruption of routine habits (for example, sleeping and going places), and 60 percent of the fathers reported being bothered by increased financial problems. Both of these responses were categorized as either bothering the father "somewhat" or "very much". On the average, 25 percent of the fathers studied checked the combined categories of "bothered me somewhat" or "bothered me very much,"

thus leaving 75 percent of the fathers reporting a given item did not bother them. Even though there were certain areas from the checklist identified by the fathers as being critical, Hobb's results, in general, indicated couples experienced only slight crises during the transition to parenthood.

In a replication of his earlier study, Hobbs and Cole (1976) studied the transition to parenthood (n=65 couples) and also attempted to evaluate further the checklist index used by Hobbs (1965) to measure the amount of difficulty reported by new parents. They noted that one-half of the most discriminating items were the same in both studies, but not necessarily in the same order. In the 1965 study, the results showed the following to be the ten most frequently checked concerns of fathers: increased money problems, feeling "edgy" or emotionally upset, their additional amount of work, physical tiredness and fatigue, having to change plans they had before the baby's birth, interruption of routine habits of sleeping, entertainment, etc., housekeeping not as neat as it should be, decreased contact with friends, decreased sexual responsiveness of their wife, and their decreased sexual responsiveness (p. 370). The results of the 1976 report showed the following to be the ten most frequently checked concerns of the fathers: "increased money problems, decreased sexual responsiveness of wife, decreased contact with friends, interruption of routine habits of sleeping, going places etc., feeling more 'distant' from my wife, doubting my worth as a parent, interference from in-laws, worry about wife's personal appearance in general, meals being off schedule, and physical tiredness and fatigue" (p. 728).

The fathers in both studies (1965, 1976) reported many of the same concerns about being parents. The differences existed in the priority

of concerns about being parents. The differences existed in the priority of concern for the father. These areas of concerns checked by fathers indicated that becoming a parent might be slightly difficult. Furthermore, they wondered if they were good parents. This does not necessarily denote a crisis situation. Rather, the implication suggests that fathers were experiencing some difficulties in their adjustment to parenthood. The reader must be aware that checklist items were not provided and the tool consisted of only 23 items. Hobbs and Cole (1976) indicated the checklist in its entirety was reliable, but the individual items needed refining in order to measure the difficulty parents experience with their first child.

In another study using Hobb's (1965) checklist, Russell (1974) studied first-time parents (n=296 women, n=272 men) and included the parents' concerns about their transition to parenthood. (For more specific detail, see the Stress Section). The five items husbands most frequently checked as "bothering them" were: 1. "Baby interrupted sleeping and rest (56 percent somewhat, 5 percent very much), 2. suggestions from in-laws about our baby (46 percent somewhat, 8 percent very much), 3. baby increased money problems (47 percent somewhat, 6 percent very much), 4. baby's birth made it necessary to change some plans (50 percent somewhat, 4 percent very much), and 5. additional amount of work required by baby (49 percent somewhat, 4 percent very much)". (p. 296).

From the data gathered, parenthood can be thought of as having an impact on the couple because the amount of time a baby demands and personal changes and concerns that resulted after the baby's birth. Hobb's checklist did not allow for much variation in response as he used only a three-point response scale for each item.

Fein (1976) studied middle-income couples (n=30) who were expecting their first child. (For more specific detail, see the Preparation Section). The results of Fein's study, after the baby's birth, indicated men experienced both gratification and burden by becoming parents. Some of the responses related to burden were: the men perceived a change in prenatal patterns of receiving attention from their wives; men reported a significant decrease in the amount of time to be alone with their wives since the baby's birth; and a few men indicated "feelings of being left out through their bodies" (for example, weight gain) (p. 55). On the opposite side, men reported feelings of gratification with being a parent, such as feeling better balanced being included, and feeling the baby was providing the couple with a major new area of experience to share.

Fein concluded that certain factors contribute to parents' adjustment: "preparation for parenting, health of the baby, support from families, support from work, and agreement about roles" (p. 55). Statistical information was not provided about the number of men who felt burdened or gratified with parenthood, whether those men had prepared for parenthood, and whether they had support persons available.

Cronenwett and Newmark (1974) studied fathers (n=152) regardless of parity who were present with their wives during part or all of labor and delivery during a 46 day time span at two California hospitals. The purpose of the study was to determine if variations in the way a father prepared for his child's birth and his attendance in labor and delivery would influence his development of: the parent-child relationship, the husband-wife relationship, and his overall perception of his family's development as positive or negative, as determined by a 28 item self-contained Likert-type questionnaire administered to each father immediately following his baby's birth.

The criteria used in Cronenwett and Newmark's study to include fathers was: the wife experienced some labor, the baby was a normal-term newborn, the father spoke and read English, and the father was married. The fathers did not differ in relation to their age, marital status, race, source of medical care, or type of delivery. Differences existed in relation to the wife's parity, level of education, the anesthesia, and the length of labor. Of the 152 fathers, 64 were prepared through childbirth education classes and were present at the baby's birth (four had attended childbirth education classes and 26 had not attended the classes).

The results of Cronenwett and Newmark's study indicated no statistically significant difference ($p < .05$) in the father-child relationship resulting from variations in the father's experiences during delivery. Statistical significance was found between the husband-wife relationship and those fathers who attended childbirth education classes, and/or were present at the baby's birth ($p < .05$). Thus, both formal preparation for the baby's birth and attending the birth positively influenced the father's perception of himself and his relationship with his mate. Fathers who had one or both of these experiences responded to 11 of 19 statements more positively than fathers without one or both of these experiences. No tool was used that had been previously validated. Also, certain areas of the father-child relationship and the couple relationship within the context of labor and delivery had a limited number of questions. In fact, the degree to which fathers viewed the entire childbirth experience as positive or negative was measured with one question. Finally, Cronewett and Newmark indicated the possible reason for the lack of statistical significance in the paternal-child relationship might have resulted from

the newness of the relationship, making it impossible for the researchers to measure differences among father groups.

Soule, Standley, and Copans (1979) conducted a study with first-time fathers (n=70) who were participants in a longitudinal study of parent-infant interaction. An interview format was used with specific questions conducted by one of two psychiatric interviewers in the last month of the pregnancies. The fathers in the study were white, married, in an age range of 20 to 42 years old with a mean age of 24, and a salary range of \$2,300 to \$32,000 annually. Many of the fathers were employed in the military with additional allowances and benefits.

Soule's study focused on fathering in the prenatal period. They observed how a group of expectant fathers approached their transition into parenthood and what type of factors were associated with their development of the father identity. Father identity was operationally defined as the father's ability to picture himself as a father, how confident he felt about being a parent, the clarity of daydreaming he had done about the child, and his own feelings associated with his daydreaming image. The results of their study were compared to the man's father identity. Even though the study results were collected before the baby's birth, the researchers drew conclusions about the ability of the man to view himself in the father role. The man's ability or lack of ability to see himself functioning as a father might make his adjustment to parenthood more difficult and impact his perceptions of his life after the baby's birth.

Soule (1979) and associates conclude that expectant fathers varied greatly in their ability to envision themselves as fathers and to positively anticipate their new experiences, which might result from individual

differences in ability to visualize oneself in an expected future role. The study only addressed father identity from a projective view and did not include an interview with these fathers after the father identity was assumed. The authors did not discuss the issue of interviewer bias, nor the possibility that these men might be somewhat programmed to re-search, as they were already part of a longitudinal study about parent-infant interaction.

In this section, descriptive research studies were examined. The researchers dealt with the impact of a baby's birth on the father. The last researchers to be discussed also studied the adjustment to parenthood for first-time parents. An empirical design was used as three different groups of fathers were studied.

Wente and Crockenberg (1976) studied a voluntary sample of Caucasian fathers ($n=46$) from two northern California communities whose ages ranged from 21 to 37, with an income range of less than \$5,000 to more than \$10,000, and a median income of \$10,000 to \$15,000 per year. Specific information was not reported about the parity of the fathers; the researchers presented the men as if they were first-time fathers. The purpose of the study was to determine the difficulty the man had in his adjustment to the father role in relation to Lamaze training, the age of the baby, and the husband-wife relationship. The fathers 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.

Wente and Crockenberg's (1976) results, obtained through a questionnaire and semi-structured interview, indicated a statistically significant ($p<.001$) relationship existed between the husband and the wife

relationship and total adjustment scores. Specific items related to adjustment difficulty were: "Missing sleep, not enough time for family, wife had less time for me, we had less time for each other, being tied down to home, lack of knowledge of parenting, and change in established relationship with wife" ($p < .001$). Other statistically significant items ($p < .05$) were: "Changing long-range plans and having to do more housework." Finally, statistically significant items at the $p < .01$ level were: "Additional expenses, house not kept as well, and wife's loss of figure" (p 354). No statistically significant differences existed between the Lamaze trained, and non-Lamaze trained, groups of fathers when these researchers compared the fathers by using a t-test as the statistical method. Another t-test was computed to analyze differences between the total adjustment difficulty of fathers of 0-3 month old infants and fathers of 4-7 month old infants. The fathers differed on only one item: fathers of 4-7 month old infants reported their wives had less time for them than did fathers of infants 0-3 months old ($p < .05$).

In the discussion, Wentz and Crockenberg (1976) note their data supported the reported disruption of the existing husband-wife relationship as it relates to the perceived difficulty in the transition to the father role. The best indicator of this perceived difficulty was the questionnaire items versus the semi-structured interviews. An explanation may be that the interviews were often conducted with both spouses present. Therefore, the husband may not have felt as free to discuss areas of concern related to his wife and his adjustment to parenthood. Data was not provided to indicate any attempt was made to avoid interview bias. A final explanation of the study results regarding the lack of a significant relationship between Lamaze trained fathers and non-Lamaze trained

fathers in adjustment difficulty may be that both sets of fathers were present during labor and delivery. Both groups shared the emotional experience of attending the childbirth process, which was not measured as part of the study.

Summary

In reviewing the literature in general, it became apparent that a number of research studies existed which discussed the fathers' reports of preparing for their infant's birth, the role transition involved with becoming a father, and the stress factor involved with the birth of the first child. Unfortunately, there were fewer articles discussing the husband's adjustment to parenthood and his concerns about his new role of: father.

The view of parenthood, and the transition involved in moving from one developmental level to the next, has definitely changed over the years when one compares LeMasters' (1957) research results with Fein's (1976) results. Some of the same concerns still exist as they did when LeMasters (1957) addressed the whole issue of parenthood. Basically, LeMasters (1957), Dyer (1963), Hobbs (1965), Hobbs and Cole (1976), and Fein (1976) found fathers expressed similar concerns about being a parent for example, financial worries, changes in daily lifestyle, and a change in the husband-wife relationship. But the researchers' frameworks and methodologies differed. The results of the various studies indicated men have concerns that arise when they become parents.

Soule and associates (1979) studied the transition to parenthood from the approach of father identity. They found that fathers expressed

a variety of concerns involved with becoming a parent. Some of these concerns may be dependent upon preparation for parenthood beyond childbirth classes and attending the labor and delivery. Soule and associates alluded to the notion that father identity may be dependent upon the father's ability to visualize his new role. One can hypothesize that anticipatory guidance may aid in this process and, therefore, help the expectant father prepare for parenthood.

From the view of preparation and attendance during labor and delivery, Cronenwett and Newmark (1974) addressed those variables in relation to specific areas of the husband's perception about parenthood. The results indicated the presence of the father at the baby's birth, and attending childbirth education classes, influenced a positive self perception for the father and a positive perception of his relationship with his wife.

In an empirical study, using preparation as the major variable, Wente and Crockenberg (1976) addressed the fathers' adjustment to parenthood. Their results indicated fathers expressed some difficulties in adjusting similarly to those mentioned by other fathers in the past, regardless of attending Lamaze classes. The method of data collection varied as Wente and Crockenberg used both a questionnaire and semi-structured interview, where Cronewett and Newmark only used a questionnaire. Furthermore, the possibility certainly exists that preparation did not influence adjustment as fathers who were prepared, or unprepared, by Lamaze classes were present during labor and delivery.

In Chapter IV, the methodology and procedure will be presented. A brief description of the type of sample used in this study will be presented along with the various data collection sites, and the procedure for

collecting data are included. The operational definitions are included in this chapter. The researcher will include a discussion about the instrument used in this study and the scoring and coding of that instrument. Furthermore, the hypotheses, the validity, the reliability, the pre-test, and the statistical analysis for this study will be presented.

CHAPTER IV

METHODOLOGY AND PROCEDURE

Introduction

Preparation for parenthood for the primigravida father and his perceptions of the impact of the infant six to ten weeks postpartum was examined in this study. The researcher studied perceptions of first-time fathers regardless of age, culture, formal education, number of years married, number of siblings, and income.

Sample

The study participants were a convenience sample of 40 first-time fathers who voluntarily agreed to complete and return the questionnaire packet to the researcher in the stamped addressed envelope provided.

The criteria for the men to be included in the study were:

1. first-time fathers who did not have children by a previous marriage, stepchildren, adopted children, or foster children;
2. currently married to the baby's mother;
3. currently living with the baby's mother;
4. fathers whose infants were six to ten weeks old when the completed questionnaire was returned to the researcher;
5. fathers who considered their baby normal at birth;
6. fathers who considered their infants to be healthy;
7. able to read and write in the English language.

Data Collection Sites

The participants were obtained from six obstetric/gynecologic sites. The sites were located in a midwestern urban area with a population of approximately 200,000 (U.S. Statistical Abstracts, 1980).

Site I:

Six study participants were obtained from a private obstetric/gynecologic office. This office serves approximately 200 obstetric patients annually of which approximately 70 were first-time mothers. One obstetric/gynecologic physician and one registered nurse were in the office. The nurse distributed eight questionnaire packets to first-time mothers on their six-week postpartum exam. One questionnaire was not returned after a phone call to the subject, and the other questionnaire did not meet the six to ten week postpartum time-frame. The researcher obtained permission from the registered nurse to allow the questionnaire packets to be distributed.

Site II:

From a private obstetric/gynecologic office that serves approximately 475 obstetric patients annually, of which approximately 230 were first-time mothers, nine study patients were obtained.

Two obstetric/gynecologic physicians, two registered nurses, and one nurse practitioner work in the office. One of the nurses handed out ten questionnaire packets to the first-time mothers at the time of their six-week postpartum exam. One questionnaire was not returned. The researcher was unable to contact the subject as he had moved and no forwarding address was located. One of the nurses in the office permitted all the questionnaire packets to be distributed.

Site III:

Five study participants were obtained from a private obstetric/gynecologic office. Two obstetric/gynecologic physicians and one licensed practical nurse were in the office. The staff was unable to approximate the number of obstetric patients served annually. Six questionnaire packets were distributed to first-time mothers at their six-week postpartum exam. Because it did not meet the six- to ten-week postpartum time frame, one questionnaire was not included. The licensed practical nurse gave permission to hand out the packets to the first-time mothers and took the responsibility of handing them out herself.

Site IV:

There were four study participants obtained from a multi-clinical setting which included one in obstetric/gynecology that serves approximately 80 obstetric patients annually of whom approximately 30 were first-time mothers. The clinic was served by one obstetric/gynecologic physician, two registered nurses, and one nurse practitioner. Again distributed were six questionnaire packets to first-time mothers at the time of their six-week postpartum exam. Two subjects did not return their questionnaires even after they were phoned. The University Committee on Research Involving Human Subjects gave written permission to let the packets be passed out. The clinic physician and nurses along with the Director of Nurses allowed the questionnaire packets to be distributed to the first-time mothers. One of the registered nurses was responsible for the packet distribution.

Site V:

Eleven study participants were obtained from a private obstetric/gynecologic office. This office serves approximately 500 obstetric patients

annually, approximately 250 of which were first-time mothers. The office was comprised of three obstetric-gynecologic physicians, two nurse practitioners and two registered nurses. A registered nurse gave fifteen questionnaire packets to the first-time mothers at their six-week postpartum exam. A phone call did not bring any response from one questionnaire, and a second packet was not traceable because no one made a complete notation of the packet number or its recipient. Two other returned questionnaire packets did not meet the criterion of six- to ten-weeks postpartum. The nurse practitioner permitted one of the registered nurses to distribute the questionnaire packets to the first-time mothers.

Site VI:

This researcher obtained five participants for this study from a private obstetric/gynecologic office, serving approximately 700 obstetric/gynecologic patients annually, approximately 300 of whom were first-time mothers. Five obstetric/gynecologic physicians, one registered nurse, and eleven licensed practical nurses worked in the office. Distributed were seven questionnaire packets to first-time mothers on their six-week postpartum exam. One questionnaire was not returned after phoning the subject, and the other returned questionnaire did not meet the criterion that the baby must be normal at birth. The registered nurse gave permission for the packets to be distributed to the first-time mothers, and she took the responsibility for distributing these packets.

Data Collection Procedure

Data were collected from volunteer first-time fathers starting in April, 1982, and continued through the first part of September, 1982. The subjects were obtained from obstetric/gynecologic offices by the registered nurse in the office -- in one setting, by the licensed practical nurse. The researcher obtained permission from the various obstetric/gynecologic offices to have the questionnaire packets distributed.

The questionnaire packet included a letter to the father that explained a graduate student from the College of Nursing at Michigan State University was conducting a study about first-time fathers. The letter further explained that the purpose of the study was to discover the ways fathers prepared for their baby's birth, including past experiences, and how this preparation affects their feelings about being a parent. Fathers were assured that they would remain anonymous, and participation in the study was voluntary. (See Appendix A). Instructions were included for completion and return of the packet to the researcher, along with the researcher's phone number.

The first section of the packet contained sociodemographic questions, the first being a set of ten questions that were general statements about the baby (e.g. birthdate), number of other children (e.g. stepchildren, adopted children, etc.), whether the father lived with the baby's mother, whether he was presently married to the baby's mother, and if he worked outside of the home. (See Appendix B). Directions were provided for responding to each question with either a check mark or a numerical response.

The second section of the questionnaire had seven sociodemographic questions (e.g. age, number of siblings, etc.) and two questions that asked whether the pregnancy was planned/unplanned or desired/undesired/neither. (See Appendix B) Instructions were provided for responding to the questions with either a check mark or a numerical response. The third and fourth remaining sections of the questionnaire contained questions about the father's preparation for parenthood (questions 1 - 27) and his perceptions of parenthood (questions 28 - 55). Instructions and examples were provided for responding to the questions. Each question in the third and fourth section of the questionnaire was to be answered with a check mark (See Appendix C). Questionnaires distributed to the fathers were placed in a stamped addressed envelope that was provided by the researcher, which was to be returned to the researcher.

Initially, the researcher phoned the staff in the office of obstetric/gynecology. The purpose of the first phone call was to introduce myself as a graduate student at Michigan State University in the College of Nursing, briefly explain the research study, and request an appointment to discuss the study further. During the phone call, a meeting was scheduled with the nurse in the setting.

The researcher met with the nurse in the various practice sites and discussed the purpose of the study. Permission was requested to have the nurse participate in the study by distributing the questionnaire packets to first-time mothers on their six-week postpartum exam. The researcher explained the study was voluntary for both the office staff and the fathers. In all sites, except for number four, permission for the distribution of the questionnaire packet was verbally granted by the nurse. Permission for questionnaire packet distribution in site four was obtained through

multiple channels including the University Committee on Research Involving Human Subjects (written permission), the obstetric-gynecologic physician, the nurse manager, the nurse working with the physician, and the Director of Nurses (verbal permission). Once permission for packet distribution was obtained, the researcher asked each nurse the number of packets they would be willing to distribute. A goal of the researcher was to have the various sites take approximately the same number of packets as first-time mothers delivered their babies each month.

Once agreement was achieved for packet distribution by the nurse, the researcher discussed the type of subjects needed for the study and what information the nurse was to obtain when distributing the packets. Initially, the nurse was instructed to ask primigravida mothers, at their six-week postpartum examination, if they thought their husbands would be willing to participate in a study about first-time fathers, a study being conducted by a graduate nursing student from the College of Nursing at Michigan State University. If the mother said no, the nurse was to thank her and assure the mother that the study was voluntary and would not affect the health care she was receiving.

When the primigravida mother responded yes, the nurse was instructed to distribute one of the numbered packets the researcher had left at the office. When the nurse distributed the packet, she was instructed to inform the primigravida mother that directions for completion and return of the information were included along with the researcher's telephone number if the father had any questions. After a packet was given to a primigravida mother, the nurse was asked to record the number of the packet distributed, the mother's last name, first name, husband's first name if known, address, phone number and the date of the packet distribution.

For recording the information, the researcher provided a flow sheet that included the researcher's phone number. (See Appendix D) The nurse was encouraged to call if she had any questions.

The researcher's responsibility was to make routine phone calls to the various sites, to answer any questions, and to assess the willingness of the practice sites to continue distributing the questionnaires. When a packet was returned, the researcher checked the packet number against the outstanding packets from that particular site. The researcher also checked that the packets met the standards of the study including the return of the packet six to ten weeks following the infant's birthdate, the fact that the father was married and lived with the infant's mother, that the father considered the infant to be normal at birth and currently healthy, and finally, that the father had no other children including biological children, stepchildren, adopted children, or foster children. If the above criteria were met, and the father completed the questionnaire, the packets were placed in a file cabinet in numerical order according to packet number. The researcher coded these packets and used them for data analysis. If the above criteria were not met, the packets were kept separate.

The researcher maintained a log of the packet numbers distributed to the various sites. When the packets were not returned in sequence, or when there was an absence of packets being returned from a particular site, the researcher called or visited the site and spoke with the nurse who had agreed to distribute the packets. The purpose of this contact was to note if the individuals at the site had any questions or problems, and also, for the researcher to follow-up on unreturned questionnaire packets.

When questionnaire packets were not returned within ten days from the date of distribution, the researcher contacted the nurse at the site. The purpose of the contact was to obtain the information from the flow sheet to contact those fathers whose packets were not returned. The researcher contacted the father to ascertain if they were willing to participate in the study. If a father responded positively, he was encouraged to complete and return the packet as soon as possible. If the father was not interested in the study, he was encouraged to return the questionnaire uncompleted as soon as possible. The researcher made only one follow-up phone call. When no one returned a packet, the individual's identity was disregarded. The researcher kept a record of the questionnaire packet numbers only.

Operational Definitions

In this study the term primigravida father was defined as a legally married man whose wife had delivered his first child six to ten weeks previously. The man was a father for the first time without children by a previous marriage, any stepchildren, foster children, or adopted children. The father was providing directly or indirectly for the physical, emotional, and psychological needs of his offspring (Obrzut, 1976). If the father met the requirements of the researcher's definition and was willing to participate in the study, he was included regardless of his ethnic background, formal education, age, number of years married, income, and regardless of whether the pregnancy was planned and/or desired. (Appendix B)

The researcher defined the factors affecting preparation for parenting as: a. previous fathering experiences such as the fathers' experiences

while they were being raised and their closeness to their own fathers (Appendix C, questions 1, 5, 11, 20, 22); b. their participation in some form of childbirth classes (Appendix C, questions 23, 24, 25, 26, 27); c. their previous child-care experiences such as holding a baby and caring for it (Appendix C, questions 4, 7, 8, 12, 15, 17); d. their preparation for becoming a parent (Appendix C, questions 2, 10, 13, 16, 18, 21); and e. their financial awareness (Appendix C, questions 3, 6, 9, 14, 19).

