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The Father's Role During Childbirth and the Neonatal Period in Three Cultures

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HONORS RESEARCH PROJECT

The Father's Role During Childbirth and
the Neonatal Period in Three Cultures

by

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INTRODUCTION

With the increasing number of cultural groups in the United States, nurses and other health care workers should begin to examine the cultural values and norms operant for their clients. Culture determines what an individual values and how he will behave. (Leininger 1978, p. 491) Thus, cultural factors may be the major forces which influence the quality of care that a person receives. (Leininger 1981, p. 366) Furthermore, with the rising appreciation of cultural diversity, individuals may no longer be satisfied with a health care system that denies or ignores their cultural values.

One area in which culture is particularly pervasive is during childbirth and the surrounding time period. (Brownlee 1978, p. 198) In particular, the role of the father is thought to be especially susceptible to cultural influences because he is less biologically-linked to the infant than the mother.¹ (Clark 1978, p. 15; May 1978, p.8) However, no studies were found that examine the role of the father from a cultural group during childbirth and the neonatal period. The activities of the father during childbirth, if mentioned at all, are limited to a sentence or two in accounts of the childbirth experience of different cultures. Thus, the purpose of this study is to examine the cul-

¹ For the purposes of this study, "role" is defined as "the patterns of wants and goals, beliefs, feelings, attitudes, values, and actions which members of a community expect should characterize the typical occupant of a position." (Robschon 1969, p. 52)

tural meanings men use to organize their fathering behavior and interpret this experience. Answers to the following questions will be examined to fulfill the purpose of this study:

1. How does the individual define the concept of "father?"
2. What is the father's role during childbirth?
3. What is the father's role in infant care?
4. What role changes occur as a result of fatherhood in relation to his wife, his parents, and society?

REVIEW OF THE LITERATURE

Literature on the father's role during labor, delivery, and the neonatal period remains sparse compared to the wealth of literature on the mother's role. (Pederson 1969; Peterson 1979) However, more studies emphasizing the father have begun to be done, but often with conflicting results. A study done on prenatal preparation of the father states that such involvement lessens anxiety about his ability to help his mate during childbirth and allows him to express tenderness and nurturance. (May 1978) In contrast, another study concludes that the father's involvement is determined more by his experience of the birth than by his prenatal attitude. (Peterson, 1979)

The majority of the research supports the belief that active participation of the father during labor and delivery is beneficial. Some studies state that active participation of the father promotes attachment to his child. (Borien 1980; Klaus 1976) An anthropological study echoes this idea, concluding that "although he is not always present at the scene of the birth, the husband...does perform definite functions which are believed to bear directly on the outcome of the birth of his child." (Heggenhougen 1980, p. 21) Other studies do not support this relationship, but do suggest that active participation of the father increases his self-esteem and positively influences his relationship with his mate. (Cronenwett 1974; Greenberg 1974) Thus, it appears that the participation of the father results in some positive outcomes.

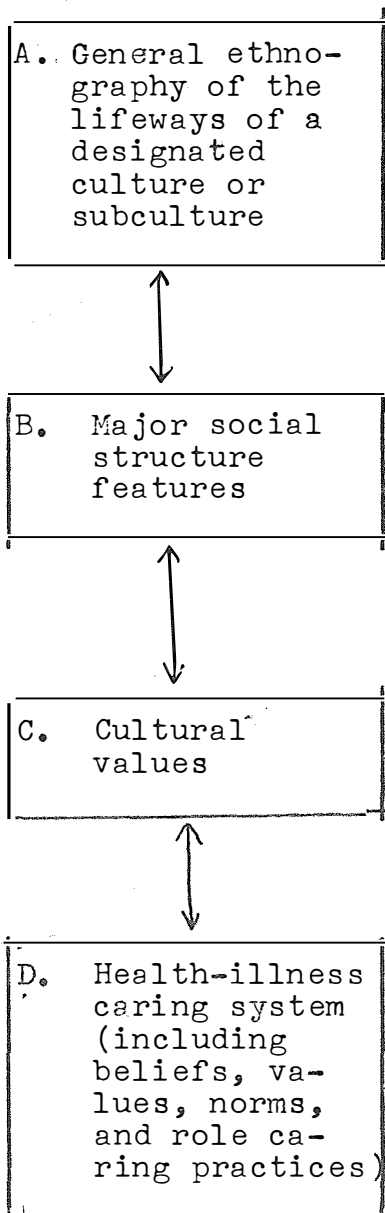
In the neonatal period, Greenberg and Morris have developed the concept of engrossment to describe the "sense of absorption, preoccupation and interest in the infant" experienced by fathers who have early contact with their infants. (Greenberg 1974, p. 521) They believe that a father who is engrossed with his infant is likely to remain involved with his developing child. Other studies that support the relationship between early contact with the infant and paternal attachment include Klaus (1976) and Bills (1980). However, one study suggests "the father may require longer exposure to the infant or to a large number of infant cues to elicit the same degree of responsiveness as the mother." (Peterson 1979, p. 330)

Nevertheless, paternal attachment appears to be necessary for the healthy functioning of the family. He plays an important role in the family's mental health (Bacon 1963; Bartemeier 1953) and in the formation of a "cohesive family that holds positive values." (Lynn 1974, p. 217) Furthermore, fathers in most societies are responsible for providing for the family group and exhibit power, responsibility, and protectiveness toward a certain set of children. (May 1978, p. 8)

Thus, paternal attachment appears necessary to assure that the father remains with the family unit to provide, for, protect, and discipline his children. Although knowledge about the father-infant bond and its formation in American fathers is accumulating, fathers and their relationships to their infants in other cultures have been grossly neglected in the literature.

Leininger's Conceptual Model for Transcultural Nursing
(from Transcultural Nursing: Concepts, Theories, Practices
by Madeleine Leininger. New York: Wiley Medical Publications,
1978. Page 39.)

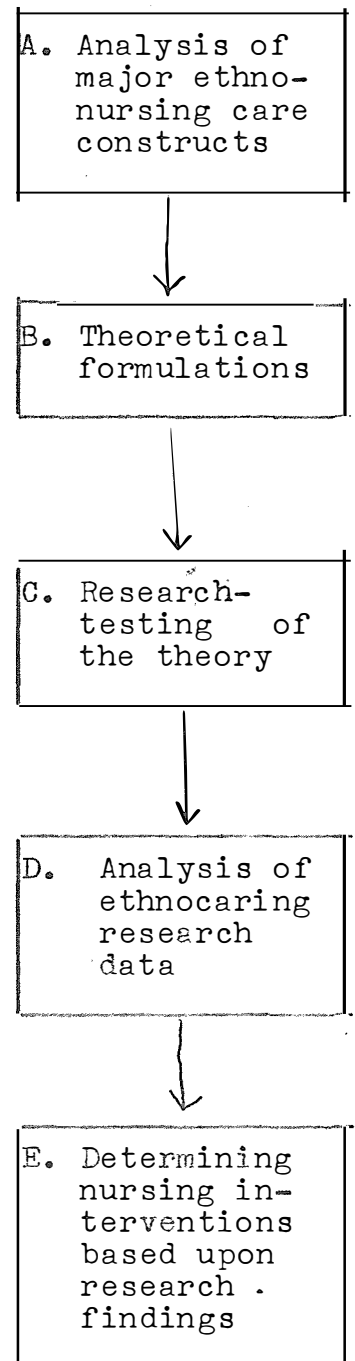
Phase I: Major
Sources to Derive
Ethnonursing



Phase II: Classification
of Ethnonursing Care
Constructs

- Major taxonomic caring constructs and segregates (subsets not listed)
1. Comfort measures
 2. Support measures
 3. Compassion
 4. Empathy
 5. Helping behaviors
 6. Coping behaviors
 7. Stress alleviation measures
 8. Touching
 9. Nurturance
 10. Succorance
 11. Surveillance
 12. Protective behaviors
 13. Restorative behaviors
 14. Stimulative behaviors
 15. Health maintenance acts
 16. Health instruction
 17. Health consultation
 18. Special ethnocare techniques
 19. Other constructs

Phase III:
Analysis and
Testing of
Constructs and
Use of Findings



Feedback process to recheck findings for reliability and validity.

