PARENTAL PERCEPTION OF CHANGES IN FAMILY FUNCTIONING FROM LATE PREGNANCY TO EARLY PARENTHOOD

by

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Abstract

This study was designed to identify whether changes occur in parental perception of family functioning from the third trimester of pregnancy to the early postpartum period. A secondary purpose was to compare maternal and paternal perception of family functioning. Subjects were middle class, primarily Caucasian, married couples attending childbirth preparation classes in a midwestern community. The Feetham Family Functioning Survey was used in data collection. This instument measures the relationship between the family and individual members (Factor I), the subsystem (Factor II), and broader units within the community (Factor III). In testing the first null hypothesis, that there would be no significant change in family functioning from pregnancy to postpartum period, *t* tests for repeated measures were done. For the men, there were no significant differences in their perceptions about the family. There were significant changes in the women's perception of family functioning for Factor I (relationship with the individual members) and Factor III (the community relationships) and for the overall family functioning score. The second null hypothesis was that there would be no significant difference between maternal and paternal perception of family functioning in the postpartum period, controlling for pregnancy scores. Analysis of covariance

was used to test this hypothesis and no significant differences were found, thus supporting the null hypothesis. Implications for maternal-child nursing practice are discussed.

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CHAPTER I

INTRODUCTION

The process of pregnancy and becoming a parent has been conceptualized as a period of transition, which is somewhat stressful for the majority of parents (Feldman, 1966; Hobbs, 1968, 1976; Meleis, 1978, Russell, 1974; Steffensmeier, 1982; and Swendsen, 1978). Both pregnancy and infant care bring about change in the lives of couples which can produce stress, anxieties, and conflicts. This calls for an emotional adjustment to adapt to the situational transition (Meleis, 1978).

The family developmental approach suggests there is a sequence of developmental tasks a family goes through and the more adequately the family completes prior tasks the better able they are to handle a current transition (Russell, 1974). The birth of the child, as a major transition, launches the family into a new stage necessitating coping with new tasks. This is a significant event and turning point for the family because it is presumed to significantly alter the role relationships among family members and may affect functioning of the family (Nock, 1979).

Rapoport (1964) states that the transition to parenthood is a difficult experience for most husbands and wives. The birth of a child may radically alter the

relationship within the marital dyad, creating change for every member of the family and for every set of relationships. This change may require the members to take on new roles and begin new relationships within the family system (Rosenberg, 1981). Rubin (1975) explains that the transition takes a lifetime, but the first few weeks after the birth are particularly intense for the entire family.

Many authors report there is a greater degree of difficulty experienced to the transition for mothers than for fathers (Bogandoff, 1974; Hobbs, 1965; Hobbs & Cole, 1976; Jacoby, 1973; Russell, 1974; Smith, 1972; and Took, 1974). Pregnancy and early parenthood have been described as a major life change and a time of profound physical and emotional changes for the mother (Robson, 1982).

Scientific literature relating to the father during this transition is sparse and meager and is predominantly anthropological or sociological in content and observational rather than experimental. Pregnancy and early parenthood was described by Hott (1976) as a period of heightened dependency for the man, a time when he needs mothering himself. May (1982) reports that a man's sense of his own readiness or unreadiness for his spouse's pregnancy directly affects his adjustment to the pregnancy and parenthood.

Instrumental support available to new parents generally comes from the mother's relatives and neighbors (Lein, 1979). The woman expands upon her own maternal identity through

relationships shared with other women (Rubin, 1967). Expectations for increased participation on the husband's part have emerged primarily because the woman's feminine support systems have changed. As the extended family system gives way to an isolated nuclear family structure, the woman's access to relationships with women that once provided major sources of support and assistance is increasingly barred (Bibring, 1959).

The question arises, then, as to whether changes occur in family functioning between the third trimester of pregnancy and the early postpartum period. A further question is whether mothers and fathers differ in their perception of these changes. It is important to ask these questions because this transition launches the family into a new developmental stage. It is a time of vulnerability and intensity creating multiple changes within the family unit.

Purpose Of The Study

The purposes of the study is twofold: (1) to identify whether changes occur in parental perception of family functioning between the third trimester of pregnancy and at the end of eight weeks postpartum; and (2) to compare maternal and paternal perception of these changes.

Conceptual Framework

The ecological conceptual framework was identified for studying families during this transition. The family

ecological framework for studying families (Andrews, Bubolz, & Paolucci, 1980; and Paolucci, Hall, & Axinn, 1977) recognizes that the family is the basic unit. The task of examining the family system involves explaining its parts: the family's relationships and environment, the whole and the functions performed by or resulting from the relationships of these parts (McIntyre, 1966). Basic concepts include recognition of the interdependence of the family system, the individual members, and the environment (Garbarino, 1977). Within this framework, the family is seen as a dynamic unit, greater than the sum of its parts (Roberts & Feetham, 1982).

The family is an organic unit characterized not only by a complex set of internal organizational and interactional rules, but also by intricate interchanges with other people, groups, institutions, and external forces. Change in one member of subsystems automatically affects other parts, as well as the family's interaction with external systems. In the process of change and continuity, the family is confronted with challenges and pressures from internal and external sources. An example of internal challenges is the transition to pregnancy and parenthood. As one member experiences this transition, significant change occurs in the family's structure and functioning. External pressures similarly influence family expectations, roles, and interactions (Maluccio, 1981).

Family functioning consists of those activities and relationships among and between persons and the environment which in combination enable the family to maintain itself as an open system (Roberts & Feetham, 1982).

The three major areas of family functions as relationships include: Relationships between the family and each individual focusing on reciprocal relationships between husabnd and wife and parents and children; Relationships between the family and subsystems including the division of labor; and Relationships between the family and broader social units including the family and community and family and economy (McIntyre, 1966).

Review Of The Literature

This study attempted to examine the three major areas of family functions as identified by Roberts and Feetham (1982) and whether changes occur for the family as a unit, for the father, and/or for the mother resulting from the transition of pregnancy and early parenthood. The birth of a child climaxes months of waiting and anticipation. Yet, it is just the beginning of challenges and adjustments for the entire family. The time that follows pregnancy and birth are critical to the healthy development of the family (Gruis, 1977). Much of the literature pertaining to this transitional period addresses the concerns women experience as a result of pregnancy, birth, and early

parenthood. Few studies specifically address the areas of family functions and recognize that the family is the basic unit. The family is seen as a dynamic unit greater than the sum of its parts.

Parenthood

Based on Hill's conceptualization that adding a family member would constitute a sharp change for which old patterns were inadequate, LeMasters (1957) conducted the first study of parenthood as a crisis. His study suggested that early parenthood was stressful and produced a crisis for the family. Later studies (Hobbs & Cole, 1976; Hobbs & Wimbish, 1977; and Russell, 1974) have focused more on reactions to the changes resulting from the pregnancy and early parenthood including feelings and attitudes, rather than on the changes of behavioral patterns themselves. The findings of other studies suggest that it is more accurate to think of pregnancy and early parenthood as a transition and as a stressful event accompanied by some difficulty as well as some gratifying outcomes, rather than as a crisis of severe proportions (Feldman, 1966; Hobbs, 1968; Meleis & Swendsen, 1978; Miller & Sollie, 1980; Russel, 1974; and Steffensmeier, 1982).