Perceived impact of the baby has been defined as: a. the fathers' perception of their social life (Appendix C, questions 32, 33, 37, 45, 50, 51); b. their self-care habits (Appendix C, questions 30, 34, 46, 48, 52, 53); c. their emotional concerns (Appendix C, questions 28, 36, 38, 40, 43); d. their concern about their household and their household duties (Appendix C, questions 31, 41, 42, 44, 55).

In this study, the term, six to ten weeks postpartum, was defined as six to ten calendar weeks from the legal date of the infant's birth. This time frame was selected because the family, through the mother, was at this point involved with the health-care system. This was an opportune time for the nurses to assess the impact of the baby's birth on the family, particularly the impact on the father. In addition, the time frame was chosen to allow the father to recover from his initial elation over the baby's birth and to have time for the reality of having become a father to set in. Hobbs (1965) talked about a "baby honeymoon," the first six weeks following the infant's birth, after which the reality of parenthood is established.

Questionnaire

The questionnaire used in this study was based upon a review of the literature. Specifically, the instrument contained sociodemographic questions and questions relating to the two main study variables which were the preparation for parenthood and the perceived impact of the baby on the father's life. Each major study variable was divided into sub-categories. The sub-categories for the preparation of the father were: previous fathering experiences, participation in childbirth classes, childcare experiences, parent preparation, and financial awareness. Sub-categories for the perception of the father were: the father's social life, his self-care, his emotional concerns, his concerns about sexuality, and the household concerns of the first-time father.

Twenty-seven questions were developed for the major variable of preparation. Of these questions, five were developed for past fathering experiences (questions 1, 5, 11, 20, 22). Five questions were developed for participation in childbirth classes (questions 23, 24, 25, 26, 27). Six questions were developed for childcare experiences (questions 4, 7, 8, 12, 15, 17). Six questions were developed for parent preparation (questions 2, 10, 13, 16, 18, 21), and five for financial awareness (questions 3, 6, 9, 14, 19).

Twenty-eight questions were developed for the major variable of perception. Of these questions, six were developed for the father's social life (questions 32, 33, 37, 45, 50, 51), six for the father's self-care habits (questions 30, 34, 46, 48, 52, 53), and five for the emotional concerns of the first-time father (questions 28, 36, 38, 40, 43). Five questions were developed for sexual concerns of the first-time

father (questions 31, 41, 42, 44, 55), and six for the household concerns of the first-time father (questions 29, 35, 39, 47, 49, 54).

In developing the questions, the researcher reviewed two specific instruments that asked questions about "the family." The questionnaires were 1. The Family Inventory of Resources for Management, from the University of Minnesota, and 2. The Family Inventory of Life Events and Changes, from the University of Minnesota. When reviewing the questionnaires, the researcher attempted to adapt the pertinent questions to the present study. The researcher chose to adapt the specific questions after reviewing the literature about various ways men prepare for parenthood and their perceived impact of the baby on their lives. All of the specific questions were selected because they focused on areas that fathers' had reported were ways they prepared for the baby's birth or their feelings about the perceived impact of the baby on their lives. The reliability and validity of the items were not reported. Both of the questionnaires were developed to record various aspects of family changes or available family resources to help in the management of family life. The areas that were adapted from The Family Inventory of Resources for Management were financial awareness, emotional concerns, and household concerns of the first-time father. None of the statements were verbatim, but two of the questions had similar wording. The two questions on The Family Inventory of Resources...that were adapted most closely were number 28 ("We shop at different stores in order to take advantage of sales and special deals.") and number 71 ("Our family is under a lot of emotional stress."). The questions that were similar in the present study were number 19 ("Since my wife's pregnancy, I have noticed that we shop differently to take advantage of sales and specials.") and number 43

("I feel as if I have been under emotional stress since the baby was born.").

The Family Inventory of Life Events and Changes (FILEC) was reviewed in the same manner as the other questionnaire discussed. Areas from which questions were developed for this study were: emotional concerns, sexuality concerns, household concerns, and social life of the first-time father. None of the questions were taken verbatim, but five questions were similar. One of the similar questions taken from FILEC was number 44 ("Change in the amount of love and affection family members share with each other"). The similar question in the present study was number 36 ("I have noticed a change in the amount of love and affection my wife shares with me since the baby was born."). Question number 83 from the FILEC ("Husband and wife disagreed about when or whether to have a (another) child") was similar to question number 44 in the present study ("My wife and I are finding it difficult to agree about birth control"). A third similar question from FILEC was number 85 ("Increase of husband/father's time away from family"). That question corresponded with number 51 in the present study ("I am going out with people from work or friends more frequently since the baby was born.") Question number 91 from the FILEC ("Increase in the number of tasks or chores which don't get done") was similar to question number 29 in the present study ("Since the baby's birth, there has been an increase in the number of chores which do not get done."). The last similar question from the FILEC was number 113 ("Change in the time available for leisure or recreational activity"). This question was similar to number 45 in the present study ("I have noticed a change in the time available for leisure or recreational activities since the baby's birth").

The literature was reviewed to develop the remainder of the questions. The researcher developed questions from the statements presented in various studies regarding how first-time fathers prepared for parenthood and their concerns about changes that occurred following the baby's birth. In developing the questions, the literature was reviewed to note areas that represented common themes from one study to another. This researcher attempted to develop questions that were a general representation of various ways men reported preparing for parenthood and various feelings or concerns men reported about the perceived impact of the baby on their lives. Questions were devised from statements fathers made in research studies and from tables in research studies that listed the ways men may prepare for parenthood or their perceived impact of the baby on their lives. For example, in Obrzut's (1976) study ninety per cent of the men ($n=20$) reported "showing an interest in children" as an activity to prepare themselves for parenthood (p. 1442). From this reported activity question 16 was developed ("I found myself wanting to be around other children when my wife was pregnant."). In addition, the questions were generated in consultation with this researcher's thesis committee members. Questions were developed from Hobbs and Cole's 1976 study, Obrzut's 1976 study, and Wente and Crockenberg's 1976 study.

The individual items within the questionnaire were categorized initially into the two main study variables of preparation and perception. The questions concerned with preparation, with the exception of childbirth classes, were randomized (see section Procedure and Coding) by putting all of the question numbers into a bowl and picking them out at random. The first number drawn represented the first question and the process continued until the questions were randomized. All of the items in the

section on perception were randomized in the same manner. Questions were worded both positively and negatively in an attempt to avoid response set bias.

Scoring and Coding

In the following paragraphs the techniques used for scoring and coding the instrument by the researcher will be described.

The first section of the questionnaire included items that related to the baby, the number of other children the father had, whether the father was married to and living with the baby's mother, and finally, whether the husband worked outside of the home. The baby's birth date was recorded and coded by the numerical number of month, date and year; for example 03-11-82. The questions concerned with the baby's health at birth and current health were recorded as either yes or no. For coding purposes throughout the questionnaire, a response of yes received a code of one and a no response received a code of two. The number of other children was written in by the participant and coded with the participant's numerical response. Household arrangement and work status were recorded with a response of either yes or no.

The sociodemographic section of the questionnaire was scored and coded in a similar fashion with either a check mark (that received a number for coding purposes) or a written numerical response. Participants were asked to record their age, which was coded as the participant's response.

Respondents were requested to indicate the number of siblings including younger brothers and sisters along with older brothers. The

information was coded using the numerical response of the individual.

Racial or ethnic information was recorded in six categories. The respondents were requested to check the appropriate category, or, when the category was absent, to fill in the proper response. Each of the six categories was assigned a number from one through six and coded as such, depending on the individual's response.

The researcher noted the father's education within a range of eight categories from "none or some grammar school" through "postgraduate college or professional." The information was coded according to the father's response from one through eight.

The father indicated how many years he had been married by writing in the number. The information was coded, using the individual's numerical response.

Whether the pregnancy was planned or unplanned was registered by the respondent with a check mark in the appropriate category. Coding was accomplished by assigning the number one to the response planned and the number two to the response unplanned.

The father marked whether the pregnancy was desired, undesired, or neither with a check mark in the appropriate category. The researcher coded the item by assigning the number one to the response desired, number two to undesired, and number three to neither.

The researcher used an open-ended response when exact numbers were desired. When the question could not be answered by a yes or no response, a check mark was placed next to the appropriate response. Categories or a multiple-choice selection was used when appropriate (for example, income, race or ethnic background, and education). The last two methods were used when the researcher was able to obtain the information needed by a check-mark response.

Questions related to the two major study variables, preparation for parenthood and the perception of the father, constituted the remainder of the questions. The first twenty-seven questions dealt with preparation for parenthood. Sub-categories of the major variable were: previous fathering experiences, participation in childbirth classes, previous child-care experiences, individual parent preparation, and financial awareness.

The responses to questions 1 through 27 were set up on a five-point Likert-type scale. The purpose of using a Likert scale was to allow the fathers a choice of response along a continuum from rarely through often. An advantage to a Likert scale was the ability to add numerical values to the responses so that scoring was possible.

Scores for the responses ranged from one for rarely through five for a response of often. In other words, the more prepared an individual was for parenthood, the higher his score. When questions were worded positively, the individual response received a score of one for rarely through five for often.

For example:

"I have held a baby (0-2 months old) in the past."

Rarely	2	Sometimes	4	Often
1		3		5

Scoring was reversed when questions were written in a negative form.

For example:

"I have found myself angry at other parents when their babies were crying or misbehaving in public."

Rarely	2	Sometimes	4	Often
1		3		5

Specific questions about attending childbirth classes as in questions number 23-27 were compiled together. The researcher established a separate section to simplify directions. The researcher thought not all fathers would have attended childbirth classes. To determine whether the father had attended childbirth classes, questions 23-27 were preceded by a screening question of:

"Have you attended childbirth classes?" (Check one)
 Yes ☐ (SKIP TO QUESTION 24)
 No ☐ (CONTINUE TO QUESTION 23)

The remainder of the questionnaire were questions (28-55) about the major study variable of the father's perception of the impact of his baby on his life. Sub-categories of the major variable were: father's perception of his social life, self-care habits, emotional concerns, household concerns, and sexuality concerns of the first-time father. These questions were set up on a five-point Likert-type scale with responses that ranged from strongly disagree to strongly agree. The questions were scored and coded in the same manner as the preparation for parenthood questions, for an example see above.

Pre-test

Four fathers who did not participate in the study critiqued the instrument for its readability, for suitability of the questions, for 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.

Each father who participated in the study completed the questionnaire anywhere from 16 minutes to 25 minutes. The participants did not have

any major problems with the questionnaire. As a result of one respondent's comment, one word in the directions was changed in questions 28-55. The word changed was "occur" to "happen."

Reliability and Validity

The reliability of the instrument developed for this study was concerned with the degree of internal consistency within the instruments. Coefficient alpha is a measurement of the internal consistency of the items. Internal consistency is important because the items need to hang together (Crano and Brewer, 1973). One can say that items within a scale are tapping the same concept to the extent that they demonstrate a large inter-item correlation. Reliability coefficients range from 0 to $+1.00$ and a reliability coefficient above .70 is generally considered as satisfactory (Polit and Hungler, 1978). The higher the reliability the more internally consistent the item. Cronbach's coefficient alpha was used to evaluate the reliability of the instrument or the degree of inter-item relationship (Crano and Brewer, 1973). Alpha is the appropriate measure since it takes into consideration all possible inter-item correlations. It is important to determine reliability because none of the questions used had a previously reported reliability score and the reliability of the questionnaire may differ from sample to sample. The reliabilities for the FILEC items and the Family Inventory of Resources for Management were not available.

"Content validity is determined by the degree to which the items constituting the scale represent all possible positions on the particular

domain under consideration" (Crano and Brewer, 1973, p. 25). The questions chosen to construct the instrument were derived from the researcher's review of the literature. No specific questions were taken verbatim from the literature or other sources. Therefore, the content validity was subjective in that the researcher compiled questions which were believed to be an appropriate sample for the study. The research committee members served as expert judges for verification of content validity. Validity was not reported for the FILEC items or for the Family Inventory of Resources for Management. In the next section, the hypotheses will be presented.

Main Hypothesis

There is a relationship between selected dimensions of preparation for parenthood and the perceived impact of the infant.

Sub-Hypotheses

1. There is a relationship between previous fathering experiences and social concerns of the first-time father.
2. There is a relationship between previous fathering experiences and father's self-care activities.
3. There is a relationship between previous fathering experiences and emotional concerns of the first-time father.
4. There is a relationship between previous fathering experiences and household concerns of the first-time father.

5. There is a relationship between previous fathering experiences and the sexuality concerns of the first-time father.
6. There is a relationship between participation in childbirth classes and the social concerns of the first-time father.
7. There is a relationship between participation in childbirth classes and father's self-care activities.
8. There is a relationship between participation in childbirth classes and the emotional concerns of the first-time father.
9. There is a relationship between participation in childbirth classes and the household concerns of the first-time father.
10. There is a relationship between participation in childbirth classes and the sexuality concerns of the first-time father.
11. There is a relationship between child-care experiences and the social concerns of the first-time father.
12. There is a relationship between child-care experiences and the father's self-care activities.
13. There is a relationship between child-care experiences and the emotional concerns of the first-time father.
14. There is a relationship between child-care experiences and the household concerns of the first-time father.
15. There is a relationship between child-care experiences and the sexuality concerns of the first-time father.
16. There is a relationship between parent preparation and the social concerns of the first-time father.
17. There is a relationship between parent preparation and the father's self-care activities.

18. There is a relationship between parent preparation and the emotional concerns of the first-time father.
19. There is a relationship between parent preparation and the household concerns of the first-time father.
20. There is a relationship between parent preparation and the sexuality concerns of the first-time father.
21. There is a relationship between financial awareness and the social concerns of the first-time father.
22. There is a relationship between financial awareness and the father's self-care activities.
23. There is a relationship between financial awareness and the emotional concerns of the first-time father.
24. There is a relationship between financial awareness and the household concerns of the first-time father.
25. There is a relationship between financial awareness and the sexuality concerns of the first-time father.

Statistical Analysis

Descriptive and inferential statistical techniques were used to analyze the data in this study. The descriptive statistics were used to describe and summarize the sociodemographic findings with the use of frequencies, means, and percentages. For example, the descriptive statistics used to report the fathers' ages and incomes would be the means and percentages from the sample. The inferential statistics used in this study were Pearson Product-Moment correlation for the relationship between the two major study variables preparation for parenthood and the perceived

impact of the baby, point bi-serial for the relationship between a planned or unplanned pregnancy and the two major study variables (a type of product-moment correlation), and chi-square for the relationship between a desired, undesired, or neither desired or undesired pregnancy and the two major study variables.

Correlation techniques were used because the researcher wanted to know the extent to which the two main study variables (preparation for parenthood and perceived impact) were related to each other. The correlation only shows the magnitude and direction of the relationship and does not prove the cause for the relationship (Polit and Hungler, 1978). The magnitude and direction of the relationship were expressed with correlation coefficients that could range from a perfect negative relationship (-1.00) to no relationship (0.00) to a perfect positive relationship (+1.00) (Polit and Hungler, 1978).

In this study the level of significance was set at .05. Any difference between the study variables of preparation for parenthood and perceived impact of the baby that exceeded the significance level of .05 resulted in rejection of the null hypothesis. Using the .05 level of significance meant that the researcher accepted the risk of rejecting the null hypothesis when it was true less than five times out of 100 or committing a Type I error five percent of the time. Correlations between the variables in the present study were interpreted as:

<u>Value of (r)</u>	<u>Strength of Relationship</u>
0.00 to 0.20	no relationship
0.20 to 0.35	slight relationship
0.35 to 0.65	moderate relationship
0.65 to 0.85	marked relationship
0.85 to 1.00	high relationship

(Borg and Gall, 1979, pp. 513-514)

Both descriptive and inferential statistical techniques were represented with Pearson r (Polit and Hungler, 1978). The descriptive aspect of the Pearson r described the magnitude and direction of the study variables (preparation for parenthood and perceived impact of the infant on the father's role). As an inferential statistic, the r was used to test the hypotheses concerning the sample correlations of preparation and perceived impact (Polit and Hungler, 1978).

Point bi-serial was done to note if any significant differences existed between those fathers who marked the pregnancy was planned or unplanned with any of their other responses for the remainder of the sociodemographic scale, the preparation for parenthood scale, and the perceived impact of the infant scale.

Point bi-serial method is used when there is a dichotomous variable. This particular statistical method also represents a form of correlational statistics. In the present research study, point bi-serial was used to ascertain any differences between those groups of fathers who responded that the pregnancy was planned and those who responded that the pregnancy was unplanned on the sociodemographic scale.

Chi-square is a test that is used when the researcher wants to know whether a relationship exists between a nominal variable and any other variable. In this study, the chi-square test was used to determine whether there were relationships between those fathers who responded that the pregnancy was desired, undesired, or neither and all the major study variables.

Human Subjects Review

The patients were assured that participation in the study would not affect the health care they were receiving. Participation was voluntary and the individual could withdraw from the study at any time. Completion and return of the questionnaire packet was considered as consent to participate in the research study. The individual's confidentiality was maintained, and the results were not reported through the use of the individual participant's name. The completed instruments were kept in a common container (file cabinet) in the researcher's home. A summary of the proposed study and research protocol was submitted to the University Committee on Research Involving Human Subjects (UCRIHS). Approval by the UCRIHS committee was granted on March 25, 1982. (See Appendix E).

Summary

The chapter on Methodology and Procedure included a discussion of the population and the questionnaire. The questionnaire was explained along with the technique for its distribution, retrieval, and analysis. The hypotheses were presented, the operational definitions, discussed. In addition, the mechanism used to assure human subjects' protection was reviewed.

In Chapter V, the data will be presented. Specifically, Chapter V will include the descriptive findings of the sample, the results of the questionnaire, and the correlation among the study variables of preparation for parenthood and perceived impact on the father's role.

CHAPTER V
DATA ANALYSIS
Introduction

In the first section of this chapter, the descriptive findings related to sociodemographic data found in this sample will be discussed. A discussion will be included of the reliability of the instrument for each of the major study variables and all of the subscales. The analysis of the data obtained for the study variables will be presented in relation to the hypotheses of this study. Additional significant study findings will be included.

Descriptive Findings of the Study Sample

This sample consisted of 40 men who were fathers for the first-time without any other children, including stepchildren, adopted children, or other children living in the same house (for example, foster children). Data were collected from the first-time fathers through the use of a questionnaire when the infant was six- to ten-weeks old.

Thirty-nine (97.5 percent) first-time fathers responded that their baby was normal at birth. One (2.5 percent) father did not answer that specific question. All of the first-time fathers (n=40) responded that their baby was healthy.

Forty (100 percent) first-time fathers responded that they and the baby's mother lived in the same house. In addition, all first-time fathers (n=40) indicated they were currently married to the baby's mother.

Fathers were asked to indicate whether they were currently working outside of the home. Thirty-eight respondents (95 percent) reported currently working outside of the home, while two respondents (5 percent) reported not working outside of the home.

Subjects ranged in age from 23 to 35 years, with a mean age of 28.2 years. Distribution of subjects according to age is summarized in Table 2.

Table 2
Age Distribution of Subjects (n=40)

Age Range	Number of Subjects	Percent
23-25	11	27.5
26-28	14	35.0
29-31	9	22.5
32-34	3	7.5
35	3	7.5
Total	40	100.0

Fathers were asked to report the number of younger siblings they had. The subjects' responses ranged from 0 to 9 siblings. Distribution of the number of younger siblings is presented in Table 3.



Table 3

Number of Younger Siblings of Subjects (n=40)

Number of Younger Siblings	Number of Subjects	Percent
0	6	15.0
1	12	30.0
2	12	30.0
3	1	2.5
4	5	12.5
5	1	2.5
6	1	2.5
7	1	2.5
8	1	2.5
9	1	2.5
Total	40	100.0

In addition to the number of younger siblings, fathers were asked how many older brothers they had. The range of older brothers was from 0 to 8. Distribution of older brothers is presented in Table 4.

Table 4

Number of Older Brothers of Subjects (n=40)

Older Brothers	Number of Subjects	Percent
0	22	55.0
1	11	27.5
2	4	10.0
3	1	2.5
5	1	2.5
8	1	2.5
Total	40	100.0

Thirty-six of the fathers (90 percent) were white, one (2.5 percent) was black, and one (2.5 percent) was oriental. One father (2.5 percent) checked the category marked "other" and specified he was Mexican-American and one (2.5 percent) did not respond.

The income range for the subjects was \$5,000 to \$35,000 or more annually. The mean reported income range was \$20,000 - \$29,999. Distribution of annual income for subjects is presented in Table 5.

Table 5
Annual Income Levels of Subjects (n=40)

Income	Number of Subjects	Percent
\$ 5,000-\$ 9,999	2	5.0
\$10,000-\$14,999	4	10.0
\$15,000-\$19,999	9	22.5
\$20,000-\$24,999	7	17.5
\$25,000-\$29,999	5	12.5
\$30,000-\$34,999	5	12.5
\$35,000 and above	8	20.0
Total	40	100.0

The educational levels of the subjects ranged from "some high school" (5 percent) to "postgraduate college or professional" education (27.5 percent). The mean educational level of participants was between "some college and graduated from college." Distribution of subjects according to educational level is presented in Table 6.

Table 6
Educational Level of Subjects (n=40)

Level of Education	Number of Subjects	Percent
Some High School	2	5.0
Graduated from High School	4	10.0
Some College	9	22.5
Graduated from College	14	35.0
Postgraduate College or Professional	11	27.5
Total	40	100.0

The number of years the subjects were married ranged from 0-10 years, with a mean of 3.3 years. Distribution of subjects according to number of years married is summarized in Table 7.

Table 7
Number of Years of Marriage for Subjects (n=40)

Years Married	Number of Subjects	Percent
0-1	7	17.5
2-4	23	57.5
5-7	7	17.5
8-10	3	7.5
Total	40	100.0

The subjects (n=40) were asked to indicate whether the pregnancy was planned or unplanned. Twenty-eight fathers (70 percent) responded that the pregnancy was planned. Twelve fathers (30 percent) said the pregnancy was unplanned. Fathers were asked to report whether the pregnancy was desired, undesired, or neither. The majority of fathers

1. The first part of the document is a list of the names of the persons who were present at the meeting.

2. The second part of the document is a list of the names of the persons who were absent from the meeting.

3. The third part of the document is a list of the names of the persons who were present at the meeting.

4. The fourth part of the document is a list of the names of the persons who were absent from the meeting.

5. The fifth part of the document is a list of the names of the persons who were present at the meeting.

6. The sixth part of the document is a list of the names of the persons who were absent from the meeting.

7. The seventh part of the document is a list of the names of the persons who were present at the meeting.

8. The eighth part of the document is a list of the names of the persons who were absent from the meeting.

9. The ninth part of the document is a list of the names of the persons who were present at the meeting.

10. The tenth part of the document is a list of the names of the persons who were absent from the meeting.

11. The eleventh part of the document is a list of the names of the persons who were present at the meeting.

12. The twelfth part of the document is a list of the names of the persons who were absent from the meeting.

13. The thirteenth part of the document is a list of the names of the persons who were present at the meeting.

14. The fourteenth part of the document is a list of the names of the persons who were absent from the meeting.

15. The fifteenth part of the document is a list of the names of the persons who were present at the meeting.

(n=35, 87.5 percent) reported the pregnancy was "desired." Three fathers (7.5 percent) said the pregnancy was "undesired," and two fathers (5.0 percent) said the pregnancy was "neither" desired or undesired.