THEORETICAL FRAMEWORK

The conceptual model for this study is based on Leininger's research in transcultural nursing. The model consists of three phases. Phase I provides the cultural data from which culturally specific caring constructs can be elicited. Phase II classifies and defines the caring constructs salient for the designated culture. Phase III involves analysis, and hypothesis testing from which culturally-specific nursing interventions are determined. (Leininger 1978) Because this study is descriptive, only Phase I will be covered.

Phase I of the model elicits the cultural data from which culturally-specific caring constructs are derived. Four areas are covered to elicit the data required. The first area is the general ethnography of the lifeways of a designated culture. The second area examines the major social structure features of the culture. These features include the educational, political, economic, religious, kinship, and health care systems since all these systems influence an individual's behavior. (Leininger 1978, p. 42) Third, cultural values are studied. Leininger defines values as "the influential directive forces which give order and guide people's thinking and actions about life and living, and which assist individuals in the resolution of their daily human problems." (Leininger 1978, p. 490) They determine what an individual will do to maintain his health status. (Leininger 1978, p. 42) Finally, the indigenous health-illness caring system is examined for cultural beliefs, values, norms, and role caring

practices. (Leininger 1978, p. 39) From this rich data base, caring constructs are identified and defined.

Leininger has derived this conceptual model for transcultural nursing from her theory of transcultural nursing. This theory recognizes the right of the individual to have his cultural beliefs, values, and practices understood and respected. (Leininger 1978, p. 85) In this theory, Leininger identifies caring as the essence and focus of nursing. She defines caring as "the direct (or indirect) nurturant and skillful activities, processes, and decisions related to assisting people" through empathy, support, compassion, protection, succorance, education, and other behavioral attributes based on the needs, values, and goals of the person or group being assisted. (Leininger 1978, p. 489) This caring construct includes concepts related to caring behaviors, caring processes, caring needs, caring consequences, and caring conflicts. Obviously, this construct is complex and relatively unresearched, but it forms the base for Leininger's transcultural nursing theory. (Leininger 1978, p. 13,33)

Leininger defines transcultural nursing as a "comparative study of two or more cultures with the goal of identifying cultural differences and similarities in relation to the dominant beliefs, values, and practices...particularly in relation to caring behaviors, and nursing care needs of the people being studied..." (Leininger 1978, p. 9) Her theory, therefore, takes into account "individual and group caring behaviors, values,

and beliefs based on their cultural needs..." (Leininger 1978, p. 33) She postulates that if nursing practices "fail to recognize culturological aspects of human needs, there will be signs of less efficacious nursing care practices and some unfavorable consequences to those served." (Leininger 1978, p. 33)

Leininger has identified several concepts necessary for explicating her theory. The first is culture, which she defines as "the learned and transmitted knowledge about a particular way of life with its values, beliefs, rules of behavior, and lifestyle practices that guides a designated group in their thinking and actions in patterned ways." (Leininger 1978, p. 489) In particular, cultural values assist the individual in solving the problems encountered during daily living. (Leininger 1978, p. 490) Thus, because of culture's pervasive influence on an individual's thinking and actions, it follows that culture also defines proper caring behaviors, processes, and needs. What constitutes therapeutic nursing care, therefore, "is largely culturally-determined, culturally-based and can be culturally validated." (Leininger 1978, p. 35)

Ethnocentrism is another important component of transcultural nursing theory. It is "the assumption that one's own beliefs and ways of doing things is best, most superior, or preferred way of functioning." (Leininger 1981, p. 368) This assumption of superiority can lead to cultural imposition or cultural shock, conditions which may prevent therapeutic care from being delivered. (Leininger 1978, p. 57) Cultural imposition

refers to "the tendency of an individual or cultural group to impose their beliefs, values, and patterns of behavior upon another culture." (Leininger 1978, p. 490) It manifests itself by displeasure, lack of cooperation, and withdrawal. (Leininger 1978, p. 12) Cultural shock refers to "a state of being disoriented or unable to respond to the behavior of a different cultural group because of its sudden strangeness, unfamiliarity, and incompatibility to the stranger's perceptions and expectations." (Leininger 1978, p. 490) Thus, the individual is unable to function; he is immobilized. Both of these conditions prevent therapeutic nursing care from being delivered.

On the other hand, cultural accomodation can occur. This condition exists when "health personnel are sensitive to the cultural values and practices of the client, in order ~~that~~ the client's needs are met accordingly, or when practices of the client are respected by health personnel so that the client's lifeways are recognized." (Leininger 1981, p. 368) In this case, the nurse provides culture-specific caring practices with the result of more therapeutic care being delivered and the client being satisfied with the care received.

METHOD

I. Design and Procedure

The ethnoscientific method as described by Leininger (1978), Bush (1975), and Spradley (1979) was utilized for this nonexperimental descriptive study. This approach was selected because it prevents the investigator from imposing her cultural values and meanings on the informants. (Bush 1975, p. 131) In this way, findings relevant and specific to the designated culture can be obtained. This approach is based on two assumptions: 1) "the hidden or unconscious structuring of experiences (culture) will be evident in the person's language;" (Bush 1975, p.130) and 2) "the meaning of any symbol is its relationship to other symbols." (Spradley 1979, p. 97) The investigator's job, then, is to discover the ways in which an informant classifies his experiences and what meanings he gives to his experiences.

To accomplish this objective, Spradley has formulated the Developmental Research Sequence. (Spradley 1979) By following this sequence of interviews, the investigator can discover the cultural meaning and values as classified by the informant.

Major steps of this sequence include:

1. Eliciting folk terms from an informant by asking descriptive questions;
2. Performing a domain analysis, through the use of structural questions, in which the boundaries of the major categories are determined;
3. Constructing a folk taxonomy in

which subsets of domains are arranged according to their relationship to each other;

4. Making a componential analysis in which contrasts and similarities between subsets of domains are explored to discover cultural meanings.

In implementing this sequence, a series of six interviews was conducted with each informant. The first interview, lasting thirty minutes, consisted of explaining the purpose of the project, obtaining the consent to participate in the study, collecting profile information, and getting to know each other. The remaining interviews were each an hour long. An interview schedule was developed for the second and third interviews and consisted of open-ended, descriptive questions related to the general culture and the activities of a father. (See Appendix B) Folk terms elicited in the first two interviews were then written on cards which the informants were asked to separate into categories meaningful to them. This activity resulted in a folk taxonomy which illustrated culturally-relevant relationships between subsets of a domain. These subsets were then examined by the informants for similarities and contrasts. In this way, the cultural meanings by which the informants organize their fathering behavior and interpret their fathering experiences were identified.

II. Sample

To fulfill the purpose of this study, interviews with three fathers from different cultural backgrounds were undertaken. Since the primary focus was on the father's role during childbirth and the neonatal period, local Lamaze instructors and local obstetricians were contacted to help locate informants. After talking to one Lamaze class, two fathers volunteered their time. In addition, an obstetrician located another father willing to be interviewed.

The first father was a middle-class American. He was taking the Lamaze class to help his wife during the birth of their first child. He was twenty-nine years old, had a master's degree in physical education, and worked at the YMCA. His wife was thirty-one, and formerly worked as a church secretary, but was a housewife at the time of the interviews. They had been married four and one-half years and regularly attended the Southern Baptist church.

The second father contacted also participated in the Lamaze class in preparation for the birth of his first child. He immigrated to the United States from India ten years ago. He was thirty-five, had an accounting degree from Illinois State University, and managed an apartment complex. He was a member of the Jain religion. His wife immigrated to the United States five years ago. She was thirty-three and was on maternity leave from Bergner's. She was Hindu. They had been married two and one-half years and both spoke English. His

parents and siblings still live in India although he has at least one uncle living in the United States.

