

ATTITUDES OF FIRST-TIME AND SECOND-TIME FATHERS
TOWARDS INVOLVEMENT IN INFANT CARE

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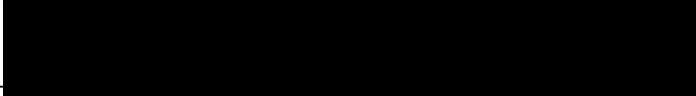
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CHAPTER I

Introduction

This study will look at the attitudes towards involvement in infant care and participation in infant care-taking activities of first-time and second-time fathers. Fathering and the implications of the father-infant relationship have just begun to be explored in the past few years and there remain gaps in our understanding of these phenomena.

Historically and traditionally the role of the father has been one of being the economic supporter and head of the household (Lamb, 1975a). He was also seen as being unemotional and not a participant in the care of the children (Nash, 1976; Reiber, 1976; Redina & Dickerschied, 1976). The involvement that the father had with the child centered around disciplining and punishing (Gollober, 1976). A man knew what was expected of him as a father because his role was defined by culture, tradition, the economic structure, and religious beliefs (Nash, 1976). He was regarded as an accessory to the mother (Earls, 1976); a biological necessity that was inept in socialization of the child (Kunst-Wilson & Cronenwett, 1981).

As society became more industrialized, role definitions became less clear. The father, who may have previously had a business out of his home, now worked away from the home. He had less time to spend with his family (Nash, 1976). As a result his role changed as the mother assumed portions of the father's role.

Changes have continued in recent years. Economic factors such as the shorter work week, more women, including mothers, in the work force, and better wages have given fathers more opportunity to spend time with their families. Also the media has contributed to increasing men's awareness of the possibilities for increased involvement of fathers with their children (Hutchins, 1979). This has prompted an increasing interest in active involvement with their children, including aspects of infant care (Fein, 1976a; Fein, 1976b).

Father's attitudes and participation in infant care-taking is an important area of study. As more knowledge is gained about fathers and their desires, interventions can be developed to ease and facilitate the role transition to fatherhood. Not only is it important to study fathers in general, but research is needed on second-time fathers as well as first-time fathers. Currently, most of the data that has been accumulated is on first-time

fathers. The question can be raised as to whether there is a difference in first-time and second-time fathers in the areas of needs, desires, and concerns. Study on prenatal education has shown that repeat parents have distinct educational needs separate from first-time parents (Jimenez, Jones, & Jungman, 1979). If this is so, then perhaps second-time fathers have other distinct needs and experiences. Research in this area is pertinent and appropriate for nursing, so that nurses can be prepared to meet the needs of all fathers. Nurses have the potential to influence men as they work with couples in prenatal classes, in labor, in the postpartum period in the hospital, and during the early childhood years. As nurses actively participate in research on fathers and their role, they can be more effective in assisting men assume the role of fatherhood, whether it be for the first, second, third, or more time.

Review of the Literature

Literature dealing with fathers is minimal compared to the literature on mothers because there has been less research on the aspect of fathering and father-infant interaction. This review will cover the areas of attachment behaviors, attitudes of fathers towards involvement in infant care, father participation in infant care at home, factors that may influence attitudes and involvement, and role theory related to fathering.

Definitions

1. Attitude: a mental position or a feeling about a certain subject.
2. Bonding: the process whereby the parent develops a tie to the infant; this occurs immediately after birth and is facilitated by physical contact; it is an initial step in the attachment process (Campbell & Taylor, 1979; Klaus & Kennell, 1982).
3. Attachment: a strong affectional tie to a particular preferred other person; it involves characteristics of specificity, endurance, and emotional ties (Klaus & Kennell, 1982; Bowlby, 1977).
4. Attachment Behaviors: any behavior that enables a person to achieve and maintain proximity to a preferred person (Bowlby, 1969; Bowlby, 1977).

Often in the literature, bonding and attachment are used interchangeably. This author will report the literature using the word that the article's author used.

Attachment Behaviors

The initial literature and research on attachment dealt with the mother-infant dyad (Campbell & Taylor, 1979; Bowlby, 1969; Bowlby, 1977). Attachment entails the development of an affectional relationship between

parent and infant (Bowlby, 1977). This relationship develops over a period of time in humans because of the relative immaturity of the human neonate at birth (Bowlby, 1969). Attachment involves a reciprocal interaction between the parent and the child (Campbell & Taylor, 1979), in contrast to bonding which implies a one-way interaction of the parent with the infant at time of birth (Campbell & Taylor, 1979; Klaus & Kennell, 1982). Attachment behaviors include such things as crying, calling, following, clinging, protest upon separation, smiling, and babbling (Bowlby, 1969; Bowlby, 1977). Bowlby (1977) believes that a child's attachment with his parents directly affects his capacity in later years to develop affectional bonds. In light of this, it is important for nurses to be aware of parent-child interactions so that parents may be helped and guided in developing effective parent-child relationships.

Even though attachment theory is thought of most in the mother-infant dyad, fathers also have been shown to display attachment behaviors to their infants if given the opportunity (Lamb, 1975b; Parke & Sawin, 1977; Lamb, 1977; Clarke-Stewart, 1978). This opportunity is enhanced by a period of time when the father and the infant can get acquainted, so that bonding and the attachment process can

begin. There must be time allowed for the father to obtain information about his child, have contact with his child, and for him to begin to have positive feelings about his child (Bills, 1980). Several authors report that the immediate postpartum period while the baby and the mother are still hospitalized is an ideal time for this process of attachment to begin (Bills, 1980; Greenberg & Morris, 1974; Rödholm & Larsson, 1979).

Bills (1980), in a study of 30 volunteer fathers, divided into two self-selected groups of 15 each (fathers who themselves had planned physical contact with their infants, and fathers who did not), found that fathers who had early infant contact felt better acquainted with their infants, and felt better prepared for involvement in infant care at home. They began the process of developing a bond with their child as a result of that early contact. Data was collected by means of questionnaires and a task sequence after delivery which included bathing, diapering, feeding, and burping. The questionnaires included one that measured the quality of the bond between the father and infant, and one that measured the nurturance traits of the father. The experimental group (fathers with infant contact) completed the questionnaires as well as the task sequence and then also

completed a questionnaire relating to their feelings about the task sequence. The control group (fathers without physical contact with their infants) completed only the first two questionnaires. There were no significant group differences except for participation in rooming-in. A limitation of this study is that the fathers were self-selected into the two groups. The fathers in the contact group could have been more motivated to get to know their infants anyway.

Greenberg and Morris (1974) also found that a bond between fathers and their infants begins developing within the first few days after delivery. They describe the "sense of absorption, pre-occupation, and interest in the infant" that the father develops as "engrossment" (p. 521). They define the engrossed father as one who is involved and concerned with his infant. They formulated their concept from studying two groups of first-time fathers in London, England. Each group contained 15 fathers. The men were all married to the mother of the infant; and the infants were normal, healthy, and delivered vaginally. The two groups were those whose first contact with their infant was immediately at birth, and those fathers whose first contact was later when the child was shown to them by the nurses. The two groups were similar in regard to

socioeconomic status, age, and previous experience with children. The only group differences were that the men who were present at the birth of their child had attended more prenatal classes and felt they knew more about labor and delivery. Greenberg and Morris found no significant differences in engrossment between the two groups. They all enjoyed looking at their infants and holding them. They all thought their infants had distinctive characteristics, and saw their child as perfect. All of them expressed feelings of pride concerning the child. However, they found that the fathers who had contact with their infants at birth felt that they could identify their infants more readily than the group of fathers who did not have immediate contact with their infants. The data was collected by means of a questionnaire that dealt with their feelings towards their newborns. Some of the fathers were also personally interviewed.

Similarly, Taubenheim (1981) found that bonding behaviors are evident in the first few days after birth. Her exploratory study of 10 first-time fathers utilized questionnaires to determine paternal attitudes toward the newborn and non-participant observation of the father-infant dyad. Areas that were observed were in the categories of visual awareness, touching, holding, and

vocalization. A miscellaneous category included such things as smiling, kissing, and cuddling the infant. The observations were made during three separate 30 minute periods on the first, second, and third postpartum days. She found that all of the fathers began some type of interaction with their infant within the first five minutes. She also found that the fathers who exhibited the highest bonding scores had fed their infant during the observations. Also high-bonding scores correlated with the father assuming the 'en face' position (focuses on the infant's face in the same plane as the infant). There seems to be an implication for nursing in that the nurse needs to encourage the father to become actively involved in his infant's care. Even though Taubenheim's sample is small, it seems to indicate that the more involved the father is with the child, the more bonding there is.

Rödholm and Larsson (1979) studied 15 fathers of cesarean birth infants (eight elective and seven emergency procedures were included). The fathers were allowed a ten minute contact period with their naked infant approximately 15 minutes after the child's birth. The fathers were alone with their infants except for a nurse who remained in the room, away from the father and

child. Time lapse photography was used to record the father's actions. Fourteen of the men had touched their child within one minute. The touching behavior of the fathers was found to correspond to the touching patterns of mothers. Initial investigation was with fingertip exploration of the extremities, progressing to palmar touching of the entire body, and then holding. It seems that a limitation of this study is the small sample size, perhaps due to the cost and time involved in using time lapse photography as a method of data collection.

Similarly, McDonald (1978) videotaped the births and first nine minutes after birth of seven couples. His research showed that the men exhibited seven different attachment behaviors in the first nine minutes. These behaviors were either contact behaviors such as fingertip and palmar touching, or distal behaviors such as hovering, pointing, visual contact, prolonged gazing, and face-to-face presentation. Hovering was the predominant behavior in the first three minutes. When contact behaviors were initiated, these men also began with fingertip touching and then progressed to palmar contact. He did not comment on the mother-infant behavior in this study.

Even though none of the aforementioned studies have used random samples, and have all had relatively small sample sizes, they all indicate that fathers form bonds

with their infants. This bonding seems to be fostered by early contact and involvement in infant care activities.