The information that has been provided includes the descriptive characteristics of the sample for this study. In the remainder of this chapter the researcher will discuss other findings derived from the study including the next section on the reliability of the instrument followed by a section on the correlations between preparation for parenthood and perceived impact of the baby.

Reliability of the Instrument

The procedure used for determining the reliability of the instrument was Cronbach's coefficient alpha. Specific reliabilities using Cronbach's coefficient alpha were calculated for each of the major scales: preparation for parenthood and perceived impact of the infant. Preparation for parenthood was divided into five subcategories: previous fathering experiences, previous child-care experiences, parent preparation, attendance at childbirth classes, and financial awareness. Individual coefficient alphas were computed for each subcategory. The perceived impact scale was also divided into subcategories of various concerns: the household, sexual, social, self-care, and emotional concerns of the first-time father. A coefficient alpha was computed for each of the subcategories.

A marked internal consistency was demonstrated among the items concerned with preparation for parenthood. The reliability coefficient on the scale that indicated the total preparation for parenthood was .72.

Items 2, 19, 20 and 23 (Appendix C) were deleted from the total preparation scale to obtain the reliability coefficient, as those items had low factor loadings.

The five-item scale representing previous fathering experiences was reduced to three items. Item 20 was deleted from the scale because that specific item did not correlate with the other items. Also, item 11 (Appendix C) was moved to the parent preparation scale because the item correlated more strongly with this scale. Reliability determined for the three-item scale using coefficient alpha was .67. This coefficient alpha represented a marked internal consistency among the items of previous fathering experiences.

Coefficient alpha was calculated for the six-item subscale showing previous child-care experiences ($r=.85$). This coefficient alpha represented a high internal consistency among the items of previous child-care experiences.

In the parent preparation subscale, item 2 was deleted because this item did not correlate with the other items. Item 11 was moved into this subscale from the subscale about previous fathering experiences. This item (11) was moved because it correlated with the remainder of the parent preparation scale. With these changes a marked internal consistency of .65 was noted among the parent preparation items.

Childbirth classes was one of the subscales within the total preparation for parenthood scale. This coefficient alpha for the childbirth subscale was $r=.64$ representing a moderate internal consistency among the childbirth items. One question (item 23, Appendix C) was deleted from the subscale to obtain the reliability coefficient.

One item (19, Appendix C) was deleted from the financial awareness subscale because that specific item did not correlate with the other items. By deleting item 19, the subscale was reduced from five items to four. The reliability determined for the four-item subscale using coefficient alpha was .77. This coefficient represented a marked internal consistency among the items of financial awareness.

The reliability coefficient for the total perceived impact scale was .89. This coefficient alpha represented a high internal consistency among the items of this scale. Items 31, 35, and 55 were deleted from the total perceived impact scale to obtain the reliability coefficient.

To achieve a high internal consistency on the six-item household concern subscale, item 35 was deleted. The coefficient alpha calculated for the household scale was .81.

A marked internal consistency ($r=.72$) was calculated among the three-item subscale of sexual concerns of the first-time father. Originally, this subscale consisted of five items, but items 31 and 55 (Appendix C) were deleted from the scale because they did not correlate with other items.

Coefficient alpha was calculated for the six-item subscale of social concerns of first-time fathers (.64). This coefficient alpha represented a moderate internal consistency among the items of social concerns of the first-time father.

For the self-care concerns subscale, a .73 coefficient alpha was computed. A marked internal consistency was represented by this coefficient. The self-care concerns subscale consisted of six items.

The last reliability to be reported is emotional concerns of the first-time father. Coefficient alpha was calculated for this five-item subscale ($r=.68$). This represented a marked internal consistency among the items of emotional concerns of the first-time father. No items were deleted from the subscale.

The reliabilities computed for the various scales of the instrument are summarized in Table 8. In Appendix F the final instrument is provided that reflects the changes that were made in order to obtain the various subscale reliabilities.

Table 8
Summary of Reliabilities of the Preparation for Parenthood and
Perceived Impact of the Infant Subscales

Scale	Reliability
Preparation for Parenthood (Total)	.72
Previous Fathering Experiences	.67
Previous Child-care Experiences	.85
Parent Preparation	.65
Childbirth Classes	.64
Financial Awareness	.77
Perceived Impact (Total)	.89
Household Concerns	.81
Sexual Concerns	.72
Social Concerns	.64
Self-care Concerns	.73
Emotional Concerns	.68

Validity of the Instrument

The validity of the instrument was based on content validity. The researcher developed the questions after reviewing the literature and two specific instruments: Family Inventory of Resources for Managements and Family Inventory of Life Events and Changes. No specific questions were taken verbatim from the literature or the two instruments. This researcher recognized that the instrument's validity is subjective because the researcher compiled the questions that were considered appropriate. The research committee members also served as expert judges for verification of content validity. In Appendix F the final instrument is provided that reflects the changes that were made in order to obtain the various subscale reliabilities.

Next, the correlations between the variables of preparation for parenthood and the perceived impact of the infant will be reported.

Correlations Between Preparation for Parenthood Variables and Perceived Impact of the Infant Variables

The purpose of this study was to examine the relationship between preparation for parenthood and perceived impact of the infant six to ten weeks postpartum. Each of the two main study variables had five sub-categories that were correlated with each other, yielding one main hypothesis and twenty-five subhypotheses. The sub-categories of preparation for parenthood were previous fathering experiences, previous child-care experiences, parent preparation, childbirth classes, and financial awareness. The sub-categories of the perceived impact scale

were household concerns, sexual concerns, social concerns, self-care concerns, and emotional concerns of the first-time father.

The Pearson product-moment correlation technique was used to calculate the degree and direction of the relationship between the study variables. The hypotheses were either accepted or not accepted depending on the correlation coefficient and level of significance calculated between the variables. The main study hypothesis will be presented, followed by the sub-hypotheses. The correlation coefficient and level of significance calculated for each hypothesis and a statement of acceptance or non-acceptance will be presented.

Main Hypothesis: There is a relationship between selected dimensions of preparation for parenthood and the perceived impact of the infant.

A moderate correlation ($r=.35$) was observed between preparation for parenthood and perceived impact of the infant with a significance level of $p<.013$. The main hypothesis was accepted.

Hypothesis I: There is a relationship between previous fathering experiences and social concerns of the first-time father.

Hypothesis I was not accepted because the level of significance was below the acceptable limits of $p<.05$. The correlation coefficient calculated between previous fathering experiences and the social life of the first-time father was .16 at a significance level of $p<.158$.

Hypothesis II: There is a relationship between previous fathering experiences and the father's self-care activities.

The correlation coefficient between previous fathering experiences and the father's self-care activities was $-.02$ with a significance level of $p<.440$. Because the correlation coefficient and the level of

significance were both below acceptable limits, Hypothesis II was not accepted.

Hypothesis III: There is a relationship between previous fathering experiences and emotional concerns of the first-time father.

Calculated between the previous fathering experiences and emotional concerns of the first-time father was a correlation coefficient of .15 ($p < .174$). Both the correlation coefficient and the level of significance were below acceptable limits, and Hypothesis III was not accepted.

Hypothesis IV: There is a relationship between previous fathering experiences and the household concerns of the first-time father.

Based on the established acceptable level of significance for this study, Hypothesis IV was accepted. A moderate relationship ($r = .37$) was achieved between the two variables of previous fathering experiences and the household concerns of the first-time father. The level of significance between the two variables was $p < .05$.

Hypothesis V: There is a relationship between previous fathering experiences and the sexuality concerns of the first-time father.

The researcher found the significance of the relationship between previous fathering experiences and the fathers' concerns about sexuality to be $p < .157$ with a correlation coefficient of .16. Because the correlation coefficient did not show a relationship, and the level of significance was below acceptable limits, Hypothesis V was not accepted.

Hypothesis VI: There is a relationship between participation in childbirth classes and the social concerns of the first-time father.

A $p < .425$ level of significance ($r = .03$) was calculated for the relationship between the fathers' participation in childbirth classes and their social life. Since a $p < .05$ level of significance was not reached, Hypothesis VI was not accepted.

Hypothesis VII: There is a relationship between participation in childbirth classes and the fathers' self-care activities.

For the relationship between the variables of participation in childbirth classes and the fathers' self-care activities, the level of significance was $p < .203$ with a correlation coefficient of $.14$. Hypothesis VII was not accepted because the level of significance was below acceptable limits.

Hypothesis VIII: There is a relationship between participation in childbirth classes and the emotional concerns of the first-time father.

Since a statistically significant relationship at the $p < .05$ level was not observed between participation in childbirth classes and the emotional concerns of the first-time father, Hypothesis VIII was not accepted. The correlation coefficient was calculated to be $.11$ with a $p < .258$ level of significance.

Hypothesis IX: There is a relationship between participation in childbirth classes and the household concerns of the first-time father.

A correlation coefficient of $.01$ ($p < .464$) was calculated between participation in childbirth classes and household concerns of the first-time father. As both the correlation coefficient and the level of significance were below acceptable limits, Hypothesis IX was not accepted.

Hypothesis X: There is a relationship between participation in childbirth classes and the sexuality concerns of the first-time father.

As the relationship between the two variables in Hypothesis X did not reach the minimum level of significance ($p < .05$), Hypothesis X was not accepted. A .22 correlation coefficient was calculated between participation in childbirth classes and the sexuality concerns of the first-time father ($p < .085$).

Hypothesis XI: There is a relationship between child-care experiences and the social concerns of the first-time father.

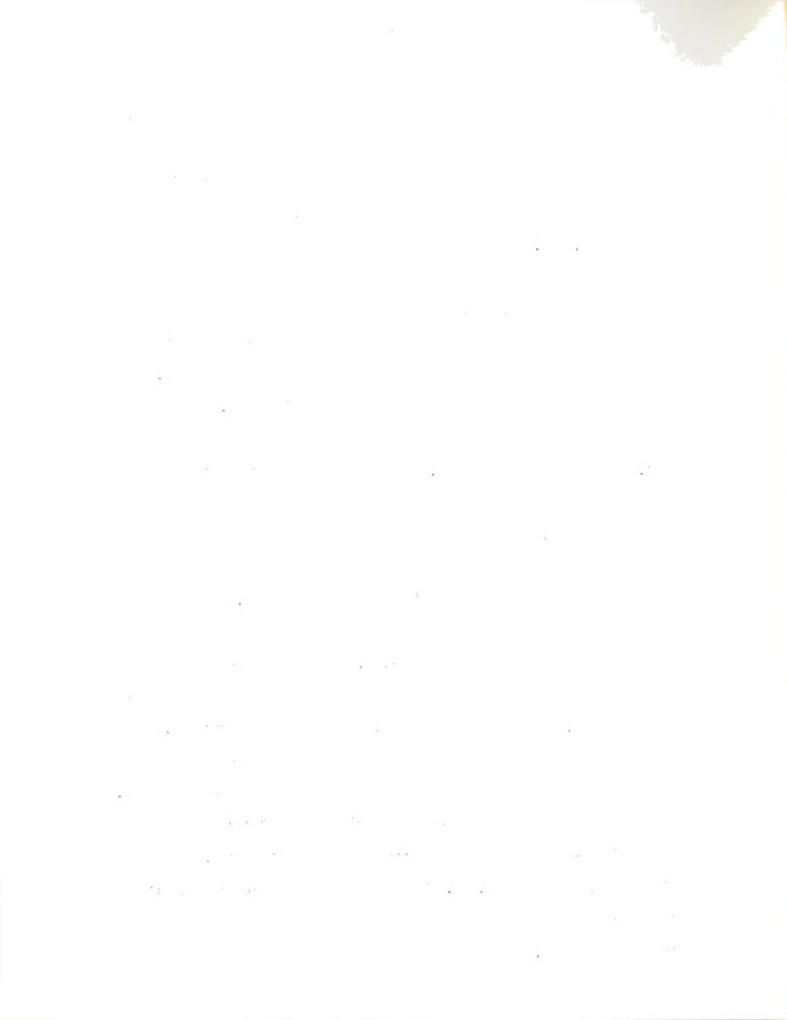
This researcher found a correlation coefficient of .06 between child-care experiences and the social life of the first-time father with a $p < .346$ level of significance. Because the correlation coefficient and the level of significance were below acceptable limits, Hypothesis XI was not accepted.

Hypothesis XII: There is a relationship between child-care experiences and the fathers' self-care activities.

Hypothesis XII was not accepted because the level of significance was below the acceptable limit of $p < .05$. Between child-care experiences and the emotional concerns of the first-time father a correlation coefficient of .19 was computed with $p < .116$ level of significance.

Hypothesis XIII: There is a relationship between child-care experiences and the emotional concerns of the first-time father.

Calculated between child-care experiences and the emotional concerns of the first-time father was a correlation coefficient of .10 with a significance level of $p < .274$. Hypothesis XIII was not accepted as both the correlation coefficient and the level of significance were below acceptable limits.



Hypothesis XIV: There is a relationship between child-care experiences and the household concerns of the first-time father.

Because the minimum level of significance ($p < .05$) was not obtained, Hypothesis XIV was not accepted. The correlation coefficient between child-care experiences and the household concerns of the first-time father was .17 with a $p < .146$ level of significance.

Hypothesis XV: There is a relationship between child-care experiences and the sexuality concerns of the first-time father.

A $p < .168$ level of significance was calculated between the fathers' child-care experiences and the fathers' concerns about their sexuality since the babies' birth. The correlation coefficient was .16. Hypothesis XV was not accepted.

Hypothesis XVI: There is a relationship between parent preparation and the social concerns of the first-time father.

Between parent preparation and the social concerns of the first-time father the researcher found a correlation coefficient of .15 with a significance level of $p < .186$. Hypothesis XVI was not accepted as both the correlation coefficient and the level of significance were below acceptable limits.

Hypothesis VII: There is a relationship between parent preparation and the father's self-care activities.

The calculation between parent preparation and the father's self-care activities showed a correlation coefficient of .29 with a significance level of $p < .035$. Because the level of significance reached an acceptable limit and the correlation coefficient indicated a slight relationship, Hypothesis XVII was accepted.

Hypothesis XVIII: There is a relationship between parent preparation and the emotional concerns of the first-time father.

An acceptable level of significance was obtained between the fathers' parent preparation and their emotional concerns since the babies birth ($p < .046$). Hypothesis XVIII was accepted, and the correlation coefficient was .27.

Hypothesis XIX: There is a relationship between parent preparation and the household concerns of the first-time father.

The correlation coefficient between parent preparation and the household concerns of the first-time father indicated a slight relationship ($r = .23$). But the level of significance was below acceptable limits ($p < .075$), and this researcher could not accept Hypothesis XIX.

Hypothesis XX: There is a relationship between parent preparation and the sexuality concerns of the first-time father.

Based on the established acceptable level of significance for this study, Hypothesis XX was accepted. A moderate relationship ($r = .46$) was achieved between the fathers' financial awareness and their sexuality concerns since the babies' birth. The level of significance between the two variables was $p < .001$.

Hypothesis XXI: There is a relationship between financial awareness and the father's social concerns of the first-time father.

A statistically significant relationship was not observed between the fathers' financial awareness and their social life ($p < .376$). The correlation coefficient calculated between the two variables was .05. Hypothesis XXI was not accepted.

Hypothesis XXII: There is a relationship between financial awareness and the fathers' self-care activities.

Calculated between financial awareness and the father's self-care activities was a correlation coefficient of $-.13$ with a significance level of $p < .217$. Hypothesis XXII was not accepted because the correlation coefficient and the level of significance were below acceptable limits. Hypothesis XXIII: There is a relationship between financial awareness and the emotional concerns of the first-time father.

This researcher found a correlation coefficient of $-.06$ between financial awareness and the emotional concerns of the first-time father with a significance level of $p < .345$. Because the correlation coefficient and the level of significance were below acceptable limits, Hypothesis XXIII was not accepted.

Hypothesis XIV: There is a relationship between financial awareness and the household concerns of the first-time father.

A correlation coefficient of $.35$ ($p < .013$) was calculated between financial awareness and household concerns of the first-time father. Hypothesis XIV was accepted because the level of significance reached an acceptable limit, and the correlation coefficient indicated a moderate relationship.

Hypothesis XXV: There is a relationship between financial awareness and the sexuality concerns of the first-time father.

Between financial awareness and the sexuality concerns of the first-time father was a correlation coefficient of $.22$ with a significance level of $p < .087$. Both the correlation coefficient and the level of significance were below acceptable limits, and Hypothesis XXV was not accepted.

Summary

In this section, the researcher has presented the correlation between the total preparation for parenthood scale and the total perceived impact of the infant scale. In addition, each main variable had five subcategories that were correlated with each other. There was one main hypothesis and twenty-five subhypotheses. The main hypothesis and five out of twenty-five subhypotheses were accepted as they reached the established level of significance of $p < .05$. The subhypotheses accepted were numbers IV, XVII, XVIII, XX, and XIV. A summary of the correlations between the total preparation for parenthood scale and the total perceived impact of the infant scale along with the subscales is presented in Table 9.



Table 9
Pearson Product Moment Correlation of
Preparation for Parenthood Subscales with the
Perceived Impact of the Infant Subscale

Perceived Impact of The Infant	Preparation for Parenthood				
	Previous Fathering Experiences	Previous Childcare Experiences	Parent Preparation	Childbirth Classes	Financial Awareness
Household Concerns	.37*	.17	.23	.01	.35*
Sexual Concerns	.16	.16	.46**	.22	.22
Social Concerns	.16	.06	.15	.03	.05
Self-care Concerns	-.02	.19	.29*	.14	-.13
Emotional Concerns	.15	.10	.27*	.11	-.06
Perceived Impact Total	.22	.18	.35*	.12	.11

* $p < .05$

** $p < .001$

Additional Findings

Other interesting findings were categorized into three primary areas:

1. cautionary findings within both the preparation for parenthood subscale and the perceived impact subscale, 2. significant descriptive findings between sociodemographic items and the preparation subscale, and 3. significant descriptive findings between sociodemographic items and the perceived impact subscale. This researcher will discuss these areas and a table will be provided for each area.

Cautionary Findings Within the Preparation for Parenthood Subscale and the Perceived Impact Subscale

This researcher established five subscales for both preparation for parenthood and perceived impact of the infant. The five subscales for the total preparation for parenthood scale were: 1. previous fathering experiences, 2. previous child-care experiences, 3. parent preparation, 4. childbirth classes, and 5. financial awareness. Various areas of concerns the first-time father might experience comprised the total perceived impact scale which were: 1. household, 2. sexual, 3. social, 4. self-care, and 5. emotional. Initially, this researcher thought that each of the subscales within the total scales would be an independent scale. But the research findings from this study do not substantiate this idea.

The research findings from this study demonstrated that a significant relationship was present within the subscales for preparation for parenthood and within the subscales of perceived impact of the infant (See Tables 10 and 11). Because statistically significant correlations were

observed within the subscales, an implication is that the subscales are dealing with more general areas of preparation for parenthood and perceived impact rather than specifics. In other words, men may have used more than one technique in preparing for parenthood. The same idea follows through for the perceived impact of the infant. Men in this study were more likely to have degrees of general concerns following the baby's birth rather than concerns that were specific.

Some caution should be used when interpreting these study findings because of high inter subscale correlations. In the preparation for parenthood scale two of the subscales correlated with each other. One interscale correlation was previous child-care experiences with parent preparation (Table 10). Similar findings were noted within the perceived impact scale. In that scale many of the subscales correlated with each other, for example, household concerns correlated with the sexual concerns of the first-time father (Table 11). These correlations within the subscales are leading to higher reliability for the total scales.

Another observation from this study was some of the preparation for parenthood subscales correlated with some of the perceived impact subscales. There was a .35 correlation coefficient noted between parent preparation and the total perceived impact scale. The subscales that correlated with each other were between: previous fathering experiences and household concerns ($r=.37, p<.05$), parent preparation and self-care concerns ($r=.29, p<.05$), parent preparation and emotional concerns ($r=.27, p<.05$), and financial awareness and household concerns of the first-time father ($r=.35, p<.05$). Correlations were noted with the total preparation for parenthood scale and household concerns ($r=.38, p<.05$), and the total preparation scale and the sexual concerns of the first-time father ($r=.43, p<.05$) (See Table 9).

Significant Findings Between Sociodemographic Items
and the Preparation Subscale

In interpreting the correlations in this study, it is important to keep in mind how the scales were scored. In this particular instance preparation for parenthood items were scored so that a low scale score represented little preparation, while a high score indicated a great deal of preparation. In contrast, the perceived impact items were scored so that the lower the score on the perceived impact scale the higher was the concern. Therefore, a negative correlation between a perceived impact variable and any other variable means that the lower the perceived impact, the lower the concern. A positive correlation means that the lower the perceived impact the higher the concern.

Table 10

Pearson Product Moment Correlation of Preparation for Parenthood Subscales

Preparation For Parenthood	Preparation for Parenthood					
	Preparation Total	Previous Fathering Experiences	Previous Childcare Experiences	Parent Preparation	Childbirth Classes	Financial Awareness
Preparation Total	1.00					
Previous Fathering Experiences	.32*	1.00				
Previous Childcare Experiences	.69**	.11	1.00			
Parent Preparation	.68**	-.18	.32*	1.00		
Childbirth Classes	.53**	-.00	.07	.42*	1.00	
Financial Awareness	.52**	-.22	.06	.24	.13	1.00

*p < .05

**p < .001

Table 11
Pearson Product Moment Correlation of Perceived Impact of the Infant Subscales

Perceived Impact	Perceived Impact Variable				
	Perceived Impact Total	Household Concerns	Sexual Concerns	Social Concerns	Self-care Concerns
Perceived Impact Total	1.00				
Household Concerns	.72**	1.00			
Sexual Concerns	.60**	.35*	1.00		
Social Concerns	.77**	.53**	.23	1.00	
Self-care Concerns	.77**	.23	.45*	.47**	1.00
Emotional Concerns	.87**	.52**	.48**	.56**	.69**
					1.00

*p<.05
**p<.001

Significant Findings Between Sociodemographic Items
and the Preparation Subscale

A negative correlation was found to occur between working outside the home and financial awareness ($r=.30$, $p<.034$). This suggests that those fathers who worked outside the home reported more discussing, planning or thinking about finances in preparing for the baby's birth.

Having younger siblings was found to be positively correlated with previous childcare experiences, parent preparation, and the total preparation scale. The correlation coefficient and level of significance for the specific findings will be reported in the same order as above: previous childcare experiences $r=.74$, $p<.001$; parent preparation $r=.27$, $p<.044$; and the total preparation scale $r=.48$, $p<.001$. Those fathers who had younger siblings also reported more previous child-care experiences, self (parent) preparation, and more total preparation in general, as indicated by these correlations.

As might be expected, a moderate correlation was found between fathers who had older brothers and reported they had additional fathering experiences. The correlation coefficient was $r=.36$, with a significance level of $p<.010$.

