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NEW PARENTS, SOCIAL SUPPORT,  
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Final Report  
June 1987 - July 1988

Susan Janssen  
Department of Sociology-Anthropology  
University of Minnesota - Duluth

Suzanne Dustrude Starr  
Department of Sociology-Anthropology  
Hibbing Community College

**Center for Community & Regional Research**

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Becoming a parent is a major event in the life course. For some, it is the fulfillment of a dream. For others, it is a step into adulthood, with a host of new responsibilities. For still others, it is a crisis, bringing with it new stresses and anxieties - lack of sleep, seemingly constant crying, worries about the future, and strain on the husband-wife relationship. Most people experience parenthood as a combination of positives and negatives, at times feeling the frustrations most acutely, and at other times overwhelmed by the joy of nurturing and interacting with their children.

Many researchers have compared the transition to parenthood to a crisis (Lemasters, 1957; Dyer, 1963; Hobbs, 1968). While others feel that "crisis" may be too strong a word for the changes and stresses experienced by new parents, nearly all researchers agree that the first birth may be the most significant developmental transition of the family life cycle (Rossi, 1968; Entwisle and Doering, 1981; LaRossa and LaRossa, 1981). The new and important role of "parent", which is acquired literally overnight, is undertaken with relatively little preparation or societal support (Rossi, 1968). It involves physical, emotional, psychological, and social adjustments which reach into every aspect of the individual's self-concept and lifestyle (for a detailed description of these adjustments, see LaRossa and LaRossa, 1981 or Entwisle and Doering, 1981).

It is not surprising, then, that the social support network of the new parent can serve some crucial functions in the adjustment to the first birth. One's spouse, close relatives, and friends can offer both material and emotional support during times of crisis or stress. Studies of new parents have adequately demonstrated the importance of the social network for the emotional and psychological well-being of the parent (Belsky and Rovine, 1984; Cutrona, 1984; Riley and Cochran, 1985; Levitt, 1986; Stemp, et al., 1986; Cutrona and Troutman, 1986). These same studies also show that parents receive advice and material assistance (such as money, baby supplies, and babysitting) from the social network. Indeed, social support may be so important that those parents who do not have it will be unable to perform their role competently. It is noteworthy that isolation from the outside worlds of community, friends and kin is characteristic of many dysfunctional families. For example, abusive parents are frequently found to lack the kind of close emotional connections that most individuals have with relatives and friends (Belsky, 1984).

What is more surprising is that society offers little or no organized support for the parenting role. Included among the important functions the family serves for society are reproduction, physical and emotional support of children, and primary socialization of these new members (Adams, 1986). Indeed, no matter what a parent's specific philosophy of childrearing might be, one of the goals of all parents is to produce a socially competent adult (Brazelton, 1981). One would think that a role which is so essential to the well-being of a society would be rewarded and supported by the institutions of that society. Yet this is not the case. There is little in the way of formal education or preparation for parenting. And the other major adult role in modern society, the occupational role, often conflicts so severely with parenting that many, especially mothers, feel that they must choose one or the other.

To sum, preparation and training, money and material support, and emotional and psychological support are left largely up to the new parents

themselves; to the extent that they are capable of forming and utilizing a social network, they will receive much of this support from relatives and friends. But what are the implications of such a system in an increasingly mobile and anonymous society? With increasing geographic separation from extended family and the transitory nature of friendships, can parents find the support they need elsewhere? Could the community take up where the social network leaves off and provide organized support for parents? This study focuses on one such program in Duluth, Minnesota.

The Early Childhood Family Education Program of the Duluth Public Schools regularly holds parent-infant classes for those couples who have recently given birth to their first child. One of the functions of these classes is to educate new parents about baby care and development, but the classes are intended to serve another function as well: social support. Parents attending the classes are encouraged to discuss their questions and concerns about parenting. Such topics as coping with crying and helping the infant adjust to a regular schedule are popular subjects of conversation. Finding out that all parents share these concerns is reassuring to new mothers and fathers and helps build feelings of competence.

Although some recent studies point to the need for and potential benefits of support groups for parents (McKim, 1987; Powell and Eisenstadt, 1988), the actual outcomes of support groups for normal, low-risk<sup>1</sup> parents have not been documented in the sociological literature. Therefore, the first major research question to be addressed in this study is, "what do the participants in this program derive from the classes - specific information, social support, or something else?"

A second issue of interest concerns the characteristics of the participants in the parent-infant groups. One possibility is that these parents have smaller social networks or fewer sources of informal support than those who do not enroll in the classes. Thus, the classes serve to fill in the gaps in the social network and provide types of support that the couples have not found elsewhere. On the other hand, it may be that organized group members are people who are already more adept at utilizing the sources of support that are available and therefore would also say that they receive a great deal of help from friends and kin. Socioeconomic characteristics might also be of relevance - are there educational or economic differences between those who take classes and those who do not? The second question to be addressed in this study, then, is "how do the parent-infant group participants compare to the general population of new parents?"

A third question addressed in the study is not directly related to the parent-infant classes but concerns societal and institutional support for

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<sup>1</sup> While the parents described in this study have not been assessed as low-risk regarding parenting problems such as abuse or neglect, neither have they been identified as belonging to any high-risk group. For example, they are all married couples, their socioeconomic status was above average in their community, virtually all identified some sources of social support around the time of the birth, and their infants were not handicapped or seriously ill at birth. We assume, therefore, that as a group, they are representative of typical parents in this community.

new parents in general. We would like to know what types of organized support, if any, new parents would like to receive. Two obvious areas of support would be educational programs and employment arrangements such as paid parental leave, free or subsidized child care, flexible scheduling, job sharing, part-time careers, provisions for bringing infants to work, etc. "In the best of all possible worlds, what kinds of societal or institutional support do parents feel would be in the best interests of their families?"

In addition to the three major issues outlined above, we will briefly describe the preparation for birth and the adjustments to the birth among the couples in our study. Understanding how couples respond to the first pregnancy and birth provides the framework for understanding the roles of informal and organized support in this process.

## METHODS

A survey was conducted among first-time parents of infants in the Duluth area. These parents were drawn from three groups. The first group consisted of 68 couples who gave birth to their first child in two Duluth hospitals between September, 1986 and March, 1987. Letters describing the study were sent to a random sample of 150 couples who delivered their first baby at St. Mary's Medical Center or St. Luke's Hospital. A second set of letters was sent to an additional 35 couples who enrolled in the Early Childhood Family Education Program's parent-infant groups during the Fall of 1986 and Spring of 1987. Those who agreed to participate were asked to return a postcard; these couples were sent questionnaires to be filled out separately by the mother and the father. Of the 185 couples contacted by letter, 83, or 45%, agreed to participate in the study. Of these, 68, or 82%, returned usable questionnaires.

A third group of respondents consisted of 37 couples enrolled in the parent-infant classes between the Fall of 1987 and the Spring of 1988. These couples were contacted by the instructors of the classes rather than by a letter from the researchers. Only the 68 couples contacted through the hospitals can be considered representative of parents in the community at large. Overall, the sample is not random.

A comparison of the ECFE and non-ECFE groups reveals that the ECFE participants were on the average two years older, had slightly higher educational levels, had resided in the community for a shorter period of time, and lived slightly further away from their parents than those who did not participate in the classes.

The questionnaire was designed in two versions, one for the husband and one for the wife. For the most part, the two versions were identical, except for references to "your wife" or "your husband," and to references to breastfeeding in the mother's questionnaire. The survey measured the couples' retrospective reports of their birth experience, preparation for parenthood, postpartum adjustments, social support from significant others, work, leave, and childcare arrangements, ideal working arrangements, participation in parent-infant classes, and outcomes of the classes for participants. While self-reported, retrospective measures may be subject to reliability problems, it is important to remember the time interval between the birth and the survey was never more than one year, and that the experience of having a baby is a highly relevant one to the lives of these parents; therefore, their recall is probably fairly accurate. A copy of the survey is attached to the end of this report.