Attitudes of Fathers Towards Involvement in Infant Care

Exploring the attitudes of fathers towards being involved with their infants is a relatively new area. Men are becoming interested in being more actively involved with their children. Marquart (1976) found that the men she interviewed during pregnancy began to associate with other expectant or actual fathers more as the birth of their child approached. Perhaps this may signal the beginnings of changing attitudes towards involvement; or it is a search for the identity of a father. Most research has dealt with first-time fathers and their attitudes. A few studies have looked at second-time fathers (Bigner, 1977; Lamb, 1977; McDonald, 1978; Tasch, 1952).

Bigner (1977) studied 77 fathers of pre-school aged children. The children were a combination of first, second, and third born. The men were asked to complete an attitude scale as part of the study. The attitude responses were divided into two categories: traditional and developmental. Traditional was considered to be the role of economic supporter with little caretaking participation, while developmental was considered to involve active

participation in caretaking activities. He found that fathers became more developmental in their attitudes with second and third children. He felt that this may be due to more experience with children and more realistic expectations of the child.

Tasch (1952) was one of the initial researchers in the area of the role of the father. She studied 85 fathers who had children from ages birth to 17 years. Her study indicated that men were interested in being involved with their children, and that in actuality, 75% could list actual areas of involvement. The men described deriving pleasure from having children, being a participant in childrearing, and from the companionship they received from their children.

In a descriptive study of 52 first-time married fathers, Leonard (1976) found that men had positive attitudes towards their infants. Using a questionnaire that divided attitude into six components, she gathered the data from the men during their wives' postpartum hospital stays. The six areas of her attitude questionnaire were:

1. The father identifies the child as a separate human being.
2. The father begins to touch/hold his infant.

3. The father begins to assume the parental role.
4. An affectional system between the father and the child begins.
5. The father anticipates his new role during pregnancy.
6. The birth of the child affects the father's feelings about self, life-style, and relationship with his wife (p. 361).

She found that in all six areas, the men had positive responses. Some of the terms that the men used to describe their newborns were "'great', 'good', 'proud', 'love him/her', 'excited', and 'fantastic'" (p. 364). In her follow-up study (Leonard, 1977), she found that at four weeks postpartum, the men still had highly positive attitudes towards their infants and towards being an active participant in infant care.

Likewise, Obrzut's (1976) descriptive study of twenty fathers revealed that the feelings of fatherliness developed as a process. She used personal interviews to collect the data. There were no controls for age, race, or socioeconomic status. The questions in the interview covered the areas of definition of fathering, preparation for fathering, feelings about fatherhood, and a

miscellaneous category. She found that the men perceived nurturing, teaching, and providing as the most important aspects of fathering. The roles that they saw themselves in as fathers were those of provider (economic) and nurturer-caregiver. The men also felt that the father's role was complimentary to the mother's role. They realized that there would be changes in their lifestyles after the child's birth, and they tended to have realistic expectations. Overall, these men had positive feelings about fathering, and desired to prepare for their roles as fathers.

Finally, Reiber (1976) studied a small sample of nine volunteer couples. To obtain her data she conducted prenatal and postpartum interviews with each couple, observed parent-infant interaction, and had the parents keep a four-day activity log on infant-adult activities. Her data revealed that the men were interested in being involved in the care of their infants, and some desired to decrease time away from home so they could be more involved. Her study also indicated that the greater desire that the wife had for her husband to be involved in care of the child, the more involved the father was. The study is limited in its generalizability because of size and absence of random selection.

None of the above studies controlled for any variable other than that the babies were normal, healthy, first-born (except Tasch and Bigner), and born to parents who were married. The fathers in these studies had positive attitudes about fathering, but to generalize these findings to all fathers would be premature.

Involvement in Care at Home

Investigators have found that fathers participate less in caregiving and nurturing in the home than mothers (Parke, Power, Tinsley & Hymel, 1979; Reiber, 1976; Redina & Dickerscheid, 1976; Lamb, 1977; Lamb & Lamb, 1976); however they do become involved if given the opportunity (Parke & Sawin, 1977; Pedersen & Robson, 1969; Leonard, 1977). Caregiving activities include feeding, changing diapers, bathing, holding, cuddling, talking and singing, and playing with the infant.

Reiber (1976) found that the wives were the major determinants of the fathers' involvement. This became apparent as she conducted interviews with the couples. The interviews revealed that the greater involvement that the wife desired for the husband, the more involved he became. Her study also revealed that the men exhibited nurturing behaviors that were similar to their wives'. In other words, they imitated their wives. If the wife

tended to exhibit close interacting behaviors such as 'en face' behavior, cuddling, or intimate talking, the husband would do the same things. From the four-day activity log, she found that the men participated most in activities such as holding and carrying while the mother did more diapering, dressing, and bathing.

Parke, et al (1976) in a review of several studies conducted by Parke and associates concluded that fathers were just as nurturant as mothers. Both fathers and mothers displayed behaviors of touching, looking, vocalizing, and kissing with similar frequency. These studies did note, however, that the fathers were less active in caretaking activities such as feeding and bathing than the mothers. At the same time, fathers were more likely to play physically with the child. Other researchers have found similar results regarding play (Clarke-Stewart, 1978; Bigner, 1977; Parke & Sawin, 1977; Lamb & Lamb, 1976; Lamb, 1977).

Pedersen and Robson (1969) studied 45 first-born infants and their families, who had been recruited during the third trimester of the pregnancy from obstetricians, hospitals, and parent-education groups. They ranged in age from 19 to 40 years (mean: 27), and ranged in educational level from 11th grade to professional degrees

(mean education: 3 years of college). The data was collected during home visits when the infant was 8 months old and 9½ months old. The fathers were not personally interviewed to determine their participation. This data was gathered by interviewing the mothers. This is a limitation because actual father participation may not be accurately reported by the mother. However, without conducting a study that asks both the father and mother to report the father's activity, it is difficult to say whether the mother or father similarly report the father's activities. On three variables of caretaking, investment, and time spent in play, Pedersen and Robson found varying amounts of participation by the fathers. However, they determined that overall the majority of the fathers were highly involved with their infants.

In another study, Redina & Dickerscheid (1976) looked at 40 first-time fathers with infants in two age groups. The sample was selected from births listed in the newspaper. Two groups of infants with equal numbers of males and females in each were selected. One group of infants were about six months of age, and the others were about thirteen months of age. By using observation techniques on two separate home visits to each participant, Redina and Dickerscheid found that the men spent

most of their time in socializing and affective behaviors, and were not extensively involved in caretaking activities.

Boyd (1980), in studying 44 first-time fathers, found that all of them participated in infant care, but the amount of involvement varied. Data was obtained by using a self-report form that the fathers completed in the home at four weeks after the child's birth. In her study, all of the fathers participated in talking to and holding their infants. Very few fathers bathed their infants. It was found that as skill necessary to perform an activity increased, the participation of the father decreased. This result was also found in the study done by Manion (1975).

Of the 45 first-time fathers that Manion (1975) studied, all fathers held their infants; 93% held them when they needed comforting; 66% had changed diapers; 78% had given a bottle to the infant; but only 18% had bathed their child (p. 74). Manion suggests that these statistics may be a reflection of hospital practices; most fathers hold their child in the hospital, but few participate in bathing the infant. Few are probably even shown how to bathe an infant. Manion collected her data by means of questionnaires during the immediate postpartum and then several weeks later.

In contrast, Rebelsky and Hanks (1971) found that fathers spent very little time in verbal interaction with their infants. They studied 10 father-infant dyads bi-weekly from two weeks postpartum to 3 months. Every two weeks a 24-hour tape recording of the father's verbal interaction with his infant was obtained. They found that the average number of seconds of interaction per day being 37.7. They concluded from this that the fathers interacted very little with their infants. This is perhaps not a valid conclusion because: 1) the men may have had types of interaction other than verbalization, 2) the men were at work much of the day, 3) the tape recorder may have inhibited the men's interaction, and 4) infants sleep a great deal during this time period, thereby decreasing time for interaction. A further limitation is that they did not report whether any of the tapings occurred on weekends. Weekend taping may have revealed increased interaction. However, as their study is currently reported, there is no mention of when during the week the recordings were obtained.

Factors that May Influence Attitudes and Involvement in Caregiving

Factors that may influence a father's involvement

with his infant will be discussed in this section.

Peterson, Mehl, and Leiderman (1979) found in a study of 45 couples that the birth experience and the father's behavior towards his wife and the baby at time of delivery were important predictors of later father involvement. These authors stated that "a more positive birth experience led to greater levels of father attachment" (p. 335). The more positive feelings that the father had about the birth, the greater his attachment and involvement with his infant. These conclusions were drawn from data collected by means of prenatal interviews, observation of the father during labor and delivery, and interviews at one week, one month, two months, four months, and six months postpartum. During the prenatal interviews, the fathers were questioned about their feelings about having a child, their commitment to be involved in caretaking activities, and their ideas about the importance of the father. The observations during labor and delivery included his behavior, the length of his contact with his infant after birth, and how he felt about the baby and the birth. During the postpartum interviews the fathers were questioned about their actual involvement in caretaking activities as well as their feelings about the baby and

his feelings of confidence in caring for the infant.

Parke, et al (1979) suggest from their review of various studies of father-infant interaction that sex of the infant is a factor in attitude and involvement. They report that the type of play is different. Fathers are more aggressive with sons. Fathers also describe their infants differently depending on the sex. Girls are little, cute, and pretty no matter what they look like. Boys are stronger, more alert, and hardier. Parke, et al suggest that this early sex differentiation is the beginning of the sex role differentiation process that continues as the child grows older. Tasch (1952) also found that the sex of the child made a difference. The men were more likely to participate in routine daily care activities if the child were a girl, and participated more in activities requiring motor skills with boys than girls.

Manion's descriptive study (1975; 1977) used a questionnaire to explore the factors that may be related to participation in infant care. The 45 couples were all married, Caucasian, and having their first child. Factors that were found to be related to increased involvement in care were: past relationships with parents, participation in the birth event, sex of the child, and inclusion of the father in infant care instructions in the hospital. Factors

that were not related were education, social class, age, desire for the child, preparation for childbirth, and contact with the infant in the hospital. May (1978) also found that a man's relationship with his father may influence his actions. In contrast, Rödholm (1981) found that early contact with the infant did influence the father's interaction with his child.