A surprising correlation was noted between income and previous child-care experiences, $r=.30$, $p<.030$. Those fathers who reported higher income levels also reported more previous child-care experiences as indicated by the correlation. In an attempt to explain this finding, this researcher correlated income with the number of younger siblings and found a correlation coefficient of $.37$ and a significance level of $p<.009$. This indicates that those fathers with a reported higher income level also reported more

younger siblings. The family income also correlated to a slight degree with the fathers' financial awareness ($r=.26$, $p<.050$), indicating those fathers who reported a higher level of income also reported more financial awareness in preparing for the baby.

The man's educational level correlated positively with childbirth classes ($r=.36$, $p<.011$). This suggests that those fathers who reported a higher educational achievement also reported more involvement in childbirth classes.

A planned pregnancy was found to correlate negatively with two of the subscales on the scale that indicated the fathers' preparation for parenthood: previous fathering experiences ($r=-.33$, $p<.019$) and the total preparation scale ($r=-.29$, $p<.034$). These findings suggest those fathers who reported that the pregnancy was planned had also reported more previous fathering experiences and also reported more total preparation for parenthood.

A summary of the correlations between the sociodemographic variables and the preparation variables is presented in Table 12. (See next page.)

Significant Findings Between Sociodemographic Items and Perceived Impact Variables

The father's working outside of the home correlated negatively with household concerns of the first-time father. The correlation coefficient between the two variables was $-.32$ with a significance of $p<.022$. Another negative correlation appeared with the variable of working outside the home and social concerns of the first-time father ($r=-.27$, $p<.047$). These significant findings imply that those fathers who reported

Table 12

Pearson Product Moment

Correlation Between Sociodemographic Variables & Preparation for Parenthood Variables

Preparation For Parent- Hood	Sociodemographic Variables							
	Work Outside Of Home	Age	Younger Siblings	Older Brothers	Income	Education	Married	Planned Pregnancy
Previous Fathering Experience	.00	-.12	.13	.36*	-.19	.06	-.13	-.33*
Childcare Experiences	.00	.02	.74**	.21	.30*	-.15	-1.0	-.07
Parent Preparation	-.15	-.03	.27*	-.17	.02	.07	-.01	-.13
Childbirth Classes	-.18	.21	-.10	-.12	-.14	.36*	-.08	-.24
Financial Awareness	-.30*	.09	-.01	.06	.26*	.25	.04	-.16
Preparation Total	-.19	.05	.48**	.12	.15	.15	-.10	-.29*

* $p < .05$ ** $p < .001$

*** Dichotomous variable should be interpreted as Point Bi-Serial

they worked outside the home also indicated fewer household and social concerns following the baby's birth.

The age of the father was negatively correlated with emotional concerns of the first-time father ($r = -.33$, $p < .060$) and the total perceived impact scale ($r = -.29$, $p < .037$). This suggests that the older the father, the more emotional concerns he reported along with more total adjustments following the baby's birth in the areas of perceived impact.

The first-time father's educational level was negatively correlated ($r = -.42$) with the self-care concerns of the first-time father at the significance level of $p < .004$. Those fathers who reported a higher educational level also reported more emotional concerns since the baby's birth, as indicated by the correlations. The variable of a planned pregnancy correlated negatively with the total perceived impact scale along with the five subscales. The correlation coefficient between planned pregnancy and household concerns of the first-time father was $-.34$ ($p < .016$). Planned pregnancy was also correlated negatively with the sexual ($r = -.43$, $p < .003$), social ($r = -.27$, $p < .044$), self-care ($r = -.33$, $p < .019$), and emotional ($r = -.36$, $p < .011$) concerns of the first-time father. In addition, a planned pregnancy was correlated negatively with the total perceived impact scale ($r = -.45$, $p < .002$). The fathers who reported the pregnancy was planned also reported fewer concerns following the baby's birth, as implied by the correlations.

A summary of the correlations between the sociodemographic variables and the perceived impact variables is presented in Table 13. (See next page.)

Chi-square technique was performed to determine if any significant findings related to the question of whether the pregnancy was "desired,"

Table 13

Pearson Product Moment

Correlation Between Sociodemographic Variables & Perceived Impact of the Infant Variables

Perceived Impact Variables	Sociodemographic Variables							
	Work Outside of Home	Age	Younger Siblings	Older Brothers	Income	Education	Married	Planned Pregnancy
								**
Household Concerns	-.32*	-.26	.21	.17	.17	.19	-.16	-.34*
Sexual Concerns	.12	-.15	.13	-.13	-.22	-.10	.11	-.43*
Social Concerns	-.27*	-.14	.00	.06	-.04	.01	-.04	-.27*
Self-care Concerns	.00	-.17	.04	-.11	-.08	-.42*	.14	-.33*
Emotional Concerns	-.05	-.33*	.03	-.13	-.14	-.14	-.05	-.36*
Perceived Impact Total	-.17	-.29*	.11	-.02	-.06	-.12	-.01	-.45*

* p < .05

** Dichotomous variable should be interpreted as Point Bi-Serial

"undesired," or "neither." This technique was performed with the preparation for parenthood subscales, the perceived impact subscales, and the sociodemographic variables. No statistically significant findings were obtained among these items.

Summary

A description of the study sample in relation to sociodemographic data was included in this chapter. Reliabilities of the scales and subscales designed to measure the father's preparation for parenthood and his perceived impact of the baby have been presented. Correlations between the variables were included in Chapter V. Finally, the additional findings relating to the findings within the subscales and the findings between sociodemographic variables and the subscales have been reported.

In Chapter VI a discussion of the study findings will be discussed. In addition, the implications of the study findings will be presented in relation to the implications for nursing practice, nursing education, nursing service, and nursing research.

CHAPTER VI

SUMMARY AND IMPLICATIONS

Overview

The main purpose of conducting this study was to examine the relationship between preparation for parenthood experiences and the perceived impact of the baby on the father's role six to ten weeks postpartum. The study sample consisted of forty male participants who agreed to complete and return the questionnaire. Selected sociodemographic characteristics were obtained from these men for the purpose of describing the sample. Another purpose for the collection of sociodemographic characteristics was to be able to compare this study with other researchers' studies of first-time fathers.

This researcher developed one main hypothesis and multiple subhypotheses. The main hypothesis was used to test whether a relationship existed between the selected dimensions of preparation for parenthood and the selected dimensions of the perceived impact of the baby on the father's role six to ten weeks postpartum. The subhypotheses were used to ascertain if statistically significant relationships existed between the selected dimensions of the perceived impact of the baby on the father's role.

The results of this study demonstrated that there were some significant findings. Of the hypotheses tested, those that resulted in significant relationships were between preparation for parenthood and the perceived impact of the baby; between previous fathering experiences and household concerns; between parent preparation and self-care concerns; between parent preparation and emotional concerns; and between parent preparation and sexual concerns of the first-time father.

Chapter VI is organized in various sections. First the sociodemographic characteristics of the sample will be described. A discussion of these findings as they relate to the other researchers' results will be addressed. The research hypotheses are presented, whether they were accepted or not, along with a possible explanation for the results. Where applicable, the sociodemographic data from this sample will be included as a possible reason for the findings of the hypotheses. Other statistically significant findings from this study that were not developed into a specific research question will be included in a separate section. The relationship of the present study to the conceptual model and the implications of the study for nursing practice, education, and future research are considered.

Descriptive Findings of the Study Sample

The age distribution for the subjects in this study was from 23 to 35 years, with the majority of fathers being in the 26 to 28 year old category (Table 1, Chapter V). The mean age of the study participants was 28.2 years, similar to Leonard's study (1976) with first-time fathers whose mean age was 27. Similarly, the mean age of the first-time fathers in Cowan and Cowan's (1978) ongoing group was 28.6, with the average age in the comparison group being 27. The youngest mean age reported in the literature reviewed was 24, reported by Soule and associates (1979). Smith (1978) reported the oldest average age was 29 for expectant fathers. This researcher considered the age of the fathers to be an important sociodemographic variable. By knowing the ages of the sample and the range of ages, this researcher was able to estimate the developmental

level of the sample studied. The results of this study might have differed had the sample been primarily men in their late teens and early twenties or men in their mid-thirties. Depending on the age of the men and their developmental level, they might have prepared for parenthood differently or had a different perceived impact following the babies' birth.

The age range in this study was similar to LeMasters' (1957) and Dyer's (1963) study of first-time fathers who had an age range of 25-35 years, and Cowan and Cowan's (1978), whose sample in the ongoing group ranged in age from 22 to 36, while the men in the comparison group ranged in age from 21 to 37. Soule and associates (1979) reported the widest age span for the first-time fathers they studied (20 to 42 years). The ages of the first-time fathers in this study were fairly representative of the reported ages in the literature reviewed.

All of the men who participated in this study reported being fathers for the first time. Of the studies reviewed, all but five included only expectant first-time fathers or first-time fathers. The researchers, who did not necessarily limit their study to first-time fathers, were Whitley (1979), Smith and Smith (1978), Lein (1979), Cronenwett and Newmark (1974), and Wente and Crockenberg (1976). These researchers either did not explicitly state they were studying only first-time fathers, or the researchers simply did not limit their data to first-time fathers. The reason this researcher chose to limit the study to first-time fathers was to examine the way men who did not have any biological or adopted children prepared for and adjusted to parenthood.

A majority of the fathers (97.5 percent, n=40) reported that their babies were normal at birth, and all of these fathers stated their babies

were healthy. This criteria for inclusion in the study corresponded with Leonard's (1976), Greenberg and Morris's (1974) and Cronewett and Newmark's (1974). But these researchers only included the variable of the babies being normal at birth and did not include the babies' current health. Even though other researchers did not include the current health status of the babies as a study variable, this does not mean that the babies' health was not a potentially important variable. If any data were included from couples whose babies were not healthy in the researchers' reports, the results from the studies could be skewed as those parents with ill babies might have had different perceptions of parenthood.

The men who participated in this study indicated that they were both currently married to their baby's mother and living in the same household with her. All of the literature reviewed, with the exception of the study by Eversoll (1979), described their sample of men and women as either being couples or as being married. The implication was that the people who participated in the various studies were in some type of relationship, and together they had a child. Actually being married to the baby's mother and living with her were variables that were necessary for inclusion into this study. These variables were considered relevant because this researcher was studying the way men prepared for parenthood and subsequently adjusted to it, and the researcher was interested in examining an average adjustment process. The possibility exists that if these criteria were not included and some of the men were not married or did not live with the baby's mother, the results might have been different.

Only a few researchers specified the number of years the couples who participated in the various studies were married. In Dyer's study (1963), ten couples were married less than three years, and thirty-two

couples were married more than three years. Manion (1977) reported that approximately one half of the couples was married one to three years, while in the Cowan and Cowan study (1978) the range was from eight months to ten years of marriage. The subjects in this study reported a similar number of years married, anywhere from zero to ten years, with a mean of 3.3 years. The length of marriage was one of the sociodemographic variables that this researcher considered important because the number of years a couple has been married helps to determine the developmental level of the couple. This in turn may help to determine which couples prepared for parenthood and/or adjusted to parenthood with greater ease.

Educational levels of prospective fathers or first-time fathers were reported in a variety of ways. In his study, Hobbs (1965) reported the widest educational span, from illiteracy through advanced graduate degrees. The majority of researchers who reported the men's educational level found variations, from the completion of high school through doctoral or professional degrees. In the earlier research, LeMasters (1957) stated that the men in his study all had college degrees. Manion (1977) described his sample as being "well-educated" while Entwisle and Doering (1981), who were more specific, said 29 of the men had some high school education, 26 had some post high school education but no college degree, and 15 had post graduate education (n=57). The first-time fathers in this study varied widely in their levels of education, from some high school education (5 percent, n=2) to post graduate or professional education (27.5 percent, n=11). The average educational level came between some college training and graduation from college, which would seem to be fairly close to the educational levels reported by other researchers. Collecting information about the men's educational level was considered important to this

researcher. This information further defined the sample being studied, because this might influence the degree to which the men became involved in preparing for parenthood.

Because of changing economic conditions and the wide time-span of the literature reviewed, comparing the present income levels of these men with those men of the past becomes difficult. The majority of researchers who indicated an income level for their sample said the couples were middle-class; for example, LeMasters (1957), Dyer (1963), Fein (1976), Manion (1979), and Entwisle and Doering (1981). All of the participants in this study (n=40) reported their annual income levels. The range was from \$5,000 to \$35,000 or more annually with a mean of \$20,000 to \$29,999 per year (Table 5, Chapter V). Generally, the amount of financial income might influence the type of preparation the men sought, or their income might influence their adjustment to parenthood. An expectation would be that if the men consider themselves to be financially sound they might be able to attend childbirth education classes or afford with greater ease books on preparing for parenthood. Furthermore, a middle-class to upper middle-class income might help the men adjust to parenthood because they might have the money to hire a babysitter so they could go out with their wives after the baby's birth or perhaps they could hire someone to help with the housework.

Thirty-eight first-time fathers (95 percent, n=40) worked outside of the home at the time they completed the study questionnaire. Two men (5 percent) were not employed outside of their home. Had the question been worded so as to ask what percentage of time the man was employed, this might have provided a more accurate description of the socioeconomic status of the sample and might possibly explain those people who appeared

in the lower income bracket. With the majority of men working outside of the home, this may account for the mean income level. But had there also been a question about the wife's employment, this would have enhanced the description of the participants' socioeconomic status. A majority of the researchers did not indicate whether the men were working outside of the home at the time of their studies. The few researchers who specifically reported the information were Obrzut (1976), Lein (1979), and Soule (1979). All of the men in those studies were employed except for one man in Obrzut's study. This researcher considered working outside the home as a necessary variable that might explain financial concerns the men worried about or the amount of financial planning they did before the baby's birth.

Thirty-six of the fathers (90 percent, $n=40$) in this study were white; one (2.5 percent) was black; one (2.5 percent) oriental; one Mexican-American; and one man did not answer the question. Those researchers who included race as a describer of their sample reported a predominance of white men. Gilman & Knox (1976), Hobbs and Cole (1976), Wente and Crockenberg (1976), and Soule and associates (1979) reported that all of the men in their studies were white. Cronenwett and Newmark (1974) indicated a slightly more diversified sample, with 134 whites, 5 blacks, and 13 respondents who were in the "other" category out of a total sample of 152. This study did not reflect the general population of this community and, therefore, the results from this study do not have broad general applicability.

Leonard (1976) was the only researcher who reported anything about the birth order of her subjects. The men in her study were fairly evenly divided regarding their ordinal position in their family of origin.



In this study, the mean number of younger siblings was 2.2 with a range from zero to nine siblings (Table 3, Chapter V). Ordinal position was further divided into the number of older brothers of the first-time father. This ranged from zero to eight with a majority (n=22) of men not having older brothers. The reason for including the sibling variables was to ascertain whether older brothers could serve as role models to their younger brothers who were to become fathers and whether younger siblings could serve as a form of role rehearsal for their older brothers who were about to become first-time fathers.

The majority of men (70 percent, n=28) in this study responded that the pregnancy had been planned, leaving only 30 percent (n=12) who responded that the pregnancy was unplanned. Furthermore, thirty-five fathers (87.5 percent) reported the pregnancy as being desired, while three fathers (7.5 percent) felt the pregnancy was undesired and two (5.0 percent) considered the pregnancy to be neither desired or undesired. Those researchers who included the planning or desire for the pregnancy as a descriptor found the majority of respondents indicated that the pregnancy was either planned or desired. For example, LeMasters (1957) reported that 35 out of the 38 couples in his study said the pregnancy was planned or desired, Leonard (1976) indicated that the majority of the pregnancies were planned, Manion (1977) said 75 percent were planned pregnancies, while Obrzut (1976) reported 13 out of the 20 pregnancies were planned. The sample from this study appears to coincide with past research regarding the variable of a planned pregnancy. The variables of a planned/unplanned pregnancy or a desired/undesired pregnancy were considered relevant to this study because the way men thought about the pregnancy might affect the way they prepared for and adjusted to parenthood.

All first-time fathers who participated in this study returned their completed questionnaires when their babies' were six to ten weeks old. But in reviewing the literature, this researcher noticed that the previous researchers who had studied various ways men prepared or adjusted to their first baby took a long time to collect the data. Data collection occurred anywhere from the fifth month during the prenatal period up to the child's fifth year of age. A few of the researchers who collected data after the baby was born researched a time-frame similar to this study. Hobbs (1965) gathered data when the baby was 3 to 18 weeks old, Manion (1977) studied couples at six weeks postpartum, and Entwisle and Doering collected data when the baby was 4 to 8 weeks old. Data were collected within the specified time-frame because this researcher considered this a time when the elations would have ended and the adjustment would have begun. Furthermore, the time was limited to six to ten weeks so as not to include too large a time-frame where it would have been difficult for the fathers to recall their preparation and their feelings and concerns about adjusting to parenthood.

Summary

The descriptive findings from this study sample have been presented. Similarities and differences have been discussed as they related to the descriptive findings in this study compared with and contrasted to the studies of other researchers. In the next section the hypotheses will be stated. A statement indicating whether the hypotheses were accepted or not accepted is provided along with a possible explanation for the findings. Where applicable, the descriptive findings from this study will be applied.

Research Hypotheses

In this section, each research hypothesis is stated separately. The findings of this study will be discussed in relation to the hypothesis.

Main Hypothesis: There is a relationship between selected dimensions of preparation for parenthood and the perceived impact of the infant.

The main hypothesis was accepted because the minimum level of significance ($p < .05$) was achieved. A moderate correlation ($r = .35$) was observed between selected dimensions of preparation for parenthood and the perceived impact of the baby. A moderate correlation ($r = .35$) was observed between selected dimensions meaning that, for the sample of men in this study, preparing for parenthood helped to decrease their perceived impact of the baby. Even though other researchers whose studies were reviewed did not examine a possible relationship between preparation and perceived impact this researcher will attempt to explain this finding. A possible explanation might be that some of the areas in which men prepared for parenthood helped them adjust to parenthood and decreased their level of concern following the baby's birth. Another explanation could be that those men who prepared for parenthood were more aware of the impending changes and consequently had fewer concerns after the baby's birth. Furthermore, the majority of men in this study reported that the pregnancy was planned (70 percent). This variable was related to the total preparation score and the total perceived impact score (Chapter V, Tables 12 and 13). Perhaps when the men considered the pregnancy to have been planned, they became more involved in preparing for the baby's birth and were more willing to accept the changes or were less bothered with the changes that occurred following the birth.

Hypothesis I: There is a relationship between previous fathering experiences and the social concerns of the first-time father.

A statistically significant relationship between previous fathering experiences and the fathers' social life was not observed in this study. Evidently, in this sample of first-time fathers, their prior experiences with their own father or father figure did not affect the men's perceptions of their social life following the baby's birth. This lack of a significant relationship between the two subscales seems to be logical because the way in which the first-time fathers were raised and their involvement with their own fathers has little in common with the first-time fathers' perceptions of their social life since the baby was born. The lack of relationship between the variables of previous fathering experiences and the social life of the first-time father might relate to the way this researcher defined these variables. From the definitions, this researcher developed questions that were intended to reflect each variable. Perhaps if the questions had been worded differently, a relationship might have been identified, or there might not be a relationship between the two variables. Men who had previous fathering experiences did not consider these experiences as a way to handle their current social concerns, such as time for them to go out with their wives as they had in the past. These past fathering experiences focused more on love and attention than on dealing with social life problems.

Other researchers did not attempt, in their studies, to demonstrate any relationships between preparation for parenthood and perceived impact of the infant as this researcher was attempting to do (Obrzut, 1976 and Whitley, 1979). Fein (1976) noted that those men who remembered that their own fathers had been emotionally distant from them when they were

being raised hoped to be closer to their children. In the area of social life, Wente and Crockenberg (1976) reported that men felt tied down to their home and noticed a need to change some of their long-range plans. Perhaps another reason for the lack of relationship between the variables might stem from the period of time used in this study to collect data. The men completed and returned their questionnaires when their babies were six to ten weeks old. This specific time is probably when the fathers are very happy with their baby and content to be home. In essence, there is not a strong need for the men to participate in a social life outside of their home. Furthermore, as the six to ten weeks post-partum period could still be continuing when friends and family are coming to the couple's house to visit and see the new baby, the need for a social life outside the home is not as great.

Hypothesis II: There is a relationship between previous fathering experiences and the father's self-care activities.

This hypothesis was not accepted as the relationship did not reach the acceptable limits of $p < .05$ as established by this researcher. A search of the literature did not locate other studies seeking a relationship between previous fathering experiences and the father's self-care activities. It can only be concluded that in this study a relationship between previous fathering experiences and the father's self-care activities did not exist. The possibility exists that men who considered themselves to have had previous fathering experiences only viewed this as the way their fathers had helped to raise them by providing them with love and being around when they were growing up. This researcher used the concept of role modeling in defining the previous fathering experiences. It was anticipated that the men's previous fathering experiences would

help them adjust to parenthood, in particular to any self-care concerns they perceived following the baby's birth. Evidently, in this sample of first-time fathers they did not use their previous fathering experiences and role modeling to deal with their self-care concerns since the baby's birth.

Hypothesis III: There is a relationship between previous fathering experiences and emotional concerns of the first-time father.

As the relationship between the two variables in Hypothesis III did not reach the $p < .05$ level of significance, this hypothesis was not accepted. From the sample of first-time fathers who participated in this study, a significant relationship did not exist between their experiences with their own fathers when they were growing up and their perceived emotional concerns following the baby's birth. Because there was a skewed distribution of the emotional concern items, the likelihood of obtaining a significant correlation was greatly decreased. Most of the men (31 men) did not perceive any major emotional concerns following the baby's birth. But the men in this study ($n=26$, 65 percent) indicated that they had had previous fathering experiences. This implies that, regardless of the men's previous fathering experiences, emotional concerns were not a problem to them. Therefore, this one area was not of concern to them when they were completing the questionnaire. Those researchers whose studies were reviewed did not examine any possible relationship between previous fathering experiences and emotional concerns of the first-time father.

Hypothesis IV: There is a relationship between previous fathering experiences and the household concerns of the first-time father.

On the basis of the findings in this study, Hypothesis IV was accepted as the relationship between previous fathering experiences and the household concerns of first-time fathers reached the established acceptable significance level of $p < .05$. The correlation between the variables indicated a moderate relationship, ($r = .37$) which means the more previous fathering experiences the men had, the less they perceived household concerns following the baby's birth. Although studies were not found in the literature which attempted to establish a relationship between previous fathering experiences and household concerns of first-time fathers, this researcher will attempt to explain this relationship. Perhaps those men who responded positively (more than sometimes) to the previous fathering questions had fathers who either helped with the daily household tasks, or the household tasks were not of concern to them. The men in this study might have witnessed their fathers involved with their household tasks, and might have used their fathers as role models by becoming involved in the household chores. Therefore, the men in this study did not consider this as an area of concern following the baby's birth. This explanation can be taken a step further by considering the idea that the men's fathers in this study served as role models. Another possible argument for this significant relationship could be that those fathers who reported previous fathering experiences were the same men who stated they had older brothers. The first-time fathers in this study might have had older brothers (as well as fathers) who served as role models. As these men in this study might have had more exposure to helping with the household tasks, this area was not of concern to them.

Hypothesis V: There is a relationship between previous fathering experiences and the sexuality concerns of the first-time father.