Most of the results reported here pertain to the overall sample of 105 couples. A later section is devoted to a comparison of class participants and nonparticipants in terms of personal characteristics, adjustment to parenthood, and social support. In most sections of this report, comparisons between mothers and fathers are also discussed. All of these comparisons are based upon appropriate statistical tests of differences between groups. Mothers and fathers are compared using paired t-tests for differences in means between dependent samples or McNemar's test for differences in proportions between dependent samples (see Hays, 1973). ECFE participants are compared with nonparticipants using the t-test or Pearson Chi Square test for independent samples. In order to save space and enhance readability, the results of these tests are not reported

here. The reader may assume that whenever differences between groups are discussed, those differences have been found to be statistically significant. Details of the tests are available upon request from the first author.

## FINDINGS

### I. PREPARATION FOR PARENTHOOD

Respondents were asked, "Before your baby was born, how did you prepare to be a mother(/father)?" The responses are summarized in Table 1. The most common method of preparation among mothers and fathers was reading, followed by asking for advice from friends with young children and seeking advice from one's own parents. Only a small proportion prepared by actually practicing with other people's babies.

Table I. Methods of preparation for parenthood

	Percent of respondents using method	
	<u>Mothers</u>	<u>Fathers</u>
Reading about babies and baby care	93.3	64.8
Asking advice from people with young children	79.0	38.1
Asking advice from own parents	71.4	36.2
Asking advice from doctors/professionals	67.6	29.5
Practicing with other people's babies	32.4	15.2
Taking classes on parenting and baby care	12.4	12.4
Didn't do anything special to prepare	2.9	19.0

There are differences between mothers and fathers in preparation for parenting. First, mothers were more likely than fathers to say they actively did something - anything - to prepare before the baby was born. Second, among those who did try to prepare ahead of time, mothers are more than twice as likely as fathers to have asked for advice from people who are believed to be knowledgeable about baby care - couples who have had children recently, their own parents, and health care professionals - or to have actually practiced baby care by taking care of someone else's child.

How did new parents feel about their preparation a few weeks after the birth? The majority (64% of mothers and 72% of fathers) felt "a little unsure of myself, but basically well prepared." However, eleven percent of mothers and nine percent of fathers reported feeling rather unprepared, finding that caring for a new baby brought a lot of surprises. At the other extreme, a quarter of new mothers and a fifth of new fathers found themselves "quite confident" that they knew what they were doing when they brought their babies home.

Clearly, preparation for parenthood is something that is left up to the expectant parents. Few couples utilized formal supports such as classes, and few had an opportunity to get actual practice in child care until after their baby was born. Most confined their preparations to reading and asking for advice. The extent to which advice was sought points to the importance of social support during the anticipatory period. These findings are consistent with a pattern noted by LaRossa and LaRossa (1981): role embracing vs. role distancing. Expectant mothers, embracing and perhaps even relishing their new social roles, began to



prepare during the anticipatory period, identified strongly with role expectations, and continued educating themselves (at least informally) about motherhood and child care after the baby was born. Fathers, on the other hand, distanced themselves from their roles, leaving it to their wives to learn about babies and baby care. As the mothers gained competence, fathers began to defer to their "authority" in matters concerning the baby, and distanced themselves even more. As we shall see later, this pattern is evident in our respondents' experiences during the early parenthood period as well.

## II. GIVING BIRTH

As this study is concerned more with the experience of parenthood than with the actual birth experience per se, we gathered only limited information on this subject. Ninety-seven percent of the couples responding took prenatal classes; of these, nearly all enrolled in classes offered by one of the two local hospitals (other classes are available through community education programs). All but five of the 105 fathers were present at the delivery of the baby.

Respondents were asked to rate their birth experience on a scale of 1 to 10, with 1 being described as "Very negative: one of the worst things I have ever gone through," and 10 being described as "Very positive: one of the best experiences I have ever had." The average couple in this sample felt positively about the birth experience. Among mothers, the mean (average) score was 8.0, and the median (middle) score was 9.0. Positive feelings ran stronger among fathers (who of course did not have to experience the physical pain of labor); the mean rating among fathers was 8.9, and the median was 10.0. Although it is impossible to determine whether prenatal classes affected the birth experience, the fact that most couples in this sample did attend the classes, and that birth experiences have not been found to be so positive in other studies (Entwisle and Doering, 1981) indicate that the classes may have had some effect.

Subsequent to the birth, most (78%) of the mothers breast-fed their babies. Length of breastfeeding ranged from 1 to 58 weeks, with an average of around 17 weeks. It must be kept in mind that some of the mothers were still breastfeeding at the time of the survey; as a result, the average computed from this sample is probably lower than it would be if the survey had been done after all of the mothers had completed breastfeeding.

## III. ADJUSTMENTS AND REWARDS IN THE POSTPARTUM PERIOD

Respondents were given a list of common adjustments made by new parents and asked to rate the difficulty of each adjustment on a scale of 1 to 10, with 1 indicating "no problem at all" and 10 indicating "extreme" difficulty. The mean (average) scores are presented in Table 2. The results show that the most difficult adjustment for both mothers and fathers was going back to work, followed by lack of sleep, changes in personal time, changes in intimacy or sexuality, and social activities. We do not know what it was about going back to work that was perceived as problematic - the difficulty of leaving the baby at a young age, scheduling work hours, child care, fatigue, or something else. Whatever

the reason, returning to work clearly caused the most problems for parents in this sample. Ventura (1987) has pointed out that the transition to parenthood brings with it different stresses in the 1980's than it did during the 1950's and 1960's, when most mothers of infants were not employed. At that time, infant care issues such as feeding, sleeping, illnesses and crying may have been the chief causes of stress for new mothers. Today, balancing the demands of parent, spouse, and worker roles may be the most important issue for both mothers and fathers.

Table 2. Mean Difficulty Scores for Postpartum Adjustments

	<u>Mothers</u>	<u>Fathers</u>
Going back to work	6.9	5.5
Lack of sleep	5.9	4.7
Changes in your personal time	5.6	5.3
Changes in intimacy, sexuality	4.9	4.5
Changes in social activities	4.8	4.9
Being "on-call" 24 hours a day	4.7	4.1
New or more intense emotions	4.5	3.7
Housework, division of labor	4.2	3.6
Added financial burden	4.1	4.0
Isolation	4.0	3.9
Family and in-laws	3.4	3.0

In general, mothers had more difficulty with postpartum adjustments than fathers, with significant differences found in "going back to work," followed by "lack of sleep," "new or more intense emotions," and "housework." It is likely, as the majority of these mothers were breastfeeding, that the mothers were the ones who got up with the baby at night. This added stress may account for part of the difficulty of going back to work and getting housework done. Emotional adjustments might also be expected to be more problematic for the mother, due to the hormonal and physiological changes following delivery.

Respondents were also asked to describe in their own words their most difficult adjustment after bringing the baby home from the hospital. The responses of mothers and fathers were similar, with answers such as "lack of sleep" or "fatigue" being the most frequent (49% of mothers and 39% of fathers), followed by answers involving time management or scheduling (46% of mothers and 35% of fathers). Also mentioned as difficult were issues relating to parental competence and baby care, crying, physical recovery from the birth, and the husband-wife relationship.

Finally, respondents were asked to describe in their own words the most rewarding aspect of having a new baby. Here, the responses of mothers and fathers differed a bit more. The most frequent response among mothers was "just looking at the baby" (28%) followed by responses suggesting emotional attachment or bonding (23%), competence as a mother (19%), and perceiving the baby as a part or extension of herself (19%). Fathers, on the other hand, gave answers suggesting achievement or pride (30% made statements such as "watching her develop," "knowing we had produced something so wonderful," etc.). The next most common responses among fathers might be categorized as "just looking" (20%) and extension of self (17%).