Boyd (1980) also explored possible contributing factors towards attitude and involvement in infant care-taking. The factors that she found to be related were: the number of evenings spent away from the home (negative correlation), the amount of time between the infant's birth and when the father held the infant (negative correlation), and previous babysitting experience (positive correlation). Boyd also found that the relationship of the man with his father, time away from home due to a job, age, education, prenatal class attendance, and sex of the infant were not significantly related to attitudes of involvement.

The infant may also influence the father's attitudes and participation. Infant factors that have been found to be related are: 1) health of the infant, 2) irritability of the child, ie. fussiness, 3) alertness of the infant, and 4) appearance of the infant (Fein, 1976a;

Fein, 1976b; Wandersman, 1980; Jones, 1981; Klaus & Kennell, 1982). In contrast, Lamb and Lamb (1976) found that infant characteristics had minimal effect on father participation.

The number of children a man has may influence his participation. Bigner (1977) found that as the number of children increased, the man had less time to spend with each child. Therefore, their participation with the new infant decreased as well as involvement with other children.

From these studies, it appears that factors which may have an influence on a father's attitudes and involvement in care are: relationships with parents, participation in the birth event, babysitting experience with younger children, sex of the infant, infant temperament and appearance, number of children the couple has, and the amount of time between the infant's birth and when the father first holds the infant.

Role Theory Related to Fathering

Role theory can be used as a theoretical framework for studying fathering. Roles prescribe actions that accompany certain positions. Roles are defined as the "pattern of wants and goals, beliefs, feelings, attitudes, values, and actions which members of a community expect

should characterize the typical occupant of a position" (Robischon & Scott, 1969, p. 52). Society is a determining factor in defining roles (Robischon & Scott, 1969). Influencing societal factors are societal expectations of the role, what has been learned as a child about the role, and expectations of immediate family members (Kiernan & Scoloveno, 1977).

A person's attitude about a role that he has or is about to acquire can affect his effectiveness in the role. In relating this to men who acquire the role of father, Fein (1976a) found that men who antenatally stated that they expected to be involved with their infants were more involved with the child postnatally than those men who did not express this. The transition to fatherhood may be a time of crisis and changing identity, and a time when the new approaching role is being explored (Leonard, 1977). This can cause anxiety and confusion in the man (Fein, 1976a; Hutchins, 1979). This is particularly true in western culture where the man has been excluded from the pregnancy and child care in the past (Earls, 1976; Roehner, 1976).

Over the centuries, society has defined the father's role as the economic supporter and head of the household. At the same time, social scientists have inferred that

the mother's role is more important than the father's because the woman provides more care for the child (Lamb, 1976). In recent years, as men are seeking to be more actively involved with their children, the role of the father has become less clear (Antle, 1975). This can lead to role conflict and role insufficiency (Meleis, 1975). Role conflict is evident when changes in behavior need to be made to assume a new role and these changes are not made, anticipated, or are unrecognized. Role insufficiency can be defined as difficulty in fulfilling a role properly as perceived by oneself or by significant other persons (Meleis, 1975).

The role insufficiency that may arise because of the role transition from non-parent to parent may be a result of poor role definition, lack of knowledge or skills, or of misreading cues from other people. Heise (1975) writes of this experience of role insufficiency as evolving from lack of support from society. Society at large is not yet wholly accepting and supportive of the changing role of the father who desires greater involvement (Heise, 1975). Other authors also recognize the general lack of support from society for the father who wishes to be actively involved with his infant (Fein, 1976a; Fein, 1976b; Earls, 1976; May, 1978; Kunst-Wilson & Cronenwett,

1981). This is particularly evident in the areas of job and work time. Few men received support from their jobs in areas such as flexible work hours and extra time off to help care for the child. The few men reported by Fein (1976b) who did have some flexibility in their jobs reported having an easier time adjusting to their new role as a father. Perhaps men should be encouraged to bargain for paternity leave, just as women have maternity leave. In the meantime, health professionals need to teach new fathers ways to cope with society's attitude so they can be effective, involved fathers.

A lack of preparation for the new role of fatherhood may be a key element in the role insufficiency fathers may experience. Health professionals, especially nurses, can provide effective support and teaching to new fathers. Teaching and support should begin in the antenatal period when the man is anticipating his new role. The woman has physiological changes that make the pregnancy and the approaching motherhood role real; the man does not experience these changes, although some men may experience the "couvade syndrome" during their wives' pregnancies (May, 1978; Leonard, 1977). In this syndrome, the man experiences some of the same things his wife does, ie. weight gain, depression, aches, and pains.

Antle (1975) suggests that if a man can be actively involved in the pregnancy that this may enhance his transition to the role of a father. The involvement in the pregnancy may help him to prepare for his new role (Roehner, 1976). During the pregnancy is also an ideal time for the expectant father and mother to discuss and negotiate their parenting roles, as couples who discuss this antenatally seem to adjust more easily after the infant's birth (May, 1978; Fein, 1976b).

Statement of Conceptual Framework

In considering the anxieties and difficulties that may be encountered in adopting the role of father, it seems that there may be a difference in the attitudes and activities of first-time and second-time fathers. Second-time fathers have already experienced the transition to fatherhood and may not have as much conflict as first-time fathers. On the other hand, they may feel more conflict because they never really established their role with the first child. First-time fathers may experience more role conflict and role insufficiency because they do not have a clear view of what their role is. However, second-time fathers may have less opportunity for involvement with the new infant because they have to assume more responsibility for the first child. This may

result in more conflict, and a less positive attitude towards involvement. The father may feel unhappy in a role that he was previously anticipating.

Summary

Studies that have been done indicate that first-time fathers have positive attitudes about involvement in infant care. Studies of second-time fathers are fewer, but they indicate that they too have positive attitudes. Studies have also shown that fathers are involved in infant care, but to a lesser extent than mothers. Also, fathers are more involved when the mother desires that the father be actively involved. Some factors that may influence attitude and involvement are: sex of the infant, participation in the birth event, babysitting experience, relationship with parents, characteristics of the infant, number of children there are in the family, and time from birth to when the father holds the infant for the first time.

Purpose of the Study

The purposes of this study are:

1. To compare fathers' attitudes towards and actual involvement in infant care.
2. To compare first-time and second-time fathers' attitudes towards involvement

in infant care and actual participation
in infant caretaking activities.

3. To expand the body of knowledge to include more data on second-time fathers.

The research questions are:

1. Is there a difference in attitudes towards involvement in infant caretaking between first-time and second-time fathers?
2. Is there a difference in participation in infant care activities between first-time and second-time fathers?

CHAPTER II

METHOD SECTION

A non-experimental descriptive study was conducted to compare the attitudes and participation of first-time and second-time fathers in infant care. Questionnaires were used to determine both attitudes and participation. Intervening variables of the sex of the infant, presence at delivery, and amount of time from birth to when the father first held the infant were also considered.

Sample

The sample of convenience was drawn from a population of men who were either first- or second-time fathers. The sample size consisted of 25 fathers in each group for a total of 50 fathers. The sample was drawn from names listed in the delivery records at the hospital site. Data collection took place between November, 1981 to March, 1982. The fathers were all English-speaking, Caucasian, married, between the ages of 20 to 35 years, and living in the home with the infant and mother. These requirements for inclusion were included to control for extraneous variances such as ethnicity, age, and opportunity for father involvement with the infant.

All of the deliveries were vaginal deliveries of healthy, term infants. All infants had an Apgar score of 8 or greater at five minutes, were at least 38 weeks gestational age at birth, and had a normal physical exam. These criteria were made in an effort to provide optimal opportunity for father-infant interaction. A father of an abnormal or sick child would have different opportunities depending on the need for hospitalization or special procedures.

First-time fathers were defined as men whose wives were having their first child. The child was the first one for both the husband and the wife. Second-time fathers were defined as men whose wives were having the couple's second child. The child was the second for both the husband and wife, and neither had any children by a previous marriage or relationship. The first child was described as alive and well by the parents. (See Appendix E).

Setting

The setting used in obtaining the sample was a 414 bed hospital with an obstetrical service that averages 240 to 280 deliveries per month. The obstetrical unit has 29 postpartum beds and 13 beds in labor and delivery. Fathers are able to remain with their wives throughout

labor, delivery, and recovery, and are able to visit anytime on the postpartum floor. Fathers are able to attend vaginal as well as Cesarean births. Rooming-in is a part of the normal postpartum procedures, and fathers are encouraged to spend as much time as they can with their partner and baby. All patients were private patients. The hospital is located in a city of about 100,000, but draws from an area of about 130,000.

Data Collection

Measurement of the Independent Variable

The independent variable, fatherhood, had two dimensions which were whether the man was a first-time or a second-time father. Only these two categories were considered. The determination of the independent variable was by self-report on the Background Data Form (Appendix A).

Measurement of the Dependent Variables

The dependent variables were attitudes towards involvement in infant care, and actual involvement in infant caretaking activities. Infant caretaking activities were defined as the following activities: bathing, feeding a bottle and/or solids, changing wet and/or dirty diapers, playing, talking, holding, rocking, dressing, cuddling, singing to, babysitting, and putting to bed at night

(adapted from Boyd, 1980 and Manion, 1975).

Attitude towards involvement in infant care was measured by the Paternal Attitude Scale developed by Boyd (1980) (Appendix B). The scale has 38 Likert-type items using a 5 point scale ranging from "strongly disagree" to "strongly agree". A few examples of the type of items follow. Item 2 states "I am afraid I will hurt my baby when I hold her/him". Item 14 states "Fathers and mothers should share equally in the childrearing decisions". Items cover subject areas such as caring for the baby, bathing, holding, cuddling, feeding, playing, and childrearing (Appendix B).

The scoring of the items was from 1 to 5 points. One point was given for a response that indicated an unfavorable attitude, and five points for a response indicating a favorable attitude. Three points denoted an uncertain response. The remaining points fall correspondingly in-between. The scale has 19 unfavorably worded items and 19 favorably worded items. The favorably worded statements are identified by an asterik in Appendix B. Total score for the 38 items could range from 38 to 190. The higher the score, the more favorable or positive attitude towards involvement in infant caretaking. The points 3, 4, and 5 were considered positive responses in this study.