This researcher was unable to accept this hypothesis because the correlation was below the $p < .05$ level of significance. The researchers whose works were reviewed for this study did not attempt to show whether a relationship existed between previous fathering experiences and the sexuality concerns of the first-time father. In this study, it can be concluded that a relationship did not exist between the experiences provided by the participants' fathers or father figures and the first-time father's concerns in the area of sexuality. In developing an explanation for the lack of relationship between previous fathering experiences and the sexuality concerns of the first-time father, particular attention must be paid to the range of distribution of the sexual concern items. Only five men (12.5 percent) responded to those items with a score of three or less, indicating the fathers' high concern about sexuality since the baby's birth. A score of three on the questionnaire was considered the mid-point for the possible choices the men could have selected. Because the distribution of responses was skewed with a majority of men not perceiving sexual concerns since the baby's birth, a correlation would not be expected. What this means is that regardless of the amount of previous fathering experiences the men had had they did not perceive many sexual concerns following the baby's birth. Perhaps the area of sexual concerns is not a problem or maybe the six to ten week time-frame in which the data were collected was too soon after the baby's birth for the men to experience concerns about sex problems.

Hypothesis VI: There is a relationship between participation in childbirth classes and the social concerns of the first-time father.

Hypothesis VI was not accepted because the $p < .05$ level of significance was not attained. This lack of association might stem from the purpose of childbirth education classes. The main purpose of the classes located in the participants' area was to provide a basic understanding of the process of labor and delivery and how to cope most effectively during this process. The instructors spent very little class time focusing on the fathers' possible adjustments to the changes surrounding parenthood, specifically the first-time fathers' social life.

Hypothesis VII: There is a relationship between participation in childbirth classes and the fathers' self-care activities.

A $p < .05$ level of significance was not obtained in the correlation between participation in childbirth classes and the fathers' self-care activities; therefore, Hypothesis VII was not accepted. The reason for this lack of relationship can only be postulated. A most likely explanation would be that the material provided in the childbirth classes did not prepare the men for the changes that might occur in their personal activities as a result of their becoming fathers. The first-time fathers who reported these similarities might have considered the structure of classes as a good way to prepare for parenthood and were most comfortable in this type of formal education. But the men who reported more education also reported more self-care concerns (Chapter V, Table 13). Perhaps higher levels of educational achievement for the men in this study meant they were more oriented to a specific work schedule and, after the baby's birth, they found their schedule to be disorganized.

Hypothesis VIII: There is a relationship between participation in childbirth classes and the emotional concerns of the first-time father.



Because the calculated relationship between participation in childbirth classes and the emotional concerns of the first-time fathers was below the acceptable level of significance ($p < .05$), Hypothesis VIII was not accepted. It can be concluded that a relationship did not exist between these two variables for the men sampled in this study. Even though the distribution of responses on the childbirth items was not skewed, the distribution on the emotional concern items was skewed. Five men (with a score less than 2.9) indicated that they had emotional concerns since the baby's birth. Because the majority of men did not perceive high emotional concerns following the baby's birth, a correlation between childbirth classes and emotional concerns of the first-time fathers would be unlikely. Regardless of the amount of participation the men indicated in childbirth classes, they still did not perceive the area of emotional concerns as a major problem after the baby's birth. Perhaps the men in this study did not experience any emotional concerns during the time when the data were collected. Their state of joy and happiness about becoming parents for the first time might still exist and, therefore, the men were not aware of any difficulties they were experiencing in adjusting to parenthood or any change in emotions that they shared with their wives. The other possibility certainly exists that first-time fathers do not have emotional concerns following their babies' birth.

Because of the self-care model used in this study, this researcher would have anticipated that, if the men participated in childbirth classes, they would experience less emotional concerns following their baby's birth than those men who did not participate in the classes. During the childbirth classes, if the instructors discussed possible emotional concerns that the men might face and some possible ways to deal with these

concerns, this researcher would think that the men would experience less emotional concerns after the baby's birth. The argument would be that the men would be more prepared for the emotional adjustments they might encounter following the birth of their baby. But for the men in this study at the time when the data were collected, emotional concerns were not a major problem.

Hypothesis IX: There is a relationship between participation in childbirth classes and the household concerns of the first-time father.

Considering the minimal acceptable level of significance for this study ($p < .05$), this researcher could not accept Hypothesis IX. The area of household tasks and responsibilities was not a prime objective in the preparation for childbirth classes. Based on the self-care model this researcher used, one would expect that providing information to prospective first-time fathers would help to alleviate their concerns in the household following the baby's birth. If the instructors in the childbirth classes had hinted there might be some household concerns following the baby's birth and possible ways to deal with these concerns, this researcher would have assumed that the men should have experienced less household concern after the baby's birth. The reason for this expectation would be that the men would be more prepared for possible adjustments they might face after the baby was born. It can be assumed the men in this study did not gain any significant information from the childbirth classes that helped them adjust to any changes in the appearance of the house, their wives' attitudes towards housekeeping, or new responsibilities the fathers assumed since the baby's birth.

Hypothesis X: There is a relationship between participation in childbirth classes and the sexuality concerns of the first-time father.

A correlation coefficient below the acceptable level of significance of $p < .05$ was observed between participation in childbirth classes and the sexuality concerns of first-time fathers. No other researchers' studies that were reviewed demonstrated an attempt to relate participation in childbirth classes and the sexuality concerns for the fathers (Cronenwett and Newmark, 1974). One must assume that, for the men who responded to the questionnaire, a relationship did not exist between these two variables.

The distribution of responses on the sexual concern items showed the majority of men (36 men) did not indicate they had had concerns about sexual matters since the baby's birth. Therefore, a significant relationship between participation in childbirth classes and the sexual concerns of the first-time fathers would be unlikely. As this researcher has discussed in previous hypotheses, those men who participated in childbirth classes and those who did not, indicated that the issue of sexual concerns was not a major problem to them since the baby's birth. These men had not perceived many sexual concerns since the baby's birth because this is an area that simply does not create concern for first-time fathers. Another possible explanation could be that when the data were collected at six to ten weeks postpartum, the men did not consider sexual concerns a problem.

Hypothesis XI: There is a relationship between child-care experiences and the social life of the first-time father.

Between the variables of child-care experiences and the social life of the first-time father a significant relationship at the $p < .05$ level was not observed. Because the relationship did not reach the specified level of significance, Hypothesis XI could not be accepted. Seven men responded

that they had previous child-care experiences ("more than sometimes"). This implies that the majority of men indicated that they did not have previous child-care experiences "sometimes or less". Therefore, this is a skewed distribution, making it less likely for a significant correlation to exist between this variable of previous child-care experiences and any other variable. The majority of men in this study did not have previous child-care experiences. Therefore, they could not use this form of preparation to help them adjust to social changes following the baby's birth.

Hypothesis XII: There is a relationship between child-care experiences and the fathers' self-care activities.

Since a statistically significant relationship at the $p < .05$ level was not discovered between child-care experiences and the self-care activities of the first-time father, Hypothesis XII was not accepted. An explanation for this lack of relationship is probably this: thirty-three out of forty men responded that they did not have much previous child-care experience. This was demonstrated with their score of "sometimes or less" on this questionnaire. For the majority of men in this study were unable to use their previous child-care experiences to help them adjust to their self-care concerns following the baby's birth because they did not have child-care experience. While other researchers did not investigate a possible relationship between child-care experiences and the fathers' self-care activities, researchers did report these were areas of preparation or concern for the first-time fathers. Manion (1977) said that some of the men (22 percent) in her study had cared for younger siblings. One of the areas discussed in Hobbs and Cole's (1976) study was that the men had noticed an interruption in their routine habits since the baby's birth.

Hypothesis XIII: There is a relationship between child-care experiences and the emotional concerns of the first-time father.

The established level of significance ($p < .05$) was not observed between child-care experiences and the emotional concerns of the first-time father; therefore, Hypothesis XIII was not accepted. The reason for this lack of relationship between the variables probably results from the way the men responded to the items questioning their "previous child-care experiences" and the "emotional concerns". In both areas the distribution of responses were skewed, indicating that most of the men had neither previous child-care experiences nor emotional concerns since the baby's birth. Regardless of previous child-care experiences, those men who tended to have more emotional concerns since the baby's birth were older (Chapter V, Table 13). Maybe the first-time fathers in this study who were older had a more difficult time adjusting to the amount of time and attention they were able to share with their wives since the baby was born.

Hypothesis XIV: There is a relationship between child-care experiences and the household concerns of the first-time father.

Hypothesis XIV: was not accepted because the established statistical significance of $p < .05$ was not achieved in the relationship between child-care experiences and the household concerns of the first-time father. This relationship was not attempted by any other researchers whose studies were reviewed. It can only be concluded that in this sample a relationship between child-care experiences and household concerns of first-time fathers did not exist. A probable explanation for the lack of relationship between the study variables is that only seven men (17.5 percent) considered they had had previous child-care experiences by responding to the

item phrased "more than sometimes" while 33 men (82.5 percent) did not think they had a great many previous child-care experiences. Since this represents a skewed distribution, the chance of having a significant correlation was decreased. Even though some of the men (12) indicated (with a score less than 3.1) they had had more household concerns since the baby's birth, the majority of the men indicated they did not have previous child-care experiences. Because most of the men indicated they did not have many previous child-care experiences, they could not use these experiences to help them deal with any household concerns they perceived after the baby's birth.

Hypothesis XV: There is a relationship between child-care experiences and the sexuality concerns of the first-time father.

A statistically significant relationship of $p \leq .05$ was not observed between child-care experiences and the sexuality concerns of the first-time father. This relationship was not demonstrated in a search of the literature. Perhaps a relationship does not exist because of the diversity of the two variables. An explanation could be that the definitions of the variables were so different that a relationship between previous child-care experiences and the sexuality concerns of the first-time father was not possible. Furthermore, when this researcher examined the distribution of responses in these two variables, it became apparent that the distributions were skewed, making it less likely for a significant correlation to exist. Most of the men had not had child-care experiences, and most of them did not have sexual concerns since the baby's birth.

Hypothesis XVI: There is a relationship between parent preparation and the social concerns of the first-time father.

This researcher was unable to accept this hypothesis, as the level

of significance did not reach the $p < .05$ level. In reviewing the literature, this researcher was unable to locate other studies seeking a correlation between parent preparation and the social life of the first-time father. For this study, it can be concluded that a relationship did not exist between the two variables. The explanation for this lack of a significant relationship between the variables might be that those men who became involved with preparing themselves for parenthood did not consider the social changes and concerns that could result after the baby's birth. Another argument could be that the men had not considered there would be a problem in the area of social activity and therefore did not spend any time preparing in advance for any possible changes. A further reason for the lack of relationship between the variables might relate to the time-frame when the data were collected. Twenty-three men responded that they did not have more social concerns since the baby's birth. Perhaps if these data had been collected at a later time, the responses might have been different. Or possibly, at the time when the men returned their questionnaires, they might have been more content to be at home with their wife and baby or perhaps they were having frequent visitors who came to see the baby.

Hypothesis XVII: There is a relationship between parent preparation and the father's self-care activities.

On the basis of the study findings, Hypothesis XVII was accepted because the relationship between parent preparation and the fathers' self-care activities met the established minimum level of significance ($p < .05$). The two variables correlated to a slight degree ($r = .29$) implying the more parent preparation the men had had, the less concerns they had in the area of self-care. Although other researchers whose studies were reviewed did not

examine the same type of relationship, this researcher will attempt to explain the relationship. Perhaps those men who were motivated to seek their own ways of preparing for parenthood (for example, reading magazines) were more aware of their new role as a father. This may have resulted in fewer concerns in the area of self-care. This explanation could be further substantiated because a significant correlation was observed between men who had younger siblings and their own parent preparation (Chapter V, Table 12). Maybe the men who had younger brothers and sisters had either taken care of their siblings or had been around them enough to realize the time involved in caring for children prepared them for the changes that would occur in the area of their own self-care activities.

Hypothesis XVIII: There is a relationship between parent preparation and the emotional concerns of the first-time father.

A slight relationship ($r=.27$) was noted between parent preparation and the emotional concerns of the first-time father. This hypothesis was accepted because the minimum level of significance ($p<.05$) was achieved. But the reason for the relationship can only be postulated because hypotheses in correlational research only seek to identify relationships and do not infer causality in those relationships that are observed. No other studies were located in the literature which attempted to correlate parent preparation and the emotional concerns of the first-time father. Entwisle and Doering (1981) noted from their sample of first-time fathers ($n=60$) various ways men reported preparing for parenthood. Fifty percent of the men said they received information from male friends who were fathers; 20 percent received information about childbirth from magazines; 37 percent from pamphlets; and 50 percent read specialized books on childbirth. Hobbs and Cole (1976) reported that one of the ten

most discriminating items for fathers when they were adjusting to parenthood was in the area of emotional concerns. Some of these men also reported they felt more "distant" from their wives. A possible explanation for the relationship between parent preparation and the emotional concerns of the men might relate to their own methods of preparing themselves for parenthood while their wives were pregnant. Those men who sought their own preparation might have more awareness about the amount of time involved in caring for a baby and realize what their role as fathers involved. This might alleviate some of the emotional concerns for those men who had more parent preparation.

Hypothesis XIX: There is a relationship between parent preparation and the household concerns of the first-time father.

The relationship between parent preparation and the household concerns of the first-time fathers did not reach the $p < .05$ level of significance; therefore, Hypothesis XIX was not accepted. In this sample a significant relationship was not observed between parent preparation and the household concerns of the first-time father. Perhaps those men who sought their own ways of preparing for parenthood did not include the area of changes in household duties and tasks. Consequently, for those first-time fathers who were interested in preparing themselves for parenthood did not consider parent preparation as a way to deal with the household concerns they were experiencing. It may be that the men who became involved with their own preparation for parenthood focused on the actual birth process and the physical and emotional care of the baby. Consequently, the men may not have concentrated their efforts on considering how any changes in the household tasks or duties would affect them. Another possible reason for the lack of relationship between the variables might have been that

the men did not consider the household issue a concern at this point. Maybe the men were still attempting to adjust to the new baby and were oblivious to any household changes.

Hypothesis XX: There is a relationship between parent preparation and the sexuality concerns of the first-time father.

Because the level of significance surpassed the acceptable limits of $p < .05$, Hypothesis XX was accepted. The correlation coefficient between parent preparation and the sexuality concerns of the first-time father indicated a moderate relationship, ($r = .46$) implying that the more parent preparation the men had, the less they expressed sexual concerns following the baby's birth. Even though other reserachers whose studies were reviewed did not attempt to demonstrate a correlation between parent preparation and the sexuality concerns of the first-time father, this researcher will attempt to explain the significant relationship. The possibility exists that those men who were active in their own preparation for parenthood were better prepared for the sexual adjustment following the baby's birth. A significant negative correlation was observed between a pregnancy being planned and the sexual concerns of the first-time father. This is the implication from this finding: when the men considered that the pregnancy had been planned, they had less sexual concerns following the baby's birth. An argument could be made that these men who reported that the pregnancy had been planned had fewer sexual concerns following the baby's birth. Planning the pregnancy may have been the major factor between the two variables in this hypothesis.

Hypothesis XXI: There is a relationship between financial awareness and the father's social life.

In this study, a significant relationship at the $p < .05$ level was not

observed between financial awareness and the father's social life. Re-viewing the literature indicated other researchers did not attempt to demonstrate a relationship between financial awareness and the father's social life. It would appear that preparing financially for the baby's birth did not have a significant impact on the concerns the men had related to their social life. This researcher finds it somewhat interesting that a relationship did not exist between the father's financial awareness and his social life. These variables correlated to a significantly negative degree with the variable of the father working outside the home. The implications from these relationships are that those fathers who reported they worked outside their homes also reported more financial awareness and fewer social concerns since the baby's birth. Maybe a significant relationship was not observed between financial awareness and social concerns because of the time when the data were collected. The men might not yet have perceived any social concerns and were content with their new social life.

Hypothesis XXII: There is a relationship between financial awareness and the father's self-care activities.

Those men who prepared financially for their baby's birth were not better able to deal with their self-care activities. A significant relationship of $p < .05$ was not observed between financial awareness and the father's self-care activities. Hypothesis XXII was not accepted. The correlation coefficient was .13, indicating a relationship does not exist between the two variables measured. Evidently, the actual task of planning for financial changes because of the baby's birth did not have a direct effect on helping the men in this study adjust to the changes in their normal self-care activities. Perhaps the area of financial

awareness should have been more general to include a more global form of budgeting - - for example, the planning of one's personal time.

Hypothesis XXIII: There is a relationship between financial awareness and the emotional concerns of the first-time father.

This researcher was unable to demonstrate a significant relationship between financial awareness and the emotional concerns of the first-time father. Hypothesis XXIII was not accepted because the correlation did not reach the minimum established level of significance ($p < .05$). It can only be concluded that in this study sample a relationship between financial awareness and the emotional concerns of the first-time father did not exist. In this study, a significant correlation was found between income and financial awareness (Chapter V, Table 11). This implies that men with the higher income levels were the same men who reported a higher level of financial awareness. The men may have been prepared financially, but at the time when they completed the questionnaires they did not indicate that they had a lot of emotional concerns since their baby's birth. In fact the range of responses to the emotional concern items were skewed, indicating more men did not have emotional concerns than had them since the baby's birth. Regardless of whether the man had prepared for financial changes with their babies' births, they still did not express major emotional concerns following these births.

Hypothesis XXIV: There is a relationship between financial awareness and the household concerns of the first-time father.

Based on the established level of significance ($p < .05$), Hypothesis XXIV was accepted. A moderate relationship ($r = .35$) was observed between financial awareness and the household concerns of the first-time father,

implying the more financial awareness the men had, the less they expressed concerns about their households. It is somewhat difficult to speculate on a possible reason for this relationship because other researchers whose works were reviewed did not attempt a relationship between the two variables. Perhaps those men who were financially prepared for the baby had a person that helped with the household chores, such as house cleaning. Another explanation might be that those men who were financially prepared for their baby simply expressed less household concerns following the baby's birth. Therefore, the area of household concerns was not a particular bother to these men because they could afford to hire extra help. In reference to the previous hypothesis, there was a relationship between income and financial awareness which would indirectly help to substantiate that explanation.

Hypothesis XXV: There is a relationship between financial awareness and the sexuality concerns of the first-time father.

Between the variables of financial awareness and the sexuality concerns of first-time fathers the $p < .05$ level of significance was not achieved. Hypothesis XXV was not accepted. A search of the literature did not locate other studies seeking a relationship between financial awareness and the sexuality concerns of the first-time fathers. A reason why there was not a significant relationship observed between the two variables probably relates to the skewed responses of the sexual concern items. Whether men indicated they were financially aware of impending changes with the baby's births did not seem to matter because the men did not perceive the issue of sexual concerns as a problem when they completed the questionnaire.



Summary

The main hypothesis that examined a relationship between selected dimensions of preparation for parenthood and the perceived impact of the infant was accepted. In addition five of the twenty-five subhypotheses were accepted. Hypothesis IV demonstrated a significant relationship between previous fathering experiences and the household concerns of the first-time father. Three other hypotheses that were accepted showed a relationship between parent preparation and the father's self-care, emotional concerns, and sexual concerns since the baby's birth. They were Hypotheses XVII, XVIII, and XX. The last hypothesis accepted was XXIV where a relationship was observed between financial awareness and household concerns of the first-time father. Other hypotheses tested in this study were not found to be statistically significant and it can be concluded these relationships did not exist in the study sample.

Other Significant Findings

In the sample of the first-time fathers who were questioned in this study, working outside of the home correlated negatively ($r = -.30$) to a significant degree ($p < .05$) with their financial awareness. The statements about financial awareness were concerned with the fathers' planning for increased financial expenditures and possible budget changes. Those participants who worked outside of the home indicated they had less concern about finances. This could be explained in a couple of ways. One explanation might be that those fathers who worked outside the home actually did plan for the increased expenses associated with having and

raising a baby. Another possible reason for the correlation might be that since those men were employed outside the home, they did not foresee any immediate financial problems, and therefore the area of finances was not of great concern to them.

A significant correlation was noted between the total family income and the fathers' financial awareness ($r=.26$, $p<.05$). The higher the family income per year, the more financial awareness the fathers perceived. In other words, those men who reported higher incomes either took the time to plan for the additional expenses that would be acquired with the baby's birth or they did not envision the additional expenses as a problem.

A common theme throughout the literature has been the area of income (or economic) pressures. Hobb's (1965) study tends to support the relationship of the fathers crisis scores to income. He claimed that, as the family income increased, fewer men experienced an extensive or severe crisis in adjusting to parenthood. But after the baby was born, many men felt economic pressures that might have resulted from the increased expenses associated with the baby. Or these men felt these economic pressures came from a decrease in family income when their wives were either temporarily or permanently not working outside of the home. LeMasters (1957), Obrzut (1976), Hobbs and Cole (1976), Wente and Crockenberg (1976), and Entwisle and Doering (1981) all said that the men who participated in their studies reported various levels of economic problems or pressures after the baby's birth. On the contrary, Russell (1974) did not find that income was related to the level of crisis the men had experienced in adjusting to parenthood.

The correlation shown in this study leads the investigator to conclude that income and employment do relate to financial awareness. More information is needed to accurately state the degree of relationship between the variables.

The men who reported having younger siblings also indicated they had more child-care experiences ($r=.74$, $p<.001$). A possible explanation for these correlations might be that those men who had younger brothers and sisters at home while they were growing up had an opportunity to share in the basic tasks of caring for children. Furthermore, because of their exposure to younger children these men may have been more motivated to seek their own preparation for parenthood or they felt comfortable in seeking out information about parenthood. The men may have been more aware of the questions to ask because of their experiences with younger siblings. Leonard (1976) found that men who had experience caring for children and enjoyed doing it responded with a more positive attitude toward parenthood.

A significant correlation existed between younger siblings and the total preparation score ($r=.48$, $p<.001$). It appears that men who had younger brothers and sisters considered themselves to have had some experiences in their past related to babies and young children. To a slight but not significant degree, this increased preparation may have helped decrease the total impact the first-time fathers perceived. Just because the first-time fathers with younger siblings had prior experiences in such areas as feeding a baby, babysitting, or caring for a sick baby, there was not a significant decrease in the men's total perceived impact score six to ten weeks after the baby's birth.

A relationship was also noted between older brothers and previous fathering experiences ($r=.36$, $p<.05$). Those men who had older brothers indicated they had more previous fathering experiences. The area of previous fathering experiences centered around these men's perceptions of their own fathers when they were growing up. An explanation for this correlation might be that those men with older brothers had an additional role model who helped care for them, loved them and spent time with them. Therefore, the men with older brothers might have felt they had more previous fathering experiences than men without older brothers. The explanation for this correlation is speculative, as this researcher only asked the number of older brothers these men had and did not ask their ages. Of the literature reviewed, no researcher addressed the area of older brothers and previous fathering experiences.

A surprising correlation was noted between income and child-care experiences ($r=.30$, $p<.05$). The higher the family income, the more men reported previous child-care experiences. In an attempt to possibly explain this correlation, a second correlation was done between income and younger siblings. The results showed a positive relationship between the two variables at the $p<.05$ level of significance ($r=.37$). No similar correlation was noted in the literature. This correlation implies that those men who had indicated they had a higher family income also reported they had more younger siblings. These men who were currently in a higher income bracket came from a family where there were children. The men might have gained experience in caring for children from their own brothers and/or sisters.