The frequency with which "just looking at him/her" was mentioned is interesting. It suggests that children have intrinsic value to their parents: the mere existence of the baby is rewarding in itself. Perhaps many parents need to "just look" to validate the reality of the new baby; comments such as "knowing she was really ours" were frequent and may be interpreted as a form of confirmation. "Watching him sleep" was also a common response. Even a sleeping baby, who offers no immediate response to the parent, may be viewed with satisfaction, especially when the infant has been difficult to care for. Indeed, for many new parents, watching a sleeping infant is a feast for the senses, an oasis of calm in what is often a 24-hour endurance test.

#### IV. THE SOCIAL SUPPORT NETWORK

Most new parents require some type of emotional and material support from family or friends in order to survive the first difficult months of baby care. A majority (68% of the mothers and 51% of the fathers) reported that the amount of contact they had with their family and in-laws increased around the time of the birth. Neither mothers nor fathers perceived much change in contact with friends during the transition period. Mothers were significantly more likely than fathers to report increased contact with other family members around the time of the birth. This finding is consistent with the "role-embracing" pattern noted by the LaRossas and also with an idea put forth by some family theorists that women are the "kin-keepers" within families (Strong and DeVault, 1986).

Social support can come in various forms; for purposes of this study, we divided it into four categories: emotional support, money and gifts, information and advice, and babysitting. Respondents were given a list of eight sources of support and asked to indicate what kinds of support, if any, were received from each source around the time of the birth. Sources included spouse, family, in-laws, friends with young children, friends without young children, co-workers, health care professionals, and organized support groups.

Table 3 summarizes the findings on types and sources of support utilized by our respondents. Sources of support utilized most often by this sample were spouses and family members. The most important task of the spouse appears to be emotional support; nearly all husbands and wives indicated that they received emotional support from their partner. Family and in-laws provide more varied types of assistance; about half to four fifths of the respondents reported receiving emotional, material, informational, and child care support from family and in-laws. Friends with young children provided emotional and material support and were also widely used as a source of information or advice. Friends without young children provided assistance mainly in the form of money or gifts.

Other sources of support were not as widely used. Co-workers provided the same sort of support as friends; health care professionals were utilized mainly for information (although a substantial proportion of mothers reported receiving emotional support as well); and organized support groups were used by only a small proportion of the sample. It should be remembered that part of the sample was drawn from participants in the community education program; thus, the actual utilization of such groups among a general population is likely to be much lower.

Most of the support that new parents receive is thus provided by informal, rather than institutional or organized sources. In order for a couple to have access to social support, then, it is necessary for them to have sufficient interpersonal skills to develop a support network and to use it effectively. The importance of this ability in easing the transition to parenthood and in preventing parenting problems has been well documented in the scientific literature.

Table 3. Types and Sources of Social Support

Percent receiving each type of support from each source:

Source	Type of Support							
	Emotional		Money/Gifts		Info/Advice		Babysitting	
	Moth.	Fath.	Moth.	Fath.	Moth.	Fath.	Moth.	Fath.
Spouse	92.4	85.7	29.5	13.3	39.0	74.3	61.0	42.9
Own family	84.8	58.1	92.4	82.9	84.8	66.7	80.0	67.6
In-laws	56.2	46.1	86.7	81.0	67.6	61.9	61.0	68.6
Friends with young children	65.7	31.4	63.8	50.5	82.9	56.2	20.0	25.7
Friends without young children	41.0	15.2	79.0	62.9	14.3	12.4	20.0	11.4
Co-workers	46.7	23.8	52.4	36.2	47.6	43.8	9.5	8.6
Health care professionals	40.0	19.0	1.9	1.0	88.6	75.2	0.0	1.0
Organized group	32.4	16.2	1.0	0.0	39.0	27.6	0.0	0.0
Mean # sources utilized	4.7	3.0	4.1	3.4	4.7	4.3	2.6	2.4

There are differences between mothers and fathers in social support. In general, mothers report receiving more types of support from more sources than fathers. Since mothering is defined as their primary role at this stage of the life cycle, and as women are socialized from early on to ask for and accept assistance, it is logical to expect that they would tap into the support network more extensively than fathers.

Also interesting is the difference in the use of the spouse as a source of information on infant care. Seventy-one percent of the fathers indicated that they had received information or advice from their wives, but only 39% of mothers received such information from their husbands. This fits the pattern of role-embracing vs. role-distancing noted by the LaRossas in their study of new parents. Mothers are viewed as having primary responsibility for childrearing and embrace this role by learning about it, seeking assistance from others, and identifying it as their turf. Fathers defer to their wives' "authority" on such matters, allowing them to make decisions concerning feeding, sleeping, visits to the doctor, babysitting, etc.

#### V. COMMUNITY-BASED SUPPORT: THE PARENT-INFANT CLASSES

A total of 39% of the mothers and 26% percent of the fathers in this sample were drawn from the parent-infant classes offered by the Early

Childhood Family Education Program of the Duluth Public School System. These classes are essentially support groups for first-time parents of infants. Sessions meet weekly and are loosely structured around different topics. Examples are infants' feeding and sleep scheduling, crying, development, and safety, and the couple's marital adjustments. With the help of a trained leader, groups of four to eight couples discuss their concerns, offer insights and suggestions, and interact with their babies. The parents in this sample had infants ranging in age from 3 to 32 weeks when they started the classes; the average age was 11.5 weeks.

Were the parents who attended the classes different from those who did not? The statistically significant differences are summarized in Table 4.

Table 4. Differences between ECFE participants and nonparticipants

	ECFE group (mean or %)	Non-ECFE group (mean or %)
<u>Personal characteristics:</u>		
% of mothers with college degree	48.8%	28.2%
% of fathers with college degree	55.5%	30.8%
% of working mothers who work fulltime	43.5%	69.0%
mother's mean unpaid leave from work	16.0 weeks	8.8 weeks
mother's mean total leave from work	18.3 weeks	11.8 weeks
father's years residence in community	10.8 years	18.8 years
% of mothers living within 50 miles of own parents	53.7%	70.3%
% of fathers living within 50 miles of own parents	37.0%	70.5%
<u>Preparation/child care practices:</u>		
% of mothers who breastfed	90.2%	70.3%
% of fathers who read about babies and child care before birth	88.9%	56.4%
% of fathers taking time off from work	76.9%	50.7%
<u>Mean difficulty of postpartum adjustments:</u>		
Mother's change in social activities	5.3	4.5
Mothers change in intimacy/sexuality	5.8	4.3
Mother's isolation	4.9	3.5
Father's change in personal time	6.0	5.0
<u>Social network contact/support:</u>		
Mother rated family support as -		
just right	82.9%	90.5%
not enough	17.1%	4.8%
Mother's mean # emotional sources	5.3	4.2
Mother's mean # informational sources	5.1	4.4
Father's mean # informational sources	5.4	3.9
Mother listed organized group as -		
emotional source	73.2%	6.3%
informational source	82.9%	10.9%
Father listed organized group as -		
emotional source	51.9%	3.9%
informational source	77.8%	10.4%
Mother's mean network size	7.2	6.5
Father's mean network size	6.8	5.8

Class participants tended to be more educated and take more time off from work than nonparticipants. Fathers who attended classes had lived in the community for a shorter period of time than those who did not. (However, with a mean length of residence of nearly 11 years, even the latter cannot be classified as newcomers to the area). Class participants lived further away from their parents than nonparticipants. Geographic distance can, of course, limit the kind of support a significant other can provide. Child care, for example, must be found close to home. But even such types of assistance as emotional support and advice are easier to provide in a face-to-face context than over the telephone.

There is some evidence that class participants felt a greater need for social support. In rating their problems adjusting to parenthood, mothers perceived more difficulty with "changes in social activities," "changes in intimacy/sexuality," and "feelings of isolation." Note that these types of issues, in contrast to such adjustments as working or lack of sleep, could potentially be dealt with in the context of a support group. Mothers attending the classes were also more likely than non-attenders to report that they did not receive enough support from family and in-laws around the time of the birth: 17% and 5%, respectively, responded that "I wish they could have helped out more."

