FATHERS' EMOTIONAL RESPONSE AND SELF-ESTEEM AND CHILDBIRTH PARTICIPATION

A THESIS

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CHAPTER 1

INTRODUCTION

The role of the father in the childbirth process is becoming a prime concern of nurses desiring to provide family-centered maternity care. The fact that fathers are demanding to be recognized as an integral member of the family, as well as a part of the birth process, makes it necessary to determine the father's role and his emotional needs. Until recently, failure to recognize the expectant father as a source of emotional support to the laboring woman prevented true family-centered maternity care. Identification of the father's role during the birth process and his emotional needs is of vital importance if the maternity nurse is to provide the support required by the expectant father.

In the past, the husband was forgotten by health professionals when his wife went into labor. After taking his wife to the hospital, the expectant father was asked to wait in a room outside the labor area. The father was not asked, or expected, to deal with his laboring wife. This trend is changing and when the birth process begins, the father is demanding to remain as her source of

support. Society does not prepare the male for fatherhood as it has the female for motherhood. Considerable research has been conducted on the maternal-child relationship and maternal feelings experienced during the birth process.

Research concerning the father has focused mainly on the paternal-child relationship after delivery and not with the paternal feelings during the birth process. Until recently, few health care professionals have been willing to assist the father to cope with the new emotions experienced during the birth process. Just as the mother has been taught what to expect concerning childbirth and the emotional feelings experienced, so must the father be taught what his role includes and how to cope with his emotional feelings.

The father needs a supportive person to talk with about his concerns. An excellent source of support for the expectant father is the maternity nurse who is dependent upon research data for current and accurate knowledge. The lack of research studies on the emotional needs of fathers indicates a need for additional research in this area.

Problem of Study

The problem of this study was to determine whether there was a relationship between the level of self-esteem prior to the labor and delivery process and the level of emotional response to the childbirth experience in fathers who fully participated and who partially participated in the childbirth process. Also, is there a difference in the level of self-esteem prior to the labor and delivery process and the emotional response of those fathers who fully participate and who partially participate in the childbirth process.

Justification of Problem

Fatherhood involves many transitions and many men react to these transitions in ways that are not supportive to their wives simply because they are not sure of their role. In more and more obstetrical units across the country, the father is requesting participation as an important member of the labor and delivery team. Because of these demands, he is being allowed access to previously restricted areas such as labor and delivery suites. But, merely allowing him to enter does not mean that his needs are being met.

At the present time, few studies have been completed to determine the father's perception of his role during the birth process and the importance of his being present to supply the support needed by his wife. Yet, the father has many needs and must make considerable adjustments to becoming a new father. He was once portrayed as a shadowy figure in the background who was to be patient with his wife's moods. Due to the changing social structure in America, the father's existence and strategic position in the family are being recognized. Society today is encouraging active participation by the father during pregnancy, and labor and delivery of the infant.

Nurses must increase their knowledge level concerning the importance of the father and the true family-centered maternity care so they may better assist the family during the childbirth process. Family-centered nursing means more than just allowing the father entrance into a particular unit. It encompasses assessing the father's needs individually. In caring for the family, the nurse must realize that the father, too, may be in need of a supporting other. The nurse is in a perfect position to fulfill this role.

The nurse who views the father as merely a coach for the laboring woman is missing the importance of including him in the plan of care. Nurses need to recognize and accept the instrumental and expressive roles of fathers. Active participation by the father during the childbirth process may reduce the fear and anxiety of childbirth produced by the unknown. To truly give family-centered maternity care the nurse has to be able to recognize stress areas for the father as well as the mother.

Although the father's participation during the childbirth process is increasing in acceptance, there remain some physicians and hospitals that do not encourage the father to actively participate. There are also nurses that do not encourage the father to participate simply because they do not understand the importance of the father. It is difficult for those nurses who cling to the stereotypes of masculinity and femininity in the labor suite to provide the father with a supportive figure. Research data would provide nurses with additional scientific basis for assessment and decision-making in family-centered nursing care.

With the increasing movement of fathers who wish to be a part of the birth process, it is imperative that the

nursing profession do more to study the needs of the father. The role of the father as an entity is just beginning to be investigated by nurse researchers. There is a lack of data in nursing literature about the new father and his role and how he is coping with the emotions experienced during the birth of his baby. This role of the father needs further exploration. This will help the nurse apply concepts of family-centered nursing care and assist fathers to define their roles as integrated members of the family.

Theoretical Framework

The theoretical foundation for this study was based on the work of Coopersmith (1968) who established that the most important requirement for effective behavior is self-esteem. The man with a positive self-esteem views himself as having self-respect, superiority, pride, and self-acceptance in the tasks performed, however, the man exhibiting negative self-esteem feels inferior and lacks personal acceptance.

Coopersmith (1968) further stated that one source of self-esteem is the value man places upon extensions of himself. These extensions include not only his body, but his wife, children, and other areas of his life, and

when they prosper he feels triumphant. In addition to the material components of the self, the importance of the social self, recognition from peers, is also stressed. The enhancement of the extended self, be it his body or as a father, would raise self-esteem.

Assumptions

The study was based on the following assumptions:

1. Labor and delivery is a stressful period for the husband and wife.

2. Fathers vary greatly in the perception of their ability to participate in the birth process.

3. Fathers vary in their willingness to participate in the birth process.

4. Every individual possesses a level of self-esteem.

Hypotheses

The following hypotheses were formulated:

1. There is no significant relationship between the level of self-esteem prior to the labor and delivery process with the level of emotional response to the childbirth experience in fathers who fully participate in the childbirth process.

2. There is no significant relationship between the level of self-esteem prior to the labor and delivery process with the level of emotional response to the childbirth experience in fathers who partially participate in the childbirth process.

3. There is no significant difference in the level of self-esteem prior to the labor and delivery process among fathers who fully participate in the birth process and those fathers who partially participate in the birth process.

4. There is no significant difference in the level of emotional response of fathers who fully participate in the birth process and those fathers who partially participate in the birth process when the self-esteem scores are controlled.

Definition of Terms

For the purposes of this study, the following terms were defined:

1. Father--"the male who shares the pregnancy with the female in the psychosocial as well as in the biological sense" (Jenson, 1977, p. 152).

2. Self-esteem--"A personal judgment of worthiness that is expressed in the attitudes that the individual holds toward himself" (Coopersmith, 1968, p. 97).

3. Full participation in the birth process--fathers are present during the labor process and present in the delivery room.

4. Partial participation in the birth process--fathers are present for the labor process but are not present in the delivery room.

Limitations

The variables not controlled, but described in the study were:

1. Age
2. Ethnicity
3. Length of marriage
4. Amount of education of the father
5. Whether or not the pregnancy was planned
6. Amount of child care experience of the father.

The variables not controlled and not described in the study were:

1. The couples had various exposure to childbirth classes due to the variety of classes in the area.

2. One of the instruments utilized in the study, Survey of Fathers' Responses to the Childbirth Experience, had been previously administered but no reliability or validity studies were established.

Summary

This study was conducted to examine the level of emotional feelings and levels of self-esteem of first-time fathers as they participated, in varying degrees, in the childbirth process. This study can be justified due to the fact that there are few studies currently offering data to assist the maternity nurses in giving family-centered maternity care. The theoretical framework for the study was based on Coopersmith's (1968) theory of self-esteem and how man copes with life's situations--childbirth and fatherhood being two major situations.

CHAPTER 2

REVIEW OF LITERATURE

The father is an integral member of the family, yet he receives little attention in the literature on childbearing. It is accepted practice in many hospitals today to have fathers present during the births of their children; however, a minimal amount of research has been done to discover the psychological and physical needs of the father during this important time. The literature was reviewed and will be discussed with emphasis on the current status of the father, evolving father participation, family-centered maternity care, stresses of pregnancy and labor and delivery, the non-participating father, and paternal-child relationship.

Current Status of the Father

Family life-styles are changing, and with the demand for more family-centered care the lack of knowledge between a man's experiences during pregnancy and childbirth is obvious.