The man's educational level was associated with his attendance at and participation in childbirth education classes ($r=.30$, $p<.05$).

An implication from this relationship was that the better educated the prospective father, the more actively involved he was with the childbirth education classes. Whitley (1979) found the participants who were involved with prepared childbirth classes were better educated than those who attended only the conventional classes. It would appear that men who have achieved higher educational levels become more actively involved with the childbirth classes and gain more useful information from the classes. A possible explanation for this relationship might be that those men who had more formal education were more accustomed to learning in a formal instructional situation.

Two significant negative correlations were associated with the variable of a planned pregnancy: a planned pregnancy related to previous fathering experiences ($r = -.33$) and the father's total preparation score ($r = -.29$, $p < .05$). Those men who considered the pregnancies planned reported more specific previous fathering experiences and more total preparation for parenthood. A possible explanation for these relationships might be that men who had reported the pregnancy was planned had more previous fathering experiences and more general preparation for parenthood. Therefore, because of the men's previous experiences, both specific and general, they decided with their wives to plan the pregnancy. Or perhaps those men who reported more preparation for parenthood had a more positive picture as a result of their previous fathering experiences and therefore a greater desire to plan for the pregnancy. In this study, this researcher also observed that a negative relationship existed between a planned pregnancy and all of the individual perceived impact subscales (household, sexual, social, self-care, and emotional concerns of the first-time father) and the total perceived impact scale ($p < .05$).

The presence of a planned pregnancy instead of an unplanned pregnancy would appear to result in less concern for first-time fathers. One of Russell's (1974) conclusions that supports this finding was that a planned pregnancy resulted in less crisis for the couples.

Those men who reported working outside of their homes had a negative correlation with both household ($r = -.32$) and social concerns ($r = -.27$, $p < .05$) for themselves. These correlations could be explained by considering the variable of working outside the home. Men who were employed away from home were outside of that environment for a specified number of hours and might have been bothered less by the daily housekeeping chores. Another possible explanation exists in that perhaps those men who work outside of their home did not notice any change in the housekeeping chores after the baby was born. Similarly, those men who worked away from home might have considered working as a social outlet and, therefore, had fewer social concerns after the baby's birth. The possibility certainly existed that those men did not perceive any change in their social life and therefore did not have any concerns following the baby's birth.

Significant negative correlations were observed between the variable of the fathers' ages and both their emotional concerns ($r = -.33$) and their total perceived impact score ($r = -.29$, $p < .05$). These correlations indicate that the older the first-time fathers are, the more emotional concerns they perceive, and the greater is the perceived impact the baby places on their lives. Perhaps these relationships could be explained by addressing the issue of the fathers' age. Those men who were older when they experienced parenthood for the first time might have been more aware of their own feelings and the changes that occurred after the baby's birth. The older men might have experienced more changes or concerns

after the baby was born. This could be because those men had established various patterns in their daily lives which the baby interrupted.

Men's educational level and their concerns for their self-care since the baby's birth were negatively correlated ($r = -.42$, $p < .05$). This relationship implies that the more formal education the first-time father had pursued, the more self-care concerns he noticed. The reason for this relationship can only be postulated. An explanation might be that those men with a higher educational achievement were more career-oriented or at least, in the past had been career-oriented. They might have considered the changes that occurred since the baby's birth somewhat of an infringement on their personal time. Perhaps another explanation might be that those men with the higher educational achievements were more cognitively aware of changes that had occurred, particularly in the area of self-care concerns since the baby's birth.

Summary

In this last section, other significant findings were reported that were not specifically part of a research question. The last part of this chapter is divided into the relationship of the results to the conceptual model and the implications for nursing practice, nursing education, and further research.

Relationship of Results to Conceptual Model

In this study, the main hypothesis and five sub-hypotheses were accepted. The strength of the relationships within the hypotheses varied from slight to moderate; therefore, the findings should be applied with caution. The study findings will be discussed as they relate to the conceptual framework. Orem's nursing framework (1980) was used as the basis for this study.

Self-care is the basis of Orem's framework for nursing. She defines self-care as "the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health, and well-being" (Orem, 1980, p. 35). Three different levels exist in Orem's explanation of this self-care framework, varying from those people who need only support or education to those who need total care. The area of focus for this study was the supportive-educative system. This researcher placed the first-time father at this level because he was assuming a new role for which he might have had little or no prior preparation and because he needed information and support as he began to assume the father role.

Orem's nursing framework allowed this researcher to study a group of men who are generally considered to be healthy but who may benefit from working with a nurse during the pre-natal and post partum period. Orem recognizes that a component of providing nursing services to individuals or groups includes support and education. Therefore, this researcher chose to use Orem's framework for nursing because of her recognition of the supportive-educative system.

The supportive-educative system can help men adjust to their impending role of fatherhood. In the 1950's and early 1960's becoming

a parent was considered a crisis. Then in the late 1960's and in the 1970's researchers began to change their view and began to recognize that becoming a parent resulted in stress because these prospective fathers were adding a new role. In attempting to understand the difference between crisis and stress, it becomes important to recall the definitions of the two terms. A crisis occurs when a person is unable to cope with a situation. Furthermore, a crisis is self-limiting; the crisis ends. On the other hand, stress occurs when an event disrupts the person's normal ways of handling an event but the person is still able to cope with the change. Yet, when a researcher studies prospective first-time fathers, he/she must consider the area of role transition.

Role transition involves moving from one role to another or adding another role to those roles a person already has. The supportive-educative system focuses on providing direction and education to help people learn about a new event and to deal with the changes that will occur.

Becoming a parent involves changes, especially changes in the father's role. Men who become fathers for the first time add another role which they might more easily assume by preparing for that role. In reviewing the results from this study, a significant relationship was observed between selected dimensions of preparation for parenthood and the perceived impact of the baby on the father's role ($r=.35$, $p<.013$). An interpretation of this finding might be that those men who felt more prepared to assume their role had fewer concerns or fewer stresses after the baby's birth. In essence, those men who had fewer problems were perhaps more comfortable in moving into the next developmental life cycle of parenthood. A primary level of self-care is the ability to master the various developmental stages. Some of the men in this study were involved with their own

self-care as they looked back on their experiences with their fathers, as they sought information about parenthood, and as they thought about or made decisions regarding budget changes.

Specifically, significant relationships were found with those fathers who sought their own preparation for parenthood (parent preparation) and their self-care activities along with their emotional ($r=.27$ $p<.046$) and sexual concerns ($r=.46$, $p<.001$) following the baby's birth. Two other significant correlations were observed in this study. First, a relationship existed between previous fathering experiences and household concerns of the first-time father ($r=.37$, $p<.05$). Second, a relationship was noted since the baby's birth. Because of the various ways men reported preparing for their baby's birth and then, after the baby's birth, they reported less concern both in general and in specific areas, this would lead the researcher to conclude that the men were within the supportive-educative system. The reason would be that the men were using their previous experiences to help themselves prepare for parenthood, and they also sought their own ways of preparing (for example, they read books). The men in this study used the support they had received from their own fathers to help themselves prepare for parenthood, and they became involved in educating themselves to gain a better understanding of what to anticipate when they became parents.

In this study, these men did not rely on someone to totally prepare them for parenthood. Instead, they became involved in their own ways of preparing. With these men seeking the additional support and education they needed, they were able to move into the next stage of the life-cycle - - parenthood - - with less general concern about the impact the baby might place on their lives and with less specific concern about changes in their

emotional, household, sexual and self-care activities. By preparing for their baby's birth and facilitating their adjustment process after the birth, the men promoted their own self-care.

An objective of self-care, as defined by Orem is for an individual to achieve or maintain his sense of health and well-being according to his individual capacity. In order for individuals to achieve their own self-care abilities, nurses need to promote self-care and assist the individuals in adapting to changes that occur within their lives. "The primary work of nurses is to provide nursing in accord with the needs individuals have in assuming responsibility for their related self-care" (Orem, 1980, p. 15).

In this study, the researcher has identified differences in individuals. Basically, these differences have been the sociodemographic characteristics of this sample. In this study it was also determined that a significant relationship existed between some of the sociodemographic variables and the various subscale variables and/or the total scales (Chapter V, Tables 12 and 13). Possible reasons for these findings have been explained in the hypotheses where appropriate. Furthermore, in Chapter VI a section was devoted to explain the possible relationship between the sociodemographic variables and the scales of the instrument.

Since differences exist within individuals and how those individuals react to different situations, the method of promoting self-care is not universal. Nurses need to recognize that variations exist among individuals as does the interrelationship of those variations with the person's ability to prepare for and adapt to change. Recognizing that variations exist may assist the nurse in promoting higher levels of self-care.

Implications for Nursing Practice

As discussed in the previous sections, variations do exist within individuals. These variations may be as simple as their ages or as complex as the way different people prepare for parenthood and subsequently adjust to the impact of becoming a parent. Nurses who are in practice need to recognize that becoming a parent does not mean the same thing to everyone, nor does every prospective parent prepare and adjust to parenthood in the same way. Generally, parenthood is considered a normal everyday occurrence and often nurses are not acutely aware of the vast changes that occur to couples when they become parents. In particular, the husband frequently is not as actively encouraged to prepare for the baby's birth as the wife is, nor are his concerns after the birth sought as frequently as his wife's.

Nurses who work with expectant couples should help the couples meet their own self-care needs. To achieve this goal, the nurse must make a general assessment of the couple, including such areas as sociodemographic characteristics, their past experiences that may enhance their preparation, and their desire to prepare for parenthood. The nurse must pay attention to the father, as some men do prepare for parenthood, and, in specific areas, the preparation affects their perceived impact following the baby's birth, as this researcher's study shows.

The findings in this study indicate nurses should be aware of certain specific sociodemographic variables when they are working with first-time fathers. Specifically, nurses should determine whether the man is employed outside the home as this might influence his financial awareness. Those men who worked outside the home had less concerns about finances.



Furthermore, those men who reported higher family incomes also reported more financial awareness. Because these variables related to the men's financial awareness, the nurse needs to address specifically the areas of employment and income. These areas should be included in the nurses assessment. The nurse may need to help the couple plan for financial adjustments once the baby is born, especially if the husband is unemployed or the family income is not sufficient.

Another area for nurses to make a general assessment, is this. Does the man have any older brothers and/or younger siblings? This researcher's results indicate that older brothers might serve as a role model, specifically in the area of previous fathering experiences, and that younger siblings might have been used for role rehearsal to practice caring for children and to prepare generally for parenthood. Therefore, siblings are variables that might influence a man's preparation for parenthood. Nurses who are in practice could develop the area of experiences the first-time fathers might have gained from their siblings as a way these men might have prepared for parenthood. For those men who did not have older brothers or younger siblings, the nurse and the couple should consider other ways that these experiences could be gained - - for example, babysitting for friends' children.

Role rehearsal (practicing in advance) for the changes that will occur is a major strategy that the nurse can use in working with first-time couples, particularly first-time fathers. The goal of using role rehearsal would be to help the men gain practical experience in preparing for their baby's birth and to help the men during the transition period when they are attempting to assume the role of father. A specific strategy that the nurse and the father could work on would be ways of holding

a baby so that both the father and the baby would feel comfortable. Another strategy they could focus on could relate to more direct care of the baby. The focus of this strategy might be to have the prospective father practice bathing the baby and changing its diapers. Ideally, it would be best for the prospective father to practice on a real baby, but if a real baby is unavailable a doll the resembles one could be used.

In this study, the husband's educational level was found to be associated with his participation in childbirth classes. An implication for nurses in practice is this: the higher the husband's educational achievements, the more likely he is to attend and participate in childbirth education classes. Interestingly, this researcher also found that men with higher educational levels reported more self-care concerns after the baby's birth. This would be an area that the nurse and the prospective father and his wife could work on to develop strategies so that there were not self-care concerns following the baby's birth. When nurses work with men who have average or below-average educational achievements, it would be crucial to stress the importance of childbirth education classes and encourage the men to participate in them. The area of self-care concerns for these men with lower educational achievements does not seem to be a major problem following the baby's birth.

Another focus that should be included in the childbirth education classes is the area of potential household concerns of the men. From this study, it was learned that a significant relationship existed between previous fathering experiences and household concerns of the first-time fathers. The implication from this finding is that the more previous fathering experiences the men had had, the less they perceived household concerns following the baby's birth. A strategy to be included in the

childbirth education classes would be first to determine what the men thought of their previous fathering experiences and second to reflect about their current involvement in household chores. Then all of the couples should be encouraged to discuss how they each foresee the division of the household chores once the baby is born. A final strategy might be for the couples to practice their agreed upon roles by taking on their individual responsibilities before the baby is born. In this study, a significant finding was discovered between previous fathering experiences and household concerns. As a result there is a real need to include this area in childbirth education classes because of the role transition that occurs when couples become parents. Furthermore, the roles of parents are now going through a period of change; the roles are no longer clearly defined and strictly adhered to.

Whether the men consider the pregnancy as planned or unplanned seems to be an important factor for nurses to assess. From this study, it was learned that men who reported the pregnancy as planned had more total preparation for parenthood and specifically more previous fathering experiences. In addition, the men who stated that the pregnancy was planned reported fewer concerns following the baby's birth. It would seem that the variable of a planned instead of an unplanned pregnancy would be important for the nurse to assess.

A man's age is an important piece of information for the nurse to obtain. This researcher observed that the older the father the more emotional concerns he reported and the greater was his reported perceived impact following the baby's birth. When nurses are working with couples where the man is older it would be important for the nurse to assess the man's daily-lifestyle, how he thinks this will change after the baby is

born, and how he feels he will manage these changes. If nurses would help men, especially the older prospective first-time fathers, anticipate changes in their regular routines after the baby is born, and develop strategies to deal with these changes, perhaps the adjustment processes for the older first-time father would be easier.

Once an assessment has been made, the nurse, together with the couple, needs to develop a plan that will meet not only the woman's needs but also the man's. Both the nurse and the couple need to pursue strategies to affect the plan. Finally, they all evaluate the whole process. The evaluation time occurs when the nurse and the couple determine the degree to which the strategies have met their needs. Then the whole process of assessing, planning, intervening, and evaluating is repeated and continues to be repeated. When the nurse uses the nursing process his/her goal should include a continual assessment of the couple's needs. Then together, they all should develop plans to meet their needs, and finally, together, evaluate the whole process. Throughout the various stages, the nurse and the couple must work together. The nurse should remember that an ultimate goal of each interaction is to assist the couple to meet their own self-care needs and, by so doing, recognize that each person is an individual with different characteristics and needs.

In practice, nurses should encourage the husband to attend the pre-natal and postpartum exams. If more nurses offered flexible office hours, it would become more realistic for men and their wives to attend the appointments together. During the appointments, the nurse should attempt to include the husband by involving him in any teaching that is done, encouraging him to ask questions, answering his questions, and dealing with any concerns he may have either pre-natally or in the postpartum period.

The nurse should provide a phone number so that he/she can answer questions. Men need to be aware that it is not only common and natural for them to have questions but also acceptable for the men to call the nurse and to attend their wives' appointments. The phone calls and office visits should be a time when the father can seek information about preparing for parenthood, have his questions answered, and be given reassurance when necessary.

Unfortunately, once the baby is born, often times both the mother and father are in limbo, especially if they sought specialized care and are no longer in frequent contact with the obstetric office. Generally, only the mother returns once or twice during the six week postpartum time, and ordinarily the father does not return. This system can leave many first-time parents with unanswered questions. In a primary care area it would be more likely that the entire family would seek health-care in the same setting, and the health-care practitioners would probably know the entire family.

After the baby is born, it becomes increasingly important for the nurse, especially during the early postpartum period, to maintain contact with that family to assess their adjustment and the integration of the baby into the family unit. Nurses who work in either primary or specialized care should recognize the postpartum period as a time when both the mother and father may need additional support and guidance. A phone call or home visit from the nurse could be the added support they need. During the interaction, the nurse should assess the level of adjustment being achieved and answer questions or deal with concerns that have arisen about the baby, about themselves, or about each other.



Perhaps not only are childbirth classes to be recommended for couples but nurses should establish a group for prospective fathers that provides both education and support. The group should foster an interactive approach to enhance sharing and communication among the group members. Ideally, the group could have two co-facilitators, preferably a male nurse and a man who has recently become a father. The purpose of the sessions would be a discussion and a provision for information about becoming a parent, the role change involved, and its implications. Sessions should begin during the pregnancy, probably during the third trimester, and continue into the postpartum period for approximately six to ten weeks. Perhaps some of the sessions should include both the husband and the wife. By having both spouses present, the group facilitators could make some assessment of the couple's interaction and, during these joint sessions, the men and their wives should work on strengthening their communication. The couples should be encouraged to share their feelings and concerns with each other and their ideas about child-rearing and how they will divide all the tasks (for example, household chores and baby care) that need to be done once the baby is born.

An area that should be included in the sessions would be what type of fathering experiences the men can recall from their own fathers and how these previous fathering experiences might become a guide to help them prepare for and adjust to parenthood. Based on the results from this study, the men did use their previous fathering experiences to prepare for parenthood, and these experiences helped them with their adjustment to parenthood, and specifically their adjustment to household concerns following the baby's birth.

In the classes, time should be allotted to discuss what ways the men have prepared on their own for parenthood. For the men in this study, becoming involved with their own preparation for parenthood helped them adjust in some ways to the impact the baby placed on their lives. This self-preparation would be an important area to cover. The group leader should encourage the men to become involved with their preparation for parenthood and should suggest ways that are available for the men to become involved, such as books, movies, and talking with other fathers.

Anticipatory guidance and problem-solving would be areas nurses should discuss when they approach the issue of the baby's affect on the father's lives. Based on the findings from this study, this researcher concludes that preparing for parenthood helped to reduce concerns the men had in adjusting to parenthood both in general and in specific areas. During the sessions, the group facilitator should include the areas that the men might perceive as problematical after the baby is born, why these might be a problem, ways to deal with the problem through anticipating the changes that will occur, and suggestions of ways to handle the changes. For example, an area to be included that might become problematical, would be the household changes, the division of labor on household chores, and the effect these changes would have on these men.

During the postpartum period it might be wise to have the husband's wives attend a few of the meetings. A goal of the combined sessions would be to encourage communication between and among the couples. One of the topic areas for discussion would include how the father and mother are (separately and together as a couple) adjusting to parenthood. Perhaps a way to encourage a discussion that would focus on such an area would be to have the parents discuss with each other how they are managing their

adjustment to parenthood and specific areas that still need work, such as who always ends up cleaning the house. Hopefully, from the sessions and discussions, the couples would gain a greater understanding of how each of them is adjusting to parenthood.

More specifically, in the classes the content should include the men's previous fathering experiences portrayed through their own fathers. How the men can use their previous fathering experiences as a guide to raise their own child is a topic for discussion. In this study, the men reported that their fathers showed them love when they were growing up (n=29, 72.5 percent, with a score of three or more), were home often when they were growing up (n=32, 92.5 percent, with a score of three or more), and that their father helped take care of them as a child (n=25, 62.5 percent, with a score of three or more). During the sessions, the group facilitators should encourage the men to discuss what they consider their previous fathering experiences were and how they will be able to use these experiences to help them raise their own children. The reason for doing this in this study is that most men reported previous fathering experiences.

Another subject for the group sessions would be the ways the men are preparing themselves for parenthood and how these ways can help them be better prepared for parenthood. From this study, it was learned that men do become involved in preparing themselves for parenthood. For example, the men in this study talked to fathers about parenthood during their wife's pregnancy (n=33, 82.5 percent, score of three or more), and they found themselves interested in reading information about babies when their wives were pregnant (n=32, 80 percent, score of three or more). The group facilitators should encourage the men to discuss how they are preparing themselves for parenthood and offer other suggestions to help them with

their preparation, such as reading additional books or pamphlets. From this study, it was learned that the men did take an interest in preparing themselves for parenthood. Therefore, a content area for the group sessions would be the topic of the men's becoming involved with their own preparation for parenthood.

Based on this study, two specific content areas to be included when discussing the men's adjustment to parenthood would be potential or actual self-care and social concerns following the baby's birth. The issues of available time to carry out usual routines and how to prepare for changes in available time would be topics for discussion. Another topic would be the couple's social and recreational life after the baby is born, including tips on selecting a babysitter. In this study, the men indicated they noticed a change in opportunity to do personal things ($n=21$, 52.5 percent) and that their wives were making more demands on their time ($n=21$, 52.5 percent). The men who participated in this study indicated they were reluctant to leave the baby with a babysitter ($n=19$, 47.5 percent), and they had noticed a change in their available time for leisure or recreational activities since the baby's birth ($n=25$, 62.5 percent). By providing time for a discussion of these specific areas, the researcher hopes the men will be more prepared for parenthood and have an easier adjustment to it.

Nurses should become familiar with community resources that provide information, offer assistance or special groups that are interested in first-time parents (that include the fathers) or offer specific materials or programs for men. Once nurses become aware of and keep up-to-date with the community resources, they can let the expectant couple or the prospective first-time father know what resources are available within the

community. The potential exists for nurses who are in practice and work with expectant or new couples to develop their resources among themselves to meet the needs of the community.

In this study, men indicated that they sought their own ways of preparing for parenthood, such as pamphlets and books. It would behoove nurses to acquaint themselves with the material that is available for men who are prospective parents or who recently have become parents. Then the nurse could refer the men to other available information.

Nurses could become familiar with the material for prospective fathers by asking the men if they have read any pamphlets or books that discuss such areas as becoming a parent or ways of adjusting to parenthood. If the prospective father has read any such material, the nurse should note the title of the material, the approximate cost, and where he obtained it. Then the nurse could start a reference file of available reading material for prospective fathers. Another way for nurses to become acquainted with the available material would be to check with the pharmaceutical companies that deal with expectant and new couples to see if they publish any literature for parents. Furthermore, another resource that nurses have available is their colleagues. Nurses who work with expectant or new couples should share their resources for material with other nurses who work in similar areas. This sharing of information could be accomplished through a newsletter or, if the nurses know of some local nurses' organizations, they could share and update information at their meetings.

The overall goal of nurses who work with expectant couples or with parents should be to assist them in promoting their own self-care. By so doing, the nurse is also fostering the fathers' positive adoption of his new role: parenthood. The results from this study indicate that a

relationship exists between preparation for parenthood and the perceived impact of the baby on the fathers' lives. By assisting the father in his preparation for parenthood, the nurse is helping to decrease the concerns the fathers may have following the baby's birth. The ultimate goal is the fathers' positive adoption of their roles. If they prepare for the father role, this preparation in turn may foster that role.

From this study, it was learned that the five specific subscales for each preparation for parenthood and the perceived impact of the infant were not separate subscales. This finding provides an important implication for nurses in practice. Nurses who work with expectant couples should remember that men approach the idea of preparing for parenthood from more than one area. The nurse who is assisting the father to prepare for parenthood should also approach the preparation from more general areas. In other words, when discussing and helping a father to prepare for his baby's birth, the nurse should include a variety of areas, such as the father's previous fathering experiences, his previous child-care experiences, and his financial awareness instead of dealing with specific areas only.

