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THE ROLE STRAIN
OF FIRST-TIME FATHERS
SIX TO TEN WEEKS POSTPARTUM

By
Karen Lee Lawrence Yuan

A THESIS

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

MASTER OF NURSING

College of Nursing

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ABSTRACT

THE ROLE STRAIN OF FIRST-TIME FATHERS SIX TO TEN WEEKS POSTPARTUM

By

Karen Lee Lawrence Yuan

The purposes of this study were to identify the expressed role strain of the first-time father six to ten weeks postpartum and to describe factors which influence his role strain during this time period. The study explored role strain in the areas of the father's new Father Role, his Baby, and changes in his personal Self, and Marital and Social Relationships occurring with the baby's birth. Relationships were examined between Developmental, Experiential, Social Support, and Economic variables; and the dependent variable, expressed role strain.

A Socio-demographic questionnaire and Role Strain Index were developed and mailed to 191 first-time father volunteers drawn from newspaper birth announcements, 100 of whom met study criteria. Data analysis utilized descriptive and correlational statistics.

Role strain was identified in each area examined. However, the extent of role strain was much less than anticipated during this time frame. Fathers indicated some concern about both their nurturing and providing roles. Yet in general, fathers were not too concerned about their ability to meet their infants' physical or emotional needs. New

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fathers often expressed concern about characteristics of the baby (i.e. intelligence, personality, or appearance). Considerable concern was voiced regarding the wife (or partner) breast-feeding in public. New fathers most often reported role strain about the changes which had occurred in their personal selves. Changes in the marital relationship were of least concern to new fathers at 6 to 10 weeks postpartum.

The first-time father's role strain was influenced by several factors. Fathers who: 1) had less contact with a father role model; 2) attended more hours of childbirth or parenting education programs; 3) performed more of their babys' care; 4) were more satisfied with their marital relationships; 5) had more contact with extended family; 6) received more support from extended family; 7) felt their jobs were very secure; or 8) felt they had much potential for career advancement, reported significantly less role strain than fathers who scored differently on these variables.

It was concluded that at 6 to 10 weeks postpartum the first-time father does not report much role strain. In addition, it was concluded that social support for fatherhood (particularly in the form of marital satisfaction), the father's own assessment of his ability to function in the provider role, and to a lesser extent, the father's experience and maturation in the father role, influence the first-time father's role strain. Implications for practice, education, and future research were discussed.

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father
To

This thesis is dedicated to a man who during this educational pursuit has made the transition to both first and second-time fatherhood.

To my husband, friend, and collaborator.....

Brad H. Yuan

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To my husband Brad, thanks for drying the tears, for reading, revising, and typing. There is no one who could have given the encouragement and had the patience you extended throughout this educational process. Your faith, patience, love, and personal giving were more deeply felt than I can say.

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CHAPTER I

THE PROBLEM

Introduction

With the birth of his first child a man enters the role of "father". This evolving role has its own unique though somewhat unclear set of norms for the behaviors of the new father, norms which he must learn and perform. The addition of a new family member and the relatively abrupt transition into the father role, forces reorganization of the family system. The reassignment of roles, reassessment of values, shifting of statuses, and revised means of meeting needs affects the first-time father's personal self, as well as his marital, family, and social relationships. The wide multitude of changes are likely to result in role strain. Role strain, the felt difficulty in meeting role obligations, is normal (Goode, 1960). However, when role strain is excessive potential exists for role failure. Excessive role strain or role failure may adversely affect the health of the father and his family, and thus hold significance for health care providers.

Background of the Problem

For years maternal-child health care concerned itself with the morbidity and mortality of the mother and child. With advancement in scientific knowledge and technology, successful and safe childbirth became the norm. It then became evident that a physically healthy beginning for mother and child, while important, was not enough to

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assure the mother or child's well being. The attention of many disciplines began to focus on the interrelationships of the mother-child dyad.

Numerous studies undertaken in this area have emphasized the importance of this first relationship with the mother, or mother substitute, on the child's initial perception of life and future emotional development. Kennell and Klaus (1970) suggest that the type of relationship formed with the infant during the first weeks of life contributes to his later development. They cite instances of behavioral problems, battering, and failure to thrive as having origins in these early weeks of life.

With this in mind, health care personnel have attempted to improve or optimize the mother-child relationship. Teaching, counseling, and prenatal classes have been implemented for mothers.

Though health care has been directed toward a positive outcome for the mother-child dyad, this focus is now broadening to include the entire family (Gollob, 1976). Health care providers realize the impact the family has on the health of its members. Therefore, the well-being of the mother or infant cannot be effectively addressed without integrating the father, with his needs and concerns, into the picture.

The health care system is increasingly recognizing the importance of paternal involvement. Earls (1976) states that the quality of interaction between father and child is related to paternal attachment. This author has found no data that show the effect of paternal attachment on a child's behavioral adjustment. However, psychiatrist W. L. Jones states:

The closeness which the father develops with the baby at this stage ensures that they are not strangers and the child accepts him as part of the environment from the beginning. If he is absent or if he holds back from involvement at this stage, when he seeks later to take up the father's role he may be perceived by the child as an interloper, even a threat to the stability of the mother-child bond, and be rejected... If the father has experienced rejection in his own childhood the renewal of the experience may revive the aggressive feelings which he had then and this may result in his ill-treating the child. (1975, p. 52)

Presently, fathers are being encouraged to attend antepartal clinic visits and prenatal classes. Health care providers are inviting fathers into the labor and delivery room where previously parents had to demand entrance. More liberal hospital visitation hours and policies are being established.

While health care providers are becoming more aware of the father and the importance of integrating his needs and concerns into their care plan, the literature demonstrates a relative deficit of information about the needs and concerns of this "forgotten man". Considerable lay literature has recently been published regarding fathering and fatherhood, much of which is directed toward the "how to's of being a father". The psychosocial literature has provided much insight into the characteristics of the father role and the changes occurring in the role as a result of the shift from a rural to an industrial society. In addition, there has been a series of investigations into the crisis associated with the transition to parenthood.

Nursing literature is for the most part limited to a few studies and publications on the importance of fathers in maternity care, fathers' reactions to and participation in labor and delivery, and the

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LeMasters (1957) stated that parenthood is often romanticized by expectant couples. Thus, it cannot be assumed that the concerns or role strain of expectant and first-time fathers are the same. As the mother and father roles entail somewhat different role obligations, it cannot be assumed that the role strain of these individuals are without differences. In order to effectively assist the new father and thereby the mother and newborn, health care providers must have an understanding of the role strain of the first-time father following the birth of his baby, and the factors influencing his role strain.

Purpose of the Study

The lack of knowledge regarding the role strain of the first-time father and factors influencing his role strain provided impetus for this research. The purpose of this study is two-fold. First, to identify the expressed role strain of the first-time father 6 to 10 weeks postpartum. Second, to describe factors which influence the role strain expressed by the first-time father during this time period. Specifically, selected Developmental, Experiential, Social Support, and Economic variables are examined in relation to the expressed role strain.

Nursing is in a position to offer support and guidance to the father experiencing role strain during the transition to fatherhood. Knowledge regarding the role strain of the first-time father and factors influencing his role strain can facilitate nursing to help the father limit these felt difficulties in meeting role obligations. Specifically, the problem statement is: What are the expressed role strains of the first-time father 6 to 10 weeks postpartum and what

are the factors influencing his expressed role strain?

Definition of Concepts

First-time father is defined in this study as a male who is for the first time becoming the socially defined guardian, caretaker, nurturer, protector, provider, and biologic father of an infant. He has no previous children, either natural or adopted. The father is maintaining an established, ongoing, intimate relationship with the infant's biologic mother. He is between 18 and 35 years of age with an infant 6 to 10 weeks old. The infant is a product of a relatively normal antepartal, intrapartal (with vaginal delivery), and postpartal course. The infant is basically healthy with no known abnormality, or serious or chronic illness occurring since birth. The father and his wife (or partner) are also basically healthy with no known serious or chronic illness. The father, his wife (or partner) and infant live as a family with no other persons permanently residing in the household. He is of any ethnic, cultural, or socio-economic group.

Selected aspects of the first-time father's development, fathering related experiences, social supports, and economic situation, as measured by the Socio-demographic questionnaire, include: Developmental, Experiential, Social Support, and Economic variables (See Appendix C).

Role strain is defined in this study as any feelings of expressed concern (i.e. anxiety or worry) related to the felt difficulty in meeting role obligations of the first-time father, as measured by the Role Strain Index (See Appendix D). The Role Strain Index includes the areas of: Father Role, Baby, Self, Marital Relationship, and Social Relationships, as well as Total Role Strain.

Research Questions and Hypotheses

The following research questions and hypotheses are addressed:

1. Role strain of the first-time father can be identified in selected areas, specifically: a) Father Role; b) Baby; c) Self; d) Marital Relationship; and e) Social Relationships.
2. There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and selected Developmental variables, specifically: a) age of the father; b) age of the infant; c) number of years married; and d) level of education.
3. There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and selected Experiential variables, specifically: a) amount of contact with a father role model; b) amount of satisfaction with the father role model; c) amount of daily contact with infants; d) amount of experience babysitting infants; e) amount of childbirth or parenting education classes; and f) amount of child care performed by the first-time father.
4. There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the Social Support variables, a) amount of satisfaction with the marital relationship; b) amount of contact with close friends who are parents; c) amount of contact with extended family; d) amount of help with household chores received from extended family; and e) amount of support received from extended family; and a positive relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the Social Support variable, amount of help with child care received from extended family.
5. There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and selected Economic variables, specifically: a) level of family income; b) perceived amount of job security; and c) perceived potential for career advancement.

Assumptions

In this study the researcher is making the following assumptions:

1. It is assumed that the concept role strain, as defined in this study, is a real and measureable phenomena.
2. It is assumed that the first-time fathers are already established in other roles.

3. It is assumed that all first-time fathers will have experienced some role strain in the father role.
4. It is assumed the period of time 6 to 10 weeks postpartum is a time in which first-time fathers have and can express role strains.
5. It is assumed that the first-time fathers can read and understand the instrument.
6. It is assumed that the first-time fathers can express their role strains on the instrument provided.
7. It is assumed that the role strain expressed by the first-time fathers are real role strains for the men.
8. It is assumed that the role strain expressed by the first-time fathers are similar and can be identified.

Limitations

In this study the researcher is noting the following limitations:

1. Subjects were limited to those who voluntarily participated, and therefore results are not generalizable to non-volunteers.
2. For the most part, subjects were contacted by phone from a list of births in a newspaper's birth announcements. Therefore, generalizability of results are limited to the study sample.
3. Sample size was small thereby limiting generalizability of results to the study sample.
4. The questionnaire, designed by the researcher, includes selected areas of role strain drawn from the literature and interaction with parents. Therefore, it is possible the selected items of role strain the researcher identified for the father to respond to

may not be that impacting to the father. The items designed by the researcher address selected aspects of the transition to fatherhood and are not comprehensive in their content.

5. The study did not determine whether or not subjects desired or planned to become fathers at the time of conception. Failure to control for the influences of this factor may have clouded existent relationships or caused the apparent observation of a non-existent relationship between study variables.
6. The study examined only one segment of the continuum of the transition to fatherhood. Other points of the continuum may be more significant in examining the role strain of the first-time father.
7. The mailed instrument was completed by subjects without supervision or control over the testing environment, possibly limiting test reliability or regulation of input from other sources.
8. Due to the small sample size, the instrument was not subjected to a pilot test as it would have reduced sample size. Therefore, validity of the instrument was not established.
9. The study relied on self report data. Thus, subjects may have responded to questions in a socially desirable manner, posing a threat to the validity of study results.

Overview of Chapters

This research study is presented in six chapters. In Chapter I, the introduction to the study, background of the study problem, statement of the problem, purpose of the study, definition of concepts, research questions and hypotheses, assumptions, and

limitations are presented. In Chapter II, the conceptual framework is discussed and related to the nursing process. Pertinent literature and research concerning the problem is reviewed in Chapter III. In Chapter IV, the research design and methodology, and rationale for data analysis are described. In Chapter V, research data are presented, analyzed, and discussed in relation to the research questions and hypotheses posed. Finally, the summary of research findings, conclusions, and recommendations for nursing are discussed in Chapter VI.

CHAPTER II

CONCEPTUAL FRAMEWORK

Overview

The conceptual framework presented in this chapter draws on principles of Role Theory, the Family Development Approach to understanding families, and Nursing Theory. The utilization of these theories provides a framework for examining role strain in the first-time father.

Discussion of this study's conceptual framework commences with a review of selected aspects of the Role Theory Model, followed by a description of the father role. Subsequently, the concepts of role strain and first-time father are interrelated. In a later section, the Family Development Approach is presented, as a basis for discussion of the study's developmental variables. Variables potentially influencing the role strain of the first-time father, including the developmental variables, are subsequently addressed followed by a discussion of the nursing conceptual model components and implications for nursing.

The Role Theory Model

Role theory provides a useful perspective on the adjustments made by men in the transition to the father role. Role has been defined as a set of norms or prescriptions defining what the behavior of a position member should be (Biddle and Thomas, 1966). However, it is not simply a set of behaviors or expected behaviors, but a goal or

sentiment which gives unity to a set of potential actions (Turner, 1962). Furthermore, roles develop out of a relationship with another individual (Swendsen et al, 1978). They provide a way of coping with the charges of another role (Turner, 1962). Thus, role refers to both behaviors and attitudes of an individual. It includes the socially sanctioned expectations of persons occupying a position. Finally, role implies reciprocity in which interaction occurs and is viewed in terms of other relevant roles.

Role Socialization

Role theorists assume roles are learned in the process of social interaction and serve as guides for behavior (Heise, 1976) in various kinds of group situations, including the family. The focus of the Role Theory Model is on role socialization. Role socialization is the process of learning the norms associated with a role and is accomplished through the processes of role clarification and role taking.

Role clarification is the process of identifying role-linked behaviors, sentiments, and goals (Meleis, 1975); it defines the role. The clearer a role, the easier it is to learn (Burr, 1972). Role clarification is achieved via role modeling, role rehearsal, and reference groups.

Role modeling is the learning of role behavior through imitation of a significant other (Meleis, 1975). Children enact the role of "nurturant parent" when cuddling a doll, or the role of "provider" when pretending to hunt. Role rehearsal involves mental enactment of the role, anticipating in one's imagination the response of significant others (Meleis, 1975). Swendsen et al state:

preliminary enactment gives the individual some feel for working through the role and identifying different ways of dealing with specific situations before they occur. This serves a crucial function in planning the course of future actions and is an important prelude to role taking. (1978, p. 86)

In addition to role modeling and role rehearsal, norms are clarified, and thereby roles are learned, via reference groups. Reference groups are composed of significant others and self. They reinforce roles and counterroles, and provide an appropriate locus to facilitate role transition (Meleis, 1975). Opinions of reference group members serve as either positive or negative reinforcement of the individual's beliefs or values. Through defining the normal range of role behavior expected in certain situations, and providing an opportunity to explore various alternative actions, the reference group facilitates role clarification.

After attaining a clear picture of a role, role taking becomes an important part of integrating the role. Like role clarification, it is accomplished through the processes of role modeling, role rehearsal, and reference groups. Role taking involves imagining the point of view of another or enacting the counterrole (Meleis, 1975). Understanding the point of view of the counterrole is essential for the development of cooperative activity between individuals and for smooth social interaction and smooth role transition (Meleis, 1975).

Role socialization, learning norms associated with a role, through role clarification and role taking, is a process. As such, socialization often occurs while "on the job". Thus, the role incumbent is likely to experience difficulty in meeting role obligations and demands.

Where anticipatory socialization occurs, prior to incumbency in a given social position, felt difficulty in meeting role obligations may be lessened. However, Thornton and Nardi (1975) indicate that during the anticipatory phase role conceptions tend to be stereotyped, idealized, and colored by what the individual wants and needs. Thus, role conceptions may not be congruent with the actual experience of the role. Thornton and Nardi further state that "the degree of congruity between what individuals learn to anticipate and what they subsequently experience will likely determine how quick and smooth the adjustment will be" (1975, p. 875). In other words, anticipatory socialization helps only to the extent that it is accurate. Inaccurate anticipation may actually interfere with adjustment. In summary, accurate anticipatory socialization may limit the felt difficulty in meeting role demands. Nonetheless, awareness of the role cannot be complete until the person actually takes on the role, thus felt difficulty in meeting role obligations is likely to occur.

Role Strain and its Potential Effects

Role strain, the felt difficulty in fulfilling role demands or obligations, is normal (Goode, 1960). Role strain may be experienced as feelings of concern, worry, anxiety, or difficulty. These feelings may result from lack of experience, lack of knowledge of role behaviors, sentiments and goals, an unclear or changing role definition, the inner dynamics of role relationships, or misperception or misinterpretation of role behavior cues. Role strain is especially acute early in the socialization process, when the incumbent, practicing in the role, lacks sufficient knowledge and skills to meet all obligations of the role. Though role strain is normal, excessive

amounts can result in role failure.

Role failure is the failure to enact the behaviors and sentiments associated with a role and appropriate to the circumstances and is characterized by an absence of adaptive role behaviors and or an abundance of maladaptive behaviors (definition was adapted and modified from Schofield, 1975). Role failure may be the result of lack of the knowledge, skills or motivation necessary for role performance (Meleis, 1975; Schofield, 1975). Role motivation is "a function of the rewards to be derived, the cost the role taken incurs, and the balance between rewards and costs" (Meleis, 1975, p. 266). Role strain can be considered a "cost" incurred when entering a role. If the cost associated with a role is great or greater than the reward, role motivation decreases and the risk of role failure increases. Burr (1972) concurs, saying as role strain increases, so does the ease of transitioning out of the role. When an individual fails to enact the prescribed behaviors and sentiments of a role, demonstrates an absence of adaptive role behaviors and or an abundance of maladaptive behaviors, because of felt difficulty meeting role obligations, role failure has occurred.

Role failure results in difficulties for the individual, his counterroles, and his social system. Role insufficiency (a term defined very similarly to role strain and role failure) may lead to frustration, anxiety, aggression, unhappiness, depression, apathy, powerlessness, or grief (Meleis, 1975). Any of these could affect an individual's role motivation or role adaptation, and thus health.

Role strain and role failure will also influence the individual's counterroles and social system. As roles are developed in relation to

one another, role failure or felt difficulty on the part of one actor will alter his interaction and relation with the counterrole(s) and significant others making up the social system. Thus, role strain and its potential end result, role failure, can influence the health and well-being of others in the role incumbent's social system.

Role strain can be limited through the process of role socialization. As role strain decreases, the ease of transition into role increases (Burr, 1972), thereby facilitating role mastery.

Role mastery occurs when an individual demonstrates behaviors and sentiments prescribed for the given role (definition modified from Malaznik, 1975). Role mastery increases the individual's social integrity, his ability to know who he is in relation to others so that he can act (Malaznik, 1975), thereby influencing his environment and health. Role mastery smooths social interaction, meets the needs of and provides rewards to members of the social system.

The Father Role

With the birth of his first child a man enters the role of "father". This role has its own unique set of norms held for the behaviors of the new father. The following section includes a description of selected norms of the father role and socialization into that role. In discussing socialization into the father role, the Role Theory Model is applied and selected reasons why the new father experiences role strain are presented.

Norms of the Father Role

Providing for and protecting his offspring are significant expectations of the father in our society (Bendek, 1970; Parsons & Bales, 1955). This includes, at minimum, food, shelter, clothing,

education, and safety. To meet these requirements the father must be a responsible citizen with a secure job, and income sufficient to meet his family's needs. The father may need to anticipate a certain degree of potential for career advancement in order to keep up with inflation, meet the expenses of additional children, and fulfill dreams of a more comfortable or luxurious life style during mid-life.

Not only does our society ascribe fathers with the provider role, but men bond this role firmly to their identity. Bendek explains the male's identification with the provider role:

Man's self-esteem primarily derives from his sense of virility, but virility in the mature adult includes not only his sexual potency but also his productive and creative capacity. His ego-libido thus invested in his role as provider, his self-esteem, can be maintained by his ego aspirations alone. (1970, p. 231)

Recently there is increasing emphasis on the nurturing and caregiving aspects of the father role (Orzbut, 1976; Reiber, 1976; Hines, 1971). After a Lamaze-style delivery in which the father is supportive and helps to keep the mother "in control", he is expected to blossom into a nurturant loving parent. Much of the lay literature (Spangler, 1979; Biller & Meredith, 1975) encourages the father to maintain close physical contact and communication with his child. However, other authors (Hines, 1971; Heise, 1975) suggest such behaviors are often considered feminine or "mothering behaviors" and are discouraged by society. Instead the first-time father is expected to nervously pace in the father's waiting room while his wife delivers, to be inept at diapering his infant, and disinterested in a close relationship with his child until it is a few years old. Thus, it is apparent that the father role is evolving, the result of this

evolution being lack of clarity and conflict regarding role expectations.

In addition to providing, protecting, and nurturing, role norms indicate that the father socialize his child into the larger society through developing and implementing some form of discipline (Hines, 1971). Society anticipates he will model and encourage masculine behavior in his sons (Hines, 1971) and assist his children to become independent and autonomous human beings. Finally, role norms suggest that the father should be particularly understanding and supportive of his wife during pregnancy and the immediate postpartum period.

Socialization into the Father Role

Norms of the father role are learned by men and boys through the process of role socialization. As much of this learning process occurs while actually in the role, the new father is likely to experience felt difficulty in meeting role obligations: role strain. In the subsequent discussion the Role Theory Model will be applied to the socialization of fathers, and selected reasons why first-time fathers experience role strain will be presented.

Application of the Role Theory Model

Socialization into the father role takes place through the role clarification and role taking processes. These processes are accomplished through role modeling, role rehearsal, and reference groups.

Role modeling takes place as the new father observes and imitates the behavior of his own parents, a nurse, or a more experienced friend performing child care. Wilson states,

Parents find their childhood experiences echoing within them as they interact with their own children... Adults talking or playing with children may be startled to hear themselves using expressions they heard from their own parents 20 or 30 years earlier. (1978, p. 67)

Role rehearsal, closely related to role modeling, occurs when the first-time father imagines, fantasizes, or rehearses an experience which may take place in his role, and through this enactment anticipates the responses of significant others such as, wife, infant, boss, mother-in-law, or friend. The daydreaming father might think, "... if I appear too eager to change the baby's diaper my friends might think I'm not very masculine" or "when my mother-in-law offers to stay with us for a few days I will say..." Reference groups, composed of extended families and or friends who are parents (models) themselves, may supply information, feedback, guidance, and support to the new father, thereby easing his transition into the parent role.

Finally, in the role taking process, the father imagines the point of view of, or enacts, his counterroles. Observing an infant the father may imagine, and mentally or physically enact, what he perceives to be its behaviors, feelings, and needs. He might mentally enact the infant's passage from the warm dark, soothing womb into the cold, bright, foreign world. He may imagine the infant's frustration with being dependent on others for food and comfort. Through this process the new father is better able to anticipate and meet his child's needs, and thereby perform his role.

Having clarified the role and counterrole, a new father may still feel strained in trying to perform. Selected reasons as to why the first-time father experiences role strain are presented below.

Selected Reasons Why the Father Experiences Role Strain

There are several factors which come into play when a man first enters fatherhood. Included are a new role to learn, a new role to learn whose definition is unclear and changing, the abruptness of the transition, the lessened presence of the extended family, and the processes of reorganization and readjustment to a new family member. These or some of these factors may be reasons why the first-time father experiences role strain and are discussed in the following five sections.

1. Learning a New Role--

With the birth of his first child a man enters the role of "father". As the learning of the father role is a process which to a varying degree occurs while "on the job", the father's new unpolished skills may be unable to meet high or "ideal" expectations of self in the father role. Thus, the new father is likely to experience felt difficulty in meeting role obligations, role strain.

2. The Changing Father Role--

Another reason the new father may experience role strain is that the definition of the father role is changing. Benedek (1970) and Parsons and Bales (1955) emphasize the role characteristics of provider and protector. The father affords his child food, shelter, clothing, education, and safety. Others suggest the father serves as a socializing agent and or role model for masculine behavior. More recently Orzbut (1976) and Reiber (1976) note increasing emphasis on the nurturing and care-giving aspects of the role. With greater numbers of women returning to work after giving birth, fathers are

performing child-care and assuming more of the "mothering tasks".

The women's movement has succeeded in changing general societal beliefs, so that today it is less important to differentiate male and female social roles. Fathers find they must redefine their role in light of this changing society. (Kiernan & Scoloveno, 1977, p. 486)

The extent of clarity surrounding role expectations positively influences the ease of transition into roles (Burr, 1972). Leonard (1976) applies this proposition suggesting that part of the reason men in today's society often have difficulty assuming the father role is that the role is changing, father and mother roles are no longer clearcut and separate. For some this offers greater freedom to define their role, but to others it may mean lack of needed structure and conflict with significant others. Kin and others may send conflicting signals regarding the dimensions of the fathering role (Kiernan & Scoloveno, 1977). For the new father conflict may occur with his mother-in-law, a traditional source of assistance in the early postpartum period (Heise, 1975).

Hines speaks to the conflict men may feel regarding nurturing roles, by stating there is an "unfortunate emphasis in our society on the repression of affectionate playfulness and tender feelings on the part of men " (1971, p. 191). She believes that this plus insufficient contact with children has resulted in the "removed, ill-at-ease, and sometimes embarrassed behavior often noticed in fathers and men in general with regard to young children..." (Hines, 1971, p. 191). Hines goes on to say that:

As long as a man can express his tender feelings of fatherliness only under the guise of helping or resembling a mother, his behavior and the expectations by others of certain behavior will be symbolically castrating. (1971, p. 193)

The first-time father may be fearful of appearing less "macho" or effeminate in cooing to his infant or changing diapers. This concern may be more prominent if the new father's friends are primarily single or childless and unable to identify with his new role, feelings, or needs.

Thus, not only does the new father have to learn the norms for behavior in his new role, but he may struggle with the lack of clarity or presence of ambiguity that surrounds the role. Role strain may result due to the unclear and changing nature of the evolving father role.

3. Fatherhood--An Abrupt Transition

Abruptness of transition into the father role may also contribute to the felt difficulty in meeting role obligations, or the role strain of the first-time father. Rossi (1968), in a structural analysis of the parental role, felt that abruptness of transition at childbirth was a factor making transition to parenthood more difficult than marital and occupational adjustment, in this society. She adds, "... the birth of a child is not followed by any gradual taking on of responsibility, as it is in the case of a professional work role" (Rossi, 1968, p. 35). Anticipatory role socialization may occur to some degree antepartally and during hospitalization, postpartally. However, as discussed earlier, these anticipated role conceptions are likely stereotyped, idealized, and colored by what the father needs and desires. Awareness of the responsibility, "twenty-four hours a day, seven days a week, from now on", cannot be complete until the child is itself a reality to the father at birth, and more likely, not until the couple returns home. LeMasters (1957) concurs, saying that

parenthood is frequently romanticized and that couples are not adequately prepared for parenthood in or out of school.

In recent years, both health care providers and the public have realized the stresses associated with parenthood and appear to concur with LeMasters (1957) and others' findings, as evidenced by the increasing numbers of prenatal education programs.

As couples have turned increasingly to peers for role models, lay groups have formed to meet particular needs, for example, the Childbirth Education Association for preparation for childbirth and the La Leche League for assistance with breast feeding. (Cronenwett, 1976, p. 182)

However, most of these community programs focus largely on preparation for labor and delivery and less on parenting or the role strain of the new father. This is somewhat ironic as the childbirth process is such a brief moment in time relative to the years of parenthood. Additionally, most classes meet during the antepartum, not at the time when the couple or father is confronting a parenting problem. Very recently, organizations such as the Association for Shared Childbirth are forming postpartal mothers' groups or "coffees" in an attempt to ease the abruptness of transition into parenthood. However, as yet, programs of this nature are either very few or nonexistent for fathers.

Depending on the degree and type of support the new parents have postpartally, transition may be more or less abrupt. Help from relatives may allow the father time to ease into his role or it may simply postpone his taking on the role.

Often the first-time father and his family return home lacking in extended family or peer supports. Usually the family does not re-enter the health care system until the six-week postpartum exam, long

after the crisis of the early days has subsided and relationships, either positive or negative, are somewhat established. Most often the father does not re-enter the system postpartally.

Thus, since the first-time father must learn a new role, one whose definition is unclear and changing, as well as abruptly perform in that role, he is likely to experience role strain.

4. The Lessened Presence of the Extended Family--

Role strain of the new father, in today's society, may be in part a result of a change in family structure. In past generations the family unit was larger, often extended or multigenerational, and geographically close (Hines, 1971; Jones, 1975). It was a locus of role socialization. Children had many opportunities to model parenting behavior in physically caring for younger siblings. On becoming a parent, the extended network of kin, a reference group, could provide guidance, information, and emotional and economic support. Goode (1960) concurs saying families support their members in the taking on of roles by providing concern and advice. It would seem that in the extended family social system, norms for behavior were learned, fathering skills were developed, and more realistic expectations of fatherhood were formed, thereby reducing role strain.

In today's mobile society many family units are smaller and physically more distant from their extended kin (Hines, 1971; Jones, 1975). As a result, availability of role models and reference groups to provide guidance, information, and emotional and economic support have been lessened. Many men have a "father figure", but with very limited child care experience lack in physical rehearsal of fathering skills (Leonard, 1976). Also, with physical distance, families are

relatively more economically and emotionally isolated. Speaking of the new father, Jones suggests,

His wife's dependence on him may be greater if the extended family network does not exist or is remote... He is more aware of his wife's dependence on him and there may be anxiety that he will not be able to provide adequately for the family. (1975, p. 50)

Hines concurs with this and adds,

...he is expected to take on all the former functions of the extended family himself in relation to his expectant wife and new mother, but who is going to provide the support for the father? (1971, p. 195)

This environmental alteration, lack of the immediate presence of extended family, may have reduced role socialization and postpartum supports to a degree, and thereby resulted in increased role strain for many first-time fathers.

5. Reorganization of the Family System--

Finally, the new father may experience role strain as a result of the processes of reorganization or adjustment to a new family member.

If the family is conceived of as a small social system of interrelated roles and statuses, then it follows that the addition or removal of a family member necessitates changes and reorganization which may produce stress.(Hobbs & Cole, 1976, p. 723)

LeMasters (1957) describes the transition to parenthood as a crisis event in that it forces reorganization of the family system. "Roles have to be reassigned, status positions shifted, values reoriented, and needs met through new channels" (LeMasters, 1957, p. 352). Patterns of problem-solving and allocating resources are also likely to change.

Reorganization of the family system causes change in interpersonal relationships. Inherent in role theory is the element

of reciprocity in which interaction occurs and is viewed in terms of relevant other roles. Thus, along with the new father role and the new entity--the baby, such reorganization is likely to cause changes in the first-time father's mental and physical self, his marital, social, extended family, and work relationships. From these areas of changes, difficulty is felt in meeting role obligations--role strain arises, as is discussed in a subsequent section.

Role strain may have serious consequences upon the new father. Drawing from the earlier discussion of role theory, it can be deduced that the first-time father experiencing excessive levels of role strain is incurring heavy costs. Unless role rewards outweigh or balance the costs, the father's motivation to enact his role will be limited. In such situations role failure can occur.

Role failure leaves the new father with few positive choices. He may remain in the father position but refuse to enact prescribed role behaviors, sentiments, values, and goals. However, because of the reciprocal and social nature of roles the father will not receive rewards from his counterroles and will be subject to severe negative sanctions from society.

The father may choose to leave the father position. In order to leave this position either he or the infant must leave home. The biologic child would rarely be placed out for adoption by an established family for reasons beyond the scope of this discussion. The father in leaving his family would relinquish several roles and positions and the relationships associated with these roles (i.e. husband, father, and son-in-law).

The consequences of role failure for the first-time father will involve decreased self-esteem, loss of role relationships and associated rewards, and negative social sanctions. The result may be depression, grief, unhappiness, powerlessness, frustration, anxiety, aggression, or apathy, any of which may have a serious impact on the father's health. Consequences for the father's family include threats of physical and or emotional neglect or violence, loss of role relationships, and other losses beyond the scope of this discussion, any of which may effect their health.

The consequences of role strain may not necessarily lead to role failure. Nonetheless, excessive felt difficulty in meeting role demands still causes the father anxiety, and over extended periods anxiety can effect the father's health and role relationships. Through his role relationships the first-time father impacts the health of his infant and family.

In summary, with the birth of his first child a man enters the role of father. This role has its own unique set of norms held for the sentiments and behaviors of the new father. Some of these norms indicate that the father provide for, nurture, socialize, and assist the children in the process of becoming independent beings. These norms must be learned and are done so through the process of role socialization.

Socialization into the father role takes place through the role clarification and role taking processes which involve modeling, rehearsal, and reference groups. Role strain, the felt difficulty in meeting role obligations, is normal, particularly when first acquiring a role. The first-time father may experience role strain for any of

the following reasons: (1) he has a new role to learn; (2) he has a new role to learn whose definition is unclear and changing; (3) the transition to fatherhood is relatively abrupt; (4) extended families are more physically removed than in past generations; and (5) the new father and his family must undergo the processes of reorganization and adjustment to a new family member. With a new father role to learn and perform, and considerable family reorganization, the first-time father is likely to encounter change, not only in the form of his new baby, but changes in his mental and physical self, and his marital and social relationships. These areas of change, as discussed below, are the areas in which the first-time father is likely to experience role strain.

When role strain is limited, role mastery is facilitated. Role mastery allows the father to know who he is in relation to others so that he can act to influence his environment and thereby his health.

When role strain is excessive, role strain and its potential result, role failure, limits the father's social integrity, thus his ability to influence his environment and health. Role strain and role failure also have negative influences on the father's counterroles (i.e. his infant and wife) and social system.

-Interrelation of Concepts-

The Role Strain of the First-Time Fathers

Drawing from role theory, this investigator suggests that men on entering parenthood for the first time are likely to experience role strain, and that this felt difficulty in meeting role obligations is related to, or occurs in, the areas designated as the father role, the

baby, the father's personal self, the marital relationship, and the father's social relationships, as discussed below.

Father Role

With the birth of his first child a man enters the role of "father". As previously discussed, this role has its own unique and evolving set of norms for the behaviors of the new father which must be mastered. However, his new unpolished skills may be unable to meet high or "ideal" expectations of self in the father role. As the learning of this role, with its expectations and skills is a process, which to varying degrees occurs while "on the job", and as role conceptions are likely to be stereotyped and idealized, the first-time father is likely to experience felt difficulty in fulfilling father role obligations.

For purposes of this study, role strain regarding the father role is defined as the concerns expressed by the first-time father regarding his ability to meet infant and family needs through his nurturing and providing roles. Thus, the role strain associated with the father role might relate to role obligations such as, providing economic security and comfort for his infant, or encouraging his child's physical and emotional growth.

Baby

The new father may also experience role strain associated with characteristics or demands of the counterrole, his baby. As roles develop out of a relationship with another role and provide a means of coping with the demands of that counterrole, the father's anticipated role conceptions about his infant, including infant characteristics

and demands, will influence his interactions and ability to cope with the infant's actual characteristics and demands. As discussed earlier, where discrepancy exists between the anticipation and the subsequent experience of a role or counterrole, the process of adjustment may be hampered.

Due to such discrepancies, the first-time father may find his adjustment to the infant and new role to be hampered. The expectant father hopes to procreate a "perfect" offspring (Johnson, 1979). As prenatal role rehearsal is enacted with an "idealized" infant, the first-time father will likely experience some degree of discrepancy between the anticipated and actual demands and characteristics of his newborn. He may feel difficulty in meeting role obligations associated with a counterrole for which he has not completely rehearsed or prepared. The new father disappointed in his child's appearance or frequency of crying may feel strained in trying to meet the role expectation which requires that fathers love their infants unconditionally.

For purposes of this study, role strain regarding the baby is defined as the concerns expressed by the first-time father regarding selected characteristics or actions of his baby. Thus, the new father may experience role strain related to the discrepancy between anticipated and actual qualities of his newborn such as, personality, health, appearance, intelligence, or demands.

Self

The new father may also encounter role strain associated with changes in his personal self. Self is defined as the "consciously recognized pattern of perceptions pertaining to an individual"

(Duvall, 1971, p. 556). Self includes the composite of a person's feelings, thoughts, values, and perceptions of his roles and the way the person describes his relationships with others (Duvall, 1971). As an individual's sense of self is in part based on roles he plays, the gain or loss of roles will alter his sense of self.

On entering parenthood men concomitantly acquire and relinquish roles. For instance, the new father takes on the responsibilities and pleasures of the father role and gives up the freedoms associated with the young adult male role. The role strain associated with learning a new role may be compounded by simultaneous loss of another role (Meleis, 1975). When the lost role is closely tied to the father's sense of self he may find it difficult to relinquish the role. In the case of fatherhood, failure to relinquish some of the freedoms of the young adult male role will probably interfere with acquisition of the father role. This may occur as a result of limited role motivation, or energy depletion secondary to attempting to enact both roles. The end result in either case is role strain.

For purposes of this study, role strain regarding self is defined as the concerns expressed by the first-time father regarding changes in his personal self or his personal life space, occurring with the birth of his infant. Thus, the new father is likely to experience role strain related to changes in his responsibilities, patterns of sleep, lifestyle, emotional stability, or perceptions of his masculinity.

Marital Relationship

Role strain may also be encountered in the marital relationship. The family, being an integrated social system of roles and statuses,

is forced to reorganize itself when members are lost or gained. Simmel's (1964) role theory proports that with the shift from marital dyad to family triad there occurs a disruption of intimacy and affection. Thus, the new father's marital relationship also undergoes changes.

Viewed in this conceptual system, married couples find the transition to parenthood painful because the arrival of the first child destroys the two-person or pair pattern of group interaction and forces a rapid reorganization of their life into a three-person or triangle group system. Due to the fact that their courtship and pre-parenthood pair relationship has persisted over the years, they find it difficult to give it up as a way of life. In addition, however, they find that living as a trio is more complicated than living as a pair. The husband, for example, no longer ranks first in claims upon his wife but must accept the child's right to priority. In some cases, the husband may feel that he is the semi-isolate... In other cases, the wife may feel that her husband is more interested in the baby than in her. (LeMasters, 1957, p. 354-355)

As a result of the shift from marital dyad to family triad, the marriage may suffer from lack of adequate nurturing activities, communication, mutual support, and intimacy. Often by the time the child is fed, his diaper changed, and he is put to bed, one or both of the partners is too fatigued to deal with marital concerns. With numerous adjustive demands and a "rush" of physical and emotional change and felt vulnerabilities, misunderstandings are frequent and role strain is common

For purposes of this study, role strain regarding the marital relationship is defined as the concerns expressed by the first-time father regarding physical and emotional changes in his wife (or partner) and changes in the marital dyad relationship occurring since the birth of the infant. Thus, the new father may feel some difficulty in meeting obligations associated with his role as husband,

such as being sexually responsive or emotionally supportive.

Social Relationships

On entering parenthood, the first-time father may encounter role strain related to the concomitant role changes in his social relationships. Roles interact, and changes in one role require changes in reciprocal roles. Thus, the new father's acquisition of and adjustment to the father role will influence others in his environment (i.e. friends, extended family, co-workers). The first-time father's friendships may be changed with the addition of a new family member. Old friendships, particularly with childless couples, may be weakened by the new parent's engrossment in their infant or their lessened mobility. The father may be torn between playing with the child or watching a football game with the guys. He may feel embarrassed by his preoccupation with his infant and seek out parent friends who are capable of understanding this infatuation. Heise, an employee of a health care system, writes of the subtle social conflicts encountered in his own fatherhood experience:

After the baby was born and I began to feel comfortable with him, visiting male friends would express incredulity at my ease in handling him... All of these skills seemed to be threatening to my pals, and in turn I began to be shy about handling the baby in front of them. Aside from occasionally teasing a small child, most of my friends seemed to think a father's role consists of handing the baby to mother whenever he ceases to be "fun". (1975, p. 33)

The new father's extended family relationships may be strained. In conducting group discussions with new parents, Farber (1975) found that when grandparents made strong offers to "come out to help with the baby" couples often feared their own parents might usurp their roles. These couples attempted to protect their new roles as parents

and seemed to run the risk of depriving the new grandparents of their roles--and of disrupting the extended family relations. Heise (1976) concurs and specifies that the involved father's new role will conflict most noticeably with the mother-in-law as her own role with the new grandchild is most threatened by it.

Finally, the first-time father's work relationships may also change with the addition of a new family member. There may be limited understanding for the "involved" father's enthusiasm or preoccupation, particularly when time off from work is requested. As demonstrated by the scarcity of paternity leaves, the new father is expected to handle the events of labor, delivery and the postpartum period, and to learn and implement the set of norms associated with the father role without disrupting his work situation.

For purposes of this study, role strain regarding social relationships is defined as the concerns expressed by the first-time father regarding changes in his relationships with friends, family, or co-workers, or his ability to socialize since the birth of the infant. Thus, the new father may feel difficulty in meeting role obligations related to the altered relationships with friends, family, or his employment situation, such as having less in common with friends, or conflict with parents, or breastfeeding in public.

In summary, on entering fatherhood, the first-time father is likely to experience role strain in the areas Father Role, Baby, Self, Marital Relationship, and Social Relationships. As discussed in a subsequent section, several variables potentially influence the role strain of the new father. Included in this discussion are Experiential and Social Support variables which may effect

socialization in the father role, and thereby the father's role strain. Also analyzed are Economic variables which may effect the father's perceived or actual performance of the role, and thus, his felt difficulty in meeting role demands. Finally, Developmental variables are presented which may influence the man's preparedness to learn or perform the father role, and thereby the first-time father's role strain. As a basis for discussion of the study's Developmental variables, the Family Developmental Approach and developmental tasks of the father and his family are analyzed.

The Family Development Approach

The Family Development Approach provides a useful perspective on the adjustments made by men and their families in the transition to parenthood. This approach is employed by this study as a supplement to the main conceptual framework of role theory and is used to offer explanation of the "Developmental" study variables, addressed in a subsequent section. Thus, discussion of the Family Development Approach will be limited to the scope of this study.

Development is defined as a "process leading toward fulfillment and realization of potential of an individual, family, or group over time" (Duvall, 1971, p. 550). In more concrete terms, development infers physical or mental maturation with gradual advancement through progressive changes. The Family Development Approach proposes that,

Families develop through the family life cycle within the generation spiral in ways that are predictable. Within the family unit, individuals grow and develop throughout their lives according to universal patterns that can be traced in every family member. Human growth and development proceed according to known principles that hold for all persons. Each individual grows in his own way and at his own rate, within a developmental process followed by all. (Duvall, 1971, p.133)

Human Development

Stages in the human developmental process used by Duvall include: (1) Infancy (birth to one or two years); (2) Early childhood (two or three to five, six or seven); (3) Late childhood (five, six or seven to pubescence); (4) Early adolescence (pubescence to puberty); (5) Late adolescence (puberty to early maturity); (6) Maturity (early to late active adulthood); and (7) Aging (beyond full powers of adulthood through senility) (1971, p. 146-147). A key assumption in developmental approaches to human and family life is that tasks of preceeding stages must be successfully accomplished if subsequent stages are to be attained. These principles and patterns of human development provide a basis for understanding how individuals and their families take on developmental tasks.

Developmental tasks arise from physical maturation, cultural privileges and pressures, and the values and aspirations of the individual (Duvall, 1971). Developmental tasks of the individual are defined as growth responsibilities that arise at or about a certain time in the life of an individual, successful achievement of which leads to his happiness and success with later tasks, while failure leads to disapproval by society, unhappiness in the person, and difficulty with subsequent tasks (Duvall, 1971). The developmental tasks a person faces during his life are innumerable and their discussion is beyond the scope of this study. However, there are general categories of tasks that recur throughout the aging continuum. See figure 1. As seen in the chart, developmental tasks in ten categories of behavior of the individual have been further specified for the Late adolescence and Maturity stages. The developmental tasks

Figure 1.

Developmental Tasks in Ten Categories of Behavior of the Individual During Late Adolescence and Maturity

	Late Adolescence	Maturity
I. Achieving an appropriate dependence-independence pattern	1. Establishing oneself as an independent individual in an adult manner	1. Learning to be interdependent-now leaning, now succoring others, as need arises 2. Assisting one's children to become gradually independent and autonomous beings
II. Achieving an appropriate giving-receiving pattern of affection	1. Building a strong mutual affection bond with a (possible) marriage partner	1. Building and maintaining a strong and mutually satisfying marriage relationship 2. Establishing wholesome affectional bonds with one's children and grandchildren 3. Meeting wisely the new needs for affection of one's own aging parents 4. Cultivating meaningfully warm friendships with members of one's own generation
III. Relating to changing social groups	1. Adopting an adult-patterned set of social values by learning a new peer code	1. Keeping in reasonable balance activities in the various social, service, political, and community groups and causes that make demands upon adults 2. Establishing and maintaining mutually satisfactory relationships with the in-law families of spouse and married children
IV. Developing a conscience	1. Learning to verbalize contradictions in moral codes, as well as discrepancies between principle and practice, and resolving these problems in a responsible manner	1. Coming to terms with violations of moral codes in the larger as well as in the more intimate social scene, and developing some constructive philosophy and method of operation 2. Helping children to adjust to the expectations of others and to conform to the moral demands of the culture
V. Learning one's own psycho-socio-biological sex role	1. Exploring possibilities for a future mate and acquiring "desirability" 2. Choosing an occupation 3. Preparing to accept one's future role in manhood or womanhood as a responsible citizen of the larger community	1. Learning to be a competent husband or wife, and building a good marriage 2. Carrying a socially adequate role as citizen and worker in the community 3. Becoming a good parent and grandparent as children arrive and develop
VI. Accepting and adjusting to a changing body	1. Learning appropriate outlets for sexual drives	1. Making a good sex adjustment within marriage 2. Establishing healthful routines of eating, resting, working, playing within the pressures of the adult world
VII. Managing a changing body and learning new motor patterns		1. Learning the new motor skills involved in housekeeping, gardening, sports, and other activities expected of adults in the community
VIII. Learning to understand and control the physical world		1. Gaining intelligent understanding of new horizons of medicine and science sufficient for personal well-being and social competence
IX. Developing an appropriate symbol system and conceptual abilities	1. Achieving the level of reasoning of which one is capable	1. Mastering technical symbol systems involved in income tax, social security, complex financial dealings, and other contexts familiar to Western man
X. Relating oneself to the cosmos	1. Formulating a workable belief and value system	1. Formulating and implementing a rational philosophy of life on the basis of adult experience 2. Cultivating a satisfactory religious climate in the home and the spiritual soil for development of family members

of individual family members interact so that at times they are in conflict and at times they are mutually supportive of each other (Duvall, 1971).

Family Development

A family developmental task is defined as "a growth responsibility that arises at or about a certain stage in the family life cycle, successful achievement of which leads to satisfaction and success with later tasks, while failure leads to unhappiness in the family, disapproval by society, and difficulty with later family developmental tasks" (Duvall, 1971, p. 155). There are eight basic tasks necessary for survival, continuity, and growth, which, at any given stage in the family life cycle, are the family developmental tasks. These are as follows:

- 1) physical maintenance, 2) allocation of resources, 3) division of labor, 4) socialization of family members, 5) reproduction, recruitment, and release of family members, 6) maintenance of order, 7) placement of members in the larger society, and 8) maintenance of motivation and morale. (Duvall, 1971, p. 155)

These tasks, essential for continued development, shift as the family grows, and are modified by the interaction of forces from within and without the family (Duvall, 1971).