The third father was contacted through the obstetrician's office. His wife is expecting their third child in August. He immigrated to the United States from Vietnam six years ago and works as a janitor in a local hospital. He was thirty-two and was working to complete his degree in electronics. His wife was thirty-four and worked at a local nursing home as an aide. They were Catholic. They had two daughters, ages six years and eighteen months.

Although the investigator did not attempt to control any variable except cultural background, it is significant to note that all three informants were closely matched in age and educational level.

III. Setting

The informants were encouraged to select a setting in which they would be most comfortable. The Indian father preferred having the interviews at his apartment. His wife always listened to the interviews, and helped clarify and expand on her husband's answers. The apartment contained several Indian artifacts, wall-hangings, and paintings.

The Vietnamese father also requested that the interviews take place in his home. His wife attended an interview once, but his children were often present in the room during the interviews. No symbols suggestive of Vietnam were noted.

The American father suggested his office as a suitable setting. No one else was present at these interviews. Numerous certificates from marathons lined the wall and emphasized the importance of sports and health in his life. A biblical scripture done in calligraphy by his wife and a picture of his wife were prominently displayed.

FINDINGS

I. United States

The daily living patterns for Americans are highly individualized depending on their circumstances. For example, Mr. B.'s day begins with a shower and breakfast, in preparation for work. He starts work at nine o'clock in the morning and continues until about six o'clock in the evening. He then goes home and eats dinner. The rest of the evening is leisure time which may be spent with the family, visiting friends, recreating, or attending meetings. (B. 2-12-82) One commonality of all American patterns, however, is the value of time. "Daily living is characteristically urban, regulated by the clock and the calendar rather than by the seasons or degree of daylight." (Arensberg 1975, p. 365) Arensberg goes on to state that American time "is exact...people are punctual, activities are scheduled, time is apportioned for separate activities and the measure is the mechanical clock." (Arensberg 1975, p. 370) Thus, activities are scheduled days, weeks, even months in advance and the American knows exactly what he must accomplish within any given time period.

The prevalent kinship system in the United States is the nuclear family, consisting of a husband, a wife, and usually two or three children. (Alderson 1976; Arensberg 1975) As Mr. B. stated, "some people in society think that if you are not a father, then something's wrong with you. You haven't done everything you're supposed to do as a husband." (B. 2-26-82) In addition, this nuclear family "rarely has continuing geographical roots."

(Arensberg 1975, p. 366) They move from location to location as dictated by their job or personal preference. This geographic mobility results in less intense ties with the extended family. Furthermore, "marital relationships are fluid and not particularly stable...Instead of strong kinship ties, people tend to rely on an enormous number of voluntary associations of common interest..."

(Arensberg 1975, p. 366) These voluntary associations may originate from the work place, the church, or the community.

Education is also important in the United States, "with literacy normal but not universal." (Arensberg 1975, p. 366) Children are required by law to attend school until they are sixteen years old, learning "the cultural goals of good health, character, and citizenship." (Arensberg 1975, p. 366) They also learn "reading, writing, arithmetic, typing, liberal arts, driving cars, basic mechanics, and housekeeping. Specialization comes later in the professional training that ordinarily takes place in college." (Arensberg 1975, p. 366) The educational system itself is administered at the local level because Americans belong to a local community, who can best gauge local needs, resources, and desires." (Gray 1970, p. 56) However, financial backing for the schools is partially derived from state and federal sources. (Gray 1970, p. 57)

A variety of religions coexist in the United States; however, some persons maintain that Americans have become increasingly secularized. (Arensberg 1975; Browne 1980) "A puritan morality has become generalized and secularized...Most people are not anti-religious, but merely indifferent." (Arensberg 1975, p. 366)

Mr. B. echoed this statement when he said, "Some men wouldn't give much thought to the spiritual leadership (of the family)" (B. 2-17-82) Because of the increasing mobility of Americans and the decreasing support from the extended family, the church has come to serve a strong social function. (Arensberg, 1975, p. 366) Furthermore, its beliefs, and practices are concerned "almost as much with general morality as with man's search for the afterlife or his worship of deities. Family relations, sexual customs, man's relationship to other men and civic responsibility are all concerns of religion." (Arensberg 1975, p. 366) Finally, a resurfacing of old rituals is being evidenced by the increasing interest in the occult and in conventional evangelical religious leaders and movements. (Browne 1980, p. 2)

One area in which a religious value has tenaciously held on is the work world. The work ethic, inherited from the Puritan forefathers, holds that "effort is good in itself and with proper effort, one can be optimistic about success." (Arensberg 1975, p. 371) Consequently, "effort is rewarded, competition is enforced, and individual achievement is paramount." (Arensberg 1975, p. 371) As a result of these values, one's status in American society is primarily determined by occupation, education, and financial worth. (Arensberg 1975, p. 365) As Mr. B. revealed, "I don't feel right about taking a buck without earning a buck. Drawing unemployment was the worst feeling I ever had." (B. 2-12-82) Achievement is admired more than inheritance (Arensberg 1975, p. 365) and is primarily measured "by the quantity of material goods one possesses." (Arensberg 1975, p. 367) Because of this

emphasis on achievement as the accumulation of material goods, "the necessities of life are purchased rather than produced for subsistence." (Arensberg 1975, p. 365) As a result, the industrial economy of the United States has boomed and has "brought a widespread wealth of material goods such as the world has not seen before. There has been a wholesale development and diffusion of the marvels of modern comfort." (Arensberg 1975, p. 366)

However, this desire for achievement does not necessarily mean that work is enjoyed. Rather, Americans view work as "what they do regularly, purposefully, and even grimly whether they enjoy it or not. It is a necessity," (Arensberg 1975, p. 369) especially in view of the declining economic conditions. Indeed, the American ideal of the working husband supporting his homemaker wife is no longer a reality because of the declining economic conditions and the continued emphasis on material goods as indicative of achievement. "In many families, it is essential for husband and wife to work to meet the necessities of life." (Alderson 1976, p. 78) This condition has resulted in the blurring of traditional sex roles, although some Americans still hold them as ideal and desirable.

Another concept central to American culture is individualism. Because of the work ethic, individual effort and achievement is rewarded. "This accent on individual worth seems to be largely a heritage of frontier days and later economic expansion when there were plenty of opportunities for the individual to achieve according to his abilities." (Arensberg 1975, p. 376) It is now evidenced by the increasingly common suburban life-style with which

the American "sets himself apart and asserts his individuality in the character of his home." (Ross 1980, p. 20) The value of individualism also manifests itself by "the vast umbrella of tolerance" that covers life in the United States. (Ross 1980, p. 169) This cultural pluralism has become a philosophic approach to life. (Browne 1980, p. 7) As Mr. B. stated, "I hope I give my kids the benefit of the doubt, give them the opportunity to be independent thinkers as long as they aren't too far out of line. Be tolerant of that." (B. 2-12-82) Thus, individuality and tolerance of that individuality are key concepts of the American value system.

