

A study of isolation on self-reported knowledge of infant care and emotional adjustment to parenting
by Gail Marie Wagnild

A thesis submitted in partial fulfillment of the requirements for the degree of MASTER OF NURSING
Montana State University
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Abstract:
One hundred and thirty-five new parents in Missoula County, Montana were part of a study to explore the relationships between four measurements of isolation (geographic, family, friend, and social) and two measurements of early parenting characteristics (childcare knowledge and emotional adjustment to parenting). Data were obtained from a mailed questionnaire and were measured by correlational analysis. Although no significant relationship between the variables were revealed for the entire sample, correlations between variables of isolation and early parenting characteristics for those parents with two or more children approached significance.

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A STUDY OF ISOLATION ON SELF-REPORTED KNOWLEDGE OF INFANT CARE AND EMOTIONAL ADJUSTMENT TO PARENTING

by

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A thesis submitted in partial fulfillment
of the requirements for the degree

of

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ABSTRACT

One hundred and thirty-five new parents in Missoula County, Montana were part of a study to explore the relationships between four measurements of isolation (geographic, family, friend, and social) and two measurements of early parenting characteristics (childcare knowledge and emotional adjustment to parenting). Data were obtained from a mailed questionnaire and were measured by correlational analysis. Although no significant relationship between the variables were revealed for the entire sample, correlations between variables of isolation and early parenting characteristics for those parents with two or more children approached significance.

Chapter 1

INTRODUCTION

Parents of a newborn are frequently confronted with profound readjustments in their life style whether the child is a first one or one of many. Often these readjustments can assume major proportions resulting in unfamiliar stress, multiplying the effects of an already complex situation. Parenthood is usually an unrehearsed event and can cause frustration, fear, anger, and feelings of helplessness. This additional strain on a parent can in some instances jeopardize the development of a satisfying parent/child relationship. One way of easing into this new life style is by preparing for the responsibilities of parenthood. Prepared childbirth classes such as those employing the Lamaze technique have received widespread acceptance and are utilized by many. However, even though individuals are prepared for childbirth, most are not prepared for parenting. New parents often need information, assistance, and support during this stressful postpartal period. These needs either go unmet or are provided by health care agencies and/or family members and friends.

For many years parenting and parent/child relationships have been the concern and responsibility of nursing both in individual practice with new parents and through health care agencies. Nurses have assumed the task of facilitating the transition into parenthood by educating new parents in order to improve child care, assisting parents in the adjustment period following the birth of a child, and in some

instances striving to prevent problems within the relationship before they occur through early identification of factors such as maternal bonding. However, there are frequently not enough nurses or other health care providers to accomplish these important goals. For example, in Missoula County, the setting of this study, there were 1128 births recorded during a twelve-month period from July 1, 1978, to June 30, 1979. The county health department offered a nine-week parenting class once throughout this year and reported that twelve attended the first session, four of whom completed the nine-week series. The public health nurses visited approximately 350 postpartum parents and provided basic followup care. Most of these parents were seen one time. This indicates that of a total of 1128 births in the twelve-month period, 766 new parents were not seen by the above health care providers. And although approximately 32 percent of these parents were contacted at least once, most of the parents were not.

For many new parents the sources of information, assistance, and support have traditionally been met and in many cases still are being met by family members and friends. However, many new parents do not have access to a family and/or friends. This may be because of cross-country moves resulting in few or no available extended family members. And frequent moves can mean the loss of support systems which include friends, organizations, and familiar activities. Many new parents do not have a readily available helping network.

Another factor that adds to the complexity of the abovementioned and is particularly relevant to this study, is the rural nature of

Montana, both in terms of the distance between towns and neighbors, and geographic and climatic factors such as the mountainous terrain and the frequently severe and prolonged winters. Traveling is hindered. The time required to drive to the nearest town or neighbor may be thirty minutes or more. Distance from a town, friends or neighbors can effectively 'cut off' a family for days at a time.

What happens to new parents who are not integrated in a support system? And equally significant, what happens if, because of geographic barriers, new parents are unable to regularly utilize health care facilities for information and support? Are new parents who are isolated from friends, family, and/or helping agencies lacking information that is essential for child care and are they receiving less than adequate emotional support in the postpartal adjustment period? What might be the long term effects of such isolation?

The present study seeks to investigate the relationship between isolation of new parents and their early parenting characteristics. In the first three months following the birth of the baby, new parents who are living in remote areas and/or have limited access to a support system are possibly in a high-risk parenting category; their emotional and physical health in addition to the well-being of the new child and the developing parent/child relationship may be in jeopardy.

If isolation and lack of information and support are correlated, this could indicate the need for a more complete identification and outreach program for new parents and a more extensive follow-up for them as well. Nurses in mental or medical health agencies are in a

prime position for bridging the gap between the isolated parent and needed assistance. Although not within the scope of this study, it could be predicted that early intervention might preclude the development of later parent/child problems thus emphasizing the need for investigating the relationship between isolation and early parenting characteristics.

Chapter 2

BACKGROUND OF STUDY AND CONCEPTUAL FRAMEWORK

The literature is reviewed throughout this section and has been incorporated into the conceptual framework.

Parenting Defined as Transition

Human growth and development, or movement from one stage of psychological, biological, and sociological development to another is a time of anxiety, new learning, or relearning. A transition period is considered normal unless the individual experiences a threat to her/his equilibrium and the usual adaptive coping mechanisms are not adequate to handle the situation. The birth of a child and subsequent parenthood represents a transition for the family in that major readjustments and role changes must be made within the family system in order to re-establish equilibrium. Birth is therefore a potential source of developmental crises (Dyer, 1965). And regardless of the family composition or whether the child is a first or fourth, the effect on the family is equally profound forcing a reorganization of this small social system (Jimenez, 1979; Caplan, 1961; and LeMasters, 1965). Transition to parenthood is not always a joyful and stable period as many myths would encourage one to believe (Hrobsky, 1977). Rather it has been defined as a transition more difficult than either marital or occupational adjustment (Rossi, 1968), and similar in complexity of adjustment to puberty and menopause (Bibring, et al., 1961). There

are characteristics unique to parenthood that define this period as particularly stressful. In addition to such complicating factors as increased economic demands, changes in the family's recreational and social life and moves to larger living quarters to accommodate an expanding family, are emotional and psychological adjustment factors (Duvall, 1967). For example, the husband and wife must assume a new role, that of parents (Foley, 1979). Not only are there reassigned roles, but also the family's values are reoriented and needs must be met through new channels (LeMasters, 1965). These emotional and psychological variables have often been neglected and dismissed as 'natural' (Diskin, et al., 1976), or, in other words, relegated to the position of an 'automatic adult function' which has been purported for years (Wilson, et al., 1979). Parenting is neither natural nor automatic. If an individual is unable to adjust to a new maturational level and receives no assistance in the process of transition, a developmental crisis is likely to occur. It cannot be assumed that following the birth of their child parents will be prepared to meet the infant's needs without some assistance.