As the Family Development Approach developed out of many fields, including sociology with its central concept of "role", there are similarities between role theory and this approach. Though comparison of these models is beyond the scope of this study, a few of the similarities which are relevant to this investigation are mentioned.

Like role theory, the Family Development Approach views family members in paired positions. For example, the reciprocal relationships of husband-wife, father-child, mother-daughter, and so

forth. The Family Development Approach also suggests that as the individual develops he moves into and out of various roles (Duvall, 1971). Thus, developmental tasks are often closely tied to the roles the person occupies in the form of role obligations (Duvall, 1971). Finally, as with role, the nature of these developmental tasks is not universal. Cultural and intergenerational differences result in variation of both roles and developmental tasks. The Family Development Approach is applied to the first-time father and his family in the section to follow.

Developmental Tasks of the Father and his Family

On entering parenthood the father may be, developmentally speaking, in one of two developmental stages, Late Adolescence (puberty to early maturity) or Maturity (early to late active adulthood). Each of these stages has its own developmental tasks, those of Maturity stage are built on the successful achievement of developmental tasks of Late Adolescence. See figure 1.

As with the individual, transition to parenthood shifts the family from one stage to another. On entering parenthood, the married couple, or individuals who choose to marry following conception, would be in the Married Couple stage and in transition to the Childbearing stage of the family life cycle. Each of these family stages has its own developmental tasks, those of the Childbearing stage built on the successful accomplishment of the tasks of the Married Couple stage. See figures 2 and 3. A man's individual developmental tasks specific to his family's stage in the life cycle are shown in figure 4. Again the successive building of one stage upon the tasks of the previous

Figure 2.

**Family Developmental Tasks
of the Married Couple and Childbearing Stages**

Married Couple	Childbearing
1. Establishing a mutually satisfying marriage	1. Having, adjusting to, and encouraging the development of infants
2. Fitting into the kin network	2. Establishing a satisfying home for both parents and infant(s)
3. Adjusting to pregnancy and the promise of parenthood	

Source: Duvall, E. M. Family development. 4th ed. New York: J. B. Lippincott Co., 1971.

Figure 3.

**Specific Developmental Tasks
of the Married Couple and Childbearing Stages**

Married Couple	Childbearing
1. Establishing a home base in a place to call their own	1. Adapting housing arrangements for the life of the little child
2. Establishing mutually satisfactory systems for getting and spending money	2. Meeting the costs of family living at the childbearing stage
3. Establishing mutually acceptable patterns of who does what and who is accountable to whom	3. Reworking patterns of responsibility and accountability
4. Establishing a continuity of mutually satisfying sex relationships	4. Reestablishing mutually satisfying sexual relationships
5. Establishing systems of intellectual and emotional communication	5. Refining intellectual and emotional communication systems for childbearing and rearing
6. Establishing workable relationships with relatives	6. Reestablishing working relationships with relatives
7. Establishing ways of interacting with friends, associates, and community organizations	7. Fitting into community life as a young family
8. Facing the possibility of children and planning for their coming	8. Planning for further children in the family
9. Establishing a workable philosophy of life as a couple	9. Reworking a suitable philosophy of life as a family

Source: Duvall, E. M. Family development. 4th ed. New York: J. B. Lippincott Co., 1971. pp. 189 & 233.

Figure 4**Developmental Tasks of the Husband and Father**

Developmental tasks of the young husband	Developmental tasks of the father of an infant or young child
1. Becoming established in an occupation	1. Reconciling conflicting conceptions of role
2. Assuming responsibility for the support of his family	2. Making way for the new pressures made upon him as a young father
3. Fulfilling his military service requirements	3. Learning the basic essentials of baby and child care
4. Establishing mutually satisfying sex relationships	4. Conforming to the new regimens designed as most healthful for the young family
5. Becoming "domesticated" as a married man	5. Encouraging the child's full development
	6. Maintaining a mutually satisfying companionship with his wife
	7. Assuming the major responsibility for earning the family income
	8. Maintaining a satisfying sense of self as a man
	9. Representing the family within the wider community
	10. Becoming a family man in the fullest sense of the term

Source: Duvall, E. M. Family development. 4th ed. New York: J. B. Lippincott Co., 1971. p. 166.

stage is demonstrated.

The achievement of the individual and family developmental tasks, and the developmental process (as defined on page 38) may influence the first-time father's ability to meet role demands, thereby influencing his felt difficulty in meeting role obligations, role strain. Developmental and other variables which potentially influence the role strain of the first-time father are discussed in the following section.

-Interrelation of Concepts-
Variables Potentially Influencing
the Role Strain of the First-Time Father

The role strain of the new father may vary with or be influenced by certain physical, psycho-social, or cultural variables, or combination of these variables. The variables selected for study have been conceptually categorized as follows: Developmental, Experiential, Social Support, and Economic. These variables are discussed below. See Figure 5.

Developmental Variables

Within the framework of this study, Developmental variables are defined as those variables which infer physical or mental maturation with gradual advancement through progressive changes, but specifically excluding those variables which directly relate to the father's child care experience. The Developmental variables include: (1) age of the father; (2) age of the infant; (3) number of years married; and (4) level of education. A discussion of each of these variables in relation to the concept of development follows.

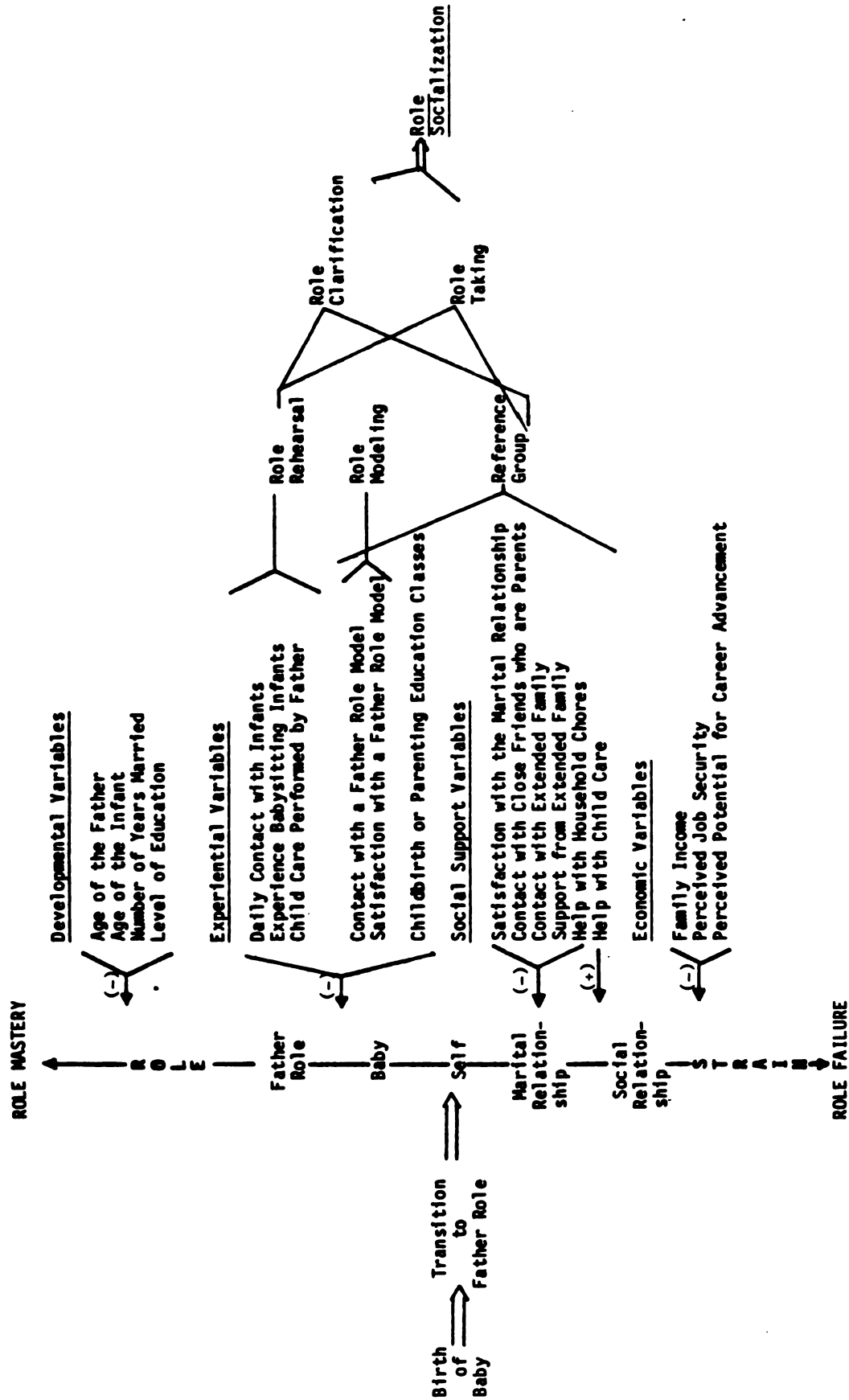


Figure 5.

Role Strain of the First-Time Father

The model demonstrates the hypothesized areas of role strain for the first-time father six to ten weeks postpartum and factors potentially influencing the father's role strain.

Note: The minus sign (-) denotes a negative (or inverse) influence is hypothesized.
The plus sign (+) denotes a positive influence is hypothesized.

Age of the Father

Aging is a process of biologic, psychologic, and social development (Communications Research Machines, Inc., 1971). As the individual ages he moves into and out of stages in the human life cycle. According to the framework of human development employed by Duvall (1971), mentioned earlier in this paper, the human life cycle includes seven major stages. The first-time father between the ages of 18 and 35 would fall into one of two stages, Late adolescence (puberty to early maturity) or Maturity (early to late active adulthood). See Figure 1. Given the assumption that attainment of a new developmental stage is dependent on the successful accomplishment of the developmental tasks of the preceding stage, it can be expected that the young first-time father, still struggling with the tasks of Late adolescence, is likely to encounter felt difficulty in achieving the tasks of Maturity, the stage typically involving childbearing and rearing. For example, it will be difficult for the new father to assist his child in becoming independent when he is attempting to establish himself as an autonomous individual. As many of the developmental tasks associated with the stage of Maturity are linked to the parent role, the father's perception of difficulty in accomplishing these tasks, or meeting role obligations, will result in role strain. The younger first-time father is by his age, more likely to be dealing with the earlier developmental tasks of Late adolescence and is more likely to encounter role strain with the advent of parenthood, than is the older father who is more likely to have accomplished these and is prepared to engage in later more complex developmental tasks associated with parenthood. Thus, the age of the

first-time father is a variable which may inversely influence his role strain.

Age of the Infant

Infants also progress through development stages as they age. Highlights of infant development include such landmarks as, following an object with the eyes alone, turning of the head to maintain eye contact, steady head control, verbalizations, smiling, sitting, crawling, standing, walking, etc. With each new stage come new infant needs and new demands on the parents. Thus, the parents must progress with their infant's development.

The newborn's cries focus on food and comfort. Initially, the first-time father may experience role strain when responding to these cries. For example, he may feel squeamish changing a soiled diaper, or "all thumbs" when bathing a slippery infant. The father may be fatigued by interrupted sleep patterns and the acutely increased responsibilities of fatherhood. However, with experience the new father becomes more proficient at basic child care and begins to perceive his infant as less fragile than when the baby first returned home. With time, role strain lessens as more regular sleeping patterns are established and the family develops organized approaches to dealing with the increased responsibilities. Though the baby's needs and demands continue to change, the experienced parent has learned a systematic approach to problem-solving and is thus able to deal more effectively with new situations.

Other changes occur as the infant ages. These changes are not related to the infant but more to the number of weeks that has passed since delivery. For example, the new father may be frustrated by his

wife's decreased sexual responsiveness in the early weeks following her exhausting birth experience and episiotomy. The rush of physical and emotional changes and fatigue may weaken communication leading to episodes of dysfunctional marital and or parent-child interaction, and role strain. However, with the passage of time healing occurs, household routines and patterns of rest are established, usually leading to lessened stress, improved communication, resumption of sexual relations, and lessened role strain. Thus, the age of the infant, due to developmental changes in the child or changes unrelated to the child, is a variable which may inversely influence the role strain of the first-time father.

Number of Years Married

The number of years married or committed to an on-going intimate relationship indicates the length of time which a couple has been a "family". As discussed earlier, families evolve through stages in the family life cycle. The couple who has been married or committed to an ongoing intimate relationship for only a short period of time at the onset of parenthood, has had less time to work through and successfully accomplish the developmental tasks of the Married couple stage than has the couple married for a longer period. The advent of parenthood forces the family to address developmental tasks of the Childbearing stage for which they may or may not be prepared.

Compounding the family's accomplishment of developmental tasks is the fact that individuals who marry, and or have children, have their own individual developmental tasks within these roles (i.e. husband and or father) which must be achieved. See figure 4. The first-time father married a short length of time is required to undertake the

developmental tasks of the father role simultaneously with the still novel tasks of the husband role, all of which must occur while the family is attempting to accomplish tasks of the Married couple and Childbearing stages. The multicentricity of demands resulting from the almost simultaneous onset of two separate family developmental stages and individual roles is likely to result in felt difficulty in meeting role obligations. Thus, the number of years married (or committed to an intimate ongoing relationship), or length of time the couple has been a family, prior to the onset of parenthood, may inversely influence the role strain of the first-time father.

Level of Education

Level of education might also be considered a developmental variable in that the educational process is a growth process, each level building on knowledge of the previous level. The educational process, particularly at higher levels where rote memorization of facts is less relevant, encourages awareness of resources, problem-solving, and decision-making. These skills may facilitate the reduction of role strain by enabling the father to identify areas in which he experiences role strain, to locate appropriate resources for assistance, and to decide on appropriate courses of action. Thus, level of education is a variable which may inversely influence the role strain of the first-time father.

Experiential Variables

Experiential variables are defined as those variables which infer experience and maturation in the father role. The Experiential variables included in this study are as follows: (1) amount of contact with a father role model; (2) amount of satisfaction with the

father role model; (3) amount of daily contact with infants; (4) amount of experience babysitting infants; (5) amount of childbirth or parenting education classes; and (6) amount of child care performed by the first-time father. The potential influence of these variables upon the role strain of the first-time father is discussed below.

Contact and Satisfaction with a Father Role Model

As discussed earlier, role theorists assume that roles are learned through role socialization, involving role modeling among other processes. Anticipatory socialization, including role modeling, may facilitate the reduction of role strain as long as what is anticipated is in fact congruent with the subsequent experience of the role. The father role is learned primarily through being fathered (Billers, 1975; Coleman & Coleman, 1971), through the process of role modeling. Thus, the role strain experienced by the first-time father may be inversely influenced by the amount of contact he had with a father role model, and or the extent to which the new father perceives his own father enacted the father role accurately--his satisfaction with his father role model.

Daily Contact with Infants, Experience Babysitting Infants, and Child Care Performed by the First-Time Father

Like modeling, role socialization also takes place, in part, through the process of role rehearsal. Role rehearsal, involving mental and or physical enactment, may reduce role strain by allowing the actor to anticipate and practice aspects of the role. Through being in daily contact with infants or by babysitting infants, a boy or man is in a position to rehearse the father role. Thus, the role strain encountered by the first-time father may be inversely

influenced by the amount of daily contact with infants and or experience babysitting infants which the father had prior to entering fatherhood.

As the learning of the father role is a process which continues even after the birthing event, role rehearsal also continues. Through performing direct child care the father rehearses or practices aspects of his new role. Thus, the role strain experienced by the first-time father may be inversely influenced by the extent to which he performs direct child care.

Childbirth or Parenting Education Classes

Like modeling and rehearsal, role socialization also takes place, in part, through reference groups. Reference groups may provide information and advice regarding the new or anticipated role, emotional and or various forms of tangible support, and role models, thereby reducing the incumbent's role strain. Childbirth or parenting education classes offer expectant parents information and advice regarding the parenting role (however it should be noted that the primary focus of such classes is usually on the pregnancy and birthing event). Such classes may provide or suggest resources for more tangible forms of support (i.e. financial assistance in various forms). Through the "group" process couples may provide each other with emotional support and role models. Thus, the role strain felt by the first-time father may be inversely influenced by the amount of childbirth or parenting education classes he attended prenatally.

Social Support Variables

Social support variables are defined as those variables which infer physical and emotional support, information and advice. These include contact with persons and or satisfaction with persons who, through direct actions or mere presence, provide support, in a concrete or intangible manner, following the baby's birth. The Social Support variables included in this study are as follows: (1) amount of satisfaction with the marital relationship; (2) amount of contact with close friends who are parents; (3) amount of contact with extended family; (4) amount of help with child care received from extended family; (5) amount of help with household chores received from extended family; and (6) amount of support received from extended family. The potential influence of these variables upon the role strain of the first-time father is discussed below.

Satisfaction with the Marital Relationship

As discussed earlier, role socialization takes place in part through reference groups. These groups may provide information and advice regarding the new or anticipated role, emotional and or various forms of tangible support, and a source of role models, thereby easing the incumbent's role strain.

A wife (or partner) is a member of the new father's reference group. In her co-role as parent, or reciprocal role as wife, she may model certain parenting skills, give information or advice, and provide physical and emotional support to her husband. Supporting her husband in the father and husband roles is a task of the wife (Duvall, 1971). "Good marital adjustment is associated with congruence between role perception and performance" (Smart & Smart, 1976, p,209). In

other words, the husband who feels that his wife is not performing her role appropriately (i.e. not being supportive) will feel dissatisfied with the marital relationship. Thus, the husband who feels satisfied with his marital relationship is likely to perceive that his wife is performing appropriately in her role, which in part includes being supportive of him in his roles of husband and father. Such emotional or physical support, as received within a satisfactory marital relationship, may reduce and be inversely related to the role strain experienced by the new father.

Contact with Extended Family and Close Friends who are Parents; and Support and Help with Household Chores Received the Extended Family

Extended family and friends who are themselves parents also make up the first-time father's reference group. They too provide him with information, advice, role models, and emotional and physical support. Physical support may be in the form of help with household chores. Through such assistance the new father's knowledge and skills for the performance of his role may be increased and his role demands decreased, thereby lessening his role strain. Thus, the role strain experienced by the first-time father may be inversely related to the amount of contact he has with extended family and close friends who are themselves parents as well as the amount of support or help with household chores received from extended family.

Help with Child Care Received from Extended Family

Help with child care would seem to be simply another form of physical support and thus a factor potentially reducing the role strain of the new father. However, as help with child care, particularly when provided by extended family, may interfere with or

delay the first-time father's role rehearsal and thereby role socialization, such assistance may in fact postpone or increase later difficulties in performing the role and meeting role obligations. Thus, the role strain of the first-time father may be positively related to extra help with child care received from extended family.

Economic Variables

Economic variables are defined as those variables which refer to the "provider" aspect of the first-time father's role. The Economic variables included in this study are as follows: (1) level of family income; (2) perceived amount of job security; and (3) perceived potential for career advancement. The potential influence of these variables upon the role strain of the first-time father is discussed below.

Family Income, Job Security, and Potential for Career Advancement

As discussed previously, a primary aspect of the father role in this culture is that of "provider". A major part of the father's role obligations relate to earning an income sufficient to provide a safe, secure, and comfortable life-style for his family. If the father perceives that he is not earning a salary sufficient to meet family expenses he is likely to feel he is failing in the father role. Likewise, if the father fears his potential for career advancement is not adequate he is likely to feel or fear failure in the father role. Finally, if the father perceives he has unusually limited job security he is likely to feel he is failing to provide his family with adequate security, another obligation of the father role. Thus, the role strain of the first-time father may be inversely related to his family

income, his perceived job security, and or his perceived potential for career advancement.

Nursing Conceptual Model Components and Implications for Nursing

Imogene King's (1971) nursing model provides a conceptual frame of reference for the nursing process. This conceptual framework, as utilized in this study, can be used to identify role strain in the first-time father and can be used to develop nursing strategies to facilitate role strain reduction and role mastery.

King (1971) relates man and nursing to four major concepts; perceptions, interpersonal relationships, health, and social systems. "Man functions in social systems through interpersonal relationships in terms of his perceptions which influence his life and his health" (King, 1971, p. 22). Man's framework is the social system(s), his methods of functioning are interpersonal relationships, and the determinants of his interpersonal functioning are his perceptions and health (King, 1971). These concepts and their interrelationships with man and nursing are presented. In a subsequent section implications for nursing are addressed.

Man is the central focus in King's (1971) framework. Certain assumptions about man are made. These include: (1) man is a reacting being, reacting to persons, objects, and events in terms of his perceptions, needs, and expectations at a given moment in time; (2) man is a time-oriented being, his present has its origins in past experiences, and his perceptions of the past and present influence his prediction of the future; (3) man transitions through a predictable pattern of human growth and development, and is subject to periods of

normative or non-normative, physical or psycho-social crises; (4) man is a bio-psycho-social being who interacts with persons and objects in his environment, and functions through interpersonal relationships via communication within social systems; and (5) man functions in and through social roles and these roles make up the network of social systems (King, 1971).

Social systems are defined as groups of individuals joined together in "a network or system of social relationships to achieve common goals developed about a system of values with an organized set of practices and the methods to regulate practices and administer the rules. The members of the groups interact according to standards or norms based on a set of roles and status" (King, 1971, p. 22).

The family, with its roles, statuses, structure, and patterns of social interaction, is a social system. In most cases the family provides the initial process of role socialization for the individual (King, 1971). The family, and other reference groups influence the individual's perception, judgements, and behavior (King, 1971).

Perception is "each individual's representation or image of reality; an awareness of objects, persons, and events" (King, 1971, p. 22). Determinants of perception include: (1) psychological factors such as psychologic needs, adaptive and defense mechanisms, and beliefs; (2) socio-cultural factors such as role, age, sex, education, and income; and (3) physiologic factors, such as health (King, 1971). Not only does an individual's health influence his perceptions, but perceptions in turn, influence health. Perceptions are significant as they form the basis for man's interpersonal relationships.

Interpersonal Relations are the "interaction of two or more individuals in the existential moments in time for some purpose or goal" (King, 1971, p. 23). Implicit in the interpersonal relationship is the concept of action. Action, according to King, refers to "control over and responsibility for events that transpire in the environment" (1971, p. 24).

King defines health as a "dynamic state in the life cycle of an organism which implies continuous adaption to stresses in the internal and external environment through optimum use of one's resources to achieve maximum potential for daily living" (1971, p. 24). Implicit in this definition is the manner in which an individual copes with the stresses of growth and development while functioning within and conforming to the cultural pattern (King, 1971).

Health is influenced by the external and internal environment. Nurses are able to influence the environment, thus nurses have the capacity to influence man's health. Nursing is defined as,

a process of action, reaction, interaction, and transaction, whereby nurses assist individuals of any age and socio-economic group to meet their basic needs in performing activities of daily living and to cope with health and illness at some particular point in the life cycle. (King, 1971, p. 25)

A need is a "state of energy exchange within and external to the human organism that leads to behavioral responses to situations, events, and persons" (King, 1971, p. 25).

A nursing act is a series of behaviors of interacting individuals which occur in three stages as follows: (1) recognition of presenting conditions; (2) activities or operations related to the conditions or situations; and (3) motivation to apply some control

over the events to attain goals (King, 1971). The nursing process, as defined by King, is...

a series of acts which connote action, reaction, interaction. Transaction follows when a reciprocal relationship is established by the nurse and patient in which both participate in determining the goal to be achieved in the specific situation. (1971, p. 91)

King explains that when a nurse and client meet, each perceives the other and on the basis of these perceptions forms judgements about the other. King adds that nursing judgements are influenced by their selected perceptions, knowledge, and values, and lead to some kind of action by the nurse and patient. Actions are communicated verbally and non-verbally, leading to a reaction on the part of the client and nurse (King, 1971).

King (1971) does not clearly define an interaction. She appears to differentiate an interaction from a transaction by the extent of mutual active participation on the part of individuals and the effect this active participation has on the individuals. King seems to indicate that an interaction has not progressed to a transaction unless mutual active participation to move toward a goal affects the identity of the nurse and client, and causes them to learn and mature in the process.

This mutual assessing and defining of health goals feeds back to affect the perceptions, judgements, and actions of the nurse and client (King, 1971). This author has modified King's model by including the feedback of information from the reaction and interaction phases to the perceptions of the nurse and client as well as from the transaction phase. Thus, the sequence of action, reaction, interaction, and hopefully, transaction continues until the

participants terminate the interaction. See Figure 6.

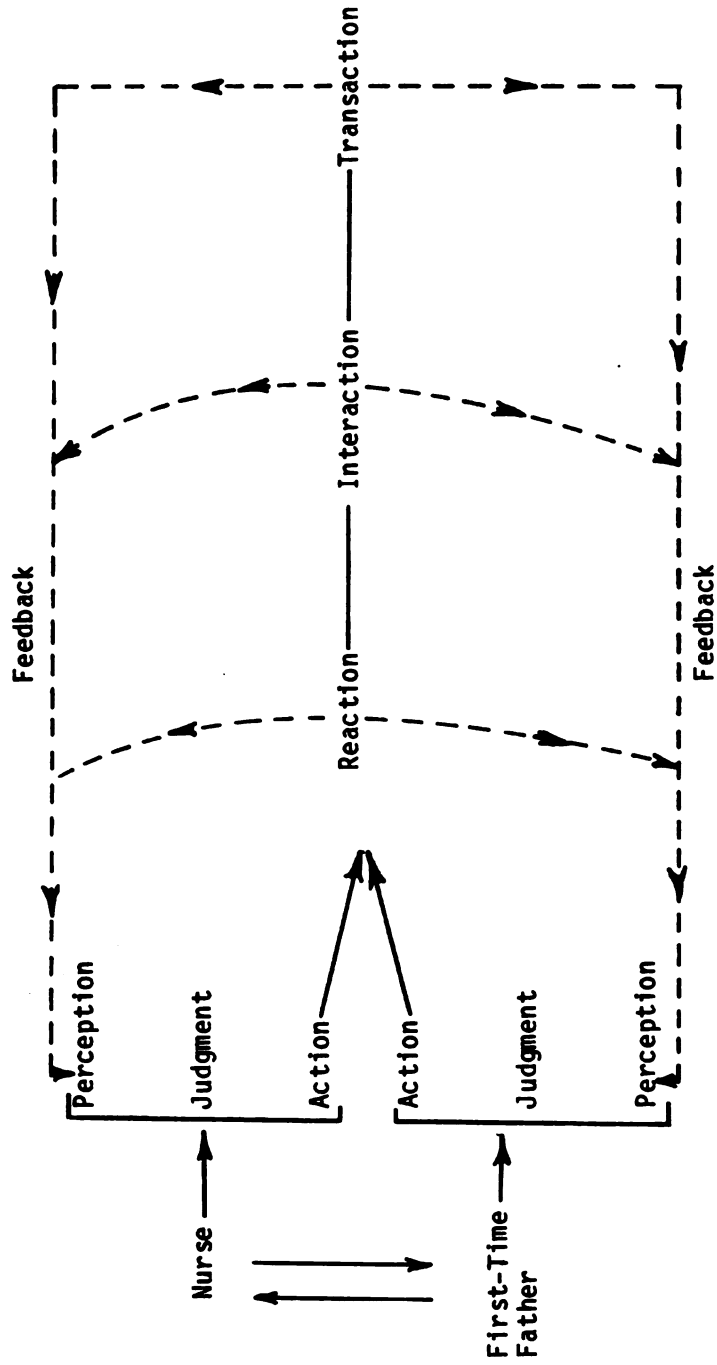
Ingrained in King's (1971) model and definition of a nursing act, are the elements of the Nursing Process Model to be used as a problem-solving guide, including: assessment, diagnosis, goal-setting, planning, intervening, evaluating, and validating. The stage of recognition can be related to the processes of assessment and diagnosis. The state of operations would involve goal-setting and planning. Finally, the stage of motivation may be correlated to the intervening, evaluating, and possibly validating processes.

Nursing assessment takes place through the interpersonal relationship in which actions, reactions, and interactions of nurse and client provide the means of collecting data. Data are gathered regarding the client's perceptions of his needs, attitudes and feelings, reactions, behavioral responses to his needs, social system, and physiologic and developmental status. The interpretation and analysis of the data establishes a priority of needs and diagnosis of the client's health status, including actual or potential problems.

Interventions are planned based on the diagnoses and are directed toward achieving mutually established goals. Interventions involve altering client perceptions, removing restrictions on client actions, and increasing the client's ability to perform actions that will achieve goals. Evaluation of the nursing process can be oriented toward the following conditions: (1) achievement of goals; and (2) health status following the achievement or non-achievement of goals. Validation will occur where there is open and mutual evaluation of the nursing process by nurse and client. The outcomes of the nursing process, or health goals, are the client's adaptation to life, health,

Figure 6.

Nursing Process Model



Modified from King, I.M. Toward a theory for nursing: General concepts of Human behavior. New York: John Wiley & Sons, Inc., 1971. p.92.

and illness, meeting of his needs, and achievement of his maximum potential for daily living (King, 1971).

The client in King's (1971) model is an individual. However, she indicates that the framework, being somewhat abstract, is also applicable to families. Problems involving roles are of a "social" nature and require a social systems approach. In the case of a first-time father experiencing role strain, a family system approach is needed. However, for the sake of simplicity and clarity, and to remain within the scope of this study, the application of King's model presented here is focused primarily on the new father.

The birth of a first child alters the father's social system, thereby stressing his external environment, obliges him to enter the father role, thus stressing his internal environment, and through these stresses influences the first-time father's health. The transition to parenthood constitutes a developmental stressor to which the new father must adapt, through the optimum use of his resources, in an attempt to achieve his maximum potential for daily living.

When a first-time father feels much difficulty in meeting role obligations, thus in adapting to the developmental stressor--fatherhood, he may seek help directly from family, friends, or possibly (though not usually) from the health care system. Upon entering the health care system and encountering a nurse the father may perceive the experience of role strain, he may judge that help is needed, and he may act to seek out help. More typically, the father perceives personal and family stress which he judges is caused by a "crying baby". The father's action sends the wife to the clinic to find out what is wrong with the baby, herself, or her mothering

skills.

After assessing the family's perception of their needs, attitudes, and feelings, reactions, behavioral responses to their needs, social system, and physiologic and developmental status, the nurse forms a perception of the family and new father on the basis of her assessment and knowledge regarding the transition to parenthood and fatherhood. She may tentatively judge that the father is experiencing role strain, among other possible diagnoses. She acts to draw the father into the health care system. The father may react to the nurse's action in many ways; he may enter the system.

On entering the nursing situation with their respective perceptions, judgements, and actions, the father and nurse react to one another. They each perceive a reaction from the other related to the action exhibited by the other. The nurse may perceive the father's presence as indicating he is distraught yet cooperative. The father may perceive the nurse as a concerned helper but feel too confused as to why she has asked him to come to the clinic. Information about one another feeds back adding to the perceptions, judgements, and actions.

In the interactional phase the nurse and new father assess the father's attitudes about fatherhood, feelings regarding his ability to meet the obligations of the father role, perceptions of his needs relative to the new role, behavioral responses to his needs, social system, physiological and developmental status, and reactions to events occurring in the nursing process. Upon confirming her tentative diagnosis of role strain and the causative factors involved (i.e. lack of knowledge or skills secondary to inadequate

socialization, or lack of adequate resources secondary to environmental influences such as unemployment), the nurse forms judgements about the goals that should be set, and the extent of and methods of assistance required to meet the goals. The father, gaining insight into his stressors, strengths, and resources, also forms judgements regarding desired goals and potential courses of action for attaining the goals. The transactional phase of this process results in mutually defined health goals and plans of action.

The overall health goal, or outcome of the nursing process, for the first-time father experiencing excessive difficulty meeting role obligations, is the reduction of role strain. By reducing the father's role strain his resources (i.e. time and energy) are freed up to be used in the ongoing adjustment to the father role. He is more able to establish a satisfying relationship with the infant, to achieve personal and family developmental tasks, and to maximize his potential for daily living.

To achieve this health goal, reduced role strain, the mutually defined plans for intervention are implemented through the processes of action, reaction, interaction, and transaction. The interventions may include: (1) providing counseling, resources, support, or teaching, thereby altering the father's perceptions; (2) removing restrictions on his actions; and (3) increasing his ability to perform actions that will achieve goals. The nurse and father continue to move through the nursing process as the achievement or non-achievement of goals and the father's and family's health statuses are evaluated and validated, and new goals are mutually defined.

Implications of Nursing

Utilization of the Role Theory Model, the Family Development Approach, and King's (1971) conceptual model, as presented above, can facilitate assessment of real or potential role strain in the first-time father. The father, as a reacting time-oriented social being, is an active participant in his health care. As an active participant, the father can mutually identify problems, set goals, take action to meet goals, and evaluate and validate the attainment of goals with nursing.

Nursing can assist the first-time father in recognizing health problems, goal-setting, and evaluating goal attainment relative to role strain through teaching, counseling, providing resources, and serving as a support system for the father and his family. Through acknowledgement and validating the presence of role strain, the nurse can normalize the father's felt difficulty in meeting role obligations, thereby lessening his anxiety. Nursing can assist the father in reducing role strain by helping him define his perceptions, attitudes, feelings, and needs relative to the father role, assess behavioral responses (coping mechanisms) that have been effective in the past, and recognize strengths and supports within the social system which are available to him.

Nursing can also limit the extent of role strain experienced postpartally through anticipatory guidance and socialization. A program of anticipatory socialization can be implemented through prenatal classes, using the classes as a reference group, equipped with role models and a setting for role rehearsal. The program can focus on the father role and potential areas of role strain. The

father can be encouraged to attend postpartal parent groups where concerns of new parents are shared and solutions to problems sought.

Nursing can collaborate with other health care providers to assist the father and his family during the antepartum, as well as the postpartum period of role socialization, to provide interdisciplinary support. Nursing must educate these other health care providers in role and developmental theory, the effects of role strain on the father and family system, and the variables potentially influencing the role strain of the first-time father.

In Chapter III, pertinent literature and research concerning the role strain of the first-time father is reviewed.

CHAPTER III

REVIEW OF THE LITERATURE

Overview

The literature review includes research studies relevant to the role strain of the first-time father and the factors which might influence his role strain, (i.e. sociodemographic characteristics, child care experience, etc.). Between 1957 and the mid-1970's a series of studies were generated investigating the difficulty associated with the transition to parenthood and the factors influencing that transition. These studies focused primarily on the extent to which the adjustment to parenthood constituted a "crisis" as opposed to being a "transition involving some difficulty". Areas of concern or difficulty for parents were not consistently identified. Nor were these areas thoroughly explored. Findings regarding the factors influencing the adjustment to parenthood varied between studies. The number and nature of factors studied was limited, almost completely ignoring those associated with learning the parent role.

With the 1970's came increased interest in the new dimensions the father role was assuming (Antle 1978; Gollober 1976; Heise 1975; Leonard 1976; Marquart 1976; Obrzut 1976; Reiber 1976). However, difficulties associated with this changing role have received little investigation.

Further research into the role strain of the father is needed, but with particular emphasis on these new role dimensions. In addition, exploration into other factors which may influence the

father's adjustment to parenthood, and thus influence his role strain, may serve to broaden the understanding of man's transition to fatherhood.

Eight notable studies have examined parenthood as a "crisis" and have explored the relationship between selected variables and the relative difficulty or ease of the transition to parenthood. While sharing an area of common focus, these investigations are in some respects methodologically different. As a consequence of this diversity, their results, which are often discrepant, are difficult to synthesize. An examination of these studies, their methodologies and findings, may serve to clarify discrepancies and demonstrate needed areas for further research. Summaries of each of these eight studies follows. In a subsequent section, they are examined in relationship to one another and to the specific variables investigated by the present study. Additional research contributing to this area of focus are also presented in later sections.

Summaries of Transition to Parenthood Studies

A series of studies on the impact of various crises on the family, including death, (i.e. loss of a family member), led LeMasters (1957) to observe that the "crisis event forces a reorganization of the family as a social system." He hypothesized that the addition of a new member to the family system could also force reorganization, (i.e. role reassignments, status position shifts, altered channels for fulfillment of needs, and reorientation of values), and thus constitute a crisis.

To test his hypothesis, LeMasters (1957), interviewed a non-probability sample of 46 middle class urban or suburban couples between the ages of 25 and 35 years whose first child had been born within the previous five years. He found that new mothers reported the following experiences in adjusting to their first child:

loss of sleep (especially during the early months); chronic "tiredness" or exhaustion; extensive confinement to the home and the resulting curtailment of their social contacts; giving up the satisfactions and the income of outside employment; additional washing and ironing; guilt at not being a "better" mother; the long hours and seven day (and night) week necessary in caring for an infant; decline in their housekeeping standards; worry over their appearance (increased weight after pregnancy, et cetera). (LeMasters, 1957, p. 354)

New fathers, LeMasters reports:

...echoed most of the above adjustments but also added a few of their own: 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 parent role. (1957, p. 354)

Utilizing Hill's (1949) definition of crisis-- "...any sharp or decisive change for which old patterns are inadequate"--LeMasters (1957), in conjunction with the subjects themselves, rated the couples' experience of the transition to parenthood on a five-point scale ranging from "no crisis" to "severe crisis." Thirty-eight of the 46 couples (83 percent) reported extensive or severe crisis in adjusting to the addition of their first child. Additionally, LeMaster's findings suggested that: (1) the extent to which the child was desired or planned was not significantly related to the degree of crisis experienced; (2) there was no significant relationship between the quality of marriage (as determined by self-ratings which were

confirmed in all but three cases by close friends of the subjects) and the degree of experienced crisis; (3) each of the 38 couples in the crisis group appeared to have "almost completely romanticized parenthood"... and felt that they lacked adequate preparation for parental roles; and (4) in all eight cases, mothers with professional training and extensive professional work experience encountered extensive or severe crisis. LeMasters concluded support of his hypothesis and suggested that future research include a more extensive analysis of those who have made the transition to parenthood with relative ease.

Dyer (1963), in a near replication of the LeMasters (1957) investigation, gathered data using a 16-item checklist designed to measure the amount of difficulty experienced in adjusting to parenthood on a five-point Likert-type scale. Areas of family life from which the checklist items were drawn included:

- (1) Husband-wife division of labor; (2) Husband-wife division of authority; (3) Husband-wife companionship; (4) Family income and finances; (5) Homemaking and housework; (6) Social life and recreational patterns; (7) Husband and wife mobility and freedom of action; (8) Child care and rearing (i.e. anxieties, difficulties, burdens, etc.); (9) Health of husband, wife, and child; and (10) Extra-family interests and activities. (Dyer, 1963, p. 197)

Following item analysis, 10 of the 26 original items were omitted from the checklist, leaving only 16 "difficulty" questions to which subjects could respond.

Dyer's (1963) self-selected sample of 32 couples was similar to that of LeMaster's (1957), however, the couples must have had their child within two years of the time of study and either husband or wife was college educated. Fathers reported, in order of frequency, the

following experiences:

(1) Loss of sleep, up to 6 weeks (50 per cent); (2) Adjusting to new responsibilities and routines (50 per cent); (3) Upset schedules and daily routines (37 per cent)...; (4) Ignorance of the great amount of time and work the baby would require; (5) Financial worries and adjustments for the majority of the families, involving adjustment to one income with the added expenses of the child, from two incomes before the child came. Sixty-two per cent of the wives had been employed before having the child. (Dyer, 1963, p. 198).

Eighty percent of the fathers admitted to one or more severe problems in the areas of: adjusting to a single income, adjusting to demands of parenthood, adjusting to new routines, and sharing with grandparents and other relatives. New mothers in Dyer's sample reported the following:

(1) Tiredness and exhaustion (87 per cent); (2) Loss of sleep, especially during the first 6-8 weeks (87 per cent); (3) Feelings of neglecting husband, to some degree (67 per cent); (4) Feelings of inadequacy and uncertainty of being able to fill the mother role (58 per cent); (5) Inability to keep up with the housework (35 per cent); (6) Difficulty in adjusting to being tied down at home, curtailing outside activities and interests (35 per cent). (1963, p. 198)

Fifty-three percent of Dyer's (1963) sample experienced extensive or severe crisis with the birth of the first child and another 38 percent were classified in the moderate crisis category. Significant negative relationships ($p < .05$) were observed between the degree of crisis and: (1) preparation for marriage courses; (2) marital adjustment; (3) number of years married; (4) having planned for parenthood; (5) age of the child; and (6) number of years of education for husband but not wife. No relationship was found between the age of the father and crisis scores. However, Dyer noted that the sample age range was narrow. Dyer concluded support for the hypothesis

regarding the transition to parenthood as constituting a crisis event for his middle-class couples. He indicated that these variables appear to be related to the extent of experienced crisis. Finally, Dyer concluded that future research should explore the characteristics of the families experiencing the greater and the lesser crisis.

Hobbs (1965) reported results quite divergent from those of LeMaster (1957) and Dyer (1963). Using a 50 percent random sample taken from the public birth records, Hobbs studied the postpartum experiences of 53 first-time parents who were white, who resided within the city limits, and whose infants were between 3 and 18 weeks old. (It should be noted that from this investigator's evaluation, Hobbs and other researchers describing their samples as random, or in part random, are using the term inappropriately.) The couples varied considerably on variables such as education, occupation, and age (father's ages were between 18 and 35 years). Thus they represented a wider range of the general population than earlier studies which utilized middle-class couples. Hobbs found first-time fathers reported the following experiences in declining order of felt difficulty:

increased money problems; feeling "edgy" or emotionally upset; additional amount of work; physical tiredness or fatigue; having to change plans we had before the baby's birth; interruption of routine habits of sleeping, going places, etc.; housekeeping not as neat as it should be; decreased contact with friends; decreased sexual responsiveness of wife. (1965, p. 370)

The only items which "bothered" the majority of fathers were: (1) interruption of routine habits of sleeping and going places, and (2) increased money problems. Experiences reported by mothers, again in declining order of difficulty were:

interference from in-laws; decreased sexual responsiveness of self; physical tiredness and fatigue; feeling "edgy" or emotionally upset; decreased contacts with persons at work, etc.; worry about my loss of figure; worry about my personal appearance in general; interruption of routine habits of sleeping, going places, etc.; housekeeping not as neat as it should be; doubting my worth as parent. (Hobbs, 1965, p. 370).

To index the extent of crisis associated with the transition to parenthood, Hobbs (1965) utilized an objectively scored 23-item checklist derived from the areas of difficulty reported by the subjects in LeMaster's (1957) study. The checklist yielded a split-half reliability coefficient of 0.62 for each sex. Hobbs reported that 86.8 percent of the couples were classified in the "slight" crisis category, while there were no couples in the "severe" or "extensive" crisis categories. A significant difference was found between the mean crisis scores of mothers (9.06) and fathers (6.30); mothers reporting more crisis. There was no correlation between wives' and husbands' crisis scores.

In search of predictive variables, Hobbs (1965) investigated the following:

Parents' pre- and postbirth ratings of their marriage, parents' age, parents' education, family income, whether pregnancy was desired and/or planned, whether conception was postmarital, number of additional children desired, parents preference for sex of baby, extra help to care for baby, prematurity-maturity of baby, baby's age, baby's health, method of feeding, and hours baby slept out of 24. (1965, p. 369)

Among Hobbs' study results were the following findings: (1) a significant negative correlation between family income and the crisis scores of fathers ($p < .01$); (2) a significant positive correlation between the baby's age and the crisis scores of fathers ($p < .01$); (3)

when babies required more than routine health checks or were ill, there were significantly more fathers in the extensive-severe crisis categories ($p < .05$); (4) for mothers who had extra help with child care, there were five times as many in the extensive-severe crisis category as were in the moderate-slight category ($p < .02$); (5) there was no correlation between the scores of the wife and husband; and (6) none of the variables which Dyer (1963) found to be associated with difficulties in entering the parental role were confirmed by Hobbs' investigation. Hobbs concluded that the discrepancies between his previous studies called for larger and more representative samples, improvement of instruments for measuring adjustment difficulty, more precise definitions of variables--particularly crisis, and assessment of the family prior to the birth of the first child and periodically during the postpartum period.

Hobbs (1968) replicated his earlier study -- extending the original design to include interview data in an effort to determine if reported findings might be a function of the way variables were measured and data were gathered. Both the 23-item checklist and a relatively unstructured interview were administered to a random sample of 27 couples. The sample was similar to that of the previous study except the infants were older ranging in age from six to 52 weeks. The interviews were tape recorded and scored later by judges. Though the interview ratings provided a much wider range of scores, moderate yet significant correlation coefficients were established between the scores obtained on the two instruments. The mean difficulty scores obtained from the checklist data were almost identical to those of the

previous study (fathers = 6.3; mothers = 9.1 in 1965; and 6.3 and 9.3, respectively in 1968). Again, the mean crisis scores of mothers and fathers differed significantly with mothers reporting more difficulty. As before, no correlation was determined between crisis scores of husbands' and wives'. Interview ratings as compared with checklist data yielded higher crisis or difficulty scores. Still, over 80 percent of the mothers and over 95 percent of the fathers were categorized as reporting no more than "moderate" amounts of difficulty in adjusting to their first child, regardless of whether interview ratings or checklist scores were used.

Hobbs' (1968) findings regarding predictive variables differed from his previous results and were as follows: (1) there was a significant negative correlation between marital adjustment and the difficulty scores of fathers ($p < .005$) and mothers ($p < .05$); and (2) there was no relationship between baby's age and difficulty scores. Some clarification was provided regarding the earlier finding that extra help was associated with a higher occurrence of difficulty adjusting to parenthood. Hobbs suggested that couples appreciate extra help when it reduces their household chores, offers more freedom to concentrate on their new parental roles, and does not intrude or judge them as they begin to perform in their new roles. It is unclear as to whether previously studied variables were replicated as these were not mentioned in his report.

Hobbs (1968) concluded that becoming a parent for the first time is conceptualized as a period of transition which is somewhat stressful, than as a crisis event for the majority of parents. He added that his findings support the idea that variation in published

results on parents' adjustment to parenthood is in part a function of the techniques of measurement used. However, Hobbs noted, that the significant correlation coefficients obtained between difficulty scores obtained from the two different indices (checklist and interview) increases confidence in the reliability of the findings that the transition to parenthood is not as stressful as earlier studies had reported. Hobbs reiterated that further work on instruments for measuring difficulties adjusting to parenthood is required as well as study of variables influencing this transition.

Russell (1974), in this same tradition, replicated Hobbs' (1968) study. She omitted the interview but included a 12-item "gratification" checklist which explored what things new parents enjoyed about their new role. The 20 percent random sample of 271 couples was very similar to that of Hobbs' (1968) sample, however parents' ages ranged up to 47 years, higher than the previous investigation.

Diverging from Hill's (1953) definition, crisis was defined as "change in self, spouse, or relationships with significant others which the respondent defined as 'bothersome'" (Russell 1974). Like the previous two studies, Russell found couples reported a slight to moderate degree of crisis with the birth of the first child. Mean crisis scores between mothers (1.45) and fathers (1.27) were significantly different ($p < .001$). Of particular interest, Russell noted a difference between mothers and fathers in the items most frequently checked as "problem areas". Wives most frequently checked items which tended to cluster around the emotional and physical self, these were: (1) physical tiredness and fatigue; (2) baby interrupted

sleep and rest; (3) worry about my physical appearance since the baby; (4) feeling "edgy" or emotionally upset; and (5) worry about my "loss of figure". Husbands most frequently checked items which reflect a broader range of concerns, including problems external to physical or emotional self, these were: (1) baby interrupted sleeping and rest; (2) suggestions from in-laws about our baby; (3) baby's birth made it necessary to change some plans; (4) baby increased money problems; and (5) additional amount of work required by baby. However, in the area of gratifications, both husbands and wives tended to check items which addressed personal gratifications rather than benefits to the husband-wife relationship or to relationships outside the marriage.