Content validity was established by Boyd by having seven experts rate the initial 60 items, from which the lowest ten were dropped. A reliability coefficient of 0.93 was obtained by administering the 50 remaining items to 119 fathers. Further revision after this resulted in the present 38 items. The reliability coefficient after revision was 0.91 (Boyd, 1980, p.72-74; Boyd, 1981).

Involvement in infant caretaking activities was determined by responses to a self-report form completed by the fathers (Appendix C). This form, developed by Boyd (1980), had an alpha reliability coefficient of 0.81. There are nine items on the self-report form, with item 4 having 13 sub-items. The scoring for the 13 items in item 4 ranges from 1 to 6. One is assigned to the "never" response, and six to the "13 or more" response. Total score could range from 13 to 78. The higher the score, the more involvement there is with the infant. The other eight items are background data to help in evaluating the caretaking item.

Measurement of Intervening and Demographic Variables

A Background Data Form (Appendix A) was used to collect by self-report information on intervening and demographic variables. These included age, occupation,

income level, education, participation in prenatal classes, presence at delivery, sex of the infant, and amount of time from delivery to when the father first held his infant. The variables of presence at delivery, sex of the child, and amount of time from delivery to when the father first held his infant were included because these have been suggested as possible influencing factors on attitude and activity by the literature. Questions on the number of years married, education, and income level were included so that group characteristics could be compared and contrasted. Questions dealing with attendance at prenatal classes were included so that information on how many couples attend classes with a second pregnancy could be obtained.

Design and Procedure

This study was a non-experimental descriptive study. Questionnaires to measure attitudes and involvement were used.

The initial contact with the fathers was at the hospital during their wives' and infants' postpartum hospital stay. After explanation of the study and determination of fulfillment of criteria selection (Appendix E), the fathers were asked if they wished to participate. If they agreed to be involved, an informed

consent for participation was obtained (Appendix D). The participants then completed the Background Data Form (Appendix A), and the Paternal Attitude Scale (Appendix B). All forms were coded so that the only form on which the participant's name appeared was the informed consent.

The follow-up questionnaire regarding actual participation in caretaking activities was completed by the participant in his home at 4 to 6 weeks after the birth of the infant. These were delivered to the men on a home visit by the researcher, with the exception of one who did not have a phone, and it was mailed and returned. There was also no message phone, and the address could not be found on a current city map. These questionnaires were also coded so that the father's name did not appear on the form. A two week time span was given to allow for arrangement of the home visit at a convenient time for the parents.

The coding system for the questionnaires was as follows:

1. First-time fathers were coded with the letter A, and numbered 1 to 25. Second-time fathers were given the letter B, with numbers 1 to 25.
2. All forms (Consent Form, Background Data

Form, Paternal Attitude Scale, and Self-Report Form) had the code number and letter at the top.

3. The researcher kept on a separate file card, accessible only to the researcher, the name, address, phone number, and code so that the participants could be contacted for the home visit. The file card was destroyed at the end of the study.

Analysis of Data

Demographic data was analyzed using appropriate descriptive statistics such as mean, range, and standard deviations. Attitude and activity scores were totaled for each individual in each group, and the range of scores was determined for each group. A t-test was performed on the group mean scores to determine any significant differences in the two groups.

Determination of any differences in attitude and participation due to the sex of the infant, presence at delivery, and length of time from birth to when the father held the baby was done by use of correlations. Correlations were also used to determine if any of the demographic variables made a difference in attitude and

participation. Within each group of fathers, Pearson's r was used to determine any correlation between attitude and participation in infant caretaking activities.

Pearson's r was used for correlations as the correlation used when one variable is dichotomous and the other is continuous is the point biserial correlation which is derived from the same equation as the Pearson's r . Phi which is used for correlations when both variables are dichotomous likewise derives from the Pearson's r equation (Down & Heath, 1970).

CHAPTER III

Results

A non-experimental descriptive study of 25 first-time and 25 second-time fathers was conducted to explore their attitudes toward and participation in infant caretaking activities. The goals of the study were to compare first-time and second-time fathers in these two areas, as well as to generate new data on second-time fathers.

Results of the data analysis will be reported in this chapter. The areas covered will be:

1. sample characteristics
2. reliability of the tools
3. the attitudes of the fathers
4. the activities of the fathers
5. the other variables, including sex of the infant, presence at delivery, and time from birth to holding the infant
6. correlations between the variables
7. incidental information

The results will be discussed in the next chapter. The significance level for all data in this study will be $p=0.05$.

Sample Characteristics

Fifty fathers comprised the initial sample of men completing questionnaires at the hospital site. Forty-six fathers completed the entire study. The four who did not complete the follow-up questionnaire at 4 to 6 weeks were not able to be contacted by the researcher or a visit was not possible. Two of these men were from each group, so 23 first-time and 23 second-time fathers completed the entire study. Three of the four were not at home at the time of the scheduled visit, and did not respond to messages left. One was not able to be contacted by phone or message phone, and did not respond to messages left for him. The two first-time fathers not completing the follow-up questionnaire were similar in characteristics to the other 23. The two second-time fathers had lower incomes and were married fewer years than the other 23. Attitude scores for all fathers were comparable to the scores of the other 46 men.

The mean number of days for the follow-up visit for first-time fathers was 34.74 compared to 36.08 for second-time fathers. This difference was not significant ($t=-1.21$, $p=0.05$, $df=44$). The range of time for visits was 28 to 42 days for first-time fathers and 28 to 41 days for second-time fathers.

Demographic Data

Table 1 is a summary of the demographic characteristics of both groups. At a significance level of 0.05, there were significant differences in the two groups in the areas of age, attendance at prenatal classes, and number of years married. No significant difference was found in the areas of education, income, or sex of the child.

The age range of first-time fathers was 21 to 33 (mean: 26.28) compared to 22 to 35 (mean: 29.48) for second-time fathers. Number of years married ranged from 1 to 9 (mean: 3.40) for first-time fathers and from 2 to 12 (mean: 6.04) for second-time fathers. No men had income levels less than \$5,000 in either group, while 50% of the entire sample had incomes greater than \$20,000. Ninety-six percent of both groups of fathers had completed high school. Sixty percent of first-time fathers had some college education, and 20% of them had completed college. Of the second-time fathers, 68% had some college education, and 48% had completed college. Twenty-eight percent of the second-time fathers had some post-graduate education compared to none of the first-time fathers.

TABLE 1
Means and Standard Deviations of Demographic
Variables by Group

	First-time n 25		Second-time n 25		t*	p**
	\bar{X}	S.D.	\bar{X}	S.D.		
AGE	26.28	3.39	29.48	3.48	-3.29	.002
MARRIED(Years)	3.40	2.16	6.04	2.32	-4.17	.000
PRENATAL CLASSES	.92	.28	.64	.49	2.49	.016
EDUCATION(Years)	13.80	1.47	14.84	2.97	-1.57	.123
INCOME	4.04#	.94	4.12#	1.17	-.27	.790

*t-value > 2.0126 to be significant at $p=0.05$, $df=48$

** $p=0.05$ for significance

4: \$15,000 to \$19,999

Table 2 breaks down the two groups by sex of the child. The two groups were not significantly different in what sex of child they had ($t=-.56$, $p=.580$, $df=48$).

TABLE 2
Sex of the Infant by Group

	First-time n=25		Second-time n=25	
	No.	%	No.	%
Male	13	52%	11	44%
Female	12	48%	14	56%

Tables 3 and 4 compare the prenatal class attendance of first-time and second-time fathers. As mentioned previously, there was a significant difference in attendance at prenatal classes with first-time fathers attending more frequently than second-time fathers. The classes attended most often by all fathers were Lamaze classes. No fathers in either group attended Bradley classes. Table 5 outlines the number of second-time fathers who stated they attended prenatal classes with the first child. Thirteen second-time fathers (52%) attended prenatal classes with both children. Three of the fathers attended classes only with the second child. Two fathers

TABLE 3
Attendance at Prenatal Classes by Group

	First-time n=25		Second-time n=25	
	No.	%	No.	%
Yes	23	92%	16	64%
No	2	8%	9	36%

TABLE 4
Attendance by Type of Prenatal
Class by Group

	First-time n=25		Second-time n=25	
	No.	%	No.	%
None	2	8%	9	36%
Lamaze	17	68%	12	48%
Bradley	0	0%	0	0%
Hospital	2	8%	2	8%
Combination	4	16%	2	8%

TABLE 5
 Attendance at Prenatal Classes by
 Second-Time Fathers

	With first child		With second child		With both children		Neither time	
	No.	%	No.	%	No.	%	No.	%
YES	20	80%	16	64%	13	52%	2	8%
NO	5	20%	9	36%	12	48%		

did not attend classes with either child. Seven fathers attended classes only with the first child. Therefore, 23 of the 25 second-time fathers had attended prenatal classes with one or both pregnancies.

Reliability of the Tools

Two scales, attitude and activity, were formed from the tools used. The attitude scale was comprised of the 38 items on the Paternal Attitude Scale. The activity scale was comprised of the 13 activity items from question four on the Self-Report Form. Boyd (1980) reported a reliability coefficient of 0.91 for the Paternal Attitude Scale in a study examining first-time fathers. The alpha reliability of the attitude scale in this study which was used with both first-time and second-time fathers was 0.87. Boyd's (1980) reliability coefficient for the activity scale was 0.81. In this study, the alpha reliability coefficient for activity was 0.83.

Attitude Scores

There was no significant difference in the postpartum attitude scores of first-time and second-time fathers. Table 6 outlines each groups' scores. Scores on the attitude scale had a potential range of 38 to 190, with higher scores reflecting more positive attitudes. Scores above 114 were considered to be in the positive range for

this study. All fathers' scores were greater than 114. This is based on responses that scored 3, 4, or 5 points being considered positive responses. The mean score for first-time fathers was 161.52. The second-time fathers had a mean score of 159.56. The integer mean of the groups was 4.25 for first-time fathers, and 4.20 for second-time fathers.