> Most people think of childbirth as involving only the mother and child; the expectant father is necessary but invisible. . . . Yet, he does

> have his own problems and does need help. (Marquart, 1976, p. 32)

"In parent education classes, the labor units or wherever there is an expectant father, the complexity and urgency of his needs are dramatically evident" (Jenson, 1977, p. 152). The return of the father to the labor and delivery setting has aroused emotions--both for and against--his return (Wonnell, 1971). The preparation and involvement of the father has been a controversial subject.

Literature of the past few years involving parenthood demonstrates the lack of awareness of problems encountered by an expectant father. Marquart (1976) recognized that regardless of its treatment in the literature, expectant fatherhood is recognized as a critical time for men.

Antenatal classes for prospective fathers are now actively encouraged by some hospitals, but the overall enthusiasm for the father to be present at birth and to take an active interest during hospital confinement is still varied (Castledine, 1979). "The adult male has been pictured as a somewhat shadowy figure who drifts in and out of the lives of family members" (Hines, 1971, p. 179). The birth of a child is the turning point for

many couples, and pregnancy can be a very difficult period for the husband. The expectant father is the sustaining force for his wife and the most logical person to be with his laboring wife during the entire childbirth process. In the United States, fathers are recognized as a source of support for the laboring woman (Haire, 1972).

Colman and Colman (1973) observed that since labor and delivery are the culmination of pregnancy, it seems appropriate that the pregnancy experience should end as it began, in a moment between a man and a woman creating a new life. Colman and Colman (1973) also noted that labor is a time when the wife becomes dependent on her husband. The husband should be present to provide the support needed. Ernst's (1975) survey demonstrated that the primary advantage of the father participating in the childbirth process was his support of the laboring woman. The demand from expectant fathers to be included as an integral part of the labor and delivery process, and the excitement and joy of bringing a new person into the world has added a new dimension to the role of parenthood for the expectant couple. "Gradually the existence and strategic position of the father are being recognized;

the importance of his true role is emerging" (Jenson, 1977, p. 152). Kiernan and Scolovene (1977) reasoned that if society truly believes that fatherhood is not dead and that fathers are needed for something more than the meiotic division of sperm, then the father role must be examined without stereotyping behaviors.

After a thorough examination of the literature, it was noted that there was only slight mention of the father's influence and importance during the labor and delivery process. The majority of the literature described how medical personnel dealt with varied aspects of fatherhood after delivery. There was an abundance of clinical and theoretical knowledge concerning expectant motherhood, but there was a dearth of literature concerning expectant fatherhood. The process of adapting to fatherhood is similar to the process of adapting to the role of motherhood which originates with conception and continues through pregnancy and delivery.

The reactions and feelings experienced by the father during the birth process are influenced by his reaction to the pregnancy as a whole. Colman and Colman (1973) related the woman's "total pregnancy system" (p. 1438) to the expectant father's reaction to the pregnancy.

According to Hott (1976), the husband's deep need for the unborn child has been a prominent factor in his involvement in the total pregnancy system. Therefore, the need for study of the father's emotional reaction during the birth process is necessary to provide a more comprehensive picture of the father and his needs in the process of becoming a father. It has been suggested that active involvement by the father begins with acknowledgement and acceptance of the emotions that pregnancy may elicit (Colman & Colman, 1973; Marquart, 1976; Shu, 1973).

Evolving Father Participation

Reviewing the literature of the 1960s and the late 1970s indicates that studies concerning how the father can become more and more involved in the childbirth process were just recently being brought to the attention of the medical profession and the public. The father is now returning to a role of supportive participant at his wife's side, where he was previously. The increased publication of additional studies concerning the father assists in developing a clearly defined role for the father during the birth process.

In literature concerning expectant fathers in primitive cultures, the role of the father was important. In primitive cultures the role of the husband was to provide his wife with comfort, companionship, and solace. Greenberg and Morris (1974) indicated that:

> Many primitive cultures directly stressed the father's role in childbearing. In some cultures the father was required to remain in the bed during the period of delivery and for some days thereafter. At the time of birth he mimiced the labor and went through the motions of giving birth. (p. 521)

In one primitive society only the father attended the birth and became more than a mere companion. He became an important part of a stylized, culturally determined behavior complex (Chabon, 1975). But, according to Chabon, as cultures became more complex in their division of role, fathers were gradually removed from all aspects of childbirth. Also, as childbirth practices became more complex the process became a purely female venture, with the husband excluded.

In early America, the husband stayed with his wife and helped the midwife with the delivery. But as science entered into obstetrics, the woman was taken to the hospital for delivery and her husband was excluded from the entire procedure (Chabon, 1975). Too

often fathers were made to feel unwanted and unnecessary, in the way, and sometimes completely neglected. Studies by Colman and Colman (1973) have revealed that society simply does not provide a meaningful and satisfying role that will help fathers feel important or expectant. Colman and Colman also believed the concept that society does not validate the experiences of fathers-to-be as important or even as acceptable; it is easy to deny that they occur at all. According to Colman and Colman (1973), past feelings about the father's presence were:

> If man were allowed in the delivery room he might faint or disturb the doctor through uncontrollable behavior, or so our mythology goes. There was no rationale for these beliefs. With even the simplest explanation, men are quite capable of contributing, rather than hindering the proceedings. (p. 135)

The joys of childbirth have been disregarded amidst all the technical and sterile environment of ths hospital. According to Benedek and Anthony (1970), "the evolving social structure of middle class America redefines and emphasizes the participant role of the expectant father and the new father" (p. 231). Trends that have led to this new structure and new concepts of the fathering role are:

1. Recognition of the emotional importance of fatherhood.
2. Changing family structure.
3. Shifts in the cultural definition of masculinity. (Roehner, 1976, p. 14)

With the acceptance of these new concepts, the father is gradually returning as a member of the family in the childbirth process.

Family-Centered Maternity Care

If maternity care is to be family-centered, professionals must respond to the expectant father as well as to the mother (Roehner, 1976). Family-centered maternity nursing is now considered the desirable goal in patient care. But it cannot exist on a full scale because of the lack of knowledge regarding the stresses and adaptive behaviors of expectant fathers. Without this knowledge, assessment of needs and decision-making by the nurse is based on past experience rather than on sound scientific basis. Family-centered maternity nursing care is based upon keeping the family together as a unit as much as possible (Hennel, 1968). The nurse must always think family-centered. The expectant mother was not alone when she conceived the child, therefore, her husband should not be excluded and kept waiting in another area at this most crucial time. The husband may experience

a great deal of anxiety if he is separated from his wife. He is unable to know what events are occurring and may imagine everything but the truth (Hennel, 1968). The childbearing experience--including pregnancy, labor, and finally the birth of an infant--is one in which the whole family shares (Babitz, 1979).

To see the husband and wife begin to function as a family during the delivery of their baby is a joy (Hennel, 1968). This new family needs all the encouragement and re-enforcement that can be given if they are to cope with the stresses imposed by the birth of a baby. By dealing with concerns of the mother and father during the pregnancy and birth process, the family-centered concept is strengthened (Phillips & Anzalone, 1978).

Kiernan and Scolovene (1977) stressed the fact that family-centered nursing means more than logistically allowing the father entrance to a maternity unit. It encompasses assessing the father's needs individually and realizing that the father too, may also be in need of a supporting other. The nurse is in a perfect position to fulfill this role.

Stresses of Pregnancy and Labor and Delivery

Much of the literature failed to discuss the stressful situation pregnancy and delivery invoke on the father. The expectant father is faced with new situations to which he may not be able to adjust.

> Pregnancy is a crisis for the man as well as the woman. Although the period is fraught with anxieties for the expectant father, it has been inadequately studied. (Hott, 1976, p. 1436)

Hogenboom (1976) observed that all the factors of concern which may precipitate crisis in the father of the first born would come into play to some extent at the birth of another child. Past coping patterns may not be sufficient to assist the father through the pregnancy and birth of his baby. The birth of a second, or any succeeding number of babies, may be considered a crisis to the father as the birth represents discontinuity of homeostasis. Any father can be faced with a crisis situation whether it be his first or fifth child (Hogenboom, 1976).