In the area of predictive variables Russell's (1974) findings differed sharply from those of Hobbs (1968). Significant positive associations ($p < .05$ or less) were established between crisis scores of fathers and: (1) premarital conception; (2) subject's ranking of the father role (saliency of the father role); and (3) the extent to which subjects perceived their infants as being "active". Significant negative associations ($p < .05$ or less) were established between the crisis scores of fathers and: (1) father's age; (2) planned pregnancy; (3) marital adjustment; (4) occupational prestige; (5) wife's ease of delivery; and (6) wanting more children. Significant positive associations ($p < .001$) were observed between the gratification scores of fathers and: (1) preparations for parenthood (i.e. classes, reading, caring for others' children); (2) subject's ranking of the father role; and (3) wanting more children. Significant negative associations ($p < .05$ or less) were observed between the gratification scores of fathers and: (1) occupational prestige; and (2) education.

Variables not found to be related to crisis scores included parent's education, baby's age and sex, wife's age, number of months married, husband's health, preparation for parenthood, income, wife's present or previous employment, and baby's bedtime. Marital adjustment was the only predictive variable which demonstrated results consistent with Hobbs' (1968) findings. Russell concluded that study subjects perceived the transition to parenthood as only moderately stressful and well supplied with rewards. She suggested that the conflicting results among studies regarding predictive variables indicates the need for further research in these areas.

Finally, in this same tradition, Hobbs and Cole (1976), using a non-random sample of 120 couples, replicated Hobbs' 1965 study. Study samples were similar except that the present infants were older than in Hobbs' 1965 investigation (25.9 and 9.8 weeks, respectively). Again, the 23-item checklist was employed to measure the amount of difficulty reported by parents in the adjustment to their first child. Overall findings of the study largely confirmed what was found in 1965. Parents tended to report slight amounts of difficulty in making the transition to parenthood. Again, mothers reported significantly higher difficulty scores than fathers ($p. <.001$).

Hobbs and Cole (1976) found first-time fathers reported the following experiences in declining order of felt difficulty:

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; physical tiredness and fatigue. (Hobbs & Cole, 1976, p. 279,

Table 5)

New mothers reported the following, again in declining order of felt difficulty:

feeling "edgy" or emotionally upset; increased money problems; housekeeping not as neat as it should be; additional amount of work; worry about "wife's loss of figure"; decreased sexual responsiveness of self; feeling more "distant" from my husband; worry about wife's personal appearance in general; reduced feelings of privacy; interruption of routine habits of sleeping, going places, etc. (Hobbs & Cole, 1976, p. 728, Table 4)

In the area of predictive variables Hobbs' 1965 and 1976 studies demonstrated similar as well as divergent findings. Similarities between the studies included the following: (1) when babies required more than routine health checks or were ill, there were significantly more fathers in the extensive-severe category ($p < .05$ in 1976); (2) for fathers, there was a significant negative relationship between income and crisis scores ($p < .05$) in 1976); and (3) no relationship was observed between crisis scores and education, whether pregnancy was desired and/or planned, whether conception was postmarital, parents' preference for sex of baby, prematurity-maturity of baby, method of feeding, or hours baby slept out of 24. Differences between study results are marked by the 1976 findings as follows: (1) for fathers, there was a significant positive relationship between father's age and crisis scores ($p < .01$); (2) for fathers reporting much, as opposed to little, difficulty in adjusting to their first child, the chi squared values for prebirth and postbirth marital ratings were statistically reliable ($p < .01$ and $p < .05$, respectively); (3) for fathers reporting much, as opposed to little, difficulty in adjusting to their first child, the chi square value for the number of

additional children desired was statistically reliable ($p < .01$); (4) there was no relationship between baby's age and crisis scores; and (5) extra help with child care was not found to be a statistically reliable variable in differing between fathers (or mothers) reporting much, as opposed to little, difficulty in adjusting to their first child. Finally, the variable "number of months married before the baby's birth" (not studied by Hobbs in earlier investigations) was not found to be related to the adjustment difficulty of new fathers.

Hobbs and Cole (1976) concluded that it is more accurate to conceptualize the adjustment to the first child as a transition, accompanied by some difficulty, than a crisis. They recommended that the search for reliable predictor variables continue. The researchers also concluded that the 23-item checklist is fairly reliable in measuring the amount of difficulty reported by new parents in adjusting to their new roles. However, they added that the instrument's validity is unknown and that future investigators should add to the checklist additional difficulty items, and delete items which fail to discriminate between parents reporting much difficulty and those reporting little difficulty in adjusting to parenthood. Finally, Hobbs and Cole suggested that the term "crisis" be replaced by a broader concept which connotes less difficulty than the word "crisis".

Farber (1975) responded to earlier suggestions to abandon the crisis concept in his study of factors affecting the relative ease of transition to parenthood. The self-selected sample consisted of 28 female and 18 male LaMaze prepared urban or suburban dwelling, first-time parents whose annual income ranged from \$3,000.00 to \$18,000.00.

A battery of questionnaires were administered to the subjects during the last trimester of pregnancy and again 8 to 13 weeks postpartally. These batteries included: Locke and Williamson Marital Adjustment Scale (Locke & Williamson, 1958); Miskimins Self-Concept Scale (Miskimins, 1968); STAI Trait Anxiety Inventory (Spielberger, Gorsch , and Lushene, 1970); and eight questionnaires, checklists, and scales devised by the author. Three measures were used to evaluate the relative ease of transition to parenthood: (1) a "global" self-rating of satisfaction with the adjustment to parenthood; (2) a projective measure of satisfaction in the parent role; and (3) a measure of change in marital adjustment accompanying parenthood. The independent "predictive" variables were organized into the following ten categories:

- (1) Expectant parents' "psychological set" toward parenthood;
- (2) Marital factors;
- (3) Individual resources for coping with change and stress;
- (4) Sources of extra help;
- (5) Extent of support for parenthood from friends and family;
- (6) Physical events associated with becoming a parent;
- (7) Life patterns prior to parenthood;
- (8) Economic impact of parenthood;
- (9) Preparation for parenthood; and
- (10) Expectant parents' relationships with--and evaluations of--their own parents. (Farber, 1975, pp.iii-iv)

Study findings indicated the first five of the above categories were most significantly related to the relative ease of transition. More specifically, among the many variables tested, significant positive correlations ($p < .05$ or less) were obtained between one or more of the three measures of relative ease of transition to parenthood for fathers (as described above) and: (1) father's age; (2) years married; (3) whether parenthood was planned; (4) marital adjustment; (5) extent of social support; (6) extent of contact with

extended family; and (7) extent of contact with friends who were parents themselves. Significant negative correlations were found between the relative ease of transition and: (1) extra help with child care; and (2) the subject's evaluation of his parents in the parent role. No relationship was detected between the relative ease of transition and the following variables: (1) baby's age; (2) amount of babysitting experience; (3) amount of contact with infants; (4) family income; or (5) whether or not the father was college educated. Farber (1975) concluded the following from his study findings:

First, persons who desired parenthood, planned for it, and had favorable attitudes toward parenthood and infants made this transition with greater relative ease. Second, couples who were happily married to begin with, had greater confidence in each other, and maintained mutual understanding achieved this transition with greater relative ease. Third, persons with favorable self-concepts, low trait anxiety, and confidence in their ability to be good parents had greater relative ease in making this transition. Fourth, couples who received extra help--especially with direct child care, and especially from parents, in-laws, or other relatives--had greater relative difficulty in making this transition...Fifth, persons who were supported by friends and family achieved this transition with greater relative ease. (pp.iv-v)

Finally, Wente and Crockenberg (1976) studied the extent of **d i f f i c u l t y** encountered in the transition to fatherhood in relation to **i n f a n t** age, preparation for parenthood, and the marital relationship. **S t u d y** purposes were three-fold: (1) to determine whether LaMaze-**t r a i n e d** men who participate in the birthing of their child report an **e a s i e r** adjustment to parenthood than do fathers without LaMaze **t r a i n i n g**; (2) to determine the extent to which new fathers are **b o t h e r e d** by perceived changes in their marital relationship, as **r e l a t e d** to adjustment difficulty and also as an index of adjustment

difficulty; and (3) to determine if men view their adjustment to parenthood more negatively after a period of time---whether reported adjustment difficulty is related to the infant's age when data are gathered.

The non-random study sample consisted of 46 Caucasian first-time fathers ranging in age from 21 to 37 years, with annual incomes ranging from under \$5,000.00 to over \$20,000.00, drawn from two Northern California communities. Fathers were divided into the following groups: (1) Infants age 0-3 months/LaMaze-trained; (2) Infants age 4-7 months/LaMaze trained; and (3) Infants age 4-7 months/non-LaMaze-trained. The category Infants age 0-3 months/non-LaMaze-trained was deleted as an insufficient number of subjects were found who met the criteria. The groups were matched on education and income. A questionnaire was employed to elicit demographic data, the father's response to his infant and participation in child care, whether the child was planned, and for the father to rate changes in routines and 17 adjustment difficulty items. Following completion of the questionnaire, a semi-structured interview was conducted to clarify and expand on questionnaire data. Wives were present but did not participate.

Results of Wente and Crockenbergs' (1976) investigation included the following: (1) there were no significant differences between either the total or average adjustment difficulty scores or Change in Routine scores of LaMaze-trained fathers and non-LaMaze-trained fathers; (2) the item "lack of knowledge of parenting" correlated significantly with the total adjustment difficulty score ($p < .001$); (3) adjustment difficulty items that dealt directly with the marital

relationship ("wife had less time for me; we had less time for each other; not enough time for family; change in established relationship with wife") correlated significantly with total adjustment difficulty scores ($p < .001$); and (4) there were no significant differences between the total adjustment difficulty scores or Change in Routine scores of fathers of 4-7 month old infants and those of 0-3 month old infants.

In interpreting these findings, Wentz and Crockenberg (1976) noted that most of the non-LaMaze-trained fathers did attend the delivery of their child, thus shared in the emotional experience of the birth. It may be this shared emotional experience and not the classes or training that draws the father into the family triad and eases the transition to fatherhood. However, the authors also suggested that possibly neither participation in the delivery or LaMaze training are sufficient to draw the father into the triad. Wentz and Crockenberg indicated that fathers feel a need for parenting education beyond that typically provided by LaMaze classes. They concluded that questionnaire items relating to lack of knowledge about parenting and husband-wife relations are the best indicators of the extent of difficulty encountered in adjusting to parenthood. Discussion regarding infant age and adjustment difficulty was inconclusive.

Synthesis of Transition to Parenthood Studies

It is apparent that LeMasters (1957), Dyer (1963), Hobbs (1965, 1968), Russell (1974), and Hobbs and Cole (1976) have focused on the transition to parenthood, for both men and women, in terms of whether

this event constituted a "crisis". Russell, including evaluation of the "gratifications" of parenthood, and Farber (1957), speaking of the "relative ease" rather than the "adjustment difficulty", have attempted to employ a broader perspective of the transition to parenthood. These investigators have contributed, not only through their individual findings and conclusions, but in raising the consciousness of health care providers, educators, and the public to the difficulties of early parenthood and potential needs for additional support and preparation. In addition, the researchers have explored variables which might be predictive of difficulty in making this adjustment. They have not been primarily concerned with delineating specific difficulties encountered by the new father at specific points in the transition. However, such delineation may help to clarify some of the inconsistencies observed between the previous investigations, as will be discussed in a subsequent action. The present study differs from those above in its exploration into the specific role strain of the first-time father between six and ten weeks postpartum, and those variables which may influence the new father's role strain at this time. The term role strain was chosen as it is a broader concept than that of "crisis" or "difficulty" and as it directs attention to the new father's perceptions of his needs. By taking this approach, health care providers and educators can offer assistance in areas which the father perceives as worrisome or difficult and in which he is most likely to be motivated to learn or accept assistance.

Role strain has been defined as the felt difficulty in meeting role obligations. Operationalized, role strain is defined as any

feelings of expressed concern (i.e. anxiety or worry) related to the felt difficulty in meeting role obligations of the first-time father. The present study suggests that the new father's role strain may relate to or occur in the areas of: the Father role, the Baby, the Father's Self, the Marital Relationship, and the father's Social Relationships. The role strain of the first-time father has been related to the difficulties encountered by the new father, in that the father may experience felt difficulty about those things which cause him difficulty. A discussion of the findings of the previous eight studies specific to the identified difficulties of the new father and the above listed areas of role strain follows. In a subsequent section, variables potentially influencing the role strain of the first-time father are addressed. Finally, the direction of this study in relation to future research needs is summarized.

Role Strain Areas

Role strain regarding the Father Role is defined as the concerns expressed by the first-time father regarding his ability to meet infant and family needs through his nurturing and providing roles. Hobbs (1965) addresses two potential difficulties within this category of concerns, "increased money problems" and "doubting my worth as a Parent". Researchers who used the Hobbs checklist, as well as LeMasters (1957) and Dyer (1963), found fathers reported financial concerns with great frequency. "Doubting my worth as a parent" was not a frequent complaint of new fathers. Issues regarding the father's ability to give physical care to his infant, to meet the infant's emotional needs, to care for a sick infant, and issues regarding the father's job security or relationship with his employer

were not addressed by the Hobbs checklist.

Role strain regarding Baby is defined as the concerns expressed by the first-time father regarding selected characteristics or actions of his baby. This is an area barely addressed by the research literature. Dyer (1963) included in his report a list of the areas of potential adjustment difficulty explored, but not all of the specific difficulty items were used in his checklist. Dyer observed that fathers frequently reported ignorance of the great amount of work and time the baby required. Hobbs' (1965) 23-item checklist included only one item pertaining to Baby related concerns, that is, "the additional amount of work required by the baby". This item was among the most frequently checked problem areas in Hobbs (1965) and Russells' (1974) studies, but not in Hobbs and Coles' (1976) investigation. The failure consistently replicate results, which has very often been the case, may indicate an actual change in father's perceptions of their difficulties, or be attributal in part to limited instrument reliability. Being that Hobbs (1965; 1968), Russell, and Hobbs and Cole all used the Hobbs (1965) checklist, other potential difficulties pertaining to the baby were not explored, (i.e. baby's sex, baby's appearance, baby's crying, baby's health).

Role strain regarding Self is defined as the concerns expressed by the first-time father regarding changes in his personal self or his personal life space occurring with the birth of the infant. Each of the previously described studies identified some difficulties in this area for first-time fathers. Interrupted sleeping patterns and fatigue were consistently among the most frequently reported difficulties of new fathers. Issues regarding the father's time for

personal interests, his ability to concentrate, his ability to meet personal goals, or his feelings of masculinity versus femininity while taking part in the traditionally female aspects of childbearing were not explored by investigators using the Hobbs (1965) checklist. Dyer (1963) drew items from some of these areas, but how many of these which were retained in the checklist after item analysis is not known.

Role strain regarding the Marital Relationship is defined as the concerns expressed by the first-time father regarding physical and emotional changes in his wife (or partner) and changes in the marital dyad relationship occurring since the birth of the infant. Hobbs' (1965) 23-item checklist included six difficulty items as follows: decreased sexual responsiveness (two items); wife's appearance (two items); marital communication (two items). Though LeMasters (1957), Dyer (1963), Hobbs (1965, 1968), Russell (1974), and Hobbs and Cole (1976) each evaluated difficulty items pertaining to the marital relationship, only Hobbs and Cole found some of these difficulties to be among the most frequently reported problem areas. Specifically, Hobbs and Cole found "decreased sexual responsiveness of wife", "feeling more 'distant' from my wife", and "worry about wife's personal appearance in general" to be the second, fifth, and eighth, respectively, most frequently reported difficulty items. Issues pertaining to breastfeeding as it relates to the marital dyad were not explored in Hobbs' checklist. It is not known that Dyer examined these issues.

Role strain regarding Social Relationships is defined as the concern expressed by the first-time father regarding changes in his relationships with friends, family, or co-workers, or his ability to

socialize since the birth of the infant. Hobbs' (1965) checklist included three difficulty items relating to this area of concern which were as follows: "decreased contact with friends"; "interference from in-laws"; and "decreased contact with persons at work". "Decreased contact with friends" (Hobbs, 1965; Hobbs and Cole, 1976) and "interference from in-laws" (Hobbs and Cole, 1976; Russell, 1974) were found to be problem areas for first-time fathers. LeMasters (1957) also reports "interference with social life" to be an adjustment for new fathers. Dyer (1963) explored some concerns regarding social relationships, however, these were not among the frequently reported difficulties of the new fathers in his study. Issues such as breastfeeding in public, having less in common with childless friends, and the responses of others to the new father's participation in what are considered traditionally female roles were not addressed by Hobbs' checklist.

In evaluating the methodologies and results of the first six of these investigations in relation to the reported difficulties of new fathers, three limitations were evident. First, findings regarding the frequency of reported difficulties between studies were for the most part inconsistent. Only the difficulty items "interrupted sleep and fatigue" and "increased money problems" were consistently among the most frequently reported difficulties of new fathers in all investigations. Inconsistencies might be attributed to differences among the study samples or variation in method of data collection. LeMasters (1957) and Dyer (1963) used middle-class subjects where Hobbs (1965, 1968), Russell (1974), and Hobbs and Cole (1976) used a sample representing a broader spectrum of the general population. The

babies' ages varied between studies from three weeks to five years, and within studies the narrowest age range was three to 18 weeks. Though areas of similar role strain may exist, patterns of concerns of new fathers would likely be obscured, as qualitatively different difficulties are probably being studied at three and 18 weeks or three and 52 weeks postpartum. Where studies were retrospective and subjects were asked to recall early parenthood (i.e. LeMasters, Dyer) current perceptions are likely to have influenced recollections, thus altering the validity of the study results. The difficulties or role strain of new fathers need to be explored at discrete points during the first year (at least) following the birth event.

A final concern regarding study samples is that certain seemingly important extraneous variables were often left uncontrolled (i.e. the normalcy of pregnancy, labor and delivery, and postpartum course; the health of infant, mother, and father; long term residency of others in the new family's home; the presence of other children in the home; whether the first-time father is the biologic parent of his infant; or the new father's employment status). Possibly, study findings varied in part because of differences between samples on these extraneous variables.

Variation in the method of collecting data could also account for the inconsistent results found between studies. LeMasters (1957) interviewed, Dyer (1963) used a checklist, and Hobbs (1965, 1968), Russell (1974), and Hobbs and Cole (1976) used still another checklist. Even where the same instrument was employed in separate investigations different frequencies of reported difficulties in adjusting to parenthood were obtained, in most cases. Such findings

suggest variation among samples, as effect of history, or limited instrument reliability with respect to this particular measure.

Second, the areas of felt difficulty in adjusting to the first child which have been explored are somewhat limited. It appears that many issues have not been addressed, particularly those associated with the changing father role (i.e. difficulties or concerns regarding caring for a sick infant, masculinity, etc...). As maternity health care has traditionally focused on the mother-child dyad it is not surprising that concerns of the first-time father have been neglected and that when addressed, they are handled primarily as extensions of female types of concerns. This approach, while understandable, has its limitations as research has demonstrated significant differences between the extent and possibly the nature of mothers and fathers' adjustment difficulties.

Third, there has been little effort to organize results regarding difficulties into categories. Russell (1974) made such an attempt within her own study when she noted that mothers most frequently checked items which tended to cluster around the emotional and physical self, whereas fathers checked items which reflected a broader range of concerns. Possibly by using a conceptual framework such as the Role Theory Model, difficulty or role strain items could be generated specific to the first-time father and in areas of his life which theory suggests changes and concomitant role strain may occur (i.e. the Father Role, the Baby, the father's personal Self, the Marital Relationship, and Social Relationships). Also, by categorizing related difficulty items the potential for obtaining more

consistent findings between studies may be increased.

The present study employed a prospective approach and drew its sample from the public birth announcements--thus potentially representing a broad spectrum of the general population of first-time fathers. Babies' ages were restricted to between six and ten weeks to control age-related extraneous influences and to elicit the role strain of new fathers in a relatively discrete period of time. Other extraneous influences were also controlled for. The wives (or partners) of the subjects were required to have experienced a relatively normal pregnancy, labor and vaginal delivery, and postpartal course. Babies were full term and healthy. The subjects, their wives (or partners) and their biologic infants were without serious or chronic illnesses. To control for influences exerted by others permanently residing in the home, subjects were limited to those who lived with only their wives (or partners) and infants. Finally, the subjects' employment and occupational statuses were examined in relation to expressed role strain.

The present study's index (checklist) totaled 73 items. These items were drawn from earlier investigations and also developed in potential role strain areas neglected by previous researchers (i.e. masculinity, job security, caring for a sick infant). Finally, potential role strain (difficulty) items were organized into categories representing areas of the new father's life which were likely to encounter change. The areas of role strain were as follows: Father Role, Baby, Self, Marital Relationship, and Social Relationships.

Variables Potentially Influencing the Role Strain of the First-Time Father

In the following section, findings of the previous eight studies, specific to variables which are potentially predictive of difficulty in adjusting to parenthood, are discussed in relation to variables which may influence the role strain of the first-time father. Immediately following is a discussion of study limitations specific to these findings. The selected study variables potentially influencing the role strain of the first-time father were categorized as follows: Developmental; Experiential; Social Support; and Economic.

Developmental Variables

Developmental variables are defined as those variables which infer physical or mental growth or maturation or progressive advancement through progressive changes, but excluding those variables directly related to child care experience, specifically: age of father; age of infant; number of years married; and level of education. Dyer (1963), Hobbs (1965, 1968), Russell (1974), and Hobbs and Cole (1976) studied each of these developmental variables in relation to the extent of adjustment difficulty or crisis reported by new parents, with the exception of Hobbs (1965, 1968) who did not record findings regarding the variable "number of years married".

Age of the Father

Investigation into the relationship between the father's age and difficulty adjusting to parenthood has yielded divergent results. Early studies by Dyer (1963) and Hobbs (1965, 1968) detected no relationship between these variables. Farber (1975) expected that

father's age would be overshadowed by those factors which appear to be immediately relevant to the ease of transition to parenthood, thus no relationship would be observed. However, he found a significant positive correlation between father's age and the relative ease of transition (Global measure $p < .05$; Marital measure $p < .01$). Similarly, Russell (1974) observed a significant negative relationship between father's age and the adjustment difficulty associated with parenthood ($p < .01$). Contrary to Russell and Farbers' findings, Hobbs and Cole (1976) reported a significant positive correlation between adjustment difficulty and the age of study fathers ($p < .01$). Unfortunately, each of these researchers failed to comment on their results regarding these variables. The present study explored the relationship between the father's age and the role strain expressed by the first-time father.

Age of the Infant

The age of the child may be an important variable. Research which included fathers of infants under one year of age (Hobbs, 1965, 1968; Russell, 1974; Hobbs and Cole, 1976) have obtained lower crisis scores than investigations which included a wider range of infant ages (LeMasters, 1957; Dyer, 1963). This implies a positive relationship between infant age and the adjustment difficulty associated with parenthood. However, Hobbs (1968), Russell, Hobbs and Cole, and Wente and Crockenberg (1976) found no relationship within their samples between infant age and the extent of difficulty reported. Farber (1975) also observed no relationship between infant age and the relative ease of transition to parenthood. Conversely, Dyer found a negative relationship between age of infant and reported crisis

($p < .05$), and Hobbs (1965) determined a positive relationship between these variables ($p < .01$). Some investigators have hypothesized the existence of a "baby honeymoon" period (Feldman as cited in Hobbs, 1968; Wente and Crockenberg, 1976) or a curvilinear relationship between infant age and adjustment difficulty with parents in the middle segment of the curve experiencing the greatest difficulty (Jacoby, 1969). The "baby honeymoon" hypothesis suggests that initially, new parents either fail to experience or gloss over the difficulties associated with the transition to parenthood. After the first four to six weeks the reality of parenthood sets in and the couple starts to experience the adjustment difficulties associated with their new roles. Testing the "baby honeymoon" hypothesis, Wente and Crockenberg hypothesized that new parents would evaluate their adjustment to parenthood more negatively in retrospect...following the baby honeymoon. However, research findings have failed to support or negate any of these hypotheses. The present study examined the relationship between infant age and the expressed role strain of the first-time father between six and ten weeks postpartum.

Number of Years Married

Length of time married has also been explored as a factor potentially influencing the transition to parenthood. Dyer (1963) and Farber (1975) found that couples married three years or less reported significantly more difficulty in adjusting to new parent roles than did couples married longer than three years ($p < .05$ and $p < .01$, respectively). Along similar lines, Russell (1974) reports that couples who conceived premaritally reported significantly greater adjustment difficulty than did couples who conceived postmaritally.

($p < .02$). However, those findings were not consistent with earlier studies which showed no relationship between either length of time married (Hobbs and Cole, 1976; Russell, 1974) or premarital versus postmarital conception (Hobbs, 1965, 1968; Hobbs and Cole, 1976), and the difficulty adjusting to parenthood. Interpretation of the contrasting findings of these research efforts is hazardous because of the different methodologies used by investigations which observed a relationship between the study variables and those investigations which observed no relationship. The present study examined the length of time married or committed to an ongoing intimate relationship prior to the birthing event, in relation to the role strain expressed by the first-time father.

Level of Education

The final Developmental variable, level of education, was explored by Dyer (1963), Hobbs (1965, 1968), Russell (1974), Farber (1975), and Hobbs and Cole (1976). Only Dyer obtained a significant negative correlation between the father's level of education and the difficulty encountered by the father in adjusting to parenthood ($p < .05$). The other investigators found no relationship between these variables. Russell, however, noted a significant negative correlation between the father's (and mother's) level of education and the number of "gratification" items he checked ($p < .05$). Russell suggested that people with more education may discover alternative routes to self-fulfillment and thus place less importance on their roles as parents. She proposed it is also possible that the gratifications may seem fewer simply because the "comparison level" is much higher for educated people. Possibly persons of different levels of education

differ qualitatively in their concerns about parenthood. The present study explored the relationship between the level of education of the first-time father and his expressed role strain.

Experiential Variables

Experiential variables are defined as those variables which infer experience and maturation in the father role, as follows: amount of contact with a father role model; amount of satisfaction with the father role model; amount of daily contact with infants; amount of experience babysitting infants; amount of childbirth or parenting education classes; and amount of child care performed by the first-time father.

Contact and Satisfaction with a Father Role Model

Very few reseachers have examined the part experience plays in the transition to fatherhood. The author has not found any research into the amount of contact a new father previously had with a father role model and the transition to parenthood. However, Farber (1975) investigated the evaluations first-time parents made of their own fathers in relation to the relative ease of transition to parenthood. He found a significant negative correlation ($p < .05$) between favorable evaluations of the parenting by the subjects' fathers and the subjects' personal satisfaction with the parent role (a measure of the relative ease of transition to parenthood). In other words, for both males and females, the more unfavorable their evaluations of their own fathers as parents, the greater their personal satisfaction in the parent role. In explanation, Farber noted that active participation on the part of fathers is a value which is advocated by LaMaze training--a value somewhat different from that of the preceding

generation. He suggested that where men are most actively involved in the events of early parenthood (i.e. by sharing in the birthing experience, etc.)--fathers are most negatively evaluated on the basis of their failure to have done the same. Farber concluded, however, that the study sample, consisting entirely of LaMaze prepared parents, may be atypical in this finding. The present study examined both the relationship between the first-time father's extent of contact with a father role model and his satisfaction with the father role model, and the expressed role strain of the new father. Both men who attended childbirth or parenting education classes and men who did not attend such classes were included in the study sample.

Daily Contact with Infants, Experience Babysitting Infants, and Child Care Performed by the First-Time Father

Fein (1976) and Farber (1975) explored new fathers' child care experience in relation to their adjustment to parenthood. Fein (1976) in a study of men's entrance into parenthood, hypothesized that "men's levels of (a) wishes for emotional support, (b) concerns about emotional support, (c) general anxiety, and (d) infant related anxiety would decrease from before to after births" (p. 343). It was also hypothesized that:

men who participated more actively than others in home life sharing after the births (taking responsibility for infant care, doing child care together with their wives, doing housekeeping tasks, and sharing their feelings with their wives) would drop more in levels of wishes for emotional support, concerns about emotional support, general anxiety, and infant-related anxiety from before to after the births, compared to men less active in home life sharing activities. (Fein, 1976, p. 343)

To test these hypotheses, Fein (1976) administered a relatively unstructured interview and a battery of questionnaires to a non-random sample of 30 middle income primiparous couples in the greater Boston area. Interviews, approximately four weeks prior to delivery and six weeks postpartum, were performed jointly with both husband and wife present. Questionnaires were completed individually by spouses at both interviews.

Fein's (1976) results partially supported his hypotheses. Among his findings were the following: (1) men experienced a significant decrease in their levels of general anxiety, infant-related anxiety, and wishes for emotional support, but not in their concerns about emotional support; (2) men who reported being actively involved in child care decreased significantly more postpartally in infant-related anxiety than other men; (3) fathers who seemed relatively concerned about emotional support in the postpartum period, but who participated more actively in child care than other men, experienced larger drops in general anxiety than similar fathers who were less involved in child care; (4) 23 of the men had little or no child care experience, four reported "some" experience, and three had considerable regular child care responsibilities; and (5) men who had relatively more child care experience expected, at the prenatal interview, to be more actively involved in caring for their babies than other men, and that men who expected to be more involved in caring for their infants were more involved in child care at the postpartum interview and had lower levels of general anxiety than other men. Another point of interest was the finding that the two-thirds of the the study sample who appeared to have adjusted to fatherhood with relatively little

difficulty were seen as taking on one of two roles: traditional breadwinner or non-traditional father (deeply involved in the daily child care). The remaining one-third of the subjects seemed unsure of how much they wanted to adopt the traditional breadwinner role and the non-traditional "involved" father role. These men were viewed as having relatively more difficulty adjusting to parenthood than the fathers who appeared more sure about their roles. Likewise, the wives of subjects in the latter one-third of the sample also tended to share this unsureness about their husbands' roles.

Fein (1976) concluded that the "crisis" for these new fathers (if there was a crisis) came prenatally and possibly within the first two weeks postpartum, and that by six weeks postpartum fathers were adjusting to parenthood without high levels of anxiety as compared to the prenatal period. He suggested that effective postpartum adjustment in fathers is related to their creating some kind of a coherent role, suited to personal and family needs, rather than any specific role. Fein also concluded that for some men the processes of caring for their infants may have facilitated the adjustment to parenthood as demonstrated by decreased levels of infant-related anxiety.

In contrast, Farber (1975), hypothesized and found that neither the extent of babysitting experience or the extent of experience in caring for an infant sibling was significantly related to the relative ease of transition to parenthood. However, as the investigator noted, all of his study subjects had attended some form of LaMaze training--thus these findings may reflect a bias of the particular study sample,

with child care experience variables being overshadowed by the effects of LaMaze training. The present study investigated the amount of babysitting experience as well as the amount of daily contact with infants the first-time father had prior to the birth of his child in relation to the father's expressed role strain. Additionally, the study examined the relationship between the first-time father's expressed role strain and the amount of child care he performed postpartally.

Childbirth and Parenting Education Classes

Dyer (1963), Russell (1974), and Wente and Crockenberg (1976) studied the relationship between preparation for parenthood and the extent of adjustment difficulty reported by new parents. Dyer observed that first-time parents who attended preparation for marriage courses in high school or college experienced significantly less crisis than new parents who did not attend such classes ($p < .05$). Russell noted a significant positive association between preparation for parenthood (i.e. classes, books, caring for others' children) and the gratification scores of new fathers ($p < .001$). In other words, the more actively men prepared for parenthood, the greater the number of rewards they reported. However, this same investigator detected no relationship between such preparation for parenthood and the adjustment difficulty associated with beginning fatherhood. Likewise, Wente and Crockenberg observed no relationship between the difficulty scores of LaMaze-trained and non-LaMaze-trained first-time fathers. They noted that most of the non-LaMaze-trained fathers in their study did attend the birth of their child, thus sharing in the emotional experience of childbirth. Wente and Crockenberg indicated that it may

be this shared emotional experience and not the classes that draws the father into the family triad and eases the transition of fatherhood. However, the authors also suggested that possibly neither participation in the delivery or LaMaze training are sufficient to draw the father into the triad. They further suggested that fathers feel a need for parenting education beyond that typically provided by LaMaze classes. Finally, Wente and Crockenberg concluded that questionnaire items relating to lack of knowledge about parenting are strong predictors of the extent of difficulty encountered in adjusting to fatherhood. The present study examined the relationship between the amount of childbirth and or parenting educational classes attended by the first-time father and his expressed role strain at six to ten weeks postpartum.

Social Support Variables

Social support variables are defined as those variables which measure the amount of support received by the first-time father since the birth of his child. For the purposes of this study, social support includes both physical and emotional support, information and advice. It includes contact with persons and or satisfaction with persons, who through direct actions or mere presence may have provided support, in a concrete or intangible manner. Included are: amount of satisfaction with the marital relationship; amount of contact with close friends who are parents themselves; amount of contact with extended family; amount of help with household chores received from extended family; amount of help with child care received from extended family; and amount of support received from extended family.

Satisfaction with the Marital Relationship

Several investigators have studied the marital dyad's marital adjustment or satisfaction in relation to the extent of adjustment difficulty associated with the transition to parenthood. Hobbs' (1968) investigation and Russell's (1974) replication of that study each use the Locke-Wallace (1959) short form to measure marital adjustment. They found that for fathers high levels of marital adjustment or satisfaction were significantly associated with less adjustment difficulty ($p < .01$ or less). Similar findings were reported by Hobbs and Cole (1976) and Wente and Crockenberg (1976) who employed other measures of marital adjustment. Farber (1975), using the Locke-Williamson (1958) marital scale (from which the Locke-Wallace scale was derived), detected a significant positive correlation between marital satisfaction and the ease of transition to parenthood ($p < .01$ and less).

Conversely, LeMasters (1957) and Hobbs (1965) observed no relationship between fathers' marital adjustment or satisfaction and the extent of difficulty encountered in adjusting to the parent role. However, these researchers might have obtained different results had they employed more sensitive and prospective rather than retrospective measures of marital adjustment. It would seem unavoidable that retrospective evaluations of prior marital adjustment would be biased by current events.

Dyer (1963), like LeMasters (1957) and Hobbs (1965), used a retrospective measure of marital adjustment. Nonetheless, he asked a series of questions regarding the marital dyad and on the basis of these questions, each couple was rated on a four-point scale of; poor,

fair, good, or excellent. In his analysis Dyer maintained the separate categories and appears to have retained sufficient subject variability. He obtained a significant negative relationship between marital adjustment and the adjustment difficulties associated with parenthood ($p < .05$).

LeMaster's (1957) ratings of marriage as "good" versus "poor" do not appear to allow for sufficient variability on dimensions of marital adjustment. Likewise, Hobbs (1965) asked subjects to rate their marriages according to one of three categories as follows: (1) happy, satisfying, most problems that arose were solved; (2) not happy, or satisfying, problems frequently unsolved; no separations or divorce not considered; and (3) unhappy, unsatisfying, separations or divorce seriously considered. This scheme would appear to be sensitive to only large differences. Indeed, 94 percent of his male subjects fell into the first category. Hobbs and Cole (1976), using this same instrument, obtained quite different results as described above. However, their sample differed significantly in both postpartal marital ratings (many more parents rating their marriage as about the same as before the baby's birth rather than more happy and satisfying than before the baby's birth), and adjustment difficulty scores which were higher in the later study.

In sum, there would appear to be a negative relationship between marital adjustment or satisfaction and the extent of adjustment difficulty experienced in adjusting to their first child, but that this relationship is not easily detected by retrospective or insensitive measures which limit sample variability. The present study examined the relationship between the father's postbirth marital

satisfaction and his expressed role strain.

Contact with Extended Family and Close Friends who are Parents,
and Support Received from Extended Family

Other Social Support variables explored by this study relate to the extent of support and help provided by friends and family to new fathers. This is an area barely addressed by researchers. However, Farber (1975), in his study of factors influencing the relative ease of transition into parenthood (as measured by self-ratings of adjustment, satisfaction with the parent role, and marital adjustment) reports the following statistically significant findings for fathers ($p < .05$ or less): (1) the greater the percentage of the new parent's friends who are parents themselves, the more positive the changes in marital adjustment which accompany parenthood, the greater the satisfaction with the parent role and the satisfactoriness of adjustment; (2) the greater the social support for parenthood received from friends, the more positive the changes on marital adjustment, and the more satisfactory the adjustment to parenthood; (3) the more family and friends living near by, the more positive the changes in marital adjustment which accompany parenthood; and (4) the more favorable parents' reactions, the greater the satisfaction with the parent role and the more satisfactory the adjustment to that role (a similar but non-significant trend was observed for the reactions of friends). It is interesting to note that for mothers in Farber's sample only one of the social support variables attained a level of statistical significance, which was as follows: the greater the percentage of the new parent's friends who are parents themselves, the more satisfactory the adjustment to parenthood.

Farber (1975) concluded that social support for parenthood appears to be important for both parents, but it seems to be particularly salient for fathers. He suggested that for men, the relationship with the infant is often less direct, thus satisfactions of fatherhood may be more closely tied to the reactions of others in the social system. Farber further concluded that the support of family and friends seems to facilitate men's acceptance of the demands placed on marital relationships by parenthood. Following Farber's lead in researching social support variables, the present study explored the relationships between the expressed role strain of the first-time father and the following variables: (1) the amount of contact with close friends who are parents themselves; (2) the amount of contact with extended family; and (3) the amount of support received from extended family.

Help with Household Chores and Child Care Received from Extended Family

Three investigators explored the influence extra help with household chores or child care had on the adjustment difficulty of new parents. Hobbs (1965) reported that for mothers who had extra help with child care, there were five times as many in the extensive-severe crisis category as were in the moderate-slight category. Hobbs (1968) added clarification to his earlier findings suggesting that couples appreciate extra help when it reduces their household chores, offers freedom to concentrate on their new parental roles, and does not intrude or judge them as they start to perform the new role. However, Hobbs and Cole (1976) indicated that extra help with child care was not found to be a statistically reliable variable in differing fathers

or mothers reporting much, as opposed to little, difficulty in adjusting to their first child.

Farber (1975) followed up on Hobbs' (1968) cue to dissect the variable "extra help", and found that for fathers: (1) that when couples have extra help the adjustment to parenthood is less satisfactory ($p < .025$); (2) the more the providers of extra help are involved in direct child care, the less satisfactory the adjustment to parenthood ($p < .05$); and (3) the greater the degree to which providers of extra help are rated as having been disruptive rather than helpful the less positive the marital changes associated with parenthood ($p < .05$). Farber concluded that the direction of these relationships is unclear. He explains it may be that parents who are having difficulty in transition request extra help. Or conversely, well-meaning helpers--particularly grandparents may inadvertently intrude upon the new family, interfering with the couples' mastery of their new roles and disrupting or prolonging the transition to parenthood. The present study examined the relationship between expressed role strain of the first-time father and help with household chores, as well as help with child care, received from extended family.

Economic Variables

Economic variables are defined as those variables which refer to the "provider" aspect of the first-time fathers' role. Included are: family income; perceived job security; and perceived potential for career advancement.

Family Income, Job Security, and Potential for Career Advancement

This author has reviewed no literature which addressed the new father's concerns about job security or potential for career advancement. However, Hobbs (1965,1968), Hobbs and Cole (1976), Russell (1974), and Farber (1976) each explored the relationship between family income and the adjustment difficulty associated with transition to parenthood. Both Hobbs' (1965) study and Hobbs and Coles' replication of that study yielded findings which showed a significant negative correlation between family income and the adjustment difficulty reported by new fathers ($p < .01$ and $p < .05$, respectively).

Conversely, Hobbs' (1968) and Russell's (1974) replications of that investigation detected no relationship between these variables. Farber (1975) also found no relationship between family income and the relative ease of transition to parenthood. However, Farber explored two other aspects of the economic impact of parenthood and observed the following results: (1) no relationship between the extent of financial loss or sacrifice (i.e. necessity for part-time work, loss of income, etc.) and the ease of transition; but (2) the lower the relative expense of parenthood (i.e. expenses of parenthood adjusted for insurance, and gift coverage relative to family income) the more the satisfaction in the parent role and the greater the adjustment to parenthood ($p < .025$ and $p < .005$, respectively). Farber concluded that families with low income are at no irrevocable disadvantage in the transition to parenthood if they can insure appropriate medical coverage and can effectively plan for their expectant child. Through comparing the absolute financial ability (family income) with the

relative expenses of parenthood, on the variable adjustment to parenthood, Farber may have explained the discrepancies observed in the above studies. The present study examined the relationships between the expressed role strain of the first-time father and the following economic variables: (1) family income; (2) the father's perceptions of his job security; and (3) the father's perceptions of his potential for career advancement.

Summary

In conclusion, the results of the research reviewed above leave few if any definitive answers. Their examination, nonetheless, has suggested several guidelines for future investigation in this area:

(1) Presently there is considerable appreciation for the fact that the transition to parenthood entails numerous changes for which old patterns of behavior may be inadequate. The "crisis" orientation and crisis measures of earlier research, then, have served their purpose and appear to have outlived their usefulness. They test only a limited range of adjustment difficulties as discussed below, and fail to consistently delineate specific difficulties encountered by the new father (or mother). Future research in this area should replace the crisis concept with one that is broader, more normative and versatile, and drawn from an established "theory" base, such as the concept "role strain". This concept is practical in that it focuses on the subject's perceptions of his difficulties and thus facilitates mutual problem-solving in the health care setting through dealing with the consumer-learner's concerns.

(2) The areas of felt difficulty in adjusting to the first child which have been explored by previous research are somewhat limited and

possibly overshadowed by mother-type as opposed to father-type concerns. Many issues have not been addressed, particularly those associated with the changing father role (i.e. difficulties or concerns regarding caring for a sick infant, masculinity, etc.) As maternity health care has traditionally focused on the mother-child dyad it is not surprising that concerns of first-time fathers have been neglected, and that when addressed they are handled primarily as extensions of female types of concerns. This approach, while understandable, has its limitations as research has demonstrated significant differences between the extent and possibly the nature of mothers and fathers adjustment difficulties. Future research in this area should include and measure more potential difficulty items specific to new fathers. Possibly by using a conceptual framework such as the Role Theory Model, difficulty or concern items could be generated specific to the first-time father and in areas of his life which theory suggests changes and concomitant role strain may occur (i.e. the Father Role, the Baby, the father's personal Self, the Marital Relationship, and Social Relationships).

(3) Only a narrow range of variables which appear likely to influence the adjustment difficulty, role strain, or concerns of the new father have been examined by most of the previous research. Earlier studies, for instance, often neglected Experiential variables such as contact with and satisfaction with a father role model, babysitting experience, or daily contact with infants, and Economic variables such as perceived job security or perceived potential for career advancement. Future investigation in this area should include such variables as these in an effort to obtain a better perspective of

the factors which make the transition to fatherhood more difficult for some than for others.

(4) The infant's age at the time of data collection has sometime been overlooked in earlier studies. LeMasters (1957), for instance, gathered data up to five years postpartum, however he failed to include infant's age as an independent variable. Parents of a five year old child, and parents coping with the demands of a newborn were tested on the same variables without differentiation. Thus, two probably different periods of adjustment were treated as if they were alike. Since parenthood may be viewed as a developmental process which starts with the parent's own childhood and proceeds until his child reaches adulthood or beyond, the specific period of adjustment under investigation should be indicated. Future research in this area should control this variable, either by limiting the sample on this dimension or by including it as an independent variable.

(5) Previous investigation in this area has often used research designs which are retrospective. It would seem unavoidable that retrospective evaluations (i.e. of prior marital satisfaction or of prior parenthood adjustment difficulties) would be biased by current events. Future study in this area should employ a prospective design, collecting data on relevant variables at the time of study interest.

(6) In previous studies, marital satisfaction or adjustment has been tested with instruments which are sensitive only to large differences between subjects. Measures for this variable have often used two or three discrete categories. Future investigation in this area should employ instruments which are sensitive to smaller differences between subjects.

(7) Much of the previous research in this area has made no apparent effort to control extraneous variables such as the normalcy of pregnancy, labor and delivery, or postpartum course, the health of infant, mother, or father, long term residency of others in the new family's home, presence of other children in the home, or whether the first-time father is the biologic parent of his infant, or the new father's employment status. Future study in this area should attempt to control these variables by closely restricting the sample on these dimensions or by including them as independent variables.

(8) In previous research, samples have seldom exceeded 50 father subjects and have sometimes failed to represent the general population. Future studies in this area should attempt to obtain larger and more representative samples.

In Chapter IV, the research design and methodology of the study is addressed. Included are the operational definition of variables, a presentation of research questions and hypotheses posed, a description of the study sample and data collection procedure, a description of the instrument and scoring, and a discussion of statistical analyses.

CHAPTER IV

METHODOLOGY AND PROCEDURE

Overview

This descriptive study was designed to identify the expressed role strain of the first-time father 6 to 10 weeks following the birth of his child. The study also sought to identify the relationships between expressed role strain of the first-time father and socio-demographic data, specifically: (1) the direction and degree of relationship between expressed role strain in the categories of Father Role, Baby, Self, Marital Relationship, Social Relationship, and Total Role Strain (overall) and Developmental variables; (2) the direction and degree of relationship between expressed role strain in the categories of Father Role, Baby, Self, Marital Relationship, Social Relationships, and Total Role Strain and Experiential variables; (3) the direction and degree of relationship between expressed role strain in the categories of Father Role, Baby, Self, Marital Relationship, Social Relationships, and Total Role Strain and Social Support variables; and (4) the direction and degree of relationship between expressed role strain in the categories of Father Role, Baby, Self, Marital Relationship, Social Relationships, and Total Role Strain and Economic variables. Correlation was used to determine the relationship among the variables under investigation.

Ex post facto correlation is used when attempting to determine relationships between variables and when the variables cannot be manipulated by the researcher. Correlation was an appropriate method

of analysis for this study because causal relationships could not be established between the independent variables, Developmental, Experiential, Social Support, and Economic; and the dependent variable, role strain (Father Role, Baby, Self, Marital Relationship, Social Relationships, and Total Role Strain). The independent variables could not be manipulated by the researcher for ethical and practical reasons as well as the fact that some are naturally occurring phenomena.

From a population of first-time fathers residing in the greater Lansing area a sample of 100 fathers was obtained through a local city newspaper's birth announcements, a childbirth education association's newsletter birth announcements, an obstetrical practice, and personal referrals. The data were compiled using a two part instrument developed by the researcher. Part One of the instrument elicited the socio-demographic data and measured the independent variables (See Appendix C). Part Two of the instrument measured the expressed role strain of the first-time fathers, the dependent variables (See Appendix D). The instrument was mailed to the subject and completed 6 to 10 weeks postpartum. Results of the data provided in the instrument were analyzed by univariate statistics (central tendency, variability) to determine the role strain of first-time fathers, and by correlations to determine the relationships between role strain in the categories of Father Role, Baby, Self, Marital Relationship, Social Relationships, and Total Role Strain; and Socio-demographic variables in the categories of Developmental, Experiential, Social Support, and Economic.

The variables in this study, hypotheses, sample characteristics,

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instruments, scoring, statistical analysis, reliability and validity, data collection procedures, and human rights protection are discussed.