Yet when actual sources and types of support were enumerated, class participants actually reported receiving emotional and informational support from more sources and had the same number of sources of material support and child care as nonparticipants. The average difference in emotional and informational sources was about one source for both mothers and fathers. That this difference was actually due to the ECFE classes is evident in the proportions listing an organized support group as a source of emotional or informational support. All of this suggests that the parent-infant classes were used not to compensate for a lack of social support from significant others, but rather to add to an existing support network. Whether some people simply need more sources of support than others, or whether those who are more adept at building and utilizing a social network are the ones likely to take advantage of organized groups, cannot be determined here.

A few other differences between the two groups were found. ECFE mothers were more likely to have breastfed their infants, and ECFE fathers were more likely to have taken time off from work following the birth and to have prepared for parenting by reading about babies and child care. Though not conclusive, differences such as this are suggestive of greater involvement in the parental role among class participants.

Overall, these findings suggest that parents who participate in the ECFE classes are likely to be middle class, highly involved parents who have at least as much social support as nonparticipants. In addition to taking advantage of community supports, these parents have rearranged other roles by taking more time off from work or working part-time. Social class must be considered as a possible explanatory variable here: studies of class differences among families suggest that middle class families are more likely to utilize organized supports of all types (Strong and DeVault, 1986), and they are more likely to have the financial flexibility to allow extended leaves from work. Highly educated couples might also be more likely to be "overachievers" in all aspects of their lives; they are conditioned to train formally and systematically for the roles they

perform. Finally, it is possible that more educated couples hold higher expectations in terms of the quality of the parenting experience, thus, they seek out more sources of support and information.

ECFE participants were questioned as to their motivations for taking the classes and what they perceived the outcomes to be. When asked why they decided to enroll in the classes, most of the mothers (72%) stated that they desired some type of social support or companionship - responses like "I wanted to meet other parents and babies" were frequent. Sixty percent also viewed the classes as a source of information, giving answers such as "I wanted to learn about babies' development and care."

Fathers apparently attended the classes for different reasons than mothers. Only 19% of the fathers listed social support as their motivation for attending. Almost 40% cited information as the reason. Similar findings were reported by Levant (1987) in a marketing study of parent education groups for new fathers: 35% of potential participants surveyed felt they would use such groups to improve their fathering skills, and 21% cited social support as a benefit. In addition, 35% of the fathers in our sample gave responses such as "my wife wanted me to go." None of the mothers listed their husbands as the main factor in their decision to attend.

Did these parents get what they came for? Apparently they did. Participants were given a list of possible outcomes of the classes and asked to rate the usefulness of each on a scale of 1 (not very useful) to 10 (extremely useful). The outcomes and their mean ratings are shown in Table 5.

TABLE 5. Mean Ratings of Outcomes of Parent-Infant Classes

<u>Outcome</u>	<u>Mother's Mean Rating</u>	<u>Father's Mean Rating</u>
Meeting other parents and babies	8.8	7.3
Sharing information with other parents	8.8	7.1
Learning how I can help my baby develop	8.2	7.3
Social support	8.2	5.8
Developing a feeling of competence	8.0	6.2
Information about baby care	7.7	7.5
Spending time with spouse and baby	7.2	7.6
Excuse to get out of the house	6.7	4.0

It appears as though respondents used the classes to fulfill both informational and support functions, with mothers rating the support function higher and fathers rating the information function higher. Mothers gave significantly higher ratings to "meeting other parents and babies," "sharing information with other parents," "social support," "developing a feeling of competence," and "excuse to get out of the house." There were no significant differences between mothers and fathers on any of the other items. Mothers apparently came to the classes for social support and felt that this purpose was accomplished. These findings are consistent with those reported by Powell and Eisenstadt (1988), who found that working class mothers in parent education groups became more interested in the social context of parenthood over the first year of participation, and that the informal support function of the

classes rose in importance as time elapsed.

It is also interesting that mothers more than fathers perceived the classes as a useful excuse to get out of the house. While this function may seem trivial at first glance, research points to the importance of physical and social activity in preventing feelings of isolation or depression subsequent to birth.

The information collected here suggests that community organizations such as the Early Childhood Family Education Program can provide some of the supports that new parents typically derive from significant others. Of prime importance is social and emotional support during the transition period. Information on babies' development is also essential; knowing what to expect and how to handle each stage can increase feelings of competence as a parent and makes the transition smoother.

## VI. WORK AND CHILD CARE

The sample consisted mainly of working parents: 93% of the fathers and 88% of the mothers had worked prior to the birth of the baby. Of those who did work, all but two of the fathers and 63% of the mothers had either returned to work or planned to return to work within a year after giving birth.

Thirty percent of the mothers who had worked before birth had quit work permanently, and seven percent were considering quitting. The latter reported strong social approval of their decision (or intention) to quit, especially from husbands, parents, and other fulltime mothers. Only co-workers were perceived as discouraging the working mother from leaving (40%). It is possible that some of these co-workers are mothers who rationalize their own decision to work by expressing disapproval of those who leave.

Those parents who temporarily took time off from work to have the baby returned fairly soon. Fifty-eight percent of the fathers reported taking any time off from work; among these, the average leave was around two weeks. The time off generally consisted of paid sick leave or vacation. Very little unpaid leave was taken by fathers. All but two of the mothers reported taking some type of leave; of these, the average total leave was about 14 weeks. Paid leave averaged about eight weeks, and unpaid leave about eleven weeks. However, there was a great deal of variation among mothers in the lengths and combinations of leaves taken around the time of the birth.

Upon returning to work, 60% of the mothers and nearly all of the fathers were working fulltime. Seventy-nine percent of the fathers and 55% of the mothers were working about the same number of hours as before. Forty-three percent of the mothers reduced their hours somewhat after the birth, but only 12% of the fathers did so. Thirteen percent of the fathers increased their work hours, but only 1.5% of the mothers did so.

The actual amount of leave taken was considered much less than ideal by the majority of the parents in the sample. When asked how much paid leave mothers and fathers should ideally receive to care for a baby, the median response was nine to fourteen weeks for mothers and one to four



weeks for fathers. Preferences for unpaid leave were four to eight months for mothers and five to eight weeks for fathers. Mothers and fathers did not differ significantly in the amounts of paid or unpaid leave they considered ideal for either parent. If preferences for paid and unpaid leave were combined, this would add up to as much as a year off for mothers and three months for fathers. Clearly, this sample feels that mothers need more time off than fathers, and that neither parent is taking as much leave as they would like to have.

Who cares for the baby while the parents work? The most popular child care arrangements among this sample were having a relative babysit (67% of fathers and 43% of mothers used this arrangement), having a nonrelative babysit (59% of fathers and 53% of mothers), alternating work schedules (33%), or the mother staying home fulltime (40% of all couples). (Note: it is possible for the percentages to differ for mothers and fathers for several reasons. First, it is possible that different arrangements are made while each parent is working. For example, the mother may stay home during the day while her husband works and hire a babysitter when she works evenings or weekends. Second, the bases on which percentages are calculated are different sizes: 55 mothers and 94 fathers were working or planned to return to work at the time of the survey.)

Group day care was not a popular choice among these parents; only 23% of fathers and 20% of mothers used this option. Whether this is because they preferred individual to institutional care or because day care for infants is notoriously hard to find, is not known.

How do these child care arrangements compare to what parents really want? Respondents were asked to rate various options on a scale of 1 (wouldn't use) to 10 (would use) in an ideal situation. Both mothers and fathers agreed that they would like extended paid leave. In addition to this obvious choice, other popular options were flexible scheduling, day care at the place of employment, part-time work for the mother, and a babysitter in the child's own home. Fathers were also likely to express a preference for their wives' staying home fulltime, while mothers were slightly (though not significantly) less enthusiastic about this option. Mean ratings for these and other arrangements are displayed in Table 6.