In studying the expectant couple, Colman and Colman (1973) revealed that pregnancy is more than simply a biological event; it is a time of crisis for those involved, a time when identities are changing and new

rules are being explored. The father is not immune to these changes even if he does not have a moment-to-moment physical reminder growing within his body (Colman & Colman, 1973). As Antle (1975) delved into factors that could impede family-centered maternity care, it was found that the transition to parenthood may be even more difficult for the expectant father than for the mother, since there may be a lack of clear role definition and no definite role transition. Be recognizing and helping them to deal with some of the stresses faced, the labor and delivery staff may be fostering the father's integration of the childbearing experience. If the staff does not acknowledge their needs, fathers may feel "left out" of a life event which they had planned to share (Babitz, 1979).

The Participating Father

Feelings of confidence, self-doubt, anxiety, and excited anticipation are probably in the thoughts of the expectant father at the time of birth (Rising, 1974). Participation by the father reduces fear and anxiety of the unknown. It has been suggested that active involvement by the father begins with acknowledgement and acceptance of the emotions that pregnancy and birth

may elicit (May, 1978). Sharing the experience of childbirth has been shown to increase a husband's understanding and love for his wife, both sexually and spiritually (Hott, 1976). It has been a labor for them both, the mother has given birth and the father has comforted and supported her (Rising, 1974).

> The presence of the father during labor is a great asset. Just to know he is there when he is needed and wanted makes labor easier and more pleasant for many mothers. (Hennel, 1968, p. 293)

The anticipatory cooperative production emphasizes that it is the husband with whom the wife should share the most exicting moment of their lives (Miller, 1966). The husband has been a tremendous comfort and support to his wife and he is the one who went through the entire pregnancy with her (Miller, 1966).

The benefits of father participation during childbirth have been revealed in studies (Cronenwett & Newmark, 1974; Greenberg & Morris, 1974). Cronenwett and Newmark (1974) demonstrated in their study that the father's self-esteem and perceptions of himself were positively influenced by attending the delivery. Obstetricians interviewed in the study by Greenberg and Morris (1974) commented on the impact the newborn had on the father

and the intense involvement that fathers have in their baby's birth.

A positive birth experience may contribute to the father's increased self-esteem. Barbour (1976) cited that most husbands felt that emotional support to their wives was the main reason for their presence in the delivery room, while their wives said that sharing the birth experience was the most important reason for the husband being present.

There are apparent benefits to father participation during childbirth and it may include more than positive perception of the birth experience; however, if the experience is positive, the father may be better able to accept his new role of father.

> In an environment where the feelings of the father are allowed to be expressed without censure, without fear of embarrassment, and without anyone accusing him of being unmanly, the father does show evidence of deep feelings for his baby right after birth. (Hines, 1971, p. 192)

In dealing with the issue of the father in the delivery room, several authors have mentioned that he was "in the way," or was likely to faint or sue the hospital (Morton, 1966; Sehgal, 1974). Sehgal (1974) stated that the husband's presence "in the labor room is helpful for the wife's emotional support--but having

the husband in the delivery room is something else again!" (p. 56). Sehgal also pointed out other factors as to why the husband should not go to the delivery room. These included a lack of space, husbands becoming too excited and fainting, privacy of other patients, and legal angles.

Heise (1975) described a social pressure which may be exerted on the father who is involved in the childbirth process. This pressure was peer response to involvement in childbirth--it is regarded as a female strength and only women are supposed to understand and be able to cope with what happens during childbirth.

The element of joy in having a baby, an experience worth sharing, has been forgotten (Miller, 1966). Labor is a time when the wife becomes dependent on her husband. He should be present to provide the support needed. Wonnell (1971) affirmed the husband's presence in the labor and delivery room produces a mutual dependence and gives the expectant couple a shared experience that may give meaning to the marriage.

> It is important for us to remember that fathers first appeared in our hospital labor and delivery areas because women were objecting to being left alone and they felt they were not getting the support they needed to cope with labor from the nursing staff. (Wonnell, 1971, p. 592)

In a study by Kapp and Schindler (cited in Rising, 1974), mothers were asked what they remembered their husbands doing for them in labor. They most frequently mentioned talking and being with their husbands, holding hands, giving back support, and using a cool cloth on their foreheads as well as helping them with deep breathing. A woman in labor does not want to be left alone and the father often feels unneeded and apprehensive. It is the responsibility of the nurse to meet the needs of both the mother and father (Hennel, 1968). The husband can share his wife's joy at the prospect of becoming a mother and can help her during labor. The husband benefits by feeling he is not deserting her in labor when she needs him the most. The nurse's acknowledgement of the father's physical and psychological needs will demonstrate their recognition of him as an important and involved person in this event (Babitz, 1979).

The father prepares himself for parenthood by offering support, both emotional and physical, to his mate during pregnancy and the birth process (Roehner, 1976). The expectant father of today expects to and wants to actively participate in the childbearing cycle. The mass media portrayal of the father as ineffective and a

pathetic creature has not aided in getting the public to realize the father is more responsive toward and involved with his infant than society acknowledges. The emphasis should be to create a feeling of active involvement by the father; he is needed and every effort should be made to help him realize this fact (Roehner, 1976).

A father may feel helpless if he does not play an active role in the birth process. Heise (1975) decided that fatherhood not only contributes to a new found awareness, but also brings with it an inner sense of attractiveness, warmth, and purpose. With all the ways to provide education to the father, he has become more aware of his expanding role (Heise, 1975). Fathers are becoming more involved in childbearing and beginning to demand recognition as important members of the family and society (Orbutz, 1976). The family is helped by an atmosphere throughout maternity care that encourages participation. Such care means father participation throughout the entire birth process (Schafer, 1965). Once the husband has overcome his initial fear about helping his wife, he will become more comfortable in carrying out the simple request made by his wife (Colman & Colman, 1973).

Another asset to husband participation, as pointed out by Colman and Colman (1973), is that as the husband begins to feel more at home he realizes that he is performing more and more necessary services for his wife with each contraction and sees her need for him. It is up to the nurse to see that childbirth is a very positive experience and that it helps to maintain the stability of the family unit (Miller, 1966).

Prepared childbirth classes have played an important role in helping the father realize his importance during the childbirth process (Wonnell, 1971). He is taught how to support his wife throughout labor and delivery. The prepared father views himself as a very important part of the childbearing process (Rising, 1974). If both the husband and wife are motivated by the classes, the husband can be of great benefit in assuring his wife and being her constant companion (Wonnell, 1971). Even for the couple that has not attended classes on childbirth, the husband can be shown by the nurse, simple measures he can utilize to support his wife and make him feel more like a member of the team. According to Wonnell (1971), the value of participation in labor and delivery to the father include the following:

1. Ego building and emotional nourishing.
2. Matures into the role of father.
3. Mutual dependence and mutual experience that gives meaning to the marriage.
4. Reduces the father's fear, anxiety, and guilt about labor when he knows what is occurring. (p. 602)

The Non-Participating Father

At the other end of the spectrum is the father who may be experiencing a problem with anxiety regarding labor and delivery. Since he does not want to add to his wife's burden by admitting his fear of being present for the birth process, his anxiety level may be very high (Antle, 1975). Despite current trends toward changing the father's role, there are still large numbers of men who are quite happy to relinquish their wives to the obstetrical staff (Colman & Colman, 1973). Some of the emotional crisis faced by the father may be associated with the fear of being pushed into the delivery room when he is afraid he cannot cope (Hott, 1976). If he has decided to watch the delivery, he may experience doubts as to his ability "to take it" (Antle, 1975). Some men just cannot cope with their wives being in pain and they feel insecure and helpless (Colman & Colman, 1973).

For the man who does not desire to become involved in labor and delivery, once his wife has been admitted to the hospital, his responsibility has ended (Colman & Colman, 1973). The husband should not be made to feel that he is a heartless coward if he chooses not to be in the labor room or a devoted husband if he does (Schafer, 1965). The father's age may affect his attitude toward his wife's pregnancy and whether or not he is emotionally ready to participate in the childbirth process (Hott, 1976). Hott also pointed out the fact that the husband's maturity level and personality will determine his ability to provide emotional support, or his need to receive it from his wife.