TABLE 6
Attitude Scores by Group

	First-time n=25	Second-time n=25	t*	p**
RANGE	146-186	134-185		
MEAN	161.52	159.56	.56	.580
S.D.	10.41	14.15		

*t-value > 2.0126 for significance at $p=0.05$, $df=48$

** $p=0.05$ For significance

The highest scores for both groups of fathers involved areas such as holding and cuddling the baby, satisfaction from helping care for the infant, joint decision-making regarding childrearing, and spending time with the infant. Both groups tended to feel that it would be safer and

more efficient if the wife bathed the baby. Also both groups felt that women instinctively know more about babies than men. The mean scores for both groups were below their overall integer means of 4.25 for first-time and 4.20 for second-time fathers.

Two differences were apparent between the groups. First, second-time fathers were more likely to feel that their wife could do a better job in caring for the infant if they were involved (mean score first-time fathers: 3.72; mean score second-time fathers: 4.32). Second, first-time fathers felt more strongly that employers should give them time off after the child was born (mean score first-time fathers: 4.56; mean score second-time fathers: 3.80).

Activity Scores

Analysis of the data revealed a significant difference in activity levels in the two groups. First-time fathers were more actively involved in caretaking activities than second-time fathers. Table 7 depicts their scores. The potential range of scores on the 13 items was 13 to 78, with higher scores reflecting greater involvement in caretaking activities. The activities with the highest scores overall for all fathers were: talk to, hold, cuddle, rock, dress or change clothes, and change wet diapers. Activities with some involvement were: putting to bed at night, babysitting, singing to the infant, giving a bottle, and changing dirty diapers. Few men bathed or fed other foods to their infants. Figure 1 and

TABLE 7
Activity Scores by Group

	First-time n=23*	Second-time n=23*	t**	p***
RANGE	33-62	28-60		
MEAN	47.7	38.8	3.57	.001
S.D.	7.99	8.84		

* 2 fathers in each group were unable to complete the follow-up questionnaire

**t-value > 2.0168 for significance at p=0.05, df=44

***p=0.05 for significance

Table 8 depict the participation in the various activities by the fathers by group.

First-time fathers were more active in all categories. They were more likely to have done each of the activities at least once during the week. Their mean scores for each activity were consistently higher than the mean scores of the second-time fathers (See Figure 1).

When the scores are examined for participation in an activity three or more times per week, the percentage of father participation falls. Table 9 depicts this. Participation in simple activities remains high, while participation in activities involving some skill decreases.

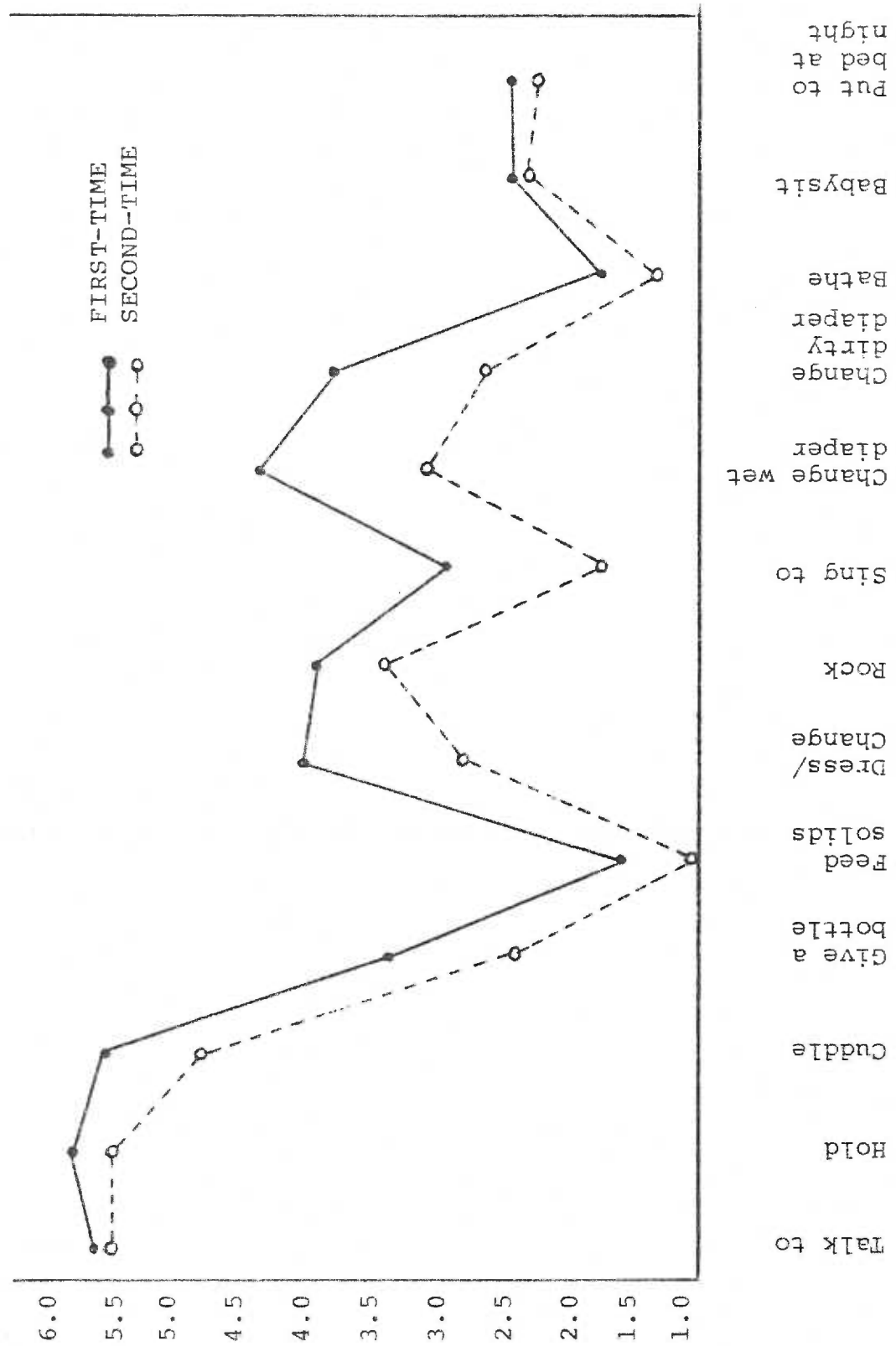


FIGURE 1
Mean Score for Participation in Infant Caretaking Activities by Group

TABLE 8
 Participation in Caretaking Activities by Groups
 One or More Times per Week

	First-time n=23	Second-time n=23
Talk to	100%	100%
Hold	100%	100%
Cuddle	100%	100%
Give bottle to	70%	52%
Feed solid foods	21%*	0%**
Dress or change clothes	100%	91%
Rock	96%	91%
Sing to	83%	48%
Change wet diaper	100%	91%
Change dirty diaper	100%	87%
Bathe	48%	26%
Babysit	91%	91%
Put to bed at night	70%	52%

* four first babies were being fed solid foods

** no second babies were being fed solid foods

TABLE 9
 Participation in Caretaking Activities by Group
 Three or More Times per Weeks

	First-time n=23	Second-time n=23
Talk to	100%	100%
Hold	100%	100%
Cuddle	100%	100%
Give a bottle to	61%	35%
Feed solid foods	17%	0%
Dress or change clothes	96%	48%
Rock	78%	74%
Sing to	48%	27%
Change wet diaper	77%	61%
Change dirty diaper	78%	48%
Bathe	22%	4%
Babysit	35%	30%
Put to bed at night	48%	30%

Intervening Variables

The three intervening variables were sex of the child, presence at delivery, and time from birth to when the father first held the infant.

Sex of the child did not significantly influence either the attitude or the activity scores of first-time fathers. For second-time fathers, there was a significant effect of sex of the infant on attitude, but not on activity. Second-time fathers who had boys had more positive attitudes (See Table 10).

All but one first-time father were present during the birth of their infants, so there was not a significant difference in the two groups in this area. The reason for the one first-time father's absence from the birth is not known, as this was not one of the questions asked of the fathers. Presence at delivery correlated significantly with attitude for first-time fathers ($r=-.4099$, $p=.021$), but a correlation could not be calculated for second-time fathers since all second-time fathers were present at the births of their children. Presence at delivery did not correlate significantly with activity for first-time fathers and could not be calculated for second-time fathers (See Table 10).

Ninety-two percent of first-time fathers and 100% of

TABLE 10
 Correlation of Intervening Variables
 with Attitude and Activity by Group

	Attitude n=25	Activity n=23
SEX OF THE CHILD		
First-time	r=.1630, p=.218	r=.1040, p=.318
Second-time	r=-.3943, p=.026	r=.1954, p=.186
PRESENCE AT DELIVERY		
First-time	r=-.4099, p=.021	r=.0190, p=.466
Second-time	r=99.000*	r=99.000*
TIME TO HOLDING THE BABY		
First-time	r=.4325, p=.015	r=-.1505, p=.247
Second-time	r=99.000*	r=99.000*

* 99.000 means uncomputable

second-time fathers held their infants within 30 minutes of birth. This difference between the groups was not significant. Of the two first-time fathers who delayed holding their infants, one held his child within 6 hours, and the other held his infant within 12 hours. How soon the infant was held correlated with attitude of the first-time fathers ($r=.4325$, $p=.015$), but not with activity. A correlation with attitude and activity of the second-time fathers could not be calculated since all second-time fathers held their infants within 30 minutes after birth (See Table 10). The first-time fathers who held their infants early had more positive attitudes.

Other Variables and Incidental Findings

Some other variables that were included in the data analysis were: other food, job, hours away from home due to a job, number of evenings away from home, and whether the wife had returned to work. These were included for general information because they have been reported to be possible factors in other studies (Boyd, 1980). There were no significant differences in the two groups in the areas of job, hours away from home due to the job, or number of evenings away from home. None of these variables were significantly correlated with activity or attitude for either group of fathers.

Four first babies were being given food other than formula or breast milk. No second babies were receiving any food other than formula or breast milk. This did not significantly affect the activity score of the first-time fathers ($r=.2672$, $p=.109$).