Difficulties of Transition to Parenthood

What specific factors might cause difficulties in adjustment to parenthood? One factor identified by Rossi (1968) as contributing to the already difficult transitional period is preparation for the parenting role. She further explains that the transition from pregnancy to that of parenthood is abrupt. There is no period for gradually

assuming the responsibility of caring for a new family member. Unlike other transitional stages within an individual's life such as marriage, in western contemporary society there is a relative dearth of anticipatory training for childrearing. Some individuals begin to prepare themselves in the nine months preceding birth by reading about parenthood, comparing notes with friends or family members, and discussing the upcoming event of the birth with their spouse. But not only is this nine-month period brief for such preparation, it is unrealistic to assume that preparation for parenthood can substitute or prepare for the actual experience of parenthood. Some new parents have had early training through consistently caring for younger siblings; however, most new parents have had no child care experience beyond babysitting jobs or occasional care of siblings.

The abovementioned problems in parental preparation are further compounded by societal pressures that render the choice to parent or not to parent difficult to make. For example, though society allows one spouse to divorce the other or for an individual to terminate employment, parenthood is irrevocable. Pregnancy is not always a voluntary decision but certain segments of society do not sanction the termination of unwanted pregnancies. Another pressure, cultural in origin, is that maternity is often considered necessary for a woman to attain adult status which presses women into maternity who perhaps will not want to be parents (Rossi, 1968). And once the child is born the child's need for parenting is far in excess of the adult's need to

parent (Benedek, 1970). These factors are frequently responsible for complicating an already difficult developmental period.

Parental Needs to Facilitate the Transition

Two parenting needs have been identified which, if met, can facilitate the transition to parenthood. These two basic parenting needs are (1) factual information on how to care for the baby and knowledge of caregiving skills, and (2) emotional support and reassurance from significant others that they are parenting well (Wilson, et al., 1971; Gordon, et al., 1965; and Johnson, 1979). In a study conducted by LeMasters (1965), 83 percent of the new parents interviewed indicated that they lacked parenting information and support and that this contributed to the critical nature of the parenting role. What often makes meeting these needs difficult is the absence of any real source of support and information. In an article by Wilson (1979), the following reasons were cited as contributing to the difficulties inherent in meeting these needs. Structural changes in society have altered the traditional family's role of providing the information and support to new and expanding families. The decline of the traditional family has resulted in a concomitant lack of adequate support and information for new parents. Historically families were larger and often included extended family members, frequently providing younger siblings to 'practice on', thus imparting valuable parenting information and skills to family members for future reference. Contemporary families are smaller, more mobile and oftentimes have no readily

available extended family members either as role models and instructors or as sources of support. A couple, if their relationship is satisfactory, can often support each other throughout the transition period. Many of the early parenting needs for knowledge and support can be provided by friends--if they are available. Some health care agencies offer information on parenting, but there has been and still is a scarcity of community programs that can offer support and knowledge to new parents. Instead, parents are likely to encounter health care professionals who still approach the parenting 'problem' as abnormal, or a pathological condition of the child, rather than a need for support and information to facilitate the transition through one of life's normal developmental stages (Hughes, 1977). If there are no community parenting classes, knowledgeable friends or family members available, the parents may resort to books as a source of advice. But books can be both dogmatic and contradictory in their approach to child care, thus confusing an issue already fraught with conflict. Another widespread and popular role model and, therefore, a source of information on how to parent is the American family depicted on television or in the movies. Viewing many of these romanticized versions of how a family operates can leave new parents with an overwhelming sense of frustration and inadequacy (Wilson, et al., 1979). A bewildering choice of life and parenting styles confronts new parents as they step into the roles of mothers and fathers. Problems can emerge as they attempt to reconcile their former roles to the present situation; a difficult time which can be further exacerbated by the paucity of

available resources to provide support and information.

In conclusion, the expanding family has the following sources of support and information to assist them through this important transitional period: (1) the extended or immediate family, (2) friends, (3) health care agencies, and (4) books, television, movies. But, as indicated above, there are potentially serious shortcomings in these resources and possibly major gaps in provision for the two identified parenting needs, support and information.

Parenting Problems

Studies in early parent/child relationships have identified some of the variables believed to have a negative impact on the family system. Two of these variables are (1) lack of knowledge in basic care-giving skills, and (2) inadequate emotional support from family, friends, or community agencies. In the absence of needed information and support an already complex situation becomes more difficult and can result in a breakdown in family functioning. Two negative outcomes which have been correlated with inadequate provision for the abovementioned needs are (1) a lack of parental attachment to the infant which occurs early in the parent/child relationship, and (2) later developmental problems for both the parent and child and the relations between them and with others.

Early Parent/Child Relationship

Two factors identified by Johnson (1979) which are known attachment inhibitors are lack of previous experience and care-giving knowledge, and a positive support system. If a parent feels inexperienced, uncertain in relation to the performance of some of the basic care-giving tasks, and unaware of a normal infant's responses, the accompanying anxiety and fear may be overwhelming, draining her/his emotional reservoirs. This depleted state may result in lack of time and energy to enjoy the new child, inhibiting attachment. Likewise, if no adequate support system exists, the above effects can be multiplied. In other words, if no other individuals or relationships can instill confidence by providing emotional and physical support to the new parent, the attachment process will be further inhibited and could be crippled. According to Klaus and Kennell (1975) this parent/child attachment lays the foundation for all of the infant's subsequent relationships and can therefore hinder the development of later satisfactory interpersonal relationships.