Operational Definition of Variables

The independent and dependent variables are discussed to demonstrate the operational definition of the variables.

Independent Variables

First-time father is defined as any male who is for the first time becoming the socially defined guardian, caretaker, nurturer, protector, provider, and biologic father of an infant. The father is maintaining an established, ongoing, intimate relationship with the infant's biologic mother. The father is between 18 and 35 years of age with an infant 6 to 10 weeks old. The infant is a product of a relatively normal antepartal, intrapartal (with vaginal delivery), and postpartal course. The infant is basically healthy with no known abnormality, or serious or chronic illness occurring since birth. The father and his wife (or partner) are also basically healthy with no known serious or chronic illness. The father, his wife (or partner) and infant live as a family with no other persons permanently residing in the household. He is of any ethnic, cultural, or socio-economic group.

For purposes of this study, selected aspects of the first-time father's development, fathering related experiences, social supports, and economic situation were measured. These independent, descriptive variables were categorized as follows: Developmental, Experiential, Social Support, and Economic. The variables within each of these categories were designated in Part One of the instrument, the Socio-demographic questionnaire (See Appendix C).

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1. Developmental variables are defined as the variables which infer physical or mental growth or maturation with gradual advancement through progressive changes, but specifically excluding those variables directly related to child care experience.

a) Age of the father is defined as the first-time father's biologic age determined from the date of birth and was recorded in years (See Appendix C, item 1).

b) Age of the infant is defined as the infant's biologic age determined from the date of birth and was recorded in years (See Appendix C, item 2).

c) Number of years married is defined as the number of years married to or committed to an ongoing intimate relationship with the infant's biologic mother determined from the date of the relationship (See Appendix C, item 3).

d) Level of education is defined as the number of years of schooling completed by the first-time father (See Appendix C, items 4 and 5).

2. Experiential variables are defined as the variables which infer experience and maturation in the father role.

a) Amount of contact with a father role model is defined as the number of years the first-time father was in daily contact with a father figure (See Appendix C, item 7). The literature suggests fathering is a process and is learned primarily through being fathered. The processes of learning a role demand time, and this measure was used since traditionally most fathers are present in the home on a daily basis.

- b) Amount of satisfaction with the father role model is defined as the degree of satisfaction the first-time father feels regarding the fathering provided to him by his father figure. Degree of satisfaction was rated on a scale ranging from 1 to 5 (See Appendix C, item 8).
 - c) Amount of daily contact with infants is defined as the number of years the first-time father was in daily contact with a baby after he became 10 years old. Age 10 years was chosen as at this age the boy may be more capable of active involvement in child care than at an earlier age (See Appendix C, item 9).
 - d) Amount of experience babysitting infants is defined as the number of times the first-time father babysat for an infant, not including those he lived with (See Appendix C, item 10).
 - e) Amount of childbirth or parenting education classes is defined as the number of hours of childbirth or parenting education classes attended by the first-time father (See Appendix C, item 11).
 - f) Amount of child care performed by the first-time father is defined as the number of hours per week in which the first-time father provides child care to his infant (See Appendix C, item 39).
3. Social Support variables are defined as the variables which infer physical and emotional support, information and advice. More specifically, these include contact with persons and or satisfaction with persons who, through direct actions or mere presence, provide support, in a concrete or intangible manner, following the baby's birth.

a) Amount of satisfaction with the marital relationship is defined as the degree of satisfaction the first-time father feels regarding his marital relationship since the birth of his child. Marital satisfaction was rated on a scale ranging from 1 to 5 (See Appendix C, item 38). Marital satisfaction was placed within the Social Support variable framework because the literature review suggested that the father who is satisfied with his marital relationship also feels his spouse is performing her role appropriately, which in part involves supporting him in the fathering role.

b) Amount of contact with close friends who are parents is defined as the number of hours of contact the first-time father has had postpartally with close friends who have children (See Appendix C, item 23). The subject defined whom he considered a "close" friend.

c) Amount of contact with extended family is defined as the number of days of contact the first-time father has had postpartally with adult family members, excluding his wife (or partner) (See Appendix C, item 24). Persons whom the first-time father defined as children were excluded as such were less likely to provide support as defined by this study.

d) Amount of help with household chores received from extended family is defined as the number of days the first-time father received assistance with household chores from family members, excluding his wife (See Appendix C, item 31).

e) Amount of help with child care received from extended family is defined as the number of days the first-time father received

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assistance with child care from family members, excluding his wife (See Appendix C, item 34).

f) Amount of support received from extended family is defined as the degree of support the first-time father feels he has received from family members, excluding his wife. Such support includes emotional support, guidance, information, and advice. This support was rated on a scale ranging from 1 to 5 (See Appendix C, item 30).

4. Economic variables are defined as the variables which refer to the "provider" aspect of the first-time father's role. Traditionally, providing has been a significant aspect of the father role. Level of income, perceived job security, and perceived potential for career advancement may influence the new father's role strain.

a) Level of family income is defined as the first-time father's annual family income for the year prior to the baby's birth. This was recorded within predetermined specified ranges (See Appendix C, item 20). Non-working subjects were also included in the study.

b) Perceived amount of job security is defined as the degree to which the first-time father feels his job is secure. This was rated on a scale ranging from 1 to 5 (See Appendix C, item 21).

c) Perceived potential for career advancement is defined as the degree to which the first-time father feels his career or future career hold potential for future advancement. This was rated on a scale ranging from 1 to 5 (See Appendix C, item 22).

Dependent Variables

Role strain is defined as any feelings of expressed concern (i.e.

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anxiety or worry) related to the felt difficulty in meeting role obligations of the first-time father. These concerns were expressed on written instrument utilizing a Likert type scale, at 6 to 10 weeks postpartum. Areas of expressed role strain were categorized as follows: Father Role, Baby, Self, Marital Relationship, Social Relationships, and Total Role Strain. An additional category "Other" was not measured quantitatively, but rather was an open-ended statement allowing the subject the opportunity to write any other concern(s) he may have had. The variables within each of these categories were designated in Part Two of the instrument, the Role Strain Index (See Appendix D).

1. Role strain regarding the Father Role is defined as the concerns expressed by the first-time father regarding his ability to meet infant and family needs through his nurturing and providing roles (i.e. ability to give physical care to his infant, to meet his infant's emotional needs, to care for a sick infant, financial expenses, job security, relationship with his employer). (See Appendix D, items 16, 23, 40, 42, 43, 49, 51, 53, 56, 63, 65, 66, 67, and 68)

2. Role strain regarding Baby is defined as the concerns expressed by the first-time father regarding selected characteristics or actions of his baby (i.e. baby's personality, baby's intelligence, baby's health, baby's appearance, baby's demands). (See Appendix D, items 7, 13, 24, 27, 29, 34, 38, 48, 50, 57, 58, 61, and 62)

3. Role strain regarding Self is defined as the concerns expressed by the first-time father regarding changes in his personal self or his personal life space occurring with the birth of the infant (i.e. changes in responsibility, sleep, ability to concentrate,

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masculinity, emotional stability, life style, organization). (See Appendix D, items 1, 5, 8, 9, 10, 11, 14, 15, 19, 20, 33, 37, 46, 54, 60, 64)

4. Role strain regarding the Marital Relationship is defined as the concerns expressed by the first-time father regarding physical and emotional changes in his wife (or partner) and changes in the marital dyad relationship occurring since the birth of the infant (i.e. wife's figure, sexual responsiveness, neglect of spouse, frequent misunderstandings, intimacy of breastfeeding. (See Appendix D, items 4, 6, 12, 17, 22, 26, 31, 32, 36, 39, 41, 45,, 52, 55, 59, 72, and 73)

5. Role strain regarding Social Relationships is defined as the concerns expressed by the first-time father regarding changes in his relationships with friends, family, or co-workers, or his ability to socialize since the birth of the infant (i.e. baby's noise in public places bothering others, less in common with childless friends, conflict or interference from parents or in-laws, breastfeeding around others, interference with social life). (See Appendix D, items 2, 3, 18, 21, 25, 28, 30, 35, 44, 47, 69, 70, and 71)

6. Other is an area of concern in the instrument in which the first-time father could write up to five responses to the open-ended statement: "Some things not already mentioned that really concern me are _____" (See Appendix D, items 74, 75, 76, 77, and 78).

7. Total Role Strain is defined as the sum of the role strain scores in the categories of Father Role, Baby, Self, Marital Relationship, and Social Relationships for each first-time father participant.

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Extraneous Variables

Extraneous variables potentially influencing the first-time father's expressed role strain measured by this study included: (1) infant's sex; (2) father's perception of the relative normalcy of the pregnancy; (3) father's perception of the relative normalcy of the labor and delivery; (4) father's perception of the infant's health during the hospitalization period; (5) father's perception of the presence of serious or chronic health problems of the infant, father, or mother; (6) occupational status; (7) father's employment status (employed versus unemployed); (8) father's employment seeking status (seeking employment versus not seeking employment); and (9) father's student status (student versus non-student). These variables were measured on Part One of the instrument, the Socio-demographic questionnaire (See Appendix C, items 12, 13, 14, 15, 42, 43, 46, and 47, and Appendix F). Infant sex was recorded from the birth announcement and or from phone conversation with the first-time father by the researcher. The father's or couple's planning or desire for the pregnancy was not measured in this study.

The Research Questions and Hypotheses

Research Question 1. Can role strain of the first-time father 6 to 10 weeks postpartum be identified in selected areas?

Question 1.a Can role strain of the first-time father 6 to 10 weeks postpartum be identified in the area Father Role?

Question 1.b Can role strain of the first-time father 6 to 10 weeks postpartum be identified in the area Baby?

Question 1.c Can role strain of the first-time father 6 to 10 weeks postpartum be identified in the area Self?

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Question 1.d Can role strain of the first-time father 6 to 10 weeks postpartum be identified in the area Marital Relationship?

Question 1.e Can role strain of the first-time father 6 to 10 weeks postpartum be identified in the area Social Relationships?

Hypothesis 1. There is a relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and selected Developmental variables.

Hypothesis 1.a There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the age of the father.

Hypothesis 1.b There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the age of the infant.

Hypothesis 1.c There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the number of years married.

Hypothesis 1.d There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the level of education.

Hypothesis 2. There is a relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and selected Experiential variables.

Hypothesis 2.a There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of contact with a father role model.

Hypothesis 2.b There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of satisfaction with the father role model.

Hypothesis 2.c There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of daily contact with infants.

Hypothesis 2.d There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of experience babysitting infants.

Hypothesis 2.e There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of childbirth or parenting education classes.

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Hypothesis 2.f There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of child care performed by the first-time father.

Hypothesis 3. There is a relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and selected Social Support variables.

Hypothesis 3.a There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of satisfaction with the marital relationship.

Hypothesis 3.b There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of contact with close friends who are parents.

Hypothesis 3.c There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of contact with extended family.

Hypothesis 3.d There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of help with household chores received from extended family.

Hypothesis 3.e There is a positive relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of help with child care received from extended family.

Hypothesis 3.f There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of support received from extended family.

Hypothesis 4. There is a relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and selected Economic variables.

Hypothesis 4.a There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the level of family income.

Hypothesis 4.b There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the perceived amount of job security.

Hypothesis 4.c There is an inverse relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and perceived potential for career advancement.

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Population

The population selected for study from which the non-random volunteer sample was drawn was first-time fathers residing in the greater Lansing area, 18 to 35 years of age, with infants 6 to 10 weeks old, whose names appeared in the State Journal Newspaper birth announcements September to early November 1979, and late March to mid-April 1980, and whom had listed phone numbers. In addition, the Association for Shared Childbirth Newsletter birth announcements were utilized to identify first-time fathers meeting the study criteria between September and October 1979. A Family Nurse Clinician practicing in a community obstetrics office was also utilized to identify first-time fathers during the Fall of 1979. The State Journal Newspaper birth announcements was the source for 93% of the subjects. Almost every subject identified by sources other than the State Journal Newspaper was also identified in these birth announcements. The subjects, study sites, and time periods of data collection were not selected at random and thus limit the applicability of the study results. No ethnic, cultural, or socio-economic restrictions limited the population size.

In an attempt to create a relatively homogenous sample and control for effects of extraneous variables, study participants were required to meet predetermined criteria. These criteria are presented in Figure 7.

The "relative normalcy" of the pregnancy, labor and delivery, and postpartum period was defined by the researcher with the assistance of persons specializing in obstetrics in this community. In practice, providers routinely assess the normalcy of a pregnancy, labor and

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Figure 7.**Criteria for Selection of Participants in the Study**

1. A first-time father, without previous children either natural or adopted.
2. The socially defined guardian of his infant.
3. The biologic father of his infant.
4. Age 18 to 35 years.
5. Basically healthy with no known serious or chronic illness.
6. Married to, or maintaining an ongoing intimate relationship with, the infant's biologic mother.
7. The first-time father's infant must be:
 - a) 6 to 10 weeks of age (42 to 73 days).
 - b) Basically healthy with no known abnormality or serious or chronic illness since birth.
 - c) A product of:
 1. a relatively normal antepartal course.
 2. a relatively normal intrapartal course with vaginal delivery.
 3. a relatively normal postpartal course.
8. The first-time father's wife (or partner) must be basically healthy with no known serious or chronic illness.
9. The first-time father, his wife (or partner), and infant must be living together with no other persons permanently residing in the household.

delivery, and postpartal course with a mutliplicity of measures. Seldom is the father's perception of these events evaluated. Thus, for practical purposes, the researcher chose to define the normalcy of these events. However, the first-time father's perception of the pregnancy, labor and delivery, and postpartum may potentially influence his role strain at 6 to 10 weeks following delivery. This

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would seem especially likely if a life threatening event occurred during the antepartum, intrapartum, or postpartum. Unfortunately, research in this area is lacking. In order to control for these extraneous variables, the subject's perceptions as measured by items 42, 43, 46, and 47 were recorded and analyzed with the extraneous variables.

In defining the normal antepartal, intrapartal, and postpartal course, a primary consideration was, what abnormal event(s) hold significant potential for affecting the role strain of the first-time father at 6 to 10 weeks postpartum. There is a deficit of research regarding the influences of a complicated pregnancy, labor and delivery, or postpartal course upon the role strain of the new father. Also, normalcy was in part, defined with respect to the present community, or the frequency with which certain variations from normal were encountered in this community. Certain complications of pregnancy, labor and delivery, or postpartum were excluded for one or all of the following reasons: (1) the increased physical risks to mother and or infant; (2) the increased psychological risks associated with high stress or potentially threatened parental-infant bonding; or (3) the definition of normalcy associated with the standard of practice in this community. Information regarding complications were obtained via the subject's written explanation of his wife's (or partner's) abnormal pregnancy, labor and delivery, or postpartum, or through direct questioning on the questionnaire (See Appendix C, items 42, 43, 44, 45, and 46). The following variations from normal encountered by this study were excluded: (1) previous pregnancy

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terminated for medical reasons; (2) diabetes; (3) toxemia; (4) oxytocin-induced labors; (5) use of mid or high forceps; (6) cesarian sections; (7) abruptio placenta; (8) intrapartal pyrexia; (9) neonatal apnea or arrest; (10) use of intensive care unit; (11) prolonged hospitalization of infant and or mother; (12) gestational age less than 36 weeks.

Variations from the normal antepartal, intrapartal, or postpartal course which were included in the study were ones in which: (1) the stated problem or variation from normal was highly subjective without objective documentation; or (2) the variation or complication was fairly common and or represented an isolated symptom, unaccompanied by other serious complications or a known prolonged hospitalization. Information regarding these variations was obtained from the subjects' written comments (See Appendix C, items 42, 43, and 46). The variations from the completely normal antepartal, intrapartal, or postpartal course included in this study were as follows: (1) long labor; (2) heavy bleeding; (3) high blood pressure during labor; (4) meconium staining; (5) use of low forceps; (6) vaginal breech birth; and (7) neonatal jaundice.

Of the 226 men contacted by the researcher who stated they were first-time fathers, 12 supplied information about themselves during the initial phone contact which failed to meet study criteria and thus were not mailed questionnaires. An additional 23 first-time fathers declined participation in the research because they were "too busy" or simply "not interested". Five of these fathers indicated stress related to their employment situation or marital relationship.

Instruments were mailed to 191 reported first-time fathers, 25 of

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whom failed to return the questionnaires. Most of these fathers stated they had been too busy to complete the instrument. Of the 166 fathers who returned their questionnaires, 66 failed to meet study criteria for one or more reasons. Thus, the remaining 100 first-time fathers who met study criteria composed the study sample.

In an effort to protect human rights, more complete followup of non-respondents was not pursued. However, Russell (1974) learned from a followup of her non-respondents that these persons tended to be younger and less educated than respondents, and had a higher rate of premarital conception (a rate of 31 percent as determined from the public birth and marriage records of 50 percent of the non-respondents). Though Russell's followup findings are not directly applicable to this study, her results lend credence to the warning against generalizing study findings to the population of first-time fathers as a whole. Mailed questionnaires are known to lead to biased samples since so often non-respondents are different on one or more attributes than respondents (Borg & Gall, 1971). Borg and Gall state that if only a small percentage of the study subjects fail to respond, findings may not be significantly affected. However, Borg and Gall continue saying, if more than 20 percent are missing it is very likely that most of the results of the investigation could have been altered considerably had the non-respondents returned the questionnaire and had they answered quite differently than the respondents.

The nature and size of the study sample ($n=100$) posed some limitations. Due to the small sample size (relative to the number of variables examined) and the sample being volunteers, the generalizability of study results is limited to the sample size.

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Therefore, the study results cannot be inferred to the larger population.

The Instrument

The development of the instrument, pre-testing, reliability and validity of the instrument are presented in the following section.

Prior to this study, research had not been completed on the expressed role strain of first-time fathers 6 to 10 weeks postpartum. Studies which have addressed the crisis or adjustment associated with transition to parenthood utilized an assortment of instruments. No standard instruments were available to measure the variables used in this study. Therefore, an instrument composed of two sections was developed to measure the variables of this investigation: Part One, the Socio-demographic questionnaire; and Part Two, the Role Strain Index.

The Socio-demographic Questionnaire

The Socio-demographic section of the instrument was developed to provide descriptive measures of the independent variable, the first-time father. Also, extraneous variables were measured in this questionnaire. Forty-seven questions that included multiple choice and completion were in the Socio-demographic section. The content for items emerged from the literature review. Questions elicited information regarding the independent variables which are as follows: (1) age of the father; (2) age of the infant; (3) number of years married; (4) level of education; (5) amount of contact with a father role model; (6) amount of satisfaction with the father role model; (7) amount of daily contact with infants; (8) amount of experience babysitting infants; (9) amount of childbirth or parenting education

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classes; (10) amount of child care performed by the first-time father; (11) amount of satisfaction with the marital relationship; (12) amount of contact with close friends who are parents; (13) amount of contact with extended family; (14) amount of help with household chores received from extended family; (15) amount of help with childcare received from extended family; (16) amount of support received from extended family; (17) level of family income; (18) perceived job security; and (19) perceived potential for career advancement. Furthermore, questions elicited information regarding the extraneous variables which are as follows: (1) infant's sex; (2) father's perception of the relative normalcy of the pregnancy; (3) father's perception of the relative normalcy of the labor and delivery; (4) father's perception of the infant's health during the hospitalization period; (5) father's perception of the presence of serious or chronic health problems of the infant, father, or mother; (6) occupational status; (7) father's employment status; (8) father's employment seeking status; and (9) father's student status.

Questions also elicited information used in determining if subjects met the study sample criteria, including: (1) normalcy of the pregnancy; (2) normalcy of the labor and delivery; (3) type of delivery (vaginal versus cesarian section); (4) prematurity of the infant; (5) presence of other persons permanently residing in the first-time father's household; (6) history of previous children, either natural or adopted; and (7) father's belief that he is not the biologic father of his infant. Finally, additional items in the Socio-demographic questionnaire requested information about which the researcher was curious but which were not directly related to the

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study hypotheses. (See Appendix C, items 16, 17, 18, 19, 25, 26, 27, 28, 29, 32, 33, 35, 36, and 37).

The Role Strain Index

The Role Strain Index section of the instrument was developed to provide measures of the dependent variables, the role strain expressed by first-time fathers (See Appendix D). The content for items emerged from a literature review. The items were then categorized into five areas of role strain: (1) Father Role (16 items); (2) Baby (13 items); (3) Self (16 items); (4) Marital Relationship (17 items); and (5) Social Relationships (13 items). Though these 73 items were categorized for purposes of the study, they were mixed on the final questionnaire for purposes of reliability. The last five items on the Role Strain Index (items 74-78) pertain to the category "Other" and allow the subjects to write up to five responses to the open-ended statement: "Some things not already mentioned that really concern me are _____".

For each of the 73 role strain items, a statement was developed and stated in understandable terms. Statements were organized on the questionnaire such that items from each role strain category were mixed throughout the index, and such that positively and negatively phrased statements were alternated.

Each page of the Role Strain Index asked the subject to indicate how much he agreed or disagreed that the statement was a concern of his. A 5-point Likert Scale was provided for the participant's response:

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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As some of the statements may have not seemed applicable to all subjects, the questionnaire specifically requested that the participant respond in terms of whether or not the statement represented a concern of his.

Of the 73 items, 11 statements were very likely to be non-applicable to some of the participants. These statements addressed role strain regarding loss of wife's income (item 63), plans to continue education (item 64), employment (items 65 - 68), and breastfeeding (items 69 - 73). As these statements were potentially not applicable to some subjects they were placed at the end of the questionnaire with separate instructions. Items 63 and 64, unlike any other items in the index, were clustered and each provided a 5-point Likert Scale for response as well as a "Does Not Apply" response:

Strongly					Strongly	Does Not
Agree	Agree	Undecided	Disagree	Disagree		Apply

Items 65, 66, 67, and 68 regarding employment were clustered. The subject was instructed to respond to these statements if he was employed. A 5-point Likert Scale was provided for the participant's response:

Strongly				Strongly
Agree	Agree	Undecided	Disagree	Disagree

Items 69, 70, 71, 72, and 73 regarding breastfeeding were clustered. The participant was instructed to respond to these statements if his wife was breastfeeding currently or during the first week after discharge from the hospital. A 5-point Likert Scale again was provided for the participant's response:

Strongly				Strongly
Agree	Agree	Undecided	Disagree	Disagree

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The instrument was reviewed for content and readability by eight individuals. Included were faculty specializing in maternal-child care, a social psychologist working with new fathers, and other persons having some exposure to research. Following editorial revisions the instrument was pre-tested.

Pre-Testing

The instrument was pre-tested for readability and ease of administration on a sample of 5 first-time fathers who met the initial criteria for inclusion in the study. On return of the questionnaires it was found that 2 of the participants did not qualify for inclusion in the sample secondary to complications incurred during pregnancy and labor and delivery. However, it was determined that these deviations from the criteria did not alter the subjects' ability to provide useful information regarding the instrument's readability and ease of administration. Thus, these subjects were utilized for pre-testing of the instrument.

Pre-test subjects indicated completion of the entire instrument required the following number of minutes: 17, 28, 30, 30, and 45. One participant pointed out that items 25 and 26 on the Socio-demographic questionnaire were missing an appropriate response. As a result, the researcher altered the structure of the responses to questions 25 and 26, and increased the total number of optional responses from 7 to 8 for each of these items.

Another subject indicated some difficulty deciding how to answer the statements secondary to the alternate positive and negative phrasing. There were no specific statements causing him difficulty, he just had to think carefully about each item. No changes were made

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on the basis of this critique as the researcher desired the participants to think about each statement and as other pre-test subjects reported no such difficulty.

As a result of the pre-test the researcher realized that items #42 and 43 provided inadequate information regarding the nature of any complications encountered during pregnancy, labor and delivery. The questions simply asked if the pregnancy, labor and delivery were normal. Some information about any such complications was necessary in order for the researcher to decide if problems encountered were within the range of "normal" as defined by study criteria. See figure 7, page 122 for discussion of study sample criteria. Thus, each of these questions were expanded to include the following statement: "If your answer was NO, please list the problem(s) _____."

Finally, minor changes and additions to the computer scoring numbers were made on both parts of the instrument. These changes did not alter the intended scoring procedures but merely corrected errors and inadvertent omissions. No changes were made in the structure or content of the Role Strain Index.

Scoring of the Instrument

The following section presents the procedure for scoring Parts One and Two of the completed instrument.

The Socio-demographic Questionnaire

Several methods of scoring were utilized in this section of the instrument due to its diverse format (See Appendix E, the Scoring Key). The majority of questions in Part One were multiple choice with between two and ten response categories. With the exception of items 25 and 26 only one response was allowed for each question. The

number of the response category, not the specific descriptor or answer, was recorded as the score for the question. For example:

Question #10. I have babysat an infant

- | | |
|---|--|
| <input type="checkbox"/> 1. never | <input type="checkbox"/> 4. 11 to 20 times |
| <input type="checkbox"/> 2. less than 5 times | <input type="checkbox"/> 5. more than 20 times |
| <input type="checkbox"/> 3. 5 to 10 times | |

If the subject checked the third response category he would receive a score of 3 for that question. If the participant failed to answer a multiple choice item considered applicable he received a score of 0. This score was not summed with other scores but was utilized for coding purposes.

Two of the multiple choice questions, items 17 and 19, were potentially not applicable for some subjects. If the subject did not respond to one or both of these items and his response to the item immediately preceding the unanswered item was "NO", he was given a score of 8 to indicate the question was not applicable. If his response to the item immediately preceding the unanswered item was "YES" or "Undecided", he was given a score of 0 to indicate the question, though applicable, had no response. Though some of the multiple choice questions had up to ten response categories items 17 and 19 had only seven such categories. Thus, a score of 8 could be used to indicate the non-applicability of a question for these two items.

As mentioned previously, multiple choice items 25 and 26 allowed for one or two possible responses within the seven response categories. The questions asked "how far away do your parents live?" (item 25) and "how far away do your parents-in-law live?" (item 26). If parents lived separately the subject had the option of checking up

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to two responses. For the researcher's purposes, the closer distance, the smaller of the two scores was recorded. It should be noted that these items were not measures of any of the study variables but rather additional data about which the investigator was curious (See Appendix E).

Five-point Likert-type scales were also utilized in Part One of the instrument. The lowest number corresponded with the most negative connotation and the highest number with the most positive or optimistic connotation. For example:

Question #38 Please circle the number on the scale that best describes to what extent you are satisfied with your marriage since the baby's birth.

1	2	3	4	5
Very		Satisfied		Very
Dissatisfied				Satisfied

The number circled by the participant was recorded as the score for the item. Unanswered questions were assessed for their applicability by checking the nature of responses to preceeding questions. Non-applicable scaled items were given a score of 8, applicable but unanswered items were given a score of 0 (See Appendix E).

Subjects were instructed to record selected dates on the first three items of the Socio-demographic questionnaire. Item 1 requested the subject's date of birth. From this date, the subject's age in years was calculated and recorded as the score for that item. If the subject was within 3 months of his birthday at the time he completed the questionnaire he was credited with the 3 months and his score advanced by one year. Failure to respond to this item resulted in a score of 99 (See Appendix E).

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Item 2 requested the birthdate of the subject's infant. The birthdate was subtracted from the date on which the subject completed the questionnaire. The resultant number was the infant's age recorded in days, the score for item 2. Failure to respond to this item also yielded a score of 99 (See Appendix E).

Item 3 requested the subject's date of marriage or date of commitment to an ongoing relationship with the infant's mother. From this date, years of marriage (or commitment) was calculated and recorded as the score for that item. If the subject was within 3 months of his anniversary at the time he completed the questionnaire he was credited with the 3 months and his score advanced by one year. Subjects married or committed for 8.0 to 12 months at the time of delivery were given a score of one year. Subjects married or committed less than 8.0 months at the time of delivery and whose infants were not premature, as determined by item 45, were given a score of 0 to indicate probably premarital or precommitment conception. Again a score of 99 was given to subjects failing to respond to this question (See Appendix E).

Items 4 and 5 utilized a scale-like format for recording the subject's educational level. The score for item 4 was obtained by summing the response of item 4 with the sum of responses obtained in item 5. For example:

Question #4. Please circle the number of years of schooling you have completed.

0	1	2	3	4	5	6	7	8	9	10	11	12
grade school									high school			

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Question #5. Please circle the number of years of college or vocational training you have completed.

0 1 2 3 4 5 6 7 8 9 10 11 12 or more	0 1 2 3 4 5 6 7 8
college	vocational training

If the subject circled 12 years of schooling for item 4, and 3 years of college and 1 year of vocational education for item 5, his score for item 4 would be 16. Item 5 categorizes the subject's post-high school education as follows: 0 = no college or vocational education; 1 = college; 2 = vocational education; 3 = college and vocational education. Thus, the subject described above would be given a score of 3 for item 5. If the subject failed to respond to these questions he was given a score of 99 or 4 for items 4 and 5, respectively (See Appendix E).

Item 6 of the Socio-demographic questionnaire asked the subject to indicate his ethnic origin. Code numbers for selected ethnic groups were as follows: 1 = Caucasian; 2 = Afro-American; 3 = Spanish-American; 4 = Other; and 0 = Did not answer. The score for item 6 was the code number (See Appendix E).

Item 12 requested the subject to list his occupation. Utilizing the Hollingshead's (1957) occupational scale, subjects were ranked according to their reported occupation. Hollingshead's scale is based on the assumption that occupations have different values assigned to them by society (Hollingshead, 1957). "The hierarchy ranges from the low evaluation of unskilled physical labor toward the more prestigious use of skill, through the creative talents of ideas, and the manipulation of men" (Hollingshead, 1957, p. 8). Ranking occupations implies that some individuals exercise control over the

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occupational pursuits of other individuals (Hollingshead, 1957). Reliability and validity scores were not indicated in Hollingshead's article. Code numbers for occupations ranged from 1 = highest occupational status (major professions and executives to 7 = lowest occupational status (unskilled employees). The score for item 12 was the code number.

Item 29 asked the subject to list relatives who had come to "help with the baby" and to indicate approximately how many times each relative had come. In scoring this question, parents and parents-in-law were omitted as previous questions had obtained such data. One point was given for each relative each time he or she visited, excluding parents and parents-in-law. The sum of these points was recorded as the score for item 29. This question was not a measure of any of the variables under study but was an area of interest to the researcher (See Appendix E).

Items 42, 43, 46, 47, and 48 measured several of the extraneous variables and were also used by the researcher in determining the subject's inclusion or exclusion from the study. These items were of a multiple choice format but each item also provided a blank space for the subject to comment if his answer was "NO" for items 42 and 43, or "YES" for items 46, 47, and 48. These comments were not scored but were used in determining whether or not the subject met study sample criteria, as described on page 13. The following code numbers were utilized in scoring the multiple choice part of these items: 1 = yes; 2 = no; 0 = did not answer. The code numbers for items 42, 43, 46, and 47 were the scores for these extraneous variables. Item 48 was

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used in determining if the subject met study criteria.

Sex of the subject's infant was an extraneous variable inadvertently omitted from the questionnaire. However, the researcher obtained this data from the birth announcements and recorded the infant's sex on each subject's Encounter Form (See Appendices B and E). During scoring, this information was recorded at the end of the completed Socio-demographic questionnaire by the researcher. The following code numbers were utilized: 1 = female; 2 = male. The code number was the score for this final added item.

The Role Strain Index

Scoring of this section of the instrument was much simpler than the Socio-demographic section due to its uniform format. A 5-point Likert Scale was utilized with scores ranging from 0 to 4. Those items eliciting a positive response were scored as follows:

Interrupted sleep habits and fatigue are not a concern of mine.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
0	1	2	3	4

Those items eliciting a negative response were scored as followed:

I feel tied down since the birth of our baby.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
4	3	2	1	0

Thus, those items eliciting a positive response received a low point value for "strongly agree" and those items eliciting a negative response received a high point value for "strongly agree". The scale

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scores ranging from 0 to 4 were converted to range from 1 to 5 for purposes of statistical manipulation. Therefore, 1 was the lowest possible score for a role strain item.

Items which were considered applicable, but which the subject failed to respond to were given the code score of 9. Those items which the participant appropriately omitted or circled "Does Not Apply" were given the code score of 8. There were no right or wrong answers as the instrument was an opinion scale. To avoid a response set, positive statements and negative statements were alternated (See Appendix E).

A mean score was calculated for each subject for each of the subscales; Father Role, Baby, Self, Marital Relationship, Social Relationships, and Total Role Strain scale. These scores did not include scores for unanswered questions (scores of 8 or 9).

Statistical Analysis

Purpose of Scaling

Social-psychological scales are tools directed at making comparisons among individuals regarding the extent to which they possess a trait, emotion, or attitude (Polit & Hungler, 1978). A Likert model scale consists of several statements or questions expressing an opinion on a topic, and subjects are asked to indicate their level of agreement or disagreement with the viewpoint (Polit & Hungler, 1978). The purpose of employing the Likert model scale is to spread out subject responses along a continuum of favorability (Polit & Hungler, 1978). "A subject's attitude is assumed to be reflected by the score he receives over all the items" (Crano and Brewer, 1973, p. 239). Thus, according to Polit and Hungler, items scores should

reflect some degree of variability and should only be summed if they relate to a similar concept.

Crano and Brewer (1973) indicated that the Likert model of scale construction is more effective than other attitudinal measures in developing scales of high reliability. Therefore, Likert scales were used to measure the role strain expressed by first-time fathers at 6 to 10 weeks postpartum (See Appendix D, Role Strain Index).

Reliability and Validity

Crano and Brewer (1973) defined the reliability of a scale to be the degree of interrelationship among items of the scale. Internal consistency describes the condition in which there is a high degree of interrelatedness among items (Crano & Brewer 1973). According to Crano and Brewer, coefficient alpha is the average interitem correlation of all items constituting a scale and probably represents the best estimate of internal consistency. A scale must have a high degree of interrelatedness among all items to justify summing all item responses to produce an overall "attitude score" (Crano & Brewer, 1973). The internal consistency among the items was completed by computing a coefficient alpha for each sub-scale and scale of the Role Strain Index as described earlier in this chapter. The results of the reliability estimate are presented in Chapter V.

Validity refers to the extent to which an instrument measures what it is supposed to be measuring. Furthermore, Crano and Brewer (1973) defined the validity of a scale as the "extent of correspondence between variations in scores on the instrument and variation among the respondents on the underlying attribute under investigation" (p. 249). The greater the correspondence, the more

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valid the instrument. An instrument which is not reliable cannot be valid.

Content validity was assessed in the present study due to the nature of the research and unavailability of a similar instrument for testing construct validity. "Content validity is concerned with the sampling adequacy of the content area being measured" (Polit & Hungler, 1978, p. 434). The evaluation of content validity is a subjective operation. To enhance an instrument's content validity most researchers generate a large number of diverse items focused on the area of interest (Crano & Brewer, 1973). The development of the Socio-demographic questionnaire and the Role Strain Index are the result of this researcher's efforts to generate items in the area of interest. Content validity was discussed with a committee member, a social-psychologist, and a childbirth educator, each of whom have expertise in this area.

Factors which may influence a scale and a subject's responses to the scale, and lower the validity of the scale, serve as threats to validity. Threats to validity relevant to this study include response bias, social desirability, extreme response set, and acquiescence. Due to the sensitive content of the items, the wording of items may have influenced or determined a subject's responses, regardless of the actual content of scale items, and served as response bias.

Social desirability bias may have served as another threat to the validity of the role strain scales and the research study. Subjects may have made responses biased in a socially desirable way, or refused to answer items because of a lack of self-knowledge, denial, lack of

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awareness of true concerns, or refusal to be completely honest (Crano and Brewer, 1973). If a respondent's feelings differed from those accepted by society, as may have occurred with negative feelings about his child or wife, the respondent may have been tempted to answer in the socially accepted ways.

Extreme response sets represented another threat to the validity of the study. Subjects may have been prone to choose the extreme responses of each role strain scale.

Acquiescence may also serve as a threat to the validity of this study, as the subjects may have tended to agree with positively worded statements. For this reason items were both positively and negatively stated, in addition to alternating positive and negative statements on the index.

The Statistical Techniques

Descriptive and correlational statistics were used in analyzing the study data. Descriptive statistics offer a brief description of the sample. The correlational approach provides information about the degree of relationship between the variables being studied, and permits the researcher to measure many variables and their interrelationships simultaneously (Borg & Gall, 1971). Ex post Facto correlation is used when attempting to determine relationships between variables which cannot be manipulated by the researcher. The correlational approach was an appropriate method of analysis for this study as the research purpose was to discover or clarify relationships between study variables, and as it was not possible to establish causal relationships. Additionally, the independent variables could not be manipulated by the researcher for ethical and practical

reasons, and since some are naturally occurring phenomena.

The Pearson Product Moment correlation (r) was used in the correlational analyses as both dependent and independent variables were expressed as continuous scores. The product moment correlation provides a more stable measure of relationship than do other correlational techniques (Borg & Gall, 1971).

A point biserial correlation (r_{pbis}) is a form of the product moment correlation and was used whenever an independent or extraneous variable was in the form of a true dichotomy while the dependent variable was in the form of a continuous score. The point biserial was also used when artificially dichotomous correlational data did not appear to be based upon a normally distributed continuous variable.

A correlation ratio (η) was used when the existence of a non-linear relationship between two variables was questioned. When a relationship between variables is markedly non-linear the correlation ratio is able to provide a more accurate index of the relationship than other correlational statistics (Borg & Gall, 1971). An F test was used to determine the significance of the eta coefficient (Blalock, 1972).

"The size of the correlation coefficient is indicative of the degree of relationship between variables, and a low correlation indicates a low relationship" (Borg & Gall, 1971, p. 358). Low correlations are often useful as they provide clues about the nature of the behavior being studied, clues which can be followed up by prediction studies or studies using experimental designs (Borg & Gall, 1971).

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According to Borg and Gall (1971), the correlation coefficient may be interpreted in terms of two primary dimensions. First, the correlation is statistically significant or not significant. Secondly, the correlation has a meaning for prediction, either individual or group. The interpretation of r computed between the variables in this study was:

1. Correlations from .20 - .35 represent a slight relationship although this relationship may be statistically significant. Correlations at this level are of no value for either individual or group prediction.
2. Correlations from .35 - .65 represent a moderate or fair correlation and are statistically significant. With correlations around .50, crude group prediction may be achieved.
3. Correlations from .65 - .85 represent marked or somewhat high relationships and make possible group predictions.
4. Correlations over .85 represent high or close relationships (Borg and Gall, 1971, p. 359).

When a correlation coefficient is statistically significant the coefficient is sufficiently high so that there is reasonable confidence that a true relationship exists between the variables correlated (Borg and Gall, 1971). The level of confidence was set at .05 in this study in order for correlations to be considered statistically significant and demonstrate relationships between variables.

To test research question #1 (to identify the expressed role strain of first-time fathers), three approaches were taken. First, to identify general areas of role strain for the sample as a whole, mean

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scores were calculated for each role strain sub-scale and the Total Role Strain scale. Any sub-scale mean score greater than the sub-scale's designated "mid-point" (mid-point is the center on the Likert scale at which the subject neither agrees or disagrees with the statement) was considered indicative of role strain for that sub-scale.

Likert's method of summated ratings assumes a subject's attitude (i.e. role strain) is reflected by the score he receives over all the items (Crano & Brewer, 1973) and that the response scale represents a continuum of the attitude in question. However, for the practical purpose of identifying role strain perceived by the first-time father only values greater than the mid-point ("undecided") were considered indicative of role strain. The category "undecided" cannot be identified as expressed role strain.

Second, to identify specific items of role strain for the sample as a whole, mean scores were computed for each role strain item. Any item mean score greater than 3.0 (the mid-point for individual items) was considered indicative of role strain for that item.

Third, role strain items were also identified on which 30% or more of the sample scored greater than 3.0. These items were reported as percentages.

To test hypotheses 1 through 4 (to determine the relationship between the expressed role strain of first-time fathers as measured by the scales, Father Role, Baby, Self, Marital Relationship, Social Relationships, and Total Role Strain; and selected Developmental, Experiential, Social Support, and Economic variables), Pearson Product Moment correlations were computed. Correlation coefficients were

computed between each independent variable on the Socio-demographic questionnaire and the sum scores of each subject on each scale (the five sub-scales and the total scale) of the Role Strain Index. The level of confidence was set at .05 for all correlational analyses in the study. As the sum of the sub-scales, the Total Role Strain scale cannot be assumed to measure the same concept as an individual sub-scale, the null hypothesis was rejected wherever any of the sub-scale or Total Role Strain scale coefficients exceeded the .05 level for a given variable.

To examine more closely Hypotheses 1c, 2c, and 2d (number of years married, amount of daily contact with infants, and amount of experience babysitting infants), in which the independent variable data were greatly skewed, point biserial correlations were calculated. Each of the variables, amount of daily contact with infants and amount of experience babysitting infants, were divided into two dichotomous categories; presence or absence of the attribute (i.e. experience babysitting infants versus no experience babysitting infants). Point biserial correlation coefficients were figured between both the amount of daily contact with infants and the amount of experience babysitting infants; and sum scores of each subject on each scale of the Role Strain Index.

Prior to computing the r_{pbis} coefficients, data on the number of years married were collapsed into the categories as follows: (1) married 1 to 2 years; (2) married 3 to 4 years; and (3) married greater than or equal to 5 years. Categories used by Dyer (1963) and Farber (1975) were considered (premarital conception; married less than or equal to 3 years; married greater than 3 years) but were not

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used by this study as the data were insufficiently distributed. Point biserial correlation coefficients were calculated between the number of years married and sum scores of each subject on each scale of the Role Strain Index.

The extraneous variables of the study were also evaluated to determine if relationships existed between the extraneous variables and the expressed role strain of the first-time father. Point biserial and Pearson Product Moment correlations were used in testing these variables.

In summary, data was analyzed and summarized to identify the expressed role strain of the first-time father. The data was also analyzed to describe the relationship between the first-time father's expressed role strain in the areas Father Role, Baby, Self, Marital Relationship, Social Relationships, and Total Role Strain; and selected Developmental, Experiential, Social Support, and Economic variables.

Data Collection Procedure

The following section presents the procedure employed in the data collection. The investigator made personal contact with two obstetric practices and one pediatric practice located in the greater Lansing area. A nurse clinician and two physicians from these sites agreed to participate in the study, although the two physicians did not provide subjects for the study. Two childbirth education associations located in the Lansing area were also contacted by the researcher. Both groups indicated an interest in participating although one of the associations could not participate for several months secondary to its involvement with other on-going studies.

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At the onset of data collection the researcher discovered that potential subjects could be more efficiently contacted through use of public birth announcements than through private medical practices or childbirth associations. Thus, the researcher decided not to use the childbirth education groups or vigorously pursue obtaining subjects through the private practices. Sites were appropriately informed of the investigator's decision and were told they would still receive a summary of study results on its completion. The State Journal newspaper birth announcements were utilized as were the announcements in the Association for Shared Childbirth Newsletter. The nurse clinician at one of the obstetric practices also participated in identifying subjects for the study.

At the time of contact with the private practice sites, the importance of the research was emphasized to the appropriate physicians and nurses. The study site's responsibilities were either to: (1) provide the researcher with a list of first-time fathers who potentially met the criteria for participants; (2) distribute to first-time fathers or their wives (fathers are often absent from obstetrical and pediatric practices) a letter from the researcher which introduced the study and provided a form for the father (or wife) to complete and return if interested in participating. As the criteria for participation in the study were complex and often could only be finally determined by completion of the instrument, study sites were not asked to thoroughly screen subjects. Rather, they were given a general profile of desired subject characteristics, including: (1) first-time father, (2) 18-35 years of age; (3) normal pregnancy; (4) normal labor and delivery; (5) normal postpartum course; (6)

healthy baby 6 to 10 weeks postpartum, and (7) basically healthy mother and first-time father. The researcher planned to collect the lists and forms periodically. The one site which did actually identify subjects provided the investigator with a list of names of persons interested in participating in the study.

The phone contact by the investigator to potential subjects proceeded as follows:

1. Introduced self by name, title, association with Michigan State University, and current role in conducting research with first-time fathers.
2. Indicated the source of the subject's name (i.e. birth announcements or nurse clinician by name).
3. Asked if potential subject was a first-time father.
4. If he was not a first-time father, reiterated this study was focusing on concerns of first-time father, stated appreciation for his time and terminated the contact.
5. If he was a first-time father, requested permission to provide a brief explanation of the study.
6. If permission was denied, stated appreciation for his time and terminated the contact.
7. If permission was granted, provided explanation of the study.
8. Indicated the study was seeking first-time fathers whose wives experienced a relatively normal pregnancy, labor and delivery.
9. Indicated the amount of time and effort required on subject's part for participation in the study.
10. Asked if he was interested in participating in the study.

11. Indicated that a summary of the study results would be mailed, on its completion, to participants if desired.
12. Assured the potential subject of anonymity, confidentiality, and the right to withdraw from the study at any time.
13. If participation was refused, stated appreciation for his time, recorded reason for refusal, (if offered or easily obtained), and terminated the contract.
14. If permission granted, requested subject's home address to which to mail the instrument and consent form (See Appendix A).
15. Instructed the participant to call the researcher at any time should questions or concerns arise. Indicated that the researcher's name and phone number would accompany the questionnaire along with a letter of introduction and consent form.
16. Questionnaire was mailed to participants.
17. Subjects who had not returned their questionnaires within two weeks or within a few days prior to the tenth week postpartum were followed-up with a phone call. The researcher asked if there were any problems or concerns with the questionnaire.
18. The data was received through the mail at the researcher's home. Instrument and consent forms were separated on arrival and stored separately in a locked file cabinet. At the completion of the data collection phase the data was scored on the computer coded questionnaires and then transferred onto computer code sheets to prepare for data analysis.

Human Rights Protection

To ensure that the rights of participants were protected specific procedures were followed. The Michigan State University Committee on Research Including Human Subjects has standard criteria for investigators to adhere to when utilizing human subjects. An explanation of the research area and purpose, utilization of study results, amount of time required for participation, and potential risks were provided to the participants in the consent form (See Appendix A). In addition, the consent form included assurance of information confidentiality and freedom to withdraw, and a statement that withdrawal would not effect the health care subjects were presently receiving. The researcher's name, address, and phone number were provided, the subjects were requested to call the researcher at anytime if questions or concerns should arise. A summary of the study results following its completion was offered to the participants.

The phone call to the potential participants also provided an explanation of the research area and purpose, application of results, amount of time required, and confidentiality of information. The investigator verbally encouraged subjects to call if questions or concerns arise.

The instrument was coded with a subject code number, names were never recorded on the questionnaires. On receiving a completed questionnaire the consent form and instrument were separated and stored separately to maintain confidentiality and anonymity. The questionnaires were stored in a locked file cabinet in the researcher's home. Data was transcribed from the instrument in aggregate form.

This research study proposal was presented to the Michigan State University, School of Nursing Human Subjects Review Committee and approval was granted August 17, 1979.

Summary

In Chapter IV, the research variables used in the study were specified, and operationally defined. Research questions and hypotheses posed were presented. The study sample and criteria for selection were specified and discussed. The instrument and scoring procedure used to measure variables were described. Statistical techniques used in data analysis were presented. Finally, the data collection procedure was outlined and human right protection was discussed.

In Chapter V, research data are presented, analyzed and discussed in relation to the research questions and hypotheses posed.

CHAPTER V

DATA PRESENTATION AND ANALYSIS

Overview

The data presented and analyzed in this chapter describes the study sample and identifies areas of role strain expressed by the first-time father.