Table 6. Mean Ratings of Usefulness of Work/Child Care Arrangements

	Mean	
	Mothers	Fathers
Extended paid maternity leave	8.7	8.8
Extended paid paternity leave	8.4	7.5
Flexible scheduling	8.2	6.6
Babysitter in my home	7.9	6.9
Day care at place of work	7.6	6.5
Part-time work	7.6	3.5
Work at home	7.1	5.5
Mother stay home fulltime	6.8	7.4
Extended unpaid maternity leave	6.5	6.7
Job sharing with another person	6.1	2.4
Bringing baby to work with me	4.7	2.8
Extended unpaid paternity leave	4.6	3.9
Father stay home fulltime	2.8	2.8

With the exception of the babysitter in the child's home, these parents were generally not using the arrangements they considered most ideal. As shown earlier, leaves of absence were shorter than parents preferred. Few had day care in the workplace, and even though there was great preference for mothers to have part-time, flexible scheduling, or to stay home, the majority of mothers were working fulltime.

Mothers gave significantly higher preference ratings than fathers to paid paternity leave, flexible scheduling, babysitter in the home, day care at work, part-time work, work at home, job-sharing, bringing the baby to work, and unpaid paternity leave. This suggests that, although both spouses are interested in less traditional, more flexible work/child care arrangements, mothers are more likely than fathers to prefer such arrangements (or to see them within their range of options - real or ideal). In addition, wives are even more favorable than their husbands to having the husband take extended leave from work for the birth of a child.

Widespread institutional and organizational change is needed in order to make some of these options available to parents. Unless this happens, the basic conflict which is felt between parenting and working roles is not likely to be resolved.

## CONCLUSION AND RECOMMENDATIONS

The journey into parenthood, for most people, is a trip through new, uncharted territory. No one can be totally prepared for the difficulties or the rewards they will encounter in raising children. Our society does not provide maps for this journey, nor does it provide the necessary material and psychological support. It is up to each individual couple to find their own way. And while others may be passing through the same territory at the same time, there is no formal network of contacts that helps put parents in touch with each other. Socially, too, parents are on their own.

If existing research shows anything, it is that the adjustment to parenthood, along with the necessary emotional, financial, and role changes, is undertaken with little formal preparation and little, if any, formal support. The individual parent must take the initiative and the responsibility for everything from basic care of the infant to developing an appropriate parent-child relationship to figuring out how to fit a baby into a busy working life - in short, for defining and living up to the entire parenting role. Amazingly, most parents manage to accomplish this momentous task, and most do it with the help of a network of relatives and close friends who can help smooth the transition.

The new parents who took part in this survey were much like those studied elsewhere. In preparing for parenthood, they used the social network as a source of information or advice. In coping with the various adjustments a new baby brings, they sought emotional support and information from those close to them. Significant others also provided material assistance in the form of money, gifts, and child care.

Not surprisingly, these new parents received little formal or organizational support. A minority took advantage of the parent-infant classes offered in the community. The majority worked fulltime, taking less parental leave than they would have liked, and using less than ideal child care arrangements. The organizational supports they would have preferred - flexibility in work scheduling, part time hours, day care at work - are not available to most parents in the United States today. Although it is tempting to interpret these findings as evidence of societal insensitivity to the family, it may also be the case that individuals are hesitant to formalize the role of parent or to turn family issues into community issues. The privacy of the nuclear family has long been held sacred in our culture.

Those respondents who did utilize the parent-infant classes apparently found them helpful; social support was the most important outcome, and information was nearly as highly rated. These people were not, as one might have expected, lacking social support from informal sources. In fact, they reported receiving as much or more social support than nonparticipants in the classes. It seems likely that the parents who take advantage of this community service are those who are already skilled at developing and using the social network and, for whatever reason, desire more support.

The importance of social support to parents at all stages of the life

cycle, but especially in the transition to parenthood, cannot be overemphasized. As the community education classes seem to be serving a useful function even for parents who already have a support network in place, we would recommend that they be expanded and publicized to allow for greater participation. Attention to the kinds of adjustments that new parents find most problematic - fatigue, scheduling, and working - might help to provide specific information and suggestions to participants.

Research on the transition to parenthood has traditionally focused on mothers. Fathers, their responses to parenthood, and their social support networks have been studied only recently, and more research is needed. This study found differences in fathers' and mothers' responses to the first birth. For the most part, these differences followed traditional gender role expectations; to some extent, they were consistent with the pattern of role-embracing by the mother and role-distancing by the father. Mothers were indeed more likely to prepare for parenthood and to take the lead in making decisions after the child was born. However, the fathers in this sample, while they seemed to defer to their wives' "expertise" or authority, may not have been distancing themselves from the parenting role so much as taking a different approach to it. There is evidence that parenting is indeed an important aspect of these men's lives. They rated the birth experience even higher than their wives. Most were easily able to list rewards associated with having a baby. Most reported receiving social support around the time of the birth, and many would prefer fathers to take more leave from work than they themselves took.

Rather than reflecting an embracing vs. distancing dichotomy, the differences between mothers and fathers in this sample might be more reflective of an instrumental vs. expressive orientation to parenting. Fathers emphasized the feelings of achievement associated with having a child. They focused on the child's development, and those who attended the parent-infant classes viewed the classes as a source of information on how to aid that development. Mothers, on the other hand, focused on emotional bonding and the intrinsic value of children. They utilized the social support network more extensively and emphasized the support aspect of the parent-infant classes. This is consistent with the role that women, especially mothers, have historically played in the family - they have been the "kin-keepers," the ones who are responsible for keeping the family bonds intact.

Having and raising children is no longer something that people take for granted. Rather, parenting is likely to be the result of a conscious decision on the part of a couple to undertake a commitment which will forever change their lives. Entwisle and Doering (1981) have observed that pregnancy and birth have become more than just means to an end. Today, most couples relish the process as well as the result, looking at the experience as one to be enjoyed and savored. In doing so, they seek out the kinds of supports which will enhance the experience - prenatal classes, family-centered childbirth, and other birthing options. Organized support systems have developed within the health care institution to cater to these new demands.

Parenting is perhaps following a parallel course. Rather than being a means to an end (producing a competent adult), it is a lifestyle, an experience in which quality counts more than ever before. Parents today

are likely to seek out supports which will improve the quality of their experience. Community education classes and restructuring of the workplace are two promising areas in which such supports might be built. As parents find themselves geographically farther from their own families, such supports are likely to increase in importance. Because of their higher geographic mobility, greater financial flexibility, and perhaps a greater emphasis on quality in the parenting experience, middle class individuals are currently more likely to take advantage of these supports than working or lower class parents. However, just as prenatal classes and family-centered childbirth have become widespread, so too, might the use of parent education programs.

Of course, it is easier to teach parents how to give birth than it is to teach them how to be parents. Pregnancy is a fairly predictable process, one which ends after a short period of time in a climactic event - birth - after which the family can celebrate their success. Parenting is seldom predictable and has no such climactic ending point; it continues as long as both parent and child are living, with the roles constantly changing both in quality and in importance. To give education and support for parenting poses a challenge to those in health care, education, and human services sectors, as well as to those who manage the workplace. In meeting such a challenge, these individuals and agencies must receive political and financial support from the public policy and administrative sectors.

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NEW PARENT SURVEY  
MOTHER'S QUESTIONNAIRE

THANK YOU FOR VOLUNTEERING TO PARTICIPATE IN OUR STUDY. PLEASE ANSWER THESE QUESTIONS SEPARATELY FROM YOUR HUSBAND.

1. Baby's birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Baby's sex: \_\_\_\_ 1. Male \_\_\_\_ 2. Female

3. Did you take prenatal classes?

\_\_\_\_ 1. Yes - If yes: where? \_\_\_\_\_  
\_\_\_\_ 2. No

4. Was your husband in the delivery room when the baby was born?

\_\_\_\_ 1. Yes \_\_\_\_ 2. No

5. Please rate your overall feelings about your birth experience (labor and delivery): (Circle a number on the scale of 1 to 10 below)

1—2—3—4—5—6—7—8—9—10

Very Negative: One of  
the worst things I've  
ever gone through

Very positive: One of  
the best experiences  
I've ever had.