The family developmental approach suggested that there is a sequence of developmental tasks a family goes through and that the more adequately the family completed prior

tasks, the better able they are to handle a current transition, such as the arrival of a baby (Russell, 1974). With the arrival of a new baby, the family is launched into a new developmental stage which is presumed to significantly alter the role relationships among the members (Nock, 1979). Healthy adaptation during this time is essential to the survival of the family as a unit, as well as the nurturing of its members (Donaldson, 1981).

The literature suggests that this transitional period constitutes a major passage in the lives of parents and in the essence of the family. It is a vulnerable period, encompassing the potential for both growth and crisis and is considered to be minimally a year long cycle (Donaldson, 1981). The family may experience a phase of intense emotional turmoil involving fear, anxiety, worry, depression, apprehensiveness, and conflicts which may effect their emotional adjustment to adapt to the transition (Meleis & Swendsen, 1978). Optimal care of families requires that the individuals as well as the family unit be perceived as a whole (Donaldson, 1981).

Impact Of Birth On The Couple

The literature suggested that the adjustment to the transition of pregnancy and parenthood is a stressful experience for both the husband and the wife. The child may radically alter the relationship within the marital

dyad, creating change for every member of the family and for every set of relationships (Hobbs & Cole, 1976; Hobbs & Wimbish, 1977; Rosenberg, 1981; Russell, 1974).

The adjustment to the transition of pregnancy and early parenthood have been identified by some authors to be potentially more stressful than marital adjustment due to the lack of realistic training for parenthood during the anticipatory stage of pregnancy. The lack of guidelines to follow the successful parenting and being thrust into the demands and sometimes overwhelming responsibility of parenthood increased the potential for disruption in the couple's relationship. This disruption resulted in some degree of personal and marital stress (Fein, 1976; Miller & Sollie, 1980; Rapoport, 1968; Rosenberg, 1981; and Rossi, 1968).

A study by Steffensmeier (1982) indicated if the pregnancy was planned there was less difficulty adjusting to the transition and the couple was more likely to prepare themselves for parenthood. Planning for the pregnancy increased perceived competency, financial security, and reflected introspectiveness and concern about the effect of children on the individual and on the marriage.

Other variables which were identified by the literature as directly affecting the perception of adjustment to the transition for both mothers and fathers include role conflict, role clarity, anticipatory socialization, and

education. The role of parent is said to be ambiguous and has not been well defined which may effect the adjustment of couples. The lack of role clarity results in problems because the person may be uncertain about the scope of responsibilities as a mother or father, about what is expected by spouse or others, about what behaviors will be effective in meeting these expectations, and about evaluations as a parent (Burr, 1973; LeMasters, 1974; Steffensmeier, 1982; Swinehart, 1963).

Studies that investigated the marital relationship during pregnancy and postpartum suggest that the child bring the couple closer together, increases their interdependence, and expands their feelings of unit and cohesion (Hobbs, 1965; Miller & Sollie, 1980; Russell, 1974). This cohesiveness or integration is one of the intrafamily resources identified by McCubbin, Ross, and Wilson (1978) which facilitates adaptation to stress. Russell (1974) reports that perceived improvement in the marital relationship since the baby's birth is associated with an easier transition to parenthood. Results of other investigators conflict with the findings of the above and show an initial decrease in marital satisfaction after the birth of the child and report negative things about their marriages as a correlate of having had a child (Blood & Wolfe, 1960; Feldman, 1971; Inglis, 1971; Jacoby, 1969; Luckey, 1966; Pineo, 1961; and Spanier, 1975).

There are inconsistent findings regarding the relationship between education and difficulty to the transition. Two studies (Dyer, 1963 and Uhlenberg, 1970) report a negative relationship between the wife's education, the husband's education, and the degree of transition difficulty, while other studies report no relationship (Hobbs, 1965; Hobbs & Cole, 1976; Hobbs & Wimbish, 1977; and Jacoby, 1973). Russell (1974) reports that education is inversely and significantly related to gratification scores for both mothers and fathers. Results are also inconsistent with respect to occupation and income and their relationship to the transition (Gavron, 1966; Hobbs, 1965; Jacoby, 1973; Mann, Woodward, & Joseph, 1961). Parenthood is thought to more likely interfere with career aspirations for middleclass mothers and fathers, and these parents may develop considerable ambivalence about their roles as mothers and fathers (Swinehart, 1963).

The literature suggests the degree to which the couple can adapt and adjust depends on their previous life experiences and subsequent emotional intactness (Meleis & Swendsen, 1978). With each major transition point in family life, such as childbirth and parenting, a period of critical flux may occur within the individual themselves and within their interpersonal relationships (Rapoport & Rapoport, 1968).

Mothers

A number of studies have documented that there is a greater degree of adjustment to the transition of pregnancy and birth for mothers than for fathers (Bogandoff, 1974; Hobbs, 1965; Hobbs & Cole, 1976; Hobbs & Wimbish, 1977; Jacoby, 1973; Russell, 1974; Smith, 1972; and Tooke, 1974). The literature suggests that pregnancy as well as the postpartum period is a time of profound physical and emotional change for the mother and that becoming a mother is a rite of transition. This transition involves a reordering of all the roles that are integrated into a woman's self-concept. The woman must come to terms with society's expectations of her and the expectations she has for herself, the father of the child, and the child itself. The outcome of this process may affect the future mental health of the woman and her family (Robson, 1982; and Sheehan, 1981).

Following the birth of the baby, the effects of physical demands, the tasks of role transition, and the identity reformation have been studied by several investigators and found to make the woman vulnerable to self-conflict and insecurities. The woman is suddenly responsible for her infant's immediate survival and future physical and mental well-being. Concurrently, these responsibilities initiate change in the woman's relationship with her husband and significant others. This may create a need for the mother

to redefine or renew her relationship with the father and significant others. This martial adjustment and satisfaction have been found to reflect the mother's adaptation and emotional adjustment (Mercer, 1981; Pellagrom & Swartz, 1980; and Sheehan, 1981).

A number of studies have documented that mothers are affected by numerous postpartum maternal stressors, including physiological shifts, body image, role conflict, infant needs, fatigue, loss of marital dyad, family relationships, and acceptance of siblings (Bull, 1981; Gruis, 1974; 1977; Larsen, 1966; Leifer, 1977; LeMasters, 1965; Moore, 1978; Moss, 1981; Russell, 1974; and Sumner & Fritsch, 1977). These concerns clustered around two major components of adjustment, the emotional and physical self. Other researchers have pointed out that there are unanticipated stressors such as preterm birth, cesarean delivery, birth defects, neonatal loss, birth complications, and maternal physiological trauma such as eclampsia, sepsis, or hemorrhage may contribute to difficulty adjusting to the transition (Kennel, 1978; Klein & Sterm, 1971; McGowan, 1977; and Slyter & Klaus, 1970). Impacted by assorted common stressors of the postpartum and perhaps affected by one or more unanticipated stressors, the postpartum women may become stressed and experience difficulty in adjusting to this transition (Donaldson, 1981).

role over the professional demands. An additional conflict may occur when a woman interrupts her career, as she may experience both intellectual and social voids in her life (Gavron, 1966; Lamb, 1978; Lopata, 1971; Miller & Sollie, 1980; and Poloma, 1972).