The data presented also describes the relationship between the first-time father's expressed role strain in the areas Father Role, Baby, Self, Marital Relationship, Social Relationships, and Total Role Strain; and selected Developmental, Experiential, Social Support, and Economic variables.

The study sample was a voluntary, non-random sample of 100 first-time fathers obtained primarily through birth announcements in a Lansing, Michigan city newspaper. Study subjects were the biologic fathers of infants age 6 to 10 weeks. Chapter V includes the data presentation for the research questions and hypotheses posed. The following research questions and hypotheses stated in the null form, were tested:

Research Question 1. Can role strain of the first-time father 6 to 10 weeks postpartum be identified in selected areas?

Question 1.a Can role strain of the first-time father 6 to 10 weeks postpartum be identified in the area Father Role?

Question 1.b Can role strain of the first-time father 6 to 10 weeks postpartum be identified in the area Baby?

Question 1.c Can role strain of the first-time father 6 to 10 weeks postpartum be identified in the area Self?

Question 1.d Can role strain of the first-time father 6 to 10 weeks postpartum be identified in the area Marital Relationship?

Question 1.e Can role strain of the first-time father 6 to 10 weeks postpartum be identified in the area Social Relationship?

Hypothesis 1. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and selected Developmental variables.

Hypothesis 1.a There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the age of the father.

Hypothesis 1.b There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the age of the infant.

Hypothesis 1.c There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the number of years married.

Hypothesis 1.d There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the level of education.

Hypothesis 2. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and selected Experiential variables.

Hypothesis 2.a There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of contact with a father role model.

Hypothesis 2.b There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of satisfaction with the father role model.

Hypothesis 2.c There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of daily contact with infants.

Hypothesis 2.d There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of experience babysitting infants.

Hypothesis 2.e There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of childbirth or parenting education classes.

Hypothesis 2.f There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of child care performed by the first-time father.

Hypothesis 3. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and selected Social Support variables.

Hypothesis 3.a There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of satisfaction with the marital relationship.

Hypothesis 3.b There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of contact with close friends who are parents.

Hypothesis 3.c There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of contact with extended family.

Hypothesis 3.d There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of help with household chores received from extended family.

Hypothesis 3.e There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of help with child care received from extended family.

Hypothesis 3.f There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of support received from extended family.

Hypothesis 4. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and selected Economic variables.

Hypothesis 4.a There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the level of family income.

Hypothesis 4.b There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and perceived amount of job security.

Hypothesis 4.c There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and perceived potential for career advancement.

Descriptive Findings of the Study Sample

The study sample consisted of 100 men who were for the first time a father. Subjects were both the biologic father and socially defined guardian of a 6 to 10 week old infant of either sex. They had no

previous children, either natural or adopted. The babies were products of relatively normal anetpartal, intrapartal (with vaginal delivery), and postpartal courses. Infants were basically healthy with no known abnormality or serious or chronic illness occurring since birth. Likewise, the subjects and their wives (or partners) were basically healthy with no known serious or chronic illness. All the subjects were married or maintaining an ongoing, intimate relationship with the infant's biologic mother. The men, their wives (or partners) and infants lived as families with no other persons permanently residing in their households.

The following four sections include descriptions of the study sample on selected socio-demographic (independent) variables. The description of the sample is presented following the format of the independent variable categories. The categories of independent variables are as follows: Developmental, Experiential, Social Support, and Economic.

Developmental Variables

Developmental variables are defined as those variables which infer physical or mental maturation with gradual advancement through progressive changes, but specifically excluding those variables which directly relate to the father's child care experience. The Developmental variables include: (1) age of the father, (2) age of the infant; (3) number of years married; and (4) level of education. The study sample is described below in terms of these variables.

The study sample ranged in age from 19 to 35 years old. The mean age of the subjects was 27 years. Sixty-seven percent of the men were

age 26 years or over. The actual number and percent of men by age and range can be seen in Table 1.

The subjects' infants ranged in age from 42 to 71 days. The mean age of the babies was 54 days. The actual number and percent of infants by age and range can be seen in Table 2.

Table 1

Age of Fathers (n=97)

<u>Years of Age</u>	<u>Number of Subjects</u>	<u>Adjusted Percentage</u>
18-21	6	6.2
22-25	25	25.8
26-29	41	42.3
30-35	<u>25</u>	<u>25.7</u>
Total	97	100.0

Table 2

Age of Infants (n=100)

<u>Days of Age</u>	<u>Number of Infants</u>	<u>Adjusted Percentage</u>
42-48	35	35.0
49-55	27	27.0
56-62	18	18.0
63-71	<u>20</u>	<u>20.0</u>
Total	100	100.0

The number of years the subjects had been married to (or committed to an ongoing intimate relationship with) the infant's mother ranged from less than 9 months to 10 years. The mean number of years married was 3.1. The actual number and percent of men by number of years and range can be seen in Table 3.

Table 3

Number of Years Married (n=97)

<u>Years Married</u>	<u>Number of Subjects</u>	<u>Adjusted Percentage</u>
0	5	5.2
1-2	43	44.3
3-4	24	24.8
≥ 5	<u>25</u>	<u>25.7</u>
Total	97	100.0

The level of education for the study sample ranged from completion of the 9th grade to advanced schooling. The actual distribution of years of education completed by the subjects can be seen in Table 4.

Table 4

Number of Years of Father's Education (n=99)

<u>Years of Education</u>	<u>Number of Subjects</u>	<u>Adjusted Percentage</u>
0-12	18	18.2
13-16	52	52.5
17-20	22	22.3
21+	<u>7</u>	<u>7.0</u>
Total	99	100.0

Of additional interest (though not a study variable), was that of the study sample (n=99) 72.0% attended some college, 6.0% attended vocational training, 4.0% attended both some college and some vocational training. One subject failed to respond to this item for unknown reasons. Also, of the study sample (n=99) 92.0% were Caucasian, 1.0% were Afro-American, 2.0% were Spanish-American, and

4.0% were of other ethnic origins. One subject failed to respond to this item for reasons that are not known. Finally, 50% of the fathers were studying or employed in occupations of relatively high status (See Appendix I, Table I.1). Income is described with the Economic variables.

Experiential Variables

Experiential variables are defined as those variables which infer experience and maturation in the father role. The Experiential variables included in this study are as follows: (1) amount of contact with a father role model; (2) amount of satisfaction with the father role model; (3) amount of daily contact with infants; (4) amount of experience babysitting infants; (5) amount of childbirth or parenting education classes; and (6) amount of child care performed by the first-time father. The study sample is described below in terms of these variables.

The number of years subjects were in contact with a father role model ranged from 0 to 26-30. The median number of years in contact with a father role model was 16-20. The actual distribution of the years of contact with a father role model can be seen in Table 5.

Table 5

Years of Daily Contact with
Father Role Model (n=99)

<u>Years of Daily Contact</u>	<u>Number of Subjects</u>	<u>Adjusted Percentage</u>
0	5	5.1
Birth-10	5	5.0
11-20	72	72.7
>20	<u>17</u>	<u>17.2</u>
Total	99	100.0

The subject's satisfaction with their father role models (if they had a father role model) was measured on a 5-point scale and scores ranged from 1 (very dissatisfied) to 5 (very satisfied). The mean satisfaction score was 4.2, indicating satisfaction with the father role model. The actual distribution of these satisfaction scores can be seen in Table 6.

Table 6

Degree of Satisfaction with Father Role Model (n=95)

<u>Satisfaction</u>		<u>Number of Subjects</u>	<u>Adjusted Percentage</u>
Very Dissatisfied	1	1	1.1
	2	6	6.3
Satisfied	3	26	27.4
	4	23	24.2
Very Satisfied	5	<u>39</u>	<u>41.0</u>
Total		95	100.0

The amount of daily contact with babies which the subjects encountered after they were 10 years old ranged from 0 to 16-20 years. The median number of years in daily contact with an infant was 0. Fifty-seven percent of the sample had no daily contact with an infant after the age of 10 years and 20.0% had less than one year of such contact. The actual distribution of years of daily contact with an infant after the age of 10 years can be seen in Table 7.

Table 7

Years of Daily Contact with
Babies After Age 10 Years (n=100)

<u>Years of Daily Contact</u>	<u>Number of Subjects</u>	<u>Adjusted Percentage</u>
0	57	57.0
1-5	37	37.0
6-10	5	5.0
>10	<u>1</u>	<u>1.0</u>
Total	100	100.0

The amount of experience babysitting infants which the subjects had ranged from 0 to greater than 20 times. The median number of babysitting experiences was less than 5 times. Forty-nine percent of the sample had no experience babysitting an infant and 30.0% babysat an infant less than 5 times. The actual distribution of extent of experience babysitting infants can be seen in Table 8.

Table 8

Frequency of Babysitting Experience (n=100)

<u>Number of Times Babysitting</u>	<u>Number of Subjects</u>	<u>Adjusted Percentage</u>
0	49	49.0
1-10	35	35.0
11-20	4	4.0
>20	<u>12</u>	<u>12.0</u>
Total	100	100.0

The amount of childbirth or parenting education classes which the subjects attended ranged from 0 to greater than 24 hours. The median number of hours of class was 13-16. The actual distribution of hours of childbirth or parenting classes can be seen in Table 9.

Table 9

Hours of Childbirth or Parenting Classes Attended (n=100)

<u>Number of Class Hours</u>	<u>Number of Subjects</u>	<u>Adjusted Percentage</u>
0	16	16.0
1-8	11	11.0
9-16	38	38.0
>16	<u>35</u>	<u>35.0</u>
Total	100	100.0

The amount of child care performed for their infants by the first-time fathers ranged from less than 5 to greater than 50 hours per week. The median number of hours per week of such child care was 11-20. The actual distribution of hours of child care performed by the fathers can be seen in Table 10.

Table 10

Amount of Child Care Performed by Father for his Infant (n=100)

<u>Hours per Week</u>	<u>Number of Subjects</u>	<u>Adjusted Percentage</u>
0	0	0.0
1-10	35	35.0
11-20	36	36.0
21-30	13	13.0
>30	<u>16</u>	<u>16.0</u>
Total	100	100.0

Social Support Variables

Social Support variables are defined as those variables which infer physical and emotional support, information, and advice. These include contact with persons and or satisfaction with persons who,

through direct actions or mere presence may have provided support, in a concrete or intangible manner following the baby's birth. The Social Support variables included in this study are as follows: (1) amount of satisfaction with the marital relationship; (2) amount of contact with close friends who are parents; (3) amount of contact with extended family; (4) amount of help with household chores received from extended family; (5) amount of help with child care received from extended family; and (6) amount of support received from extended family. The study sample is described in terms of these variables.

The subject's satisfaction with their marital relationship following the babies' births was measured on a 5-point scale and ranged from 1 (very dissatisfied) to 5 (very satisfied). The mean satisfaction score was 4.5, indicating satisfaction with the marital relationship. The actual distribution of postbirth marital satisfaction scores can be seen in Table 11.

Table 11

Degree of Postbirth Marital Satisfaction (n=100)

<u>Satisfaction</u>		<u>Number of Subjects</u>	<u>Adjusted Percentage</u>
Very Dissatisfied	1	1	1.0
	2	3	3.0
Satisfied	3	8	8.0
	4	19	19.0
Very Satisfied	5	<u>69</u>	<u>69.0</u>
	Total	100	100.0

The fathers' contact with close friends who are parents, since the birth of the infant, ranged from 0 to greater than 50 hours. The

median hours of contact with such friends was 11-20 hours. The actual distribution of the hours of contact with close friends who are parents can be seen in Table 12.

Table 12

Contact with Friends who are Parents
Since Birth of Infant (n=100)

<u>Hours of Contact</u>	<u>Number of Subjects</u>	<u>Adjusted Percentage</u>
0	10	10.0
1-20	57	57.0
21-40	19	19.0
>40	<u>14</u>	<u>14.0</u>
Total	100	100.0

The subjects' contact with extended family since delivery ranged from 0 to greater than 21 days. The median days of contact with extended family was 8 to 10. The actual distribution of the days of contact with extended family can be seen in Table 13.

Table 13

Contact with Extended Family Adults
Since Birth of Infant (n=100)

<u>Days of Contact</u>	<u>Number of Subjects</u>	<u>Adjusted Percentage</u>
0	1	1.0
1-10	60	60.0
11-21	18	18.0
>21	<u>21</u>	<u>21.0</u>
Total	100	100.0

The father's help with household chores received from extended family since delivery ranged from 0 to greater than 21 days. The

median days of help with household chores was 1 to 2 days. The actual distribution of the days of help with household chores received from extended family can be seen in Table 14.

Table 14

Days of Help with House Chores Received from
Extended Family Since Birth of Infant (n=100)

<u>Days of Help</u>	<u>Number of Subjects</u>	<u>Adjusted Percentage</u>
0	26	26.0
1-7	60	60.0
8-14	8	8.0
>14	<u>6</u>	<u>6.0</u>
Total	100	100.0

The subjects' help with child care received from extended family since the birth of the baby ranged from 0 to greater than 21 days. The median days of help with child care was 1 to 2 days. The actual distribution of the days of help with child care received from extended family can be seen in Table 15.

Table 15

Days of Help with Child Care Received from
Extended Family Since Birth of Infant (n=100)

<u>Days of Help</u>	<u>Number of Subjects</u>	<u>Adjusted Percentage</u>
0	23	23.0
0-7	63	63.0
8-14	7	7.0
>14	<u>7</u>	<u>7.0</u>
Total	100	100.0

The fathers' perceived support received from extended family since delivery was measured on a 5-point scale and ranged from 1 (very little support) to 5 (very much support). The mean support score was 3.8, indicating subjects perceived receiving more than moderate amounts of support. The actual distribution of extended family support scores can be seen in Table 16.

Table 16

Perceived Degree of Family Support (n=100)

<u>Amount of Support</u>		<u>Number of Subjects</u>	<u>Adjusted Percentage</u>
Very Little Support	1	4	4.0
	2	10	10.0
	3	29	29.0
	4	19	19.0
Very Much	5	<u>38</u>	<u>38.0</u>
Total		100	100.0

Economic Variables

Economic variables are defined as those variables which refer to the provider aspect of the first-time father's role. The Economic variables included in this study are as follows: (1) level of family income; (2) perceived amount of job security; and (3) perceived potential for career advancement. The study sample is described in terms of these variables.

The income ranges for subject families for the past 12 months were from less than \$5,000 to greater than \$45,000. The median annual income range for the families was \$21,000 to \$25,000. The actual

range of incomes can be seen in Table 17.

Table 17

Prenatal Family Income for Past 12 Months (n=98)

<u>1000 Dollars of Income</u>	<u>Number of Subjects</u>	<u>Adjusted Percentage</u>
0-10	12	12.3
11-20	34	34.7
21-30	35	35.7
31-40	13	13.3
>40	<u>4</u>	<u>4.0</u>
Total	98	100.0

The subjects' perceptions of their job security was measured on a 5-point scale and ranged from 1 (very insecure) to 5 (very secure). The mean job security score was 3.8, indicating the fathers perceived their jobs to be more than moderately secure. The actual distribution of job security scores can be seen in Table 18.

Table 18

Degree of Perceived Job Security (n=100)

<u>Security</u>	<u>Number of Subjects</u>	<u>Adjusted Percentage</u>
Very Insecure 1	8	8.0
2	4	4.0
Secure 3	31	31.0
4	17	17.0
Very Secure 5	<u>40</u>	<u>40.0</u>
Total	100	100.0

The fathers' perceptions of their potential for career advancement was measured on a 5-point scale and ranged from 1 (very little potential) to 5 (very much potential). The mean potential for

career advancement score was 3.7, indicating the subjects perceived more than moderate potential for their career advancement. The actual distribution of potential for career advancement scores can be seen in Table 19.

Table 19

Degree of Perceived Potential for Career Advancement (n=100)

<u>Potential</u>		<u>Number of Subjects</u>	<u>Adjusted Percentage</u>
Very Little	1	9	9.0
	2	6	6.0
Potential	3	30	30.0
	4	20	20.0
Very Much	5	<u>35</u>	<u>35.0</u>
Total		100	100.0

Reliability of the Role Strain Index

Coefficient alpha was computed to measure the reliability of the Role Strain Index (RSI). The five sub-scales of the RSI, Father Role, Baby, Self, Marital Relationship, and Social Relationships, as well as the sum of these scales, the Total Role Strain scale, were individually computed for coefficient alpha.

The reliability coefficient for the Father Role scale was .70. This alpha coefficient represented marked internal consistency among the items. Item 63 (See Appendix D) was deleted as it was not applicable to 37 subjects, its inclusion would have greatly limited generalizability of findings associated with the scale.

The reliability coefficient for the Baby scale was .73. This alpha coefficient represented marked internal consistency among the items. Item 13 (See Appendix D) was deleted because it was found not to be consistent with the other items measuring role strain regarding

the Baby.

The reliability coefficient for the Self scale was .79. This alpha coefficient represented marked internal consistency among items. Items 1, 10, 19, and 46 (See Appendix D) were deleted because they were found not to be consistent with the other items measuring role strain regarding the Self. Item 64 (See Appendix D) was deleted as it was not applicable to 59 subjects, its inclusion would have greatly limited generalizability of findings associated with the scale.

The reliability coefficient for the Marital Relationship scale was .81. This represented marked internal consistency among the items. Items 4, 6, 17, 39, 72, and 73 (See Appendix D) were deleted because they were found not to be consistent with the other items measuring role strain regarding the Marital Relationship.

The reliability coefficient for the Social Relationships scale was .73. This alpha coefficient represented marked internal consistency among items. Items 3, 18, and 44 (See Appendix D) were deleted because they were found not to be consistent with the other items measuring role strain regarding the Social Relationships.

The Total Role Strain scale was the sum of items from each of the individual sub-scales after deletion of the above specified items. The reliability coefficient for the Total Role Strain scale was .91. This represented high internal consistency among the items.

Inter-scale correlations computed between each of the five sub-scales ranged from .44 to .85. These coefficients indicate moderate to high interrelatedness among scales (See Appendix H, Table H.1). No testing for construct validity of the Role Strain Index was done.

Data Presentation for the Research Questions and Hypotheses

The Statistical Technique

In order to test the hypotheses posed, several statistical analyses were computed. The raw scores were totaled for each subscale of the Role Strain Index (RSI), these were: Father Role, Baby, Self, Marital Relationship, and Social Relationships. Raw scores were also totaled for the RSI as a whole, designated the Total Role Strain scale.

To identify the expressed role strain of the first-time father three approaches were taken. First, to identify general areas of role strain for the sample as a whole, mean scores were calculated for each role strain scale including the Total Role Strain scale. Any scale mean score greater than the scale's designated "mid-point" (mid-point is the center on the Likert scale at which the subject neither agrees or disagrees with the statement) was considered indicative of role strain for that scale.

Second, to identify specific items of role strain for the sample as a whole, mean scores were computed for each role strain item. Any item mean score greater than 3.0 (the mid-point for individual items) was considered indicative of role strain for that item.

Third, role strain items were also identified on which 30% or more of the sample scored greater than 3.0. These items were reported as percentages. Thus, role strain could be identified for large numbers of the sample (up to 49%) on a given item, but not for the entire sample on that item. Likewise, role strain could be identified

in specific items but not in the scale as a whole.

To test hypotheses 1 through 4 (to determine the relationship between the expressed role strain of the first-time father as measured by the scales, Father Role, Baby, Self, Marital Relationship, Social Relationships, and Total Role Strain; and selected Developmental, Experiential, Social Support, and Economic variables), Pearson Product Moment correlations were computed. Correlation coefficients were computed between each independent variable on the Socio-demographic questionnaire and the sum scores of each subject on each scale of the Role Strain Index. The null hypothesis was rejected wherever any of the sub-scale or Total Role Strain scale coefficients exceeded the .05 level of significance for any of the study variables.

To examine more closely Hypotheses 1c, 2c, 2d (number of years married, amount of daily contact with infants, and amount of experience babysitting infants), in which the independent variable data were greatly skewed, point biserial correlations were calculated. Each of the variables, amount of daily contact with infants and amount of experience babysitting infants, were divided into two dichotomous categories; presence or absence of the attribute (i.e. experience babysitting infants versus no experience babysitting infants). Point biserial correlation coefficients were figured between both the amount of daily contact with infants and the amount of experience babysitting infants; and sum scores of each subject on each scale of the Role Strain Index.

Prior to computing the r_{pbis} coefficients, data on the number of years married were collapsed into the categories as follows: (1) married 1 to 2 years; (2) married 3 to 4 years; and (3) married

greater than or equal to 5 years. Categories used by Dyer (1963) and Farber (1975) were considered (premarital conception; married less than or equal to 3 years; married greater than 3 years), however, the data were not sufficiently distributed using their approach. The 5 subjects who conceived premaritally were not included in this analysis as conceptually speaking they differed from persons conceiving post-maritally, thereby potentially confounding the analysis. Point biserial correlation coefficients were calculated between the number of years married and sum scores of each subject on each scale of the Role Strain Index.

To test for non-linear relationships between both the number of years married and the amount of childbirth or parenting education classes; and expressed role strain of first-time fathers, correlation ratios were figured. Eta coefficients were calculated between both number of years married and amount of childbirth or parenting education classes; and the sum scores of each subject on each scale of the Role Strain Index. Again, in testing the number of years married the 5 cases of premarital conception were omitted from analysis.

Research Questions and Hypotheses

Research Question 1. Can role strain of the first-time father 6 to 10 weeks postpartum be identified in selected areas?

Each role strain scale was devised to measure different dimensions of role strain associated with initiation into the father role. Therefore, the sub-questions were developed to measure the role strain expressed by the first-time father in the areas, Father Role, Baby, Self, Marital Relationship, and Social Relationships.

Question 1.a Can role strain of the first-time father
6 to 10 weeks postpartum be identified in the area
Father Role?

The total scores of study participants for the role strain scale Father Role ranged from 17 to 45 (See Table 20). The mean score for the Father Role scale was 30.7 which was 8.3 points below the mid-point of 39 for his scale. On the Father Role scale 5.5% of the sample had mean scores higher than the mid-point of 39. The standard deviation was 6.1. Role strain was not identified for the sample as a whole in the general area Father Role.

Role strain, for the sample as a whole, also was not identified in specific Father Role items. None of the item mean scores surpassed the 3.0 Likert scale mid-point (See Appendix G, Table G.1).

Greater than 30% of the subjects did express role strain in the following items relating to the Father Role (percentages represent percent of subjects): (1) increased financial expenses associated with the baby (46.0%); (2) too little time with my baby (43.0%); and (3) comfort knowing when the baby is sick or caring for a sick baby (33.7%). Mean and standard deviation scores and the frequency distribution of subject responses on individual Father Role items can be seen in Table G.1, Appendix G.

Thus, role strain regarding specific aspects of the father's ability to meet infant and family needs through nurturing and providing roles was identified for up to 48% of the study sample. However, for the sample as a whole, role strain was not identified on either individual Father Role items or in the general area of the Father Role.

Table 20

Mean Scores on the Role Strain Scales

Role Strain Scale	Scale Mid-Point	Mean	Standard Deviation	Possible Range	Actual Range	Adjusted Percentage of Subjects Scoring > Mid-Point
Father Role	39	30.7	6.1	13 - 65	17 - 45	5.5
Baby	36	30.1	6.6	12 - 60	13 - 45	18.0
Self	33	28.3	7.0	11 - 55	11 - 43	24.0
Marital Relationship	36	27.8	7.0	12 - 60	12 - 44	13.0
Social Relationships	30	25.4	5.6	10 - 50	11 - 43	16.5

Question 1.b Can role strain of the first-time father
6 to 10 weeks postpartum be identified in the area
Baby?

The total scores of study participants for the role strain scale Baby ranged from 13 to 45 (See Table 20). The mean score for the Baby scale was 30.1 which was 5.9 points below the mid-point of 36 for this scale. On the Baby scale 18.0% of the sample had mean scores higher than the mid-point of 36. The standard deviation was 6.6 Role strain was not identified for the sample as a whole in the general area Baby.

Role strain for the sample as a whole was identified on one item (item #50) regarding anger towards the baby. The mean score was 3.2 (See Appendix G, Table G.2).

Greater than 30% of the subjects did express role strain in the following areas relating to the Baby (percentages represent percent of subjects): (1) anger towards the baby (49.0%); (2) baby's appearance (45.0%); (3) baby's intelligence (43.0%); (4) baby's sleeping habits (34.0%); and (5) baby's personality or disposition (31.0%). Mean and standard deviation scores and the frequency distribution of subject responses on individual Baby items can be seen in Table G.2 , Appendix G.

Thus, role strain regarding specific aspects of the actions or characteristics of the baby was identified. However, for the sample as a whole, role strain was not identified in the general area of the Baby.

Question 1.c Can role strain of the first-time father
6 to 10 weeks postpartum be identified in the area
Self?

The total scores of study participants for the role strain scale Self ranged from 11 to 43 (See Table 20). The mean score for the Self scale was 28.3 which was 4.7 points below the mid-point of 33 for this scale. On the Self scale 24.0% of the sample had mean scores higher than mid-point of 33. The standard deviation was 7.0. Role Strain was not identified for the sample as a whole in the general area Self.

Role strain for the sample as a whole was identified on one item (item #5) regarding interrupted sleep habits and fatigue. The mean score was 3.1 (See Appendix G, Table G.3).

Greater than 30% of the subjects did express role strain in the following areas relating to the Self (percentages represent percent of subjects): (1) interrupted sleep habits and fatigue (49.0%); (2) ability to accomplish goals (39.0%); (3) miss previous life style (32.0%); (4) general disorganization (31.0%); and (5) feeling edgy or emotionally upset (30.0%). Mean and standard deviation scores and the frequency distribution of subject responses on individual Self items can be seen in Table G.3, Appendix G.

Thus, role strain regarding specific aspects of the changes in the father's personal self or personal life space occurring since the birth of the baby was identified. However, for the sample as a whole, role strain was not identified in the general area of the Self.

Question 1.d Can role strain of the first-time father
6 to 10 weeks postpartum be identified in the area
Marital Relationship?

The total scores of study participants for the role strain scale Marital Relationship ranged from 12 to 44 (See Table 20). The mean score for the Marital Relationship scale was 27.8 which was 8.2 points below the mid-point of 36 for this scale. On the Marital Relationship

scale 13.0% of the sample had mean scores higher than the mid-point of 36. The standard deviation was 7.0. Role strain was not identified for the sample as a whole in the general area Marital Relationship.

Role strain, for the sample as a whole, also was not identified in specific Marital Relationship items. None of the item mean scores surpassed the 3.0 mid-point (See Appendix G, Table G.4).

Greater than 30% of the subjects did express role strain in the following areas relating to the Marital Relationship (percentages represent percent of subjects): (1) wife and I have less time alone together (40.0%); and (2) wife is more moody (32.0%). Mean and standard deviation scores and the frequency distribution of subject responses on individual Marital Relationship items can be seen in Table G.4, Appendix G.

Thus, role strain regarding specific aspects of the changes in the wife (or partner) or marital relationship occurring since the birth of the baby was identified for up to 40% of the study sample. However, for the sample as a whole, role strain was not identified on either individual Marital Relationship items or in the general area of the Marital Relationship.

Question 1.e Can role strain of the first-time father
6 to 10 weeks postpartum be identified in the area
Social Relationships?

The total scores of study participants for the role strain scale Social Relationships ranged from 11 to 43 (See Table 20). The mean score for the Social Relationships scale was 25.4 which was 4.6 points below the mid-point of 30 for this scale. On the Social Relationships scale 16.5% of the sample had mean scores higher than the mid-point of 30. The standard deviation was 5.6. Role strain was not identified

for the sample as a whole in the general area Social Relationships.

Role strain for the sample as a whole was identified for the following items: (1) baby making too much noise in public places, mean score was 3.1; and (2) wife's breast being exposed while nursing around others, mean score was 3.1 (See Appendix G, Table G.5).

Greater than 30% of the subjects did express role strain in the following areas relating to the Social Relationships (percentages represent percent of subjects): (1) baby making too much noise in public places (52.0%); (2) wife's breast being exposed while nursing around others (40.0%); and (3) wife breastfeeds our baby in public (36.0%). Mean and standard deviation scores and the frequency distribution of subject responses on individual Social Relationships items can be seen in Table G.5, Appendix G.

Thus, role strain regarding specific aspects of the changes in social relationships or the ability to socialize occurring since the birth of the baby was identified. However, for the sample as a whole, role strain was not identified in the general area of the Social Relationships.

Hypothesis 1. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and selected Developmental variables.

Each Developmental variable, though conceptually related, measured a different dimension of the first-time father's physical or mental maturation. Therefore, the subhypotheses were developed to measure the relationship between role strain and each selected variable.

Hypothesis 1.a There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the age of the father.

Pearson Product Moment correlations between the age of the father and each of the role strain scales were not significant at the .05 level. These coefficients were as follows: Father Role, $r(88)=.01$; Baby, $r(97)=.15$; Self, $r(97)=.08$; Marital Relationship, $r(97)=.07$; Social Relationships, $r(82)=-.03$; and Total Role Strain, $r(75)=.16$ (See Table 21).

The null hypothesis was accepted. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the age of the father.

Hypothesis 1.b There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the age of the infant.

The Pearson Product Moment correlations between the age of the infant and each of the role strain scales were not significant at the .05 level. The coefficients were as follows: Father Role, $r(90)=.04$; Baby, $r(100)=.03$; Self, $r(100)=.03$; Marital Relationship, $r(100)=.14$; Social Relationships, $r(85)=.11$; and Total Role Strain, $r(77)=.12$ (See Table 21).

The null hypothesis was accepted. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the age of the infant.

Hypothesis 1.c There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the number of years married.

The Pearson Product Moment correlations between the number of years married and each of the role strain scales were not significant at the .05 level. These coefficients were as follows: Father Role, $r(88)=-.16$; Baby, $r(97)=-.05$; Self, $r(97)=-.11$; Marital Relationship, $r(97)=.03$; Social Relationships, $r(82)=-.18$; and Total Role Strain,

Table 21

Pearson Product Moment Correlation Coefficients
Between Role Strain Scales and Developmental Variables

Role Strain Scales	Age of the Father	Age of the Infant	Number of Years Married	Level of Education
Father Role	r(88)=.01	r(90)=.04	r(88)=-.16	r(89)=-.12
Baby	r(97)=.15	r(100)=.03	r(97)=-.05	r(99)=-.05
Self	r(97)=.08	r(100)=.03	r(97)=-.11	r(99)=-.08
Marital Relationship	r(97)=.07	r(100)=.14	r(97)= .03	r(99)=-.04
Social Relationships	r(82)=-.03	r(85)=.11	r(82)=-.18*	r(84)=-.12
Total	r(75)=.16	r(77)=.12	r(75)=-.03	r(76)=-.08

Note: The number listed within parentheses is the number of subjects (n).

*The coefficient approached the .05 level of significance, $p = .050$ ---.059.

** $p < .05$.

*** $p < .01$.

**** $p < .005$.

$r(75) = -.03$ (See Table 21).

Point biserial correlations were also computed to further explore for a relationship between the number of years married and the expressed role strain of the first-time father. An inadvertent omission of the subjects within the category "married 1 to 2 years" during computation of the r_{pbis} coefficients demonstrated significant relationships between the number of years married and the role strain scales, Father Role ($r_{pbis}(47) = -.26$, $p = .04$) and Baby ($r_{pbis}(49) = -.33$, $p = .01$). However, on correcting the omission, adding the subjects of this category into the analysis, the r_{pbis} coefficients decreased below the level of significance. The point biserial correlations between the number of years married (not including premarital conception) and the role strain scales were not significant at the .05 level. This inadvertent finding led the researcher to test for a non-linear relationship. However, the correlation ratio coefficients between the number of years married and each of the role strain scales were not significant at the .05 level.

The null hypothesis was accepted. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the number of years married.

Hypothesis 1.d There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the level of education.

The Pearson Product Moment correlations between the level of education and each of the role strain scales were not significant at the .05 level. The coefficients were as follows: Father Role, $r(89) = -.12$; Baby, $r(99) = -.05$; Self, $r(99) = -.08$; Marital Relationship, $r(99) = -.04$; Social Relationships, $r(84) = -.12$; and Total Role Strain,

$r(76) = -.08$ (See Table 21).

The null hypothesis was accepted. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the level of education.

Hypothesis 2. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and selected Experiential variables.

Each Experiential variable was intended to measure a different dimension of the first-time father's experience and maturation in the father role. Therefore, the subhypotheses were developed to measure the relationships between the role strain and each selected variable.

Hypothesis 2.a There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of contact with a father role model.

The Pearson Product Moment correlations between the amount of contact with a father role model and five of the role strain scales were not significant at the .05 level. These coefficients were as follows: Father Role, $r(89) = -.16$; Baby, $r(99) = -.04$; Self, $r(99) = -.13$; Marital Relationship, $r(99) = -.05$; and Total Role Strain, $r(77) = .01$ (See Table 22). The Pearson Product Moment correlation between the amount of contact with a father role model and the Social Relationships scale was $r(85) = .21$, which was significant at the .03 level.

The null hypothesis was rejected. There is a slight positive relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum regarding changes in their social relationships and the amount of contact with a father role model.

Table 22

Pearson Product Moment Correlation Coefficients
Between Role Strain Scales and Experiential Variables

Role Strain Scales	Contact with Father Role Model	Satisfaction with Father Role Model	Daily Contact with Infants	Experience Babysitting Infants	Childbirth/ Parenting Education	Child Care Performed by First Time Father
Father Role	r(89)=-.16*	r(90)= .05	r(90)=-.08	r(90)=-.07	r(90)=-.03	r(90)=-.18**
Baby	r(99)=-.04	r(100)= .00	r(100)=-.05	r(100)= .07	r(100)=-.05	r(100)= .09
Self	r(99)=-.13	r(100)=-.04	r(100)=-.14	r(100)=-.07	r(100)=-.07	r(100)= .03
Marital Relationship	r(99)=-.05	r(100)=-.01	r(100)=-.03	r(100)= .02	r(100)= .11	r(100)=-.06
Social Relationships	r(85)= .21**	r(85)=-.08	r(85)=-.18*	r(85)=-.07	r(85)=-.20**	r(85)=-.08
Total	r(77)= .01	r(77)=-.10	r(77)=-.11	r(77)=-.05	r(77)= .00	r(77)=-.05

Note: The number listed within parentheses is the number of subjects (n).

* The coefficient approached the .05 level of significance, $p = .050 - .059$.

** $p < .05$.

*** $p < .01$.

**** $p < .005$.

Hypothesis 2.b There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of satisfaction with the father role model.

The Pearson Product Moment correlations between the amount of satisfaction with a father role model and each of the role strain scales were not significant at the .05 level. The coefficients were as follows: Father Role, $r(90)=.05$; Baby, $r(100)=.00$; Self, $r(100)=-.04$; Marital Relationship, $r(100)=-.01$; Social Relationships, $r(85)=-.08$; and Total Role Strain, $r(77)=-.10$ (See Table 22).

The null hypothesis was accepted. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of satisfaction with the father role model.

Hypothesis 2.c There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of daily contact with infants.

The Pearson Product Moment correlations between the amount of daily contact with infants and each of the role strain scales were not significant at the .05 level. The coefficients were as follows: Father Role, $r(90)=-.08$; Baby, $r(100)=-.05$; Self, $r(100)=-.14$; Marital Relationship, $r(100)=-.03$; Social Relationships, $r(85)=-.18$; and Total Role Strain, $r(77)=-.11$ (See table 22).

Point biserial correlations were also computed for these variables as the sample distribution was skewed with 57% of the subjects reporting no daily contact with infants after the age of 10 years. The point biserial correlations between the amount of daily contact with infants (as measured by the presence or absence of such contact) and each of the role strain scales were not significant at

the .05 level.

The null hypothesis was accepted. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of daily contact with infants.

Hypothesis 2.d There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of experience babysitting infants.

The Pearson Product Moment correlations between the amount of experience babysitting infants and each of the role strain scales were not significant at the .05 level. The coefficients were as follows: Father Role, $r(90)=-.07$; Baby, $r(100)=.07$; Self, $r(100)=-.07$; Marital Relationship, $r(100)=.02$; Social Relationships, $r(85)=-.07$; and Total Role Strain, $r(77)=-.05$ (See Table 22).

Point biserial correlations were also computed for this variable as the sample distribution was skewed with 49% of the subjects reporting no experience babysitting infants. The point biserial correlations between the amount of experience babysitting infants (as measured by presence or absence of such experience) and each of the role strain scales were not significant at the .05 level.

The null hypothesis was accepted. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of experience babysitting infants.

Hypothesis 2.e There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of childbirth or parenting education classes.

The Pearson Product Moment correlations between the amount of childbirth or parenting education classes and five of the role strain scales were not significant at the .05 level. These coefficients were

as follows: Father Role, $r(90)=-.03$; Baby, $r(100)=-.05$; Self, $r(100)=-.07$; Marital Relationship, $r(100)=.11$; and Total Role Strain, $r(77)=.00$ (See Table 22). The Pearson Product Moment correlation between the amount of childbirth or parenting education classes and the Social Relationships scale was $r(85)=-.20$, which was significant at the .04 level.

The null hypothesis was rejected. There is a slight negative relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum regarding changes in his social relationships or ability to socialize since the birth of the baby and the amount of childbirth or parenting education classes.

Correlation ratios were also computed for this variable to test for non-linear relationships. The correlation ratio coefficients between the amount of childbirth or parenting education classes and each of the role strain scales were not significant at the .05 level.

Hypothesis 2.f There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of child care performed by the first-time father.

The Pearson Product Moment correlations between the amount of child care performed by the first-time father and five of the role strain scales were not significant at the .05 level. These coefficients were as follows: Baby, $r(100)=.09$; Self, $r(100)=.03$; Marital Relationship, $r(100)=-.06$; Social Relationships, $r(85)=-.08$; and Total Role Strain, $r(77)=-.05$ (See Table 22). The Pearson Product Moment correlation between the amount of child care performed by the first-time father and the Father Role scale was $r(90)=-.18$, which was significant at the .046 level.

The null hypothesis was rejected. There is a very slight negative relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum regarding his ability to meet infant and family needs through his nurturing and providing roles and the amount of child care performed by the first-time father.

Hypothesis 3. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and selected Social Support variables.

Each Social Support variable was intended to measure a different dimension of the support received by the first-time father following the baby's birth. Therefore, the sub-hypotheses were developed to measure the relationships between role strain and each selected variable.

Hypothesis 3.a There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of satisfaction with the marital relationship.

The Pearson Product Moment correlations between the amount of satisfaction with the marital relationship and each of the role strain scales were significant. These coefficients and their levels of significance were as follows: Father Role, $r(90) = -.35$, ($p = .001$); Baby, $r(100) = -.36$, ($p = .001$); Self, $r(100) = -.37$, ($p = .001$); Marital Relationship, $r(100) = -.49$, ($p = .001$); Social Relationships, $r(85) = -.21$, ($p = .025$); and Total Role Strain $r(77) = -.47$, ($p = .001$) (See Table 23).

The null hypothesis was rejected. There are moderate negative relationships between the amount of satisfaction with the marital relationship and the role strain expressed by the first-time father 6 to 10 weeks postpartum regarding: (1) his ability to meet infant and family through nurturing and providing roles; (2) selected actions or

Table 23
Pearson Product Moment Correlation Coefficients
Between Role Strain Scales and Social Support Variables

Role Strain Scales	Marital Satisfaction	Contact with Friends who are Parents	Contact with Extended Family	Help with House Chores	Help with Child Care	Support from Extended Family
Father Role	r(90)=-.35**	r(90)=-.06	r(90)= .11	r(90)= .27***	r(90)=.11	r(90)=-.21**
Baby	r(100)=-.36**	r(100)= .08	r(100)= .11	r(100)= .18**	r(100)=.07	r(100)=-.03
Self	r(100)=-.37**	r(100)= .01	r(100)=-.09	r(100)= .14	r(100)=.11	r(100)=-.12
Marital Relationship	r(100)=-.49**	r(100)=-.03	r(100)= .14	r(100)= .25***	r(100)=.05	r(100)=-.17**
Social Relationships	r(85)=-.21**	r(85)=-.07	r(85)=-.25**	r(85)=-.02	r(85)=.00	r(85)=-.04
Total	r(77)=-.47**	r(77)=-.05	r(77)= .00	r(77)= .31***	r(77)=.13.	r(77)=-.10

Note: The number listed within parentheses is the number of subjects (n).

*The coefficient approached the .05 level of significance, $p = .05 - .059$.

** $p < .05$.

*** $p < .01$.

**** $p < .005$.

characteristics of the baby; (3) changes in his personal self or personal life space occurring since the birth of the baby; (4) changes in his wife (or partner) or marital relationship occurring since the birth of the baby; and (5) changes in his social relationships or ability to socialize occurring since the birth of the baby. There is also a moderate negative relationship between the amount of satisfaction with the marital relationship and the overall (Total) role strain expressed by the first-time father 6 to 10 weeks postpartum.

Hypothesis 3.b There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of contact with close friends who are parents.

The Pearson Product Moment correlations between the amount of contact with close friends who are parents and each of the role strain scales were not significant at the .05 level. The coefficients were as follows: Father Role, $r(90) = -.06$; Baby, $r(100) = .08$; Self, $r(100) = .01$; Marital Relationship, $r(100) = -.03$; Social Relationships, $r(85) = -.07$; and Total Role Strain, $r(77) = -.05$ (See Table 23).

The null hypothesis was accepted. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of contact with close friends who are parents.

Hypothesis 3.c There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of contact with extended family.

The Pearson Product Moment correlations between the amount of contact with extended family and five of the role strain scales were not significant at the .05 level. These coefficients were as follows:

Father Role, $r(90)=.11$; Baby, $r(100)=.11$; Self, $r(100)=-.09$; Marital Relationship, $r(100)=.14$; and Total Role Strain, $r(77)=.00$ (See Table 23). The Pearson Product Moment correlations between the amount of contact with extended family and the Social Relationships scale was $r(85)=-.25$, which was significant at the .01 level.

The null hypothesis was rejected. There is a slight negative relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum regarding changes in his social relationships or ability to socialize occurring since the birth of the baby and the amount of contact with the extended family.

Hypothesis 3d. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of help with household chores received from extended family.

The Pearson Product Moment correlations between the amount of help with household chores received from extended family and two of the role strain scales were not significant at the .05 level. These coefficients were as follows: Self, $r(100)=.14$; and Social Relationships, $r(85)=-.02$ (See Table 23).

The Pearson Product Moment correlations between the amount of help with household chores received from extended family and four of the role strain scales were significant. These coefficients and their levels of significance were as follows: Father Role, $r(90)=.27$, ($p=.005$); Baby, $r(100)=.18$, ($p=.04$); Marital Relationship, $r(100)=.25$, ($p=.006$); and Total Role Strain, $r(77)=.31$, ($p=.003$).

The null hypothesis was rejected. There are slight positive relationships between the amount of help with household chores received from extended family and the role strain expressed by the

first-time father 6 to 10 weeks postpartum regarding: (1) his ability to meet infant and family needs through nurturing and providing roles; (2) selected actions or characteristics of the baby; and (3) changes in his wife (or partner) or marital relationship occurring since the birth of the baby. There is also a slight positive relationship between the amount of help with household chores received from extended family and the overall (Total) role strain expressed by the first-time father 6 to 10 weeks postpartum.

Hypothesis 3.e There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of help with child care received from extended family.

The Pearson Product Moment correlations between the amount of help with child care received from extended family and each of the role strain scales were not significant at the .05 level. The coefficients were as follows: Father Role, $r(90)=.11$; Baby, $r(100)=.07$; Self, $r(100)=.11$; Marital Relationship, $r(100)=.05$; Social Relationships, $r(85)=.00$; and Total Role Strain, $r(77)=.13$ (See Table 23).

The null hypothesis was accepted. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of help with child care received from extended family.

Hypothesis 3.f There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of support received from extended family.

The Pearson Product Moment correlations between the amount of support received from extended family and four of the role strain scales were not significant at the .05 level. These coefficients were

as follows: Baby, $r(100)=-.03$; Self, $r(100)=-.12$; Social Relationships, $r(85)=-.04$; and Total Role Strain, $r(77)=-.10$ (See Table 23).

The Pearson Product Moment correlations between the amount of support received from extended family and two of the role strain scales were significant. These coefficients and their levels of significance were as follows: Father Role, $r(90)=-.22$, ($p=.02$); and Marital Relationship, $r(100)=-.17$, ($p=.04$).

The null hypothesis was rejected. There are slight negative relationships between the amount of support received from extended family and the role strain expressed by the first-time father 6 to 10 weeks postpartum regarding: (1) his ability to meet infant or family needs through nurturing and providing roles; and (2) changes in his wife (or partner) or marital relationship occurring since the birth of the baby.

Hypothesis 4. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and selected Economic variables.

Each Economic variable was intended to measure a different dimension of the first-time father performing in the provider role. Therefore, the subhypotheses were developed to measure the relationships between role strain and each selected variable.

Hypothesis 4.a There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the level of family income.

The Pearson Product Moment correlations between the level of family income and each of the role strain scales were not significant at the .05 level. The coefficients were as follows: Father Role, $r(90)=-.11$; Baby, $r(100)=.01$; Self, $r(100)=.01$; Marital Relationship,

$r(100) = .08$; Social Relationships, $r(85) = -.03$; and Total Role Strain, $r(77) = .07$ (See Table 24).

The null hypothesis was accepted. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the level of family income.

Hypothesis 4.b There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the perceived amount of job security.

The Pearson Product Moment correlations between the perceived amount of job security and three of the role strain scales were not significant at the .05 level. These coefficients were as follows: Baby $r(100) = -.14$; Marital Relationship, $r(100) = -.08$; and Social Relationships, $r(85) = -.06$; (See Table 24).

The Pearson Product Moment correlations between the perceived amount of job security and three of the role strain scales were significant. These coefficients and their levels of significance were as follows: Father Role, $r(90) = -.29$, ($p = .003$); Self, $r(100) = -.21$, ($p = .02$); and Total Role Strain, $r(77) = -.19$, ($p = .045$).

The null hypothesis was rejected. There are slight negative relationships between the perceived amount of job security and the role strain expressed by the first-time father 6 to 10 weeks postpartum regarding: (1) his ability to meet infant and family needs through nurturing and providing roles; and (2) changes in his personal self or personal life space occurring since the birth of the baby. There is also a slight negative relationship between the perceived amount of job security and the overall (Total) role strain expressed by the first-time father 6 to 10 weeks postpartum.

Table 24

Pearson Product Moment Correlation Coefficients
Between Role Strain Scales and Economic Variables

Role Strain Scales	Level of Family Income	Perceived Job Security	Perceived Potential for Career Advancement
Father Role	r(90)=-.11	r(90)=-.29****	r(90)=-.44****
Baby	r(100)= .01	r(100)=-.14	r(100)=-.22**
Self	r(100)= .10	r(100)=-.21**	r(100)=-.25***
Marital Relationship	r(100)= .08	r(100)=-.08	r(100)=-.26***
Social Relationships	r(85)=-.03	r(85)=-.06	r(85)= .04
Total	r(77)= .07	r(77)=-.19**	r(77)=-.33****

Note: The number listed within parentheses is the number of subjects (n).

*The coefficient approached the .05 level of significance, p= .050 - .059.

** p < .05.

*** p < .01.

**** p < .005.

Hypothesis 4.c There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and perceived potential for career advancement.