6. Before your baby was born, how did you prepare to be a mother? (Check all that apply).

- \_\_\_\_ 1. Reading about babies and baby care.
- \_\_\_\_ 2. Asking for advice from other people with young children.
- \_\_\_\_ 3. Asking for advice from your own parents.
- \_\_\_\_ 4. Asking for advice from doctors or other professionals.
- \_\_\_\_ 5. Practicing by caring for other people's babies.
- \_\_\_\_ 6. Taking classes on parenting or baby care (other than prenatal class).
- \_\_\_\_ 7. Other—please describe: \_\_\_\_\_

\_\_\_\_ 8. Didn't do anything special to prepare before baby was born.

7. In the first few weeks after you brought your baby home from the hospital, how did you feel about your preparation for being a mother?

- \_\_\_\_ 1. Confident: I felt like I knew what I was doing.
- \_\_\_\_ 2. A little unsure of myself, but basically well prepared.
- \_\_\_\_ 3. Rather unprepared: there were a lot of surprises in caring for a baby.

8. Did you breast-feed your baby?

\_\_\_\_ 1. Yes - If yes: for how long? \_\_\_\_\_  
\_\_\_\_ 2. No

9. In the first few weeks after you brought your baby home from the hospital, what would you say was the most difficult adjustment you had to make?



10. In the first few weeks after you brought your baby home from the hospital, what would you say was the most rewarding part of having a new baby?

11. Listed below are some common adjustments made by new parents. Circle a number to indicate whether each has been a problem for you since your baby was born:

	Does not apply	No problem at all			Somewhat Difficult			Extremely Difficult			
	0	1	2	3	4	5	6	7	8	9	10
Changes in your personal time	0	1	2	3	4	5	6	7	8	9	10
Changes in social activities	0	1	2	3	4	5	6	7	8	9	10
Being "on-call" 24 hours a day	0	1	2	3	4	5	6	7	8	9	10
Lack of sleep	0	1	2	3	4	5	6	7	8	9	10
Family and in-laws	0	1	2	3	4	5	6	7	8	9	10
Housework, division of labor	0	1	2	3	4	5	6	7	8	9	10
Changes in intimacy, sexuality	0	1	2	3	4	5	6	7	8	9	10
Added financial burden	0	1	2	3	4	5	6	7	8	9	10
Going back to work	0	1	2	3	4	5	6	7	8	9	10
Isolation	0	1	2	3	4	5	6	7	8	9	10
New or more intense emotions	0	1	2	3	4	5	6	7	8	9	10

12. From about a month before the baby was born until about a month after, was there any change in the amount of contact you had with each of the following:

	More contact than before	No change	Less contact than before
Family and in-laws	_____	_____	_____
Friends with young children	_____	_____	_____
Friends without young children	_____	_____	_____

13. How would you rate the amount of support (such as gifts, advice, babysitting, emotional support) you received from your family when the baby was born?

- \_\_\_\_\_ 1. Not enough: I wish they could have helped out more.  
 \_\_\_\_\_ 2. About right  
 \_\_\_\_\_ 3. Too much: They gave us more "help" than we really wanted.

14. Most new parents receive some kind of assistance from people they know. Use an "X" to indicate the kinds and sources of assistance you have received in the months since your baby was born:

	<u>Emotional Support</u>	<u>Money or Gifts</u>	<u>Information or Advice</u>	<u>Baby-sitting</u>
Your husband	_____	_____	_____	_____
Your own family	_____	_____	_____	_____
Your in-laws	_____	_____	_____	_____
Friends with young children	_____	_____	_____	_____
Friends without young children	_____	_____	_____	_____
Organized support group	_____	_____	_____	_____
Health care professionals	_____	_____	_____	_____
People you work with	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

15. Did you work prior to the birth of your baby?

1. Yes - If yes, please go on to question 16.  
 2. No - If no, please skip to question 24 on page 4.

16. Before the baby was born, were you working:

1. Full time                       2. Part time

17. Did you take any time off from work for the birth of the baby?

1. Yes - If yes, please go on to question 18.  
 2. No - If no, please skip to question 21 on page 4.

18. Which statement most closely describes your current situation?

1. I have quit work permanently to take care of my child.  
 2. I am considering quitting work permanently to take care of my child.  
 3. I have returned to work or plan to return within a year after the birth of my child. (Please skip to question 20).

19. If you have quit working permanently or are considering quitting to take care of your child, how have other people close to you responded to this decision?

	<u>Haven't Discussed it</u>	<u>Encouraged me to quit work</u>	<u>Neutral</u>	<u>Discouraged me from quitting</u>
My husband	_____	_____	_____	_____
My parents	_____	_____	_____	_____
My in-laws	_____	_____	_____	_____
My co-workers	_____	_____	_____	_____
Other fulltime mothers	_____	_____	_____	_____
Other working mothers	_____	_____	_____	_____
Single friends	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

20. How many weeks or months leave have you taken so far to have the baby?

- Paid maternity leave: \_\_\_\_\_ weeks, or \_\_\_\_\_ months
- Sick leave or vacation: \_\_\_\_\_ weeks, or \_\_\_\_\_ months
- Unpaid leave: \_\_\_\_\_ weeks, or \_\_\_\_\_ months
- I quit working permanently or indefinitely (skip to question 24).

How many weeks or months leave do you plan to take in addition to what you have already used?

- Paid maternity leave: \_\_\_\_\_ weeks, or \_\_\_\_\_ months
- Sick leave or vacation: \_\_\_\_\_ weeks, or \_\_\_\_\_ months
- Unpaid leave: \_\_\_\_\_ weeks, or \_\_\_\_\_ months
- I haven't decided yet.

ANSWER QUESTIONS 21-23 IF YOU NOW WORK OR PLAN TO RETURN TO WORK WITHIN A YEAR AFTER HAVING YOUR BABY.

21. I am now working (or plan to return to work):

- 1. Fulltime
- 2. Part-time

22. Now that I have the baby, I am working (or plan to work):

- 1. Fewer hours than before.
- 2. About the same amount of time as before.
- 3. More hours than before.

23. What child care arrangements do you (plan to) use? (Check all that apply).

- 1. Husband stays home fulltime.
- 2. Alternating work schedules with husband.
- 3. Relative babysits in my home.
- 4. Relative babysits in her/his home.
- 5. Nonrelative babysits in my home.
- 6. Nonrelative babysits in her/his home.
- 7. Family care (group day care in someone else's home).
- 8. Day care center where I work or where my husband works.
- 9. Day care center outside of work.
- 10. Bringing baby to work with me.
- 11. One person works at home.
- 12. Other: \_\_\_\_\_

LISTED BELOW ARE SOME OPINION QUESTIONS CONCERNING WORKING PARENTS. PLEASE ANSWER THESE QUESTIONS EVEN IF YOU ARE NOT WORKING NOW.