According to Hines (1971):

> The emotionally involved husband cannot and should not be expected to take over total conduct of labor. He, himself, is in need of support at this time so that he may give support to his wife. (p. 194)

Roehner (1976) is committed to the belief that even though the father may not be involved in the physical process, he should not be denied the excellent opportunity for personal growth and enrichment of his relationship with his mate.

Paternal-Child Relationship

"The father's exploration of self, his loved partner and their future life with their child may strengthen his bond with his child" (Antle, 1975, p. 42). Doyle (1974) emphasized that the infant-parent relationship is a crucial element of family health. The stereotyped situation of the useless game director father and over-wrought mother is just a little sadder than it is funny (Doyle, 1974). In Greenberg and Morris' (1974) study on engrossment, numerous obstetricians noted "the powerful impact the newborn has on the father and the intense involvement that fathers have in their child's birth" (p. 521).

Studies of the role of the father by Benedek and Anthony (1970) revealed the emotional relationship of the father and his child has two sources of motivation: (a) the father's identification with his child, and (b) the father's identification with his father. While one facilitates the father's empathy, the other gives form to the culturally established norms for father's raising their children. "Because the father's feelings, thoughts and actions affect the mother's regard for the child, it also, indirectly, affects the child" (Hott, 1976,

p. 1437). Greenberg and Morris (1974) also noted "the father as a significant other person, was thought to have a considerable impact on the mother-infant relationship" (p. 520).

Benedek and Anthony (1970) wrote:

> The emotional attitude of the father in the family triad is significant from conception on. He responds to the receptive-dependent needs of his wife which are increased by her pregnancy, by her anxieties about parturition and the care of the child. . . . Independent or hormonal stimulation [in contrast to the pregnant wife] the father's relationship to the child is directed more by hope than by drive (p. 231)

Benedek and Anthony (1970) attributed this surge of paternal involvement to acceptance and recognition of the emotional importance of fatherhood, increased dependence on nuclear family members to fulfill one's emotional needs, and shifts in the cultural definition of masculinity. While fathering is humanized by an emphasis on greater participation on childbearing, the uniqueness of the roles of the father must not be forgotten.

> While we are encouraging fathers to be more nurturing, we must recognize and praise them for their tremendous responsibility associated with physical maintenance and socialization. (Orbutz, 1976, p. 1441)

Being present for the birth of his baby should enable the father to initiate the process of paternal-child relationship. The father can be tender and protective of the helpless child, just as the mother can. Greenberg and Morris' (1974) research on engrossment revealed benefits of having the father in the delivery room and the significance of early father-infant contact. At the delivery the infant should be offered to the mother and the father. In this way the father would also be sharing in the immediate contact with the newborn, which most fathers find very enjoyable (Greenberg & Morris, 1974). Not allowing a father to have direct physical contact with his baby may inhibit him from developing fatherliness (Greenberg & Morris, 1974). The culturally learned part of fatherhood is the repression of spontaneous feelings of tenderness and love, but men do have these feelings toward their babies (Benedek & Anthony, 1970). If the father has had a positive experience, then he will be better able to accept his role as a father. The delivery begins a moment of truth for the couple, perhaps one of the hardest, yet one of the most joyous adjustments of their lives (Rising, 1974).

The process of fatherliness is being humanized by the emphasis on participation in the birth process (Orbutz, 1976). Fatherliness is manifested by the father's first smile at his baby and the father's ability to hold his baby and cradle it securely (Benedek & Anthony, 1970). Benedek and Anthony (1970) questioned whether there is a genuine instinctual drive for fatherhood.

> Fatherhood and motherhood are complementary processes which evolve within the culturally established family structure to safeguard the physical and emotional development of the child. (p. 167)

Participation in the birth process will enhance the process of fatherliness. For the father to watch his baby being born, the emotional impact is almost unbelievable (Colman & Colman, 1973). Fathers commented that when seeing their babies being born they knew it was theirs (Greenberg & Morris, 1974). Many fathers also related to Greenberg and Morris (1974) that after witnessing the birth of their baby that they could select their baby from a group, and that they also felt comfortable holding the baby.

> With such participation, he not only takes part in one of the overwhelmingly important experiences of married life, but he also lays the foundation

> for a happy relationship with the child who is to come. (Schafer, 1965, p. 659)

Summary

The presence of the father during labor and delivery is gaining importance as evidenced by the review of the literature. The concept of the father as being more than just a biologic necessity for the continuation of the species is beginning to emerge. The review of literature stressed the importance of having the father present, but showed that there has been very little research concerning the actual feelings of the father.

Literature of the past 5 years has recognized the importance of the father's presence during the child-birth experience and for him to actively participate. The role of the mother and her feelings can be easily found in the literature due to the large number of studies done concerning the mother's role.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

The methodology chosen for this study was the descriptive correlational design. According to Abdellah and Levine (1979), "The aim of descriptive research is to uncover new facts about the situation under study" (p. 518). Descriptive research obtains an accurate and meaningful description of the subject under study, and is classified as non-experimental research due to the fact that it is observation without controlled conditions (Abdellah & Levine, 1979). In nursing, descriptive research obtains accurate and meaningful descriptions to aid in decision making. This study investigated the level of self-esteem and emotional response of fathers who fully participated and partially participated in the childbirth experience.

Setting

The study was conducted in a private institution in a large metropolitan area of the Southwestern United States. The institution was selected for the study due

to the large volume of deliveries, 300 to 400 per month. The labor and delivery unit was composed of 13 private labor rooms. There were 3 delivery rooms and a delivery room for Cesarean sections. The recovery room was located within the labor and delivery unit and had a capacity of 9 postpartum patients. The unit was staffed by 27 registered nurses.

The institution encouraged participation of the father in the birth process, as well as attendance in the delivery room. The institution had a written policy stating the husband had to attend prepared childbirth classes, of any type, if he desired to be in attendance in the delivery room. But, wording of the policy permitted the physician the discretion of allowing the father to attend the delivery even if childbirth classes had not been attended. The physicians and nurses generally agreed that the husband should have attended prepared childbirth classes prior to attending the delivery.

Population and Sample

The patient population of the labor and delivery unit comprised a variety of socioeconomic and cultural

backgrounds. The patients were classified as either private or clinic.

The sample of husband participants was selected by the convenience sample method. To be eligible for the study, each couple had to meet the following criteria:

1. All couples were married and living together at the time of the study.

2. The infant was a normal newborn at birth.

3. The wives had a vaginal delivery of a single, viable fetus.

4. The wives had experienced a normal pregnancy, labor, and delivery.

5. This was the first marriage for both husband and wife.

6. The wife was having her first baby.

7. Fathers present in the delivery room had attended prepared childbirth classes.

The sample consisted of 50 first-time fathers who agreed to participate in the study. Twenty-five fathers were designated as Group A. The fathers in this group had attended the labor and delivery of their wives. The second group of 25 fathers, designated as Group B, was composed of fathers in attendance during their wife's labor, but not present in the delivery room.

Protection of Human Subjects

The rights of the wives and husbands were respected in this study. Initial permission to conduct the study was obtained from the Texas Woman's University Human Subjects Review Committee (Appendix A). Upon receiving permission to conduct the study, permission to conduct the study in the institution chosen was acquired from the administration of the institution and the nursing administration chosen as the site for the study (Appendix B).

Each father asked to participate was given a verbal explanation of the study and asked to sign a consent form (Appendix C) stating that he understood the intent of the study and was willing to participate. A statement was made to each father that "all rights and privacy would be respected." The fathers were also told of their right to see the study when it was completed.

An introductory letter was presented to each father who agreed to participate in the study (Appendix D). The letter introduced the investigator and further explained the intent and purpose of the study. The letter also reassured the participant that agreeing or declining to participate in the study would in no way influence his wife's care during her hospital stay.

Instruments

There were two instruments utilized for this study. The first instrument was the Berger Self-Acceptance Scale (Berger, 1973) (Appendix E). The author of this Scale granted permission to utilize any or all of the Scale to meet the purposes of the study (Appendix F).