Later Developmental Problems

The roots of some later social problems can be traced to uninformed, unsupported and disorganized family systems (Thistleton, 1977). Helfer (1973) has suggested that the uninformed and unsupported parent subjects the child to a 'world of abnormal rearing' and often has unrealistic expectations for the child. He speculates that some later

problems may emerge as a result which include child abuse, failure to thrive as an infant, drug abuse, adolescent pregnancies, and obesity. These predicted outcomes are supported by other studies (Spinetta, 1972; and Miller, 1978) and are further explained by Johnson (1968) that possibly parents lack appropriate role models and factual information on age-appropriate behavior and therefore do not know how to respond to and care for their child. Furthermore, lack of support and information is not a unique condition of the first-time parent. In a study by Cohen (1973) it was indicated that 50 percent more of second, third, and fourth-time parents had pregnancy-connected emotional problems than first-time parents. There is a higher incidence of 'postpartum blues' in these parents and, if they lack sufficient support, the depression may last longer than the usual ten days, thus prolonging an inadequate attachment process and causing long term adjustment problems (Lamb, 1978). One contributing factor may be that extended family members and friends are less excited about the birth of a second, third, or fourth child than the first and consequently give less support to the parents (Westbrook, 1978). The limited attachment may also be attributed to the demands a new child imposes on the family system. Each additional member represents a forced reorganization of the system; plus, no single member's addition will be identical to a prior addition. And although certain care-giving tasks become easier to perform through practice, the attachment process is unique for each new child and relies upon the feelings and knowledge the parent has about that new family member, and can be facilitated or blocked

depending on the individual's support system. Therefore the attachment process of the parent and child has short and long range implications. A lack of either support and/or information can cause intrafamilial and other interpersonal relationship problems for many years to come.

Isolation, Support Systems and Parenting

Individuals in transition are frequently in need of emotional support and guidance. Because transition to parenthood can result in confusion and a feeling of unpreparedness, it is helpful if the new parent has someone who can provide factual information and explain the heretofore unprecedented experiences and responses. Three factors that are particularly important to facilitate the transition to the parental role include adequate preparation for the new role, clarity of role expectations and a reordering of priorities regarding the gratification of needs (Cottrell, 1942; Burr, 1973; and Elder, 1977). If these factors are absent or if the transition is fraught with anxiety and stress, role incompetence and disorganization are likely to be the result (Paykel, 1976). Individuals, groups, formal and informal organizations are often responsible for providing role models, emotional support and improving the adaptive competence of persons undergoing transition and needing assistance. Caplan (1974) has categorized the above helping network of interdependent and related individuals under one concept. The concept of 'support system' is described as a set of persons who are helping each other by providing continual assistance over a long period of time or intermittent short-term assistance depending on the unique

requirements of the individual(s) involved. According to Caplan a support system encompasses three ascribed properties: (1) significant others help the individual mobilize her/his psychological resources and master emotional burdens; (2) they share tasks; and (3) they provide the individual with extra supplies of money, materials, tools, skills, and cognitive guidance to improve his/her handling of the situation. Types of assistance provided by support systems for the new parent include other parents' reports of similar transitional adjustments, descriptions of coping mechanisms successfully used when encountering particularly stressful situations, and a factual explanation or ordering of events of the new parenting role (Weiss, 1975). Caplan describes two sources of support: (1) spontaneous or natural systems, and (2) organized systems directed by professionals or nonprofessionals. Natural or spontaneous groups include families and friends. Nonprofessional organized systems include religious organizations and specialized groups such as Alcoholics Anonymous. Organized professional systems of support are likely to be directed by health workers which include psycholigists, nurses, and physicians. The uncertainties inherent in assuming the parenting role can be effectively reduced through the availability, interdependence, and expertise of members within a support system (Moss, 1973). New parents who have available support systems and are influenced by them, have a reported lower incidence of mental and physical illness than those who do not, especially under conditions of stress associated with transitional periods

such as parenthood (Cassel, 1974). When the individual is vulnerable because of life transitions the support system treats her/him in an individualized way, speaks the same language, evaluates the performance of tasks, rewards, punishes, supports, comforts, and is sensitive to personal needs. As a result individuals have the capacity to 'master their environment in healthy ways' (Caplan, 1976). Given the importance of support systems and the oftentimes crucial role they play in successful transition to parenthood, it is important to examine the consequences when no support systems are available.

Traditionally, individuals needing assistance and support have been encouraged to 'review their own resources' or, in other words, to seek help from formal and informal support systems (Polansky, 1979). In order to prevent parental role adjustment problems researchers have suggested that individuals seek help from dependable friends, family members, and become involved in new social relationships (Gordon, Kapostin, and Gordon, 1977). Implicit in the above statements is the belief that individuals requiring assistance are members of a reliable and readily available support system. If new parents undergoing a stressful transition to parenthood are isolated from an adequate support system to facilitate the process a transitional crisis can be more easily activated and can result in family disorganization and role incompetence which can ultimately lead to major problems in the parent/child relationship. 'Isolation' has been defined as the absence of the functions of a support system outlined by Caplan (Garbarino, 1977). Briefly reviewing those functions indicates that an isolated individual

would not have access to others who could provide him or her with materials, cognitive guidance and/or emotional support. Therefore, a new parent, isolated from a support system, may not have access to the two basic parenting needs: (1) information, and (2) support. Lack of information and support is likely to result in later parent/child relationship problems (Johnson, 1979; and Thistleton, 1977). Research suggests that isolation is an etiological factor in the incidence of child maltreatment (Elmer, 1967; Helfer, 1973; Martin, 1976; and Smith, 1974); however, examining the relationship between early parenting characteristics and isolation has remained for the most part unexplored. Typically parent/child problems come to the attention of caregivers when the problem is blatant, of long duration, and not amenable to intervention. By this time the 'initial discrepancies in life-course development' are obscured (Garvarino, 1977), which indicates a need for earlier recognition of potential problems in the parent/child relationship.

For the purposes of this study there are four components to isolation which are (1) geographic, (2) family, (3) friend, and (4) social isolation. Each will be discussed in the following paragraphs.