The Pearson Product Moment correlations between the perceived potential for career advancement and the Social Relationships scale was $r(85) = .04$, which was not significant at the .05 level (See Table 24).

The Pearson Product Moment correlations between perceived potential for career advancement and five of the role strain scales were significant. These coefficients and their levels of significance were as follows: Father Role, $r(90) = -.44$, ($p = .001$); Baby, $r(100) = -.22$, ($p = .02$); Self, $r(100) = -.25$, ($p = .006$); Marital Relationship, $r(100) = -.26$, ($p = .005$); and Total Role Strain, $r(77) = -.33$, ($p = .022$).

The null hypothesis was rejected. There are slight to moderate negative relationships between the perceived potential for career advancement and the role strain expressed by the first time father 6 to 10 weeks postpartum regarding: (1) his ability to meet infant and family needs through nurturing and providing roles; (2) selected actions or characteristics of his baby; (3) changes in his personal self or personal life space occurring since the birth of the baby; and (4) changes in his wife (or partner) or marital relationship occurring since the birth of the baby. There is also a slight negative relationship between the perceived potential for career advancement and the overall (Total) role strain expressed by the first-time father 6 to 10 weeks postpartum.

In summary, testing of the research questions identified specific items of expressed role strain in the areas Father Role, Baby, Self, Marital Relationship, and Social Relationships. However, the scale

mean scores of each of the above areas did not indicate expressed role strain for the first-time father 6 to 10 weeks postpartum.

Testing of the hypotheses indicated there were statistically significant relationships between the expressed role strain of the first-time father 6 to 10 weeks postpartum (as measured by the scales Father Role, Baby, Self, Marital Relationship, Social Relationships, and Total Role Strain) and the following variables: (1) the Experiential variables, amount of contact with a father role model, amount of childbirth or parenting education classes, and amount of child care performed by the first-time father; (2) the Social Support variables, amount of satisfaction with the marital relationship, amount of contact with extended family, amount of help with household chores received from extended family, and amount of support received from extended family; and (3) the Economic variables, perceived job security, and perceived potential for career advancement.

Significant relationships were not determined between the expressed role strain of the first-time father 6 to 10 weeks postpartum (as measured by the scales Father Role, Baby, Self, Marital Relationship, Social Relationships, and Total Role Strain) and the following variables: (1) age of the father; (2) age of the infant; (3) number of years married; (4) level of education; (5) amount of satisfaction with the father role model; (6) amount of daily contact with infants; (7) amount of experience babysitting infants; (8) amount of contact with close friends who are parents; (9) amount of help with child care received from extended family; and (10) level of family income.

Extraneous Variables

The extraneous variables of the study were also evaluated to determine if any relationships existed between the extraneous variables and the role strain expressed by the first-time father 6 to 10 weeks postpartum. Point biserial and Pearson Product Moment correlations were computed between the extraneous variables and each of the role strain scales. See Appendix F for definitions of the extraneous variables and Table F.1 for correlations computed between extraneous variables and the role strain scores.

The point biserial correlation between the father's perception of the infant's health during the hospitalization (EV 4) and the Baby scale was $r_{pbis}(100) = .18$, which was significant at the .04 level (See Appendix F, Table F.1). Thus, there is a very slight relationship between the role strain expressed by the first-time father at 6 to 10 weeks postpartum regarding actions or characteristics of the baby and the father's perception of the baby's health during the hospitalization period. Fathers who perceived their infants to have no problems expressed significantly more role strain. The majority of the fathers in this study (96%) perceived their infants had no serious health problems during the hospitalization period.

The point biserial correlations between the father's employment status (EV 7) and the Self scale was $r_{pbis}(99) = .18$, which was significant at the .04 level (See Appendix F, Table F.1). Thus, there is a very slight relationship between the role strain expressed by the first-time father at 6 to 10 weeks postpartum regarding changes in his personal self or personal life space occurring

since the baby's birth and the father's employment status. Unemployed fathers expressed significantly more role strain. The majority of the fathers in this study (92.9%) were employed.

The point biserial correlations between the father's employment seeking status (EV 8) and the Social Relationships scale was $r_{pbis} (80) = .26$, which was significant at the .01 level (See Appendix F, F.1). Thus, there is a slight relationship between the role strain expressed by the first-time father at 6 to 10 weeks postpartum regarding changes in social relationships or ability to socialize and the father's employment seeking status. Fathers who were not seeking employment expressed significantly more role strain. The majority of fathers in this study (84.2%) were not seeking employment.

The point biserial correlation between the father's student status (EV 9) and the Self scale was $r_{pbis} (99) = .20$, which was significant at the .03 level (See Appendix F, Table F.1). Thus, there is a slight relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum regarding changes in personal self or personal life space since the baby's birth and the father's student status. Fathers who are not students expressed significantly more role strain. The majority of the fathers in this study (75.8%) were not students.

In summary, there were significant relationships demonstrated between the role strain expressed by the first-time father 6 to 10 weeks postpartum and: (1) the father's perception of the infant's health during the hospitalization period; (2) the father's employment status; (3) the father's employment seeking status; and (4) the

father's student status.

Summary

In Chapter V data were presented that described the study sample and identified expressed role strain of the first-time father 6 to 10 weeks postpartum. Relationships between the expressed role strain of the first-time father 6 to 10 weeks postpartum (as measured by the scales, Father Role, Baby, Self, Marital Relationship, Social Relationships, and Total Role Strain) and selected Developmental, Experiential, Social Support, and Economic variables were reported. Extraneous variables were correlated and reliability coefficients were reported for the role strain scales.

In Chapter VI the research study and the data presented in Chapter V is summarized. In addition, conclusions are drawn and recommendations for nursing are made.

CHAPTER VI

SUMMARY OF FINDINGS

Overview

In Chapter VI, findings of the research study are summarized and an interpretation of the findings is presented. In addition, conclusions are drawn and recommendations for nursing practice, education, and future research are made.

Summary and Interpretation of Findings

Descriptive Findings of the Study Population

The father role is receiving increasing attention by health care providers and the public alike, but little research literature is available to describe areas of role strain specific to the first-time father and factors influencing his role strain. Eight studies of primarily small sample populations (20-50 fathers) are available that describe the transition of parenthood (LeMasters, 1957; Dyer, 1963; Hobbs, 1965; Hobbs, 1968; Russell, 1974; Farber, 1975; Hobbs and Cole, 1976; and Wente and Crockenberg, 1976).

The fathers in this study sample of 100 subjects ranged in age from 19 to 35 years, with a mean age of 27 years, similar to subjects in Hobbs' (1965, 1968), and Hobbs and Coles' (1976) investigations but different from Russell's (1974) wider range of 17 to 47 years, and LeMaster's (1957) or Dyer's (1963) more narrow range of 25 to 35

years. The study infants ranged from 6 to 10 weeks old with a mean age of 8 weeks, which was younger and more restricted in age range than in previous investigations.

With the exception of LeMasters (1957) and Dyer (1963), the study sample was similar to earlier investigations in its wide range of incomes and levels of education. It is important to note that 16% of the fathers did not attend childbirth or parenting classes. Other studies drawing their samples primarily from prenatal education classes have had difficulty obtaining subjects representative of the general population and have suggested that the lower socio-economic groups are present less often in such classes (Farber, 1975).

Though the study sample included a wide range of socio-economic groups, the sample was primarily middle-class. The majority of subjects were white, attended college, married at about 24 years of age delayed childbearing for 3 years, had an annual family income between \$21,000 and \$25,000, were employed or studying in occupations considered "professional status", and perceived their jobs to be fairly secure.

The present study placed more strict controls on certain extraneous variables as compared with previous investigations. The subjects, their wives (or partners), and their biologic infants were without serious or chronic illnesses. The babies were full term and healthy. Each of the subjects' wives (or partners) had a relatively normal pregnancy, labor with vaginal delivery, and postpartal course. Certain complications of pregnancy, labor and delivery, or postpartum, as discussed in Chapter IV, were excluded from the study for one or all of the following reasons: (1) the increased physical risks to the

mother and or infant; (2) the increased psychological risks associated with high stress or potentially threatened parental-infant bonding; or (3) the definition of "normal" associated with the standard of practice in this community. Finally, subjects lived with only their wives (or partners) and infants, no other persons had permanent residence in the home.

Research Questions and Hypotheses

The research questions and hypotheses are discussed below. Hypotheses are stated in the null form and are followed by a brief discussion of the expected relationships between study variables.

Research Question 1. Can role strain of the first-time father 6 to 10 weeks postpartum be identified in selected areas?

With entrance into parenthood a man experiences changes in the form of a new father role, a new counterrole--the baby, as well as alterations in his personal self, his marital and social relationships. These areas of change are likely to be the sources of role strain for the first-time father and were measured by the role strain scales, Father Role, Baby, Self, Marital Relationship, and Social Relationships. Research subquestions were developed to test for role strain in each of these areas. Likert's method of summated ratings, as discussed in Chapter IV, was used to test the research questions.

Question 1.a Can role strain of the first-time father
6 to 10 weeks postpartum be identified in the area
Father Role?

Role Strain regarding the Father Role is defined as the concerns expressed by the first-time father regarding his ability to meet infant and family needs through his nurturing and providing roles.

The data indicates that role strain regarding specific aspects of the Father Role was identified for up to 48% of the study sample. However, for sample as a whole, role strain was not identified on either individual Father Role items or in the general area of the Father Role.

The identified items of expressed role strain on the Father Role scale related to some of the providing and nurturing aspects of the Father Role (i.e. increased financial expenses and caring for a sick baby). As these items are obligations of the father role, it follows that the father may express concern about them if experiencing difficulty in meeting the obligations. However, the father could also report role strain about things which he had not yet confronted and worked through (i.e. caring for a sick infant). Such anticipated role strain on the part of the father would reflect limited self-confidence in the new role.

While concerns were expressed about the father role, in general, the father was not concerned about his ability to provide daily physical care or meet his infant's emotional needs. Perhaps by 6 to 10 weeks postpartum role strain regarding routine infant care, if once present, is resolved. Or it may be that at 6 to 10 weeks postpartum the new mother performs most of the newborn's care and the new father "helps" with simpler tasks.

These findings are in part consistent with those of previous investigations. LeMasters (1957), Dyer (1963), Hobbs (1965, 1968), Russell (1974), and Hobbs and Cole (1976) each indicated that financial concerns were frequently reported by the new father. Role strain items which addressed concerns about nurturing aspects of the

father role such as the amount of time spent with the baby or caring for a sick infant, were not explored by earlier investigators.

The extent of expressed role strain identified by this study was less than anticipated. This finding may reflect the middle-class nature of the sample. Perhaps greater role strain would have been expressed about financial concerns had lower socio-economic classes been better represented in the study.

Investigators have hypothesized the existence of a "baby honeymoon" period (Feldman as cited in Hobbs, 1968; Wente and Crockenberg, 1976) during which new parents fail to experience or gloss over the difficulties associated with the transition to parenthood. Failure to identify much expressed role strain 6 to 10 weeks postpartum in the Father Role area may lend support to the "baby honeymoon" hypothesis.

Hobbs (1968) reports that new parents expressed significantly greater difficulty adjusting to parenthood during interviews than on questionnaires. The "rapport" established in an interview is often necessary to overcome a subject's tendency to respond in a socially desirable way, particularly where content is of a sensitive nature as with feelings about parenthood and marriage. Failure to identify much expressed role strain in the area of the Father Role may be due to the somewhat limited instrument reliability, or to threats to validity such as response bias or the bias of social desirability.

Question 1.b Can role strain of the first-time father
6 to 10 weeks postpartum be identified in the area
Baby?

Role strain regarding the Baby is defined as the concerns expressed by the first-time father regarding selected characteristics

or actions of his baby. The data indicates that some items of role strain regarding the Baby were identified. However, for the sample as a whole, role strain was not identified in the general area of the Baby, as indicated by the Baby scale mean score.

The identified items of expressed role strain on the Baby scale related to anger towards the baby, the baby's sleeping habits, and the baby's appearance, intelligence, and personality. Such items were not explored by previous investigators. However, the father's concern about his anger towards the baby may reflect anxiety about the extent of hostility he is capable of feeling towards the helpless newborn and the possible physical or emotional consequences these feelings may have on his infant or the father-child relationship. On the other hand, the father may not have experienced anger towards the infant by 6 to 10 weeks postpartum. Nonetheless, he may worry how such emotions will be handled when they arise.

Concern about the infant's intelligence, personality, or appearance may reflect unrealistic or unclear expectations on the part of the first-time father. Or, realizing the impact intelligence, personality, and appearance have on one's social acceptance and success in life, the new father may closely observe and be concerned about the outcome of these yet undeveloped characteristics of the child.

The one "baby" type of concern examined and identified as a frequent problem by previous researchers (Hobbs, 1965; Russell, 1974) was the amount of time and work demanded by the baby. However, in this study only 16% of the subjects indicated this to be an item of role strain. Perhaps this discrepancy reflects the different infant

age ranges used by the studies at the time of investigation. At 6 to 10 weeks postpartum the father is typically less involved in child care than when the infant is older. Thus, his baby related concerns may be less at this time.

The extent of expressed role strain identified by the study was less than anticipated. Failure to identify greater role strain in the area of the Baby could be secondary to the hypothesized baby honeymoon phenomena. Or perhaps many of the items within the Baby scale are not relevant at 6 to 10 weeks postpartum. Finally, limited instrument reliability or threats to validity could also have contributed to the small amount of identified role strain.

Question 1.c Can role strain of the first-time father
6 to 10 weeks postpartum be identified in the area
Self?

Role strain regarding the Self is defined as the concerns expressed by the first-time father regarding changes in his personal self or personal life space occurring since the birth of the baby. The data indicates that role strain regarding specific aspects of the changes in the father's personal self or personal life space was identified. However, for the sample as a whole, role strain was not identified in the general area of the Self.

The identified items of expressed role strain on the Self scale included increased responsibility, interrupted sleep habits and fatigue, inability to accomplish goals, missing previous life style, general disorganization, and feeling edgy or emotionally upset. Previous research by LeMasters (1957), Dyer (1963), Hobbs (1965, 1968) Russell (1974), and Hobbs and Cole (1976) confirmed one or more of these items of role strain for new fathers. Thus, as discussed in

Chapter II, it would seem that the first-time father does experience role strain related to both acquisition of the new father role with its associated increased responsibilities, and loss of his young adult male role with his established sleep habits, emotional status, relative organization, goals, and life-style.

Though the extent of identified expressed role strain regarding the Self was less than anticipated, more role strain was expressed regarding the changes in the personal self or personal life space than about other dimensions of role strain. The nature of the identified concerns also differed from at least two of the other scales (Marital Relationship and Social Relationships) in that some of the concerns regarding Self suggest a degree of thought or introspection on the part of the father (i.e. concern for ability to accomplish previously determined goals). Whereas, on the Marital and Social Relationships scales (see pages 206 and 208) identified items of expressed role strain focused on acutely experienced, easily labeled concerns (i.e. baby making too much noise in public places, less time alone with wife, wife more moody). Perhaps the new father, bombarded with a variety of new experiences, is better able to identify and express changes which are closest to him, involving his personal self.

Possible failure to identify more role strain in the area Self, again could be secondary to the hypothesized baby honeymoon phenomena, or due to the somewhat limited instrument reliability or threats to validity.

Question 1.d Can role strain of the first-time father
6 to 10 weeks postpartum be identified in the area
Marital Relationship?

Role strain regarding the Marital Relationship is defined as the concerns expressed by the first-time father regarding physical or emotional changes in his wife (or partner) and changes in the marital dyad relationship occurring since the birth of the infant. The data indicate that role strain regarding these changes was identified for up to 40% of the study sample. However, for the sample as a whole, role strain was not identified on either individual items or in the general area of the Marital Relationship.

The two identified items of expressed role strain on the Marital Relationship scale were concerns about having less time alone with the wife and the wife being more moody. In evaluating items within the Marital Relationship scale, it would follow that these two concerns would be among the first signs of stress in the marital dyad associated with the adjustment to parenthood. It would seem that concerns regarding arguments, lessened spouse support, feeling out of touch with one's partner, or feeling too tired to make an effort towards improving the marital relationship might be concerns occurring after prolonged marital stress, possibly later than 6 to 10 weeks postpartum. While prenatal education might limit the father's concerns about his wife's (or partner's) appearance or sexual responsiveness at 6 to 10 weeks after her delivery, such classes, not focusing on the marital dyad, are less able to decrease the father's frustration regarding less time with his wife (or partner) or her emotional lability.

Although each of the above mentioned investigators evaluated adjustment difficulties pertaining to the marital relationship, only Hobbs and Cole (1976) found some of the marital concerns to be among

the frequently reported problem areas. The items which Hobbs and Cole reported (decreased sexual responsiveness of wife, feeling more distant from wife, and worry about wife's personal appearance in general) were confirmed by less than 20% of this study's sample.

The fact that so little role strain was identified by subjects in the Marital Relationship area might be explained by reference to Abraham Maslow's concept of a hierarchy of needs, physical needs taking priority over affiliative or affectional needs. Perhaps at 6 to 10 weeks postpartum the first-time father is caught up in the rush of changes and new demands and has little time to consider his marital relationship, which is lower in priority relative to sleep or interacting with the newborn. Or it is quite possible that the father's expectations of his wife's (or partner's) appearance or sexual responsiveness are minimal at 6 to 10 weeks postpartum following the birth event, or that the couple has not yet resumed regular sexual habits.

Wente and Crockenberg (1976) have further suggested that because of the nature and complexity of intimate relationships, experiences are not interpreted as a difficulty until some time has lapsed. This may be because the husband-wife relationship is not based on a single event but on a series of events over time, and on the quality of intimacy that characterizes those events (Wente and Crockenberg, 1976). Thus, the new father may quickly realize that limited time alone with his wife (or partner) is a problem or that his wife (or partner) has become moody, but take longer than 6 to 10 weeks to recognize significant changes in the quality of the marital relationship. Additionally, acknowledging the presence of significant

changes in his marital relationship may be too threatening, therefore the father may choose to ignore their presence.

Again, failure to identify greater role strain in the area Marital Relationship could be secondary to the hypothesized baby honeymoon phenomena or due to somewhat limited instrument reliability or threats to validity.

Question 1.e Can role strain of the first-time father
6 to 10 weeks postpartum be identified in the area
Social Relationships?

Role strain regarding Social Relationships is defined as the concerns expressed by the first-time father regarding changes in his relationships with friends, family, or co-workers, or his ability to socialize since the birth of the infant. The data indicate that role strain regarding specific aspects of the changes in social relationships or ability to socialize was identified. However, for the sample as a whole, role strain was not identified in the general area of the Social Relationships.

The three identified items of expressed role strain on the Social Relationships scale were concerns about the baby making too much noise in public places, wife's nursing in public, and wife's breast being exposed while nursing around others. In such circumstances as the infant making noise in public or the wife breastfeeding around others, the father may worry how others perceive himself and his family and fear that his social relationships with these persons will change.

Previous research did not address the concerns mentioned above but did indicate that "decreased contact with friends" (Hobbs, 1965; Hobbs & Cole, 1976) and "interference from in-laws" (Hobbs & Cole,

1976; Russell, 1974) were found to be areas of difficulty for new fathers. These findings are in part supported by this study as 28% of the sample expressed role strain regarding less contact with friends, but only 13% felt concern about conflict or interference from parents or in-laws related to the baby.

The types of concerns expressed by the subjects regarding the area of Social Relationships tended to be those which could be felt acutely in a single episode, or easily recognized, such as the baby crying in church or the wife's breast exposed. Perhaps the 60 to 75% of the sample who did not express concern about alterations in their social life (items 25, 28, 35, and 47) are either meeting affiliative and affectional needs through the wife (or partner) and child or are so busy meeting more basic physical needs that they have not yet fully realized the change in their social relationships.

Finally, possible failure to identify greater role strain in the Social Relationships scale as a whole could again be a result of limited test reliability or due to threats to test validity.

In summary, the data from the study indicates that the first-time father does report role strain at 6 to 10 weeks postpartum. However, the degree of expressed role strain is not extensive during this period of time. It would seem that between 6 and 10 weeks postpartum the new father may be experiencing the baby honeymoon phenomena and thus reporting relatively small amounts of role strain.

The role strain expressed by the first-time father in this research study involved nurturing and providing aspects of the father role as well as selected characteristics of the baby. Role strain was

also expressed regarding the changes which had occurred since the birth of the baby in the father's personal self or personal life space, his social relationships, and to a lesser extent his wife (or partner) or marital relationship.

Hypothesis 1. There is no relationship between the role strain expressed by the first-time father at 6 to 10 weeks postpartum and selected Developmental variables.

Each Developmental variable, though conceptually related, measured a different dimension of the first-time father's physical or mental maturation. Therefore, the subhypotheses were developed to explore the relationships between selected Developmental variables and the role strain of the first-time father as measured by the scales Father Role, Baby, Self, Marital Relationship, Social Relationships, and Total Role Strain. Pearson Product Moment correlations and a .05 level of significance were used in examining the variable relationships.

Hypothesis 1.a There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the age of the father.

Aging is a process of biologic, psychologic, and social growth with developmental stages through which individuals advance. Progression through these stages is dependent on successful accomplishment of developmental tasks. Younger men are more likely to be dealing with earlier developmental tasks than older men who are more likely to have accomplished these tasks and are prepared to engage in later more complex tasks associated with parenthood. Thus, it was anticipated that role strain of the first-time father would be inversely related to the age of the father, the younger father experiencing relatively more role strain. However, the null

hypothesis was accepted, as no relationship was observed between the age of the father and the expressed role strain of the first-time father.

This finding corroborates the results of Dyer (1963) and Hobbs (1965 and 1968). However, the finding is divergent from those of Russell (1974) and Farber (1975) who observed an inverse relationship between the age of the father and difficulty in adjusting to parenthood. Perhaps Russell's larger sample ($n=271$) and wider age range (18 to 47 years) permitted detection of the relationship, a relationship which may be readily overshadowed by other variables. In this study the fathers' actual ages ranged from 19 to 35 years with a mean of 27. Only 6.2% (adjusted percentage) of the subjects were less than 22 years old. These observations suggest that the fathers were relatively older at the advent of parenthood. They would likely have completed earlier developmental tasks (i.e. of late adolescence) and were prepared to engage in tasks associated with parenthood. Thus, the study sample probably lacked sufficient age variability, particularly on the younger end of the age continuum, to demonstrate a relationship between father's age and expressed role strain.

Hypothesis 1.b There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the age of the infant.

As the infant ages he develops and his needs and demands change. Likewise, as the infant ages the new father develops in his role, becoming more experienced and proficient. In addition, with the passage of time household routines and patterns of sleep are established. Thus, it was anticipated that as the infant aged role strain would lessen. However, the null hypothesis was accepted as no

relationship was observed between the age of the infant and expressed role strain of the first-time father.

Previous research, using infants of widely varying ages, has yielded conflicting results. This study has contributed to knowledge in his area by demonstrating a lack of relationship between the role strain of the new father and the infant age range of 6 to 10 weeks postpartum. A plausible explanation for this finding could be that the study's infant age range of 4 weeks was too narrow to exhibit a relationship. Equally plausible could be the hypothesis of a baby honeymoon. Finally, as the infant ages, new needs and demands arise with which the new father must keep pace. Likewise, these changes require new dimensions of the father's role to evolve. At 6 to 10 weeks postpartum the first-time father may have experienced few dimensions of his role, or may still be too inexperienced to readily adjust to these changes, thus the level of role strain would remain constant.

Hypothesis 1.c There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the number of years married.

The number of years married or committed to an ongoing intimate relationship indicates the length of time which the couple has been a family. It was anticipated that the longer a couple was married the more time they would have had to accomplish developmental tasks of the married couple stage in preparation for tasks of the childbearing stage. Thus, the longer a man was married the less role strain he would experience in transition to fatherhood. The null hypothesis was accepted as no relationship was observed between the number of years married and the role strain expressed by the first-time father.

Previous research into the relationship between the adjustment difficulty of parenthood and number of years married was conducted during varying periods of the postpartum and yielded conflicting results (Hobbs & Cole, 1976; Russell, 1974; Dyer, 1963; and Farber, 1975). Failure to detect a linear or non-linear relationship between variables suggests either inadequate measurement or analysis, or lack of relationship. If there is an actual lack of relationship between number of years married and expressed role strain, perhaps the newborn disrupts the firmly established lifestyle of the couple married many years, as well as the young married couple trying to establish a mutually agreeable lifestyle. In either case role strain could be present and the relationship between number of years married and role strain would remain constant.

An alternative explanation of the lack of relationship observed between number of years married and expressed role strain may be that some fathers married for several years did not desire or plan their wives' (or partners') pregnancies. If the extent to which pregnancy is planned or desired is related to adjustment difficulty, as found by Dyer (1963), Russell (1974), and Farber (1975), then these variables may have obscured the relationship between number of years married and expressed role strain. Failure to control for the affects of these variables represents a limitation of this study.

As previously described, when only subjects married 3 and more years were tested, a slight negative relationship was observed. Failure to observe either a linear or non-linear relationship when subjects married less than 3 years were added to the correlation suggests these subjects simply added randomness (responses did not

follow a meaningful pattern), blurring the observation of the relationship between the number of years married and the expressed role strain. However, such inadvertent findings require further testing with a new study sample.

Hypothesis 1.d There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the level of education.

Education was also considered a developmental variable as it is a growth process, each level building on knowledge of the previous level. As the educational process encourages awareness of resources, problem-solving and decision-making skills, which may facilitate reduction of role strain, it was anticipated that the level of education would be inversely related to the role strain of the first-time father. However, no relationship was observed between the level of education and expressed role strain of the first-time father, thus the null hypothesis was accepted.

The finding regarding level of education was consistent with most of the results of previous investigations (Hobbs, 1965, 1968; Russell, 1974; Farber, 1975; and Hobbs & Cole, 1976). Possibly persons of different levels of education differed qualitatively in their concerns about parenthood. Or perhaps the variable, level of education, was overshadowed by other variables.

In summary, it would appear that the Developmental variables do not play a significant role in the expressed role strain of the first-time father 6 to 10 weeks postpartum. However, as the majority of this study sample was middle-class (class was defined according to Rubin, 1976) who are, theoretically speaking, better prepared in the items within the Developmental category (i.e. as they were relatively

older, married longer, and well-educated they were in theory more prepared to address the developmental tasks of parenthood), their transition to parenthood may have been easier than fathers of a lower socio-economic class. Perhaps more correlations would have been evident if the sample was randomized across class lines, thereby increasing variability of responses.

Hypothesis 2. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and selected Experiential variables.

Each Experiential variable was intended to measure a different dimension of the first-time father's experience and maturation in the father role. Therefore, the subhypotheses were developed to explore the relationships between each selected Experiential variable and the role strain of the first-time father as measured by the scales, Father Role, Baby, Self, Marital Relationship, Social Relationships, and Total Role Strain. Pearson Product Moment correlations and a .05 level of significance were used in examining the variable relationships.

Hypothesis 2.a There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of contact with a father role model.

Hypothesis 2.b There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of satisfaction with the father role model.

Anticipatory socialization, including role modeling, may facilitate the reduction of role strain as long as what is anticipated is in fact congruent with the subsequent experience of the role. Thus, it was expected that the amount of contact with a father role model would be inversely related to the expressed role strain of the

first-time father. For similar reasons, it was also expected that the new father who perceived his own father enacted the father role accurately would be satisfied with his father role model, and would express less role strain than the man who was not satisfied with his father role model. Thus, an inverse relationship was anticipated between role strain and satisfaction with a father role model.

The null hypothesis was rejected for Hypothesis 2a as a slight but significant positive relationship was observed between the amount of contact with a father role model and role strain expressed by the first-time father regarding changes in his social relationships or ability to socialize occurring since the birth of the baby. Statistically significant relationships were not found between the amount of contact with a father role model and any of the other role strain scales.

The slight positive correlation observed between the amount of contact with a father model role and role strain regarding changes in the father's social relationships is difficult to interpret. Perhaps the men who had much contact with a father figure learned more traditional parenting roles which were not congruent with today's father role. Thus, certain aspects of parenting which are changing may have resulted in greater role strain. For example, the new father whose wife (or partner) breastfeeds in public may feel anxious, wondering how others perceive and will react to himself and his wife (or partner). On the other hand, a third variable may be involved. These men may have maintained more contact with their fathers for reasons which also influence their adjustment to parenthood. It is also plausible that men who had much contact with a father role model

recognized areas of difficulty more readily because of insight gained through such contact. Similarly, as a result of such contact, these men may have realized the normality of the stresses and strains of parenthood, and have been willing to admit to these adjustments. Thus, the social desirability effect of the questionnaire data may have been decreased.

The null hypothesis was accepted for Hypothesis 2b, as there was no relationship between satisfaction with a father role model and the expressed role strain of the first-time father. This observation differs from results of previous study. Farber (1975) reported that the transition to parenthood was less difficult where fathers were relatively unsatisfied with their father role models. In explanation, Farber notes that all his subjects were LaMaze trained, and may have valued active participation and involvement in the events of early parenthood. Thus, the subjects may have evaluated their own fathers negatively on the basis of their failure to have done the same. The present study had a more diverse sample including 16 fathers who had no childbirth or parenting classes whatsoever. Perhaps the heterogeneity of the sample obscured the relationship observed by Farber.

Hypothesis 2.c There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of daily contact with infants.

Hypothesis 2.d There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of experience babysitting infants.

Hypothesis 2.f There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of child care performed by the first-time father.

As babysitting and daily contact with infants provides a man or boy with the opportunity to rehearse the father role and thereby potentially alleviate role strain, it was anticipated that the amount of daily contact with infants and or experience babysitting infants which a father had prior to parenthood would be inversely related to his expressed role strain. Likewise, as role rehearsal can continue after the birth event, it was expected that the amount of child care performed by the first-time father would be inversely related to his expressed role strain.

The null hypothesis was rejected for hypothesis 2f, as a slight but significant negative relationship was observed between the amount of child care performed by the first-time father and role strain regarding his ability to meet infant and family needs through nurturing and providing roles. Statistically significant relationships were not detected between the amount of child care performed by the first-time father and any of the other role strain scales. The null hypotheses was accepted for both hypothesis 2c and 2d, as no relationships were observed between the amount of daily contact with infants or the amount of experience babysitting infants and expressed role strain on any of the scales.

Fein's (1976) conclusion that for some men the process of performing child care for their infants may have facilitated the adjustment to parenthood as demonstrated by decreased levels of anxiety was reaffirmed by this study. Likewise, Farber's (1975) findings that neither the extent of babysitting experience or extent of experience in caring for an infant sibling was related to the ease of transition to parenthood were also reaffirmed by this study.

Perhaps babysitting experience or daily contact with infants prepares one to provide physical and emotional care and gives the person some knowledge of child development. However, it is less likely that such experience, being only a short term commitment at best, can prepare the father for the changes which occur in his personal self, his marital and social relationships, or for all the demands placed upon him by the infant and the father role. By 6 to 10 weeks postpartum the father would probably have learned and developed moderate skill in providing physical and emotional comfort to his newborn, particularly the father who performed much child care. Thus, effects of previous child care experience may not be demonstrable at 6 to 10 weeks postpartum. The fact that 57% of the sample had no contact with infants after the age of 10 years and 49% never babysat an infant, yet only 4% expressed concern about their ability to provide their infants either physical or emotional care, would lend support to this interpretation.

Hypothesis 2.e There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of childbirth or parenting education classes.

Reference groups, another component of role socialization may provide information and advice regarding the new or anticipated role, as well as provide emotional and various forms of tangible support, and role models, thereby reducing the incumbent's role strain. As childbirth or parenting education classes may serve as a reference group for the father, it was expected that the amount of childbirth or parenting education classes attended by the first-time father would be inversely related to his expressed role strain.

The null hypothesis was rejected as a slight but significant negative relationship was observed between the amount of childbirth or parenting education classes and the role strain expressed by the first-time father regarding changes in his social relationships or ability to socialize, occurring since the birth of the baby. This finding may indicate that through attending childbirth or parenting education classes, fathers learn to anticipate changes in their social relationships and thus experience less role strain when such changes occur. It could also be that classmates tend to socialize following their deliveries, thereby reducing role strain. However, the variable contact with close friends who are parents was not related to expressed role strain making this explanation less plausible. Finally, it may be that outgoing couples seek out more extensive involvement in childbirth classes and that their lesser expressed role strain regarding social relationships is due to their personalities.

Statistically significant relationships were not found between the amount of childbirth or parenting education classes and any of the other role strain scales.

This study's results regarding childbirth classes are basically similar to Dyer's (1963) finding that new parents who attended preparation for marriage courses experienced less crisis than parents who did not attend such classes. Similarly, Russell (1974) noted that the more actively men prepared for parenthood the greater the number of rewards they reported. However, Russell also found no relationship between preparation for parenthood and difficulty in adjusting to parenthood. Perhaps previous researchers, as discussed in Chapter

III, who did not observe a relationship between childbirth classes and role strain failed to include sufficient role strain or difficulty items to detect a relationship.

In summary, it seems that the extent of experience and maturation in the father role, as measured by the selected Experiential variables, does not play a dominant role in the expressed role strain of the first-time father 6 to 10 weeks postpartum.

Hypothesis 3. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and selected Social Support variables.

Each Social Support variable was intended to measure a different dimension of the support received by the first-time father following the baby's birth. Therefore, the subhypotheses were developed to explore the relationships between each selected Social Support variable and the role strain of the first-time father as measured by the scales, Father Role, Baby, Self, Marital Relationship, Social Relationships, and Total Role Strain. Pearson Product Moment correlations and a .05 level of significance were used in examining the variable relationships.

Hypothesis 3.a There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of satisfaction with the marital relationship.

As a member of the new father's reference group, the wife (or partner) may model parenting skills, give information and advice, and provide physical and emotional support to her husband, thereby reducing his role strain. According to Duvall (1971), supporting the husband in the father and husband roles is a task of the wife. The husband who feels his wife (or partner) is appropriately performing

her role, with its associated tasks (i.e. being supportive), is likely to feel satisfied with his marital relationship (Smart & Smart, 1976). Thus, it was anticipated that such emotional or physical support, as received within a satisfactory marital relationship would be inversely related to the role strain expressed by the first-time father.

The null hypothesis was rejected as significant moderate negative relationships were observed between the amount of satisfaction with the marital relationship and the role strain expressed by the first-time father 6 to 10 weeks postpartum regarding: (1) his ability to meet infant and family needs through providing and nurturing roles; (2) selected characteristics or actions of the baby; (3) changes in his personal self or personal life space occurring since the birth of the baby; (4) changes in the wife (or partner) or marital relationship occurring since the birth of the baby; and (5) changes in his social relationships or ability to socialize occurring since the birth of the baby. A significant moderate negative relationship was also observed between the amount of satisfaction with the marital relationship and the Total Role Strain expressed by the first-time father.

This study's findings of an inverse correlation between marital satisfaction and the expressed role strain of new fathers confirms the results of Hobbs (1968), Russell (1974), Farber (1975), Hobbs and Cole (1976), and Wente and Crockenberg (1976) who found a negative relationship between marital adjustment or satisfaction and adjustment difficulty associated with the transition to parenthood. Only LeMasters (1957) and Hobbs (1965), who employed relatively insensitive measures which limited subject variability, failed to observe this relationship. The fact that the variable marital satisfaction

correlated more strongly than any of the other independent variables over all the role strain scales lends support to Farber and Wente and Crockenbergs' conclusion that the marital relationship is one of the best indicators of the extent of difficulty (and thus role strain) encountered in adjusting to parenthood.

Hypothesis 3.b There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of contact with close friends who are parents.

Hypothesis 3.c There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of contact with extended family.

Hypothesis 3.f There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of support received from extended family.

Extended family and friends who are themselves parents also make up the first-time father's reference group, and thus they may facilitate his role socialization. Therefore, it was expected that role strain expressed by the first-time father would be inversely related to the amount of contact with close friends who are parents, the amount contact with extended family, and the amount of support received from extended family.

The null hypothesis was accepted for Hypothesis 3b, as no relationship was observed between the amount of contact with close friends who are parents and expressed role strain for any of the scales. Failure to identify relationships between contact with friends who are themselves parents and role strain, as measured by any of the scales, might be due to weaknesses inherent in the measurement of the independent variables, or possibly due to limited impact of friends on the new father between 6 and 10 week postpartum.

The null hypothesis was rejected for Hypothesis 3c, as a slight but significant negative relationship was found between the amount of contact with extended family and role strain regarding Social Relationships. Statistically significant relationships were not noted between the amount of contact with extended family and any of the other role strain scales.

The finding that greater contact with extended family was associated with less role strain regarding changes in the new father's social relationships or ability to socialize would imply that the father is meeting affiliative needs through the extended family. Or perhaps the extended family relieves the new father of his responsibilities, enabling him to socialize with friends and pursue social relationships.

Failure to detect relationships between extended family contact and scales other than Social Relationships might suggest that by 6 to 10 weeks postpartum many of the benefits gained from extended family are overshadowed by the new demands of a rapidly developing infant.

The null hypothesis was also rejected for Hypothesis 3f, as very slight but significant negative relationships were observed between the amount of support received from extended family and the role strain expressed by the first-time father regarding: (1) his ability to meet infant and family needs through nurturing and providing roles; and (2) changes in his wife (or partner) or marital relationship occurring since the birth of the baby. Statistically significant relationships were not observed between extended family support and any of the other role strain scales.

Farber (1975) found that social support in the form of the percentage of the new parent's friends who are parents themselves, family and friends living nearby, grandparents' favorable reactions to the infant, and social support received from friends; was related to the relative ease of transition to fatherhood. This study's observation of a very slight but significant negative relationship between the amount of support received from extended family and role strain regarding the Marital Relationship lends support to Farber's (1975) conclusion that support of family and friends seems to facilitate men's acceptance of the demands placed on marital relationships by parenthood. A similar relationship observed between extended family support and role strain regarding the Father Role would suggest that support of family may also facilitate men's acceptance of the demands of the father role.

Hypothesis 3.d There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of help with household chores received from extended family.

Hypothesis 3.e There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the amount of help with child care received from extended family.

One of the ways in which reference groups may facilitate role socialization and reduction of role strain is through physical support. However, such support may interfere with or delay role rehearsal and thereby increase role strain. Thus, it was anticipated that role strain expressed by the first-time father would be inversely related to the amount of help with household chores but positively related to the amount of help with child care.

The null hypothesis was rejected for Hypothesis 3d, as slight but significant positive relationships were observed between the amount of help with household chores received from extended family and the role strain expressed by the first-time father regarding: (1) his ability to meet infant and family needs through nurturing and providing roles; (2) selected characteristics or actions of the baby; and (3) changes in his wife (or partner) or marital relationship occurring since the birth of the baby. A slight though significant positive relationship was also found between the amount of help with household chores received from extended family and the Total Role Strain expressed by the first-time father. The direction of this relationship was opposite of that expected. Statistically significant relationships were not found between help with household chores and any of the other role strain scales.

The null hypothesis was accepted for Hypothesis 3e, as no relationship was observed between the amount of help with child care received from extended family and role strain expressed by the first-time father as measured by any of the scales.

Previous research results in this area are generally in conflict (Hobbs, 1965, 1968; Farber, 1975; and Hobbs and Cole, 1976). This study's results supported Farber's (1975) findings that extra help in general, were associated with a less satisfactory adjustment to parenthood. However, it is not clear whether grandparents are inadvertently intruding upon the new family, thereby disrupting or prolonging the adjustment to fatherhood; or if the father who is having difficulty performing his new role, or adjusting to the baby or changes in the marital relationship, requests extra help.

Failure to identify relationships between help with child care and role strain as measured by any of the scales, may be due to inadequate measurement of the independent variable. As the needs and attitudes of fathers may differ, this variable could be more meaningfully measured on a scale rating the perceived extent of help with child care (i.e. too much, just right, too little).

In summary, it appears that social support for parenthood has a major influence on the expressed role strain of the first-time father 6 to 10 weeks postpartum.

Hypothesis 4. There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and selected Economic variables.

Each Economic variable measured a different dimension of the first-time father performing in the "provider role." Therefore, the subhypotheses were developed to explore the relationships between each selected Economic variable and the role strain of the first-time father as measured by the scales, Father Role, Baby, Self, Marital Relationship, Social Relationships, and Total Role Strain. Pearson Product Moment correlatons and a .05 level of significance were used in examining the variable relationships.

Hypothesis 4.a There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the level of family income.

Hypothesis 4.b There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and perceived amount of job security.

Hypothesis 4.c There is no relationship between the role strain expressed by the first-time father 6 to 10 weeks postpartum and perceived potenital for career advancement.

A major aspect of a father's role obligations relate to earning an income sufficient to provide a safe, secure, and comfortable life-style for his family, both in the present and future. Thus, it was expected that the role strain expressed by the first-time father would be inversely related to the level of family income, the perceived amount of job security, and the perceived potential for career advancement.

The null hypothesis was accepted for Hypothesis 4a, as no relationship was observed between the family income and role strain expressed by the first-time father as measured by any of the scales.

The null hypothesis was rejected for Hypothesis 4b, as slight but significant negative relationships were found between perceived amount of job security and the role strain expressed by the first-time father regarding: (1) his ability to meet infant and family needs through nurturing and providing roles; and (2) changes in his personal self or personal life space occurring since the birth of the baby. A slight but significant negative relationship was also observed between the perceived amount of job security and the Total Role Strain expressed by the first-time father. Statistically significant relationships were not observed between the perceived amount of job security and any of the other role strain scales.

The null hypothesis was rejected for Hypothesis 4c, as significant slight to moderate negative relationships were found between perceived potential for career advancement and the role strain expressed by the first-time father regarding: (1) his ability to meet infant and family needs through nurturing and providing roles; (2) selected characteristics or actions of the baby; (3) changes in his

personal self or personal life space occurring since the birth of the baby; and (4) changes in his wife (or partner) or marital relationship occurring since the delivery. A slight but significant negative relationship was also observed between the perceived potential for career advancement and the Total Role Strain expressed by the first-time father. A statistically significant relationship was not observed between perceived potential for career advancement and role strain regarding Social Relationships.

Previous studies have not addressed the new father's concerns about job security or potential for career advancement. However, Hobbs (1965, 1968), Russell (1974), Farber (1975), and Hobbs and Cole (1976) each explored the relationship between family income and adjustment difficulty associated with parenthood. Their results were conflicting. Farber may have explained the results of this and previous studies by his observation that the lower the relative expense of parenthood (i.e. expenses of parenthood adjusted for health insurance, and gift coverage relative to family income) the easier the adjustment to parenthood. A low family income may be compensated for by insurance and various forms of financial assistance. Additionally, a low family income is a socially acceptable phenomena for the student or young family. Perhaps for these reasons family income failed to correlate with any of the role strain scales. Perceived job insecurity and perceived limited potential for career advancement are more difficult to compensate and are considered socially undesirable, therefore these variables correlated negatively with so many of the scales.

In summary, it appears that while absolute financial ability is not significantly related to the expressed role strain of the first-time father, the new father's perceived present and future ability to function in the provider role is a significant factor influencing his expressed role strain.

Extraneous Variables

The extraneous variables of the study were also evaluated to determine if any relationships existed between the extraneous variables and the role strain expressed by the first-time father 6 to 10 weeks postpartum. Point biserial and Pearson Product Moment correlations were computed between the extraneous variables and each of the role strain scales.

Statistically significant relationships were not found between the role strain expressed by the first-time father 6 to 10 weeks postpartum and the following variables: (1) infant's sex; (2) father's perception of the relative normalcy of the labor and delivery; or (3) occupational status. The extraneous variables "father's perception of the relative normalcy of the pregnancy" (EV 2) and the "father's perception of the presence of serious or chronic health problems of the infant, mother, or himself" (EV 5) were not testable as all fathers perceived their wives to have experienced relatively normal pregnancies and only one father perceived the presence of a serious or chronic health problem for himself, the infant, or wife. A relationship between expressed role strain and the father's perception of the normalcy of the labor and delivery may have been obscured by inadequate measurement and analysis. Fathers were asked to report whether or not their wives' labors and deliveries were

relatively normal. It may be that some fathers, who had very little role strain, reported the slightest abnormality as an "abnormal" labor and delivery in an attempt to be accurate. Thus, by grouping these men with fathers who had much role strain and who encountered more threatening variations from normal, the relationship between role strain and the father's perception of the relative normalcy of the labor and delivery may have been obscured.

Statistically significant relationships were observed between the role strain expressed by the first-time father 6 to 10 weeks postpartum and four of the extraneous variables. First, the father who perceived his infant to have no health problems during the hospitalization period expressed significantly more role strain regarding actions or characteristics of the baby than did the father who perceived his infant to have had health problems during that period. As all subjects perceived their infants to be healthy since discharge, perhaps the 4% of the sample who reported their infants to have had serious health problems during hospitalization felt very relieved and grateful to return home with a healthy baby. These fathers may have perceived their baby related stresses at 6 to 10 weeks postpartum to be minimal relative to those during hospitalization.

Second, the father who was unemployed expressed significantly more role strain regarding changes in his personal self or personal life space occurring since delivery than did the father who was employed. The role strain expressed regarding self may reflect an altered self-esteem secondary to the father's potentially perceived "failure" in the provider role.

Third, the father who was not seeking employment expressed significantly more role strain regarding changes in his social relationships or ability to socialize occurring since the birth of the baby than did the father who was seeking employment. It would seem that all, or the majority of fathers who were unemployed were likely to have been seeking employment. These unemployed men may have had more time to meet affiliative needs through family and or social relationships and thus experienced less role strain in the Social Relationships area. This group of men may also have included students seeking employment. Students often have a more flexible schedule allowing for the meeting of affiliative needs, and thus may have reported less role strain in this area.

Finally, the father who was not a student expressed significantly more role strain regarding changes in his personal self or personal life space occurring since delivery than did the father who was a student. Perhaps the student father has a less firmly established definition of self and thus experienced relatively less change than the non-student father. Or possibly the student father has more flexible hours and is more able to pursue activities which contribute to minimize the affect of the baby on the father's self.

In summary, the father expressed greater role strain if one of the following conditions existed: (1) he perceived his infant to have no health problems during the hospitalization period; (2) he was not a student; (3) he was unemployed; or (4) he was not seeking employment.

Conclusions

The transition to parenthood with the addition of the baby to the family structure, a new father role to learn, and the concomitant

changes which occur in the father's personal self, and his marital and social relationships may cause the first-time father to experience role strain. Role strain is the felt difficulty in meeting role obligations (Goode, 1960). The data from this research study indicates that the first-time father does report role strain at 6 to 10 weeks postpartum. However, the extent of expressed role strain is not by any means overwhelming for most fathers during this period of time. The nature of the expressed role strain tends to be acutely felt and readily recognized and labeled types of concerns, not those which require time and introspection to identify.

The role strain expressed by the new father at 6 to 10 weeks postpartum frequently involves both nurturing and providing aspects of the father role. He is generally not too concerned about his ability to meet the infant's physical and emotional needs

The role strain expressed by the first-time father often involves the characteristics of the infant, particularly the baby's intelligence, personality, and appearance.

Though breast-feeding is once again becoming a socially acceptable mode of feeding an infant, the new father often expresses considerable concern about his wife's (or partner's) breast-feeding in public.

The new father appears to experience role strain most often regarding changes in his personal self or personal life space. Changes in the father's wife (or partner) or marital relationship appear to be an area of least role strain for him at 6 to 10 weeks postpartum.