The political system is based on the democratic ideal of equality and the moral directives of the Puritan forefathers. The concept of equality derives from the democratic ideals of the American political system and is "more of a moral imperative than an actual fact." (Arensberg 1975, p. 375) It results in the American preference for "simple manners and direct, informal treatment of other persons." (Arensberg 1975, p. 376) The legal and political system is also based on the "assumption that rational people can decide if things have been 'wrong'" (Arensberg 1975, p. 368) This type of two-fold judgement, unique to American life, "forces Americans into positions of exclusiveness. If one position is accepted, the other must be rejected." (Arensberg 1975, p. 367) However, Americans operate comfortably within this code of conduct based on the absolute principles of 'good' and 'bad,' 'right' and 'wrong.' (Arensberg 1975, p. 368)

The health care system of the United states also tends to categorize persons according to the absolutes of 'health' or 'illness.' Either one is healthy and not in need of medical care or

one is ill and requires and should make an effort to secure adequate medical care. (Leininger 1978, p. 277) Health care is obtained principally through public or private hospitals, doctors' offices, clinics, and public health departments. During pregnancy, women generally secure obstetricians for their care and deliver their babies in the hospitals. Fathers are demanding and are being allowed to actively participate in the birth of their babies. (Phillips 1978) One often hears the comment, "It took both of us to create the baby. It takes both of us to have it." (B. 2-17-82) Prenatal rituals performed by expectant fathers, including Mr. B. may include Lamaze classes, breathing exercise practice sessions, and back rubs for their mates. Mr. B. announced the birth by word of mouth, although "people are still handing out cigars." (B. 2-26-82)

Mr. B. identified three nursing needs he anticipated he would feel at the time of the birth. He felt that nurses should tell him how he could help his wife during labor and delivery, give him information on his wife's progress, and employ measures to reduce his anxiety. (B. 2-12-82) After the birth, he stated that the most helpful activity the nurses performed was the provision of moral support. "The nurses not only were technically excellent, knowing what to do to help as much as possible, but also gave a great deal of moral support." (B. 3-5-82) Specifically, the nurses assisted Mr. B. in his coaching activities and asked Mrs. B. if she needed medication, demonstrating their desire to keep her as comfortable as possible. (3-5-82)

Mr. B. organized his fathering activities into three major

categories, based on who benefited from the activity, the time at which the responsibility was assumed, and the duration of the responsibility. (See Table 1.) For example, "fulfill family responsibilities is more for the family as a whole." (B. 3-5-82) This responsibility started when he got married, but became greater with the addition of a child: "you also feel alot of responsibility 'cause you're the only thing she's got and she's totally dependent on you." (B. 3-5-82) "Fulfill family responsibilities" was also an ongoing responsibility, not limited to a specific time.

The second major category, "maintain your own sanity," was described as "more for yourself." (B. 3-5-82) It became a bility before Mr. B. got married and continued to be a necessary part of his life. In contrast, "support E." was a responsibility that terminated after the birth. (B. 3-5-82) Mr. B. contrasted it with "fulfill family responsibilities" by saying, "The overall concept's the same--just trying to do what's best, not just for you, but for the other members of the family. The difference is that this job ("support E.") is terminated." (B. 3-5-82)

Finally, of the three activities, Mr. B. felt "fulfill family responsibilities" was most important.

"You gotta do things you enjoy or you'll go nuts. But, on the other hand, there's gonna be times when perhaps you just can't blindly do all that stuff. The baby is ill and has to go to the doctor, and E. is feeling under the weather, I'd love to play softball, but my family has got to come before that. Your own personal pleasures can't always take a back seat, but most of the time you gotta remember you're not responsible for one person anymore." (B. 3-5-82)

Table 1

Mr. B.'s Taxonomic Definition of Being a Father

T ₁	T ₂	T ₃	T ₄
Fulfill family responsibility	Help around the house	Cooking	
		Running errands	
		Laundry	
		Running the vacuum	
		Do whatever she needs	
		Doing the dishes	
	Make sure the family has enough recreational pursuits		
	Take care of financial responsibilities	Knowing where the money is	
		Being the main breadwinner	
	Being the spiritual leader	Show the child that we go to church	
		Read the Bible	
		Set an example	
	Assume some responsibility for care of the child	Work as a team	
		Help E. give the baby a bath	
		Change diapers	
		Take him to school	
Maintain your own sanity	Raise a child right	Discipline	Deny privileges
			Good old-fashion spanking
		Just being home with the kids	
		Spend time with them	
Support E. during labor and delivery by working as a team	Help her relax during labor and delivery	Playing with the baby	
		Enjoying the baby	
		Doing things you enjoy	
		Breathing patterns	
		Effleurage	
	Keep her as comfortable as possible	Cold packs	
		Back rubs	
		Timing contractions	
		Give her ice chips	
	Just being there	Mop her forehead with a wet washrag	
		Play some backgammon	

"Fulfill family responsibilities" included many activities that were different from each other in several respects, including rank importance. The most important activity was "raise a child right." Mr. B. described this activity as "not just a cookbook type thing, but you put more thought behind it because there's a lot of responsibility...It's not just a mechanical process." (B. 3-5-82) He also described "raise the child" as enjoyable, and a responsibility that he shared with his wife.

"Raise a child right" included "disciplining," "being home with the kids," and "spending time with them." "Spend time with them" was repeatedly emphasized as the most important activity to "raise a child right."

"The overriding thing is the time you spend with your kids. You spell 'love' T-I-M-E.. To me, that's what a good father is: one that will spend time with his kids not just provide them with material things." (B. 2-26-82)

In addition, "spending time with them should be enjoyable, activities you both enjoy doing." (B. 3-10-82) In contrast, "disciplining is something that isn't pleasant but is necessary. I wouldn't mind it that much because I know it's necessary." (B. 3-10-82) He included spanking and denying privileges as the two main avenues of discipline. (B. 2-26-82) "Being home with the kids" was also identified as important to "raise a child right" but not as important as "spend time with them."

The second most important family responsibility to Mr. B. was "being the spiritual leader." He stated in the very first in-

terview that he felt it was important for a child to grow up in a Christian home. (B. 2-12-82) Later, he identified it as an activity similar to "raise a child right" because "everything you do as a spiritual leader ~~is~~ part of raising a child right, but it's for the whole family." (B. 3-5-82) He also felt that he and his wife shared the responsibility for "being the spiritual leader."

Included in "being the spiritual leader" were "show the child that we go to church," "read the Bible," and "set an example." "Set an example" was viewed as the most important activity because "what your kids see you doing is more important than what you tell them." (B. 3-10-82) He also described it as "more than an academic exercise... it's gut-level honesty." (B. 3-10-82) In contrast, "show the child that we go to church" and "read the Bible" are "two activities the kids could see as just a kind of routine." (B. 3-10-82) They differ from each other in that "read the Bible" is an activity done everyday, both individually and with the family. "Going to church," on the other hand, is a family activity limited to Sundays. (B. 3-10-82) He identified both of these activities as equally important to being the spiritual leader.

Third in importance to "fulfill family responsibilities" is "take care of financial responsibilities." Mr. B. views this activity as a necessary evil: "most of us would like to be able to spend money for what they need and not worry about it." (B, 3-5-82) In addition, he considers it his primary responsibility, rather than one shared with his wife. "Any income E. would earn would help, but it's not the major source." (B. 3-10-82) This activity includes "knowing where the money is" and "being the main bread-

winner." "Being the main breadwinner" is an activity that is present-oriented and involved with getting the money. (B. 3-10-82)

"Knowing where the money is" is both present and future-oriented and involves "being responsible with what you have. If you can be responsible and know how much you have and how much you can spend, that sort of thing, you're going to create less problems for you and your family." (B. 3-10-82) Both "knowing where the money is" and "being the main breadwinner" are equally important to financial responsibilities. (B. 3-10-82)

"Assume some responsibility for the care of the child" is fourth in importance to "fulfill family responsibilities." He identified this activity as primarily his wife's responsibility, "but I don't think that's primarily women's work." (B. 3-5-82) He described it as "more the day-to-day tasks, such as changing diapers, feeding the baby, running errands, and taking him to school. It's more mechanical things." (B. 3-5-82) However, it is generally enjoyable. Included in "care for the child" was "work as a team," "help bathe the baby," "change diapers," and "take him to school." "Work as a team" was identified as an enjoyable activity "that can draw you closer together." (B. 3-10-82) "Help bathe the baby" and "change the diaper" were both present-oriented activities but the former was fun to do and the latter was a necessary evil. Finally, "take him to school" was a fun activity that will take place in the future. (B. 3-10-82)

The fifth most important activity to "fulfill family responsibilities" is "make sure the family has enough recreational pursuits." Both Mr. B. and his wife share responsibility for this activity. It is differentiated from other family responsibilities

because it is not perceived as a responsibility: "it's a fun-type thing. You don't feel like it's a responsibility." (B. 3-5-82) Finally, it is an activity beneficial to the entire family. (B. 3-5-82)

The sixth and least important family responsibility is "help around the house." It is viewed as a necessary evil (B. 3-5-82) and enjoyable only because he knows it helps his wife. (B. 3-10-82) "Help around the house" includes "cooking," "doing the dishes," "running errands," "running the vacuum," "laundry," and "doing whatever she needs." He differentiated between these activities primarily on whether or not he liked doing them. For example, Mr. B. stated, "I don't mind doing the dishes; I hate cooking." (B. 3-10-82) Laundry is also intensely disliked. The other activities were viewed as more desirable, but certainly not enjoyable.