An example of geographic isolation is that of an individual who lives in a remote area, surrounded by mountains, exposed to wide fluctuations of climatic conditions and lives more than 30 minutes when traveling by car from the nearest neighbor or populated area. Even though this individual may have close relationships with one or more persons, inaccessibility of other individuals, groups, and/or agencies

can result in a lack of support and information. The mechanisms for feedback, reinforcement and encouragement are limited.

Family isolation can result when one family member moves across the country leaving the extended family members behind. The individual may be able to maintain close contact through correspondence and telephone calls but the physical proximity will not be readily available, thus limiting the amount and quality of support during a crisis situation.

Friend isolation can be experienced by an individual who lives in an alcoholic family. As the illness of alcoholism progresses, the family members become interdependent, enmeshed and incapable of interacting without the family system. Members' roles become symbiotic necessitating the continuation and maintenance of the system to the exclusion of any other individuals or groups. No one else can enter the system and family members eventually are unable to leave without losing self-identity, however limited.

Social isolation is a term that has been used in research to include all of the abovementioned components of isolation. This study limits the use of the term and draws from a study by Polansky (1979) in which measurements of isolation include the degree of support by family members and friends in addition to measurements of formal and informal social participation. Social isolation in this study will be defined by the latter. In Polansky's study on isolation of the neglectful family, evidence is presented indicating that families implicated in child neglect typically do not have support systems as do others in

similar social positions who do not neglect their children. Formal and informal social participation by an individual will determine the degree of social isolation.

Summary

What relevance does exploring isolation of new parents and their early parenting characteristics have for new parents? If they are not integrated in a support system which is readily available and can meet their needs they are possibly in a high-risk situation. Absence of a support system can indicate a lack of parenting information and child care acumen as well as infrequent or no emotional encouragement or social outlets for the parent. Without knowledge and support the parent/child relationship is likely to be jeopardized as the parent receives little or no assistance during the critical transitional period. Exploring the relationship between isolation of new parents and their early parenting characteristics appears to be a relevant and important issue. Early identification of parenting needs could lead to appropriate and timely interventions, precluding later parent/child problems.

PURPOSE OF STUDY

The purpose the this study was to explore the relationships between isolation of new parents who are primary care-givers and early parenting characteristics in the first three months following the birth of their most recent child. The four variables of isolation included both geographic isolation and self-reported isolation from family members, friends, and social activities. The two variables related to parenting characteristics included both emotional adjustment to parenting and self-reported knowledge of basic care-giving skills.

DEFINITION OF TERMS

Terms were used in this study as follows:

Isolation -- The present study defines the concept of isolation on the basis of earlier related studies and includes the following aspects in examining their relationship to early parenting characteristics. In this study isolation includes four measurements: (1) geographic, (2) family, (3) social, and (4) friend isolation. The four measurements of isolation and a description of each follow.

Geographic isolation: In September, 1978, the Rural Health Initiative conducted a study to determine the needs of persons living in medically underserved areas. One of the criteria for assessing

an area as 'underserved' was the accessibility of medical services. If the individual lived 30 miles from such a facility this individual was considered to be living in an underserved area. For the purposes of this study, if the respondent lived 30 miles or more from a medical facility this individual was considered geographically isolated. Other criteria to measure geographic isolation which were not identified in previous studies were defined arbitrarily by the author as follows: If the individual lived one mile or more from his/her nearest neighbor, five miles or more from her/his nearest friend, and ten or more miles from his/her nearest relative, that individual was considered geographically isolated. In examining geographic relocation of the respondents in the sample, in order to measure isolation, individual moves numbering two or more times within a two-year period (moves of less than 10 miles were not included) suggested geographic isolation. The measurement of geographic isolation was adapted from a study by Norman Polansky (1979), a description of which follows.

In the Polansky study, isolation of identified neglectful parents was examined and revealed a significantly higher degree of isolation than parents who were not identified as neglectful. Isolation included family/friends and social isolation measurements.

Family, Friend and Social isolation: Friend and family support and/or isolation were measured by examining the quantity and quality of of assistance an individual received from family members and/or friends. An individual's social isolation was assessed by determining the social activities of the respondent both in terms of participation in organized

activities such as club membership, or not organized an more informal activities such as going out with friends. The above three categories of isolation were adapted for inclusion in the present study.

In examining the results of the Polansky study, the only relevant situational difference between the two groups of parents was geographic mobility. The neglectful family averaged 3.4 moves compared with 1.2 moves in families not identified as neglectful. Thus, the present study included geographic relocation as a potential indicator of geographic isolation (see above).

New parents -- For purposes of this study the term 'new parent' was not restricted to first-time parents but included those who were parents of a new child between July, 1978 and June, 1979.

Primary care givers -- The parent who is responsible for most of the child care was considered the primary care giver. Each questionnaire included a letter requesting that the parent who was most responsible for child care complete the questions.

Early parenting characteristics -- Parental characteristics during the first three months following the birth of the respondent's most recent child and were measured using a questionnaire obtained from the Family Resource Center in San Antonio, Texas. This questionnaire was designed initially to assess the needs of new parents in order to build a 'parenting center.' Some of the questions were used and further subdivided into two categories: (1) care-giving

skills, and (2) emotional adjustment to parenting. Care-giving skills were measured using the following categories: (1) information related to basic skills of baby care, (2) knowledge of infant sleeping behavior, (3) knowledge of infant feeding, and (4) knowledge of infant crying/distress behavior. Emotional adjustment to parenting was measured using the following categories: (1) perceived burden of the parenting role, (2) interference of the caregiver's lifestyle, (3) satisfaction with the parenting role, and (4) an identified need to share the parenting experience with another individual.

Chapter 3

RESEARCH DESIGN

Introduction

The study obtained four measures of isolation from the sample and two measures of early parenting characteristics. The relation between isolation and early parenting characteristics was measured by correlational analysis. A questionnaire was used to collect data from the sample.

Sample

From a twelve-month period beginning July 1, 1978, and ending June 30, 1979, a total of 1228 births was recorded in Missoula County. Each fourth birth was selected for the sample or approximately 25 percent of the births comprised the population to be studied. All names and addresses were obtained from the daily newspaper, The Missoulian. The total number in the sample was 300.