Relationships between the woman's support systems and her mothering were found in several research reports. Beiring (1976) observed that adaptive maternal behavior was influenced favorably by the mother's perceptions of the amount of positive support she recieved. The husband's role was highly correlated with the mother's maternal functioning (Shereshefsky, Liebenberg, & Lockman, 1973). The maternal role, far from being an intuitive feminine function, has been found to be a complex social and cognitive process that is learned and not automatic (Rubin, 1967).

Fathers

The scientific literature relating to the father during the transition is sparse and meager and is predominantly anthropological or sociological in content and observational rather than experimental. This may reflect the view that pregnancy and birth are largely women's concerns and relatively minor in men's lives (Fein, 1976).

There is a growing recognition by health care professionals that pregnancy and parenthood are family events and as such should include the active involvement of the

informed father (Cronenwett & Newmark, 1974). In a recent study, three factors were identified by men that determined their sense of readiness for fatherhood to include: stability in the couple's relationship, financial security; and accomplishments of life goals of the childless period (May, 1982). A number of other studies have also documented that fathers were willing to become and interested in becoming directly involved in the events of pregnancy and parenthood and made a positive contribution to the outcomes of those events (Fein, 1976; Colman & Colman, 1972; and Cronenwett & Newmark, 1974). As a part of the family, the husband strongly influences family members. If the father is uncertain as to the appropriate extent of his involvement, he will have more difficulty adjusting to parenthood according to a study conducted by Fein (1976).

Other researchers report that men express fear that they will not be a good father, that they don't know how to father, that they have few models, that they are expected to be the breadwinner, and that they are given little attention. In addition, pregnancy can frustrate the fulfillment of the husband's sexual needs which may become a cause of marital conflict. The father's worries about economic problems and finances often leads to the father's feelings of not being ready for the baby, which is compounded by the permanency of parenthood (Aldous, 1972; Fein, 1976; and Marquart, 1976).

Marquart (1976) found that men felt pregnancy was personally stressful and the marital relationship was altered. Miller and Sollie's (1980) in a recent study indicated that marital stress assessed over a period of time from six months gestation to eight months postpartum remained essentially unchanged for fathers.

Josselyn (1956) and Nash (1965) found that it was considered inappropriate in our culture for fathers to be nurturant toward their infants. More recent studies indicate that a rapid cultural change in paternal roles have appeared and that some fathers are becoming increasingly discontent with their role as a secondary, indirect contributor to the infant's life. Men would prefer a more active direct relationship with their infants and assume a vital role during the transition (Greenberg & Morris, 1974; Miller & Sollie, 1980; Parke & O'Leary, 1976; Parke & Sawin).

In a study by Fein (1976), men reported feeling both gratified and burdened by becoming a father. Their feelings were often affected by the extent to which they perceived themself to be excluded from or included in the new family life. Fathers who actively shared child care activities with their wives were more satisfied with their family relationships and felt less anxiety. Also, the fathers reported that they felt it was not the amount of time spent with their wives that changed, but the amount of attention given to each other after the birth of the child. How the

mother accepted or rejected the father was a significant factor of how the father accepted or rejected the child during the postpartum. Faced with some amount of exclusion and or deprivation, many men dealt with their situations stoically and altruistically.

The literature addresses a major question expressed by men regarding how to balance family life and work life. Men report receiving little emotional or material support from people at work. Occupational roles generally are assumed to have higher priority than family roles and conflicts between occupational and family demands are resolved in favor of the former. Demands from their jobs, usually in terms of fixed weekly hours of employment, have seem to hinder the postpartum family adjustments for men (Fein, 1976; Gavron, 1966; LeMasters, 1974; Miller & Sollie, 1980; and Poloma, 1972).

Null Hypotheses

1. There will be no significant change in maternal and paternal perception of family functioning between the third trimester of pregnancy and eight weeks postpartum.
2. There will be no significant difference between maternal and paternal perception of family functioning during the third trimester of pregnancy and eight weeks postpartum.

Definition of Terms

Family Functioning: Those activities and relationships among and between persons and the environment which in combination enable the family to maintain itself as an open system (Roberts & Feetham, 1982).

Perception: Meaning attached to personal thoughts and feelings to intensify awareness of a situation representing interpretation based on subjective view of the situation (Clausen, Flook, Ford, Green, and Popiel; 1973).

CHAPTER II

METHODOLOGY

This study was designed to identify whether changes occur in parental perception of family functioning between the third trimester of pregnancy and at the end of eight weeks postpartum. The study also compared maternal and paternal perception of these changes.

Subjects and Setting

The setting for the study was childbirth preparation classes of a midwestern hospital and medical center. Husbands and wives who were attending childbirth education classes and who met the criteria for selection were the subjects for this study. Criteria for selection of the female subjects were: (1) in the third trimester of pregnancy, (2) between the ages of 18 to 34 years, and (3) medically uncomplicated pregnancy. Criteria for selection for both the husband and the wife were: (1) married, living with spouse, and (2) able to read and speak the English language.

Instruments

Two instruments were used to collect data for this study. These were the Feetham Family Functioning Survey (FFFS) and a prenatal and postnatal personal-social data sheet.

The Feetham Family Functioning Survey (FFFS)

The Feetham Family Functioning Survey (FFFS) is a 25 item survey developed to measure the functioning of families with children with health problems (Roberts & Feetham, 1982). Family functioning is defined as consisting of "those activities and relationships among and between persons and the environment which in combination enable the family to maintain itself as an open system" (Roberts & Feetham, 1982, p. 231). Families which function effectively are seen as successful in narrowing the discrepancies between what might be achieved and what is achieved (DuVall, 1971).

The instrument is based on the family ecological conceptual framework for studying families. The family is considered to be the basic unit and assessing the family system involves explaining its parts—the family's relationships and environment, the whole and the functions performed by or resulting from the relationships of these parts. Other basic concepts include recognition of the interdependence of the family system, the individual members, and the environment. The family is viewed as a dynamic unit, greater than the sum of its parts (Roberts & Feetham, 1982).

The FFFS measures three major areas of family functions as relationships; Factor 1 Relationships between the family and each individual, Factor 2 Relationships between the family and subsystems, and Factor 3 Relationships between

the family and broader social units (Roberts & Feetham, 1982). The instrument consists of 25 items or family function indicators which were derived from the family functioning literature by DuVall, Eshleman, Rogers, and from clinical observations of families affected by the birth of infants with myelodysplasia. The family functioning indicators are subdivided into the three major areas, however, five of the indicators are not included in any of the three major areas of relationships but are included in the total scores.

The FFFS can be administered as an interview schedule or self-administered. It is not suitable for single-parent families where there is no one assuming the role of a spouse. People with less than a high school education may have difficulty with the format on which the items are constructed (Roberts & Feetham, 1982).

The items are constructed in the Porter Format. This format allows for the measurement of the existing degree of need fulfillment and the discrepancy between achieved and expected levels and the importance of the content of each stem to the respondent (Roberts & Feetham, 1982). The format consists of a stem followed by three questions: 1) How much is there now? 2) How much should there be?, and 3) How important is this to me?. The stem for the instrument consists of the 25 family functioning indicators. The respondent is required to rate each question on a scale extending from 1 to 7, where low numbers represent minimal

amounts and high numbers represent maximum amounts (Porter, 1962).