In sum, the broad category, "fulfill family responsibilities" was subdivided into six major areas. The most important categories were "raise a child right," "being the spiritual leader," and "take care of financial responsibilities." Mr. B. upheld the American belief that the man is primarily responsible for providing for the family unit while his wife has primary responsibility for care of the child and household chores. Religion appears more meaningful to Mr. B. than the review of American values indicates most American feel. He grew up in a religious family and as he stated, I think you get a lot of patterning from your folks." (B. 2-12-82)

The second category of being a father was "maintain your own sanity." Mr. B. further divided this category into "playing with the baby," enjoying the baby," and "doing things you enjoy."

He viewed them as all equally important, distinguishing them primarily in terms of time. "Playing with the baby is a little further down the road, start toddling around and crawling." (B. 3-5-82) "Enjoying the baby" is a present activity: "you can stand there and look at the baby and enjoy the baby." (B. 3-5-82) "Doing things you enjoy" is an activity that occurred in the past and in the present, and will occur in the future. (B. 3-5-82)

The final category included in being a father was "support E. during labor and delivery by working as a team." Mr. B. divided this category into three activities according to the timing of the activity, the type of activity, and the relative importance of each activity. The most important activity was "help her relax." (B. 3-5-82) This activity was performed while the contractions were actually occurring. It was an active process; Mr. B. did breathing exercises with his wife, gave her back rubs, and performed effleurage. Of these activities, performing the appropriate breathing exercise was the best way to help E. relax. (B. 3-10-82)

"Keep her comfortable" was the second most important activity to "support E. during labor and delivery." Like "help her relax," it was an active process: Mr. B. would get her ice chips to suck on, "mop her forehead with a wet washrag," or play backgammon or cards with her before the contractions were frequent. However, unlike "help her relax," "keep her comfortable" was a continuous activity, occurring during and between contractions. (B. 3-5-82) Similarly, the least important part of support, "just being there," also occurred continuously. However, "just being there" was "a mental support, that she knows that whatever she

needs, somebody is going to be there to help her along." (B. 3-5-82)

Cultural values, then, operant for Mr. B. as he forms his father role include: 1) the man's responsibility to financially provide for his family; 2) the importance of religion in daily life; 3) respect for individualism; 4) the importance of sufficient quality time and recreation; 5) the importance of cooperation within the family; and 6) the importance of physical and mental health.

From this data, it is possible to hypothesize the major caring constructs salient for Mr. B. as a father. However, validation of these hypotheses by him is needed to complete Phase II of Leininger's conceptual model. In relation to his wife, it appears that comfort measures and support measures are the most important to him. He appears to differentiate between comfort and support measures during labor and delivery. "Just do whatever she needs for her is the main thing of support," stated Mr. B. (B. 2-17-82) On the other hand, comfort measures were activities that he could list: get her ice chips, rub her back, perform effleurage. (B. 2-17-82) Thus, support appears to be more of a mental type of comfort whereas comfort appears to refer exclusively to physical comfort. In relation to his child, two caring taxons that appear important to Mr. B. are nurturance and surveillance. He expressed frequently the need to spend quality time with his children, doing activities that were mutually enjoyed. At the same time, he anticipated the need to discipline his children, and so, watch over them. Finally, in relation to the family unit, health maintenance acts appear to be the dominant caring taxon. He expressed this taxon as the need for enough recreational pursuits, to maintain everyone's mental and physical health.

II. India

A typical day begins early for the people of India. At four o'clock in the morning, religious people bathe in ice-cold water. The places of worship are filled by dawn with people performing their morning prayers. After prayers, the women serve a large breakfast to the men. (Fodor 1971, p. 113) The men have left home for work by seven o'clock; they will not return home until seven o'clock in the evening. The men work six days a week but Mr. S. states, "That doesn't mean they are any more productive than here. In India, the pace is much slower." (S. 2-12-82) When he comes home from work, he eats supper, talks to his family, and goes to bed.

The woman in India has primary responsibility for taking care of her husband, her children, and the house. (S. 2-12-82) After her morning prayers, she begins to do the household chores. (Fodor 1971, p. 113) She is expected to prepare the meals for her family, clean up the dishes afterwards, clean the house, and do the laundry. "The woman is supported by the man," states Mrs. S., and she will work outside the home only if the family needs the money. (S. 2-12-82) Although she can choose to work outside the home, most women do not because "it's awful hard to take care of house and work, too." (S. 2-12-82)

The people of India usually eat two large meals a day, one in the morning after prayers and the other meal late in the afternoon. (Fodor 1971, p. 114) In the city, however, this pattern is altered greatly and reflects the British influence in urban

areas. City dwellers may have a morning tea, followed by a big breakfast. About mid-morning, they may stop for some tea or coffee. Lunch comes in the early afternoon, followed by an afternoon tea. Finally, dinner is served in the evening. (Fodor 1971, p. 114)

The most prevalent kinship system in India is the joint family. In this system, married sons and their families remain in the parents' home and subject to parental authority. (Spear 1961, p. 46) As Mr. S. stated, "Even when we go home, my father is boss of the house." (S. 2-17-82) Furthermore, the tie with the extended family remains strong: "even though we are here, we still believe that we are the same family under my parents, we are still united. Only thing is we are living under different roofs." (S. 2-17-82) Income earned by the sons is shared to cover family expenses. (S. 2-12-82) The most senior male member of the household presides over the house, receiving the deference due a patriarch. (Fodor 1971, p. 113) Similarly, the eldest female has authority over other women in that household. However, when the man is home, the women, regardless of age, are subject to his authority. (S. 2-12-82) He expects to be taken care of; whether he helps his wife with the children or with the housework is strictly his choice. As Mr. S. so graphically said, "In his house a man is king and is very powerful, even if outside the house, he is a coward." (S. 2-12-82)

Children are highly valued in India. They are viewed as an automatic byproduct of marriage: "you got married, so you're going to have children," states Mr. S. (S. 3-1-82) Sons are especially valued, since they carry on the family name. (S. 2-12-82) Although discipline is the responsibility of both parents, "The

role of male in raising children, especially infants, it's all up to mothers. You can count on fathers less," says Mr. S. (S. 2-17-82) However, the father becomes increasingly important and dominant as the child grows older. (S. 2-17-82)

Most parents support their children while they are in school since education is viewed as "the only way to make money." (S. 2-12-82) Without a bachelor's degree, a person is labelled "uneducated." (S. 2-12-82) However, he went on to state that "It is almost to the point that a bachelor's degree doesn't mean anything because the jobs just aren't there." (S. 2-12-82) He states his education has been beneficial in that "I am able to evaluate my own needs and plan family. Population is a big problem in India, but the uneducated feel that the government that tells them, 'Don't have so many kids' is interfering in their religion because children come from God. But I can limit my family because I am educated." S. 2-12-82)

India has several different religions. Hinduism, Mrs. S.'s religion, is an essentially monotheist religion because Hindus believe in the oneness of the Supreme Being. However, the major attributes of the Supreme Being are assigned to lesser gods. A doctrine important to Hindus is the doctrine of karma which addresses the law of moral consequences. The form of rebirth into the next life depends upon the way one has lived this life. (Spear 1961, p. 48) Mr. S. is Jain, a nonconformist type of Hinduism. (Spear 1961, p. 61) Its beliefs are more philosophical than religious. (Fodor 1971, p. 27) An important doctrine of this faith is ahimsa, which requires that all life must be respected,

since every living thing has a soul. (Spear 1961, p. 61) Members of this faith are vegetarians, eating cheese or drinking milk for protein. (S. 2-17-82) Jains, like Hindus, believe in karma, the transmigration of the soul. (Fodor 1971, p. 146) The way to salvation, they believe is through "right knowledge, right conduct, right faith, and chastity..." (Fodor 1971, p. 27) 'Right conduct' is defined as adherence to the doctrine of ahimsa and through "total tolerance for other faiths which may all contain a partial truth." Fodor 1971, p. 27)