Data Collection Instrument

A questionnaire used as the data-collection instrument was designed for this study and consisted of three parts. (A complete form of the questionnaire and cover letter are located in the appendix.) Part I was designed to provide descriptive and demographic data about the respondents. It consisted of five short-answer open-ended questions which asked whether the primary caregiver was the mother or

father, the age of the most recent child at the present time, the age of the primary caregiver at the time of the most recent child's birth, whether or not the respondent had participated in a parenting class and identification of the specific class taken.

Part II was designed to elicit information from the respondents relative to principal sources of advice and assistance in caring for the new child, and to determine social, friend, family, and geographic isolation. It consisted of fourteen multiple choice questions and four short-answer open-ended questions and measured the degree of isolation/support in the abovementioned four categories. Questions which measured family and friend support asked for information relative to the availability of an individual who could provide assistance/information, the value attached to the individual, and the frequency of contact with that individual. Questions 7, 8, 9, 11, 15, 16, 18, 19, and 20 dealt with family/friend isolation and responses were averaged to obtain the degree of isolation for each respondent. Questions which measured geographic isolation asked for information relative to the distance in miles or feet from the respondent's nearest health care facility, neighbor, family member and friend. In addition, one question asked the number of geographic moves made within the past two years. Questions 12, 13, 14, 17, and 21 dealt with geographic isolation and responses were averaged to obtain the degree of geographic isolation for each respondent. Questions which measured social isolation obtained information pertaining to the respondent's participation in both formal and informal social activities in addition to the frequency of partici-

pation. Questions 22-26 dealt with social isolation and responses were averaged to obtain the degree of social isolation for each respondent.

Part III dealt with early characteristics of parenting and was designed to provide information relative to the respondent's knowledge of basic care-giving skills and the level of emotional adjustment to parenting. It consisted of 24 multiple choice questions, and measured self-reported knowledge of baby care and the degree of emotional adjustment or perceived distress of the parenting role for each respondent. The first twelve questions dealt with self-reported baby care knowledge. An ordinal scale was used to measure the responses to each question, which was: (1) I needed to know, (2) I was not sure, and (3) I already knew. These twelve questions were further divided into four categories with three questions in each as follows: Questions 1, 2, and 6 were related to basic skills of baby care; 7, 10, and 11 were related to knowledge of infant sleeping behavior; questions 3, 9, and 12 were related to knowledge of infant feeding behavior, and questions 4, 5, and 8 were related to knowledge of infant crying/distress behavior. The responses were averaged to obtain the level of caregiving knowledge for each respondent. The second set of twelve questions in Part III measured the degree of emotional adjustment or perceived distress of the parenting role for each respondent. An ordinal scale was used to measure the four possible responses to each question, which were: (1) never, (2) seldom, (3) often, and (4) always. These twelve questions were further divided into 4 categories

with three questions in each as follows: Questions 1, 2, and 9 asked for information related to the perceived burden of the parenting role; questions 3, 7, and 8 asked for information related to perceived interference with the caregiver's lifestyle; questions 4, 5, and 10 asked for information related to the satisfaction with the parenting role, and questions 6, 11, and 12 asked for information related to the need to share the parenting experience with another individual. The responses were averaged to obtain the degree of emotional adjustment or perceived distress of the parenting role for each respondent.

A preliminary form of the questionnaire was administered to a non-systematic sample comprised of eight individuals who were recently new parents. No significant changes or revisions of the instrument were needed.

Data Collection Method

Each respondent in the sample received a questionnaire by mail and was asked to return it by mail. Each questionnaire included a cover letter explaining the study and asking for each individual's consent by completing the questionnaire. For those respondents who indicated that they would like a copy of the results mailed to them, a separate space for their name and address was included on the letter and filed separately from the questionnaire.

Data Analysis

Because the relationships between the study variables were examined in the study, and because the variables within the questionnaire approximated interval measures, correlational analysis was selected as the most appropriate method. Given the exploratory nature of the study statistical procedures (such as the t test or analysis of variance) requiring specification of hypotheses were inappropriate and therefore not used. Relationships between four variables of isolation and two variables of early parenting characteristics were explored in addition to an examination of the demographic data as they related to the variables of isolation and early parenting characteristics.

Chapter 4

ANALYSIS OF DATA

Description of sample: Of the 300 questionnaires mailed to new parents, 28 were returned as non-deliverable. Of the remaining 272 questionnaires, 137 completed questionnaires were returned, yielding a response rate of 51.0 percent. The final sample consisted of 135 new parents (133 mothers, 2 fathers). Two questionnaires were eliminated because of incomplete responses or failure to follow directions properly. Demographic data were analyzed for the entire sample, followed by a correlational analysis of early parenting characteristics and measurements of isolation. Because the results of the initial exploration revealed no significant relationships, the sample was further broken down into first-time parents and parents with two or more children. In contrast with the sample analyzed as a whole, the divided sample revealed significant relationships between demographic data and early parenting characteristics of first-time parents, and variables of isolation and early parenting characteristics of parents with two or more children. The following tables describe the data further.

Table 1 gives demographic data--mean scores and standard deviations--for the entire sample of 135 respondents.

Construct validity of the instrument: As the reader will recall, the major purpose of this study was to explore the relationship between isolation (measured along four dimensions) and early parenting characteristics (knowledge of parenting skills and emotional

Table 1

Characteristics of Respondents (N=135)

Attribute	$\bar{X}$	s.d.
Age of child (mos.)	13.86	4.60
Age of parent (yrs.)	26.54	4.73
Number of children	1.80	.90
Parenting class	1.44	.50

distress). The instrument was designed to obtain measures for each of these variables. By investigating the relationships among particular variables, one can assess to some degree the construct validity of the instrument. One would expect, for instance, that the four measures of isolation would be moderately interrelated. Such is in fact the case. The six correlations among all isolation variables ranged from .10 to .36, with a median r of .23. Similarly, one would expect that knowledge of parenting skills and emotional distress would be related in an inverse manner. The correlation between these latter two variables is -.44. These data provide a basis for confidence in the instrument in that they confirm that expected interrelationships did manifest themselves.

Relationships between isolation variables and knowledge and distress variables follow:

The data illustrating the relationships between isolation variables and parenting characteristics--the central focus of this study--are set out in Table 2.

Table 2

Relationships Between Variables of Isolation and Early Parenting Characteristics

	Childcare Knowledge	Distress
Geographic isolation	-.05	.12
Family isolation	-.03	.05
Friend isolation	.02	.10
Social isolation	.05	.07

There is clearly a conspicuous absence of significant relationships in Table 2. Thus, these data provide no support for a link between isolation and parenting characteristics.