The Porter Format allows for three direct measures and one indirect measure. The direct measures refer to the three questions listed in the previous paragraph. The measure of each question is the sum of the scores across the stems. The indirect measure or discrepant score is calculated for each family functioning item. The discrepant score is "the amount of agreement between the amount of the activity and the desired amount of the activity . . . The discrepancy between the amount or reported activity and the amount desired is a measure of the degree of dissatisfaction" (Roberts & Feetham, 1982, p. 232). The higher the discrepant score, the greater the discrepancy between "what is" and "what should be" and the more likely that the respondent is dissatisfied with family functioning. Furthermore, this suggests that there is a greater dissonance among or within the three major areas of family functioning. When the importance score (part 3 of each item) is used with the discrepancy score, both the direction and degree of dissatisfaction with the perceived existing function are measured (Roberts & Feetham, 1982).

The instrument was tested in both cross-sectional and longitudinal studies involving families with normal infants and families with infants and children born with myelodysplasia. Cronbach alpha reliability coefficients for the family

functioning items were as follows: How much is there?—.66; How much should there be?—.75; How important is this to you?—.84; and the discrepancy score—.81. Reliability was further measured through a test-retest procedure, with a reliability coefficient of 0.85 (Roberts & Feetham, 1982). Permission to utilize the FFFS was obtained through the major advisor for this thesis (See Appendix F and A for a copy of the instrument along with permission to use it).

The dependent variable, family functioning, was measured by the FFFS instrument. Specifically, the family functioning discrepant score was utilized to measure effective family functioning. Each discrepant score across the 25 items had a possible range of 0 to 6. The mean discrepant scores were utilized for the three major areas of family functioning as relationships for subscores and as a total score. The three major areas of family functioning were: Factor 1 Relationships between the family and each individual; Factor 2 Relationships between the family and subsystems; and Factor 3 Relationships between the family and broader social units.

Personal-Social Data Sheet

A prenatal and postnatal personal-social data sheet was included to collect information about personal-social variables which could effect family functioning. Socioeconomic status was measured using Hollingshead's Two Factor of Social

Position (Hollingshead & Redlich, 1958). This instument determines social position utilizing two factors, occupation and education. Occupation is presumed to reflect the skill and power individuals possess as they perform the many maintenance functions in the society. Education is believed to reflect knowledge as well as cultural tastes. The proper combination of these factors by the use of statistical techniques allow for the determination of an individual's social position within approximate limits in the status structure of our society.

Data Collection Procedures

Data was separately collected over a five month period from 24 husbands and wives during the third trimester of pregnancy and at the end of eight weeks postpartum. The couples who met the sample criteria were initially contacted during prepared childbirth education classes.

Husbands and wives who met the selection criteria were told that the purpose of the study was to learn more about what changes occur in families from pregnancy to the postpartum period. The couples were informed that the study involved completing two questionnaires during the third trimester of pregnancy and at the end of eight weeks postpartum. Anonymity was assured. Couples who consented to participate were given a cover letter explaining the purpose of the study and the expectations for them. Return of the questionnaires implied consent.

Couples who agreed were each given a packet of the questionnaires in person and were asked to individually complte the two questionnaires at the conclusion of the class session. A self-addressed stamped resturn envelope and the second family functioning questionnaire along with a pstpartum personal-social questionnaire were mailed to the couples with written instructions to again individually complete the questionnaires and to return by mail at the end of eight weeks postpartum.

All mailing envelopes were coded with a number that corresponded with the couple's initial completed questionnaires. This was done to determine if the questionnaires were returned and to assist with statistical analysis of comparing mothers to fathers over time. One telephone call was made to the families who had not returned the questionnaires within ten weeks postpartum. If the questionnaires still were not received, no further contact was made to obtain the questionnaires.

CHAPTER III

ANALYSIS OF DATA

This study utilized nonparametric statistics (percentages, means, and standard deviations) to describe the sample. To test the two hypotheses, parametric statistics utilizing t tests and analysis of co-variance were used.

Description of Subjects

Twenty-four pregnant women and their husbands were the subjects for this study. The mean age of the mothers in this study was 27 years with a range of 22 to 34 years of age. The mean age of the fathers was 28 years with a range of 22 to 38 years of age. The average educational level of the mothers and fathers in this study was a standard college education (they had completed four years of college or a university course leading to a recognized college degree). The mean occupation for the men in this study was minor professionals, administrative personnel, small business owners (value greater than $6000.00). However, for the women, the mean occupation was clerical and sales workers, technicians, and owners of small businesses (value less than $6000.00).

The socioeconomic status for the families in this study was computed using the Hollingshead Two Factor of Social Position. According to the Hollingshead scale, five social

class groups are possible. These social classes range from one to five with one being the highest class in declining order to social class five, the lowest class status. The families in this study comprised the following percentages of the five social classes: social class I, 50%; social class II, 29%; social class III, 21%; and none for social classes IV or V.

The families in this study with other children comprised 25% of the families studied. Ages of the children ranged from two years of age to eleven years with the mean age of four. One family had two other children and five families had one other child in the home.

Of the couples in this study, 96% were white and 4% were Hispanic. Of the women in this study, 75% were primigravidas and 25% were multigravidas. The mean number of hours of labor was 9.3 with a range of one to 36 hours. The type of deliveries for the women were 71% vaginal deliveries and 29% cesarean deliveries. Of the mothers in this study, 13% reported some kind of medical complication for themselves during their stay in the hospital, while 87% reported no complications.

The hospital was the delivery agency for 83% of the families while 17% of the couples chose to deliver outside the hosiptal setting in a certified birthing center. The number of live births totaled 24 with 54% being female and 46% male.

The amount of time off from work varied with the mean number of weeks for the women being six weeks with a range of three weeks to 22 weeks. In addition, 33% of the women chose not to return to work. For the men, the mean number of weeks off from work was 1.9 with a range of no time off for 33% of the men to 12 weeks off from work for 4% of the men.

Findings

Hypothesis I

The first hypothesis was, there will be no significant change in maternal and paternal perception of family functioning between the third trimester of pregnancy and at eight weeks postpartum. To test this hypothesis, *t* tests for repeated measures were done for mothers and fathers separately, for the two time periods, for the three major areas of family functioning, and for the total instrument. The dependent variable was the family functioning discrepancy scores. In analysis the mean family functioning discrepant score was utilized to equalize scores for the families who did not have other children or did not answer all the items. (There were three extra questions on the survey for families with other children). In addition, the total score for the scale includes five items that are not included in any of the three major areas of family functioning.

In analysis of the prenatal and postpartum family

functioning data for the men, no significant differences were found in any of the three factors or for the total. Means, standard deviations, and *t* test results can be found in table 1. For the mothers, there was a significant difference between the prenatal and postpartum family functioning scores for Factors 1 (Relationships between the family and each individual), Factor 3 (Relationships between the family and broader social units), and the total. No significant differences were found for Factor 2 (Relationships between the family and subsystems). Means, standard deviations, and *t* test results can be found in table 2.