Reliability of the scale was established by administering the scale to 315 people. The estimate for reliability was .894 or greater for the Berger Self-Acceptance Scale. To determine the validity of the scale, Berger had 20 subjects write essays about themselves and these were scored by using 4 grids. The average correlation on the Berger Self-Acceptance Scale and essay ratings was a validity of .897. The Berger Self-Acceptance Scale was utilized to establish a base level of self-esteem for both groups of fathers.

The Berger Self-Acceptance Scale consists of 36 statements of social situations that one might come in contact with in everyday life. The fathers responded to the Likert Scale by checking a number from 1 through 5 which indicated how true the statement was of him. The numbers were described as 1--not true at all for him,

2--that the statement was more false than true for him, 3--indicated that the statement was half false and half true, 4--indicated more true than false, and 5--the statement was completely true for the participant. A "high self-esteem" response was designated as 5 and a "low self-esteem" response was designated as 1. Scores were totaled, averaged, and the range of the possible total scores was 36-180.

A second instrument utilized to collect data was the Survey of Father's Responses to the Childbirth Process (Appendix G) by Cronenwett and Newmark (1974). Permission to utilize all or part of the questionnaire was granted by the authors (Appendix H). Background information on the fathers was obtained as a part of this questionnaire and was used to describe the sample. The questionnaire consists of a Likert-type scale. The items on the questionnaire were designed for each father to determine how he would respond to a statement concerning emotional feelings experienced during the birth process. There were 4 numbered categories which the fathers would select from to express his response to the statement. The responses ranged from 1--strongly agree, 2--agree, 3--disagree, and 4--strongly disagree. A negative

emotional response to the childbirth process was designated as 1 and a positive emotional response was designated as 4. The Survey of Father's Responses to the Childbirth Process scores was an average of the ratings of the 21 items on the instrument. The range of possible total scores was 21-96.

Data Collection

Fathers who agreed to participate in the study were divided into two groups of 25 each. To determine eligibility for participation, the admission data obtained when the wives were admitted to the labor and delivery unit was utilized. The admission data gave the number of pregnancies of the wives and if there had been any complications during the pregnancy. It also stated whether the couple had attended childbirth education classes and whether the husband was going to be in the delivery room. Upon determining the information, the investigator approached those fathers that might be participants for the study. It was then determined whether the father met all criteria for participating in the study. The potential subjects were provided with an explanation of the purposes of the study. They were also

assured they would receive complete anonymity and that participation was voluntary.

Sixty fathers were approached and asked to participate in the study. Of these 60 fathers, 10 declined. The remaining 50 became subjects for this investigation. Each father was given a verbal explanation of the study and asked to sign a consent form stating he understood the intent of the study. The fathers were then given the two questionnaires while they were waiting for their wives to be admitted. The father was asked to complete the Berger Scale while the wife was being admitted. This could be done in the father's waiting room where there would be no disturbance by other visitors. The purpose of completing the Scale at this time was to establish a base of self-esteem for each father in the study. He was instructed to keep both questionnaires with him until his wife delivered. After the delivery, he was requested to complete the Survey while his wife was in the recovery room. The purpose of completing the Survey within this time period was to determine the immediate emotional feelings experienced by the father during the labor and delivery process.

Upon completion of the second questionnaire, the fathers were instructed to give both questionnaires to the recovery room nurse. The questionnaires were placed in a file to be picked up by the investigator.

Treatment of Data

The analysis used in the study was of two types: a comparison between fathers fully participating and partially participating in the birth process and the relationship between the Berger Self-Acceptance Scale and the Survey of Father's Responses to the Childbirth Experience. Data collected from the Berger Self-Acceptance Scale and the Survey of Father's Responses to the Childbirth Experience were reviewed separately and a score was computed for each questionnaire. All data were analyzed at the .05 level of significance.

A correlation coefficient between the Berger Self-Acceptance Scale scores and the Survey of Father's Responses to the Childbirth Experience scores was calculated for Hypothesis 1 and Hypothesis 2 utilizing the Pearson product-moment correlation. Correlation is desirable to examine the relationship between two variables, such as the ratings on two different scales or the scores on two different tests (Hardyck & Petrinovich,

1969). The correlation between two variables does not imply the cause of the relationship. If a correlation is found there is no way to tell which variable is influencing which. To compare the Berger Self-Acceptance Scale scores of fathers who fully and partially participated, an analysis of variance was utilized to test Hypothesis 3.

For Hypothesis 4, an analysis of variance was utilized to compare the father's emotional response to the childbirth process. The demographic data elicited--age, race, length of marriage, and level of education--were tabulated and reviewed for frequency distribution.

CHAPTER 4

ANALYSIS OF DATA

The intent of this study was to determine if a relationship existed between the levels of self-esteem prior to the labor and delivery process and the level of emotional response to the childbirth process in fathers who fully participated in the childbirth process and fathers who partially participated. It was also the intent to determine if a difference existed between the level of self-esteem prior to the labor and delivery process and the emotional response of those fathers who fully participated and who partially participated in the childbirth process.

This chapter will discuss the analysis of data collected for this study by first describing the sample population and then reporting the results of the study. The chapter will end with a summary of the findings for this study.

Description of Sample

The data gathered for the study represented a convenience sampling obtained by approaching first-time

fathers. Fifty fathers who agreed to participate in the study were divided into two groups. Group A consisted of 25 fathers who attended the labor and delivery of their wives and Group B consisted of 25 fathers in attendance during labor and not present in the delivery room.

The background data collected from each subject provided pertinent information for comparing the two groups. Sociodemographic data revealed that subjects in Group A ranged in age from 22-32 years with the mean being 26.08 years. For Group B the ages ranged from 18-31 years with the mean age being 23.68 years. Group B was younger than Group A by an average of 2.4 years. In comparing the length of marriage, Group A ranged from 8 months to 7 years with the mean being 3.77 years. The length of marraige for Group B ranged from 6 months to 10 1/2 years with the mean being 2.82 years.

Ethnic characteristics of the subjects included 24 whites (96%) and 1 black (4%) for Group A and for Group B, there were 22 whites (88%) and 3 blacks(12%). There were no other ethnic groups among the subjects. Educational levels of subjects in Group A and Group B are denoted in Table 1.

Table 1

Educational Levels of Subjects

Educational Level	Group A		Group B	
	Number	%	Number	%
Not high school graduate	0	0	6	24
High school graduate	6	24	9	36
Technical school	2	8	1	4
2 years college or less	8	32	4	16
College graduate	3	12	4	16
4 years of college or more	6	24	1	4
Totals	25	100	25	100

In response to whether or not the pregnancy had been planned, Group A had 19 (76%) that responded "yes" and 6 (24%) that responded "no." In Group B, 16 (64%) responded "yes" and 9 (36%) responded "no."

When asked if they had ever cared for younger children, the fathers in Group A had 15 (60%) that responded "yes" and 10 (40%) that said "no." Group B fathers had 21 (84%) that said "yes" and 4 (16%) that said "no" they had not cared for younger children. Both groups indicated that the most frequent care was to younger brothers and sisters and the most frequent type of care given was that of baby sitting.

Findings

A correlation coefficient was calculated for Hypothesis 1 utilizing the Pearson product-moment correlation at the .05 level of significance. Hypothesis 1 stated: There is no significant relationship between the level of self-esteem prior to the labor and delivery process with the level of emotional response to the childbirth experience in fathers who fully participate in the childbirth process. For the fathers in Group A that attended both the labor and the delivery, analysis revealed that $r = 0.303$, $F\ (1, 24) = 2.330$,

p = .141 (Table 2). Hypothesis 1 was accepted due to the fact that there was no significant correlation between the scores on the Berger Self-Acceptance Scale and the Survey of Father's Responses to the Childbirth Process.

