FACTORS DETERMINING THE EXTENT OF FATHER INVOLVEMENT IN INFANT CARETAKING ACTIVITIES

THESIS

Presented to the Graduate Council of the North Texas State University in Partial Fulfillment of the Requirements

For the Degree of

MASTER OF SCIENCE

By

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Owen, Susan Snyder, Factors Determining the Extent of Father Involvement in Infant Caretaking Activities. Master of Science, August, 1982, 78 pp., 4 tables, bibliography, 42 titles.

This study is an investigation of factors which determine father involvement in infant caretaking activities. Concerns involved fathers' past parental relationships, fathers' preparation for childbirth, sex of the infant, complexity of the caretaking task, fathers' participation in childbirth, fathers' desire for a male or female infant, and amount of early physical contact between father and infant.

Data indicated significant relationships between father participation and the sex of the child, complexity of the caretaking activity, and amount of early physical contact between the father and infant.

Data indicated no significant relationships between father participation and fathers' past parental relationships, fathers' preparation for childbirth, fathers' participation in childbirth, and fathers' desires for a male or female infant.
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CHAPTER I

INTRODUCTION

Background and Importance of the Study

In the past decade, increases in the numbers and percentages of women in the labor force as well as changes in the social definitions of male and female roles have increased the opportunities for and the pressures on men to take a part in caring for children (2). In support and need of this fact, the research on the fathering process has increased in the past decade.

The fathers' preparation and active participation in the birth of their children has become increasingly popular in the past few years (3, 6). However, several authors emphasize that no reliable research exists to resolve the controversy between researchers, physicians and childbirth education enthusiasts as to how beneficial a father's preparation and active participation in the birth process is (1, 4, 6, 14). Studies have indicated that additional contact between mothers and infants during the first few hours after birth seemed to create a stronger bond between them some time later (1, 12). Greenburg and Morris report that it is the early contact with the father and infant which releases potential for involvement with his infant (4, 10).
Studies indicate that regardless of the nature of the father's attachment to his child and what has determined it, the attachment may have important meaning for the mental health of the child and his family (14). The work of Bowlby has shown this attachment phenomenon is extremely important in early emotional development, which exerts a pervasive influence throughout life (1). The father's behavior is equally as significant as the mother's behavior in causing a child's positive or negative adjustment (1, 4, 14). According to the findings reported in numerous studies, it is important for the father to gain early attachment to his infant (3, 6, 14). McDonald's findings suggest that the repertoire of paternal behavior at initial encounters with their infants function to establish this father-to-newborn affectional bond (10). Opportunities for extended early contact with the infant are provided by the presence of the father in the birth process. Since most hospitals do not allow fathers' entrance to the delivery room without previously attending childbirth classes (12), the participation in these classes provides the opportunity for the father to be in contact with the infant the first hours after birth. Instruction in infant caretaking is offered by these same childbirth and infant care classes. Fein (2) in his study suggests the father's active involvement in infant caretaking reduced anxiety in other aspects of his life.
The extent of caretaking responsibilities fathers assume is positively correlated with the extent of nurturance shown by their own parents (8). Fathers also assume more caretaking activities depending upon the sex of the infant. Manion (8) found fathers with daughters became more involved in infant care than did fathers with sons. Suggested is that fact that the fathers' concept of traditional male and female characteristics encouraged greater participation in caretaking of their daughters because they look upon them as fragile, feminine and in need of greater protection.

Statement of the Problem

The purpose of this study was to examine fathers' past parental relationships, their preparation for a new infant, their participation in the birth event of the first born, the sex of the child, and the subsequent effect that these factors have upon the father's involvement in infant caretaking activities. Klaus and Manion (5, 8) report a relationship between fathers' own parents' model of infant caretaking and the extent to which he involves himself in the care of his infant. Manion found that fathers who had a higher degree of involvement in preparation for birth and the birth process had higher degrees of involvement in later infant caretaking activities (8). Greenburg and Manion suggest that the significant time for the bonding process between the father and infant is in the first hour after birth, or better,
at birth (4). Paternal attachment or bonding is associated with the amount of infant caretaking the father involves himself in (13).

Research Questions

1. Is there a relationship between fathers' past experiences with their parents and the extent of involvement in infant care activities?

2. To what extent do fathers who participated in childbirth and infant care classes provide infant care?

3. Is there a difference between the infant care provided by fathers of female infants as opposed to fathers of male infants?

4. Is the extent of participation of fathers in some infant care activities higher than in other infant care activities?

5. To what extent do fathers who participated in the birth of their infant provide infant care?

6. To what extent does the father's desire for a certain sex infant affect his involvement in caretaking activities with his infant?

7. Does early physical contact between the father and infant affect the amount of the father's participation in infant caretaking activities?
Delimitations

1. This study does not attempt to investigate the phenomenon of bonding between the infant and the mother.

2. This study does not attempt to investigate the relationship of the mother and the father.

Limitations

1. The childbirth material presented in the prenatal classes may not have been equal in depth and subject matter since all couples were not in the same class.

2. The values, biases and attitudes of the instructors of the classes may have differed from one another causing differing effects on the subjects.

3. The class participants' values, biases and attitudes may have altered the content and mood of the class.

4. The subjects may have answered questions on the questionnaire anticipating the researcher's intentions.

5. Subjects may have responded to questions according to what they thought was socially acceptable and may not have accurately reported their own opinions, feelings, or experiences.

Definition of Terms

The following terms are defined specifically for this study.

Birth process—the combined tasks of prenatal care, labor, delivery and recovery.
Bonding--a strong attachment or engrossing, close relationship between an infant and parent.

Childbirth class--an organized gathering for instruction in the processes of labor and birth.

Engrossment--a sense of absorption, preoccupation, and interest in the infant (4, 12).

Infant care class--instruction in the postnatal daily care of a newborn.

Natural childbirth--actively participating throughout the labor and birth process without the use of medication (11).

Prepared childbirth--proceeding throughout the birth process with the knowledge gained from prenatal classes.
CHAPTER BIBLIOGRAPHY


CHAPTER II

REVIEW OF RELATED LITERATURE

There are different factors which determine the extent of a father's involvement in the caretaking activities of his infant. Numerous researchers have identified possible determinants: the intensity of the relationship he had with his own parents, his past child care experiences, the interest he takes in preparing for and participating in childbirth, the sex of his child, and the complexity of the tasks involved.

The Role of the Father

Lamb (10) labels the second half of the current decade as the "era of paternal rediscovery." Fein (6) reports that with the recognition of the importance of fatherhood and shifts in sex-roles and cultural expectations, images of men's involvements in pregnancy, childbirth, and family life are broadening. Despite their crucial importance, the role of the father and his relationship with his infant has been inadequately studied (6, 10). Mothers have traditionally assumed major responsibility for child care. Thus, the assumption was that mothers were exclusively important influences on their child's development and men in our culture neither sought nor assumed active responsibility for child
caretaking activities. Today, however, increasing numbers of fathers appear eager to take an active role in the birth and rearing of their children (5, 10, 27).

Numerous social scientists now recognize that for biological and social reasons, fathers have a crucial and integral role in childbirth and parenting and that fathering is important to young infants and fathers alike (2, 10, 25). Parke (19) states that the fact that historical, social and economic arrangements meant that fathers were allocated to other roles need not necessarily imply that they are incapable of assuming a caretaking role. Lamb, Rendina and Dickenscheid (10, 24) explain that mothers and fathers engage in different types of interactions, both crucial to the child's development. Parke (19) found that even though mothers are more likely to assume caretaking responsibilities whereas fathers interact in vigorous and stimulation play, fathers can be capable and competent in the execution of caretaking activities.

The Influence of Past Parental Relationships and Child Care Experiences

The results of Manion's study (12) indicate that fathers who remembered their parents as nurturing participated more in caretaking tasks with their infants. A study done by Lott (11) indicates that an adult's perception of his parental relationship as a child may affect the type of parent he or
she becomes. Adults who look forward to parenthood differ from less child-oriented adults in remembering more nurturant mothers. They also rated their fathers higher on the amount of care and trouble they remember them taking on their behalf. Soule, Standley and Copans (25) report in their work that a sense of fatherliness seems to have strong roots in one's own father's caring or perceived emotional negligence.