The political system of India is similar to the United States system and is based on a constitution which guarantees several fundamental rights. (Government of India 1979, p. 78) A Council of Ministers with the Prime Minister as its head "aid and advise the President in the exercise of his functions." (Government of India 1979, p. 17) In reality, however, the Prime Minister wields much more power than the preceding statement conveys. The Council of Ministers is responsible to the Lok Sabha, the House of the People. (Government of India 1979, p. 17) Locally, self-government is employed. (Government of India 1979, p. 17)

Economically, India has a rich supply of natural resources and an abundant supply of man-power. However, it remains a predominantly agricultural society. (Government of India 1979, p. 164) Mr. S. states that jobs are "just not there." (S. 2-12-82) Labor, consequently, is cheap. Mr. S. stated that in India, a person could get domestic help "for dollar or two dollar a day." (S. 2-12-82) Thus, if one was just above middle class, he could afford to hire someone to help his wife around the house.

The health care system of India is provided primarily through the state governments. District and subdivisional hospitals are presently being developed to remove the deficiencies of the referral services. (Government of India 1979, p. 100) At present, the primary health center is the base for medical services in rural area; providing "basic medical care to the community..." (Government of India 1979, p. 101) Because the hospitals are government-run, they are very low-cost. (S. 2-12-82) Although doctors and nurses staff the hospitals and health centers, people may still consult health care workers such as vaidyas and hakims, who practice medicine as a family profession. (Government of India 1979, p. 101) In the rural area, midwives are called to deliver babies at home. In the city, a doctor is called and will deliver a baby either at home or in the hospital. (S. 2-12-82)

In India, fathers do not attend the birth of their child; indeed, they appear unconcerned about the whole process. Mr. S. states that "Back home---I wouldn't do anything. I may be at work and get a call, that says, 'Hey, you have a baby.'" (S. 2-12-82) Prior to the birth of his son, he stated, "My responsibility is to get her to the hospital and give her to the doctor, then the doctor gives the baby to me. What else can I do?" (S. 2-12-82) In a later interview, he revealed that "I believe I am not going to be a big part to make her deliver. It's going to be done. It's a natural process." (S. 2-17-82) Although he did attend his son's birth, when first asked about taking Lamaze class and attending the delivery his first reaction was "I don't want to go to deliver." (S. 2-17-82) After the birth, however, he stated, "I feel

it was very good that I took Lamaze class and I was with her."
 (S. 3-1-82) No special form of birth announcement is used in India; Mr. S. announced the birth by word of mouth.

Mr. S. viewed the nurse's role as one of "making sure nothing goes wrong, and giving me knowledge." (S. 2-12-82) The knowledge he expected to be given was how he could best help his wife be comfortable during labor and delivery and how to take care of the baby. He also expected nurses to keep him informed of his wife's progress, explain procedures, and respond to his requests for assistance. (S. 3-1-82)

Mr. S. believed that his primary activity as a father was to "make sure everything goes alright for my family." (See Table 2.) He viewed this activity as encompassing all his other fathering activities. In describing this domain, he stated the belief that "everything goes alright for my family is whatever any man wants." (S. 3-1-82) Terms he included under "everything" were "happiness," "prosperity," and "good health." (S. 3-1-82)

This broad category was then divided into three different activities based on the components of time, place, and the degree to which the activity was self-directed. "Make sure everything goes alright for my wife" was limited to the time of labor and delivery and the hospital: "how we were planning to act or behave while she was in the hospital." (S. 3-4-82) Activities within this category were either initiated by Mr. S. or requested by Mrs. S. In contrast, "make sure everything goes alright for my child" is an activity which is occurring in the present and will occur in the future. This activity takes place at home and is "strictly

Table 2

Mr. S.'s Taxonomic Definition of Being a Father

T ₁	T ₂	T ₃	T ₄	T ₅
Make sure every- thing goes alright for my family	Make sure everything goes alright for my child	Care for the baby	Change the dia- pers	
			Play with the baby	
		Get what- ever is needed for the child's happiness	Take him to doctor	
			Make sure he gets all he needs	
			Make sure he gets all the nourish- ment	
	Make sure everything goes al- right for my wife	Prepare to go to hospital	Education	
			Write down questions	
			Prepare the bag	
			Make sure she gets the right food	
			Make sure she's comfortable	Rub her back
				Arrange the pillows
				Get wet wash- cloth
		Lower and raise head of bed		
		Make sure I do my part	Make sure she was doing breath- ing properly	Breathing exer- cises
			Follow orders from doctor or nurse	
			Get whatever she would need	
			Make sure we know what is going on	Bring questions to the doctor
				Ask nurse how she's doing
				Learn about monitor
		Help around the house (what- ever chores she asks me)	Laundry	
Doing the dishes				
Cleaning				
Looking af- ter the baby				
Grocery shopping				

related to baby." (S. 3-4-82) Although some activities in this category may be initiated by Mrs. S., most are self-directed activities that Mr. S. would do with the baby. Finally, "help around the house" was an activity that occurred both before the birth and after the baby came home. It was limited to the house. It was also "primarily an activity with my wife" (S. 3-4-82), but one that Mr. S. will not do without a request: "No routine--I would rather do instantaneously, on the spot, whatever she says instead of making it that I would have to do without her asking me." (S. 3-10-82) He viewed these three categories as equally important to being a father although their importance at any specific point in time would vary. (S. 3-10-82)

At the third taxonomic level (T_3), Mr. S. divided "make sure everything goes alright for my child" into "care for the baby" and "get whatever is needed for the child's happiness." These two activities differ in terms of time, degree of Mr. S.'s responsibility, and the demands of the child. Mr. S. states that "care for the baby is strictly present, right now." (S. 3-4-82) In addition, "he wouldn't be demanding for anything except food" (S. 3-4-82) which "his Mom is taking care of. I'm not doing anything." (S. 3-10-82) He went on to say, "As far as I'm concerned, my responsibility right now is very, very small. But as the future comes along, my responsibility will grow." (S. 3-10-82) In addition to Mr. S.'s increasing responsibility in "getting whatever is needed for the child's happiness," the child's demands will also be increasing to include toys, books, clothing, school supplies, and money.

Segregates included in "care for the baby" were "change the diapers," "play with the baby," and "take him to the doctor." "Change the diaper" was described as an activity in which he helped his wife. (S. 3-4-82) In contrast, "playing with the baby" was an activity which he initiated and actively participated in. "If he's wide awake, content after being fed, not crying, then I will keep the baby with me. I will talk to him, cradle him." (S. 3-4-82) Mr. S. smiled and gestured during this description as if he were actually holding the baby. He enjoyed "playing with the baby" more than "changing the diaper" or "take him to doctor." However, "changing the diaper" and "take him to the doctor" were viewed as more important than "play with the baby." "Playing with him is important, but if I don't play with him it's not going to hurt him" (S. 3-10-82) whereas if he did not take him to the doctor when needed or change his diaper when needed, it would be harmful to the baby.

"Get whatever is needed for the child's happiness" was divided into "make sure he gets all he needs," "make sure he gets all the nourishment," and "education." Mr. S. distinguished these segregates from each other on the basis of time and the type of need fulfilled when each segregate was attained. For example, "make sure he gets all the nourishment" occurs "right now" and will continue throughout childhood. It satisfied the child's physical requirements for nutrients and is required for health. (S. 3-4-82) In contrast, "make sure he gets all he needs" is an activity occurring "as he grows along" (S. 2-17-82) and satisfies primarily emotional needs: "if he wants toys to make him happy"

(S. 3-4-82) or if he wants something he sees other children have. "Education" was placed in "the distant future" (S. 2-17-82) and fulfilled mental and "financial (needs) maybe in the future." (S. 3-4-82) These three segregates were all needed for happiness, but they resulted in happiness through the fulfillment of different needs.