None of the wives of first-time fathers had returned to work at 4 to 6 weeks. The two women who had returned to work were wives of second-time fathers. One was working 11 to 20 hours per week and the other one was working 21 to 30 hours per week. One baby was cared for by grandparents and the other baby was cared for by an unspecified source. The characteristics of the husbands of these women were comparable to the characteristics of the other 23 second-time fathers. One baby was breast-fed and the other baby was bottle fed. Both babies were being fed by the same method as initially when the wives returned to work.

An incidental finding was made in regard to breast feeding. Eighty percent of first-time babies were initially totally breast-fed compared to 84% of second-time babies. At 4 to 6 weeks, only 30% of first-time babies were still being solely breast-fed compared to 56% of second-time babies. When babies who were mostly breast-fed with some formula supplementation were included, 65% of first babies

were at least partially breast-fed compared to 78% of second babies (See Table 11 and Table 12).

TABLE 11
Initial Method of Feeding
by Group

	Breast		Bottle		Both	
	No.	%	No.	%	No.	%
FIRST-TIME n=25	20	80%	1	4%	4	16%
SECOND-TIME n=25	21	84%	3	12%	1	4%

TABLE 12
 Method of Feeding at Four to Six Weeks
 By Group

	No.	%	No.	%	No.	%	No.	%
	Bottle Only		Breast Only		Both, Mostly Breast		Both, Mostly Bottle	
FIRST-TIME n=23	6	26%	7	30%	8	35%	2	9%
SECOND-TIME n=23	5	22%	13	56%	5	22%	0	0%

Correlation of Variables

Variables that were significantly correlated with attitude in first-time fathers were income ($r=-.3492$, $p=.044$), presence at delivery ($r=-.4099$, $p=.021$), and time from birth to holding the infant ($r=.4325$, $p=.015$). The variable that was significantly correlated with activity in first-time fathers was age ($r=.3894$, $p=.033$).

In the group of second-time fathers, the variable that was significantly correlated with attitude was sex of the child ($r=-.3943$, $p=.026$). The variable that was correlated with activity among second-time fathers was number of years married ($r=-.3653$, $p=.043$). The wife's return to work was not significantly correlated with the activity level of second-time fathers ($r=.2204$, $p=.156$). One individual activity, giving a bottle to the infant, did have a significant correlation with the wife's return to work ($r=.4567$, $p=.014$). Since only two women had returned to work, the correlation is not extremely valid. There would have to be a greater number of wife's returning to work to make valid conclusions.

When all fathers are considered together, the variables that were significantly correlated with attitude were presence at delivery ($r=-.2511$, $p=.039$) and time from birth to holding the infant ($r=.2663$, $p=.031$). These correlations are based on 49 of 50 fathers being present at delivery and 48 of 50 fathers holding their infants within 30 minutes, so they should be viewed as tendencies only. The variables that

correlated with activity for all fathers were age ($r=-.5101$, $p=.001$), number of years married ($r=-.4354$, $p=.001$), educational level ($r=-.3819$, $p=.004$), income level ($r=-.3067$, $p=.019$), and number of hours away from home due to a job ($r=-.3177$, $p=.016$). Neither educational level or number of hours away from home due to a job correlated significantly with either activity or attitude when the groups were considered separately.

Postpartum attitude did not significantly correlate with activity in this study for fathers overall, or in the individual groups (overall: $r=-.0395$, $p=.397$; first-time fathers: $r=.1621$, $p=.230$; second-time fathers: $r=-.2289$, $p=.147$).

CHAPTER IV

Discussion

The results of this study will be discussed in relation to the two research questions, the purposes of the study, and the literature. The research questions were:

1. Is there a difference in the attitudes between first-time and second-time fathers?
2. Is there a difference in participation in infant care between first-time and second-time fathers?

The results will be discussed in the order they were presented in the previous chapter. Limitations of the study will be discussed at the end of the chapter.

Demographic Data

The two groups of fathers were similar in all areas except age, number of years married, and attendance at prenatal classes. The differences in age and number of years married seem reasonable because in the general population it would be expected that second-time fathers would generally be older and married longer. There may be individual exceptions to this, but it is a normal, expected difference.

In regard to prenatal class attendance, it may be that the second-time fathers do not feel a need to repeat prenatal classes. They may feel experienced and comfortable. They may also have to consider the planning involved in order to attend, such as arranging for child care for the first child and cost of that care. Questions were not asked as to why they did or did not attend prenatal classes with the second pregnancy, so only speculations can be made. Whether prenatal classes structured as they are now meet the unique needs of second-time parents is unknown. However, Jimenez, et al (1979) do point out that there is a need for prenatal classes for repeat parents, and these classes should probably be different from those taken by first-time parents.

An interesting finding was that 50% of the families had incomes greater than \$20,000. Whether this is an artifact of the convenience sampling method is not known. However, the income of the family was not known to the researcher prior to recruitment of the subjects. A comparison cannot be made to the income of patients hospital wide because that information was not available to the researcher. In the individual groups, income was not significantly different. Forty-four percent of the first-time fathers had incomes greater than \$20,000,

compared to 56% of the second-time fathers. Perhaps a greater percentage of second-time fathers had incomes greater than \$20,000 because they were generally older and had been employed for more years.

Reliability of the Tools

The alpha reliabilities of both the Paternal Attitude Scale and the Activity scale questions were comparable to those obtained by Boyd (1980) (Boyd: Attitude-0.91; Activity-0.81; this study: Attitude-0.87; Activity-0.83). This is significant in that the attitude and activity scales seem to be valid for second-time fathers as well as first-time fathers. With broader use with other groups of fathers, ie. single fathers, fathers of children born by Cesarean birth, and fathers of sick children, perhaps it will be found that the tools can be used with all fathers.

Attitude Scores

In considering the first research question, it can be stated that for this particular group of fathers there was no difference in their attitudes towards involvement with their infants (Mean for first-time fathers: 161.52, mean for second-time fathers: 159.56, $t=.56$, $p=.580$). The mean scores of each group were positive revealing that the men had positive attitudes towards their infants, and

towards being involved in their care. This positive attitude is consistent with that found in the literature (Marquart, 1976; Bigner, 1977; Tasch, 1952; Leonard, 1976; Obrzut, 1976; Reiber, 1976). It is interesting that when a comparison is made to Bigner's (1977) categories of traditional and developmental that the fathers in this study could be classified in the developmental category. Their attitude scores reflected a desire to be actively involved with their infants. Bigner found that experienced fathers were more likely to be developmental in their attitudes than first-time fathers. The explanation for this difference is unknown, but it may be that the group of fathers in this present study are unique in their attitudes. Another explanation could be the difference in the age groups of the children. Bigner studied fathers of pre-school aged children, whereas this study looked at fathers of infants. Also, Bigner's study was conducted five years ago, and there may have been some changes in cultural attitudes during the past five years. Further study of larger numbers of fathers would need to be undertaken to help clarify this area.

The fathers had the highest attitude scores in areas that involved affectional activities, ie. holding and cuddling as well as areas involving joint decision-making regarding childrearing. This is consistent with the results

of previous studies that showed fathers to be most involved in these type of activities (Parke, et al, 1976; Redina & Dickerscheid, 1976; Manion, 1975; Boyd, 1980). The lower attitude scores were also in areas that were consistent with previous research. For example, the men felt their wives could bathe the infant better. This perhaps relates to the fact that many men still see their roles more traditionally, ie. more support than participation in actual care activities.

It is interesting to note that both first-time and second-time fathers felt that women instinctively knew more about babies. This is perhaps related to the socialization process of men and women in our society. Women are socialized from early childhood for the caretaking, nurturant motherhood role. The man's traditional socialization for the role of fatherhood has emphasized economic support and not a caretaking function. As a result of this socialization, men may believe that women have more natural instincts about infants.

Basically, the two groups of fathers were similar in their attitudes. Two differences were apparent. A second-time father was more likely to feel that his help was an asset to his wife. Perhaps this is because he has experienced fatherhood previously and feels more comfortable.

This can possibly be related to Bigner's (1977) finding that second-time and third-time fathers were more developmental in their attitudes. He related this to experience and realistic expectations. Also, the second-time father may have begun to define his role as a father from his previous experience.

The other difference noted in the two groups was that first-time fathers felt that they should be given time off from work if they desired after the child's birth. There are a couple of possible explanations for this. First, the second-time fathers may feel a more urgent need to provide economically for the expanding family. Therefore, they do not desire to have extra time off. Also, it may be that the first-time fathers, who on the average are younger, are more motivated to assume a more active role in childrearing.

Activity Scores

Activity scores deal with the second research question. In this area, there was a significant difference in the participation in infant caretaking activities between first-time and second-time fathers (mean score for first-time: 47.7; mean score for second-time: 38.8, $t=3.57$, $p=.001$). First-time fathers were more involved in caretaking activities than second-time fathers. All

fathers in both groups were involved to some degree; no fathers were totally uninvolved in care of their infants. This is similar to results found by other researchers (Reiber, 1976; Parke, et al, 1976; Pedersen & Robson, 1969; Boyd, 1980; Manion, 1975). Fathers in this study were also involved more in activities that involved less skill (holding, talking, cuddling, and rocking) than in activities that required increased skill and expertise (bathing and babysitting). These results are similar to those found by Boyd (1980) and Manion (1975, 1977).

Both groups of fathers were active participants in the areas of talking to, holding, and cuddling their infants. All fathers in both groups did each of these activities more than twice a week. First-time fathers were more likely to be involved in activities such as giving a bottle, feeding solids, dressing, singing, changing wet and dirty diapers, and bathing. Giving a bottle and feeding solids were expected because more first-time babies were being at least partially bottle fed at 4 to 6 weeks, and only first-time babies were receiving any solid foods. For other activities, a speculation is that the second-time fathers may have been occupied with the older child and did not have as much time to spend with the infant.

The exact reason for the decreased involvement by the second-time fathers cannot be determined for this study. However, for whatever reason (time, job, maternal influence) first-time fathers were more involved than second-time fathers.

Fathers were not asked questions that would enable the researcher to state why fathers are less involved in activities requiring more skill. A speculation is that the men do not know how to do some of these activities and are afraid they will hurt their child. Another reason is that perhaps their wives do not allow them to do these activities.