Data from Fein's study (6) show that men who had relatively more experience caring for other children were more involved in caring for their own infants. Parke (19) states that fathers who were provided the opportunity to learn and practice basic caretaking skills during the post-partum hospital period were more involved with their infants at six months. Fein (6) expresses the need for study of boys' and men's preparations for parenting such as the kinds of experiences and supports for nurturance and child care provided for males in the years before they become parents as well as the various kinds of "parent education" programs available.

Obrzut (16) suggests that boys should be encouraged to care for younger siblings in preparation for the responsibilities of parenthood. In this study, fathers identified infant care skills as an area of concern related to fatherhood. Manion (12) expresses that to modify negative parenting practices, information and positive experiences can be provided for prospective fathers. This premise is the foundation
of parenthood education. Intervention can help parents become more comfortable and adept at parenting activities.

Fathers' Preparation for Childbirth

Many parents are confused by their lack of preparation for parenthood, having underestimated its potential impact. Childbirth and infant care classes can bridge this gap created by the lack of preparation for parenthood and the reality of the parental experience (7).

Since the early 1950's, couples have been attending classes on marriage and the family. Women have been finding a new freedom as men have become more involved in pregnancy and birth (23). McDonald (14) stresses that the importance of early father attachment to the newborn is greater presently than in the past because prior family support systems such as the extended family are not as available to most new parents today. In the last decade an increased number of men, usually middle class, have chosen to become active participants in the birth of their baby. They attend prenatal classes where prepared childbirth techniques are taught (3, 13, 16, 17).

Bradley, author of the book Husband Coached Childbirth (3) has established some basic principles for husbands and wives in order to experience childbirth together. First, the wife must be trained how to perform in labor. She needs also to physically prepare her birth-giving muscles. The husband must also be prepared so that he understands how, why, and
what his wife is doing. This training will enable him to coach, guide and encourage her. Most hospitals ban the father from the delivery room unless they have had preparatory classes (3, 4, 13, 22).

Prenatal classes for parents increase a parent's knowledge and thereby decrease the fears that can cause trauma at the time of birth. Fear has been known to cause the birth to be more prolonged, difficult, and dangerous for the female (13, 22). Prenatal education and conditioning exercise enable the mother to experience a shorter labor (4, 15). Parents who attended prenatal classes reported significantly less pain during labor and delivery than those parents who did not attend prenatal classes (15). Parents who use the natural childbirth and require less labor and delivery medication may give birth to infants having higher Apgar scores in terms of heart rate, respiratory effort, muscle tone, reflex irritability, and color (15). Taking natural childbirth classes was positively correlated with seeing labor as a more positive experience (4, 7). Manion, Parke, and Sawin (12, 19), in their studies, found that fathers who attended prenatal classes had higher participation rates in labor and delivery than those fathers who did not attend. Fein (6) reported that men stated that they had been more anxious about birth before attending childbirth education classes.
Packer, Resnick, Resnick and Wilson (17) developed a psycho-education model for a fathering class. Typical concerns brought out by expectant fathers cited include the threatened or trapped feeling due to a sense that pleasures are being exchanged for responsibilities at a rapid pace. The class stresses the importance of developing decision-making skills, since many critical decisions must be made at this time. Class members are taken on a tour of the maternity suite for acquaintance with the surroundings and the procedures to follow, thus diffusing fears of the unknown. When prepared and educated about the procedures and choices in childbirth, men tend to become more interested in the prospect of becoming a father. The fathers who participated in this psycho-education model have reported being surprised to discover paternal feelings of love, tenderness and joy in their reactions with their children, a bond developed much more intimate than one resulting from the provider-protector role and one which is intrinsically rewarding.

Importance of Bonding and the Effects of Fathers' Participation in Birth

McCleary (13) discusses why the early mother-to-infant bond was so important thousands of years ago. The human infant cannot care for himself and wild animals, perhaps attracted by the smell of blood, clustered around the family. He had to be picked up and held, since the human infant is not equipped to approach his mother, as is the baby goat or
lamb. This firm holding quickly formed a tight bond between the mother and child.

Pannabecker (18) investigated mothers who had additional contact with their infants in the postpartum hospitalization period and found these mothers showed greater attentiveness to their infants when their behavior was measured one to three months later. Pannabecker (18) and McDonald (14) question: Could a similar effect be found if the same paradigm were used with fathers?

Greenberg and Morris (9) introduce and discuss the process of "engrossment." The term is defined as a sense of absorption, preoccupation, and interest in the infant. When the father is engrossed in his individual infant, the infant has assumed larger proportions for him. In addition, he suggested that the father feels bigger and that there is an increased sense of self-esteem and worth when engrossed in his infant. Greenberg and Morris (9) consider the potential for engrossment innate and hypothesize that this early contact with the infant is responsible for releasing this potential for involvement. Their findings indicate that fathers do develop a feeling of preoccupation, absorption, and interest in their newborns and that this bond begins developing by the first three days after the birth and often earlier. Greenberg and Morris (9) state that the first hour after birth may be a significant period and it would be an important time for the father to have contact with the
newborn. They cite that in a previous investigation by Greenberg (9) that the infant tends to have its eyes open, is gazing around, has stronger sucking reflexes, cries more, and shows much more physical activity in the first hour after birth than it does in subsequent hours, thus this high incidence of infant behavior would be likely to reinforce and enhance the father's engrossment.

In comparing two groups of first-time fathers, some present at birth and some not, the researchers (9) found that the fathers present at birth were more comfortable in holding their babies than were fathers who were not present. Also, those fathers present thought that they could distinguish their babies from other babies better than fathers who were not present at birth. These observations indicate that there may be a qualitative difference in the degree of engrossment in the two groups of fathers based on the degree of contact with the newborns.

Father's participation in birth was positively related to his later participation in care for the infant (6, 12). Data from Fein's study (6) suggested that this infant care-taking reduced men's feelings of anxiety. Pederson and Robson (20) report that the sway in nurturant and affectional functions from the mother to the father may result in greater psychological closeness between father and child. Ashton (1) states that to strengthen the early father-infant attachment, fathers should be encouraged to assume more caregiving responsibilities.
Peterson, Mehl, and Leiderman's work (21) supports the idea that a laboring woman with her husband present is less likely to need or desire medication. Women who had no anesthesia during delivery and who immediately touched and held their babies after birth showed greater bonding to their children than those women who were anesthetized and did not see their newborns for the first few hours after birth (22). A medicated mother has shown to have medicated infants (13, 21, 22). Fathers interact less with heavily medicated infants. An active, awake infant tends to stimulate the fathers to interact with them more (21).

Pederson and Robson (20) observed the greeting responses of infants to their father in order to define attachment behavior. They found that paternal attachment is associated with the amount of caretaking, the strength of emotional investment, and the amount of stimulating play the father involved himself in with the infant. One quarter of the infant sample who did not show any attachment to the father had fathers who were more distant and less actively involved in caretaking activities. Research done by Lamb (10) indicates that when the father takes an active role during the first few months of the infant's life, a strong bond seems to develop between them, just as it does between the infant and mother. Fein (6) adds to this topic by stating that quantitative and qualitative analyses of the data
suggest that men's lives are enhanced by active involvement in infant caretaking.

More freedom regarding how and when the father interacts with his infant is offered in a home birth (21, 22). The difference in early signs of affection and response to stimuli between home-born and the hospital-born infants are substantial. Home-birth parents and their older children have been found to have stronger attachment to their newborns than parents whose birth took place in a hospital (22). Under home birth conditions, too, it is clear that husbands and wives undergo strong bonding experiences; and other children present at the birth are apparently less likely to be fearful or worried, or to be jealous of the newborn (22).

The Effect of the Sex of the Child Upon the Father-Child Relationship

The amount of caretaking activities that a father participated according to the sex of the infant has been given some attention in general studies. Manion (12) found that fathers with daughters participated in caretaking activities significantly more than did fathers with sons. She states that it may be that the fathers' concepts of traditional male and female characteristics encouraged greater participation in caretaking of their daughters because they look upon them as fragile, feminine and in need of greater protection. In contrast, Rendina and Dickerscheid (24) and Strassberg (26)
reported there was a higher level of involvement in caretaking activities in male infants by their fathers.

In a study by Peterson and Robson (20), one variable was "apprehension over well being," which was an inference of the fathers' anxiety level. They reported that the significance on this variable was higher for female infants than for male infants. They suggest that perhaps the finding was a reflection of cultural sex-typing that males should be tough and hardy and therefore, one need not be as concerned for their well being as would be for a female infant.