Thus, "making sure everything goes alright for my child" is viewed by Mr. S. as a means to help his child achieve happiness, prosperity, and good health. His activities relate primarily to mental and emotional needs and financial support, although he also participates in health maintenance acts, such as changing the diapers and taking him to the doctor. He appears to be maintaining the Indian more that fathers support their families financially and leave the details of raising the children to their wives.

The second major category of "make sure everything goes alright for my family," "making sure everything goes alright for my wife," included "prepare to go to hospital" and "make sure I do my part." Mr. S. described "prepare to go to the hospital" as "a very small thing" for which his wife was primarily responsible. (S. 3-10-82) All he did was drive to the hospital and request that Mrs. S. receive a vegetarian diet. (S. 3-10-82) In contrast, "make sure I do my part" was "a large thing" for which Mr. S. was primarily responsible. It was also an action dependent on the situation and requiring mental activity, whereas "prepare to go to hospital" entailed following the instructions received in Lamaze class. (S. 3-10-82)

"Make sure I do my part" was divided into five activities:

1) "make sure she's comfortable;" 2) "make sure she was doing her breathing properly;" 3) "follow orders from doctor or nurse;" 4) "get whatever she would need;" and 5) "make sure we know what is going on." Of these activities, "make sure she's comfortable" was the most important: "She must be comfortable; she must relax." (S. 3-10-82) These five activities were also different from each other in terms of who initiated the activity and whether the activity was an observation or an action. "Make sure she's comfortable" was both an action and an observation. Mr. S. initiated this activity by asking Mrs. S., "How are you feeling? Are you comfortable?" (S. 3-4-82) He also felt that "you might be able to see that she is comfortable or maybe you might feel she is comfortable." (S. 3-10-82) Mr. S. identified five activities that made Mrs. S. comfortable during labor: 1) "rub her back;" 2) "arrange the pillows;" 3) "get wet washcloth;" 4) "lower and raise the head of the bed;" and 5) "breathing exercises." He did not differentiate these activities, saying only, "Whatever she would ask me to do, I would do it." (S. 3-10-82)

"Make sure she's breathing properly" was an activity which could be observed. (S. 3-4-82) In addition, he would initiate action by reminding Mrs. S. to do the right exercise. (S. 3-4-82) Similarly, "know what is going on" was both an observation and an action. Mr. S. asked the nurse how his wife was doing "from time to time." (S. 3-4-82) He could also observe the fetal monitor.

"The monitor was there and the nurse told me what was happening and I would keep an eye on the monitor and it was giving me comfort that I could see that everything was normal." (S. 3-10-82)

The last two segregates included in "make sure I do my part" were both actions only and initiated by someone else. "Get whatever she would need" included getting the nurse, ice chips, pillows, or washcloths, but Mrs. S. had to ask for the specific item. (S. 3-4-82) Similarly, "follow orders from the doctor" is something "you just do." (S. 3-10-82) Furthermore, "If doctor or nurse told me not to do it, I would not go ahead and do it." (S. 3-10-82)

In sum, Mr. S.'s major responsibility as a father in relation to his wife was making sure she was comfortable, relaxed, and adequately taken care of during labor and delivery. Although he felt responsible for his wife's financial support, he did not identify this activity as part of his fathering behavior. In comparison with other Indian men, his responsibility for taking care of his wife during labor and delivery was great. He did not exhibit the typical lack of concern about childbirth that his Indian counterparts reportedly do. This change is probably the result of acculturation into the American ideal that the father should participate in the birth of his child.

The last major category, "help around the house," was divided into "laundry," "doing the dishes," "cleaning," "looking after the baby," and "grocery shopping." These activities were primarily differentiated according to the desirability of the activity. For instance, "I would rather stay with the baby than do the cleaning or the shopping." (S. 3-4-82) He also views laundry as "a little bit easier than doing the dishes and cleaning," (S. 3-10-82) but he views "laundry," "doing the dishes," "cleaning" and "grocery shopping" as "equally bad." (S. 3-4-82) Thus, in this area, he

maintained the Indian belief that taking care of the home is primarily the wife's responsibility.

In summary, the dominant cultural values that guide Mr. S.'s fathering behavior and perceptions include: 1) respect for all life; 2) tolerance for those with opinions different from his own; 3) the importance of the joint family; 4) the value of children; 5) the importance of education; and 6) the need of the male to "make sure everything goes alright for my family."

Major caring taxons salient for Mr. S. can be hypothesized from the preceding data. Again, validation of these taxons with Mr. S. would be required to complete Phase II of Leininger's conceptual model. In relation to his wife, Mr. S. appeared to view comfort measures, surveillance, and helping behaviors as the important caring taxons. Comfort measures, appear to be limited to the labor and delivery period and include physical actions such as arranging the pillows. Surveillance was expressed as the desire to know what was going on with his wife, by asking questions and keeping track of his wife's progress. Helping behaviors, on the other hand, occurred in day-to-day living such as when Mrs. S. would ask him to help around the house. Caring taxons used by Mr. S. in relation to his child include support measures and nurturance. Support appears to involve making sure the child gets all he needs to be healthy, happy, and prosperous. It primarily involves items which must be bought, such as food. On the other hand, nurturance was expressed by his desire to stay with the baby and interact with him rather than do house hold chores. Finally, health maintenance acts in relation to the family as a whole is important to Mr. S., expressed by his willingness to keep appointments.

III. Vietnam

In Vietnam, the man has primary responsibility for the support of his family. (V. 2-18-82) He lives in a straw hut, shared with several generations of his family. Everyday, he works in a rice paddy or rubber plantation owned by a distant landlord. (Henderson 1967, p. 43) Since land rents often amount to fifty percent of the harvest, the typical Vietnamese man is poor. (Henderson 1967, p. 43) While he works, his wife stays at home and takes care of the children. (V. 2-18-82) She is responsible for raising the children, and keeping the family within their budget. (V. 2-18-82) In the evening, the family is able to spend time together, eat dinner, and "try to relax, but forget about working." (V. 2-18-82)

The diet of the Vietnamese is based on rice, "but includes fish, ~~porrk~~, soups with noodles, coagulated blood from animals, spices, hot peppers, fish sauce (nuoc mam), soybean sauces, fruits, vegetables, and green tea. Soup is considered an excellent snack." (Clark 1978, p. 178) The diet remains the same during a woman's pregnancy, but postpartally her diet is restricted to "dry foods." (Clark 1978, p. 179)

Large families with several generations living in one household is the prevalent kinship system in Vietnam. (Henderson 1967, p. 43) The Vietnamese family remains very close, if not actually under the same roof. They help each other and work together. (V. 2-18-82) Parents will continue to support their children after they are married (V. 2-25-82) and the children will help their

parents. (V. 2-18-82)

"My dad bought a house on Empire Street and I helped them to buy that house. And when we paid off that house, they helped me buy this house." (V. 2-18-82)

Mr. V. remains in close contact with his parents and siblings although they have now moved out of state. (V. 3-17-82)

Twenty-one is considered the ideal age for a young man to marry, whereas women get married around seventeen. (Clark 1978, p. 178) After a couple marries, Mr. V. stated, "Of course, when they get married, they plan to have baby right away...In my country, the child is the knot between the parents. If you have children, the mother and father stay together well." (V, 3-4-82) Furthermore, Vietnamese tend to have large families because "God give them children, so they don't want to limit their children." (V. 3-4-82) Sons are especially valued because they carry on the family name. (Clark 1978, p. 177) Both parents are responsible for disciplining small children. However, the mother usually scolds only, whereas the father metes out more severe punishment. (Clark 1978, p. 180)

Education is valued in Vietnam as the only way to get ahead. (Clark 1978, p. 180; V. 2-11-82) Parents push their children to go to school and support them through the university. (V. 2-18-82) They are also very proud of their children's accomplishments at school. (Hoskins 1965, p. 41) Vietnam has both a private and a public school system. The private system requires the person to pay for tuition and all other expenses. The public system, on the other hand, is free since the schools are government run.