Hypothesis 2 stated: There is no significant relationship between the level of self-esteem prior to the labor and delivery process with the level of emotional response to the childbirth experience in fathers who partially participated in the childbirth process. A correlation coefficient was calculated utilizing the Pearson product-moment correlation at the .05 level of significance, r = -0.55, F (1, 24) = 9.90, p = 0.005 (Table 3). Hypothesis 2 was rejected because there was a significant relationship between the Berger Self-Acceptance Scale and the Survey of Father's Responses to the Childbirth Process. A negative correlation existed between the test scores of the two tests of partially participating fathers. This indicates that as the Survey scores go up, the Berger scores go down and the reverse is also true.

Hypothesis 3 stated: There is no significant difference in the level of self-esteem prior to the labor

Table 2

Analysis of Relationship between Berger Self-Acceptance Scores and Survey of Father's Responses of Fully Participating Subjects

Source of Variance	SS	df	MS	F	r	p
Treatment	245.631	1	245.631	2.330	0.303	0.141
Error	10.267	24	105.418			
Total	255.898	25				

Table 3

Analysis of Relationship between Berger Self-Acceptance Scores and Survey of Father's Responses of Partially Participating Subjects

Source of Variance	SS	df	MS	F	r	p*
Treatment	2272.523	1	2272.523	9.90	-0.551	0.005
Error	5280.041	24	229.577			
Total	7552.564	25				

*$p < 0.05$.

and delivery process among fathers who fully participate in the birth process and those fathers who partially participate in the birth process. Analysis of variance at the .05 level of significance revealed r = 0.012, F (1, 49) = 6.795, p = .012 (Table 4). Therefore, it is concluded that the Berger Self-Acceptance Scale score is higher for Group A who fully participated than for Group B who partially participated. Hypothesis 3 was rejected inasmuch as Group A had a higher degree in the level of self-esteem than Group B.

Hypothesis 4 stated: There is no significant difference in the level of emotional response of fathers who fully participate in the birth process and those fathers who partially participate in the birth process when the self-esteem scores are controlled. Analysis of variance, at the .05 level of significance, was used to determine the acceptance or rejection of Hypothesis 4. Analysis of data for Hypothesis 4 revealed, r = 0.001, F (1, 49) = 16.862, p = .001. Hypothesis 4 is rejected based on the results of data that there is a difference in the level of emotional response of fathers who fully participated in the birth process and fathers who partially participated in the birth process when the self-esteem scores were controlled (Table 5).

Table 4

Analysis of Variance of Berger Self-Acceptance Scores of Fully and Partially Participating Subjects

Source of Variance	SS	df	MS	F	r	p*
Treatment	1447.220	1	1447.220	6.795	0.012	.012*
Error	10222.800	49	212.980			
Total	11670.020	50				

*$p < 0.05$.

Table 5

Analysis of Variance of Survey of Father's Response Scores of Fully and Partially Participating Subjects

Source of Variance	SS	df	MS	F	r	p*
Treatment	703.023	1	703.023	16.862	0.001	0.001*
Error	1959.513	49	41.702			
Total	2662.536	50				

*$p < 0.05$.

Summary of Findings

The sample of 50 first-time fathers was 92% white and 8% black. The fathers in Group B were younger by 2.4 years. Group B fathers' educational level was lower, with the highest percentage being high school graduates (36%). Group A was mainly composed of men with 2 or less years of college (32%). More Group A fathers stated the pregnancy had been planned, but Group B had more child care experience.

Hypothesis 1 stated: There is no significant relationship between the elvel of self-esteem prior to the labor and delivery process with the level of emotional response to the childbirth experience in fathers who fully participate in the childbirth process. This hypothesis was accepted.

Hypothesis 2 stated: There is no significant relationship between the level of self-esteem prior to the labor and delivery process with the level of emotional response to the childbirth experience in fathers who partially participate in the childbirth process. This hypothesis was rejected as there was a significant relationship between the Berger Scale scores and the Survey scores.

Hypothesis 3 stated: There is no significant difference in the level of self-esteem prior to the labor and delivery process among fathers who fully participate in the birth process and those fathers who partially participate in the birth process. This hypothesis was rejected because fully participating fathers' self-esteem scores were higher than scores of partially participating fathers.

Hypothesis 4 stated: There is no significant difference in the level of emotional response of fathers who fully participate in the birth process and those fathers who partially participate in the birth process when the self-esteem scores are controlled. This hypothesis was rejected since data revealed that fully participating fathers had lower emotional response scores than partially participating fathers.

CHAPTER 5

SUMMARY OF THE STUDY

This descriptive correlational study was conducted to provide the obstetrical nurse with data concerning the self-esteem and emotional response of the father in the labor and delivery process. The problem of the study was to determine the level of emotional response and self-esteem of those fathers who participated in the entire labor and delivery process as compared to those fathers who participated only in the labor process.

Four hypotheses were established. The first two hypotheses dealt with a comparison of self-esteem and emotional responses of fathers who were fully and partially participating in the childbirth process. The third hypothesis dealt with comparison of self-esteem of fully and partially participating fathers. The fourth hypothesis dealt with comparison of levels of emotional response of fully and partially participating fathers.

Summary

The theoretical framework for this study was Coopersmith's work on self-esteem. Coopersmith stated that a

a positive self-esteem enables man to develop self-respect and self-acceptance in tasks performed. Extensions of man and the value man places on these extensions also enhances self-esteem.

This study was conducted at one large hospital in a large Southwestern city. The 50 first-time fathers participating in the study were obtained by convenience sampling. Fathers were approached by the investigator as their wives were admitted to the hospital. An explanation of the study was given to those who agreed to participate and how the questionnaires were to be completed. There were two questionnaires used to obtain data. The Berger Self-Acceptance Scale was used to establish levels of self-esteem prior to the childbirth process of fathers who fully participated in the labor and delivery process as compared to those fathers who partially participated. The Survey of Father's Responses to the Childbirth Process was used to determine the level of emotional responses to the childbirth process of fathers who fully participated in the labor process as compared to those fathers who partially participated.

Hypothesis 1 stated: There is no significant relationship between the level of self-esteem prior to labor

and delivery process with the level of emotional response to the childbirth experience in fathers who fully participate in the childbirth process. Statistical analysis of Hypothesis 1 indicated no significant relationship existed, and therefore the hypothesis was accepted.

Hypothesis 2 stated: There is no significant relationship between the level of self-esteem prior to the labor and delivery process with the level of emotional response to the childbirth experience in fathers who partially participate in the childbirth process. Statistical analysis of Hypothesis 2 indicated no significant relationship existed, and therefore the hypothesis was rejected.

Hypothesis 3 stated: There is no significant difference in the level of self-esteem prior to the labor and delivery process among fathers who fully participate in the birth process and those fathers who partially participate in the birth process. This hypothesis was rejected as a significant difference existed.

Hypothesis 4 stated: There is no significant difference in the level of emotional response of fathers who fully participate in the birth process and those fathers who partially participate in the birth process

when the self-esteem scores are controlled. This hypothesis was rejected as a significant difference existed.

Discussion of Findings

Of the four null hypotheses formulated for the study, only Hypothesis 1 was accepted. It was interesting to note in this study that there was no significant correlation in the levels of self-esteem and the emotional response to the birth process in fathers who fully participated. Cronenwett and Newmark (1974) in their study of fathers revealed that fathers who fully participated in the birth process had higher self-esteem levels. There was no data found in the literature to support why the fathers who partially participated, as stated in Hypothesis 2, had high self-esteem scores with low scores on the Survey of Father's Responses to the Childbirth Process.

Hypothesis 3 was rejected since fully participating fathers had higher self-esteem scores than partially participating fathers. In the studies by Cronenwett and Newmark (1974) and Greenberg and Morris (1974), both revealed how positively fathers related to participating in the childbirth experience. Hott (1976) indicated that the father's maturity and age played a role in his

ability to cope. It will be noted that fathers in Group B of the present study were younger by 2.4 years.

There was no literature found to substantiate why partially participating fathers had higher scores on the Survey of Father's Responses to the Childbirth Process than fully participating fathers.