Table 1

Means, Standard Deviations, and *t* Test Results For The Men Of The Study

Variable	$\bar{X}$	s.d.	*t* value	*p*
FFFS Factor I[a]				
Prenatal	0.9911	0.755	-1.23	0.232
Postpartum	1.1682	0.877		
FFFS Factor II[b]				
Prenatal	0.8750	0.450	0.18	0.859
Postpartum	0.8490	0.682		
FFFS Factor III[c]				
Prenatal	0.6285	0.598	-0.71	0.484
Postpartum	0.7708	0.954		
FFFS Total				
Prenatal	0.9113	0.504	-0.66	0.518
Postpartum	0.9734	0.642		

a Relationships between the family and individuals
b Relationships between the family and subsystems
c Relationships between the family and broader social units

Table 2

Means, Standard Deviations, and *t* Test Results For The Women Of The Study

Variable	$\bar{X}$	s.d.	*t* value	*p*
FFFS Factor I[a]				
Prenatal	0.7862	0.508	-3.71	0.001
Postpartum	1.3996	1.0408		
FFFS Factor II[b]				
Prenatal	0.6250	0.422	-1.48	0.152
Postpartum	0.7604	0.469		
FFFS Factor III[c]				
Prenatal	0.4583	0.840	-2.36	0.027
Postpartum	0.8299	0.727		
FFFS Total				
Prenatal	0.6387	0.315	-3.69	0.001
Postpartum	1.0106	0.582		

a Relationships between the family and individuals
b Relationships between the family and subsystems
c Relationships between the family and broader social units

Hypothesis 2

Hypothesis 2 stated: there will be no significant difference between maternal and paternal perception of family functioning at eight weeks postpartum controlling for the prenatal family functioning level. To test this hypothesis, analysis of covariance was used. The pretest did highly correlate with the post test, but no significant differences were found between the mothers and fathers (see table 3).

Table 3

Analysis of Covariance Comparing Men and Women

Variable	Mean Square	F	p
FFFS Factor I[a]			
Co-variates	15.392	26.140	0.000
Main Effects Code	2.102	3.570	0.065
FFFS Factor II[b]			
Co-variates	2.073	6.780	0.012
Main Effects Code	0.010	0.034	0.855
FFFS Factor III[c]			
Co-variates	4.658	7.413	0.009
Main Effects Code	0.214	0.341	0.562
FFFS Total			
Co-variates	5.919	25.410	0.000
Main Effects Code	0.887	3.806	0.057

a Relationships between the family and individuals
b Relationships between the family and subsystems
c Relationships between the family and broader social units

Supplemental Analysis

The men and women participating in this study were separately asked to select from a list of seven items the support systems that were most helpful to them during the postpartum period. Both the men and the women reported that the wife's family and friends were important and helpful support systems. The couples also reported each other as being the greatest support during this transition (See table 4).

Table 4

Support Systems Most Helpful To The Men and Women Of The Study

Variable	Men N	Men %	Women N	Women %
		N=24		
Parents	16	66	19	79
Wife's Friends	8	33	10	42
Husband's Friends	5	21	4	17
Self	19	79	20	83
In-laws	17	71	13	54
Relatives	10	42	13	54
Spouse	19	79	22	92

Note: The total N is higher than 24 because the subjects could choose from more than one category of support systems.

The couples were separately asked to answer two open ended statements during the prenatal and postpartum period of "What is most difficult for you now? and What is most helpful for you now?" The results were categorized and coded using discreptive statistics and can be found in tables 5 and 6, respectively.

Table 5

Men's and Women's Responses To What Is Most Difficult

Variable	Men				Women			
	pre		post		pre		post	
	N	%	N	%	N	%	N	%
Fatigue	1	4	4	17	7	29	3	13
Finances	1	4	1	4	1	4	1	4
Emotions/ Conflicts	7	29	0	0	3	13	0	0
Labor/ Delivery	1	4	0	0	3	13	0	0
Pregnancy Discomforts	2	8	0	0	10	42	0	0
Lack of Time	10	42	16	67	3	13	18	75
Sexual	2	8	3	13	0	0	2	8
Body Image	0	0	0	0	7	29	1	4
New Baby	0	0	3	13	0	0	5	21
Spouse	0	0	0	0	0	0	1	4
Siblings	0	0	0	0	0	0	1	4

Note: The total N is higher than 24 because the subjects could answer more than one response.

Table 6

Men's and Women's Responses To What Is Most Helpful

Variable	Men				Women			
	pre		post		pre		post	
	N	%	N	%	N	%	N	%
Spouse	8	33	8	33	17	71	15	63
Anticipatory Guidance	2	8	0	0	4	17	1	4
Work	0	0	0	0	1	4	0	0
New Baby	1	4	6	25	1	4	0	0
Recreation/ Relaxation	3	13	2	8	1	4	1	4
Sleep	0	0	1	4	0	4	2	8
Family/ Friends	3	13	4	17	2	8	9	38
Time	2	8	3	13	0	0	1	4
Religion	1	4	1	4	0	0	0	0
Support Groups	0	0	0	0	0	0	2	8

Note: The total N is higher than 24 because the subjects could answer more than one response.

The women found the discomforts of pregnancy to be the greatest difficulty prenatally and the lack of time in general to be the greatest difficulty during the postpartum. The men however, found the lack of time in general to be the greatest difficulty during the prenatal as well as the postpartum period. The emotional changes and conflicts resulting from the pregnancy itself were reported by both the men and the women to be difficult during the prenatal period. The men also reported the lack of feeling intimate and sexual with their wives was a difficult experience during the postpartum period.

In response to "What was most helpful", both spouses reported the greatest help during both the prenatal and postpartum periods to be each other. While the men reported the new baby to be very helpful in adjusting to the postpartum period, the women, however, reported their friends and family as being the second greatest help in adjusting to the postpartum period.

CHAPTER IV

SUMMARY, DISCUSSION, AND RECOMMENDATIONS

The literature suggests that the process of pregnancy and becoming a parent is a period of transition, which is somewhat stressful for most parents. The birth of the child necessitates changes in the family's functioning in order to successfully incorporate the new member and maintain a previous or higher level of functioning. Pregnancy, birth, and the early weeks following birth have been found to be critical to the healthy development of the family (Gruis, 1977). Successful adaptation is important because the literature suggests that this transitional period constitutes a major passage in the lives of parents and in the essence of the family. It is a vulnerable period, encompassing the potential for growth and crisis (Donaldson, 1981).

The primary purpose of this study was to identify whether changes occur in parental perception of family functioning between the third trimester of pregnancy and eight weeks postpartum. An additional purpose was to compare maternal and paternal perception of these changes.

Summary

Twenty-four husbands and wives were the subjects for this study. Data was collected during the third trimester of pregnancy and at eight weeks postpartum. Using the

Feetham Family Functioning Survey, findings indicated that there was little discrepancy in the scores for the three major areas of family functioning or for the total score of the FFFS at either time period. There was no significant difference in any of the three major areas of family functioning or for the total score for the men when comparing scores from late pregnancy to early parenthood. However, for the women in this study; Factor 1 Relationships between the family and each individual, Factor 3 Relationships between the family and broader social units, and the total score were significant. This could be attributed to the fact that women do experience a greater degree of difficulty and adjustment to the transition. Factor 2, Relationships between the family and subsystems of the area of family functioning was not significant for the women.

The secondary purpose of this study was to compare maternal and paternal perception of family functioning at eight weeks postpartum. No significant difference was found in any of the three major areas of family functioning or in the total score. However, even though the findings were not statistically significant, the scores for Factor 1 and the total implicate the need for additional research.