24. Ideally, how much paid leave should mothers receive for childbirth?

- |   |  |
|---|--|
| <input type="checkbox"/> 1. None.                   | <input type="checkbox"/> 5. Four to five months.   |
| <input type="checkbox"/> 2. One to four weeks.      | <input type="checkbox"/> 6. Six to eight months.   |
| <input type="checkbox"/> 3. Five to eight weeks.    | <input type="checkbox"/> 7. Nine to eleven months. |
| <input type="checkbox"/> 4. Nine to fourteen weeks. | <input type="checkbox"/> 8. Twelve or more months. |

25. Ideally, how much unpaid leave should mothers receive for childbirth?

- |   |  |
|---|--|
| <input type="checkbox"/> 1. None.                   | <input type="checkbox"/> 5. Four to five months.   |
| <input type="checkbox"/> 2. One to four weeks.      | <input type="checkbox"/> 6. Six to eight months.   |
| <input type="checkbox"/> 3. Five to eight weeks.    | <input type="checkbox"/> 7. Nine to eleven months. |
| <input type="checkbox"/> 4. Nine to fourteen weeks. | <input type="checkbox"/> 8. Twelve or more months. |

26. Ideally, how much paid leave should fathers receive for childbirth?

- |   |  |
|---|--|
| <input type="checkbox"/> 1. None.                   | <input type="checkbox"/> 5. Four to five months.   |
| <input type="checkbox"/> 2. One to four weeks.      | <input type="checkbox"/> 6. Six to eight months.   |
| <input type="checkbox"/> 3. Five to eight weeks.    | <input type="checkbox"/> 7. Nine to eleven months. |
| <input type="checkbox"/> 4. Nine to fourteen weeks. | <input type="checkbox"/> 8. Twelve or more months. |

27. Ideally, how much unpaid leave should fathers receive for childbirth?

- |   |  |
|---|--|
| <input type="checkbox"/> 1. None.                   | <input type="checkbox"/> 5. Four to five months.   |
| <input type="checkbox"/> 2. One to four weeks.      | <input type="checkbox"/> 6. Six to eight months.   |
| <input type="checkbox"/> 3. Five to eight weeks.    | <input type="checkbox"/> 7. Nine to eleven months. |
| <input type="checkbox"/> 4. Nine to fourteen weeks. | <input type="checkbox"/> 8. Twelve or more months. |

28. In an ideal situation (if you could do anything you want), which of these arrangements would you be likely to use? (Please circle a number).

	Wouldn't use			Might use				Would use		
	1	2	3	4	5	6	7	8	9	10
Extended paid maternity leave	1	2	3	4	5	6	7	8	9	10
Extended unpaid maternity leave	1	2	3	4	5	6	7	8	9	10
Extended paid leave for husband	1	2	3	4	5	6	7	8	9	10
Extended unpaid leave for husband	1	2	3	4	5	6	7	8	9	10
Day care at place of work	1	2	3	4	5	6	7	8	9	10
Bringing baby to work with me	1	2	3	4	5	6	7	8	9	10
Babysitter in my home	1	2	3	4	5	6	7	8	9	10
Flexible scheduling	1	2	3	4	5	6	7	8	9	10
Part-time work	1	2	3	4	5	6	7	8	9	10
Work at home	1	2	3	4	5	6	7	8	9	10
Job sharing with another person	1	2	3	4	5	6	7	8	9	10
I would stay home fulltime	1	2	3	4	5	6	7	8	9	10
Husband would stay home fulltime	1	2	3	4	5	6	7	8	9	10
Classes on baby and child care	1	2	3	4	5	6	7	8	9	10
Support groups for parents	1	2	3	4	5	6	7	8	9	10
Visiting nurse or teacher	1	2	3	4	5	6	7	8	9	10
Babysitting co-op	1	2	3	4	5	6	7	8	9	10

29. Did you attend the Early Childhood Program's Parent-Infant classes?

1. Yes - If yes, please go on to question 30.  
 2. No - If no, please skip to question 33.

QUESTIONS 30-32 APPLY TO ECFE PARTICIPANTS ONLY.

30. What was your baby's age when you started the classes? \_\_\_\_\_

31. Why did you decide to attend the classes?

32. Listed below are some aspects of the parent-infant classes. Indicate how useful each of these aspects of the classes was to you.

	Not very useful					Extremely useful				
Information about baby care	1	2	3	4	5	6	7	8	9	10
Meeting other parents and babies	1	2	3	4	5	6	7	8	9	10
Learning how I can help my baby develop	1	2	3	4	5	6	7	8	9	10
Social support	1	2	3	4	5	6	7	8	9	10
Developing feeling of competence	1	2	3	4	5	6	7	8	9	10
Spending time with my husband and baby	1	2	3	4	5	6	7	8	9	10
Sharing information with other parents	1	2	3	4	5	6	7	8	9	10
Excuse to get out of the house	1	2	3	4	5	6	7	8	9	10
Other: _____	1	2	3	4	5	6	7	8	9	10

QUESTIONS 33-38 APPLY TO ALL RESPONDENTS.

33. What is your age? \_\_\_\_\_

34. What is the highest level of education you have completed?

- |                                      |  |
|--------------------------------------|--|
| _____ 1. Less than high school       | _____ 4. Some college                    |
| _____ 2. High school diploma         | _____ 5. College degree                  |
| _____ 3. Vocational/technical school | _____ 6. Graduate or professional school |

35. What is your occupation? \_\_\_\_\_

36. How many years have you lived in this community? \_\_\_\_\_ years

37. How far do you live from your parents (or parent living nearest to you)?

- |                             |   |
|-----------------------------|---|
| _____ 1. Less than 50 miles | _____ 4. 300 miles or more                          |
| _____ 2. 50 to 99 miles     | _____ 5. Does not apply: both parents are deceased. |
| _____ 3. 100 to 299 miles   |   |

38. What is your current yearly income? (Not including husband's income)

- |                              |                              |
|------------------------------|------------------------------|
| _____ 0. Not employed        | _____ 3. \$30,000 - \$29,999 |
| _____ 1. \$1 - \$9999        | _____ 4. \$40,000 - \$49,999 |
| _____ 2. \$10,000 - \$19,999 | _____ 5. \$50,000 and over   |
| _____ 3. \$20,000 - \$29,999 |                              |

NEW PARENT SURVEY  
FATHER'S QUESTIONNAIRE

THANK YOU FOR VOLUNTEERING TO PARTICIPATE IN OUR STUDY. PLEASE ANSWER THESE QUESTIONS SEPARATELY FROM YOUR WIFE.

1. Baby's birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Baby's sex: \_\_\_\_ 1. Male \_\_\_\_ 2. Female

3. Did you take prenatal classes?

\_\_\_\_ 1. Yes - If yes: where? \_\_\_\_\_  
\_\_\_\_ 2. No

4. Were you in the delivery room when the baby was born?

\_\_\_\_ 1. Yes \_\_\_\_ 2. No

5. Please rate your overall feelings about your birth experience (labor and delivery): (Circle a number on the scale of 1 to 10 below)

1—2—3—4—5—6—7—8—9—10

Very Negative: One of  
the worst things I've  
ever gone through

Very positive: One of  
the best experiences  
I've ever had.

6. Before your baby was born, how did you prepare to be a father? (Check all that apply).

- \_\_\_\_ 1. Reading about babies and baby care.
- \_\_\_\_ 2. Asking for advice from other people with young children.
- \_\_\_\_ 3. Asking for advice from your own parents.
- \_\_\_\_ 4. Asking for advice from doctors or other professionals.
- \_\_\_\_ 5. Practicing by caring for other people's babies.
- \_\_\_\_ 6. Taking classes on parenting or baby care (other than prenatal class).
- \_\_\_\_ 7. Other—please describe: \_\_\_\_\_

\_\_\_\_ 8. Didn't do anything special to prepare before baby was born.

7. In the first few weeks after you brought your baby home from the hospital, how did you feel about your preparation for being a father?

- \_\_\_\_ 1. Confident: I felt like I knew what I was doing.
- \_\_\_\_ 2. A little unsure of myself, but basically well prepared.
- \_\_\_\_ 3. Rather unprepared: there were a lot of surprises in caring for a baby.

8. In the first few weeks after you brought your baby home from the hospital, what would you say was the most difficult adjustment you had to make?

9. In the first few weeks after you brought your baby home from the hospital, what would you say was the most rewarding part of having a new baby?