Summary

Unlike the past, social scientists now are recognizing the importance of fatherhood, both to the father and the child. Studies show fathers can be capable and competent in the execution of caretaking activities. The sense of fatherliness seems to have strong roots in one's own parents' caring or perceived emotional negligence. Also reflected in the quality and quantity of care of one's infant is the amount and extent of previous child care experience and education one may have had. Childbirth and infant care classes are more readily available now; couples may now compensate for their lack of preparation for parenthood. By increasing a parent's knowledge, fears that can cause trauma at the time of birth are decreased. Fathers who attend prenatal classes have higher participation rates in labor and delivery than
those fathers who do not attend. Attending the birth of his child, the father and newborn have the opportunity to become "engrossed" or bonded. Researchers state that the first hour after birth may be a significant period for this "engrossment" or bonding to evolve. Fathers who participate in birth are more likely to participate in infant caretaking tasks. Involving himself in infant caretaking tasks will reinforce this process of engrossment with his infant. Fein adds to this topic by stating that quantitative and qualitative analyses of data suggest that men's lives are enhanced by active involvement with their infants.
CHAPTER BIBLIOGRAPHY


CHAPTER III

PROCEDURES AND METHODOLOGY

Subject Selection

The subjects who participated in this study included husband and wife pairs in the suburban Dallas area who were expecting their first child. Efforts were made to include married couples expecting their first child to eliminate any attitudes, knowledge and skills attributed to their previous children's birth and infancy. Sixty-four couples were drawn from the prenatal and infant classes beginning in May, July and September, 1981 at the Memorial Hospital of Garland, Garland, Texas. The researcher met with the subjects at their final class meeting to explain the study and to administer the first questionnaire to willing participant couples. Memorial Hospital of Garland has the only maternity ward in the city of Garland and is the only hospital in Garland that offers prenatal and infant care classes.

Characteristics of the Selected Subjects

The mean age of the fathers was twenty-six years old and ranged from age eighteen to thirty-six years of age. The couples had been married on an average of almost two and a
half years (2.3). The fathers' occupations varied from lawyers, accountants, and engineers to teachers, salesmen, computer operators, to truck drivers, firemen, students and warehousers, representing a broad range of occupations. Ninety-two percent of the fathers had graduated from high school; 22 percent were college graduates. These demographic data are represented in Table I.

The fathers in this sample had limited experience with actual child care. Only fifteen fathers (24 percent) reported caring for younger siblings frequently or very frequently. Thirty-two fathers (50 percent) had reported taking care of younger siblings very seldom or never. Only seven fathers (11 percent) had reported having baby-sat for infants frequently or very frequently. Fifty-five fathers (86 percent) reported having no high school or college child development courses. Thus, the majority of these fathers had little or no preparation for child care.

All but two fathers had attended all six of the prenatal classes offered at Memorial Hospital of Garland. Fathers were attempting to prepare themselves for childbirth by reading books (72 percent), talking to their wives' physicians (50 percent), talking to their friends (88 percent), and in addition to the prenatal and infant classes, 78 percent of the fathers were attending Lamaze and natural childbirth classes with their wives. More than half of the fathers (64
<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Percentage</th>
<th>Mean</th>
</tr>
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<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td>26.3 yrs</td>
</tr>
<tr>
<td>Up to 20 years</td>
<td>3</td>
<td>5.4%</td>
<td></td>
</tr>
<tr>
<td>21-25 years</td>
<td>23</td>
<td>41.8</td>
<td></td>
</tr>
<tr>
<td>26-30 years</td>
<td>19</td>
<td>34.6</td>
<td></td>
</tr>
<tr>
<td>31-35 years</td>
<td>9</td>
<td>16.4</td>
<td></td>
</tr>
<tr>
<td>Over 35 years</td>
<td>1</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>*<em>Total</em></td>
<td>55</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td><strong>Length of Marriage</strong></td>
<td></td>
<td></td>
<td>2.3 yrs</td>
</tr>
<tr>
<td>1 year or less</td>
<td>13</td>
<td>21.0</td>
<td></td>
</tr>
<tr>
<td>1-3 years</td>
<td>28</td>
<td>45.2</td>
<td></td>
</tr>
<tr>
<td>3-5 years</td>
<td>10</td>
<td>16.1</td>
<td></td>
</tr>
<tr>
<td>Over 5 years</td>
<td>11</td>
<td>17.7</td>
<td></td>
</tr>
<tr>
<td>*<em>Total</em></td>
<td>62</td>
<td>100.0%</td>
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</tr>
<tr>
<td><strong>Amount of Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than ninth grade</td>
<td>1</td>
<td>1.6</td>
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<tr>
<td>Some high school</td>
<td>4</td>
<td>6.3</td>
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</tr>
<tr>
<td>High school graduate</td>
<td>11</td>
<td>17.2</td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>34</td>
<td>53.1</td>
<td></td>
</tr>
<tr>
<td>College graduate</td>
<td>14</td>
<td>21.9</td>
<td></td>
</tr>
<tr>
<td>*<em>Total</em></td>
<td>64</td>
<td>100.0%</td>
<td></td>
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</tbody>
</table>

*Totals reflect missing data from subjects
percent) indicated that this pregnancy was planned. Data representing the preparation and desire for a child are indicated in Table II.

One of the sixty-four couples who completed the first set of questionnaires was disqualified due to the fact that they were not married. Seven other couples did not return the second set of questionnaires. One couple reported that they lost their infant at birth. The total number of subjects who completed both sets of questionnaires was fifty-five.

Instrument for Soliciting Data

Four expanded questionnaires, two for the husband and two for the wife, developed by Manion (1) were used to collect the data. Manion had established both face and content validity previously in a pilot study. Administration of the first set of questionnaires (see Appendix A and C) took place at the final prenatal and infant class, six to ten weeks before the birth of the couple's first child.

These questionnaires asked for information on nine issues related to the parenting role. These issues were early child care experience, preparation for childbirth, the desire for this child, the desire for a certain sex of child, the plans for the husband's attendance in labor and delivery, occupation, the hours the father is away from home, the level of their education, and factors which are thought to influence past parental relationships.
## TABLE II
### PREPARATION AND DESIRE FOR INFANT

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
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<tr>
<td><strong>EXPERIENCE WITH CHILDREN--Cared for Siblings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never or very seldom</td>
<td>32</td>
<td>40.0%</td>
</tr>
<tr>
<td>Seldom</td>
<td>6</td>
<td>9.4</td>
</tr>
<tr>
<td>Sometimes</td>
<td>11</td>
<td>17.2</td>
</tr>
<tr>
<td>Frequently</td>
<td>15</td>
<td>23.4</td>
</tr>
<tr>
<td>Total</td>
<td>64</td>
<td>100.0</td>
</tr>
</tbody>
</table>

| **EXPERIENCE WITH CHILDREN--Baby-Sat for Infants** |           |            |
| Never or very seldom                           | 46        | 71.9       |
| Seldom                                        | 3         | 4.7        |
| Sometimes                                     | 8         | 12.5       |
| Frequently                                    | 7         | 11.0       |
| Total                                         | 64        | 100.0      |

| **EXPERIENCE WITH CHILDREN--Child-Care Courses** |           |            |
| High School Child Development                  | 1         | 16.7       |
| College Child Development                      | 7         | 83.3       |
| Total                                         | 8         | 100.0      |

**WAYS OF PREPARING FOR CHILDBIRTH; N = 64**

<table>
<thead>
<tr>
<th>Way</th>
<th>Frequency</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Read books</td>
<td>46</td>
<td>71.9</td>
</tr>
<tr>
<td>Attended Lamaze Classes</td>
<td>50</td>
<td>78.1</td>
</tr>
<tr>
<td>Talked to physician</td>
<td>32</td>
<td>50.0</td>
</tr>
<tr>
<td>Talked to friends</td>
<td>56</td>
<td>87.5</td>
</tr>
</tbody>
</table>

**DESIRE FOR PREGNANCY; N = 64**

<table>
<thead>
<tr>
<th>Desire</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not planned</td>
<td>6</td>
<td>9.4</td>
</tr>
<tr>
<td>Not planned; but happy</td>
<td>17</td>
<td>26.6</td>
</tr>
<tr>
<td>Planned</td>
<td>7</td>
<td>10.9</td>
</tr>
<tr>
<td>Planned; looking forward to parenthood</td>
<td>34</td>
<td>53.1</td>
</tr>
</tbody>
</table>
Approximately four weeks after the proposed due date, a second set of questionnaires and the Demography and Delivery Information form were sent by mail to the subjects (see Appendix F). This form requested the date of birth, sex and birth weight of the infant, the ages of the mother and father, the number of older and younger brothers and older and younger sisters that each the mother and father had. Also asked was the type of medication used in labor and delivery.