Discussion

The dependent variable in this study was family functioning. As noted before, the men in this study had

no significant change in their perception of the family functioning from pregnancy to the postpartum period. However, the literature relating to the father during pregnancy and early parenthood is sparse. This may reflect the view that pregnancy and early parenthood are still thought of as largely women's concerns and relatively minor in men's lives (Fien, 1976). It is also possible that the FFFS is not adequately measuring the impact of family functioning changes perceived by men during this transition. This conclusion has general implications for future research in the area of men's perception of family functioning relating to pregnancy, birth, and parenthood. Perhaps researchers need to assess and identify the needs of men during this transitional period. The results of such research would greatly assist health care professionals working with new families in fostering the ultimate goal of high level wellness for the holistic family unit. In addition the health profession would have a better understanding of the needs of men.

There was a significant change for the women in this study in the areas of family functioning of Factors 1, 3, and the total. Factor 1, relationships between the family and each individual focuses on reciprocal relationships between husband and wife and parents and children (MyIntyre, 1966; Sprey, 1973). These findings are in agreement with the literature which repeatedly suggests that pregnancy,

birth, and early parenthood creates changes, alters role relationships, and affects family functioning of the family for mothers. The transition involves a reordering of all the roles that are integrated into a woman's self-concept. The woman must come to terms with society's expectations of her, and the expectations she has for herself, the father of the child, and the child itself (Bogandoff, 1974; Hobbs, 1965; Hobbs & Cole, 1976; Jacoby, 1973; Robson, 1982; Russell, 1974; Sheehan, 1981; Smith, 1972; and Tooke, 1974).

Factor 3 relationships between the family and broader social units focuses on the family and community and family and economy (McIntyre, 1966). These findings are also in agreement with the literature which a number of studies have documented that mothers are affected by numerous postpartum maternal stressors including physiological shifts, body image, role conflict, infant needs, fatigue, loss of marital dyad, family relationships, and acceptance of siblings (Bull, 1981; Gruis, 1974; 1977; Larsen, 1966; Leifer, 1977; LeMasters, 1965; Moore, 1978; Moss, 1981; Russell, 1974; and Sumner & Fritsch, 1977). The effects of physical demands, the tasks of role transition, and the identity reformation have been found to make the woman vulnerable to self-conflict and insecurities (Mercer, 1981; Pellagrom & Swartz, 1980; and Sheehan, 1981).

In addition to the three major areas of family functioning items, there were five items included in the

total scores from the instrument that were not included in the scoring of any of the three major areas of family functions. The total score for the women in this study was significant. Those five additional items focus on disruption of work routines, amount of time for leisure activities, and the time spent with health care professionals. It is interesting to note that for the women in this study there were significant changes in the total score ($p < .001$) yet for the men there were not significant changes. Perhaps this reflects a greater degree of change occurring with women than with men during this transition. Besides changes in relation with individual family and changes with larger communication, the mother also may be affected by the disruption of working out time for leisure, and time spent with health care professionals, the item analysis indicated that women did have a higher difficulty on these items between pregnancy and postpartum.

In the supplemental analysis, it was noted that the men and women chose each other as the main support system during this transition. The husband's role has been highly correleated with the mother's maternal functioning (Beiring, 1976; and Shereshefsky, Liebenberg, & Lockman, 1973). The literature suggests that adaptive maternal behavior is influenced favorably by the mother's perceptions of the amount of positive support she receives from the husband. Society in general has encouraged the involvement of

the paternal figure during pregnancy, birth, and the postpartum during the last few years. In addition, the nuclear family may be isolated from the extended family which forces the couple to rely on each other. This is a very critical time for the family unit due to the multiple changes expected and potential for stress and crisis. This period is particularly vulnerable in relationship to the high rate of divorces. It appears even more critical that the family needs the support of each other in order to maintain cohesiveness and the family unit.

Another highly chosen support system selected by both the men and the women in this study was the maternal and family parents. This supports the literature which suggests that support available to new parents generally comes from the mother's relatives as she expands upon her own maternal identity through relationships shared with other women (Lein, 1979; and Rubin, 1967). This finding has definite implictions for health care professionals working with new families. The extended family needs to be allowed to be involved and can contribute and provide a major source of support and assistance during this transition.

Another interesting finding of this study was that the women reported the most difficult part of the prenatal period to be the discomforts of pregnancy and the change in their body image. The literature repeatedly suggests this is an area of major concern for women (Gruis, 1977).

The men reported one of the most difficult aspects of the prenatal period for them to be the lack of sufficient time and the emotional conflicts experienced. This finding implicates the need for reassessing parenting and childbirth classes and providing anticipatory guidance related to these areas. In addition, employers must allow time off from work or more flexibility so fathers can be a more active participant during this time. Physician's offices need to reassess the scheduling of patients and consider providing flexibility in scheduling appointments in order to promote an involvement from fathers.

During the postpartum period, both the men and the women reported the lack of time in general to be the most difficult. This finding has definite nursing implications for the practice of professional nursing. The family needs anticipatory guidance and needs to be encouraged to contact and utilize whatever network of support systems are available to them during the postpartum.

The secondary purpose of this study was to compare maternal and paternal perception of family functioning at eight weeks postpartum. Although no significant difference was found, it is interesting to note that the p value was just slightly above .05., for Factor 1 and the Total. This lack of discrepancy in the maternal and paternal perception could be attributed to the small sample size and the collection of data so early in the postpartum period.

Recommendations for Nursing

This study attempted to identify changes that occur in family functioning from the third trimester of pregnancy to eight weeks postpartum and to compare maternal and paternal perception of these changes. The literature on the effects of pregnancy and early parenthood on family functioning emphasizes that the healthy adaptation during this time is essential to the survival of the family as a unit.

The findings of this study produced implications for the practice of professional nursing. Professionals who understand the factors that influence families as they make the transition from pregnancy to parenthood will be able to help families have a better understanding of family functioning. As a result of this study, nurses can initiate teaching or provide anticipatory guidance relating to self or areas as indicated from this study. The findings of this study reflect that the couples need to know more about this transition.

The results of this study also point to the need for programs that give both the man and the woman opportunities to learn more about pregnancy, parenting, and children. Thus, the establishment of new parent groups for families in the community and/or the follow up by professional nurses would perhaps decrease the difficulty experienced during this transition.

Another important implication derived from the findings of this study is the recognition and necessity for assessing the parental perception of family functioning. In this manner accurate data can be obtained in order to formulate appropriate nursing diagnoses, goals, implementations, and expected outcomes that reflect the family's priorities and needs. It also facilitates the family's participation in developing their plan of care which will reflect the family's/ individual's priorities. The nurse then plays a vital role by intervening in a specific situation, thus practicing prevention.

The goal of professional nursing as well as all health care professionals is optimal wellness for the family. This study demonstrated the additional need for maternity care to be focused as a family unit rather than solely to the mother or the infant. Both the men and the women in this study reported that their families were important support systems during this transition. There is a need for early involvement from the family's significant others, whom ever they may be, to be able to participate during this transition. This may be initiated by the development of special visitations while in the hospital for grandparents, siblings, and significant others. The special visitations should allow the entire family to bond and become acquainted with the new member in order to bring the family together as a unit.