The relationships between these six variables and the demographic characteristics of the sample were examined in the hope that such an examination would provide some further insight into the data. These relationships are presented in Table 3.

In contrast to Table 2, a number of significant relationships emerged. There is a substantial relationship ($r=.44$) between number of children and parental knowledge. In addition, number of children is inversely related to geographic isolation and also to distress. Age of

Table 3

Relationships Between Demographic Data and Study Variables

	Isolation				Parenting	
	Geographic	Family	Friend	Social	Knowledge	Distress
Age of child	-.02	.12	.16	.14	0	-.14
Age of parent	-.10	.03	-.02	-.25**	.17*	.01
Number children	-.20*	-.11	-.03	-.15	.44**	-.18*
Parenting class	0	.15	.13	.16	.24*	-.13

* $p \leq .05$
** $p \leq .01$

parent is inversely related to social isolation and directly related to parenting knowledge.

In many respects the relationships found in Table 3 were to be expected. However, the pivotal role played by the variable number of children -- significantly related to both parenting variables -- suggested that it might be fruitful to separately analyze the response of single child parents and multiple child parents.

Divided sample -- parents with one child and parents with two or more children: Table 4 separately analyzes the characteristics and responses of single child parents and multiple child parents.

The mean age for single child parents was 25.5 whereas the mean age for parents with two or more children was 27.8, a significant age

Table 4

Divided Sample Scores for All Variables

	Single $\bar{X}$	Multiple $\bar{X}$	t
Age of child (mos.)	14.6	13.6	-1.35
Age of parent (yrs.)	25.5	27.8	3.33*
Number of children	1.0	2.45	
Geographic isolation	6.34	6.04	-1.65
Family isolation	.52	.26	-.77
Friend isolation	9.00	9.27	.94
Social isolation	12.00	12.43	.92
Childcare knowledge	28.05	33.16	6.76*
Distress	12.16	10.53	-1.90

* $p \leq .01$

difference. Regarding self-reported knowledge of child care, multiple child parents reported significantly more child care knowledge than parents with one child, even though only 28 of 73 multiple child parents reported participation in a parenting class in contrast with 47 of 62 single child parents who participated in a parenting class. The difference in level of distress experienced by single child parents and that experienced by multiple child parents approached significance ($p \leq .06$) with the higher levels of distress being reported by single child parents.

Separate correlational analyses for the two groups of parents: Separate correlational analyses for the two groups of parents are presented in Table 5.

Table 5

Relationships Between Early Parenting Characteristics and Other Variables for Divided Sample

	Single		Multiple	
	Knowledge	Distress	Knowledge	Distress
Age of child	.1	-.36**	.04	-.01
Age of parent	-.1	.35**	.23	-.23
Number of children	-	-	.11	-.10
Parenting class	.20	.30*	-.08	.09
Geographic isolation	.14	-.13	-.20	.33**
Family isolation	.15	-.12	-.24	.23
Friend isolation	.01	-.18	-.10	.25*
Social isolation	-.02	-.15	.01	.26*

*$p \leq .05$
**$p \leq .01$

Unlike the data computed over the entire sample, a number of significant relationships emerge when the responses of single and multiple child parents are separately analyzed. The following significant findings between demographic data and variables of early parenting characteristics were found for first-time parents: (1) As the age of

the child increased, distress decreased (r=-.36), (2) as the age of the parent increased, distress increased (r=.20), and (3) as parenting classes decreased, distress increased (r=.30). There were no significant correlations between variables of isolation and variables of early parenting characteristics for single-child parents.

With regard to multiple child parents, there were no significant correlations between demographic data and variables of isolation and early parenting characteristics. However, one finding approaches significance ($r=-.23$ $p \leq .06$) and is particularly interesting in that it is diametrically opposed to the relationship found with single child parents. That finding is that multiple child parents' ages are inversely related to distress while the single child parents' ages are directly related to distress.

An interesting pattern developed between variables of isolation and early parenting characteristics for multiple child parents. Three out of the four isolation variables are directly and significantly related to distress, and the fourth approaches significance ($r=.23$ $p \leq .06$). These data suggest a consistent pattern of increasing distress as isolation increased for this group. Furthermore, family isolation was inversely related to parenting knowledge for this group. The greater the isolation, the less knowledge of parenting skills.

Chapter 5

DISCUSSION

Based on the preliminary findings for the entire sample of 135 respondents, the following conclusions were reached.

Exploration of the relationships between isolation of new parents and early parenting characteristics, which was the major purpose of this study, revealed no significant relationships for the entire sample.

Examination of demographic data revealed a direct relationship between reported childcare knowledge and age of parents and number of children, and an inverse relationship between distress and childcare knowledge--an expected outcome for these three relationships. The inverse relationship between geographic isolation and number of children, though not strongly significant, may reflect less mobility and perhaps a greater degree of stability, i.e., familiarity with community resources and awareness of neighbors who are readily available if assistance is needed. Because parental distress significantly decreased as the number of children increased, further exploration of single child parents and their concomitant parenting characteristics was indicated. The correlation between childcare knowledge and no participation in parenting classes was also suggestive of significantly different correlations between the two groups of single child parents and multiple child parents. And because age and childcare knowledge were directly related it appeared that if single child parents were younger than multiple child parents, childcare knowledge might likewise be less.

By dividing the sample significantly different results for each of the two groups became apparent. The emergent data revealed that the average age of single child parents was 25.5 and of multiple child parents was 27.8. The level of childcare knowledge was also significantly lower for first time parents. Twenty-eight percent of parents with two or more children and 76 percent of single child parents participated in parenting classes. And yet the reported level of childcare knowledge was lower for single child parents than multiple child parents. It is likely that parents with two or more children draw from previous child-rearing experiences and/or perhaps their reported participation in parenting classes was low because they were enrolled in classes with earlier children and found it unnecessary to enroll with subsequent children. Single child parents' high participation and reported low childcare knowledge could be accounted for by lack of childcare experience and a brief time period for application of class materials and information. Parents with two or more children have had, in most instances, more childcare experience.