The second questionnaire sent included items describing the birth event; the type of activities the father engaged in during the labor and delivery, how soon after birth the father held the infant, the amount of contact with the infant and the parents in the hospital, and the parents' inclusion in instructions from the hospital staff on care for the infant. Additional questions gathered information on sleeping, crying, feeding patterns, diaper changing, bathing the infant, and the amount of both the mother's and father's participation in these caretaking activities.

In a cover letter included in the mailing, the subjects were asked not to compare answers until each had answered his own questionnaire. It was explained that whether they answered in the same way or not was unimportant.

Date Accumulation

Although none of the variables on the mother's first questionnaire was needed to collect data, the mother also
completed a questionnaire similar to the father's in order to avoid emphasis on the father only.

Confidentiality was promised in completing the questionnaires at the class meeting and in the covered letter mailed later.

Each set of questionnaires was numbered one to sixty-five. At the class meeting, an index card marked with the corresponding number from the questionnaires was filled out by the subjects with names, address, telephone number, and due date included.

Again, to avoid emphasis on the father's activities, the second questionnaire appeared to focus on the growth and activities of the infant. If the father answered "don't know" as a response on the activities of the infant, the number of the mother's response was used. This was the only functional use of the mother's second questionnaire.

Subjects were encouraged to complete the second questionnaires as soon as possible and return them to the researcher. Enclosed in the mailing was a stamped and addressed envelope for the convenience of the subjects. Follow-up telephone calls were made to those subjects who had not returned the questionnaires within two weeks. Post cards requesting their prompt attention to the matter were sent to those who further delayed the return.
Instrument Scoring

Six scores were obtained from the variables found on the set of questionnaires. An explanation for each score follows. The Father Participation Score was tabulated from the father's responses to items on the second questionnaire. A total possible score was established for each father based on his responses to the questions concerning the amount of rocking, comforting, feeding, changing, and bathing needed by his infant. The points assigned for each response are shown below. If the father indicated "don't know" as a response, then the number of the mother's response was used. The points for the responses were totaled and a possible score was obtained.

<table>
<thead>
<tr>
<th>Number</th>
<th>Response</th>
<th>Points Assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.</td>
<td>1. no</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>2. occasionally</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>3. couple of times a week</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>4. every day</td>
<td>4</td>
</tr>
<tr>
<td>33.</td>
<td>1. none</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>2. one to two times</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3. three to four times</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4. five times or more</td>
<td>4</td>
</tr>
<tr>
<td>36.</td>
<td>1. bottlefeeding</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>2. breastfeeding with occasional bottles</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>3. complete breastfeeding</td>
<td>0</td>
</tr>
<tr>
<td>40.</td>
<td>1. yes</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>2. no</td>
<td>0</td>
</tr>
<tr>
<td>46.</td>
<td>1. more than once a day</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>2. once a day</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>3. every 2-3 days</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4. once a week</td>
<td>2</td>
</tr>
</tbody>
</table>
A numerical figure representing the father's actual participation was obtained by summing the responses to the questions regarding his actual involvement (31, 34, 35, 39, 41, 35, and 49). The figure representing his actual involvement was divided by the figure representing his possible involvement, resulting in a score reflecting the amount of the father's participation in the caretaking of his infant.

The Past Parental Relationship Score was tabulated by summing the responses to questions 03 and 12. These questions reflect the degree of nurturance remembered by the father with respect to his relationships with his own parents.

The Preparation for Childbirth Score was based on the father's responses to the questions concerning courses in childcare and child development (18) and attendance at prenatal classes (20 and 21). The responses to these items were summed to obtain a preparation for childbirth score.

The Desire for Certain Sex Infant Score was obtained for each father by adding the responses of questions 22 and 23. If the father stated a specific sex preference and the newborn was the desired sex, two points were assigned. If the father did not state a definite sex preference, one point was assigned. If the father indicated a definite sex preference and the child was the opposite sex, no points were assigned. These points were then added to the coded response of question 22 concerning the planning of the pregnancy.
The Participation in Birth Event Score was based on the father's presence in the labor and delivery room with his wife and the type of activities he engaged in to support her during labor. If his responses to the questions (52A through 52I) concerning his activities during labor included one to three items, one point was assigned. If his activities ranged from four to six, two points were assigned and three points were assigned for seven to nine activities. These points were added to the responses of questions 51 and 52.

The Contact with Infant Score was obtained by summing the responses to questions 54, 55, and 56. These questions relate to how soon after delivery the father held his newborn, how many times he had held the infant and how many times he had fed the infant.
CHAPTER BIBLIOGRAPHY

CHAPTER IV

RESULTS OF DATA ANALYSIS

Information from completed mother's second questionnaire, father's first and second questionnaires and the Demographic and Delivery Data Information form was compiled and organized to provide a basis for the examination of the six research questions.

Research Question 1

Research question 1 asks if there is a relationship between fathers' past experiences with their parents and the extent of involvement in infant care activities.

The first part of the first questionnaire was devoted to examining the father's relationship with his own parents. There were five items, each asked about the father's mother and father. These items were: (1) believed in showing love for me, (2) understood my problems and helped me with them, (3) hugged and kissed me, (4) had the ability to make me feel better, and (5) gave me attention when I needed it. These questions reflected the degree of nurturance remembered about the father's own parents. The Past Parental Relationship Score was tabulated by summing the responses to these items giving a total possible score of fifty. Forty-seven percent
of the fathers scored below thirty-six. Nine fathers scored forty-five or higher.

The Pearson product-moment correlation coefficient was the technique used to correlate the Past Parental Relationship Score with the Father Participation Score. Using .05 as the level of significance, no significant relationship was found in correlating these two scores ($r = .184$). This result does not support Manion's (2) finding that father's past parental relationships are positively related to his involvement in infant care ($p = 0.02$).

Research Question 2

Research question 2 asks to what extent do fathers who participated in childbirth and infant classes provide infant care.

Fathers were asked in the first questionnaire how many of the prenatal and infant care classes at the local hospital they had attended and if they were participating in the Lamaze classes offered at the hospital. An additional question was if the fathers had had any child development courses in high school, college or other. These items reflected the degree of preparation for childbirth these fathers had. A Preparation for Childbirth Score was tabulated for each father. As reported earlier, all but two fathers had attended all six of the prenatal and infant care classes offered at the local hospital. Seventy-eight percent of the fathers were attending
Lamaze and natural childbirth classes with their wives. Fifty-five fathers (86 percent) reported having no high school or college child development courses.

Other past experience with children that might help to prepare these fathers were caring for younger siblings and babysitting for infants. These fathers had limited experience with actual child care. Only fifteen fathers (24 percent) reported caring for younger siblings frequently. Only seven fathers (11 percent) had reported having baby-sat for infants frequently.

When the Preparation for Childbirth Score was correlated with the Father Participation Score, no significant relationship was shown \( (r = .1863) \). This finding is in agreement with the findings reported in Brown's (1) study that fathers who attended natural childbirth classes did not differ significantly from fathers who had not attended natural childbirth classes in their involvement with their infants' care. However, these results are not consistent with the findings reported in Parke and Sawin's (3) study. They reported that when fathers are provided the opportunity to learn and practice basic caretaking skills they are more involved with their infants at six months. Possibly by six months of age, fathers feel confident in caring for an infant. The first few weeks after birth may be more of an adjustment period for the father, thus causing him to be less involved.
Research Question 3

Research question 3 asks if there is a difference between the infant care provided by fathers of female infants as opposed to fathers of male infants.

An analysis of variance was computed and there was a significant difference, at the .05 level, between the mean number of male infants and mean number of female infants and the mean of Father Participation Scores ($F = 4.777$). Fathers with sons participated significantly more in their care than did fathers with daughters.

These findings are not consistent with the results of Manion's (2) study. She found that fathers participated more with their infant daughters than with their infant sons. She states that fathers' concepts of traditional male and female characteristics may encourage this greater participation in the care for a female because females are thought to need greater protection and care due to their fragile being.