The changes occurring in the lives of prospective

parents are not inherently pathological, but rather normal stressful events experienced by most people in our society. Professional nurses have demonstrated their ability to identify normal and abnormal responses in both the physical and psychological events of pregnancy and early parenthood. Utilizing time in physician's offices such as in the waiting room could provide a time for additional teaching in groups. Nurses also need to encourage the entire family to participate with prenatal and postnatal events. This might be further accomplished and implemented by scheduling office visits more accommodating to the working class population.

Recommendations For Future Research

The results of this study suggests that future research would be beneficial in order to expand the knowledge base about family responses during pregnancy and the postpartum period. The recommendations for future research include:

1. Replication of this study using the same mothers and fathers at six months and 12 months postpartum and comparing the levels of family functioning of these times to the previous eight week period.

2. Replication of this study using a larger sample of men and women with a more diverse age group, ethnicity, education, socioeconomic status, and number of children.

3. Replication of this study using the same mothers and fathers and comparing maternal and paternal perception

of family functioning at six months and 12 months postpartum.

4. A study on the correlation between a high risk sample and the paternal perception of family functioning during the last trimester of pregnancy and at two months, six months, and 12 months postpartum.

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APPENDIX

APPENDIX A

Permission Letter to use the Instrument

To: Margaret S. Miles R.N. Ph.D. F.A.A.N.
Name of Student and/or Faculty Advisor

From: Suzanne Feetham /Carolyn Roberts
Name of author of instrument

RE: Use of the instrument: Feetham Family Functioning Scale
Name of instrument

In two studies: Family functioning in families with infants who have critical congenital heart disease and family functioning in the post partum period.

_____ I hereby give my permission for you to copy and use the above named instrument for use in your study. This permission is valid only for the study named in your letter.

__x__ I would like to have the results of the study for use in further establishment of the reliability and validity of the instrument. The data sent to me would not be used for any other purpose than instrument development.

_____ I do not give my permission for you to copy the above instrument as it is published and may be obtained at the following address:

_____

_____

_____

_____ You may use the instrument for your study but it must be purchased from me at the following cost:

_____

_____ You may not use my instrument for your study as it is not ready for release for research purposes at this time.

_____
Signature of author

4/11/83
Date

APPENDIX B

Prenatal Participant Cover Letter

Dear Mother and Father:

As a graduate nursing student in preparation for my Master's Thesis I am conducting a study to identify changes that occur in parents perception of their family's functioning during the third trimester of pregnancy to eight weeks postpartum. It is hoped information learned from this study will be useful in improving nursing care of families experiencing pregnancy and early parenthood and to enhance a positive experience for the family unit.

Participation in this study involves both the mother and the father completing a family functioning survey and a prenatal personal-social questionnaire at the conclusion of the third childbirth education class. The family functioning survey will be repeated at eight weeks postpartum along with a postpartum personal-social questionnaire. Written instructions will be included and a self-addressed stamped envelope to return the data at eight weeks postpartum. You will also receive a reminder telephone call at approximately four weeks postpartum. Your delivery date will be verified through the local newspaper in the birth announcements in order for the investigator to know when to call you.

Your names and telephone number will appear on this cover sheet and no where else. All information obtained will be anonymous and confidential by number coding the data. You may keep the top half of this information sheet and return the section below the solid line to this investigator.

If you so desire, the results of this study will be made known to you. Thank you for your interest and participation.

Name: _____ _____
mother father

Telephone Number:_____

Code Number:_____

APPENDIX C

Postpartum Participant Cover Letter

Dear Mother and Father:

As a graduate nursing student in preparation for my Master's Thesis I am conducting a study to identify changes that occur in parents perception of their family's functioning during the third trimester of pregnancy to eight weeks postpartum. It is hoped information learned from this study will be useful in improving nursing care of families experiencing pregnancy and early parenthood and to enhance a positive experience for the family unit.

Participation in this study involves both the mother and the father again completing a family functioning survey and a postnatal personal-social questionnaire at the end of eight weeks postpartum. Please read the directions for each form carefully and answer the questions to the best of your ability. A self-addressed stamped envelope has been included to return the data to this investigator.

All information obtained will be anonymous and confidential by number coding the data. If you so desire, the results of this study will be made known to you.

THANK YOU FOR YOUR INTEREST AND PARTICIPATION.

APPENDIX D

Prenatal Personal-Social Questionnaire

2
1

PRENATAL PERSONAL-SOCIAL QUESTIONNAIRE

The following information would be appreciated so we will know more about you and your family. Please circle your response or fill in the blanks where appropriate.

(2) Are you: (1) mother (2) father

(3-4) A. How many weeks pregnant are you/your wife: _____ weeks pregnant

(5-6)(7-8) B. What is the expected delivery date: ___/___/83 month day year

(9-10) C. What is your age: _____ age in years

(11) D. Circle the highest level of education you have attained:

High School 8 9 10 11 12
College 1 2 3 4

List your completed advanced degree(s): _____

_____

(12) E. What is your occupation/job: _____ occupation/job

(13) F. List the ages of the children living in your home:

____ age ____ age ____ age ____ age ____ age ____ age

(14) G. List the number of pregnancies you have had/your wife has had after twenty weeks pregnant: _____ number of pregnancies

(15) Circle the number that represents your present marital status:
1. married to natural parent of this expected baby
2. divorced from parent of this expected baby and remarried
3. other _____ specify

(16) I. Which is the closest to what you would call yourself:
1. White
2. Black
3. Hispanic/Mexican American
4. Oriental
5. American Indian
6. Other _____ specify

(17-18)(19-20) J. Today's Date: ___/___/83 month day year

THANK YOU FOR YOUR COOPERATION IN THIS STUDY!

APPENDIX E

Postpartum Personal-Social Questionnaire

POSTPARTUM PERSONAL-SOCIAL QUESTIONNAIRE

The following information is needed so that we may know more about you and your family. Please circle your response or fill in the blanks where appropriate. Thank you for your cooperation.

Are you: (1) mother (2) father

(21-22)(23-24) Date Completed: ____ / ____ / 83
month day year

(25) A. Has there been any change in your marital status? If yes, please specify ____
1. yes 2. no

(26-27)(28-29) B. When was the delivery date: ____ / ____ / 83
month day year

C. When was the dismissal date: ____ / ____
mother infant

(30) D. What was the type of delivery: 1. vaginal 2. C-section

(31-32) E. How many hours were the labor and delivery: ____
number of hours

(33) F. Were there any complications for the mother during the hospital or birthing center stay? If yes, specify ____
1. yes 2. no

(34) G. What support systems were available to help you during the past two months? (Circle as many as apply)
1. parents
2. wife's friends
3. husband's friends
4. self
5. in-laws
6. relatives
7. spouse

(35-36) H. How much time did you plan to take off from work since the baby's birth: ____
weeks off from work

(37) I. Is your baby: 1. girl 2. boy 3. twins
If twins, indicate the sex: 1. two girls 2. two boys 3. a boy and a girl

(38-40) J. What was your baby's birth weight: ____
birth weight

(41) K. What type of infant feeding is being used:
1. formula 2. breast feeding 3. both

(42) L. Did your baby have any complications during the hospital stay or birthing center stay. 1. yes 2. no
If yes, briefly describe ____

M. Where was your delivery:
1. hospital 2. home 3. birthing center

APPENDIX F

The Feetham Family Functioning Survey (FFFS)

FFFS

(1-3) FAMILY CODE _____

FOR THE FOLLOWING QUESTIONS, PLEASE CIRCLE THE NUMBER ON THE SCALE WHICH REPRESENTS HOW YOU FEEL NOW ABOUT THE QUESTIONS BEING RATED. THE TERM SPOUSE IS USED TO REFER TO YOUR MARRIAGE PARTNER (HUSBAND OR WIFE) OR THE PERSON WHO ACTS AS YOUR HUSBAND OR WIFE.