Conclusions and Implications

It cannot be concluded that fathers who fully participated in the childbirth process have a higher level of self-esteem or a higher level of emotional response than fathers who partially participated. The time of administering the questionnaires may have been a high stress time for the fathers and may have attributed to the difference in the scores. The degree of comprehension of the self-esteem scale by the fathers may also have attributed to the scores obtained. Completing the Survey of Father's Responses to the Childbirth Process scale at a peak emotional time may also have affected the scores.

Fathers should be provided with support from the professional nurse. The father should also be provided the opportunity to express feelings and concern of their role during the childbirth process.

Recommendations for Further Study

Due to the lack of research concerning the role of the father during the childbirth process, the primary recommendation is for further research in all aspects of this topic. Specifically, it is recommended that a much larger population of fathers be studied in a replication of this study. Future studies should include comparing first-time fully and partially participating fathers with fathers who have other children and levels of self-esteem and emotional response. It is also recommended that the self-esteem scale be administered before and after the delivery to determine if there were any changes in the levels of self-esteem.

An additional recommendation is that a more concise self-esteem scale be utilized, such as the Rosenberg (1973) Self-Esteem D-1 Scale. This scale contains 10 items regarding how the person feels about himself.

APPENDIX A

TEXAS WOMAN'S UNIVERSITY
Box 23717, TWU Station
Denton, Texas 76204

1810 Inwood Road
Dallas Inwood Campus

HUMAN SUBJECTS REVIEW COMMITTEE

Name of Investigator: Pamela Kay Martin Center: Dallas

Address: Box 144 Date: 5/17/79

Hallsville, Texas 75601

Dear Ms. Martin:

Your study entitled Emotional Responses of Fathers Present During Childbirth

has been reviewed by a committee of the Human Subjects Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education, and Welfare regulations typically require that signatures indicating informed consent be obtained from all human subjects in your studies. These are to be filed with the Human Subjects Review Committee. Any exception to this requirement is noted below. Furthermore, according to DHEW regulations, another review by the Committee is required if your project changes.

Any special provisions pertaining to your study are noted below:

____ Add to informed consent form: No medical service or compensation is provided to subjects by the University as a result of injury from participation in research.

____ Add to informed consent form: I UNDERSTAND THAT THE RETURN OF MY QUESTIONNAIRE CONSTITUTES MY INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH.

____ The filing of signatures of subjects with the Human Subjects Review Committee is not required.

____ Other:

__X__ No special provisions apply.

Sincerely,

Estelle D. Kurtz

Chairman, Human Subjects
Review Committee

at Dallas

PK/smu/3/7/80

APPENDIX B

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
DENTON, TEXAS

DALLAS CENTER
1810 Inwood Road
Dallas, Texas 75235

HOUSTON CENTER
1130 M.D. Anderson Blvd.
Houston, Texas 77025

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE _____

GRANTS TO Pamela Kay Martin

a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem:

The problem of this study will be to determine the level of emotional response and self-esteem of those fathers who participate in the entire labor and delivery process as compared to those fathers who participate only in the labor process.

The conditions mutually agreed upon are as follows:

1. The agency ([redacted]) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency ([redacted]) (may not) be identified in the final report.
3. The agency (wants) ([redacted]) a conference with the student when the report is completed.
4. The agency is (willing) ([redacted]) to allow the completed report to be circulated through interlibrary loan.
5. Other: _____

_____

_____

May 3, 1979
Date

Pamela Martin
Signature of student

Signature of Agency Personnel

C L Anderson
Signature of Faculty Advisor

*Fill out and sign three copies to be distributed as follows: Original - student; first copy - agency; second copy - T.W.U. College of Nursing.

APPENDIX C

TEXAS WOMAN'S UNIVERSITY

(Form B--Oral Presentation to subject)

Consent to Act as a Subject for Research and Investigation:

I have received an oral description of this study, including a fair explanation of the procedures and their purpose, any associated discomforts or risks, and a description of the possible benefits. An offer has been made to me to answer all questions about the study. I understand that my name will not be used in any release of the data and that I am free to withdraw at any time.

_____ _____
Signature Date

_____ _____
Witness Date

Certification by Person Explaining the Study:

This is to certify that I have fully informed and explained to the above named person a description of the listed elements of informed consent.

_____ _____
Signature Date

_____
Position

_____ _____
Witness Date

APPENDIX D

Dear Father:

My name is Pamela Martin. I am a registered nurse and have worked as a maternity nurse for nine years. I am completing my Master's thesis as a part of the requirements for my Master's degree in nursing at Texas Woman's University in Dallas, Texas. I am very interested in how you, the father, have dealt with the childbirth process and would like to have you participate in my study.

As you know women are frequently asked to answer questions concerning their feelings during childbirth. But, no one has asked you, the father, about the emotional feelings you experienced as your wife was going through the labor and delivery process of your first baby.

The main purpose for doing this study is to determine your immediate emotional feelings about the childbirth process. Your responses will provide the maternity nurse with valuable information concerning first-time fathers. The data collected from this study will assist the maternity nurse in gaining an understanding of what the new father is going through during the childbirth process.

In this study I am requesting fathers who were present in the hospital during the labor and/or delivery

of their first baby to please fill out two questionnaires. The first questionnaire, the Berger Scale, is designed to determine how you feel about yourself as a person and how you feel you cope in everyday life and situations that may arise. The Berger Scale will be used to establish your level of self-esteem. In this study, self-esteem is used as a personal judgment you have about yourself and your worthiness as a person.

The second questionnaire is a Survey of Father's Responses to the Childbirth Experience. The survey is divided into two parts. Part I is concerned with background information about you. This information is strictly confidential and no names will be used in any part of the survey. The background information will be used only to determine the variety of backgrounds of each father. Part II of the survey includes a list of 21 statements for you to respond to concerning how you felt during the labor and/or delivery and how you feel about your new baby. There is not a correct answer to any of the statements. There is also a scale for you to rate your overall "perception of the childbirth experience." Please circle the number that you feel corresponds with how you would rate your experience.

It should take approximately 15 minutes to complete both questionnaires. If at any time you feel that you do not wish to complete the questionnaires, please feel free to return them. Agreeing or declining to participate in this study will not influence your wife's care during her hospital stay. If you agree to participate in this study, please sign the attached consent form.

Thank you for your cooperation.

Pamela Martin

APPENDIX E

INSTRUCTIONS FOR BERGER SCALE

In this scale you will be presented with 36 statements that tap one's feelings in different social situations. You are to use those statements in order to describe yourself. Please circle on a scale from 1 to 5 how true of you these various statements are. Please do not leave any statement unmarked.

The numbers are described as follows:

1--if it is not at all true for you
2--if it is more false than true for you
3--if it is half true and half false for you
4--if it is more true than false for you
5--if it is completely true for you

1. I'd like it if I could find someone who would tell me how to solve my personal problems. 1 2 3 4 5

2. I don't question my worth as a person, even if I think others do. 1 2 3 4 5

3. When people say nice things about me, I find it difficult to believe they really mean it. I think maybe they are kidding me or just aren't being sincere. 1 2 3 4 5

4. If there is any criticism or anyone says anything about me, I just can't take it. 1 2 3 4 5

5. I don't say much at social affairs because I'm afraid that people will criticize me or laugh if I say the wrong thing. 1 2 3 4 5

6. I realize that I'm not living very effectively, but I just don't believe I've got it in me to use my energies in better ways. 1 2 3 4 5

The numbers are described as follows:

1--if it is not at all true for you
2--if it is more false than true for you
3--if it is half true and half false for you
4--if it is more true than false for you
5--if it is completely true for you

7. I look on most of the feelings and impulses I have toward other people as being quite natural and acceptable. 1 2 3 4 5

8. Something inside me just won't let me be satisfied with any job I've done--if it turns out well, I get a very smug feeling that is beneath me, I should not be satisfied with this, this isn't a fair test. 1 2 3 4 5

9. I feel different from other people. I'd like to have the feeling of security that comes from knowing I'm not too different from others. 1 2 3 4 5