Likewise, when the nurse is working with fathers after their babies' birth, the nurse should recognize that the fathers' concerns will more likely be in more than one specific area. Fathers who have concerns in one area, such as household affairs, are also likely to have concerns about sexuality. From this study it would appear that nurses who work with prospective fathers and first-time fathers need to take a general approach and cover a variety of areas to help them prepare for parenthood and the adjustment that follows.

Implications for Nursing Education

Implications for nursing education may be drawn from the results of this study. Various implications pertinent to this study will be examined.

All men are different, and the way men may pursue their preparation for parenthood differs. To meet individual needs, the nursing process must continue to be taught as a scientific method of solving problems. The implications for using the nursing process should become apparent at all levels of nursing education. A goal should be to use the nursing process as a method to promote the expectant father and the first-time father's self-care.

One of the focuses in nursing education should be on family dynamics and the normal stages and tasks that are part of family development. This education should focus on the couple, in particular the man, with emphasis on the period when he is awaiting parenthood and the postpartum, since he is a member of the family. Nurses must become aware of the role changes involved when a man becomes a parent. Furthermore, nursing education should focus on the family as a unit and the integration that is necessary when a baby is born and the spouses take on the additional role of parents.

An implication for nursing education is to promote the concept of primary care and the promotion of health. Education should focus on the men's preparation for parenthood as a primary preventive measure to decrease concerns the men may have in the postpartum period. In the area of health promotion it is important to recognize that nurses need to be able to assist men in the adoption of the father role. At the same time, the entire area of the women's preparation for parenthood, their adjustment to parenthood, and the postpartum period must continue to be taught as a

necessary element of primary care and the importance of promoting the women's health. An overall goal of the nurses' education should be to assist the family members to promote their own self-care abilities. Nursing educators need to continue to focus on the integration of the family as a unit and need to determine how the family meets its needs.

Nursing education programs must continue to emphasize the importance of providing education to the public. Workshops should be offered that provide teaching methods that the nurse can use in her practice. There is also a need for nurses to become involved with (or continue their involvement with) community programs that deal with either expectant or new parents and to be aware of the existing community resources. Nurses should make an effort within the community to provide support and education to the first-time family. At the graduate level, the nurse should learn the role of collaborator and consultant. From this role the nurse has the potential to work with other health-care professionals who share similar interests in developing educational workshops for other nurses and new parents.

The research findings in the area of prospective and first-time fathers needs to be a part of the educational curriculum that focuses on the family. From the research, nurses can gain an understanding of what has been done and the results of these studies. Conclusions from various research studies might have an impact on the education the nurse provides the father or the various methods of education that might be beneficial. For example, in this study a relationship was observed with those men who reported they had older brothers and previous fathering experiences. Emphasis should be placed on nurses conducting their own research when they are in practice. If nurses would conduct their own



research, they could look at such areas as the effects of the family income on the financial awareness of the couple in preparing for parenthood, or the relationship between the husband's ordinal position in his family and his adjustment to specific areas of parenthood. If nurses were taught how to conduct research within the setting of their own offices, they could evaluate the effects of their teaching methods. Examples and methods of conducting research in a practice setting is an area that should be included in a nurses education.

Nursing educators should have the ability to demonstrate various educational styles to students. The point is that individuals learn in various ways. Therefore, nurses in practice should have the ability to adjust their teaching style to meet each man's needs. As indicated by this study, variations existed among men.

Since a major portion of becoming a parent involves role change and the potential stress associated with concerns about becoming a parent, role theory and stress theory are areas that need to be included in a course that deals with the family. Nurses should be aware of the theories and their implications. Hopefully, by having a knowledge of what prospective fathers and first-time fathers are going through and methods to help ease their adjustments.

Staff development is an area that must be considered when discussing the education of nurses. Nurse-educators must remember another idea that is relatively new. This is the whole idea of nurses recognizing men as active participants in the preparation for their parenthood, men who also might have concerns about changes in their lives following the baby's birth. Therefore, seminars or workshops need to be developed for the nurses that are in practice. These sessions should include an update

from the literature on the men's involvement in preparing for childbirth and their concerns following the baby's birth. Furthermore, during the sessions, strategies should be developed for nurses who work in various parts of the health-care system (such as hospital nursing, community-health nursing, and office nursing) on ways to include, educate, and counsel the men who are about to become parents or have recently become parents. The goal of developing such a program for nurses in practice would be to keep them updated on the latest research and trends in the field, and also to assist the nurses in meeting the needs of their clientele.

When discussing the need for staff development, a specific area that must be included is community-health nursing. The reason is that community-health nursing offers the potential of optimum benefit for the first-time father and his family. Nurses practicing within the realm of the community have the unique opportunity of working with the father within the setting of his home and family. Seminars and workshops for nurses practicing in community-health should be considered a high priority as these nurses may be the first ones to note the concerns that the men are experiencing after the baby's birth. Beyond that, the community-health nurse has the opportunity to intervene and help the family, particularly the father, adjust to his new role. Therefore, nurse educators must remain aware of the community-health nurse.

A final implication for nursing education is the development of standards for the expectant and first-time father which take into consideration the need to understand and assess differences between men. Perhaps before the standards can be written in a final form, more research needs to be done both in the area of new studies and replication of previous studies.

Implications for Further 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 prospective first-time fathers. By varying the sample, the generalizability of the findings increases. If commonalities were found among various groups, this could establish priorities for nursing intervention.

Statistically significant relationships were observed with the variables that asked for the number of younger siblings and older brothers. Younger siblings correlated with previous child-care experiences, parent preparation, and the total preparation score. The number of older brothers correlated with previous fathering experiences. Speculations were made about possible reasons for the significant relationships. In future research it would be interesting to know the relative ages of the younger siblings, the older brothers, and the first-time fathers. If the proposed reasons in this study were upheld, then the results could have implications for nursing interventions.

Needed also, is stricter control of the environment in which the first-time father completes the instrument. Completing the questionnaire at home where the husband may have discussed items with his wife could have affected the responses the first-time father selected. Ideally, the questionnaire should be administered in a common place where the first-time father can be alone and not disturbed.



This researcher would recommend the addition of the two open-ended questions to the instrument. The first question would request that fathers list other ways they prepared for parenthood than those included on the instrument. Second, the fathers would be requested to list other concerns or changes they have experienced since the baby's birth. The purpose of these questions would be to further develop the questionnaire. Research being conducted in the areas of men's preparation for parenthood and their perceived impact is still relatively new. Therefore, it would be helpful to have the open-end questions as a way to identify the possible areas that were not considered on the questionnaire.

Another possible suggestion for obtaining information about how men prepared for their babies' birth and their concerns following the birth would be to have the men list the ways they prepared for parenthood and their concerns following the babies' birth. Next, the men should be asked to number their responses in order of importance. The end result would be two lists. From these lists, future questionnaire items could be written that focus on the current ways men prepare for parenthood and their concerns following the babies' birth.

From this study, it was learned that men prepare for parenthood in more general ways and also have more general, rather than specific, concerns following their babies' birth. Questionnaire items should, therefore, be written more generally and do not necessarily need specific subscales. All the questionnaire items need further testing. This should be done on several samples, both similar and different from the sample used in this study. Further testing of the items would help to establish the validity of the items. Furthermore, increasing the sample size and

making the sample more diversified would enhance researchers' opportunities to generalize the findings.

An interesting project might be to study two groups of fathers. In one group the nurse and the men would deal with specific areas of preparing for parenthood. In the second group the focus would be on providing a general approach to prepare for parenthood. The specific and the general groups would be studied through the pregnancies and during the postpartum period. The goal would be to note similarities and differences between the two groups in their abilities to adjust to parenthood.

Another way to conduct the project would be to have three groups of fathers, the third group being the control group who did not receive any specialized education or counseling from the nurse as described above. This type of project has the potential to be very beneficial for both research and nurses in practice. An evaluation could be made of the two experimental groups of fathers while comparing them to the control group as a basis for evaluating the research. The goal of noting similarities and differences among the groups would be the same with the exception that a control group would be used for the purpose of comparison. When developing the methodology for such a project, one of the procedures should be to assign the fathers at random to one of the three groups to help decrease bias.

Since all the men in this study attended childbirth education classes, it might be interesting to design a study that would look for differences in sociodemography, preparation for parenthood, and perceived impact of the baby as these affect two groups of men. The groups should consist of men who attended childbirth education classes and those men who did not.

Collecting the data for such a project in this area might be difficult and time-consuming for researchers as childbirth education classes seem to be encouraged.

Another idea for a research study would be to develop an experimental study that would compare and contrast two groups of fathers. The purpose of the study would be to address similarities and differences in the way men prepare for and adjust to parenthood. The groups would consist of men who either attended childbirth education classes or attended a group for prospective fathers as described in the section of this study entitled, Implications for Nursing Practice.

Further testing needs to be done with role theory and first-time fathers. Studies need to be conducted that use role theory as their major concept but look at the fathers' adjustment to parenthood at various times after the baby is born. The time frames should be extended to look at the fathers' adjustment beyond the ten week time-frame of this study. A reason for conducting further research with first-time fathers using role theory as a major concept would be to examine the relationship of role theory to the adjustment of the various developmental stages of parenthood.

Development of an assessment tool that includes information on the areas of sociodemography, preparation for parenthood, and the perceived impact of the infant on the first-time father would greatly help the nurse in practice. The tool could be used in everyday clinical research.

Summary

In Chapter VI a summary and discussion of the study findings was presented. These findings were related to the conceptual framework of this study and to Orem's (1980) self-care framework for nurses. Recommendations were discussed for nursing practice, education, and research. One of the major contributions of this study to the area of research is that the way a man prepares for parenthood can affect his perceptions of the impact this baby places on his life. From this study, it was also learned that certain sociodemographic characteristics impact the way a man prepares for parenthood and his perceptions of his baby on his life. This researcher's study offers a major potential contribution to the whole area of nursing practice that was discussed in the specific section entitled "Implications for Nursing Practice."

APPENDIX A

Consent Letter

Cover Letter

MICHIGAN STATE UNIVERSITY
COLLEGE OF NURSING

CONSENT LETTER

COVER LETTER

Dear First-Time Father,

The study in which you are about to participate is being conducted by myself as part of the requirements for a master's degree in nursing. The purpose of this study is to look at ways in which first-time fathers prepared for the birth of their baby, other past experiences which may have helped with the preparation phase, and how this affects your beliefs about parenthood. Through your completion and return of the questionnaire, it will add to the knowledge base of an area in which nurses can help first-time fathers prepare for and adjust to parenthood.

Your participation in the study is voluntary. You are free to discontinue your participation in the study at any time without penalty. Withdrawal from the study will not affect the care that your wife, child, or yourself are receiving. The results of the study will be treated in strict confidence and you will remain anonymous. Participation in the study does not guarantee any beneficial results to you. Furthermore, you will not be paid or receive any direct form of gratuity for participation.

If you are willing to participate in the study, please complete the enclosed questionnaire when your baby is six to ten weeks old. Please return the completed packet of information within five (5) days in the stamped, addressed envelope provided. At this point, if you should decide for any reason not to participate in the study, please return the uncompleted packet in the stamped envelope provided immediately to the researcher.

Participation in the study should take approximately 15-30 minutes of your time and will require you to respond to a series of questions as honestly and accurately as possible. Please complete the questions at a quiet time and without consulting your wife. As a result of participation in this study, you may become more aware of your feelings about being a father. If you have any questions, please call the researcher.

I will be pleased to send you a summary of the results of the study following its completion at your request.

Thank you for your cooperation.

Sincerely,

Karen A. Bowman, R.N.
Family Clinical Nurse Specialist Student, MSU
Phone: (517) 339-3044



APPENDIX B

Sociodemographic Information

Site _____
Pt. No. _____
Card No. _____
Date _____

The following questions are general things about you and your baby. The information will remain confidential. Please answer these questions to the best of your ability.

1. What is your baby's birthdate _____? (WRITE IN BIRTHDATE) (month) (date) (year)
2. Was your baby normal at birth? (CHECK ONE)
Yes _____ No _____
3. Is your baby healthy? (CHECK ONE)
Yes _____ No _____
4. How many other children do you have _____? (WRITE IN NUMBER)
5. How many stepchildren do you have _____? (WRITE IN NUMBER)
6. How many adopted children do you have _____? (WRITE IN NUMBER)
7. How many other children live with you (e.g. foster children) _____? (WRITE IN NUMBER)
8. Do you currently live in the same house as your baby's mother? (CHECK ONE) Yes _____ No _____
9. Are you presently married to your baby's mother? (CHECK ONE)
Yes _____ No _____
10. Do you currently work outside of the home? (CHECK ONE)
Yes _____ No _____

Site _____
 Pt. No. _____
 Card No. _____
 Date _____

The following describe general things about you. The information will remain confidential. Please answer these questions to the best of your ability.

1. How old are you _____? (WRITE IN YOUR PRESENT AGE)
2. How many younger brothers and/or sisters do you have _____?
 (WRITE IN NUMBER)
3. How many older brothers do you have _____? (WRITE IN NUMBER)
4. What is your racial or ethnic background? (CHECK ONE)
 Spanish _____ American Indian _____
 Oriental _____ Black _____
 Caucasian _____ (Other) (Specify) _____
5. Taking all sources of money into consideration, what was your family's total income before taxes and other deductions for the past 12 months? (CHECK ONE)

Below \$5,000 _____	\$20,000 to \$24,999 _____
\$5,000 to \$9,999 _____	\$25,000 to \$29,999 _____
\$10,000 to \$14,999 _____	\$30,000 to \$34,999 _____
\$15,000 to \$19,999 _____	\$35,000 and above _____
6. How much schooling have you completed (highest grade completed)? (CHECK ONE)
 1. None or some grammar school (less than 7 grades completed) _____
 2. Junior high school (9 grades completed) _____
 3. Some high school (10 and 11 grades) _____
 4. Graduated from high school _____
 5. Technical, business or trade school _____
 6. Some college (less than 4 years completed) _____
 7. Graduated from college _____
 8. Postgraduate college or professional _____
7. How many years have you been married _____? (WRITE IN NUMBER OF YEARS)
8. Was this pregnancy planned or unplanned? (CHECK ONE)
 Planned _____ Unplanned _____
9. Do you think the pregnancy was desired, undesired, or neither? (CHECK ONE)
 Desired _____ Undesired _____ Neither _____

PLEASE CONTINUE WITH NEXT PAGE FOR FURTHER INSTRUCTIONS. THANK YOU.

APPENDIX C

Questionnaire Items

Site _____
Pt. No. _____
Card No. _____
Date _____

Instructions: The following questions describe ways in which some men have prepared for becoming a father. Some of the questions may pertain to you and some may not. Please check the line which most closely describes the appropriate response for you. There are no right or wrong answers.

Sample Question: I have played with a baby (0-2 months old) in the past.

Rarely _____ Sometimes _____ Often

If you rarely played with a baby in the past, check "rarely".

If you have played with a baby sometimes in the past, check "sometimes".

If you have played with a baby often in the past, check "often".

If your response is somewhere between rarely and sometimes, check the space between "rarely" and "sometimes".

If your response is somewhere between sometimes and often, check the space between "sometimes" and "often".

1. My father, or father figure, showed me his love when I was growing up.

Rarely _____ Sometimes _____ Often

2. I found myself angry at other parents when their babies were crying or misbehaving in public.

Rarely _____ Sometimes _____ Often

3. I have thought about increased expenses for emergencies that may arise with the baby.

Rarely _____ Sometimes _____ Often

4. I have fed a baby (0-2 months old) in the past.

Rarely _____ Sometimes _____ Often

5. My father, or father figure, was home often when I was growing up.

Rarely _____ Sometimes _____ Often

6. My wife and I discussed the budget before the baby was born to help us prepare for the additional expense.

Rarely _____ Sometimes _____ Often

7. I used to babysit when I was younger.

Rarely Sometimes Often

8. I have been around a sick baby (0-2 months old) in the past.

Rarely Sometimes Often

9. I have planned for increased health care expenses.

Rarely Sometimes Often

10. I talked to other fathers about parenthood during my wife's pregnancy.

Rarely Sometimes Often

11. Child rearing was an important part of my family background.

Rarely Sometimes Often

12. I have cared for a fussy baby (0-2 months old) in the past.

Rarely Sometimes Often

13. I found myself interested in reading information about babies when my wife was pregnant.

Rarely Sometimes Often

14. I have planned for increased expenses for the baby's needs, such as clothing and food.

Rarely Sometimes Often

15. I have changed babies' diapers (0-2 months old) in the past.

Rarely Sometimes Often

16. I found myself wanting to be around other children when my wife was pregnant.

Rarely Sometimes Often

17. I have held a baby (0-2 months old) in the past.

Rarely Sometimes Often

18. I found myself wanting to hold other peoples' babies when my wife was pregnant.

Rarely Sometimes Often

19. Since my wife's pregnancy, I have noticed that we shop differently to take advantage of sales and specials.

Rarely Sometimes Often

20. I have younger brothers and/or sisters with whom I have stayed with or babysat.

Rarely Sometimes Often

21. I found myself ignoring other children when my wife was pregnant.

Rarely Sometimes Often

22. My father, or father figure, helped take care of me when I was a child.

Rarely Sometimes Often

Have you attended childbirth classes? (CHECK ONE)

Yes _____ (SKIP TO QUESTION 24)

No _____ (CONTINUE TO QUESTION 23)

23. Looking back since labor and delivery, I feel the childbirth classes would have been a help to me.

Rarely Sometimes Often

24. I participated in the childbirth class discussion and exercises.

Rarely Sometimes Often

25. The childbirth classes prepared me for being a father.

Rarely Sometimes Often

26. I practiced the childbirth exercises with my wife at home.

Rarely Sometimes Often

27. The childbirth classes helped explain infant care to me.

Rarely Sometimes Often

Instructions: The following questions are about the kind of changes that may happen to a man after the birth of his first child. Please check the line which most closely describes how much you agree with the statement. There are no right or wrong answers.

Sample Question: Our friends still visit as they did before the baby was born.

Strongly Disagree Neither agree or disagree Strongly Agree

If you strongly disagree with the statement, check "strongly disagree".

If you neither agree or disagree with the statement, check "neither agree or disagree".

If you strongly agree with the statement, check "strongly agree".

If your response is somewhere between strongly disagree and neither agree or disagree, check the space between the two responses.

If your response is somewhere between neither agree or disagree and strongly agree, check the space between the two responses.

28. I am finding the adjustment to parenthood difficult.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

29. Since the baby's birth, there has been an increase in the number of chores which do not get done.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

30. I am beginning to resent the amount of time the baby is taking from me.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

31. It concerns me that the baby will need attention during sex.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

32. I am reluctant to leave the baby with a babysitter when we go out socially.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

33. I feel that my wife and I will never be able to go out with our friends as we did before the baby was born.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

34. I have noticed a change in my opportunity to do personal things (e.g., shower, read the newspaper) since the baby was born.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

35. I am happy to give more help with household chores.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

36. I have noticed a change in the amount of love and affection my wife shares with me since the baby was born.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

37. My wife always seems to be too tired to go out, as we did before the baby's birth.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

38. Since the baby's birth, I have been able to express my emotions to my wife.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

39. I am embarrassed to bring unexpected company home for fear of what the house may look like.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

40. I have felt a decrease in satisfaction with our marriage since the baby's birth.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

41. I am dissatisfied with my wife's current physical appearance.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

42. I find my wife as sexually attractive as before the baby's birth.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

43. I feel as if I have been under emotional stress since the baby was born.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

44. My wife and I are finding it difficult to agree about birth control.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree



45. I have noticed a change in the time available for leisure or recreational activities since the baby's birth.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

46. The time we have for our evening meal has changed since the baby was born.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

47. It bothers me when I come home to a messy house.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

48. My wife is making more demands on my time since the baby was born.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

49. I have noticed that my wife's attitude has become more negative about housekeeping since the baby's birth.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

50. I feel free to make social plans for my wife and myself since the baby's birth.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

51. I am going out with people from work or friends more frequently since the baby was born.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

52. It seems that whenever I start doing something for myself, the baby interrupts.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

53. I have felt more tired since the baby was born.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

54. I find myself getting angry with the way the house is kept since the baby's birth.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

55. I am (or was) nervous about having sex with my wife since the baby's birth for fear of causing her pain.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

END OF QUESTIONS

Thank you for taking the time to complete the questions. Your responses will contribute to future nursing interventions and interactions with first-time fathers. If you have any questions, please call me. My phone number is provided on the consent letter.

APPENDIX D

Participant's Log

[illegible]

APPENDIX E

UCRIHS Approval Letter

MICHIGAN STATE UNIVERSITY

OFFICE OF VICE PRESIDENT FOR RESEARCH
AND GRADUATE STUDIES

EAST LANSING • MICHIGAN • 48824

March 25, 1982

Ms. Karen A. Bowman
5735 Ridgeway Drive, Apt. 9
Haslett, Michigan 48840

Dear Ms. Bowman:

Subject: Proposal Entitled, "Preparation for Parenthood
and Perceived Impact of the Infant in the
Primigravida Father Six to Eight Weeks Postpartum"


I am pleased to advise you that this project is eligible for an exemption from full UCRIHS review and approval is herewith granted for conduct of the project.

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 March 25, 1983.

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 my attention. If I can be of any future help, please do not hesitate to let me know.

Sincerely,



Henry E. Bredeck
Chairman, UCRIHS

HEB/jms

cc: Dr. Given

APPENDIX F

Raw Data From
Questionnaire Items

Site _____
Pt. No. _____
Card No. _____
Date _____

The following questions are general things about you and your baby.
The information will remain confidential. Please answer these
questions to the best of your ability.

1. What is your baby's birthdate _____? (WRITE IN
BIRTHDATE) (month) (date) (year)
2. Was your baby normal at birth? (CHECK ONE)
Yes _____ No _____
3. Is your baby healthy? (CHECK ONE)
Yes _____ No _____
4. How many other children do you have _____? (WRITE IN NUMBER)
5. How many stepchildren do you have _____? (WRITE IN NUMBER)
6. How many adopted children do you have _____? (WRITE IN NUMBER)
7. How many other children live with you (e.g. foster children)
_____? (WRITE IN NUMBER)
8. Do you currently live in the same house as your baby's mother?
(CHECK ONE) Yes _____ No _____
9. Are you presently married to your baby's mother? (CHECK ONE)
Yes _____ No _____
10. Do you currently work outside of the home? (CHECK ONE)
Yes _____ No _____

PLEASE CONTINUE WITH NEXT PAGE FOR FURTHER INSTRUCTIONS. THANK YOU.

Site _____
 Pt. No. _____
 Card No. _____
 Date _____

The following describe general things about you. The information will remain confidential. Please answer these questions to the best of your ability.