PLEASE TRY TO ANSWER ALL SCALES

1. The amount of talk with your friends regarding your concerns and problems.

(4) a. How much is there now?
Little Much
1 2 3 4 5 6 7

(5) b. How much should there be?
Little Much
1 2 3 4 5 6 7

(6) c. How important is this to me?
Little Much
1 2 3 4 5 6 7

2. The amount of talk with your relatives (do not include your spouse) regarding your concerns and problems.

(7) a. How much is there now?
Little Much
1 2 3 4 5 6 7

(8) b. How much should there be?
Little Much
1 2 3 4 5 6 7

(9) c. How important is this to me?
Little Much
1 2 3 4 5 6 7

3. The amount of time you spend with your spouse.

(10) a. How much is there now?
Little Much
1 2 3 4 5 6 7

(11) b. How much should there be?
Little Much
1 2 3 4 5 6 7

(12) c. How important is this to me?
Little Much
1 2 3 4 5 6 7

4. The amount of discussion of your concerns and problems with your spouse.

(13) a. How much is there now?
Little Much
1 2 3 4 5 6 7

(14) b. How much should there be?
Little Much
1 2 3 4 5 6 7

(15) c. How important is this to me?
Little Much
1 2 3 4 5 6 7

5. The amount of time you spend with neighbors.

(16) a. How much is there now?
Little Much
1 2 3 4 5 6 7

(17) b. How much should there be?
Little Much
1 2 3 4 5 6 7

(18) c. How important is this to me?
Little Much
1 2 3 4 5 6 7

6. The amount of time you spend in leisure/recreational activities.

(19) a. How much is there now?
Little Much
1 2 3 4 5 6 7

(20) b. How much should there be?
Little Much
1 2 3 4 5 6 7

(21) c. How important is this to me?
Little Much
1 2 3 4 5 6 7

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Children's Hospital National Medical Center
Washington, D.C.

7. The amount of help from your spouse with family tasks such as care of children, house repairs, household chores, etc.

(22) a. How much is there now?
Little Much
1 2 3 4 5 6 7

(23) b. How much should there be?
Little Much
1 2 3 4 5 6 7

(24) c. How important is this to me?
Little Much
1 2 3 4 5 6 7

8. The amount of help from relatives (do not include spouse) with family tasks such as care of children, house repairs, household chores, etc.

(25) a. How much is there now?
Little Much
1 2 3 4 5 6 7

(26) b. How much should there be?
Little Much
1 2 3 4 5 6 7

(27) c. How important is this to me?
Little Much
1 2 3 4 5 6 7

9. The amount of time with health professionals (doctors, nurses, social workers, etc.) related to your child.

(28) a. How much is there now?
Little Much
1 2 3 4 5 6 7

(29) b. How much should there be?
Little Much
1 2 3 4 5 6 7

(30) c. How important is this to me?

Little Much
1 2 3 4 5 6 7

10. The amount of help from your friends with family tasks such as care of children, house repairs, household chores, etc.

(31) a. How much is there now?
Little Much
1 2 3 4 5 6 7

(32) b. How much should there be?
Little Much
1 2 3 4 5 6 7

(33) c. How important is this to me?
Little Much
1 2 3 4 5 6 7

11. If you don't have other children, check here ____ and omit questions
(34) 12, 13, 14, and 15.

12. The amount of problems with your other children.

(35) a. How much is there now?
Little Much
1 2 3 4 5 6 7

(36) b. How much should there be?
Little Much
1 2 3 4 5 6 7

(37) c. How important is this to me?
Little Much
1 2 3 4 5 6 7

13. The amount of time you spend with your other children.

(38) a. How much is there now?
Little Much
1 2 3 4 5 6 7

(39) b. How much should there be?
Little Much
1 2 3 4 5 6 7

(40) c. How important is this to me?
Little Much
1 2 3 4 5 6 7

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21. The amount of emotional support from friends.

(60) a. How much is there now?

Little Much
1 2 3 4 5 6 7

(61) b. How much should there be?

Little Much
1 2 3 4 5 6 7

(62) c. How important is this to me?

Little Much
1 2 3 4 5 6 7

22. The amount of emotional support from relatives

(63) a. How much is there now?

Little Much
1 2 3 4 5 6 7

(64) b. How much should there be?

Little Much
1 2 3 4 5 6 7

(65) c. How important is this to me?

Little Much
1 2 3 4 5 6 7

23. The amount of emotional support from your spouse.

(66) a. How much is there now?

Little Much
1 2 3 4 5 6 7

(67) b. How much should there be?

Little Much
1 2 3 4 5 6 7

(68) c. How important is this to me?

Little Much
1 2 3 4 5 6 7

24. The amount of time your work routine is disrupted (including housework).

(69) a. How much is there now?

Little Much
1 2 3 4 5 6 7

(70) b. How much should there be?

Little Much
1 2 3 4 5 6 7

(71) c. How important is this to me?

Little Much
1 2 3 4 5 6 7

25. The amount of time your spouse's work routine is disrupted (including housework).

(72) a. How much is there now?

Little Much
1 2 3 4 5 6 7

(73) b. How much should there be?

Little Much
1 2 3 4 5 6 7

(74) c. How important is this to me?

Little Much
1 2 3 4 5 6 7

26. The amount of satisfaction with your marriage.

(75) a. How much is there now?

Little Much
1 2 3 4 5 6 7

(76) b. How much should there be?

Little Much
1 2 3 4 5 6 7

(77) c. How important is this to me?

Little Much
1 2 3 4 5 6 7

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27. The amount of satisfaction with the sexual relations with your spouse.

(79) a. How much is there now?

Little						Much
1	2	3	4	5	6	7

(79) b. How much should there be?

Little						Much
1	2	3	4	5	6	7

(80) c. How important is this to me?

Little						Much
1	2	3	4	5	6	7

28. What is most difficult for you now?

_____

_____

_____

29. What is most helpful for you?

_____

_____

_____

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APPENDIX G

The Three Major Areas of the FFFS

Three Major Areas of FFFS

Factor 1 Relationships between the family and each individual.
Satisfaction with marriage
Discussion of concerns and problems with spouse
Emotional support from spouse
Time spent with spouse
Satisfaction with sexual relations
Disagreements with spouse
Time with children
Help from spouse
Factor 2 Relationships between the family and subsystems
Emotional support from friends
Emotional support from relatives
Talk with friends
Talk with relatives
Help from relatives
Help from friends
Time with neighbors
Time with housework
Factor 3 Relationships between the family and broader social units
Time you are ill
Time spouse misses work
Problems with children
Time other children miss school
Items not included in three major areas but included in total score for instrument.
Time with health professionals
Time your work routine is disrupted
Time your spouse's work routine is disrupted
Time you miss work
Amount of time in leisure/recreational activities