In viewing the level of emotional adjustment for the two groups of parents an overall higher level of distress for first-time parents approaches significance ($p=.06$). The distress experienced by single child parents can be related to four factors identified within this study: (1) age of child, (2) age of parent, (3) participation in a parenting class, and (4) lack of childcare knowledge. There was a significant correlation between perceived distress and the age of the parent. This may be attributed to a number of factors. For instance,

an older first-time parent may have achieved some level of independence and is perhaps accustomed to being responsible for her/his own life only, without the additional burden of a helpless infant. A new child may require personal sacrifices such as postponing one's career or taking an extended leave of absence from employment. The feelings of helplessness may increase as new parents are forced to adjust to loss of income. Because the relationships between the parents and other persons are altered, an additional strain may be manifest as the new parent seeks to adapt to a new lifestyle. Lack of childcare knowledge and distress were also correlated indicating that first-time parents were in need of assistance and information in the initial post-partal months. Even though distress in this study decreased as childcare knowledge increased, one would speculate about the adequacy of the usual brief preparation for parenting classes (less than two months) in which many are enrolled. As might be expected, as the child became older, the distress decreased for the first-time parents which might be attributed to the progressive adaptation to a new role for the parent. The infant also may become less awesome and fragile as the parent becomes more acquainted and familiar with the particular personality traits of the child and care-taking becomes more routine.

The major purpose of this study was to explore the relationships between measurements of isolation and early parenting characteristics. Although first-time parents showed a somewhat higher level of distress than multiple child parents, distress was not related to isolation but was more related to the abovementioned demographic data.

In contrast, investigation of data related to parents with two or more children revealed an interesting and surprising development between variables of isolation and early parenting characteristics. Relationships between early parenting characteristics and demographic data indicated that as parents' ages increased, knowledge increased and distress decreased. This might be expected as childcare knowledge and caretaking skills may have a cumulative effect from one child to the next and, likewise, competency in child care probably improved with two or more children. However, there were significant relationships between isolation of multiple child parents and reported distress. It appears from these data that parents with two or more children, though their overall level of distress was less than first-time parents, perceived distress in different ways. It would seem from the data that isolation of multiple child parents had a more negative effect on their emotional adjustment to parenting. The reader will recall studies by Westbrook (1978) and Cohen (1973) who suggested that multiple child parents frequently experienced more emotional problems and a higher incidence of 'postpartum blues' than first-time parents. One contributing factor was the lack of support and attention given to parents who are not experiencing childbirth for the first time. It appeared in this study that first-time parents possibly received more attention and encouragement than did multiple child parents. Childrearing demands are usually less also, whereas parents with two or more children not only are expected to care for and adjust to an additional child, but also may receive less support and assistance in doing so. New parents with two or more

children may have discovered the falsity of the 'parenthood myth' which depicts a carefree and rested parent floating easily and painlessly through the child-rearing years. Repeat parents know about the lack of support that can accompany parenthood, the 24-hour responsibility that childcare necessarily entails, and the potential sources of conflict that arise from competing demands resulting from needy older children, extension of one's love to yet another family member, social and professional lives, financial difficulties, and personal needs for privacy and self-gratification. Because a parent's feelings toward the new child are closely related to postpartal psycho-social health, poor attachment or even rejection to the child could result if the above conflicts are not adequately resolved. Because distress in this study is significantly related to isolation for parents with two or more children, the above-suggested stressors may be directly linked to the parent who has few social outlets, minimal contact with friends, family members, or adults for that matter, and is also geographically isolated. Any single or combination of isolation variables may result in a less than optimal postpartal adjustment.

It might be concluded in this study that first-time parents reported a lack of childcare knowledge which has in earlier studies been correlated with problems in maternal bonding and later developmental problems as well (Johnson, 1979). Based on the findings of this study, a high-risk situation could be expected to arise from lack of knowledge coupled with an older first-time parent learning to adjust to a newborn. This study also indicated that multiple child parents were possibly in

a high-risk category for parenting though for different reasons than first-time parents. Rather than a reported lack of childcare knowledge, there appeared to be a general pattern of isolation in relation to distress suggesting a potential lack of support and assistance for this group. And, as reported in previous studies, if a new parent lacks support, the depression that frequently follows the birth of a child may be prolonged, crippling the attachment process and causing long-term adjustment problems (Lamb, 1978).

Limitations

Although the sample for this study was of sufficient size and the response rate was 51.0 percent, still there was possibly a bias in the data collected. Prior research has indicated that individuals who are isolated may be less inclined to participate socially and otherwise which could in effect limit this study to individuals who, for the most part, are not isolated.

Demographic information such as economic status, educational background and vocation was not obtained and may have been significantly different for the group which responded and that which did not, perhaps shedding more light on the data collected.

Because the questionnaire requested that respondents refer only to the first three months following the birth of their most recent child, some memory distortion might be expected in that in some instances the most recent children were almost two years old.

Recommendations

The results of this study suggested that problems associated with parenting were present not only with first-time parents but also with parents who had two or more children. However, this does not necessarily imply a similarity of presenting problems between the two groups as was discussed earlier. Rather an implication of this study was that second-time parents possibly perceived problems differently than first-time parents, i.e., isolation was not correlated with distress of first-time parents but was with multiple child parents. In many instances it is readily apparent that first-time parents are in need of instruction and encouragement, whereas it is not unusual for health care personnel to assume that because a second-time parent has experience, no assistance is warranted. The results of this study suggest that the needs of multiple child parents have neither been thoroughly identified nor met. Nurses in acute care and public health settings are in prime positions to investigate these specific needs and would be wise to not assume that parenting is 'natural' in relation to first-time parents and that experienced parents need little assistance. Nursing interventions may include parenting classes and support groups that focus on the specific needs of single and multiple child parents rather than labeling the groups as homogeneous. Follow-up care for all parents could include an assessment of the parents' psycho-social needs, instead of focusing primarily on the physical health of the new child and/or the parent's. Appropriate intervention could be provision of

support and educational groups to parents that extend beyond the usual 'six weeks prior to delivery' groups, individual and family therapy, and other pertinent information made available related to child day care, housework assistance, part-time work for the new parent when appropriate, and continuing education or independent study for the working parent who would like to remain updated on her/his vocation. Understanding and accommodating for the differing needs between parents with one child and parents with two or more children could facilitate the transition into parenthood for many who are experiencing difficulties in this developmental period.