The first-time father's role strain is influenced by several variables. It appears that social support for parenthood, particularly in the form of marital satisfaction, as measured by the social support variables, plays a major role in the extent of expressed role strain of the new father 6 to 10 weeks postpartum. The extent of experience and maturation in the father role as measured by the Experiential variables also influences the new father's role strain, though apparently to a much lesser degree. Absolute financial ability is not significantly related to the expressed role strain of the first-time father, however, his perceived present and future ability to function in the provider role are significant factors. Finally, it appears that the Developmental variables do not play a significant part in the expressed role strain of the new father 6 to 10 weeks postpartum.

Implications for Nursing Practice

The purpose of this study was to identify the role strain of the first-time father and describe the relationship between the father's expressed role strain and selected Developmental, Experiential, Social Support, and Economic variables. The results of the study indicated that the father does experience some role strain at 6 to 10 weeks postpartum, however, the expressed role strain is not extensive. The first-time father's role strain is influenced by certain Experiential, Social Support, and Economic variables.

While study results demonstrate many significant relationships, the strength of the correlations are low. Thus, the findings must be applied with caution. However, by interpreting the research results

in light of role and developmental theory and by assessing clients and families on an individual basis, the conclusions of the study can hold implications for nursing.

Drawing from role theory, it is apparent that the first-time father experiencing felt difficulty in meeting role obligations affects the functioning of the entire family unit. Thus, the approach to the father must be family-focused. Secondary to the nature of the study, this discussion is primarily directed toward the father. However, implications are applicable to the family system.

Nursing must approach the father and his family from a model in which elements of the nursing process are used as a problem-solving guide. These elements include: assessment, diagnosis, goal-setting, planning, intervention, evaluation, and validation.

In order for nursing to most effectively assess and intervene to reduce the role strain of the new father, nursing must establish contact with the father. To facilitate such contact, the traditional orientation of maternity nursing must continue to evolve into family-focused maternity care. The father must be encouraged to participate and be given a meaningful role in the health care team. Nursing may interact with fathers during any phase of the transition to parenthood, during the antepartal, intrapartal, or postpartal periods.

Nursing intervention with the first-time father is based on an assessment of the father and his social system. The nurse must assess the father's attitudes about the father role, perceptions of his role strain, reactions to the role strain, perceptions of his needs, and behavioral response to meet his needs. Also, the father's physiologic and developmental status must be assessed. The nurse must evaluate

the family's social system, who the members of the family are and what roles they perform. The larger social system and family modes of interaction within the systems also require evaluation. Finally, the nurse may use the factors identified by this study as influencing the role strain of the first-time father (as discussed below) for the purpose of assessing "high-risk" fathers on an individual basis.

Nursing interventions involve altering the father's perceptions removing restrictions on his actions, and increasing his ability to perform actions that will achieve goals. Interventions are planned based on the nursing diagnoses and are directed towards achieving mutually established goals.

Assessment of the study data revealed that the role strain expressed by the first-time father 6 to 10 weeks postpartum is not extensive, possibly suggesting the occurrence of a baby honeymoon phenomena during this period of time. Reassessment of the father may be more meaningful and hold greater potential for intervention at 6 to 12 months postpartum.

Hobbs (1968) noted that significantly greater adjustment difficulty was reported by parents in interviews than on questionnaires. Therefore, the nurse must establish an ongoing relationship with the father and attempt to involve him in the postpartal assessment. The father should be evaluated as an individual, not simply as an extension of the mother-child dyad.

Sometimes the only symptom of the father's role strain might be the recurrent clinic visits of his wife or child. Thus, nursing within each clinical specialty must maintain a family focus in order to adequately assess and assist the clients. By educating the father

to family-focused maternity care and the nurse's role in assisting his transition to parenthood, the new father is better able to seek help when experiencing role strain. A follow-up phone call is an economical method of encouraging the father, legitimizing and normalizing role strain, and reminding the father of the resources available to him.

The role strain expressed by the first-time father in this research study involved nurturing and providing aspects of the father role, as well as selected characteristics of the baby. Role strain was also expressed regarding the changes which had occurred since the birth of the baby in the father's personal self or personal life space, his wife (or partner) or marital relationship, and his social relationships or ability to socialize. The implications for nursing intervention derived from these study findings and those findings presented in the following paragraphs are jointly discussed in a subsequent section.

The results of this study indicate that the first-time father's role strain is influenced by certain Experiential variables including: (1) the years of contact the father had with a father role model; (2) the amount of childbirth or parenting education classes the father attended; and (3) the amount of child care the father performs for his infant. Even more so, the new father's role strain is influenced by selected Social Support variables including: (1) the degree of satisfaction the father has in his marital relationship; (2) the amount of contact with extended family; (3) the amount of help with household chores received from extended family; and (4) the amount of support received from extended family since the birth of the baby.

Finally, the first-time father's role strain is significantly influenced by certain Economic variables including: (1) the father's perceived job security; and (2) the father's perceived potential for career advancement. These study findings indicate that efforts toward intervention to limit the extent of role strain for new fathers might be most profitably directed in the general areas of marital, social, and economic support.

Of the possible sources of social support for the father, the wife (or partner) seems to be the most influential. This study reaffirms the importance of the relationship between marital satisfaction and the transition to parenthood, and reminds nursing that this source of support should be developed.

Several forms of support for the marital relationship might be useful during this transitional period. First, in the clinic setting nursing may provide preventive marital counseling, prenatally or postpartally. Preventive counseling could supply the couple with the encouragement and opportunity to explore and clarify the changes which are occurring in their personal lives and in their marriage. Validation and normalization of the expressed role strains might lessen anxiety of the new father and his family. Counseling could serve to increase the couple's mutual understanding and support through facilitating examination of family members roles and associated role strain. The couple could be encouraged to explore their communication patterns and ways in which these might be optimized for coping with the transition to parenthood.

Second, therapeutic marital counseling should be offered to the couple experiencing marital problems. Such intervention may be

provided by a family and marriage counselor or by the nurse, depending on his or her level of expertise in this area.

Third, a more cost effective alternative to preventative marital counseling may consist of groups for new or expectant parents. The groups might be conducted between 3 and 6 months postpartum, a time when effects of the hypothesized baby honeymoon may be lessening. In addition to encouraging communication between marital partners, such groups may educate the father and mother to the adjustive demands parenthood has placed on their spouse. Furthermore, these groups might legitimize the individual's feelings and role strains associated with the transition to parenthood. As a health care profession involved in childbirth education programs, nursing has a special opportunity to influence the direction such educational programs pursue. Childbirth educators, and parents in the classes, need to be encouraged to expand their horizons beyond the birth event, to facilitate supportive and satisfying marital relationships through methods described above.

Fourth, providing health and family education within the school system, could increase student awareness of the changes in the personal self and marital relationship occurring with the transition to parenthood. Furthermore, such educational systems, as well as publications, could promote recognition of the correlation between marital satisfaction and role strain associated with fatherhood. Such recognition might serve to dissuade couples from having a baby in an effort to solve marital problems.

Social support for fatherhood, not only from the wife (or partner) but also from extended family, appears to influence the role

strain of the first-time father. The role strain associated with beginning fatherhood might be limited by encouraging the involvement and support of extended family. The potential benefit of social events focusing on parenthood should not be ignored. "Couples" baby showers, christenings, and postpartal visits by family or friends, for instance, constitute forms of rites of passage and supply means for involvement of family and friends.

Childbirth or parenting classes could again potentially reduce the role strain of the new father through preparing him for the changes which occur in social relationships following the birth of a baby. Such groups could support the new father in his role, encouraging his participation in child care and reinforcing the significance of his contributions as the primary family provider. Involvement of male counselors or health care providers in childbirth or parenting education classes could provide the new father with role models. Again, nursing through its participation with childbirth and parenting programs could influence the direction such programs pursue, thus, affect the role strain of the first-time father.

The nurse may also be a part of the new father's support network. Through acknowledging and validating the presence of role strain, the nurse can help to normalize the father's felt difficulty in meeting role obligations, thereby lessening his anxiety.

The nurse can also intervene to reduce the father's role strain by increasing his insight into his felt difficulties and potential courses of action. For example, the nurse may help the father define his perceptions, attitudes, feelings, and needs relative to the father role. Behavioral responses (coping mechanism) that have been

effective in the past should also be discussed along with review of the strengths and supports available within the social system.

In addition, the nurse can support the father in his new role by acting to reduce role strain relating to the characteristics of the baby. Anticipatory teaching about the newborn's appearance, behavior, means of communicating, intelligence, varying dispositions, and the development of these characteristics can be implemented prenatally. Soon after delivery nurses should help the father relate these characteristics to his own newborn, comparing for similarities and differences. Assisting the new father to verbalize concerns about the baby's characteristics and indicating the normality of such concerns may also reduce his role strain.

Finally, the significance of the father's role as provider and the potential need for economic support is an area of which the nurse must be aware. By encouraging the new father to discuss his perceived ability to meet present and future family financial needs, the nurse and father can determine actual or potential financial difficulties, and pursue appropriate referrals for economic assistance, educational or occupational guidance. Industrial nursing is in an excellent position to identify new fathers who may be experiencing role strain secondary to economic stressors such as job insecurity or potential unemployment. The occupational system may be educated to recognize the significance of early fatherhood. Nursing could encourage business organizations to accomodate the first-time father, allowing a period of flexible work hours or paternity leave.

Evaluation of nursing interventions should include the achievement of goals and the health status of the father and family

following the achievement or non-achievement of goals. Validation will occur where there is open mutual evaluation of the nursing process by the nurse and father.

In summary, nursing interventions should be based on role theory and the nursing process, and should begin during the pregnancy and continue into the first several months postpartum as needed. Roles of nursing within both the health care system and community were explored, including provision of information, resources, guidance, teaching, problem-solving, counseling, and involvement in community and occupational programs. Interventions of marital, social, and economic support were stressed. Through the use of such interventions nursing can help to identify and reduce the role strain of the first-time father.

Implications for Future Research

There are several implications for future research derived from this study. Although expressed role strain of the first-time father 6 to 10 weeks postpartum was identified, the degree of identified role strain was not by any means overwhelming. The researcher suspects the existence of a baby honeymoon phenomena at 6 to 10 weeks postpartum which may have buffered the extent of expressed role strain.

Although expressed role strain of the first-time father was not found to correlate with the age of the infant, number of years married, amount of daily contact with infants, amount of experience babysitting infants, amount of contact with friends who are parents, and amount of help with child care received from extended family; the researcher believes these variables are related to role strain as they are components of role socialization, or the human or family

development process. The researcher suspects that the potential influences of the hypothesized baby honeymoon period and a primarily middle-class sample may have made these relationships more difficult to detect. In addition, limitations of the instrument as discussed below may also have contributed to the failure to observe these relationships.

The following suggestions are made for future research. Recommendations for improvement on this study design include:

1. The socio-demographic questionnaire and Role Strain Index should be refined. Limitations of the instrument relative to the research questions and hypotheses, implications of these limitations, and suggestions for improvement are as follows:
 - A. The use of scales on the Socio-demographic questionnaire was faulty (see Appendix C, items 8, 21, 22, 30, 32, 33, 35, 36, 37, and 38). The mid-point of the scale should be neutral (i.e. "neither satisfied nor dissatisfied") and not weighted (i.e. "satisfied"). The result of this error is twofold. First, the neutral point is shifted toward the lower end of the scale limiting variability, and intervals are no longer equal. Second, scale reliability could be decreased as subjects may have responded in one of two ways: (1) they may have assumed "3" to be the neutral point regardless of the wording; or (2) they may not have assumed "3" to be the neutral point and have responded in terms of wording. Limited scale variability and or reliability would tend to decrease detection or strength of correlations.

- B. Scales used in the Role Strain Index were implemented in the traditional Likert form. However, the accuracy may be improved by denoting the scale mid-point as "neutral" or "neither agree nor disagree", rather than "undecided". Theoretically, "undecided" may in fact be a response not a part of the scale, it may not have a role strain value. If some of the subjects responded to the statements in terms of the wording and not in terms of the scale numbers, scale reliability could be decreased.
- C. Scales used in the Role Strain Index employed a 5-point Likert scale. Due to the sensitive nature of the content, a 7-point scale might be a more sensitive measure of expressed role strain. A 7-point scale would allow a respondent to "slightly agree" or "slightly disagree" in situations in which he may have marked "undecided" on the 5-point scale. A more sensitive measure would improve the likelihood of identifying more extensive role strain and additional relationships between study variables.
- D. The word "concern" may have been unclear to subjects, thereby limiting scale reliability. The term "concerns" was referred to in the letter of introduction in association with "worries" and "difficulties", however, clarification of this word should be provided in the questionnaire.
- E. Unclear wording of certain questions or statements could have limited instrument reliability. Instrument reliability and validity are discussed on pages 139-141 of Chapter IV and reliability coefficients are reported on pages 167-168,

Chapter V.

- F. Certain additional information could have facilitated the researcher in determining the relative normalcy of the infants' and wives' health status. Questions which should be added are: (1) Did your baby have to go to the intensive care nursery? If yes, why and how long? and (2) Were your wife and or baby in the hospital for more than 5 days? If yes, who, why, and how long?
- G. The perceived lengthiness of the instrument could have been a source of frustration to subjects and increased the attrition rate. Placing the response scales of the Role Strain Index adjacent to the statements in column form, rather than below each statement, would reduce the perceived length of the questionnaire, increase ease of scoring, and decrease research expenditures.
- H. The variables "extent to which the pregnancy was planned" and "extent to which the pregnancy was desired" were not controlled in this study and could have obscured existent relationships or been the actual influencing factor in relationships between variables. These variables should be controlled for in future investigations.
2. As the needs and attitudes of fathers may differ, the variable "contact with friends who are parents" should be measured utilizing a perception scale, rating the perceived amount of contact with such friends (i.e. a 5-point scale ranging from "too much", "just right", "too little"). By recording the absolute number of hours of such contact, researchers may be able to

determine how much contact with friends who are parents is typically considered "just right". This finding would hold potential implications for nursing practice.

3. As the needs and attitudes of fathers may differ, the variable "help with child care received from extended family" might be more adequately measured on a perception scale, rating the perceived amount of help received (i.e. a 5-point scale ranging from "too much", "just right", "too little"). Again, by recording the absolute number of days or hours of such help, researchers may be able to determine how much help with child care received from extended family is typically considered "just right". This finding would also hold implications for nursing practice.
4. Study of variables addressing extra help should determine whether such help was supplied on the request of new parents encountering difficulties, or if such help was given prior to the advent of role strain.
5. The relationship between number of years married might be re-examined, studying couples married 3 or more years separately from those married less than 3 years.
6. A larger sample size with wider range of infant age and more fathers between 18 and 21 years may result in greater variation in responses and provide significant results for the study on these variables.
7. A larger sample including more men who had extensive daily contact with infants or experience babysitting infants may increase the variance and provide significant results for the study on these variables.

8. An interview study where "rapport" is established may lead to greater self disclosure in areas usually affected by the bias of social desirability. Thus, more extensive role strain might be identified and additional relationships may be observed between study variables.

Recommendations for further study include:

1. Plans for statistical analyses should consider examination for non-linear relationships. Sometimes a third factor begins to exert its influence on the dependent variable when the independent variable approaches one of its extremes.
2. To determine if role strain is more readily predicted by a combination of factors, related variables could be combined to produce overall Experiential, Social Support, and Economic scores. These scores would be correlated with expressed role strain.
3. A chronological study should be conducted describing the role strain of the first-time father from conception on through the first year after the baby's birth. Such a study should attempt to identify and describe the hypothesized baby honeymoon period and detect when role strain increases and peaks.
4. Relationships between study variables should be examined after the hypothesized baby honeymoon period has passed.
5. A parenting program incorporating preventive marital guidance could be carried out postpartally. The refined Role Strain Index would be administered to the parents who have participated in the group to determine if changes occurred as a result of involvement, as compared with those who participate in a parenting group which did not incorporate preventive marital guidance.

6. A support group intervention study could be carried out after the birth of the baby. The new father or family could meet with a group of new parents during the first few months postpartum. The refined Role Strain Index would be administered to the fathers after participation in the support group to determine if changes occurred as a result of involvement, as compared with those who did not participate.

In summary, suggestions for improvement of the present study were made, including refinement of the instrument and alternate approaches to the study of independent variables. Also recommended were chronologic and intervention studies.

Implications for Education

Several suggestions for nursing education are drawn from the study results. From the review of literature, the researcher found that the role of father and role strain associated with the transition to fatherhood is only beginning to be explored. Therefore, nursing curriculum, both graduate and undergraduate, should further address role strain experienced by the new father, and explore interventions to reduce his excessive felt difficulty in meeting role obligations.

Nursing education must continue to address the effects of the father's role strain upon the family system. Theoretical or conceptual frameworks including role theory or family development should be integrated into education dealing with family-focused maternity care and the transition to parenthood. Nursing care standards for the first-time father could be developed in the educational system.

Nursing, with its long history of active involvement in family and child care, is in an excellent position to educate members of its own profession, other health care disciplines, childbirth educators, and the larger community.

Dispersion of information by nursing about the role strain of the first-time father can be done at several levels. Nursing school curriculum should deal with the transition to fatherhood and the nurse's role in the hospital, primary care settings, and community settings (i.e. childbirth and parenting programs or business organizations). Inservice education and continuing education for hospital staff nurses, primary care providers, and community health agencies should delineate the nurse's role specific to those settings. Educational presentations about the role strain of the first-time father should discuss traditional and changing roles of the father, processes of role socialization, and identified areas of role strain for the new father. Such presentations should also discuss potential effects of the father's role strain on the family and factors influencing his role strain. Nursing and interdisciplinary intervention aimed at drawing the father into the health care system and reducing his role strain should be explored.

Education among nurses should emphasize the need for continuity of care to facilitate the father's transition between health care settings. Continuity of care can be accomplished through use of nursing referrals to social services, to parent support groups, and to community agencies for financial assistance. Nurses must be educated in the resources available to aid families in finding and utilizing such support services.

Nursing must also participate in the education of other health providers regarding the role strain of the new father. Physicians must be educated about the importance of including the father in the health care team. Childbirth educators need to be educated about the role strain of the first-time father and the significance of the father's providing role. The importance of marital, social, and economic support as part of the management plan for new fathers experiencing excessive role strain should be emphasized.

Utilizing community organizations such as churches, Young Men's Christian Association (YMCA), Young Women's Christian Association (YWCA), childbirth and parenting programs, day care centers, and community businesses; nursing can work to educate the community at large. Through use of workshops, literature, radio and television, the lay public can be made aware of role strains associated with the transition to fatherhood. Results of this and future related investigations should be published in professional nursing journals and interdisciplinary literature to facilitate the distribution of knowledge in this field.

In summary, implications for nursing education include providing a curriculum designed to help the new father and his family to reduce role strain, and developing standards of care for the first-time father. Nursing education must also provide inservices for nurses in hospital and primary care settings for the purpose of increasing their understanding of the role strain of the new father and means of assisting this new parent. Finally, nursing should participate in the education of other health care providers and the community at large.

Summary

In Chapter VI, a summary and interpretation of the research findings was presented. Conclusions were drawn and recommendations for nursing in the areas of practice, education, and future research were made.

REFERENCES

REFERENCES

- Adams, M. E. A supplement on parentcraft: #3 providing a service. Nursing Mirror, September 1977, 145(13).
- Bales, R. & Parsons, T. Family, socialization and inter-interaction process. New York: The Free Press, MacMillan Co., 1955.
- Benedek, T. Fatherhood and providing. Parenthood: Its psychology and psychopathology. ed. by E. J. Anthony & T. Benedek. Boston: Little, Brown and Co., 1970, p. 231.
- Benson, R., Bobak, I. & Jensen, M. Maternity care: the nurse and the family. St. Louis: C. V. Mosby Co., 1977.
- Biddle, B.J., & Thomas, E. J. (eds). Role theory: Concepts and research. New York: John Wiley and Sons, Inc., 1966.
- Biller, H., & Meredith, D. Father power. New York: Achor Books, 1975.
- Biller, H., & Meredith, D. The nurturant father. American Baby, June 1975, 37, 34-35.
- Blalock, H. M. Social statistics. New York: McGraw-Hill, Inc., 1972.
- Borg, W. R., & Gall, M. D. Educational research: An introduction, 2nd edition. New York: David McKay Company, Inc., 1971.
- Brazelton, T. The parent-infant attachment. Clinical Obstetrics and Gynecology, June 1976, 19(2), 373-389.
- Brewer, M. B., & Crano, W. D. Principles of research in social psychology. New York: McGraw-Hill Book Co., 1973.
- Burr, W. R. Role transitions: reformulation of theory. Journal of Marriage and the Family, 1972, 34, 407-416.
- Cole, S. P., & Hobbs, D. F. Transition to parenthood: a decade replication. Journal of Marriage and the Family, November 1976, 38, 723-731.
- Colman, A. and Colman L. Pregnancy: The psychological experience. New York: Herder and Herder, 1971.

Communications Research Machines, Inc. Developmental psychology today. Del Mar, California: Communications Research Machines, Inc., 1971.

Crockenberg, S. B., & Wente, A. S. Transition to fatherhood: Lamaze preparation, adjustment difficulty and the husband-wife relationship. The Family Coordinator, October 1976, 351-357.

Cronenwett, L. Transition to parenthood. Current Practice in Obstetric and Gynecologic Nursing, McNall-Galeener (ed), St. Louis: C. V. Mosby Co., 1976, pp. 179-197.

Deutsch, M., & Krauss, R. M. Theories in social psychology. New York: Basic Books, Inc., 1965.

Duvall, E. M. Family development, 4th ed. New York: J. B. Lippincott Co., 1971.

Dyer, E. D. Parenthood as crisis: a re-study. Marriage and Family Living, 1963, 25, 196-201.

Earls, F. The fathers (not the mothers): Their importance and influence with infants and young children. Psychiatry, August 1976, 39, 209-227.

Farber, A. D. An exploratory study of possible factors influencing the relative ease of the early transition to parenthood. Unpublished Doctoral Dissertation, University of Colorado, 1975.

Fein, R. A. Men's entrance to parenthood. The Family Coordinator, October 1976, 341-347.

Fox, D. J. Fundamentals of research in nursing, 2nd ed. New York: Appleton-Century-Crofts-Meredith, Co., 1970.

Fritsch, J., & Summer, G. Postnatal parental concerns: The first six weeks of life. Journal of Obstetric, Gynecologic, and Neonatal Nursing, May-June 1977, 6, 27-32.

Gollobar, M. A comment on the need for father-infant postpartal interaction. Journal of Obstetric, Gynecologic and Neonatal Nursing, September-October 1976, 5, 17-20.

Goode, W. A theory of role strain. American Sociological Review, 1960, 22(4), 483-496.

Grace, H. K., & Knafl, K. A. Families across the life cycle: Studies for nursing. Boston: Little, Brown, 1978.

Greenberg, M. & Morris, N. Engrossment: The newborn's impact upon the father. Nursing Digest, January-February 1976, 4, 19-22.

- Hall, D. T. A model of coping with role conflict: The role behavior of college educated women. Administrative Science Quarterly, December 1972, 17(4), 471-486.
- Heiss, J. (ed.) An introduction to the elements of role theory. Family roles and interaction: An anthology, 2nd ed., Chicago: Rand McNally & Co., 1976.
- Heise, J. Toward better preparation for involved fatherhood. Journal of Obstetric, Gynecologic, and Neonatal Nursing, September-October 1975, 4, 32-35.
- Hill, R. Families under stress. New York: Harper and Brothers, 1949.
- Hines, J. D. Father: The forgotten man. Nursing Forum, 1971, 10(2), 176-200.
- Hobbs, D. F. Parenthood as crisis: A third study. Journal of Marriage and the Family, August 1965, 27, 367-372.
- Hobbs, D. F. Transition to parenthood: A replication and an extension. Journal of Marriage and the Family, 1968, 30, 413-417.
- Hogberg, B. L., & Stranick, M. K. Transition into parenthood. American Journal of Nursing, January 1979, 79, 90-93.
- Hollingshead, A. B. Two-Factor index of social position. Sociological Measurement: An inventory of Scales and Indices, ed. by C. Bonjeau et al. San Francisco: Chandler Pub., 1967, 384-388.
- Honikman, J. I. Parents helping parents. American Baby, April 1979, 41(81), 26-33.
- Hott, J. R. The crisis of expectant fatherhood. American Journal of Nursing, September 1976, 76(9), 1436-1440.
- Hungler, B. & Polit, D. Nursing research: Principles and methods. Philadelphia, Pa.: J. B. Lippincott, 1978.
- Hutchins, P. A supplementation parentcraft: #2 the father's role. Nursing Mirror, September 1977, 145(13), 5-11.
- Hymel, S., Parke, R. D., Power, T. G., & Tinsley, B. R. The father's role in the family system. Seminars in Perinatology, January 1979, 3(1), 25-34.
- Jacoby, A. P. Transition to parenthood: a reassessment. Journal of Marriage and the Family, November 1969, 31, 720-727.

- Johnson, S. H. role theory strategies. High-risk parenting: Nursing assessment and strategies for the family at risk, Philadelphia: J. B. Lippincott Co., 1979, pp. 328-329.
- Jones, W. L. The emotional needs of the new family. Nursing Mirror, October 1975, 141(17), 49-52.
- Jones, D., Meleis, A. I., & Swendsen, L. A. Role supplementation for new parents--A role mastery plan. Maternal Child Nursing, March-April 1978, 84-91.
- Kennell, T., & Klaus, J., et al. Human maternal behavior at first contact with her young. Pediatrics, 1970, 46, 187-191.
- Kiernan, B., & Scoloveno, M. A. Fathering. The Nursing Clinics of North America, September 1977, 12(3), 481-490.
- King, I. M. Toward a theory for nursing: General concepts of human behavior. New York: John Wiley and Sons, Inc., 1971.
- Knox, D. Fatherhood--the first time--the first year. American Baby, June 1975, 37, 32-40.
- LeMasters, E. E. Parenthood as crisis. Marriage and Family Living. November 1957, 19, 352-355.
- Leonard, S. W. How first-time fathers feel toward their newborns. The American Journal of Maternal Child Nursing, November-December 1976, 6, 361-365.
- Locke, H. J., & Wallace, K. M. Short marital-adjustment and prediction tests: Their reliability and validity. Marriage and Family Living, 1959, 21, 251-255.
- Locke, H. J., & Williamson, R. C. Marital adjustment: a factor analysis study. American Sociological Review, 1958, 23, 562-569.
- Marquart, R. K. Expectant fathers: What are their needs? Maternal Child Nursing, January-February 1976, 1, 32-36.
- May, K. A. Active involvement of expectant fathers in pregnancy: Some further considerations. Journal of Obstetric, Gynecologic, and Neonatal Nursing. March-April 1978, 7 (2), 7-12.
- Meleis, A. I. Role insufficiency and role supplementation: A conceptual framework. Nursing Research, July-August 1975, 24(4), 264-271.
- Miskimins, R. W. The Miskimins self-goal-other discrepancy scale. Fort Collins, Colorado: Rocky Mountain Behavioral Science Institute, 1968.

- Nardi, P. M., & Thornton, R. The dynamics of role acquisition. American Journal of Sociology, 1975, 80(4), 870-885.
- Obrzut, L. A. Expectant fathers' perception of fathering, American Journal of Nursing, September 1976, 76(9), 1440-1442.
- Pedersen, F. A., & Robson, K. S. Father participation in infancy. American Journal of Orthopsychiatry, April 1969, 39(3), 466-472.
- Phillips, M. A. Concerns, fears, expectations, and concept of role change of fathers in the Metropolitan Denver area in relation to the birth of their first child. Unpublished Master's Thesis, University of Colorado, 1976.
- Reiber, V. D. Is the nurturing role natural to fathers? The American Journal of Maternal Child Nursing, November-December 1976, 6, 366-371.
- Rossi, A. S. Transition to parenthood. Journal of Marriage and the Family. February 1968, 30, 26-39.
- Rubin, L. B. Worlds of pain: Life in the Working Class Family, New York: Basic Books, Inc., 1976.
- Russell, C. S. Transition to parenthood: Problem and gratifications. Journal of Marriage and the Family, May 1974, 36, 294-301.
- Russell, C. S. Unscheduled parenthood: Transition to "parent" for the teenager. Journal of Social Issues, 1980, 36(1), 45-63.
- Smart, L. S., & Smart, M. S. Families developing relationships. New York: MacMillan Publishing Co., Inc., 1976.
- Simmel, G. The Sociology of George Simmel, translated and edited by K. H. Wolff, New York, Free Press, 1964.
- Spangler, D. The crucial years for father and child. American Baby, June 1979, 41, 65-66.
- Spangler, D. Frankly for fathers. American Baby, August 1977, 39(34), 40-42.
- Spielberger, C. D., Gorsuch, R. L., & Lushene, R. E. STAI manual for the state-trait anxiety inventory. Palo Alto, California: Consulting Psychologists Press, 1970.
- Turner, R. H. Role taking: Process vs. conformity. Human Behavior and social processes, ed. by A. Rose. Boston: Houghton-Mifflin Co., 1962, 20-40.
- Whelan, E. M. Preparing for fatherhood. American Baby, June 1979, 41, 18-24.

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- Whitley, N. A comparison of prepared childbirth couples and conventional prenatal class couples. Journal of Obstetric, Gynecology and Neonatal Nursing, March-April 1979, 8, 109-111.
- Wilson, A. L. Parenting in perspective. Family and Community Health: The Journal of Health Promotion and Maintenance, November 1978, 65-77.
- Yorburg, B. The changing family. New York: Columbia University Press, 1973.
- Young, C. A supplement on parentcraft: #1 the need for parentcraft. Nursing Mirror. September 29, 1977, 145, 7.

APPENDICES

APPENDIX A

CONSENT FORM

MICHIGAN STATE UNIVERSITY
SCHOOL OF NURSING
CONSENT FORM

Investigator: Karen L. Yuan, R.N., B.S.N
Graduate Student, Family Nurse Clinician Program
School of Nursing
Michigan State University
(517) 485-5913

Date _____

Dear

The study in which you are about to participate is designed to find out the concerns, worries, or difficulties of fathers after the birth of their first child. This study is being conducted by myself as part of the requirements for a master's degree in nursing. The results of the research will be utilized to determine how nursing can help new fathers and families who are entering parenthood.

Please complete the attached consent form and the questionnaires, and return in the stamped envelope provided within one week. Participation in the study should take 25-35 minutes of your time and will require you to respond to a series of questions and statements as honestly and accurately as possible. Please read each question carefully and answer each question with only one response unless otherwise indicated. I ask that you do not consult with others as it will affect the results of this study.

As a result of participation in this study, you may be more aware of the problems encountered in becoming a parent which may cause stressful feelings to arise. Participants may call the investigator at any time should questions or concerns arise.

Your answers will be kept completely anonymous and no attempt will be made to identify you in any manner. You are free to withdraw from the study at any time. Withdrawal will in no way affect the care your family is now receiving.

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

Thank you for your time and cooperation.

Karen L. Yuan

Cut here and retain the above form

THE FIRST-TIME FATHER STUDY

I voluntarily consent to participate in this research study. I have had an opportunity to ask questions and may ask additional questions at any time. I may change my mind and withdraw from the study before the research is completed if I choose to.

Signature of Subject

Date

xi

Signature of Investigator

Date

APPENDIX B

ENCOUNTER FORM

ENCOUNTER FORM FOR
ENTERING THE
FATHERHOOD STUDY

FIRST CONTACT _____
MAILED _____
RECEIVED _____
SECOND CONTACT _____
THIRD CONTACT _____
RESULTS MAILED _____

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

NAME OF OBSTETRICIAN _____

SOURCE OF CLIENT'S NAME _____

CODE NUMBER _____

AGE OF SUBJECT _____

AGE OF INFANT _____

MARITAL STATUS _____

STATUS OF PREGNANCY, LABOR AND DELIVERY _____

OTHER CURRENT MEDICAL PROBLEMS _____

OTHER INFORMATION _____

AGREED TO PARTICIPATE IN THE STUDY. YES _____ NO _____

REASON FOR REFUSAL _____

APPENDIX C

**INSTRUMENT-PART ONE:
SOCIO-DEMOGRAPHIC QUESTIONNAIRE**

PART ONE

(1) Site _____
(2-4) Pt. No. _____
(5) Card No. _____
(6-9) Date ____/____/____

1. Your Date of Birth: _____ (10-11)

2. Baby's Date of Birth: (12-13)

3. Date of marriage or when you committed yourself to an ongoing relationship with your infant's mother (14-15)

4. Please circle the highest number of years of schooling you have completed. (16-17)

0 1 2 3 4 5 6 7 8 9 10 11 12
grade school high school

5. Please circle the number of years of college or vocational training you have completed. (18)

0	1	2	3	4	5	6	7	8	9	10	11	12	or more	0	1	2	3	4	5	6	7	8
college														vocational training								

6. Please indicate your ethnic origin. (check one) (19)

Caucasian	Afro-American	Spanish-American	Other
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12
13	13	13	13
14	14	14	14
15	15	15	15
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95	95	95	95
96	96	96	96
97	97	97	97
98	98	98	98
99	99	99	99
100	100	100	100

7. For what part of your life were you in almost daily contact with a "father figure" (any male who was like a father to you): (check one) (20)

1. I never really had daily contact with a father figure
2. birth to 2 years
3. 3 to 5 years
4. 6 to 10 years
5. 11 to 15 years
6. 16 to 20 years
7. 21 to 25 years
8. 26 to 30 years
9. 31 to 35 years

8. If you had a father figure, please circle the number on the scale that best describes to what extent you are satisfied with his fathering. If you did not have a father figure, proceed to question number 9. (21)

1 2 3 4 5
Very dissatisfied Satisfied Very Satisfied

9. Since the
almost da

- 1. N
- 2. f
- 3. f
- 4. f
- 5. f
- 6. f
- 7. f
- 8. f

10. I have
(check

- 1.
- 2.
- 3.
- 4.
- 5.

11. Did you
classes

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

12. Please

13. Are you a

- 1. Yes
- 2. No

14. Are you pr

- 1. Yes
- 2. No

15. Are you se

- 1. Yes

16. Was your w
(check one

- 1. Yes
- 2. No

9. Since the time you were 10 years old how many years have you been in almost daily contact with a baby? (check one) (22)
- ☐ 1. None
 - ☐ 2. for less than 1 year after I was 10 years old
 - ☐ 3. for 1 to 2 years
 - ☐ 4. for 3 to 5 years
 - ☐ 5. for 6 to 10 years
 - ☐ 6. for 11 to 15 years
 - ☐ 7. for 16 to 20 years
 - ☐ 8. for 21 to 25 years
10. I have babysat an infant (not including those babies you lived with): (check one) (23)
- ☐ 1. never
 - ☐ 2. less than 5 times
 - ☐ 3. 5 to 10 times
 - ☐ 4. 11 to 20 times
 - ☐ 5. more than 20 times
11. Did you attend any childbirth preparation classes or parenting classes? (check one) (24)
- ☐ 1. No
 - ☐ 2. about 4 hours or less
 - ☐ 3. about 5 to 8 hours
 - ☐ 4. about 9 to 12 hours
 - ☐ 5. about 13 to 16 hours
 - ☐ 6. about 17 to 20 hours
 - ☐ 7. about 21 to 24 hours
 - ☐ 8. more than 24 hours
12. Please list your occupation _____ (25)
13. Are you a student? (check one) (26)
- ☐ 1. Yes
 - ☐ 2. No
14. Are you presently employed? (check one) (27)
- ☐ 1. Yes
 - ☐ 2. No
15. Are you seeking employment? (check one) (28)
- ☐ 1. Yes
 - ☐ 2. No
16. Was your wife employed immediately before her pregnancy or delivery? (check one) (29)
- ☐ 1. Yes
 - ☐ 2. No

17. If your answer to the above question was YES, how many hours per week did she work? If your answer was NO, proceed to question number 18. (check (30) one)

☐ 1. 8 hours or less
☐ 2. 9 to 16 hours
☐ 3. 17 to 24 hours
☐ 4. 25 to 32 hours
☐ 5. 33 to 40 hours
☐ 6. 41 to 48 hours
☐ 7. more than 48 hours

18. Will your wife be employed within 6 months after the birth of your baby? (check one) (31)

☐ 1. Yes
☐ 2. No
☐ 3. Undecided

19. If your answer to the above question was YES or Undecided, how many hours per week will she be working? If your answer was NO, proceed to the next question. (check one) (32)

☐ 1. 8 hours or less
☐ 2. 9 to 16 hours
☐ 3. 17 to 24 hours
☐ 4. 25 to 32 hours
☐ 5. 33 to 40 hours
☐ 6. 41 to 48 hours
☐ 7. more than 48 hours

20. Before the birth of your baby what was your annual family income? (check one) (33-34)

<input type="checkbox"/> 1. less than \$5,000	<input type="checkbox"/> 6. \$26,000 to \$30,000
<input type="checkbox"/> 2. \$5,000 to \$10,000	<input type="checkbox"/> 7. \$31,000 to \$35,000
<input type="checkbox"/> 3. \$11,000 to \$15,000	<input type="checkbox"/> 8. \$36,000 to \$40,000
<input type="checkbox"/> 4. \$16,000 to \$20,000	<input type="checkbox"/> 9. \$41,000 to \$45,000
<input type="checkbox"/> 5. \$21,000 to \$25,000	<input type="checkbox"/> 10. over \$45,000 per year

21. Please circle the number on the scale that best describes how secure you feel your job is. (35)

1	2	3	4	5
Very insecure		Secure		Very secure

22. Please circle the number on the scale that best describes how much potential for advancement you feel you have in your present or future career. (36)

1	2	3	4	5
Very little potential for advancement		Potential for advancement		Very much potential for advancement

23. Since the birth of your baby how many hours of contact have you had with close friends who also have children? (check one) (37)

- | | |
|---|--|
| <input type="checkbox"/> 1. None | <input type="checkbox"/> 5. 21 to 30 hours |
| <input type="checkbox"/> 2. less than 5 hours | <input type="checkbox"/> 6. 31 to 40 hours |
| <input type="checkbox"/> 3. 6 to 10 hours | <input type="checkbox"/> 7. 41 to 50 hours |
| <input type="checkbox"/> 4. 11 to 20 hours | <input type="checkbox"/> 8. more than 50 hours |

24. Since the birth of your baby how much contact have you had with adult family members (your wife not included)? (check one) (38)

- | | |
|---|--|
| <input type="checkbox"/> 1. None | <input type="checkbox"/> 6. 8 to 10 days |
| <input type="checkbox"/> 2. less than 1 day | <input type="checkbox"/> 7. 11 to 14 days |
| <input type="checkbox"/> 3. 1 to 2 days | <input type="checkbox"/> 8. 15 to 21 days |
| <input type="checkbox"/> 4. 3 to 4 days | <input type="checkbox"/> 9. greater than 21 days |
| <input type="checkbox"/> 5. 5 to 7 days | |

25. How far away do your parents live? If your parents live separately from one another, check the appropriate two responses and write "mother" or "father" next to the answer. (39)

- | | |
|---|---|
| <input type="checkbox"/> 1. Less than 1 hours drive | <input type="checkbox"/> 6. 16 to 22 hours drive |
| <input type="checkbox"/> 2. 1 to 2 hours drive | <input type="checkbox"/> 7. greater than 22 hours drive |
| <input type="checkbox"/> 3. 3 to 4 hours drive | <input type="checkbox"/> 8. both parents deceased |
| <input type="checkbox"/> 4. 5 to 8 hours drive | |
| <input type="checkbox"/> 5. 9 to 15 hours drive | |

26. How far away do your parents-in-law live? If your parents-in-law live separately from one another, check the appropriate two responses and write "mother" or "father" next to the answer. (40)

- | | |
|---|---|
| <input type="checkbox"/> 1. Less than 1 hours drive | <input type="checkbox"/> 6. 16 to 22 hours drive |
| <input type="checkbox"/> 2. 1 to 2 hours drive | <input type="checkbox"/> 7. greater than 22 hours drive |
| <input type="checkbox"/> 3. 3 to 4 hours drive | <input type="checkbox"/> 8. both parents deceased |
| <input type="checkbox"/> 4. 5 to 8 hours drive | |
| <input type="checkbox"/> 5. 9 to 15 hours drive | |

27. Since the birth of your baby how many times have one or both of your parents come to visit (or help)? (check one) (41)

- | |
|---|
| <input type="checkbox"/> 1. have not come |
| <input type="checkbox"/> 2. once |
| <input type="checkbox"/> 3. 2 to 4 times |
| <input type="checkbox"/> 4. 5 to 9 times |
| <input type="checkbox"/> 5. 10 to 14 times |
| <input type="checkbox"/> 6. 15 to 19 times |
| <input type="checkbox"/> 7. 20 times or more |
| <input type="checkbox"/> 8. both parents deceased |

28. Since the birth of your baby how many times have one or both of your parents-in-law come to visit (or help)? (check one) (42)

☐ 1. have not come
☐ 2. once
☐ 3. 2 to 4 times
☐ 4. 5 to 9 times
☐ 5. 10 to 14 times
☐ 6. 15 to 19 times
☐ 7. 20 times or more
☐ 8. both parents-in-law deceased

29. Please list any family (relatives) who have come to help with the baby and approximately how many times they have come. (Do not list those who have not come.) (43-44)

For example--Mother-in-law--2 times

Brother and Sister-in-law--approximately 10 times

Sister--many times--she lives in town

Relative

(How many times)

30. Please circle the number on the scale which best describes the extent of support (emotional support, guidance, information, advice) you have received from family since the birth of your baby (your wife not included). (45)

1	2	3	4	5
Very little support		Support		Very much support

31. Since the birth of your baby how much help with household chores have you received from family (your wife not included). (check one) (46)

<input type="checkbox"/> 1. None	<input type="checkbox"/> 6. 8 to 10 days
<input type="checkbox"/> 2. less than 1 day	<input type="checkbox"/> 7. 11 to 14 days
<input type="checkbox"/> 3. 1 to 2 days	<input type="checkbox"/> 8. 15 to 21 days
<input type="checkbox"/> 4. 3 to 4 days	<input type="checkbox"/> 9. more than 21 days
<input type="checkbox"/> 5. 5 to 7 days	

32. If you received help with household chores, please circle the number on the scale that best describes to what extent this help was helpful. If you did not receive help with household chores, proceed to question number 34. (47)

1	2	3	4	5
Not helpful		Helpful		Very helpful

33. If you received help with household chores, please circle the number on the scale that best describes to what extent this help interfered or conflicted with your ideas or plans. (48)

1	2	3	4	5
Interfered or conflicted alot		Interfered or conflicted somewhat		Did not interfere or conflict

34. Since the birth of your baby how much help with child care have you received from family (your wife not included)? (check one) (49)

<input type="checkbox"/> 1. None	<input type="checkbox"/> 6. 8 to 10 days
<input type="checkbox"/> 2. less than 1 day	<input type="checkbox"/> 7. 11 to 14 days
<input type="checkbox"/> 3. 1 to 2 days	<input type="checkbox"/> 8. 15 to 21 days
<input type="checkbox"/> 4. 3 to 4 days	<input type="checkbox"/> 9. more than 21 days
<input type="checkbox"/> 5. 5 to 7 days	

35. If you received help with child care, please circle the number on the scale that best describes to what extent this help was helpful. If you did not receive help with child care proceed to question number 37. (50)

1	2	3	4	5
Not helpful		Helpful		Very helpful

36. If you received help with child care, please circle the number on the scale that best describes to what extent this help interfered or conflicted with your ideas or plans. (51)

1	2	3	4	5
Interfered or conflicted alot		Interfered or conflicted somewhat		Did not interfere or conflict

37. Please circle the number on the scale that best describes to what extent you were satisfied with your marriage prior to the baby's birth. (52)

1	2	3	4	5
Very dissatisfied		Satisfied		Very satisfied

38. Please circle the number on the scale that best describes to what extent you are satisfied with your marriage since the baby's birth. (53)

1	2	3	4	5
Very		Satisfied		Very
dissatisfied				satisfied

39. How many hours of child care do you (the father) give per week? (check one) (54)

<input type="checkbox"/> 1. None	<input type="checkbox"/> 5. 21 to 30 hours
<input type="checkbox"/> 2. less than 5 hours	<input type="checkbox"/> 6. 31 to 40 hours
<input type="checkbox"/> 3. 6 to 10 hours	<input type="checkbox"/> 7. 41 to 50 hours
<input type="checkbox"/> 4. 11 to 20 hours	<input type="checkbox"/> 8. more than 50 hours

40. Do you have, or have you in the past, had any other children, either natural or adopted? (check one) (55)

☐ 1. Yes ☐ 2. No

41. Are you the biologic or natural father of your infant? (check one) (56)

☐ 1. Yes ☐ 2. No

42. Was your wife's pregnancy a relatively normal, uncomplicated pregnancy? (Nausea, vomiting, fatigue, light bleeding or cramping during the first 3 to 4 months can be considered normal unless your doctor indicated otherwise.) (check one) (57)

☐ 1. Yes ☐ 2. No

If your answer was *NO*, please list the problem/s.

43. Was your wife's labor and delivery relatively normal and uncomplicated? (58)

☐ 1. Yes ☐ 2. No

If your answer was *NO*, please list the problem/s.

44. Did your wife have a Cæsarian section (C-section)? (check one) (59)

☐ 1. Yes ☐ 2. No

45. Was your baby more than 4 weeks early or (premature)? (check one) (60)

☐ 1. Yes ☐ 2. No

46. Did your baby have any serious problems while in the hospital?
(check one) (61)

___1. Yes ___2. No

If your answer was YES, please list the problem/s.

47. Do you, your wife, or your baby have any serious or chronic health
problems? (check one) (62)

___1. Yes ___2. No

If your answer was YES, please list the person/s and the problem/s.

48. Are you, your wife, and baby living together with any other persons?
(check one) (63)

___1. Yes ___2. No

If your answer was YES, please list with whom you are living.

Please check to make sure you have answered each question.

(64-65)

(66-67)

(68-69)

(70-71)

(72-74)

APPENDIX D

INSTRUMENT-PART TWO: ROLE STRAIN INDEX

QUESTIONNAIRE

PART TWO

(1) Site ____
 (2-4) Pt.N. ____
 (5) Card No. ____
 (6-9) Date ____/____

The birth of a baby can sometimes place new roles and new stresses on the new father. The following statements are concerns a first-time father may have. Though some of these statements may not apply to your situation, please respond to all statements on this page in terms of whether or not the statement represents a concern of yours. Please circle the response that best describes how much you agree or disagree that the statement is a concern of yours.

1. The increased responsibility of having a baby does not concern me. (10)

Strongly Agree Agree Undecided Disagree Strongly Disagree

2. When we are in a public place (restaurant, church) I worry our baby will make too much noise and bother others. (11)

Strongly Agree Agree Undecided Disagree Strongly Disagree

3. I do not worry if people will like my baby. (12)

Strongly Agree Agree Undecided Disagree Strongly Disagree

4. Particularly since delivery I have been concerned about my wife's figure. (13)

Strongly Agree Agree Undecided Disagree Strongly Disagree

5. Interrupted sleep habits and fatigue are not a concern of mine. (14)

Strongly Agree Agree Undecided Disagree Strongly Disagree

6. Since the baby arrived my wife and I have more frequent misunderstandings or arguments. (15)

Strongly Agree Agree Undecided Disagree Strongly Disagree

7. I do not worry about my baby's intelligence or I.Q. (16)

Strongly Agree Agree Undecided Disagree Strongly Disagree

8. Since the baby was born my ability to concentrate has worried me. (17)

Strongly Agree Agree Undecided Disagree Strongly Disagree

Please circle the response that best describes how much you agree or disagree that the statement is a concern of yours. Please respond to all statements on this page.