1. How old are you _____? (WRITE IN YOUR PRESENT AGE)
2. How many younger brothers and/or sisters do you have _____?
 (WRITE IN NUMBER)
3. How many older brothers do you have _____? (WRITE IN NUMBER)
4. What is your racial or ethnic background? (CHECK ONE)
 Spanish _____ American Indian _____
 Oriental _____ Black _____
 Caucasian _____ Other (Specify) _____
5. Taking all sources of money into consideration, what was your family's total income before taxes and other deductions for the past 12 months? (CHECK ONE)

Below \$5,000 _____	\$20,000 to \$24,999 _____
\$5,000 to \$9,999 _____	\$25,000 to \$29,999 _____
\$10,000 to \$14,999 _____	\$30,000 to \$34,999 _____
\$15,000 to \$19,999 _____	\$35,000 and above _____
6. How much schooling have you completed (highest grade completed)? (CHECK ONE)
 1. None or some grammar school (less than 7 grades completed) _____
 2. Junior high school (9 grades completed) _____
 3. Some high school (10 or 11 grades) _____
 4. Graduated from high school _____
 5. Technical, business or trade school _____
 6. Some college (less than 4 years completed) _____
 7. Graduated from college _____
 8. Postgraduate college or professional _____
7. How many years have you been married _____? (WRITE IN NUMBER OF YEARS)
8. Was this pregnancy planned or unplanned? (CHECK ONE)
 Planned _____ Unplanned _____
9. Do you think the pregnancy was desired, undesired, or neither? (CHECK ONE)
 Desired _____ Undesired _____ Neither _____

PLEASE CONTINUE WITH NEXT PAGE FOR FURTHER INSTRUCTIONS. THANK YOU.

Site _____
 Pt. No. _____
 Card No. _____
 Date _____

Instructions: The following questions describe ways in which some men have prepared for becoming a father. Some of the questions may pertain to you and some may not. Please check the line which most closely describes the appropriate response for you. There are no right or wrong answers.

Sample Question: I have played with a baby (0-2 months old) in the past.

Rarely Sometimes Often

If you rarely played with a baby in the past, check "rarely".

If you have played with a baby sometimes in the past, check "sometimes".

If you have played with a baby often in the past, check "often".

If your response is somewhere between rarely and sometimes, check the space between "rarely" and "sometimes".

If your response is somewhere between sometimes and often, check the space between "sometimes" and "often".

1. My father, or father figure, showed me his love when I was growing up.

5 6 11 6 12
Rarely Sometimes Often

- * 2. I found myself angry at other parents when their babies were crying or misbehaving in public.

7 6 20 3 4
Rarely Sometimes Often

3. I have thought about increased expenses for emergencies that may arise with the baby.

4 2 13 14 7
Rarely Sometimes Often

4. I have fed a baby (0-2 months old) in the past.

29 3 3 2 3
Rarely Sometimes Often

5. My father, or father figure, was home often when I was growing up.

2 1 8 9 20
Rarely Sometimes Often

6. My wife and I discussed the budget before the baby was born to help us prepare for the additional expense.

6 4 12 9 9
Rarely Sometimes Often

* Deleted from scale

7. I used to babysit when I was younger.
- | | | | | |
|-----------|----------|-----------|----------|----------|
| <u>21</u> | <u>3</u> | <u>8</u> | <u>3</u> | <u>5</u> |
| Rarely | | Sometimes | | Often |
8. I have been around a sick baby (0-2 months old) in the past.
- | | | | | |
|-----------|----------|-----------|----------|----------|
| <u>25</u> | <u>5</u> | <u>5</u> | <u>3</u> | <u>2</u> |
| Rarely | | Sometimes | | Often |
9. I have planned for increased health care expenses.
- | | | | | |
|----------|----------|-----------|-----------|-----------|
| <u>3</u> | <u>1</u> | <u>13</u> | <u>11</u> | <u>12</u> |
| Rarely | | Sometimes | | Often |
10. I talked to other fathers about parenthood during my wife's pregnancy.
- | | | | | |
|----------|----------|-----------|----------|----------|
| <u>4</u> | <u>3</u> | <u>20</u> | <u>6</u> | <u>7</u> |
| Rarely | | Sometimes | | Often |
11. Child rearing was an important part of my family background.
- | | | | | |
|----------|----------|-----------|----------|-----------|
| <u>3</u> | <u>6</u> | <u>9</u> | <u>9</u> | <u>12</u> |
| Rarely | | Sometimes | | Often |
12. I have cared for a fussy baby (0-2 months old) in the past.
- | | | | | |
|-----------|----------|-----------|----------|----------|
| <u>28</u> | <u>5</u> | <u>2</u> | <u>4</u> | <u>1</u> |
| Rarely | | Sometimes | | Often |
13. I found myself interested in reading information about babies when my wife was pregnant.
- | | | | | |
|----------|----------|-----------|-----------|----------|
| <u>6</u> | <u>2</u> | <u>15</u> | <u>10</u> | <u>7</u> |
| Rarely | | Sometimes | | Often |
14. I have planned for increased expenses for the baby's needs, such as clothing and food.
- | | | | | |
|----------|----------|-----------|-----------|-----------|
| <u>2</u> | <u>2</u> | <u>15</u> | <u>11</u> | <u>10</u> |
| Rarely | | Sometimes | | Often |
15. I have changed babies' diapers (0-2 months old) in the past.
- | | | | | |
|-----------|----------|-----------|----------|----------|
| <u>22</u> | <u>4</u> | <u>6</u> | <u>5</u> | <u>3</u> |
| Rarely | | Sometimes | | Often |
16. I found myself wanting to be around other children when my wife was pregnant.
- | | | | | |
|----------|----------|-----------|----------|----------|
| <u>7</u> | <u>4</u> | <u>18</u> | <u>6</u> | <u>5</u> |
| Rarely | | Sometimes | | Often |
17. I have held a baby (0-2 months old) in the past.
- | | | | | |
|-----------|----------|-----------|----------|----------|
| <u>13</u> | <u>8</u> | <u>8</u> | <u>5</u> | <u>6</u> |
| Rarely | | Sometimes | | Often |
18. I found myself wanting to hold other people's babies when my wife was pregnant.
- | | | | | |
|-----------|-----------|-----------|----------|----------|
| <u>17</u> | <u>10</u> | <u>7</u> | <u>3</u> | <u>3</u> |
| Rarely | | Sometimes | | Often |

* Deleted from scale

- *19. Since my wife's pregnancy, I have noticed that we shop differently to take advantage of sales and specials.

<u>12</u>	<u>7</u>	<u>12</u>	<u>2</u>	<u>6</u>
Rarely		Sometimes		Often

- *20. I have younger brothers and/or sisters with whom I have stayed with or babysat.

<u>17</u>	<u>5</u>	<u>4</u>	<u>4</u>	<u>9</u>
Rarely		Sometimes		Often

21. I found myself ignoring other children when my wife was pregnant.

<u>23</u>	<u>6</u>	<u>3</u>	<u>0</u>	<u>2</u>
Rarely		Sometimes		Often

22. My father, or father figure, helped take care of me when I was a child.

<u>9</u>	<u>6</u>	<u>10</u>	<u>5</u>	<u>10</u>
Rarely		Sometimes		Often

Have you attended childbirth classes? (CHECK ONE)

Yes 40 (SKIP TO QUESTION 24)

No _____ (CONTINUE TO QUESTION 23)

- *23. Looking back since labor and delivery, I feel the childbirth classes would have been a help to me.

<u>1</u>		<u>1</u>		<u>1</u>
Rarely		Sometimes		Often

24. I participated in the childbirth class discussion and exercises.

<u>3</u>	<u>0</u>	<u>7</u>	<u>9</u>	<u>20</u>
Rarely		Sometimes		Often

25. The childbirth classes prepared me for being a father.

<u>5</u>	<u>4</u>	<u>12</u>	<u>6</u>	<u>12</u>
Rarely		Sometimes		Often

26. I practiced the childbirth exercises with my wife at home.

<u>5</u>	<u>5</u>	<u>22</u>	<u>3</u>	<u>4</u>
Rarely		Sometimes		Often

27. The childbirth classes helped explain infant care to me.

<u>13</u>	<u>2</u>	<u>13</u>	<u>5</u>	<u>7</u>
Rarely		Sometimes		Often

Instructions: The following questions are about the kind of changes that may happen to a man after the birth of his first child. Please check the line which most closely describes how much you agree with the statement. There are no right or wrong answers.

Sample Question: Our friends still visit as they did before the baby was born.

Strongly
Disagree

Neither agree
or disagree

Strongly
Agree

If you strongly disagree with the statement, check "strongly disagree".

If you neither agree or disagree with the statement, check "neither agree or disagree".

If you strongly agree with the statement, check "strongly agree".

If your response is somewhere between strongly disagree and neither agree or disagree, check the space between the two responses.

If your response is somewhere between neither agree or disagree and strongly agree, check the space between the two responses.

28. I am finding the adjustment to parenthood difficult.

20
Strongly
Disagree

10

5
Neither agree
or disagree

4

1
Strongly
Agree

29. Since the baby's birth, there has been an increase in the number of chores which do not get done.

13
Strongly
Disagree

4

7
Neither agree
or disagree

12

4
Strongly
Agree

30. I am beginning to resent the amount of time the baby is taking from me.

24
Strongly
Disagree

8

6
Neither agree
or disagree

2

0
Strongly
Agree

*31. It concerns me that the baby will need attention during sex.

14
Strongly
Disagree

8

12
Neither agree
or disagree

4

2
Strongly
Agree

32. I am reluctant to leave the baby with a babysitter when we go out socially.

7
Strongly
Disagree

5

9
Neither agree
or disagree

10

9
Strongly
Agree

33. I feel that my wife and I will never be able to go out with our friends as we did before the baby was born.

17
Strongly
Disagree

6

7
Neither agree
or disagree

7

5
Strongly
Agree

* Deleted from scale

34. I have noticed a change in my opportunity to do personal things (e.g., shower, read the newspaper) since the baby was born.

<u>9</u>	<u>5</u>	<u>5</u>	<u>13</u>	<u>8</u>
Strongly Disagree		Neither agree or disagree		Strongly Agree

- *35. I am happy to give more help with household chores.

<u>2</u>	<u>2</u>	<u>9</u>	<u>12</u>	<u>14</u>
Strongly Disagree		Neither agree or disagree		Strongly Agree

36. I have noticed a change in the amount of love and affection my wife shares with me since the baby was born.

<u>10</u>	<u>7</u>	<u>9</u>	<u>5</u>	<u>9</u>
Strongly Disagree		Neither agree or disagree		Strongly Agree

37. My wife always seems to be too tired to go out, as we did before the baby's birth.

<u>11</u>	<u>7</u>	<u>17</u>	<u>3</u>	<u>2</u>
Strongly Disagree		Neither agree or disagree		Strongly Agree

38. Since the baby's birth, I have been able to express my emotions to my wife.

<u>1</u>	<u>2</u>	<u>9</u>	<u>12</u>	<u>16</u>
Strongly Disagree		Neither agree or disagree		Strongly Agree

39. I am embarrassed to bring unexpected company home for fear of what the house may look like.

<u>21</u>	<u>4</u>	<u>9</u>	<u>4</u>	<u>2</u>
Strongly Disagree		Neither agree or disagree		Strongly Agree

40. I have felt a decrease in satisfaction with our marriage since the baby's birth.

<u>26</u>	<u>6</u>	<u>5</u>	<u>3</u>	<u>0</u>
Strongly Disagree		Neither agree or disagree		Strongly Agree

41. I am dissatisfied with my wife's current physical appearance.

<u>22</u>	<u>8</u>	<u>8</u>	<u>1</u>	<u>1</u>
Strongly Disagree		Neither agree or disagree		Strongly Agree

42. I find my wife as sexually attractive as before the baby's birth.

<u>2</u>	<u>2</u>	<u>7</u>	<u>8</u>	<u>21</u>
Strongly Disagree		Neither agree or disagree		Strongly Agree

* Deleted from scale

43. I feel as if I have been under emotional stress since the baby was born.
- | | | | | |
|-------------------|----------|---------------------------|-----------|----------------|
| <u>11</u> | <u>6</u> | <u>8</u> | <u>10</u> | <u>4</u> |
| Strongly Disagree | | Neither agree or disagree | | Strongly Agree |
44. My wife and I are finding it difficult to agree about birth control.
- | | | | | |
|-------------------|----------|---------------------------|----------|----------------|
| <u>25</u> | <u>6</u> | <u>6</u> | <u>0</u> | <u>3</u> |
| Strongly Disagree | | Neither agree or disagree | | Strongly Agree |
45. I have noticed a change in the time available for leisure or recreational activities since the baby's birth.
- | | | | | |
|-------------------|----------|---------------------------|-----------|----------------|
| <u>5</u> | <u>5</u> | <u>5</u> | <u>19</u> | <u>6</u> |
| Strongly Disagree | | Neither agree or disagree | | Strongly Agree |
46. The time we have for our evening meal has changed since the baby was born.
- | | | | | |
|-------------------|----------|---------------------------|-----------|----------------|
| <u>10</u> | <u>4</u> | <u>9</u> | <u>10</u> | <u>7</u> |
| Strongly Disagree | | Neither agree or disagree | | Strongly Agree |
47. It bothers me when I come home to a messy house.
- | | | | | |
|-------------------|----------|---------------------------|----------|----------------|
| <u>10</u> | <u>8</u> | <u>7</u> | <u>8</u> | <u>7</u> |
| Strongly Disagree | | Neither agree or disagree | | Strongly Agree |
48. My wife is making more demands on my time since the baby was born.
- | | | | | |
|-------------------|----------|---------------------------|-----------|----------------|
| <u>4</u> | <u>8</u> | <u>7</u> | <u>11</u> | <u>10</u> |
| Strongly Disagree | | Neither agree or disagree | | Strongly Agree |
49. I have noticed that my wife's attitude has become more negative about housekeeping since the baby's birth.
- | | | | | |
|-------------------|----------|---------------------------|----------|----------------|
| <u>17</u> | <u>4</u> | <u>10</u> | <u>5</u> | <u>4</u> |
| Strongly Disagree | | Neither agree or disagree | | Strongly Agree |
50. I feel free to make social plans for my wife and myself since the baby's birth.
- | | | | | |
|-------------------|-----------|---------------------------|----------|----------------|
| <u>3</u> | <u>12</u> | <u>11</u> | <u>9</u> | <u>5</u> |
| Strongly Disagree | | Neither agree or disagree | | Strongly Agree |
51. I am going out with people from work or friends more frequently since the baby was born.
- | | | | | |
|-------------------|-----------|---------------------------|----------|----------------|
| <u>17</u> | <u>14</u> | <u>5</u> | <u>2</u> | <u>2</u> |
| Strongly Disagree | | Neither agree or disagree | | Strongly Agree |

* Deleted from scale

52. It seems that whenever I start doing something for myself, the baby interrupts.

<u>9</u>	<u>11</u>	<u>10</u>	<u>6</u>	<u>4</u>
Strongly Disagree		Neither agree or disagree		Strongly Agree

53. I have felt more tired since the baby was born.

<u>8</u>	<u>4</u>	<u>8</u>	<u>11</u>	<u>9</u>
Strongly Disagree		Neither agree or disagree		Strongly Agree

54. I find myself getting angry with the way the house is kept since the baby's birth.

<u>21</u>	<u>7</u>	<u>7</u>	<u>3</u>	<u>2</u>
Strongly Disagree		Neither agree or disagree		Strongly Agree

- *55. I am (or was) nervous about having sex with my wife since the baby's birth for fear of causing her pain.

<u>6</u>	<u>6</u>	<u>6</u>	<u>14</u>	<u>8</u>
Strongly Disagree		Neither agree or disagree		Strongly Agree

END OF QUESTIONS

Thank you for taking the time to complete the questions.
Your responses will contribute to future nursing interventions
and interactions with first-time fathers.

If you have any questions, please call me. My phone number
is provided on the consent letter.

LIST OF REFERENCES

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- Antonovsky, A. Health, stress, and coping. San Francisco: Jossey-Bass Pub., 1980.
- Arnstein, H.S. The crisis of becoming a father. Sexual Behavior, 1972, 2(4), 42.
- Bain, A. The capacity of families to cope with transitions: a theoretical essay. Human Relations, 1978, 31(8), 675-688.
- Barnhill, L., Rubenstein, G., & Rocklin, N. From generation to generation: fathers-to-be in transition. The Family Coordinator, 1979, 28(2), 229-235.
- Bigner, J.J. Attitudes toward fathering and father-child activity. Home Economics Research Journal, 1977, 6(2), 98-106.
- Biller, H., & Meredith, D. Father power, New York: David McKay Co., Inc., 1975.
- Borg, W.R., & Gall, M.D. Educational Research (3rd ed.). New York: Longman, Inc., 1979.
- Brim, O.G., Jr. Socialization through the life cycle. In O.G. Brim Jr. & S. Wheeler (Eds.), Socialization after childhood: two essays. New York: Wiley, 1966.
- Coley, S.B., & James, B.E. Delivery: a trauma for fathers. Family Coordinator, 1976, 25(4), 359-363.
- Cowan, C.P., Cowan, P.A., Cole, L., & Coie, J.D. Becoming a family: the impact of a first child's birth on the couples relationship. In W.B. Miller and L.F. Miller (Eds.), The first child and family formation. Chapel Hill: University of North Carolina, 1978.
- Crano, W.D., & Brewer, M. Principles of research in social psychology. New York: McGraw-Hill, 1973.
- Cronewett, L.R., & Kunst-Wilson, W. Stress, social support, and the transition to fatherhood. Nursing Research, 1981, 30(4), 196-201.
- Cronewett, L.R., & Newmark, L.L. Fathers' responses to childbirth. Nursing Research, 1974, 23(3), 211-217.
- Duvall, E.M. Marriage and family development. New York: J.B. Lippincott, 1977.
- Dyer, E.E. Parenthood as crisis: a re-study. Marriage and Family Living, 1963, 25(2), 196-201.

- Entwisle, D.R., & Doering, S.B. The first birth. Baltimore: John Hopkins University Press, 1981.
- Eversoll, D. The changing father role: implications for parent education programs for today's youth. Adolescence, 1979, 14(55), 535-544.
- Fairbanks, D.T., & Hough, R.L. Life event classifications and the event-illness relationship. Journal of Human Stress, 1979, 5(3), 41-47.
- Fein, R.A. Men's entrance to parenthood. The Family Coordinator, 1976, 25(4), 341-347.
- Fontana, H.F., Marcus, J.L., Hughes, L.A., & Dowds, B.N. Subjective evaluation of life events. Journal of Consulting and Clinical Psychology, 1979, 47(5), 906-911.
- Gearing, J. Facilitating the birth process and father-child bonding. Counseling Psychologist, 7(4), 53-56.
- Gilman, R., & Knox, D. Coping with fatherhood: the first year. Child Psychiatry and Human Development, 1976, 6(3), 134-145.
- Greenberg, M., & Morris, N. Engrossment: the newborn's impact upon the father. American Journal Orthopsychiatry, 1974, 44(4), 520-531.
- Hardy, M.E., & Conway, M.E. Role theory. New York: Appleton-Century-Crofts, 1978.
- Hobbs, D.F., Jr. Parenthood as crisis: a third study. Journal of Marriage and the Family, 1965, 27(3), 367-372.
- Hobbs, D.F., & Cole, S.P. Transition to parenthood: a decade replication. Journal of Marriage and the Family, 1976, 38(4), 723-731.
- Lein, L. Male participants in home life: impact of social supports and breadwinner responsibility on the allocation of tasks. The Family Coordinator, 1979, 28(4), 489-495.
- LeMasters, E.E. Parenthood as crisis. Marriage and Family Living, 1957, 19(4), 352-355.
- Leonard, S.W. How first-time fathers feel toward their newborns. Maternal Child Nursing, 1976, 1(6), 361-365.
- Light, D., & Keller, S. Sociology (2nd ed.). New York: Alfred A. Knopf, 1979.
- Manat, A., & Lazarus, R. (Eds.). Stress and coping: an anthology. New York: Columbia University Press, 1975.

- Manion, A. A study of fathers and infant caretaking. Birth and the Family Journal, 1977, 4(4), 174-179.
- May, K.A. Active involvement of expectant fathers in pregnancy: some further considerations. Journal of Obstetric, Gynecologic and Neonatal Nursing, 1978, 7(2), 7-12.
- McCubbin, H.I., Comeau, J.K., & Harkins, J.A. Family inventory of resources for management. University of Minnesota Family Health Program, 1979.
- McCubbin, H.I., Wilson, L.R., & Patterson, J.M. Family inventory of life events and changes. University of Minnesota Family Health Program, 1979.
- McGee, R. Points of departure: basic concepts in sociology, (2nd ed.). Illinois: The Dryden Press, 1975.
- McGuire, J.C., & Gottlieb, B.H. Social support groups among new parents: an experimental study in primary prevention. Journal of Clinical Child Psychology, 1979, 8(2), 111-116.
- Meleis, A.I., & Swendsen, L.A. Role supplementation: an empirical test of a nursing intervention. Nursing Research, 1978, 27(1), 11-18.
- Moos, R. Coping with physical illness. New York: Plenum Medical Book Co., 1977.
- Obrzut, I.J. Expectant fathers' perception of fathering. American Journal of Nursing, 1976, 76(9), 1440-1442.
- Orem, D. Nursing: concepts of practice (2nd ed.). New York: McGraw-Hill Co., 1980.
- Pelletier, K.R. Mind as healer, mind as slayer. New York: Dell Pub. Co., 1979.
- Polit, D., & Hungler, B. Nursing research: principles and methods. Philadelphia: J.B. Lippincott, 1978.
- Redfield, J., & Stone, A. Individual viewpoints of stressful life events. Journal of Consulting and Clinical Psychology, 1979, 47(1), 147-154.
- Resnick, J.L., Resnick, M.B., Packer, A.B., & Wilson, A.B. Fathering classes: a psycho/educational model. The Counseling Psychologist, 1978, 7(4), 56-60.
- Russell, C.S. Transition to parenthood: problems and gratifications. Journal of Marriage and the Family, 1974, 36(2), 294-302.

- Rympa, G. Biological bases of the paternal response. The Family Coordinator, 1976, 25(4), 335-339.
- Scott, D.W., Oberst, M.T., & Dropkin, M.J. A stress-coping model. Advances in Nursing Science, 1980, 3(1), 9-23.
- Selye, H. The stress of life. New York: McGraw-Hill, 1978.
- Smith, D., & Smith, H.L. Toward improvements in parenting: a description of prenatal and postpartum classes with teaching guide. Journal of Obstetric, Gynecologic and Neonatal Nursing, 1978, 7(6), 22-27.
- 1980 Statistical Abstract of the United States (101st ed.), U.S. Dept. of Commerce, Bureau of the Census, Washington, D.C., 1980.
- Stichler, J.F., Bowden, M.S., & Reimer, E.D. Pregnancy: a shared emotional experience. American Journal of Maternal Child Nursing, 1978, 3(3), 153-157.
- Soule, B., Standley, K., & Copans, S.A. Father identity. Psychiatry, 1979, 42(3), 255-263.
- The American Heritage Dictionary. Boston: American Heritage Pub. Co. Inc., 1969.
- Wente, A.S., & Crockenberg, S.B. Transition to fatherhood: Lamaze preparation, adjustment difficulty and the husband-wife relationship. The Family Coordinator, 1976, 25(4), 351-357.
- Wheeler, S. The structure of formally organized socialization settings. In O.G. Brim Jr. & S. Wheeler (Eds.), Socialization after childhood: two essays. New York: Wiley, 1966.
- Whitley, N. A comparison of prepared childbirth couples and conventional prenatal class couples. Journal of Obstetric, Gynecologic and Neonatal Nursing, 1979, 8(2), 109-111.

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