In conclusion, short of answering questions in general about new parents, this study has raised additional questions in relation to the potential problems confronting multiple child parents and has reinforced the need to provide knowledge and information for first-time parents. Further research is indicated.

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APPENDIX

Dear Parent,

The birth of your child was a new experience in your life and you may have had some questions and concerns about caring for your new baby whether she or he was your first child, second, or more.

Enclosed you will find a questionnaire asking about feelings you may have had after the birth of your baby. I think that you will find these questions both interesting and easy to answer. Your help is needed for the completion of a study I am conducting for my graduate thesis. My hope is that the results can be used to recognize special needs of parents so that in the future steps can be taken to provide for these needs.

Your assistance will be appreciated and will contribute to the health care of parents and their new children. My only request is that the parent who is providing most of the child care respond to this questionnaire and that the answers to the questions apply to the first three months after your most recent child was born.

All answers will remain confidential and anonymous, and there is no risk to you. The answers will be analyzed for the entire group of 300 parents who are being asked to participate and individuals will not be identifiable.

I will appreciate your help with this study and am asking that you please fill out the questionnaire and return it in the self-addressed and stamped envelope. A summary of my findings will be sent to you upon request. (If you would like a summary write your name and address on the bottom of this letter and it will be filed separately from the questionnaire.) Please feel free to contact me if you have any questions.

Thank you for your help.

Sincerely,

Gail Wagnild, RN
MSU Graduate Student
Missoula Extended Campus

Name _____

Address _____

_____

There is no need for you to write your name anywhere on this form.

PART I

DIRECTIONS: For each of the items below, please answer by placing a check (✓) or filling in the blank with the information requested. These items deal with information related to your baby and you as a mother or father.

1. I am the (check one) ___mother ___father

2. The age of my new baby at the present time is _____.

3. My age at the time my baby was born was _____.

4. This new baby is my _____ child. (first, second, third or more)

5. Were you prepared for the birth of your baby through a formal class in parenting? ___yes ___no

6. If yes, please briefly identify the class(es) you attended. _____

_____

7. If you have a spouse (or spouse equivalent) how important is that person as a source of emotional support? (check one) ___not important ___somewhat important ___very important

8. How often do you talk with your spouse about child care? (check one) ___every day ___at least twice weekly ___less than once weekly ___less than once a month

9. Do you have a relative (do not include spouse) with whom you feel comfortable talking about baby care? ___yes ___no

10. If yes, how important is this relative as a source of information and emotional support? (check one) ___not important ___somewhat important ___very important

11. How often do you talk with this relative? (check one) ___every day ___at least twice weekly ___less than once a week ___less than once monthly

12. I live _____miles from my nearest relative. (do not include spouse or others residing in same household)

13. I live _____miles from the nearest medical clinic or hospital.

14. I live _____miles or _____feet from my nearest neighbor.

15. Do you have a friend (other than your spouse or relative) with whom you feel comfortable talking about baby care? ___yes ___no

16. If yes, how often do you talk with that individual? (check one) ___every day ___at least twice a week ___less than once a week ___less than once a month

17. I live _____miles or _____feet from that individual.

18. Do you have more than one person you can call if you have a problem? ___yes ___no

19. Is there some individual (other than your spouse, friend, or relative) with whom you could talk if you needed help? ___yes ___no

20. If yes, how often do you talk with that individual? ___every day ___at least twice weekly ___less than once a week ___less than once monthly

21. I have moved _____times in the last two years. (do not include moves of less than ten miles)

22. How many times each month do you actively participate in some organization? ___not at all ___once a month ___twice a month ___three or more times

23. Of the organizations in which you are an active member how many do you participate in at least once monthly? (check one) ___no organizations ___one organization ___two organizations ___three or more organizations

24. How often do you go out each month, such as getting together with friends, going to the movies, to dinner, to a bar, etc. (do not include shopping or activities with children) (check one) ___not at all ___less than once a month ___more than once a month but less than once a week ___at least once a week

25. When I go out I usually go (check one) ___alone ___with my spouse ___with a friend ___with my family

26. How often do you go out with your family, such as going out to dinner, to the movies, etc. (check one) ___not at all ___less than once a month ___more than once a month but less than once a week ___at least once a week

Please go on to Part II

PART II

You may have needed various kinds of information when you were a new parent. I am interested in what information you personally needed from the time you had the baby until the baby was three months old. There are no right or wrong answers. For each of the statements below, please place a check (✓) in the column that best fits you.

	I needed to know	I was not sure	I already knew
1. I needed to know how to hold my baby so that I felt comfortable.			
2. I needed to know how to diaper my baby.			
3. I needed to know different feeding techniques for my baby.			
4. I needed to know more about a baby's normal pattern in relation to crying.			
5. I needed to know when to be firm and when to give in to my baby's demands.			
6. I needed to know how to play with my baby.			
7. I needed to know more about a baby's normal pattern in relation to sleeping.			
8. I needed to know how to tell what my baby's different cries meant.			
9. I needed to know about different foods for babies and when to introduce them.			
10. I needed to know about different ways to position my baby in his/her crib.			
11. I needed to know when my baby had slept enough.			
12. I needed to know when my baby had eaten enough.			

PART III

Parents have various feelings as a normal part of being a new parent. I am interested in the feelings you personally had. There are no right or wrong answers. For each of the statements below, please place a check (✓) in the column that best fits you.

	never	seldom	often	always
1. I was concerned about how to handle the household chores in addition to caring for the new baby.				
2. It bothered me that the house was messy so much of the time.				
3. I wished that I could have found more time for myself after the baby came home.				
4. I enjoyed taking care of my baby.				
5. I experienced feelings of letdown after the baby arrived.				
6. After my baby's birth, I wanted encouragement that I was doing a good job.				
7. I was so busy as a new parent that at times I felt overwhelmed.				
8. I found it easy to adjust my way of life to fit my new baby.				
9. It bothered me when dinner with my partner was interrupted by the baby.				
10. I experienced a sense of wonder and excitement surrounding the birth of my baby.				
11. I needed someone to talk with about my experience as a new parent.				
12. There were times after my baby's birth when I needed someone to talk with about the birth experience.				

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