9. I do not miss our previous life style (before the baby was born). (18)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
-------------------	-------	-----------	----------	----------------------
10. Sometimes I feel less masculine when cuddling or talking to my baby. (19)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
-------------------	-------	-----------	----------	----------------------
11. I am not bothered by the baby disrupting our plans and schedules. (20)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
-------------------	-------	-----------	----------	----------------------
12. Since the baby arrived I am often too tired to make an effort on our marital relationship. (21)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
-------------------	-------	-----------	----------	----------------------
13. I am happy about the sex my baby turned out to be. (22)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
-------------------	-------	-----------	----------	----------------------
14. I feel tied down since the birth of our baby. (23)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
-------------------	-------	-----------	----------	----------------------
15. I have not been bothered by general disorganization of things (schedules, house, etc.) since the baby arrived. (24)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
-------------------	-------	-----------	----------	----------------------
16. I spend too little time with my baby. (25)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
-------------------	-------	-----------	----------	----------------------
17. I am more supportive of my wife since the baby arrived. (26)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
-------------------	-------	-----------	----------	----------------------
18. It does concern me that friends or family might think it is odd for me to do a lot of child care. (27)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
-------------------	-------	-----------	----------	----------------------

Please circle the response that best describes how much you agree or disagree that the statement is a concern of yours. Please respond to all statements on this page.

19. I feel good about my role during labor and delivery. (28)

Strongly Agree Agree Undecided Disagree Strongly Disagree

20. Less time for personal interests (fishing, school, football games) is a concern of mine. (29)

Strongly Agree Agree Undecided Disagree Strongly Disagree

21. I do not feel any conflict or interference from my parents or in-laws regarding our baby. (30)

Strongly Agree Agree Undecided Disagree Strongly Disagree

22. My wife is often too tired to make an effort on our marital relationship. (31)

Strongly Agree Agree Undecided Disagree Strongly Disagree

23. I feel I am able to meet my baby's emotional needs. (32)

Strongly Agree Agree Undecided Disagree Strongly Disagree

24. I worry about my baby's personality or disposition (irritable, too quiet). (33)

Strongly Agree Agree Undecided Disagree Strongly Disagree

25. The degree to which the baby interferes with our social life, does not frustrate me. (34)

Strongly Agree Agree Undecided Disagree Strongly Disagree

26. I am very involved with our baby and because of this I sometimes neglect my wife. (35)

Strongly Agree Agree Undecided Disagree Strongly Disagree

27. I am not concerned about my baby's appearance (cute, funny looking, fat). (36)

Strongly Agree Agree Undecided Disagree Strongly Disagree

Please circle the response that best describes how much you agree or disagree that the statement is a concern of yours. Please respond to all statements on this page.

28. It concerns me that now we may have less in common with friends who are childless. (37)

Strongly Agree Agree Undecided Disagree Strongly Disagree

29. I am not frustrated with the amount of time and work my baby demands of me. (38)

Strongly Agree Agree Undecided Disagree Strongly Disagree

30. I become frustrated when conversation repeatedly focuses on the baby or children. (39)

Strongly Agree Agree Undecided Disagree Strongly Disagree

31. My wife is more supportive of me since the baby arrived. (40)

Strongly Agree Agree Undecided Disagree Strongly Disagree

32. My wife is more moody since the baby arrived. (41)

Strongly Agree Agree Undecided Disagree Strongly Disagree

33. I do not feel older since the birth of our baby. (42)

Strongly Agree Agree Undecided Disagree Strongly Disagree

34. I worry about the differences between my baby and other infants. (43)

Strongly Agree Agree Undecided Disagree Strongly Disagree

35. Our ability to predict or plan on doing certain social activities does not concern me. (44)

Strongly Agree Agree Undecided Disagree Strongly Disagree

36. My wife is very involved with the baby and because of this she sometimes neglects me. (45)

Strongly Agree Agree Undecided Disagree Strongly Disagree

Please circle the response that best describes how much you agree or disagree that the statement is a concern of yours. Please respond to all statements on this page.

37. I am not concerned about my ability to accomplish goals set prior to the baby's birth. (46)
- | | | | | |
|-------------------|-------|-----------|----------|----------------------|
| Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|-------------------|-------|-----------|----------|----------------------|
38. I worry that there might be something physically wrong with my baby. (47)
- | | | | | |
|-------------------|-------|-----------|----------|----------------------|
| Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|-------------------|-------|-----------|----------|----------------------|
39. My wife understands how difficult becoming a father has been for me. (48)
- | | | | | |
|-------------------|-------|-----------|----------|----------------------|
| Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|-------------------|-------|-----------|----------|----------------------|
40. I am concerned about our over-spending on things for the baby. (49)
- | | | | | |
|-------------------|-------|-----------|----------|----------------------|
| Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|-------------------|-------|-----------|----------|----------------------|
41. My sexual responsiveness does not worry me. (50)
- | | | | | |
|-------------------|-------|-----------|----------|----------------------|
| Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|-------------------|-------|-----------|----------|----------------------|
42. I feel inadequate or uncertain of my ability to "fill" the father role. (51)
- | | | | | |
|-------------------|-------|-----------|----------|----------------------|
| Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|-------------------|-------|-----------|----------|----------------------|
43. Fatherhood is less difficult than I expected. (52)
- | | | | | |
|-------------------|-------|-----------|----------|----------------------|
| Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|-------------------|-------|-----------|----------|----------------------|
44. I am concerned about what male friends might think if they see me do alot of the baby's care (diapers, comforting, putting to bed) rather than just giving the baby to its mother. (53)
- | | | | | |
|-------------------|-------|-----------|----------|----------------------|
| Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|-------------------|-------|-----------|----------|----------------------|
45. It does not concern me that my wife and I have less time alone together since the baby's arrival. (54)
- | | | | | |
|-------------------|-------|-----------|----------|----------------------|
| Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|-------------------|-------|-----------|----------|----------------------|

Please circle the response that best describes how much you agree or disagree that the statement is a concern of yours. Please respond to all statements on this page.

46. I'd rather not be a father, at least not now. (55)
- | | | | | |
|-------------------|-------|-----------|----------|----------------------|
| Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|-------------------|-------|-----------|----------|----------------------|
47. I am not concerned about less contact with friends since the birth of our baby. (56)
- | | | | | |
|-------------------|-------|-----------|----------|----------------------|
| Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|-------------------|-------|-----------|----------|----------------------|
48. I worry the baby will stop breathing or not get enough air when he/she holds his/her breath while crying. (57)
- | | | | | |
|-------------------|-------|-----------|----------|----------------------|
| Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|-------------------|-------|-----------|----------|----------------------|
49. I feel I am able to give good physical care to my baby (diapering, feeding, bathing, safety). (58)
- | | | | | |
|-------------------|-------|-----------|----------|----------------------|
| Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|-------------------|-------|-----------|----------|----------------------|
50. It concerns me when I feel angry at my baby. (59)
- | | | | | |
|-------------------|-------|-----------|----------|----------------------|
| Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|-------------------|-------|-----------|----------|----------------------|
51. I have an adequate knowledge of infant development. (60)
- | | | | | |
|-------------------|-------|-----------|----------|----------------------|
| Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|-------------------|-------|-----------|----------|----------------------|
52. I feel out of touch with my wife. (61)
- | | | | | |
|-------------------|-------|-----------|----------|----------------------|
| Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|-------------------|-------|-----------|----------|----------------------|
53. The increased financial expenses associated with the baby do not concern me. (62)
- | | | | | |
|-------------------|-------|-----------|----------|----------------------|
| Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|-------------------|-------|-----------|----------|----------------------|
54. Our house is more messy since the baby arrived and this frustrates me. (63)
- | | | | | |
|-------------------|-------|-----------|----------|----------------------|
| Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|-------------------|-------|-----------|----------|----------------------|
55. I feel good about my wife's general appearance (dress and grooming). (64)
- | | | | | |
|-------------------|-------|-----------|----------|----------------------|
| Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|-------------------|-------|-----------|----------|----------------------|
- xxvi

Please circle the response that best describes how much you agree or disagree that the statement is a concern of yours. Please respond to all statements on this page.

56. I'm not comfortable with knowing when my baby is sick or caring for him/her when he/she is sick. (65)

Strongly Agree Agree Undecided Disagree Strongly Disagree

57. I do not worry that we will wake up to find our baby dead. (66)

Strongly Agree Agree Undecided Disagree Strongly Disagree

58. I feel my baby cries too much. (67)

Strongly Agree Agree Undecided Disagree Strongly Disagree

59. I am satisfied with my wife's sexual responsiveness. (68)

Strongly Agree Agree Undecided Disagree Strongly Disagree

60. It concerns me that I feel edgy or emotionally upset. (69)

Strongly Agree Agree Undecided Disagree Strongly Disagree

61. It does not frustrate me when my baby does not sleep through the night. (70)

Strongly Agree Agree Undecided Disagree Strongly Disagree

62. I am concerned that my baby may not be developing normally. (71)

Strongly Agree Agree Undecided Disagree Strongly Disagree

PLEASE NOTE: Please respond to the following two statements by circling the response that best describes how much you agree or disagree that the statement is a concern of yours. If the statement does not apply to your situation, circle Does Not Apply.

63. The loss of my wife's income has not been a concern to me. (72)

Strongly Agree Agree Undecided Disagree Strongly Disagree Does Not Apply

64. I had hoped to continue my education but now with the baby I worry or am frustrated that I will not be able to. (73)

Strongly Agree Agree Undecided Disagree Strongly Disagree Does Not Apply

PLEASE NOTE: If you are employed (part-time or full time) please respond to the following statements by circling the response that best describes how much you agree or disagree that the statement is a concern of yours. If you are not employed, skip to statement number 69.

65. I am not worried about my relationship with my employer. (74)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
-------------------	-------	-----------	----------	----------------------

66. I worry my work has been affected by my home situation (my work may not be as good due to the new stresses brought by the baby). (75)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
-------------------	-------	-----------	----------	----------------------

67. I am not concerned about the security of my job. (76)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
-------------------	-------	-----------	----------	----------------------

68. I am concerned that my employer or co-workers may think I'm making too big a deal over the new baby (if I talk alot about the baby or ask for time off to help at home with the baby). (77)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
-------------------	-------	-----------	----------	----------------------

PLEASE NOTE: If your wife is breastfeeding or was breastfeeding during the first week after discharge from the hospital, please respond to the following statements by circling the response that best describes how much you agree or disagree that the statement is a concern of yours.

69. I do not mind if family or close friends see my wife breastfeed our baby. (78)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
-------------------	-------	-----------	----------	----------------------

70. I feel uncomfortable when (or if) my wife breastfeeds our baby in public. (79)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
-------------------	-------	-----------	----------	----------------------

71. I do not mind if my wife's breast is exposed while nursing around others. (80)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
-------------------	-------	-----------	----------	----------------------

PLEASE NOTE: If your wife is breastfeeding or was breastfeeding during the first week after discharge from the hospital, please respond to the following statements by circling the response that best describes how much you agree or disagree that the statement is a concern of yours.

72. My wife and I disagree about where and around whom to breastfeed our baby. (10)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
-------------------	-------	-----------	----------	----------------------

73. The physical intimate closeness of breastfeeding that the baby has with my wife does not concern me. (11)

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
-------------------	-------	-----------	----------	----------------------

Please use the following space to indicate additional concerns.

74. Some things not already mentioned that really concern me are_____ (12-13)

75. _____

76. _____

77. _____

78. _____

(14-15)

(16-17)

(18-19)

(20-21)

(22-23)

(24-26)

APPENDIX E
SCORING KEY

APPENDIX E

SCORING KEY

PART ONE-Socio-demographic Questionnaire

CARD NUMBER ONE

<u>Question #</u>	<u>Variable</u>	<u>Column</u>	<u>Code</u>
-	V ₁ Site	(1)	1 = Lansing State Journal 2 = Knickerbocker 3 = Lee 4 = Assoc. for Shared Childbirth 5 = Price 6 = Miscellaneous
-	V ₂ Pt. #	(2-4)	001-192
-	V ₃ Card #	(5)	1 = Sociodemographic 2 = Concern Index (quest. 1-71) 3 = Concern Index (quest. 72-78)
-	V ₄ Date	(6-9)	month/day of month
1	V ₅ Subject's age	(10-11)	Keypunch # years of age (18-35) 99 = Did not answer Subject is credited 1 year if within 3 mo. of next birthday.
2	V ₆ Infant's age	(12-13)	Keypunch # days of age (42-73) 99 = Did not answer
3	V ₇ Years married	(14-15)	Keypunch # years (00-98) 99 = did not answer 00 = assumed premarital conception 01 = 8 mo. to 1 yr. & 9 mo. 02 = 1 yr. 9 mo. to 2 yr. 9 mo., etc.
4	V ₈ Yrs. of education (16-17)		Keypunch # totaled from questions #4 & 5. 99 = Did not answer.
5	V ₉ Post Secondary ed.(18)		0 = none 1 = college 2 = vocational 3 = both 4 = Did not answer
6	V ₁₀ Race	(19)	1 = caucasian 2 = afro-american 3 = spanish-american 4 = other 0 = Did not answer

<u>Question #</u>	<u>Variable</u>	<u>Column</u>	<u>Code</u>
7	V ₁₁ Contact w/a father figure	(20)	1 = none 2 = birth to 2 years 3 = 3 - 5 4 = 6 - 10 5 = 11 - 15 6 = 16 - 20 7 = 21 - 25 8 = 26 - 30 9 = 31 - 35 0 = did not answer
8	V ₁₂ Satisfaction w/ father figure	(21)	1 = very dissatisfied 2 3 = satisfied 4 5 = very satisfied 0 = did not answer
9	V ₁₃ Daily contact w/ a baby	(22)	1 = none 2 = less than 1 year 3 = 1 - 2 years 4 = 3 - 5 5 = 6 - 10 6 = 11 - 15 7 = 16 - 20 8 = 21 - 25 0 = did not answer
10	V ₁₄ Infant babysit- ting experience	(23)	1 = none 2 = less than 5 times 3 = 5 - 10 times 4 = 11 - 20 5 = greater than 20 0 = did not answer
11	V ₁₅ Childbirth/ Parenting classes	(24)	1 = none 2 = up to 4 hours 3 = 5 - 8 hours 4 = 9 - 12 5 = 13 - 16 6 = 17 - 20 7 = 21 - 24 8 = greater than 24 0 = did not answer
12	V ₁₆ Occupation	(25)	1 = highest occupational status 2 3 4 5 6 7 = lowest occupational status 8 = student written in 9 = unclassifiable 0 = did not answer

<u>Question #</u>	<u>Variable</u>	<u>Column</u>	<u>Code</u>
13	V ₁₇ Student?	(26)	1 = yes 2 = no 0 = did not answer
14	V ₁₈ Employed?	(27)	1 = yes 2 = no 0 = did not answer
15	V ₁₉ Seeking employment?	(28)	1 = yes 2 = no 0 = did not answer
16	V ₂₀ Wife employed prenataally or before pregnancy?	(29)	1 = yes 2 = no 0 = did not answer
17	V ₂₁ If above question yes, # of hours wife worked	(30)	1 = up to 8 hours a week 2 = 9 - 16 3 = 17 - 24 4 = 25 - 32 5 = 33 - 40 6 = 41 - 48 7 = greater than 48 8 = does not apply 0 = did not answer
18	V ₂₂ Will wife return to work w/in 6 months postpartum?	(31)	1 = yes 2 = no 3 = undecided 0 = did not answer
19	V ₂₃ If above response yes/undecided... # hours wife will work.	(32)	1 = up to 8 hours per week 2 = 9 - 16 3 = 17 - 24 4 = 25 - 32 5 = 33 - 40 6 = 41 - 48 7 = greater than 48 8 = does not apply 0 = did not answer
20	V ₂₄ Prenatal annual family income	(33-34)	1 = less than \$5,000 per year 2 = \$5,000 - \$10,000 3 = \$11,000 - \$15,000 4 = \$16,000 - \$20,000 5 = \$21,000 - \$25,000 6 = \$26,000 - \$30,000 7 = \$31,000 - \$35,000 8 = \$36,000 - \$40,000 9 = \$41,000 - \$45,000 10 = over \$45,000 per year 00 = did not answer

<u>Question #</u>	<u>Variable</u>	<u>Column</u>	<u>Code</u>
21	V ₂₅ Job security	(35)	1 = very insecure 2 = 3 = secure 4 = 5 = very secure 0 = did not answer 8 = did not apply
22	V ₂₆ Potential for job advancement	(36)	1 = very little potential 2 = 3 = potential 4 = 5 = very much potential 0 = did not answer 8 = does not apply
23	V ₂₇ Contact with friends who have children	(37)	1 = none 2 = less than 5 hours 3 = 6 - 10 hours 4 = 11 - 20 5 = 21 - 30 6 = 31 - 40 7 = 41 - 50 8 = greater than 50 hours 0 = did not answer
24	V ₂₈ Contact with adult family members	(38)	1 = none 2 = less than 1 day 3 = 1 - 2 days 4 = 3 - 4 5 = 5 - 7 6 = 8 - 10 7 = 11 - 14 8 = 15 - 21 9 = greater than 21 days 0 = did not answer
25	V ₂₉ Distance of parents (code closest parent if separated)	(39)	1 = less than 1 hours drive 2 = 1 - 2 3 = 3 - 4 4 = 5 - 8 5 = 9 - 15 6 = 16 - 22 7 = greater than 22 hours drive 8 = both parents deceased 0 = did not answer

<u>Question #</u>	<u>Variable</u>	<u>Column</u>	<u>Code</u>
26	V ₃₀ Distance of parents-in-law (code closest parent if separated)	(40)	1 = less than 1 hours drive 2 = 1 - 2 3 = 3 - 4 4 = 5 - 8 5 = 9 - 15 6 = 16 - 22 7 = greater than 22 hours 8 = both parents deceased 0 = did not answer
27	V ₃₁ # times parents have come to visit/help	(41)	1 = none 2 = 1 time 3 = 2 - 4 times 4 = 5 - 9 5 = 10 - 14 6 = 15 - 19 7 = 20 or more times 8 = both parents deceased 0 = did not answer
28	V ₃₂ # times parents- in-law have come to visit/help	(42)	1 = none 2 = 1 time 3 = 2 - 4 times 4 = 5 - 9 5 = 10 - 14 6 = 15 - 19 7 = 20 or more times 8 = both parents deceased 0 = did not answer
29	V ₃₃ # times rela- tives have come to help (count each person per day excluding parents/ parents-in-law)	(43-44)	00 to 98 99 = did not answer
30	V ₃₄ Amount of family support	(45)	1 = very little support 2 3 = support 4 = 5 = very much support 0 = did not answer
31	V ₃₅ Help w/household chores	(46)	1 = none 2 = less than 1 day 3 = 1 - 2 days 4 = 3 - 4 5 = 5 - 7 6 = 8 - 10 7 = 11 - 14 8 = 15 - 21 9 = greater than 21 days 0 = did not answer

<u>Question #</u>	<u>Variable</u>	<u>Column</u>	<u>Code</u>
32	V ₃₆ Extent help was helpful (if had help)	(47)	1 = not helpful 2 3 = helpful 4 5 = very helpful 8 = does not apply 0 = did not answer
33	V ₃₇ Extent help interfered/conflicted (if had help w/household chores)	(48)	1 = interfered/conflicted alot 2 3 = interfered/conflict somewhat 4 5 = did not interfere/conflict 8 = does not apply 0 = did not answer
34	V ₃₈ Help w/child care	(49)	1 = none 2 = less than 1 day 3 = 1 - 2 days 4 = 3 - 4 5 = 5 - 7 6 = 8 - 10 7 = 11 - 14 8 = 15 - 21 9 = greater than 21 days 0 = did not answer
35	V ₃₉ Extent help was helpful (if had help)	(50)	1 = not helpful 2 3 = helpful 4 5 = very helpful 8 = does not apply 0 = did not answer
36	V ₄₀ Extent help interfered/conflicted (if had help w/child care)	(51)	1 = interfered/conflicted alot 2 3 = interfered/conflict somewhat 4 5 = did not interfere/conflict 8 = does not apply 0 = did not answer
37	V ₄₁ Prebirth marital satisfaction	(52)	1 = very dissatisfied 2 3 = satisfied 4 5 = very satisfied 0 = did not answer

<u>Question #</u>	<u>Variable</u>	<u>Column</u>	<u>Code</u>
38	V ₄₂ Postbirth marital satisfaction	(53)	1 = very dissatisfied 2 3 = satisfied 4 5 = very satisfied 0 = did not answer
39	V ₄₃ # hours child care performed by father	(54)	1 = none 2 = less than 5 hours per week 3 = 6 - 10 hours per week 4 = 11 - 20 5 = 21 - 30 6 = 31 - 40 7 = 41 - 50 8 = more than 50 hours per week 0 = did not answer
40	V ₄₄ Has father had other children, natural or adopted?	(55)	1 = yes 2 = no 0 = did not answer
41	V ₄₅ Is father the biologic father of his infant?	(56)	1 = yes 2 = no 0 = did not answer
42	V ₄₆ Normal pregnancy?	(57)	1 = yes 2 = no 0 = did not answer
43	V ₄₇ Normal labor/delivery?	(58)	1 = yes 2 = no 0 = did not answer
44	V ₄₈ Cesarean section?	(59)	1 = yes 2 = no 0 = did not answer
45	V ₄₉ Premature infant?	(60)	1 = yes 2 = no 0 = did not answer
46	V ₅₀ Serious health problems for baby	(61)	1 = yes 2 = no 0 = did not answer
47	V ₅₁ Serious/chronic health problem of father, wife or infant?	(62)	1 = yes 2 = no 0 = did not answer

<u>Question #</u>	<u>Variable</u>	<u>Column</u>	<u>Code</u>
48	V ₅₂ Is family living w/other people?	(63)	1 = yes 2 = no 0 = did not answer
-	V ₅₃ Infant sex	(64)	1 = male 2 = female 0 = missing information
-	V ₅₄ Study subject? (does the subject meet study criteria for inclusion in the sample?)	(65)	1 = yes 2 = no
-	V ₅₅ Hospital of delivery	(66)	1 = Sparrow 2 = St. Lawrence 3 = Lansing General 0 = missing information
-	V ₅₆ Reason for excluding subject from sample	(67-68)	00 = does not apply 01 = baby's age 02 = father's age 03 = not a first-time father
-	V ₅₇ Reason for excluding subject from sample	(69-70)	04 = Cesarean section 05 = Premature infant 06 = Medical problems prenatally 07 = Abnormal labor/delivery
-	V ₅₈ Reason for excluding subject from sample	(71-72)	08 = Baby illness 09 = Father illness 10 = Mother illness 11 = Lives with others 12 = other

NOTE: Subjects not included in this study will have at least one, and up to three reasons coded for why they were omitted from the study sample. Subjects included in this sample will have these six columns (3 pairs) filled with zeros (i.e. 00 00 00).

PART TWO-Role Strain Index

CARD NUMBER TWO

<u>Question #</u>	<u>Variable</u>	<u>Column</u>	<u>Code</u>
-	V ₁ Site	(1)	1 = Lansing State Journal 2 = Knickerbocker 3 = Lee 4 = Assoc. Shared Childbirth 5 = Price 6 = Miscellaneous
-	V ₂ Pt. #	(2-4)	001-192
-	V ₃ Card #	(5)	1 = Sociodemographic 2 = Concern Index (quest 1-71) 3 = Concern Index (quest 72-78)
-	V ₄ Date	(6-9)	month/day of month

NOTE: Items (questions) 1 through 73 use a Likert scale. A low value (0) is assigned to "no concern" and a high value (4) is assigned to "much concern" regarding the variable in question. Undecided is given a value of 2. All the ODD numbered questions are worded in a positive fashion such that agreement with the statement (in other words "no concern") would yield a low value. All the EVEN numbered questions are worded in a negative fashion such that agreement with the statement (in other words "some or much concern") would yield a high value. Symbols for positively worded (+) and negatively worded (-) statements have been placed beside the variables on the coded sheet (scoring key).

Items 74 - 78 will not be coded but will be discussed in the thesis.

1	V ₅₉ +Increased re-sponsibility	(10)	0 = Strongly Agree = SA 1 = Agree = A 2 = Undecided = U 3 = Disagree = D 4 = Strongly Disagree = SD 9 = Did not answer = dna
2	V ₆₀ -Baby make too much noise in public places	(11)	0 = Strongly Disagree 1 = Disagree 2 = Undecided 3 = Agree 4 = Strongly Agree 9 = dna
3	V ₆₁ +If people will like my baby	(12)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna

<u>Question #</u>	<u>Variable</u>	<u>Column</u>	<u>Code</u>
4	V ₆₂ -Wife's figure	(13)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
5	V ₆₃ +Interrupted sleep habits and fatigue	(14)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
6	V ₆₄ -Frequent mis- understandings and arguments	(15)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
7	V ₆₅ +Baby's intel- ligence	(16)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
8	V ₆₆ -My ability to concentrate	(17)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
9	V ₆₇ +Miss our pre- vious lifestyle	(18)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
10	V ₆₈ -Less masculine when talking to or cuddling my baby	(19)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna

<u>Question #</u>	<u>Variable</u>	<u>Column</u>	<u>Code</u>
11	V ₆₉ + Disrupting plans & schedules	(20)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
12	V ₇₀ -I'm too tired to make effort on marital relationship	(21)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
13	V ₇₁ +Happy re: sex of baby	(22)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
14	V ₇₂ -I feel tied down	(23)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
15	V ₇₃ +General dis-organization	(24)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
16	V ₇₄ -I spend too little time with baby	(25)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
17	V ₇₅ +More supportive of wife	(26)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
18	V ₇₆ -Friends/family may think it's odd for me to do child care alot	(27)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
		xxxx	

<u>Question #</u>	<u>Variable</u>	<u>Column</u>	<u>Code</u>
19	V ₇₇ +Feel good re: my role in la- bor/delivery	(28)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
20	V ₇₈ -Less time for personal inter- ests/hobbies	(29)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
21	V ₇₉ +Conflict/inter- ference from parent/in-laws	(30)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
22	V ₈₀ -Wife too tired to make effort on marital re- lationship	(31)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
23	V ₈₁ +Able to meet baby's emotional needs	(32)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
24	V ₈₂ -Baby's person- ality/disposi- tion	(33)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
25	V ₈₃ +Baby's interfer- ence w/our social life	(34)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna

<u>Question #</u>	<u>Variable</u>	<u>Column</u>	<u>Code</u>
26	V ₈₄ -Involved w/ baby & neglect my wife	(35)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
27	V ₈₅ +Baby's appearance	(36)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
28	V ₈₆ -Less in common w/childless friends	(37)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
29	V ₈₇ +Amount of time & work baby demands of me	(38)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
30	V ₈₈ -Conversation repeatedly focuses on baby	(39)	0 = SD 1 = D 2 = U 3 = A 4 = SA 19 = dna
31	V ₈₉ +My wife is more supportive since the baby arrived	(40)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
32	V ₉₀ -Wife is more moody since the baby arrived	(41)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna

<u>Question #</u>	<u>Variable</u>	<u>Column</u>	<u>Code</u>
33	V ₉₁ +Not feel older since the baby's birth	(42)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
34	V ₉₂ -Worry re: the differences b/t mine & other babies	(43)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
35	V ₉₃ +Ability to predict/plan on doing certain social activities	(44)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
36	V ₉₄ -Wife involved w/baby & neglects me	(45)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
37	V ₉₅ +Ability to accomplish goals set prior to the baby's birth	(46)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
38	V ₉₆ -Worry there may be something physically wrong with baby	(47)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
39	V ₉₇ +Wife under-stands how difficult becoming a father has been for me	(48)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna

<u>Question #</u>	<u>Variable</u>	<u>Column</u>	<u>Code</u>
40	V ₉₈ -Overspending on things for baby	(49)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
41	V ₉₉ +My sexual responsiveness	(50)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
42	V ₁₀₀ -Ability to fill the father role	(51)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
43	V ₁₀₁ +Fatherhood is less difficult than expected	(52)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
44	V ₁₀₂ -What male friends will think if see me do alot of child care	(53)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
45	V ₁₀₃ +Less time alone w/wife	(54)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
46	V ₁₀₄ -I'd rather not be a father now	(55)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
47	V ₁₀₅ +Less contact w/friends since baby's birth	(56)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna

<u>Question #</u>	<u>Variable</u>	<u>Column</u>	<u>Code</u>
48	V ₁₀₆ -Baby will stop breath- ing or not get enough air when crying	(57)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
49	V ₁₀₇ +Ability to give good physical care to baby	(58)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
50	V ₁₀₈ -Anger at my baby	(59)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
51	V ₁₀₉ +Adequate knowledge of infant development	(60)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
52	V ₁₁₀ -Out of touch w/wife	(61)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
53	V ₁₁₁ +Increased financial expenses	(62)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
54	V ₁₁₂ -Messy house	(63)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
55	V ₁₁₃ +Wife's general appearance	(64)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
		xxxxv	

<u>Question #</u>	<u>Variable</u>	<u>Column</u>	<u>Code</u>
56	V ₁₁₄ -Knowing when ill & caring for sick baby	(65)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
57	V ₁₁₅ +Worry will wake up and find baby is dead	(66)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
58	V ₁₁₆ -Baby crys too much	(67)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
59	V ₁₁₇ +Wife's sexual responsiveness	(68)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
60	V ₁₁₈ -Feel edgy/ emotionally upset	(69)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna
61	V ₁₁₉ +Baby not sleeping through night	(70)	0 = SA 1 = A 2 = U 3 = D 4 = SD 9 = dna
62	V ₁₂₀ -Baby may not be developing normally	(71)	0 = SD 1 = D 2 = U 3 = A 4 = SA 9 = dna

<u>Question #</u>	<u>Variable</u>	<u>Column</u>	<u>Code</u>
63	V ₁₂₁ +Loss of wife's income	(72)	0 = SA 1 = A 2 = U 3 = D 4 = SD 8 = DNA-Does Not Apply 9 = dna
64	V ₁₂₂ -Continue my education	(73)	0 = SD 1 = D 2 = U 3 = A 4 = SA 8 = DNA 9 = dna
65	V ₁₂₃ +Relationship w/employer	(74)	0 = SA 1 = A 2 = U 3 = D 4 = SD 8 = DNA 9 = dna
66	V ₁₂₄ - Work affected by my home situation	(75)	0 = SD 1 = D 2 = U 3 = A 4 = SA 8 = DNA 9 = dna
67	V ₁₂₅ +Job security	(76)	0 = SA 1 = A 2 = U 3 = D 4 = SD 8 = DNA 9 = dna
68	V ₁₂₆ -Employer/co- workers may think I'm making too big a deal over baby	(77)	0 = SD 1 = D 2 = U 3 = A 4 = SA 8 = DNA 9 = dna

<u>Question #</u>	<u>Variable</u>	<u>Column</u>	<u>Code</u>
69	V ₁₂₇ +Family/close friends see wife breastfeed	(78)	0 = SA 1 = A 2 = U 3 = D 4 = SD 8 = DNA 9 = dna
70	V ₁₂₈ -Wife breast- feeds in public	(79)	0 = SD 1 = D 2 = U 3 = A 4 = SA 8 = DNA 9 = dna
71	V ₁₂₉ +Wife's breast is exposed while nursing near others	(80)	0 = SA 1 = A 2 = U 3 = D 4 = SD 8 = DNA 9 = dna

*****CARD NUMBER THREE*****

See Code Book Page #8.

72	V ₁₃₀ -We disagree about when and around whom to breastfeed	(10)	0 = SD 1 = D 2 = U 3 = A 4 = SA 8 = DNA 9 = dna
73	V ₁₃₁ +Physical intimate closeness of baby's breast- feeding	(11)	0 = SA 1 = A 2 = U 3 = D 4 = SD 8 = DNA 9 = dna

74-78 will not be coded

*****END OF CODE BOOK*****

APPENDIX F

DEFINITIONS OF THE EXTRANEOUS VARIABLES

APPENDIX F

Definitions of the Extraneous Variables

- EV* 1 = Sex of the infant
- EV 2 = Father's perception of the relative normalcy of the pregnancy, normal versus abnormal (SD**, #42).
- EV 3 = Father's perception of the relative normalcy of the labor and delivery, normal versus abnormal (SD, #43).
- EV 4 = Father's perception of the infant's health during the hospitalization period, problems versus no problems (SD, #46).
- EV 5 = Father's perception of the presence of serious or chronic health problems of the infant, mother, or himself, problems versus no problems (SD, #47).
- EV 6 = Father's occupational status as measured by a scale ranging from 1 (high status) to 7 (low status), (SD, #12).
- EV 7 = Father's employment status, employed versus unemployed (SD, #14).
- EV 8 = Father's employment seeking status, seeking employment versus not seeking employment (SD, #15).
- EV 9 = Father's student status, student versus non-student (SD, #13).

*EV = Extraneous Variable

**SD = Socio-demographic questionnaire

APPENDIX F

Table F.1

Correlations Between Role Strain Scales and Extraneous Variables

Role Strain Scales	EV 1	EV 3	EV 4	EV 6	EV 7	EV 8	EV 9
Father Role	r(100)= .01	r(90)=-.06	r(90)=.08	r(86)= .11	r(86)= .06	r(86)=-.06	r(89)=.09
Baby	r(100)= .07	r(100)= .09	r(100)=.18**	r(96)= .01	r(99)= .11	r(95)=-.01	r(99)=.10
Self	r(100)= .14	r(100)= .09	r(100)=.11	r(96)=-.06	r(99)= .18**	r(95)=-.02	r(99)=.20**
Marital Relationship	r(100)= .05	r(100)= .08	r(100)=.05	r(96)= .02	r(99)= .02	r(95)= .04	r(99)=.13
Social Relationships	r(100)=-.05	r(85)= .08	r(85)=.04	r(82)= .07	r(84)=-.03	r(80)= .26**	r(84)=.17*
Total	r(100)= .05	r(77)= .03	r(77)=.12	r(74)=-.03	r(76)= .03	r(73)= .02	r(76)=.15

Note: EV 2 was not testable as all subjects perceived their wives to have had relatively normal pregnancies.

EV 5 was not testable as only one father perceived the presence of a serious or chronic illness for the infant, mother, or himself.

Note: The number listed within parentheses is the number of subjects (n).

* The coefficient approached the .05 level of significance, $p = .050-.059$.

** $p < .05$.

*** $p < .01$.

**** $p < .0005$.

APPENDIX G
FREQUENCY DISTRIBUTION, MEAN AND STANDARD DEVIATION
SCORES FOR THE ROLE SUB-SCALE ITEMS
FATHER ROLE, SELF, MARITAL RELATONSHIP,
AND SOCIAL RELATIONSHIPS

APPENDIX G

Table G.1

Frequency Distribution, Mean and
Standard Deviation Scores for the
Father Role Scale Items

	1	2	3	4	5	Mean	Std. Dev.	Missing
16. I spend too little time with my baby.	14.0	32.0	11.0	36.0	7.0	2.9	1.2	0
23. I feel I am able to meet my baby's emotional needs.	23.0	56.0	17.0	3.0	1.0	2.0	0.8	0
40. I am concerned about our over-spending on things for the baby.	11.0	53.0	13.0	16.0	7.0	2.5	1.1	0
42. I feel inadequate or uncertain of my ability to "fill" the father role.	33.0	47.0	10.0	10.0	0.0	2.0	0.9	0
43. Fatherhood is less difficult than I expected.	6.1	44.4	26.3	17.2	6.1	2.7	1.0	1
49. I feel I am able to give good physical care to my baby (diapering, feeding, bathing, safety).	31.0	61.0	4.0	4.0	0.0	1.8	0.7	0
51. I have an adequate knowledge of infant development.	12.0	46.0	21.0	20.0	1.0	2.5	2.0	0
53. The increased financial expenses associated with the baby do <u>not</u> concern me.	10.0	37.0	7.0	37.0	9.0	3.0	1.2	0
56. I'm not comfortable with knowing when my baby is sick or caring for him/her when he/she is sick.	14.3	36.7	15.3	28.6	5.1	2.7	1.2	2
65. I am <u>not</u> worried about my relationship with my employer.	28.0	53.8	4.3	12.9	1.1	2.1	1.0	7
66. I worry my work has been affected by my home situation (my work may not be as good due to the new stresses brought by the baby).	27.7	55.3	7.4	8.5	1.1	2.0	0.9	6
67. I am <u>not</u> concerned about the security of my job.	25.5	42.6	6.4	16.0	9.6	2.4	1.3	6
68. I am concerned that my employer or co-workers may think I'm making too big a deal over the new baby (if I talk a lot about the baby or ask for time off to help at home with the baby).	25.5	58.5	6.4	9.6	0.0	2.0	0.8	6
63.* The loss of my wife's income has not been a concern for me.	12.9	32.3	6.5	37.1	11.3	3.0	1.3	38

* These items were deleted from the scale during reliability testing.

** These items exceeded the 3.0 mid-point.

APPENDIX G

Table G.2

Frequency Distribution, Mean and
Standard Deviation Scores for the
Baby Scale Items

	1	2	3	4	5	Mean	Std. Dev.	Missing
7. I do <u>not</u> worry about my baby's intelligence or I.Q.	16.0	35.0	6.0	34.0	9.0	2.9	1.3	0
24. I worry about my baby's personality or disposition (irritable, too quiet).	13.0	46.0	10.0	27.0	4.0	2.6	1.1	0
27. I am not concerned about my baby's appearance (cute, funny looking, fat).	13.0	37.0	5.0	39.0	6.0	2.9	1.2	0
29. I am <u>not</u> frustrated with the amount of time and work my baby demands of me.	11.0	58.0	15.0	15.0	1.0	2.4	0.9	0
34. I worry about the differences between my baby and other infants.	31.0	55.0	6.0	8.0	0.0	1.9	0.8	0
38. I worry that there might be something physically wrong with my baby.	21.0	49.0	13.0	15.0	2.0	2.3	1.0	0
48. I worry the baby will stop breathing or not get enough air when he/she holds his/her breath while crying.	12.0	58.0	7.0	19.0	4.0	2.5	1.1	0
50. It concerns me when I feel angry at my baby.	6.0	27.0	18.0	35.0	14.0	3.2**	1.2	0
57. I do <u>not</u> worry that we will wake up to find our baby dead.	17.0	42.0	12.0	23.0	6.0	2.6	1.2	0
58. I feel my baby cries too much.	18.0	61.0	12.0	9.0	0.0	2.1	0.8	0
61. It does <u>not</u> frustrate me when my baby does not sleep through the night.	7.0	54.0	5.0	28.0	6.0	2.7	1.1	0
62. I am concerned that my baby may not be developing normally.	26.0	58.0	5.0	10.0	1.0	2.0	0.9	0
13.* I am happy about the sex my baby turned out to be.	39.0	50.0	8.0	2.0	1.0	1.8	0.8	0

* These items were deleted from the scale during reliability testing.

** These items exceeded the 3.0 mid-point.

APPENDIX G

Table G.3

Frequency Distribution, Mean and
Standard Deviation Scores for the
Self Scale Items

	1	2	3	4	5	Mean	Std. Dev.	Missing
5. Interrupted sleep habits and fatigue are <u>not</u> a concern of mine.	9.0	31.0	11.0	39.0	10.0	3.1**	1.2	0
8. Since the baby was born my ability to concentrate has worried me.	30.0	50.0	11.0	9.0	0.0	2.0	0.9	0
9. I do <u>not</u> miss our previous life style (before the baby was born).	12.0	36.0	20.0	29.0	3.0	2.8	1.1	0
11. I am <u>not</u> bothered by the baby disturbing our plans and schedules.	16.0	37.0	23.0	23.0	1.0	2.6	1.1	0
14. I feel tied down since the birth of our baby.	18.0	49.0	17.0	15.0	1.0	2.3	1.0	0
15. I have <u>not</u> been bothered by general disorganization of things (schedules, house, etc.) since the baby arrived.	14.0	46.0	9.0	26.0	5.0	2.6	1.2	0
20. Less time for personal interests (fishing, school, football games) is a concern of mine.	16.0	47.0	8.0	25.0	4.0	2.6	1.2	0
33. I do <u>not</u> feel older since the birth of our baby.	19.0	48.0	13.0	16.0	4.0	2.4	1.1	0
37. I am <u>not</u> concerned about my ability to accomplish goals set prior to the baby's birth.	14.0	42.0	5.0	32.0	7.0	2.8	1.2	0
54. Our house is more messy since the baby arrived and this frustrates me.	12.0	51.0	13.0	19.0	5.0	2.5	1.1	0
60. It concerns me that I feel edgy or emotionally upset.	8.0	45.0	17.0	27.0	3.0	2.7	1.1	0
1.* The increased responsibility of having a baby does <u>not</u> concern me.	7.0	18.0	4.0	36.0	35.0	3.7**	1.3	0
10.* Sometimes I feel less masculine when cuddling or talking to my baby.	69.0	24.0	5.0	0.0	2.0	1.4	0.8	0
19.* I feel good about my role during labor and delivery.	53.0	41.0	5.0	0.0	1.0	1.6	0.7	0
46.* I'd rather <u>not</u> be a father, at least not now.	60.0	38.0	1.0	0.0	1.0	1.4	0.6	0
64.* I had hoped to continue my education but now with the baby I worry or am frustrated that I will not be able to.	35.0	35.0	12.5	15.0	2.5	2.2	1.1	60

* These items were deleted from the scale during reliability testing.

** These items exceeded the 3.0 mid-point.

APPENDIX G

Table G.4

Frequency Distribution, Mean and
Standard Deviation Scores for the
Marital Relationship Scale Items

	1	2	3	4	5	Mean	Std. Dev.	Missing
6. Since the baby arrived my wife and I have more frequent misunderstandings or arguments.	25.0	46.0	14.0	12.0	3.0	2.2	1.1	0
12. Since the baby arrived I am often too tired to make an effort on our marital relationship.	23.0	53.0	14.0	9.0	1.0	2.1	0.9	0
22. My wife is often too tired to make an effort on our marital relationship.	14.0	48.0	14.0	22.0	2.0	2.5	1.1	0
26. I am very involved with our baby and because of this I sometimes neglect my wife.	17.0	60.0	7.0	16.0	0.0	2.2	0.9	0
31. My wife is more supportive of me since the baby arrived.	8.0	40.0	28.0	23.0	1.0	2.7	1.0	0
32. My wife is more moody since the baby arrived.	10.0	49.0	9.0	25.0	7.0	2.7	1.2	0
36. My wife is very involved with the baby and because of this she sometimes neglects me.	15.0	57.0	12.0	14.0	2.0	2.3	1.0	0
41. My sexual responsiveness does not worry me.	19.0	68.0	7.0	5.0	1.0	2.0	0.8	0
45. It does <u>not</u> concern me that my wife and I have less time together since the baby's arrival.	8.0	38.0	14.0	36.0	4.0	2.9	1.1	0
52. I feel out of touch with my wife.	21.0	65.0	5.0	8.0	1.0	2.0	0.8	0
55. I feel good about my wife's general appearance (dress and grooming.)	37.0	55.0	2.0	4.0	2.0	1.8	0.8	0
59. I am satisfied with my wife's sexual responsiveness.	21.0	45.0	16.0	15.0	3.0	2.3	1.1	0
4.* Particularly since delivery I have been concerned about my wife's figure.	24.0	43.0	13.0	16.0	4.0	2.3	1.1	0
17.* I am more supportive of my wife since the baby arrived.	13.0	57.0	16.0	14.0	0.0	2.3	0.9	0
39.* My wife understands how difficult becoming a father has been for me.	12.0	45.0	19.0	18.0	6.0	2.6	1.1	0
72.* My wife and I disagree about where and around whom to breastfeed our baby.	29.1	60.5	5.8	4.7	0.0	1.9	0.7	14
73.* The physical intimate closeness of breastfeeding that the baby has with my wife does <u>not</u> concern me.	41.9	44.2	3.5	4.7	5.8	1.9	1.1	14

* These items were deleted from the scale during reliability testing.

** These items exceeded the 3.0 mid-point.

APPENDIX G

Table G.5

Frequency Distribution, Mean and
Standard Deviation Scores for the
Social Relationships Scale Items

	1	2	3	4	5	Mean	Std. Dev.	Missing
2. When we are in a public place (restaurant, church) I worry our baby will make too much noise and bother others.	8.0	26.0	14.0	48.0	4.0	3.1**	1.1	0
21. I do <u>not</u> feel any conflict or interference from my parents or in-laws regarding our baby.	26.0	50.0	11.0	8.0	5.0	2.2	1.1	0
25. The degree to which the baby interferes with our social life, does <u>not</u> frustrate me.	15.0	60.0	12.0	13.0	0.0	2.2	0.9	0
28. It concerns me that now we may have less in common with friends who are child- less.	14.0	60.0	5.0	21.0	0.0	2.3	1.0	0
30. I become frustrated when conversation repeatedly focuses on the baby or child- ren.	20.0	69.0	5.0	5.0	1.0	2.0	0.7	0
35. Our ability to predict or plan on doing certain social activities does <u>not</u> concern me.	8.0	52.0	13.0	25.0	2.0	2.6	1.0	0
47. I am <u>not</u> concerned about less contact with friends since the birth of our baby.	11.0	54.0	7.0	26.0	2.0	2.5	1.1	0
69. I do <u>not</u> mind if family or close friends see my wife breast feed our baby.	17.4	45.3	14.0	15.1	8.1	2.5	1.2	14
70. I feel uncomfortable when (or if) my wife breast feeds our baby in public.	17.4	29.1	17.4	24.4	11.6	2.8	1.3	14
71. I do <u>not</u> mind if my wife's breast is exposed while nursing around others.	7.1	32.9	20.0	25.9	14.1	3.1**	1.2	15
3.* I do <u>not</u> worry if people will like my baby.	34.0	42.0	4.0	16.0	4.0	2.1	1.2	0
18.* It does concern me that friends or family might think it is odd for me to do a lot of child care.	48.5	31.3	6.1	7.1	7.1	1.9	1.2	1
44.* I am concerned about what male friends might think if they see me do a lot of the baby's care(diapers, comforting, putting to bed) rather than just giving the baby to its mother.	57.0	39.0	1.0	3.0	0.0	1.5	0.7	0

* These items were deleted from the scale during reliability testing.

** These items exceeded the 3.0 mid-point.

APPENDIX H

CORRELATION MATRIX OF ROLE STRAIN SUB-SCALES

APPENDIX H

Table H.1

Correlation Matrix of Role Strain Sub-Scales

	Father Role	Baby	Self	Marital Relationship	Social Relationships
Father Role	100	85	85	66	62
Baby	85	100	79	61	55
Self	85	79	100	59	85
Marital Relationship	66	61	59	100	44
Social Relationships	62	55	85	44	100

APPENDIX I

OCCUPATIONAL STATUS OF FATHERS

APPENDIX I

Table I.1

Occupational Status of the Fathers (n=92)

Occupational Status	Number of Subjects	Adjusted Percentage
Highest Status 1	20	21.7
2	18	19.6
3	10	10.9
4	9	9.8
5	15	16.3
6	12	13.0
Lowest Status 7	<u>8</u>	<u>8.7</u>
	Total 92	100.0

Note: Eight of the 100 subjects' occupations were classifiable.

The method of occupational scaling was adapted from:
 Hollingshead, A.B. Two factor index of social position. In Bonjeau, C.,
 (ed.), Sociological measurement: An inventory of scales and indices.
 San Francisco: Chandler Pub., 1967, pp. 384-388.