The findings of this study, that fathers participated in caretaking activities more with male infants than female infants, might reflect the fathers' feelings of confidence in caring for a child of their own sex. They see the male infant as less fragile. This avoids anxiety about harming the infant.
Research Question 4

Research question 4 asks if the extent of participation of fathers in some infant care activities is higher than in other infant care activities.

On the second questionnaire fathers were asked how often they had involved themselves in (1) rocking the infant in order to put the child to sleep, (2) in comforting the infant when the child was fussy, (3) in holding the infant when the child was not in need of anything, (4) in bottlefeeding and feeding solids, (5) in changing diapers, and (6) in bathing. Some infants were being breastfed, and some were not yet eating solids. These items were not considered in the analysis since some fathers were eliminated from the tasks involuntarily.

The task most fathers involved themselves in was holding when the infant needed no direct physical attention. The task that fathers least involved themselves in was bathing. The caretaking tasks and the frequency of father involvement are shown in Table III.

These findings on this research question are consistent with the results of Manion's (2) study in that the number of fathers participating in the various activities seemed to decrease as the complexity of the task increased. These fathers were more likely to rock or walk the infant rather than bathe the infant.
TABLE III
FATHERS' INVOLVEMENT IN CARETAKing ACTIVITIES

<table>
<thead>
<tr>
<th>Activities</th>
<th>None</th>
<th>Once or Twice</th>
<th>Three or More</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
</tr>
<tr>
<td>Rocking or Walking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To put to sleep (N = 55)</td>
<td>17</td>
<td>30.9</td>
<td>21</td>
</tr>
<tr>
<td>To comfort (N = 55)</td>
<td>5</td>
<td>9.1</td>
<td>32</td>
</tr>
<tr>
<td>To hold--no direct physical care needed (N = 55)</td>
<td>1</td>
<td>1.8</td>
<td>4</td>
</tr>
<tr>
<td>Feeding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bottle (N = 55)*</td>
<td>20</td>
<td>36.4</td>
<td>12</td>
</tr>
<tr>
<td>Solids (N = 54)**</td>
<td>18</td>
<td>33.3</td>
<td>29</td>
</tr>
<tr>
<td>Diapering (N = 54)</td>
<td>8</td>
<td>14.8</td>
<td>21</td>
</tr>
<tr>
<td>Bathing (N = 54)</td>
<td>40</td>
<td>74.1</td>
<td>11</td>
</tr>
</tbody>
</table>

*Twenty-two of the infants (40 percent) were being breastfed only.

**Thirty-seven of the infants (67.3 percent) had not started on solid foods.
Research Question 5

Research question 5 asks to what extent do fathers who participated in the birth of their infant provide infant care.

Included in the second father's questionnaire, the father was asked to best describe his presence in the labor room with his wife. Specifically asked was the time spent in her presence and the activities he did to help his wife. These activities were (1) gave water or ice chips, (2) rubbed her back, (3) talked to her during contractions, (4) timed the contractions, (5) sat nearby to assure her of his presence, (6) helped her change positions, (7) checked her for relaxation, (8) held her hand during contractions, and (9) helped her with her breathing techniques.

Forty-nine of the fathers (90.7 percent) were present in the labor room except for short periods of time (ten to fifteen minutes at a time). Four fathers visited their wife frequently, taking short breaks of one-half to one hour at a time, and only one father was not present at all. The extent of help activities that the fathers provided was judged by the researcher as moderate (see Table IV).

When the Participation in the Birth Event Score was correlated with the Father Participation Score, the correlation at the 0.05 level was not significant ($r = .1937$). This finding is inconsistent with Manion's (3) finding that the father's participation in the birth was positively related to his later participation in care for his infant.
TABLE IV
DESCRIPTION OF FATHERS IN THE LABOR ROOM
(N = 55)

<table>
<thead>
<tr>
<th>Activities</th>
<th>Yes</th>
<th>%</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td></td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>Gave water to drink*</td>
<td>21</td>
<td>38.2</td>
<td>34</td>
<td>61.8</td>
</tr>
<tr>
<td>Rubbed back</td>
<td>23</td>
<td>41.8</td>
<td>32</td>
<td>58.2</td>
</tr>
<tr>
<td>Talked during contractions</td>
<td>48</td>
<td>87.3</td>
<td>7</td>
<td>12.7</td>
</tr>
<tr>
<td>Timed contractions</td>
<td>32</td>
<td>58.2</td>
<td>23</td>
<td>41.8</td>
</tr>
<tr>
<td>Stayed nearby</td>
<td>45</td>
<td>81.8</td>
<td>10</td>
<td>18.2</td>
</tr>
<tr>
<td>Helped change position</td>
<td>35</td>
<td>63.6</td>
<td>20</td>
<td>36.4</td>
</tr>
<tr>
<td>Checked for relaxation</td>
<td>29</td>
<td>52.7</td>
<td>26</td>
<td>47.3</td>
</tr>
<tr>
<td>Held hand during contractions</td>
<td>42</td>
<td>76.4</td>
<td>13</td>
<td>23.6</td>
</tr>
<tr>
<td>Helped with breathing techniques</td>
<td>39</td>
<td>70.9</td>
<td>16</td>
<td>29.1</td>
</tr>
</tbody>
</table>

*Some fathers may have been instructed not to give water or ice chips by hospital staff.

Research Question 6

Research question 6 asks to what extent does the father's desire for a certain sex infant affect his caretaking activities with his infant.

The first questionnaire provided information used to devise a Desire for Certain Sex Infant Score. The questions inquired as to whether this pregnancy was planned or unplanned, and whether the father preferred a male child, a female child, or had no preference. The method for determining
the Desire for Certain Sex Infant Score was explained in Chapter III.

As stated before, twenty-three fathers reported that this pregnancy was not planned. Seventeen of these fathers, however, were pleased with the pregnancy. Forty-one fathers reported that this pregnancy was planned, thirty-four stated that they were greatly anticipating this child. Interestingly, seventeen fathers (36.6 percent) preferred a male, only seven fathers (10.9 percent) preferred a female child and forty (62.5 percent) indicated either a male or female child was desired.

When the Father Participation Score was correlated with the Desire for Certain Sex Infant Score, no significant relationship was found ($r = .0137$).

Research Question 7

Research question 7 asks if early physical contact between the father and his infant affect the amount of the father's participation in infant caretaking activities.

Three questions on the second father's questionnaire gathered information to devise a Contact with Infant Score. These items questioned the father on how soon after the birth was he able to hold the baby, how many times since the birth had he held his infant and while in the hospital if he was able to feed the infant.
Thirty fathers (54.4 percent) held their infants within one hour. Ten more fathers (18.2 percent) held their infants within six hours. Fifty-four fathers (100 percent) had held their infants three or more times since birth and twenty-three fathers (42.6 percent) were able to feed their infants in the hospital. The other thirty-one fathers (57.4 percent) had no opportunity to feed their infants since their wives were breastfeeding.

The Contact with Infant Score and the Father Participation Score were correlated. With the level of significance set at 0.05, there was a positive relationship found (r = .2372). This finding indicates that these fathers who had more and earlier contact with their infants participated more extensively in caretaking activities.


CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS
FOR FURTHER RESEARCH

Summary

This study concerns fathers of infants and factors which determine the amount of participation fathers have in infant caretaking activities. The main areas of inquiry were the father's relationship in the past with his own parents, his preparation for childbirth, his desire for a certain sex of child, his participation in the birth event, the length of time after birth that he had physical contact with his infant, the complexity of the infant caretaking activity, and infant care provided by fathers of female infants as opposed to fathers of male infants.

A two-part questionnaire was distributed to sixty-four couples. These couples were all expecting their first child and attending childbirth and infant care classes at a local metropolitan hospital. Fifty-five completed sets of questionnaires were returned and analyzed by the Pearson product-moment correlation coefficient and analysis of variance.

Findings

The following findings are based upon the data collected from the sample in the study.
1. The fathers' past experiences with their own parents did not relate to the extent of their involvement in caring for their infants.

2. Fathers' participation in childbirth and infant care classes did not relate to their involvement in infant care activities.

3. Fathers' of sons reported more involvement in caretaking activities with their infants than fathers with daughters reported.

4. Fathers' involvement in infant caretaking tasks were related to the complexity of the task. The more complex the task, the less involved fathers became in the caretaking activities.