10. I'm afraid for people that I like to find out what I'm really like, for fear they'd be disappointed in me. 1 2 3 4 5

11. I am frequently bothered by feelings of inferiority. 1 2 3 4 5

12. Because of other people, I haven't been able to achieve as much as I should have. 1 2 3 4 5

13. I am quite shy and self-conscious in social situations. 1 2 3 4 5

14. In order to get along and be liked, I tend to be what people expect me to be rather than anything else. 1 2 3 4 5

15. I seem to have a real inner strength in handling things. I'm on a pretty solid foundation and it makes me pretty sure of myself. 1 2 3 4 5

The numbers are described as follows:

1--if it is not at all true for you
2--if it is more false than true for you
3--if it is half true and half false for you
4--if it is more true than false for you
5--if it is completely true for you

16. I feel self-conscious when I'm with people who have a superior position to mine in business or school. 1 2 3 4 5

17. I think I'm neurotic or something. 1 2 3 4 5

18. Very often, I don't try to be friendly with people because I think they won't like me. 1 2 3 4 5

19. I feel that I'm a person of worth, on an equal plane with others. 1 2 3 4 5

20. I can't avoid feeling guilty about the way I feel toward certain people in my life. 1 2 3 4 5

21. I'm not afraid of meeting new people. I feel I'm a worthwhile person and there's no reason why they should dislike me. 1 2 3 4 5

22. I sort of only half believe in myself. 1 2 3 4 5

23. I'm very sensitive. People say things and I have a tendency to think they're criticizing me or insulting me in some way and later when I think of it, they may not have meant anything like that at all. 1 2 3 4 5

24. I think I have certain abilities and other people say so, too. I wonder if I'm not giving them an importance way beyond what they desire. 1 2 3 4 5

The numbers are described as follows:

1--if it is not at all true for you
2--if it is more false than true for you
3--if it is half true and half false for you
4--if it is more true than false for you
5--if it is completely true for you

25. I feel confident that I can do something about the problems that may arise in the future. 1 2 3 4 5

26. I guess I put on a show to impress people. I know I'm not the person I pretend to be. 1 2 3 4 5

27. I do not worry or condemn myself if other people pass judgment against me. 1 2 3 4 5

28. I don't feel very normal, but I want to feel normal. 1 2 3 4 5

29. When I'm in a group, I usually don't say much for fear of saying the wrong thing. 1 2 3 4 5

30. I have a tendency to sidestep my problems. 1 2 3 4 5

31. Even when people do think well of me, I feel sort of guilty because I know I must be fooling them--that if I were really to be myself, they wouldn't think well of me. 1 2 3 4 5

32. I feel that I'm on the same level as other people and that helps to establish good relations with them. 1 2 3 4 5

33. I feel that people are apt to react differently to me than they would normally react to other people. 1 2 3 4 5

34. I live too much by other people's standards. 1 2 3 4 5

The numbers are described as follows:

1--if it is not at all true for you
2--if it is more false than true for you
3--if it is half true and half false for you
4--if it is more true than false for you
5--if it is completely true for you

35. When I have to address a group, I get self-conscious and have difficulty saying things well. 1 2 3 4 5

36. If I didn't always have such hard luck, I'd accomplish much more than I have. 1 2 3 4 5

APPENDIX F

UNIVERSITY OF MINNESOTA
TWIN CITIES

Student Counseling Bureau
101 Eddy Hall
192 Pillsbury Drive S.E.
Minneapolis, Minnesota 55455

September 14, 1979

Pamela Martin
2500 N. Eastman Rd. #1177
Longview, Texas 75601

Dear Ms. Martin:

In response to your letter of September 3rd, you have my permission to use the scale I constructed to measure Expressed Acceptance of Self in your study. However I would suggest that you consider using Rosenberg's Self-Esteem Scale instead of my own if you want a purer measure of self-esteem.

Today I see self-acceptance as it was defined in my study as a hodge-podge consisting of a number of different but probably related dimensions which today I would call self-confidence; self-esteem; social confidence; and self-acceptance. And today I would define self-acceptance as the extent to which one feels good about the totality of one's self including one's faults and limitations.

Regardless of which self-report instrument you use whether mine or Rosenberg's or anyone else's, it would still be important that you keep in mind that what you are getting is what subjects report about their self-acceptance or self-esteem.

You can find information about Rosenberg's self-esteem scale in "Measures of Social Psychological Attitudes" by J.P. Robinson and P.R. Shaver. They believe that the instrument would be suitable for use with adults as well as adolescents.

If you should have trouble in locating the Robinson and Shaver book the development of the scale is described in Morris Rosenberg's book, "Society and the Adolescent Self-Image."

If you should nevertheless decide that you still prefer to use my scale, let me know and I will send you a key and other relevant information.

Very truly yours,

Emanuel M. Berger

Emanuel M. Berger
Professor

EMB:lh

APPENDIX G

SURVEY OF FATHER'S RESPONSES TO
THE CHILDBIRTH EXPERIENCE

Part I:

Background Information: Please complete the following items.

1. Age: _____years

2. Length of Marriage: _____ years

3. Ethnicity: ___White ___Black ___Latin American

___Other, please specify_____

4. Education:

_____ not high school graduate

_____ high school graduate

_____ Technical school

_____ 2 years college or less

_____ College graduate

_____ 4 or more years college

5. Was this pregnancy planned:

____ yes ____no

6. Have you ever cared for younger children?

____ yes ____no

If yes, please indicate one or more choices:

____ younger brothers ____ younger sisters

____ younger relative ____ friend

Indicate type of care given:

____ baby sitting ____ bathed children

____ fed bottle to infant ____ changed diapers

____ prepared formula

Part II:

Check the number you feel corresponds with your immediate impression about the statement made. Please remember there are no correct or incorrect answers.

Please answer according to the following key:

1--stongly agree--you felt exactly like the feeling expressed in the statement.

2--agree--the general idea of the statement is similar to your feelings, but not exactly what you felt.

3--disagree--you didn't really experience the feelings expressed.

4--strongly disagree--you didn't feel anything resembling the feeling expressed, in fact you felt quite different with respect to that statement.

1.	Childbearing is woman's work.	1 2 3 4
2.	I was a great source of strength to my wife.	1 2 3 4
3.	My wife didn't cope as well as I thought she would with labor.	1 2 3 4
4.	I was the person who helped my wife most during labor and/or delivery.	1 2 3 4
5.	I think my wife was embarrassed at times by my presence in labor and/or delivery.	1 2 3 4

6.	Childbirth has given me a whole new aspect to my relationship with my wife.	1 2 3 4
7.	I didn't know what to do to help my wife.	1 2 3 4
8.	I often felt that I was in the way.	1 2 3 4
9.	My wife was beautiful in childbirth.	1 2 3 4
10.	My wife and I were a great team in labor.	1 2 3 4
11.	I felt like my wife was a stranger during labor and/or delivery.	1 2 3 4
12.	I helped my wife feel more comfortable during contractions.	1 2 3 4
13.	My wife did a great job in labor.	1 2 3 4
14.	I don't feel like a father to this baby yet.	1 2 3 4
15.	This is one of the highest points of my relationship with my wife.	1 2 3 4
16.	My wife thought/acted as if I didn't do anything right during labor and/or delivery.	1 2 3 4
17.	I felt I didn't help anyone by being in labor and/or delivery.	1 2 3 4
18.	I really felt close to my wife during labor and/or delivery.	1 2 3 4
19.	It's important to me to hold my baby.	1 2 3 4
20.	My wife made me feel I'd really helped.	1 2 3 4
21.	My wife would have had a lot harder time in labor without me.	1 2 3 4

APPENDIX H

The University of Michigan

DEPARTMENT OF PARENT-CHILD NURSING
OFFICE OF THE CHAIRPERSON

1335 CATHERINE STREET
ANN ARBOR, MICHIGAN 48109

(313) 763-0016

March 16, 1977

Pamela Martin
8569 Southwestern #1228
Dallas, Texas 75206

Dear Ms. Martin:

You have my permission to use the enclosed questionnaire in full or in part if it meets your needs. If you find some significant results, I would be interested in hearing the outcome.

Thank you for your interest in our study.

Sincerely,

Linda R. Cronenwett

Linda R. Cronenwett
Assistant Professor
Parent-Child Nursing

LRC/pa

Enclosures

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