10. Listed below are some common adjustments made by new parents. Circle a number to indicate whether each has been a problem for you since your baby was born:

	Does not apply	No problem at all			Somewhat Difficult			Extremely Difficult			
	0	1	2	3	4	5	6	7	8	9	10
Changes in your personal time	0	1	2	3	4	5	6	7	8	9	10
Changes in social activities	0	1	2	3	4	5	6	7	8	9	10
Being "on-call" 24 hours a day	0	1	2	3	4	5	6	7	8	9	10
Lack of sleep	0	1	2	3	4	5	6	7	8	9	10
Family and in-laws	0	1	2	3	4	5	6	7	8	9	10
Housework, division of labor	0	1	2	3	4	5	6	7	8	9	10
Changes in intimacy, sexuality	0	1	2	3	4	5	6	7	8	9	10
Added financial burden	0	1	2	3	4	5	6	7	8	9	10
Going back to work	0	1	2	3	4	5	6	7	8	9	10
Isolation	0	1	2	3	4	5	6	7	8	9	10
New or more intense emotions	0	1	2	3	4	5	6	7	8	9	10

11. From about a month before the baby was born until about a month after, was there any change in the amount of contact you had with each of the following:

	More contact than before	No change	Less contact than before
Family and in-laws	_____	_____	_____
Friends with young children	_____	_____	_____
Friends without young children	_____	_____	_____

12. How would you rate the amount of support (such as gifts, advice, babysitting, emotional support) you received from your family when the baby was born?

- \_\_\_\_\_ 1. Not enough: I wish they could have helped out more.
- \_\_\_\_\_ 2. About right.
- \_\_\_\_\_ 3. Too much: They gave us more "help" than we really wanted.

13. Most new parents receive some kind of assistance from people they know. Use an "X" to indicate the kinds and sources of assistance you have received in the months since your baby was born:

	<u>Emotional Support</u>	<u>Money or Gifts</u>	<u>Information or Advice</u>	<u>Baby-sitting</u>
Your wife	_____	_____	_____	_____
Your own family	_____	_____	_____	_____
Your in-laws	_____	_____	_____	_____
Friends with young children	_____	_____	_____	_____
Friends without young children	_____	_____	_____	_____
Organized support group	_____	_____	_____	_____
Health care professionals	_____	_____	_____	_____
People you work with	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

14. Did you work prior to the birth of your baby?

1. Yes - If yes, please go on to question 15.  
 2. No - If no, please skip to question 23 on page 4.

15. Before the baby was born, were you working:

1. Full time       2. Part time

16. Did you take any time off from work for the birth of the baby?

1. Yes - If yes, please go on to question 17.  
 2. No - If no, please skip to question 20 on page 4.

17. Which statement most closely describes your current situation?

1. I have quit work permanently to take care of my child.  
 2. I am considering quitting work permanently to take care of my child.  
 3. I have returned to work or plan to return within a year after the birth of my child. (Please skip to question 19).

18. If you have quit working permanently or are considering quitting to take care of your child, how have other people close to you responded to this decision?

	<u>Haven't Discussed it</u>	<u>Encouraged me to quit work</u>	<u>Neutral</u>	<u>Discouraged me from quitting</u>
My wife	_____	_____	_____	_____
My parents	_____	_____	_____	_____
My in-laws	_____	_____	_____	_____
My co-workers	_____	_____	_____	_____
Other fulltime fathers	_____	_____	_____	_____
Other working fathers	_____	_____	_____	_____
Single friends	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____





25. Ideally, how much paid leave should fathers receive for childbirth?

- |   |  |
|---|--|
| <input type="checkbox"/> 1. None.                   | <input type="checkbox"/> 5. Four to five months.   |
| <input type="checkbox"/> 2. One to four weeks.      | <input type="checkbox"/> 6. Six to eight months.   |
| <input type="checkbox"/> 3. Five to eight weeks.    | <input type="checkbox"/> 7. Nine to eleven months. |
| <input type="checkbox"/> 4. Nine to fourteen weeks. | <input type="checkbox"/> 8. Twelve or more months. |

26. Ideally, how much unpaid leave should fathers receive for childbirth?

- |   |  |
|---|--|
| <input type="checkbox"/> 1. None.                   | <input type="checkbox"/> 5. Four to five months.   |
| <input type="checkbox"/> 2. One to four weeks.      | <input type="checkbox"/> 6. Six to eight months.   |
| <input type="checkbox"/> 3. Five to eight weeks.    | <input type="checkbox"/> 7. Nine to eleven months. |
| <input type="checkbox"/> 4. Nine to fourteen weeks. | <input type="checkbox"/> 8. Twelve or more months. |

27. In an ideal situation (if you could do anything you want), which of these arrangements would you be likely to use? (Please circle a number).

	Wouldn't use			Might use				Would use		
	1	2	3	4	5	6	7	8	9	10
Extended paid paternity leave	1	2	3	4	5	6	7	8	9	10
Extended unpaid paternity leave	1	2	3	4	5	6	7	8	9	10
Extended paid leave for wife	1	2	3	4	5	6	7	8	9	10
Extended unpaid leave for wife	1	2	3	4	5	6	7	8	9	10
Day care at place of work	1	2	3	4	5	6	7	8	9	10
Bringing baby to work with me	1	2	3	4	5	6	7	8	9	10
Babysitter in my home	1	2	3	4	5	6	7	8	9	10
Flexible scheduling	1	2	3	4	5	6	7	8	9	10
Part-time work	1	2	3	4	5	6	7	8	9	10
Work at home	1	2	3	4	5	6	7	8	9	10
Job sharing with another person	1	2	3	4	5	6	7	8	9	10
I would stay home fulltime	1	2	3	4	5	6	7	8	9	10
Wife would stay home fulltime	1	2	3	4	5	6	7	8	9	10
Classes on baby and child care	1	2	3	4	5	6	7	8	9	10
Support groups for parents	1	2	3	4	5	6	7	8	9	10
Visiting nurse or teacher	1	2	3	4	5	6	7	8	9	10
Babysitting co-op	1	2	3	4	5	6	7	8	9	10

28. Did you attend the Early Childhood Program's Parent-Infant classes?

1. Yes - If yes, please go on to question 29.  
 2. No - If no, please skip to question 32.

QUESTIONS 29-31 APPLY TO ECFE PARTICIPANTS ONLY.

29. What was your baby's age when you started the classes? \_\_\_\_\_

30. Why did you decide to attend the classes?

31. Listed below are some aspects of the parent-infant classes. Indicate how useful each of these aspects of the classes was to you.

	Not very useful					Extremely useful				
	1	2	3	4	5	6	7	8	9	10
Information about baby care	1	2	3	4	5	6	7	8	9	10
Meeting other parents and babies	1	2	3	4	5	6	7	8	9	10
Learning how I can help my baby develop	1	2	3	4	5	6	7	8	9	10
Social support	1	2	3	4	5	6	7	8	9	10
Developing feeling of competence	1	2	3	4	5	6	7	8	9	10
Spending time with my wife and baby	1	2	3	4	5	6	7	8	9	10
Sharing information with other parents	1	2	3	4	5	6	7	8	9	10
Excuse to get out of the house	1	2	3	4	5	6	7	8	9	10
Other: _____	1	2	3	4	5	6	7	8	9	10

QUESTIONS 32-37 APPLY TO ALL RESPONDENTS.

32. What is your age? \_\_\_\_\_

33. What is the highest level of education you have completed?

- |                                      |  |
|--------------------------------------|--|
| _____ 1. Less than high school       | _____ 4. Some college                    |
| _____ 2. High school diploma         | _____ 5. College degree                  |
| _____ 3. Vocational/technical school | _____ 6. Graduate or professional school |

34. What is your occupation? \_\_\_\_\_

35. How many years have you lived in this community? \_\_\_\_\_ years

36. How far do you live from your parents (or parent living nearest to you)?

- |                             |   |
|-----------------------------|---|
| _____ 1. Less than 50 miles | _____ 4. 300 miles or more                          |
| _____ 2. 50 to 99 miles     | _____ 5. Does not apply: both parents are deceased. |
| _____ 3. 100 to 299 miles   |   |

37. What is your current yearly income? (Not including wife's income)

- |                              |                              |
|------------------------------|------------------------------|
| _____ 0. Not employed        | _____ 3. \$30,000 - \$29,999 |
| _____ 1. \$1 - \$9999        | _____ 4. \$40,000 - \$49,999 |
| _____ 2. \$10,000 - \$19,999 | _____ 5. \$50,000 and over   |
| _____ 3. \$20,000 - \$29,999 |                              |