5. The fathers' participation in the birth event did not relate to their involvement in infant caretaking activities.

6. The father's desire for a certain sex infant did not relate to his involvement in caretaking activities with his infant.

7. The earlier the physical contact between father and infant the more the father participated in infant caretaking activities.

Conclusions

The fact that fathers' past experiences with their own parents did not relate to the extent of their involvement in caretaking activities might provide a positive position for
the fathers who did not remember their parents as nurturing. The caretaking relationship between the father and his infant may develop independently from the father's positive or negative relationship with his parents.

Fathers who elect to participate in childbirth, infant care classes and the birth of their child might also be the fathers who would elect to take a larger part in caring for their newborn. This possibility must be considered when examining the findings of this study.

As suggested earlier, these fathers participated in infant caretaking activities more with male infants than with female infants. This finding might reflect the feelings of confidence in caring for a child of their own sex. They may see the male infant as less fragile. Since this finding contradicted Manion's study, possibly the sex of the infant might not affect the amount of the father's involvement in caretaking activities. Perhaps the result depends on the group of fathers surveyed, not the sex of the infant.

In considering a father's extent of participation in the caretaking of his infant, one might need to examine the determination and quickness of response of the father to her infant. A mother who responds quickly to her infant's needs may be suppressing the father's desire for involvement in infant caretaking activities. The amount of caretaking activities that the father assumes might depend upon the amount of encouragement that he receives from the mother.
The earlier and the more the physical contact between the father and infant the more the father participated in infant caretaking activities. Earlier contact is provided by the father being present at the birth of the child. However, this study did not show a significant relationship between the father's participation in the birth event and his later involvement in caring for his infant. Possibly the method for determining the Father Participation in the Birth Event Score relied too heavily upon the father's active involvement and not enough upon simply his presence.

Recommendations

Research concerning fathers and their relationships with their children is scarce. Only recently have social scientists studied variations in caretaking patterns with an emphasis on the father-child relationship. Research has shown the tremendous influences fathers may have on their children. Further research is needed to examine what factors can influence the father-child relationship favorably. Fathers have much to enhance children's lives; likewise children have much to enhance fathers' lives.

Specific areas of research might include the male role in childbirth. Information could be gained as to the effects of active husband participation prenatally, during labor and delivery, as well as postnatally, upon the wife. Spouse relationships most definitely have effects upon children.
Longitudinal research could indicate the long-term effect of the relationship between father and child after the active participation of the father in that child's prenatal, birth and post-natal experiences. As the child grows older to realize his father's initial interest in him, the effect could influence the relationship.

Research could study the increase of mothers in the work force and the effect it has upon the fathers of these families. As child care arrangements need to be made, we could see more fathers assuming the role of child care provider.

An interesting inquiry of research could concern the effect of certain infant behaviors upon the father which elicit greater participation in caretaking activities by the father. Infants through their appearances and behaviors have a tremendous affect upon the parents.

In replicating this study of fathers and infant caregiving, more attention might be given to the number of hours the father is away from home, thus requiring the mother to take a larger share of the child care. A similar study could be done with dual-career parents only. This would eliminate the factor of required child care for one parent due to the absence of the other parent.
Appendix A

Father's First Questionnaire

No. __________

Father: Please complete the following questionnaire. Disregard the numbering, as the questionnaire is coded for computer use.

Answer the questions by circling the number next to your response. For example:

My new baby is a:

1. boy
2. girl

01. During your childhood did you have any responsibility for the care of younger brothers or sisters?

0. never
1. very seldom
2. seldom
3. sometimes
4. frequently
5. very frequently

02. Have you ever baby-sat for young infants (less than six months old)?

0. never
1. very seldom
2. seldom
3. sometimes
4. frequently
5. very frequently

For each of the following items, circle a response to the statement which best describes your mother as you remember her:

03. "Believed in showing her love for me."

0. never
1. very seldom
2. seldom
3. sometimes
4. frequently
5. very frequently
04. "Understood my problems and worries and helped me with them."

0. never 
1. very seldom 
2. seldom 
3. sometimes 
4. frequently 
5. very frequently 

05. "Hugged or kissed me goodnight when I was small."

0. never 
1. very seldom 
2. seldom 
3. sometimes 
4. frequently 
5. very frequently 

06. "Was able to make me feel better when I was upset."

0. never 
1. very seldom 
2. seldom 
3. sometimes 
4. frequently 
5. very frequently 

07. "Gave me a lot of care and attention."

0. never 
1. very seldom 
2. seldom 
3. sometimes 
4. frequently 
5. very frequently 

For each of the following items, circle a response to the statement which best describes your father as you remember him:

08. "Believed in showing his love for me."

0. never 
1. very seldom 
2. seldom 
3. sometimes 
4. frequently 
5. very frequently
09. "Understood my problems and worries and helped me with them."

   0. never  
   1. very seldom  
   2. seldom  
   3. sometimes  
   4. frequently  
   5. very frequently

10. "Hugged or kissed me goodnight when I was small."

   0. never  
   1. very seldom  
   2. seldom  
   3. sometimes  
   4. frequently  
   5. very frequently

11. "Was able to make me feel better when I was upset."

   0. never  
   1. very seldom  
   2. seldom  
   3. sometimes  
   4. frequently  
   5. very frequently

12. "Gave me a lot of care and attention."

   0. never  
   1. very seldom  
   2. seldom  
   3. sometimes  
   4. frequently  
   5. very frequently

13. How long have you and your wife been married?

   1. one year or less  
   2. one to three years  
   3. three to five years  
   4. over five years

14. What is your occupation?

15. Does your work require you to be away from home more than the "average" forty-hour week?

16. If yes, how much time would you say you spend away from home during the week?
17. Please indicate your level of education:

1. less than 9 grades completed
2. some high school completed
3. high school graduate
4. some college work completed
5. college graduate

18. Have you had any courses in child development or child care in junior high, high school, or college (other than prenatal classes)?

0. no
2. yes

19. If yes, please describe briefly:

20. Are you attending Lamaze or "natural childbirth" classes?

0. no
4. yes

21. How many of the prenatal classes offered by the hospital do you plan on attending?

0. none
1. one of the classes
2. two of the classes
3. all of the classes

22. Would you say this pregnancy was:

1. not planned; had hoped to delay family for a while
2. not planned; but pleased with a child at this time
3. planned; but not sure what all is involved
4. planned; greatly anticipated

23. During this pregnancy do you hope the baby will be a:

1. boy
2. girl
3. either

24. How have you prepared for childbirth? Check all appropriate responses.

A. ___ Read books and other literature
B. ___ Attended expectant parent classes
C. ___ Talked to your physician
D. ___ Talked to friends
E. ___ Other (explain) __________________

25. Do you want to be present at labor?
   1. no
   2. yes

26. Do you want to be present at the delivery?
   1. no
   2. yes

27. Did you request to be present at the delivery?
   1. no
   2. yes

THANK YOU FOR YOUR TIME AND ASSISTANCE!!
Appendix B

Father's Second Questionnaire

No. _________

Father: Please complete the following questionnaire. Disregard the numbering, as the questionnaire is coded for computer use. Answer the questions by circling the number next to your response. For example:

My new baby is a:

1. boy
2. girl

Baby's Sleeping: Sleeping habits of new babies vary not only from infant to infant, but they may also vary from week to week in the same baby.

28. Babies sleep several times a day for differing lengths of time. About how many hours over a 24-hour period would you say your baby sleeps?

0. don't know
1. 10-12 hours
2. 12-16 hours
3. 16-20 hours
4. more than 20 hours
5. I'm not sure because of my hours away from home

29. Some babies sleep through the night (between 10 p.m. and 6 a.m.) at a very early age while others seem to wake often and sleep little. What is the longest period of time that your baby usually sleeps through the night?

0. don't know
1. 2-3 hours
2. 4-6 hours
3. 7-8 hours
4. more than 8 hours

30. Do you ever need to rock (in a rocking chair or in your arms) or walk your baby before he or she will settle down and go to sleep?

0. don't know
1. no
2. occasionally
3. couple times a week
4. every day
31. If you do, how many times have you yourself rocked or walked your baby (to get him or her to sleep) in the past three days?

1. none
2. once
3. twice
4. three times or more

**Baby's Crying:** Although crying is your baby's way of communicating, a fussy and irritable baby can be frustrating for new parents as well as experienced parents.