A comparison of the fathers' participation in caregiving activities to the mothers' participation cannot be made in this study because the mothers' activities were not surveyed. The literature implies that fathers are less involved in caretaking activities than the mothers (Parke, et al, 1976; Reiber, 1976; Redina & Dickerscheid, 1976). Since these two groups of fathers are similar to fathers in other studies in the types of activities they participate in, it is possible that they too are less involved than the mothers. However, this cannot be confirmed or refuted from the study.

Intervening Variables

The intervening variables considered were sex of

the infant, presence at delivery, and amount of time from birth to when the father first held his infant. The two groups were comparable in what sex of child they had. Several authors have reported that sex of the child influences a father's attitudes and activities with his child (Parke, et al, 1979; Tasch, 1952; Manion, 1975; Manion, 1977). In this study sex of the child did not make a difference in either the attitude or activity of first-time fathers ($r=.1630$, $p=.218$; $r=.1040$, $p=.318$). Sex of the child did make a difference in the attitudes of second-time fathers ($r=-.3943$, $p=.026$), but not in their activity ($r=.1954$, $p=.186$). The attitude of the second-time fathers was more positive if the child was a boy. Manion (1975) found that more of the fathers that she interviewed wanted a boy, but that later their participation was slightly greater with girls. Parke, et al (1979) also report that if fathers had a choice about sex of the child, they consistently chose males more often than females. It seems then in this study, that second-time fathers are similar to Manion's and Parke and associates' fathers in their desire for a boy. However, sex of the child did not make any difference in the fathers' participation in caretaking activities.

The two groups did not differ in their presence at

delivery since only one first-time father was not present at the birth of his child. Since all second-time fathers were present at the birth, no correlation could be computed. However, for first-time fathers, presence at delivery was related to attitude ($r=-.4099$, $p=.021$). However, the validity of the statistic is questionable since only one father was not present during delivery. This agrees with other reports from the literature that participation in the birth event fosters more positive attitudes (Peterson, et al, 1979; Manion, 1975; Manion, 1977). It therefore seems reasonable that nurses as well as other health professionals should encourage the father to be present when his child is born. It seems to be an influential factor in the development of positive feelings toward the child. Positive feelings are part of the affectional bond that develops between a parent and child in the process of attachment (Bowlby, 1977). If bonding is crucial--and at this time, professionals seem to feel that it is--then nursing must utilize every tool possible to promote it. Presence at the birth of one's child seems to be one of these tools. Further assessment needs to be done of fathers who choose not to be present during birth for whatever reason. Health professionals must explore other ways to involve them in early contact with their infants. These men who are not present during birth must not be labeled as uncaring or unwilling to be involved.

Each one should be considered individually and plans made accordingly.

How soon the father held his infant after birth was positively correlated with attitude towards involvement but not to activity level for first-time fathers. There was no correlation for second-time fathers since all second-time fathers held their infants within 30 minutes. Twenty-three of the first-time fathers had held their infants within 30 minutes after birth. Whether different results would be obtained in a larger sample is unknown. One interesting incidental finding is that fathers are encouraged to hold their infants immediately after birth at the hospital where the sample was obtained. This could have influenced the results.

None of the three intervening variables were significantly related to attitude and activity in both groups. Each group was different. This may indicate that first-time and second-time fathers need to be viewed differently, and that different interventions and teaching strategies may need to be employed for each group.

Other Variables

The two wives who had returned to work by 4 to 6 weeks had husbands who were similar to the other men. Only two women had returned to work, and these were wives of second-

time fathers. The wife's return to work did not make any difference in caretaking activities except in the area of feeding a bottle. This difference is probably due to one of the infants being totally bottle fed. The other infant continued to be breast fed. The mother who continued to breast feed her infant was working 11 to 20 hours per week and may have been able to arrange her work hours around feeding times. The other areas were not significantly affected by the wives' return to work probably because the child was not baby-sat by the father. Both infants were cared for by someone other than the father while the wife was at work.

Another incidental finding was that some first babies were being given food other than breast milk or formula at 4 to 6 weeks. No second babies were being given solids yet. The explanation for this cannot be given, but some possible reasons are:

1. Advice from other people, ie. grandparents, friends.
2. The child still seemed hungry after breast or bottle feeding.
3. Myths such as it helps them sleep at night, or he does not get everything he needs in the breast milk or formula.

4. A physician may have told them to start solids.

This reveals a potential area of concern for health care providers, including nurses. Infants can obtain all their required nutrition from breast milk or formula and possible iron supplementation until about 4 to 6 months of age (Lawrence, 1980). This finding of early additional food intake indicates that nutritional teaching needs to be improved, whether it be by a method change or by making sure the parents know the information.

The other interesting finding was the decline in breast feeding by 4 to 6 weeks. This was more evident in first babies than second babies. This seems to indicate that there is something happening in that time period that is crucial for successful breast feeding. Cooksey (1982) found that women perceived the father of the baby as being an important supportive factor in the decision to continue breast feeding. She also found that women who felt that they had enough milk for their infants continued breast feeding, while those who did not feel they had enough milk stopped breast feeding. Also the women who became engorged were more successful and continued breast feeding longer than those women who did not become engorged. It would be interesting to know if

any of these factors were related in the group of women in this study.

Correlation of Variables

A surprising finding was that postpartum attitude and activity did not correlate in this study. The father's attitude did not seem to affect his activity with his child. This is not what the researcher had expected. It was expected that a more positive attitude would lead to more participation. This was not born out with these two groups of fathers. It is possible that the relative homogeneity of the groups influenced the findings. It is also possible their attitudes toward caretaking may change in that 4 to 6 week period. Boyd (1980) found that attitude at 4 to 6 weeks did correlate with activity at that time. It would be interesting to compare attitudes of the fathers immediately postpartum with the attitude at 4 to 6 weeks.

The factors that were associated with attitude were income, presence at delivery, and time from birth to holding the infant for first-time fathers. The factor that was related to attitude for second-time fathers was sex of the infant. All of these but income have been discussed previously. Other authors have not reported income as a significant variable (Boyd, 1980; Manion, 1975).

The correlation was a negative one which means that fathers with lower incomes were more positive in their attitudes. This finding is not consistent with the literature, and no explanation can be given for it at this time.

Age was the only variable correlated to activity in first-time fathers. This was a negative correlation, which means that the younger the father, the more he participated in infant caretaking activities. This is an interesting finding. Perhaps it can be explained in this way. The older father is more "set in his ways", and has had the influence of society longer. Therefore, he is less able to move into a participant role as a father; he is more traditional. The younger father has had less societal influence or does not really care what society thinks. He thus assumes an active participant role in the care of his child. Also, it may be that the wife's influence is different. Further study is needed to determine if this would hold true in a larger group, and to determine the reason for it.

The two factors that were related to activity levels of second-time fathers were number of years married and attendance at prenatal classes with this child. Both of these were negative correlations which means that attendance at class and greater number of years married

correlated with less participation. This is surprising because it would seem that if a man was interested in attending classes, he would be more involved with his child. However, perhaps his wife forced him to attend classes, and he really did not want to. No explanation can be given at this time for the effect of number of years married on the activity level. Perhaps the longer a couple is married, the more responsibilities the husband has that do not allow him to be as involved with his infant.

It must be noted that the variables that correlated significantly with all fathers did not necessarily correlate with the separate groups. For example, presence at delivery and time from birth to holding the infant correlated with all fathers overall for attitude, but only with first-time fathers when the two groups were considered separately. This finding may indicate that a factor that needs to be considered more strongly is parity of the father. It may be a very significant factor in attitude and activity. Two variables, educational level and hours away from home due to a job, were significantly correlated with the activity level of all fathers combined, but were not correlated with either group when considered separately. Perhaps this is a result of a larger sample

size when both groups are considered together.

Limitations

The present study has several limitations which are common to studies of this type. First, the sample was not randomly selected; therefore, the sample may not be representative of all fathers in the groups of first-time and second-time fathers. This lack of random sampling does not allow the results to be generalized to other groups of fathers. Another limitation was that the fathers reported their attitudes and activities. They may not have accurately reported these for fear of choosing what they considered an undesirable response. Another limitation was that the influence of the mother was not documented or studied.

CHAPTER V

Conclusions, Implications, and RecommendationsConclusions

From this descriptive study of 25 first-time and 25 second-time fathers, it can be concluded that they have positive attitudes towards involvement with their infants. It can also be concluded that all the fathers were involved in infant caretaking activities to some extent, but that first-time fathers participated more than second-time fathers. It was found that the men were involved most in activities that required minimal skills, and as skill necessary to perform a caretaking activity increased, participation decreased. Sex of the infant was only related to the second-time fathers' attitudes. Presence at delivery and how soon the infant was held after birth correlated only with first-time fathers' attitudes.

The conclusions to be made in regard to the two research questions are:

1. There is no difference in attitudes towards involvement in infant care between first-time and second-time fathers.
2. First-time fathers are more actively involved

in infant caretaking activities than second-time fathers.

Implications for Nursing Practice

There are several implications for nursing revealed as a result of this study. First, nursing needs to consider the possibility that prenatal classes as presently structured may not appeal to repeat parents. This study indicated that a good portion of second-time fathers did not attend prenatal classes. Perhaps nursing and prenatal educators need to design classes that would appeal to the unique needs of repeat parents. To establish what they would like included in classes, more research would be needed.

Nursing also needs to be aware of the infant caretaking activities in which fathers are involved. Nursing needs to determine if fathers desire to be involved in the activities that require more skill. If they do, then nurses need to be role models and educators for these activities. Opportunities need to be structured for the fathers to perform these activities under supervision. Perhaps this would build their confidence in their ability to do these things. Also if fathers feel more comfortable with caretaking activities, their attitudes toward involvement in caretaking may be more positive.

Since it seems from this study and other research that early contact with the infant is an important component of the attachment process, the nursing profession should encourage fathers to have as much contact with their infants as possible. This can begin at birth and continue throughout the postpartum hospital stay.

The area of breast feeding fallout is another area of concern for nurses revealed by this study. A large portion of first-time mothers discontinued complete breast feeding of their infants by 4 to 6 weeks. Nurses need to explore this area and uncover the reasons. When this is accomplished, then perhaps better teaching and support can be given to breast feeding mothers.