32. How often does it seem to you that your baby cries?

1. whenever in need of attention (feeding, changing, etc.), but then quiets immediately
2. whenever in need of attention (feeding, changing, etc.), and then cries for several minutes
3. occasionally cries for no apparent reason
4. frequently cries for no apparent reason

33. How many times in the past three days has the baby been fussy and irritable and needed to be walked, or actively comforted?

0. don't know
1. none
2. one to two times
3. three to four times
4. five times or more

34. How many times in the past three days have you yourself walked, rocked, or actively comforted the baby when he or she was fussy and irritable?

1. none
2. one to two times
3. three to four times
4. five times or more

35. How many times in the past three days have you (father) held the baby (for five minutes or so) when the baby needed NO direct physical attention (such as feeding, changing, comforting, etc.)?

1. none
2. once
3. twice
4. three times or more
Baby's Feeding: New babies are sometimes fussy and hard to feed. It may take several weeks before the baby develops a schedule of any kind.

36. What method of infant feeding are you now using?
   1. bottlefeeding
   2. breastfeeding with occasional bottles
   3. complete breastfeeding

37. How often would you say your baby usually eats?
   1. every two hours
   2. every three hours
   3. every four hours
   4. too irregular to say

38. How often would you say your baby is fussy and hard to feed?
   1. hardly ever
   2. at occasional feedings
   3. several times a week
   4. several times a day

39. How many times in the past three days have you (father) bottle fed the baby?
   1. none
   2. once
   3. twice
   4. three times or more

40. Has your baby started any solid foods (cereal, vegetables, fruits, etc.) yet?
   0. don't know
   1. yes
   2. no

41. If yes, how many times in the past three days have you (father) fed the baby solids?
   1. none
   2. once
   3. twice
   4. three times or more
Changing Baby's Diapers: It seems like some babies need changing all of the time. Babies soon develop a schedule in this area, too!

42. What kind of diapers do you use?

0. don't know
1. cloth
2. disposable
3. combination of cloth and disposable

43. About how many times a day would you say your baby needs a change of diapers?

0. don't know
1. four to six times
2. seven to ten times
3. eleven to thirteen times
4. fourteen times or more

44. There are many differences between bowel habits of adults and those of babies. About how often would you say your baby moves his or her bowels?

0. don't know
1. with every feeding
2. two to three times a day
3. once a day
4. once every two or three days

45. How many times in the last two days have you (father) changed your baby's diapers?

1. none
2. one to three times a day
3. three to four times
4. five times or more

Bathing Baby: In this area also, each individual baby differs. Some babies need bathing more often than others, some babies like bath time and others don't, and so on.

46. About how often does your baby get a bath?

0. don't know
1. more than once a day
2. once a day
3. every two or three days
4. once a week
47. At what times of the day is your baby usually bathed?
   0. don't know
   1. morning
   2. afternoon
   3. evening
   4. varies, whenever convenient or needed

48. Where is baby usually bathed?
   0. don't know
   1. in the kitchen
   2. in the bedroom
   3. in the bathroom
   4. other

49. How many times in the last week have you (father) bathed your baby?
   1. none
   2. once
   3. twice
   4. three times or more

50. Which of the following would you say best describes the discomfort your wife felt during labor and delivery?
   1. she had little or no discomfort
   2. she was uncomfortable but it was manageable
   3. the labor was difficult and painful
   4. the pain was unbearable

51. Which of the following would you say best describes your presence in the labor room with your wife?
   1. was not present
   2. visited wife frequently but also spent time in father's waiting room (1/2 to 1 hour at a time)
   3. was present in the labor room except for short periods of time (10-15 minutes at a time)

52. If you were in the labor room with your wife, please circle any of the following things you did to help her:
   A. gave her water to drink or ice chips to suck on
   B. rubbed her back
   C. talked to her during contractions (labor pains)
   D. timed the contractions (labor pains)
   E. sat in a chair nearby, to assure her of presence
   F. helped her change her position in bed
   G. checked her for relaxation during and between contractions (labor pains)
H. held her hand during the contractions (labor pains) and let her squeeze
I. helped her with her breathing techniques

53. Were you in the delivery room with your wife when your baby was born?
   0. no
   2. yes

54. How soon after birth did you get to hold your baby?
   1. no opportunity
   2. within seventy-two hours
   3. within twenty-four hours
   4. within six hours
   5. within one hour

55. How many times have you been able to hold your baby since birth?
   0. none, no time or opportunity
   1. once or twice
   2. three times or more

56. During this hospital stay, did you get to feed your baby?
   0. no, no time or opportunity
   1. no, my wife is breastfeeding
   2. yes

57. During this hospital stay, were you given any help by nurses or other staff members in feeding your baby?
   0. no
   2. yes

58. During this hospital stay, were you shown how to bathe baby?
   0. no
   2. yes

59. During this hospital stay, have any of the nurses or other staff members talked with you about caring for your baby when you are at home?
   0. no
   2. yes

THANK YOU FOR YOUR TIME AND ASSISTANCE
Appendix C

Mother's First Questionnaire

No. __________

Mother: Please complete the following questionnaire. Disregard the numbering, as the questionnaire is coded for computer use.

Answer the questions by circling the number next to your response. For example:

My new baby is a:

1. boy
2. girl

01. During your childhood did you have any responsibility for the care of younger brothers or sisters?

0. never
1. very seldom
2. seldom
3. sometimes
4. frequently
5. very frequently

02. Have you ever baby-sat for young infants (less than six months old)?

0. never
1. very seldom
2. seldom
3. sometimes
4. frequently
5. very frequently

For each of the following items, circle a response to the statement which best describes your mother as you remember her:

03. "Believed in showing her love for me."

0. never
1. very seldom
2. seldom
3. sometimes
4. frequently
5. very frequently
04. "Understood my problems and worries and helped me with them."

0. never
1. very seldom
2. seldom
3. sometimes
4. frequently
5. very frequently

05. "Hugged or kissed me goodnight when I was small."

0. never
1. very seldom
2. seldom
3. sometimes
4. frequently
5. very frequently

06. "Was able to make me feel better when I was upset."

0. never
1. very seldom
2. seldom
3. sometimes
4. frequently
5. very frequently

07. "Gave me a lot of care and attention."

0. never
1. very seldom
2. seldom
3. sometimes
4. frequently
5. very frequently

For each of the following items, circle a response to the statement which best describes your father as you remember him:

08. "Believed in showing his love for me."

0. never
1. very seldom
2. seldom
3. sometimes
4. frequently
5. very frequently
09. "Understood my problems and worries and helped me with them."
   0. never
   1. very seldom
   2. seldom
   3. sometimes
   4. frequently
   5. very frequently

10. "Hugged or kissed me goodnight when I was small."
   0. never
   1. very seldom
   2. seldom
   3. sometimes
   4. frequently
   5. very frequently

11. "Was able to make me feel better when I was upset."
   0. never
   1. very seldom
   2. seldom
   3. sometimes
   4. frequently
   5. very frequently

12. "Gave me a lot of care and attention."
   0. never
   1. very seldom
   2. seldom
   3. sometimes
   4. frequently
   5. very frequently

13. How long have you and your husband been married?
   1. one year or less
   2. one to three years
   3. three to five years
   4. over five years

14. What is your occupation?

15. Do you plan to work at a job outside of your home?
   1. no plans at this time
   2. yes, within one to two years after the baby's birth
   3. yes, within six months after the baby's birth
   4. yes, within two months after the baby's birth
17. Please indicate your level of education:
   1. less than 9 grades completed
   2. some high school completed
   3. high school graduate
   4. some college work completed
   5. college graduate

18. Have you had any courses in child development or child care in junior high, high school, or college (other than prenatal classes)?
   0. no
   2. yes

19. If yes, please describe briefly:

20. Are you attending Lamaze or "natural childbirth" classes?
   0. no
   2. yes

21. How many of the prenatal classes offered by the hospital do you plan on attending?
   0. none
   1. one of the classes
   2. two of the classes
   3. all of the classes

22. Would you say this pregnancy was:
   1. not planned; had hoped to delay family for a while
   2. not planned; but pleased with a child at this time
   3. planned; but not sure what all is involved
   4. planned; greatly anticipated

23. During this pregnancy do you hope the baby will be a:
   1. boy
   2. girl
   3. either

24. How have you prepared for childbirth? Check all appropriate responses:
   A. ___ Read books and other literature
   B. ___ Attended expectant parent classes
   C. ___ Talked to your physician
D. ___ Talked to friends
E. ___ Other (explain) ____________________

25. Do you want your husband to be present at labor?
   1. no
   2. yes

26. Do you want your husband to be present at the delivery?
   1. no
   2. yes

27. Did you request your husband to be present at the delivery?
   1. no
   2. yes

THANK YOU FOR YOUR TIME AND ASSISTANCE!!
Appendix D
Mother's Second Questionnaire

No. __________

Mother: Please complete the following questionnaire. Disregard the numbering, as the questionnaire is coded for computer use. Answer the questions by circling the number next to your response. For example:

My new baby is a:

1. boy
2. girl

Baby's Sleeping: Sleeping habits of new babies vary not only from infant to infant, but they may also vary from week to week in the same baby.

28. Babies sleep several times a day for differing lengths of time. About how many hours over a 24-hour period would you say your baby sleeps?

1. 10-12 hours
2. 12-16 hours
3. 16-20 hours
4. more than 20 hours

29. Some babies sleep through the night (between 10 p.m. and 6 a.m.) at a very early age while others seem to wake often and sleep little. What is the longest period of time that your baby usually sleeps through the night?

1. 2-3 hours
2. 4-6 hours
3. 7-8 hours
4. more than 8 hours

30. Do you ever need to rock (in a rocking chair or in your arms) or walk with your baby before he or she will settle down and go to sleep?

1. no
2. occasionally
3. couple of times a week
4. every day
31. If you do, how many times have you (mother) rocked or walked your baby (to get him or her to sleep) in the past three days?

1. none
2. once
3. twice
4. three times or more

**Baby's Crying:** Although crying is your baby's way of communicating, a fussy and irritable baby can be frustrating for new parents as well as experienced parents.

32. How often does it seem to you that your baby cries?

1. whenever in need of attention (feeding, changing, etc.), but then quiets immediately
2. whenever in need of attention (feeding, changing, etc.), and cries for several minutes
3. occasionally cries for no apparent reason
4. frequently cries for no apparent reason

33. How many times in the past three days has the baby been fussy and irritable and needed to be walked, rocked, or actively comforted?

1. none
2. one to two times
3. three to four times
4. five times or more

34. How many times in the past three days have you (mother) walked, rocked, or actively comforted the baby when he or she was fussy and irritable?

1. none
2. one to two times
3. three to four times
4. five times or more

35. How many times in the past three days have you (mother) held the baby (for five minutes or so) when the baby needed NO direct or physical attention (such as feeding, changing, comforting, etc.)?

1. none
2. once
3. twice
4. three times or more
Baby's Feeding: New babies are sometimes fussy and hard to feed. It may take several weeks before the baby develops a schedule of any kind.

36. What method of infant feeding are you now using?

1. bottlefeeding
2. breastfeeding with occasional bottles
3. complete breastfeeding

37. How often would you say your baby eats?

1. every two hours
2. every three hours
3. every four hours
4. too irregular to say

38. How often would you say your baby is fussy and hard to feed?

1. hardly ever
2. at occasional feedings
3. several times a week
4. several times a day

39. How many times in the last two days have you (mother) held and fed the baby?

1. 1-3 times
2. 4-6 times
3. 7-10 times
4. 11 times or more

40. Has your baby started any solid foods (cereals, vegetables, fruits, etc.) yet?

1. yes
2. no

41. If yes, how many times in the past three days have you (mother) fed the baby solids?

1. once
2. twice
3. three times
4. four times or more

Changing Baby's Diapers: It seems like some babies need changing all of the time. Babies soon develop a schedule in this area.
42. What kind of diapers do you use?
   1. cloth
   2. disposable
   3. combination of cloth and disposable
   4. try to avoid diapering

43. About how many times a day would you say your baby needs a change of diapers?
   1. four to six times
   2. seven to ten times
   3. eleven to thirteen times
   4. fourteen times or more

44. There are many differences between bowel habits of adults and those of babies. About how often would you say your baby moves his or her bowels?
   1. with every feeding
   2. two to three times a day
   3. once a day
   4. once every two or three days

45. How many times in the last two days have you (mother) changed your baby's diapers?
   1. one to six times
   2. seven to ten times
   3. eleven to fifteen times
   4. sixteen times or more

Bathing Baby: In this area also, each individual baby differs. Some babies need bathing more often than others, some babies like bath time and others don't, and so on.

46. About how often does your baby get a bath?
   1. more than once a day
   2. once a day
   3. every two or three days
   4. once a week

47. At what time of the day is your baby usually bathed?
   1. morning
   2. afternoon
   3. evening
   4. varies, whenever convenient or needed
48. Where is baby usually bathed?
   1. in the kitchen
   2. in the bedroom
   3. in the bathroom
   4. other

49. How many times in the last week have you (mother) bathed your baby?
   1. once
   2. two to three times
   3. four to six times
   4. seven times or more

50. Which of the following would you say best describes the discomfort you felt during labor and delivery?
   1. little or no discomfort
   2. uncomfortable but manageable
   3. difficult and painful
   4. unbearably painful

51. Which of the following would you say best describes your husband's presence in the labor room with you?
   1. he was not present
   2. he visited frequently but also spent time in the father's waiting room (1/2 to 1 hour at a time)
   3. he was present in the labor room except for short periods of time (10-15 minutes at a time)

54. How soon after birth did you get to hold your baby?
   1. within one hour
   2. within six hours
   3. within twenty-four hours
   4. within seventy-two hours
   5. no opportunity until after seventy-two hours

54a. Which of the following would you say best describes the discomfort you feel from your episiotomy (stitches)?
   1. did not have episiotomy (stitches)
   2. little or no discomfort
   3. uncomfortable but manageable
   4. difficult and painful
57. During this hospital stay, were you given any help by the nurse or staff members in feeding your baby?

0. no
2. yes

58. During this hospital stay, were you shown how to bathe your baby?

0. no
2. yes

59. During this hospital stay, had any of the nurses or staff members talked with you about caring for your baby when you are at home?

0. no
2. yes

60. Has anyone come to help you and your husband since you have had the baby home?

1. no
2. yes, friends and neighbors
3. yes, relatives
4. yes, other (visiting nurse, baby sitter, or other paid workers)

THANK YOU FOR YOUR TIME AND ASSISTANCE!!
Appendix E
Demographic and Delivery Data

1. Date second questionnaire completed __________________
2. Baby’s sex _______ 3. Birthdate of baby ________________
4. Birth weight __________
5. Medication of mother during labor and delivery ____________

6. Age of father _______ 7. Age of mother _________________

Father:

8. How many older brothers do you have? _________________
9. How many older sisters do you have? _________________
10. How many younger brothers do you have? _________________
11. How many younger sisters do you have? _________________

Mother:

12. How many older brothers do you have? _________________
13. How many older sisters do you have? _________________
14. How many younger brothers do you have? _________________
15. How many younger sisters do you have? _________________
Hello

Congratulations on your new arrival! Like most people you're probably wondering what became of your spare time. New babies do demand a lot of attention!

If you remember, I met with your prenatal class at your last meeting and told you about my study. I'm a graduate student in child and family development at North Texas State University. I'd like to find out now what your new baby's "typical day" is like.

As I explained earlier these questionnaires are only identified by numbers so please be assured that the information is confidential.

I did appreciate your taking the time to fill out the first questionnaire and now, to complete my study I need your responses to these questions. Please be certain that you each fill out the questionnaire marked for you. I need also to ask you not to compare answers until after you fill them out. Whether you both answer the same way or not is unimportant, for I'm trying to find out how each of you describes your baby and his or her activities.

I've enclosed a stamped and addressed envelope for your convenience. If you have any questions please feel free to contact me or make additional comments on the questionnaire. Please return the questionnaires as soon as possible, for you are important to my study.

Both new parents and new babies have many adjustments to make and it sometimes seems like it will take forever, but gradually you'll find that things really do get better and gradually your life will return to a somewhat more normal pace!

Thanks so much for taking the time to participate.

Sincerely,

Susan S. Owen
BIBLIOGRAPHY

Books


Articles


Rendina, Irma and Jean D. Dickerscheid, "Father Involvement with First Born Infants," The Family Coordinator, XXV (1976), 373-378.


Unpublished Materials