Another implication for nursing is to assess the father's role with other children. Since this study found that second-time fathers were less involved in infant caretaking activities than first-time fathers, it would be informative to know what they do with the older child. If more information were known on the father's role with the older child, then perhaps a better role definition of fatherhood could be established.

Recommendations

Fathering is a developing area for research, and nurses should be involved in it. Suggestions for further

research, based on the results of this study are:

1. Investigate the attitudes of fathers of various ethnic backgrounds.
2. Investigate the attitudes of fathers whose children were by Cesarean birth.
3. Explore the attitudes and participation of fathers of children with congenital anomalies or disease to see if or how they differ from fathers of healthy, normal children.
4. Explore the reasons why second-time fathers differ in the amount of involvement in infant caretaking activities.
5. Explore maternal factors that may influence paternal attitude and participation.
6. Examine attitude and activity with a longitudinal study.

Summary

A non-experimental descriptive study of 25 first-time and 25 second-time fathers was conducted to determine their attitudes towards and involvement in infant care-taking. The men were all volunteers and completed questionnaires at two different times--immediately post-partum and at 4 to 6 weeks after their infant's birth.

The infants were all term, healthy newborns. No difference was found in the two groups in the area of attitude towards participation in infant caretaking. All had positive attitudes. There was a difference in their participation in infant caretaking activities. First-time fathers were more involved than second-time fathers. However, all fathers did participate to some extent in caretaking.

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APPENDIX A

Code _____
Date _____Background Data Form

1. Address _____

2. Phone Number _____
3. Age _____
4. Number of Years Married _____
5. Present Occupation _____
6. Education: Circle last grade completed

<u>4</u>	5	6	7	8
grade school				
<u>9</u>	10	11	12	
high school				
<u>1</u>	2	3	4	
college				
<u>1</u>	2	3	4	5
post-graduate				
7. Annual Family Income: (Circle One)

1.	Less than \$5,000
2.	\$5,000 - 9,999
3.	\$10,000 - 14,999
4.	\$15,000 - 19,999
5.	\$20,000 and above
8. Which child is this for you?

1.	First
2.	Second
9. Sex of the baby:

1.	Boy
2.	Girl
10. Date of the child's birth: _____
11. Did you attend prenatal classes with this pregnancy?

1.	Yes	If yes, which ones? _____
2.	No	_____

12. If this is your second child, did you attend prenatal classes with your first child?
 1. Yes
 2. No
13. Were you present at the delivery of this child?
 1. Yes
 2. No
14. How soon after the birth of your baby did you get to hold him/her?
 1. Within 30 minutes
 2. Within 1 hour
 3. Within 6 hours
 4. Within 12 hours
 5. Within 24 hours
 6. Have not held yet
15. How is the baby being fed?
 1. Breast
 2. Bottle
 3. Both Breast and Bottle

APPENDIX B

APPENDIX C

Code _____
Date _____

Self-Report Form

1. What type of feeding is your baby now receiving?
 - a. Bottle only
 - b. Breast only
 - c. Both, but mostly breast
 - d. Both, but mostly bottle

2. Is your baby taking any foods other than milk or formula?
 - a. Yes
 - b. No

3. Which baby was this for you?
 - a. First
 - b. Second

4. How many times a week do you do each of the following activities with or for your baby?

Talk to	Never	1-2	3-5	6-8	9-12	13 or more
Hold	Never	1-2	3-5	6-8	9-12	13 or more
Cuddle	Never	1-2	3-5	6-8	9-12	13 or more
Give a bottle to	Never	1-2	3-5	6-8	9-12	13 or more
Feed solid food	Never	1-2	3-5	6-8	9-12	13 or more
Dress or change clothes	Never	1-2	3-5	6-8	9-12	13 or more
Rock	Never	1-2	3-5	6-8	9-12	13 or more
Sing to	Never	1-2	3-5	6-8	9-12	13 or more
Change wet diaper	Never	1-2	3-5	6-8	9-12	13 or more
Change dirty diaper	Never	1-2	3-5	6-8	9-12	13 or more
Bathe	Never	1-2	3-5	6-8	9-12	13 or more
Babysit	Never	1-2	3-5	6-8	9-12	13 or more
Put to bed at night	Never	1-2	3-5	6-8	9-12	13 or more

5. Do you have the same job you had at the time of your baby's birth?
 - a. Yes
 - b. No

7. How many evenings a week are you usually away from home?
- a. None
 - b. One
 - c. Two
 - d. Three
 - e. Four or more
8. Is your wife working outside the home presently?
- a. If yes, how many hours per week?
 - a. 10 hours/week
 - b. 11-20 hours/week
 - c. 21-30 hours/week
 - d. 31-40 hours/week
 - e. More than 40 hours/week
 - b. If yes, who takes care of your baby?
 - a. Father
 - b. Grandparents
 - c. Other relative
 - d. Friend
 - e. Child care center or private home
 - f. Other _____
 - c. Where does your baby go while your wife is working?
 - a. Stays in our home
 - b. Goes to private home
 - c. Goes to child care center
 - d. Other _____

APPENDIX D

OREGON HEALTH SCIENCES UNIVERSITY

School of Nursing

Informed Consent for Participation in Research

I, _____, agree to be a participant in the research study, Attitudes of First-Time and Second-Time Fathers Towards Involvement in Infant Care, conducted by Connie Schmidt, RN, BS, under the supervision of Sheryl Boyd, RN, PhD, OHSU School of Nursing. The aim of this study is to explore fathering during the first six weeks after birth.

I will be asked to complete an attitude survey form and a background data form while my infant and wife are in the hospital. A self-report form on parenting activities will be completed by me in my home four to six weeks after my infant's birth. This form will be brought to my home by the researcher. It will take 10 to 15 minutes to complete the forms each time.

I understand that the purpose of this study is to increase knowledge about fathers and their infants, and that there is no actual benefit to me. There is no risk to me either.

All information given by me will be confidential. No names or identifying data will be used in reporting the findings. Connie Schmidt has offered to answer any questions that may arise in regard to this study.

I understand that I may refuse to participate or withdraw from this study at any time without affecting my relationship with, or treatment at, the Oregon Health Sciences University, or at the hospital at which my wife delivers.

I have read the foregoing and agree to participate in this study as described above.

Date _____ Signature _____

Witness _____

APPENDIX E

Criteria for Inclusion in Study

1. Age: 20-35
2. English Speaking
3. Caucasian
4. Married to the mother of the infant
5. Living in the home with the infant and mother
6. Vaginal delivery
7. Infant
 - a. normal physical exam
 - b. Apgar score of 8 or greater at 5 minutes
 - c. 38 weeks gestational age or greater at birth
8. No other children by previous marriage or relationship
 - eg. First-time fathers--no other children
 - eg. Second-time fathers--both children with this
wife, no other children for
either
9. For second-time fathers, the first child is reported
as being alive and well by the parents.

APPENDIX F

Mean Scores by Group on
Paternal Attitude Scale

	<u>First-time</u>	<u>Second-time</u>
PATT 1*	4.00	4.08
PATT 2	4.32	4.52
PATT 3	4.24	3.76
PATT 4	4.72	4.52
PATT 5	3.88	3.64
PATT 6	4.80	4.88
PATT 7	3.96	3.76
PATT 8	4.48	4.56
PATT 9	4.48	4.48
PATT 10	4.08	3.92
PATT 11	4.40	4.48
PATT 12	3.92	3.76
PATT 13	3.72	4.32
PATT 14	4.72	4.72
PATT 15	4.24	4.36
PATT 16	4.56	3.80
PATT 17	4.08	3.88
PATT 18	4.60	4.44
PATT 19	4.48	4.60
PATT 20	4.40	4.44

PATT 21	4.24	4.32
PATT 22	3.40	3.84
PATT 23	4.36	4.48
PATT 24	3.84	3.04
PATT 25	4.40	4.76
PATT 26	4.72	4.84
PATT 27	4.68	4.40
PATT 28	4.52	4.60
PATT 29	4.20	3.80
PATT 30	4.40	4.36
PATT 31	4.44	4.16
PATT 32	4.60	4.80
PATT 33	4.56	4.48
PATT 34	3.84	3.68
PATT 35	3.60	3.68
PATT 36	2.92	2.96
PATT 37	4.60	4.44
PATT 38	4.12	4.00

*Patt: Paternal Attitude Scale Question

ABSTRACT

AN ABSTRACT OF THE THESIS OF

Connie L. Schmidt

For the MASTER OF NURSING

Date of Receiving this Degree: June 10, 1983

Title: ATTITUDES OF FIRST-TIME AND SECOND-TIME FATHERS
TOWARDS INVOLVEMENT IN INFANT CARE

Approved: _____


Sheryl R. Boyd, Ph.D., Thesis Advisor

A non-experimental descriptive study of 50 fathers (25 first-time and 25 second-time) was conducted to determine and compare their attitudes towards and participation in infant caretaking activities. The sample of convenience was drawn from first-time and second-time fathers whose wives had vaginal deliveries of normal, healthy infants. The men completed a Background Data Form and Paternal Attitude Scale during their wives' and infants' postpartum hospital stay. They then completed a Self-Report Form at 4 to 6 weeks postpartum that dealt primarily with their caretaking activities. Twenty-three fathers in each group completed the entire study.

The study revealed that first-time and second-time fathers had similar attitudes; there was not a significant

difference in their scores. There was a significant difference in their amount of participation in infant caretaking activities. First-time fathers were more actively involved in caretaking activities than second-time fathers. The study also showed that all fathers tended to be more involved in activities that required little skill, and that as difficulty of an activity increased, participation decreased.

Postpartum attitudes and activity did not correlate. The man's attitude during the immediate postpartum period did not significantly correlate with his activity at 4 to 6 weeks postpartum.

The variables that were significantly correlated with attitude for first-time fathers were income, presence at delivery, and time from birth to holding the infant. Age was the only variable that was significantly correlated with amount of activity with first-time fathers. For second-time fathers, sex of the infant was the only variable that significantly correlated with attitude. Two factors, number of years married and attendance at prenatal classes with this child, were significantly related to activity level in the group of second-time fathers.