However, because of limited space, especially in the high school, the child must pass an examination to be accepted. Books and other expenses are paid for by the individual. The universities are also free because of government ownership, but acceptance is determined by examination results. (V. 2-18-82)

Vietnam has two major religions, Buddhism and Catholicism. Buddhism is the most popular and is actually a combination of a folk religion (anamism), Confusionism, Taosism, and Buddhism. (Hoskins 1965, p. 61) One of the major tenets of Buddhism is moderation in all things, ^{maintaining} and maintains that self-denial is as bad as overindulgence. (Clark 1978, p. 176) Catholicism, on the other hand, is the religion of ten percent of the Vietnamese people, (Clark 1978, p. 177) including the V.s. He states when he was growing up in Vietnam, "we have to go to church usually everyday... In the morning, you have to go to church to see the Mass. Then, in evening, go to church and pray thirty or forty minutes; then go home and go to bed." (V. 2-18-82) He went on to say, "by myself, I don't follow my father's steps, but I will guide (my children) to understand Catholic ceremony...In here, I don't want to push them to do it, but we go to Mass every Sunday." (V. 2-18-82) In addition, almost every home in Vietnam, including Catholic homes, have a family altar. (Hoskins 1965, p. 67)

Politically, Vietnam is now communist. Prior to the war, South Vietnam was governed by a political system lik that of the United States. (V. 2-18-82) With the defeat of South Vietnam, the communists took over. Mr. V. states, "When a country becomes communist everything is controlled by the government. You work ten

hours a day, and they give you some money, a little bit, like food stamps, and you exchange that for food." (V. 2-18-82) He felt that since the war, Vietnam has become a poor country. Jobs are there, but they do not pay well. (V. 2-18-82) "The people don't have anything, just got enough food to eat. That's it." (V. 2-18-82)

The health care system in Vietnam, like the educational system, is divided into the public and the private sectors. The private hospital is better than the public hospital, but the person must pay for the services rendered. (V. 2-18-82) Mr. V. states, however, that "If you have money, you go to private hospital and get in faster." (V. 2-18-82) The public hospital, in contrast is free because it is government-owned and government-operated. (V. 2-18-82) It takes a long time to get admitted to the public hospital "because so many people get in there. When my wife begins to have baby, we have to call ahead three or four hours, even longer than that," says Mr. V. (V. 2-18-82) Because only bigger cities have hospitals, small stations, like emergency rooms, meet the health care needs of the rural areas. These stations are also government-run, and are staffed by a doctor and a nurse. If a person has an emergency health problem, such as a broken arm, he can "get right in there" and get treatment. (V. 2-18-82) They also provide monthly check-ups for their service area. (V. 2-18-82)

Health is highly valued in Vietnam and manifest itself in a wide variety of health-illness beliefs. Illness is viewed as a "direct result of disharmony with the universe," (Clark 1978, p. 178) or as the result of "malicious, insulted, or uncared-for spirits." (Hoskins 1965, p. 41) Rituals are aimed at appealing to a deity

for protection or at appeasing the evil or errant spirits. (Clark 1978, p. 178) Medicines may also drive the evil spirits away. (Hoskins 1965, p. 41) The Vietnamese use both herbal and Western medicines, but the herbal medicine helps only minor aches and pains, (Clark 1978, p. 178) whereas the western medicine is more powerful. (Hoskins 1965, p. 55) The Vietnamese also may utilize charms as both preventative medicines and cures. (Hoskins 1965, p. 55)

Vietnamese view pregnancy as normal, but hold several beliefs about this period. For instance, Mr. V. revealed that his wife had told him that if she carried a boy, then the father will be "bothered" by the boy. If it was a girl, she would be "bothered."² (V. 2-2-5-82) Mr. V. also believed that his role during delivery was practically nil: "There is nothing I can do. The doctors and the nurses do it all." (V. 2-25-82) During childbirth and postpartally for several months, women avoid drinking or consuming large amounts of water. High-water content foods, such as watermelon or cucumbers, are avoided and only dry foods, such as well-drained meat are eaten. (V. 2-25-82) Vietnamese women also avoid taking showers during the first postpartum days. (V. 2-25-82)

Vietnamese women either give birth at home with a midwife or "a specially-trained nurse" in attendance or they go to the hospital. (V. 2-18-82) However, Mr. V. felt that home births have been declining for the past fifteen or twenty years. (V. 2-18-82) Furthermore, childbirth education classes are becoming more ac-

² "Bothered" meant being sick, especially vomiting. (V. 2-25-82)

ceptable to Vietnamese. (Clark 1978, p. 179) "This is a change from traditional roles which excluded men from all activities related to pregnancy and childbirth." (Clark 1978, p. 179) However, Mr. V. stated that fathers generally stay away from the delivery. (V. 2-25-82) He also viewed the nurse's role during this period as exclusively related to his wife, "just make sure she's comfortable." (V. 2-17-82)

Finally, the birth of the baby is announced about a month after it is born with a party. Although grandparents and other members of the immediate family are told as soon as possible after the birth, friends wait until this party for the official announcement. Presents for the baby are brought to this party and "we cheer for the baby." (V. 3-4-82) Baptism also occurs around this time. (V. 3-4-82)

Mr. V. organizes his fathering behavior into two major categories: 1) "keep the family going" and 2) "make sure (my wife) has a peaceful mind." (See Table 3.) Mr. V. states, "I am the father, so I have to support them by financial support and everything I can." (V. 3-4-82) In this way, he "keeps the family going." At the same time, he views "make sure she has a peaceful mind: as part of being a father "because she is most important to raise the children...I have to support her if I want to support my children." (V. 3-17-82)

Segregates at the second taxonomic level (T_2) of "keep the family going" were "improve financial" and "raise the children." He differentiated these two activities on the basis of time and who had the primary responsibility. "Improve financial" was primarily

Table 3

Mr. V.'s Taxonomic Definition of Being a Father

T ₁	T ₂	T ₃	T ₄	T ₅
Keep the family going	Improve financial	Work on free time		
		Save money		
	Raise the children	Do the babysit	Discipline children	Cleaning up mess
			Help the children	Be firm, steady
				Give her bath
				Feed her
		Support them	Train the children	Teach her time to go to sleep, time to eat, time to go to restroom
				Play games with them
				Set an example
				Tell them that's not right
Make sure she has a peaceful mind	Try to help her	Do the dishes		
		Clean the house		
		Cook		
		Do the babysit		
		Get her food and clothing she wants		
	Love her more			
	Spend time together			

Mr. V.'s responsibility and was limited to the time spent at work. "I am the main one to do it. In my tradition, usually the man do that part in any family. (V. 3-11-82) On the other hand, "raising the children was primarily his wife's responsibility; "I just stand by her, to do the same job with her." (V. 3-11-82) "Raising the children was also an activity "that keep going even any time they're young until they are on their own." (V. 3-11-82) Finally, Mr. V. differentiated between these two activities according to their rank importance. "Raising the children is most important than make money. Improve financial just help me to have an easy time to help them." (V. 3-11-82)

Mr. V. identified two activities that "improve financial" at the third taxonomic level (T₃). "Work on free time" and "save money" differed primarily in how they "improve financial."

"Saving the money, that mean we try to save on every area that we can. Like less spent on clothing, less spent on gas bill, something like that. Working on free time also improve financial, but when I work on free time, that mean, when I need extra money to buy something, I try to work before I buy it...That also save money, but it save money for specific reason." (V. 3-11-82)

Both these activities save money and result in improved financial situation, but Mr. V. works extra in one case to get extra spending money, whereas in the second case he does not work at all, but does not spend the money saved.

"Raise the children" was subdivided into "do the babysit" and "support them." "Do the babysit is a job" partly because it is a routine (V. 3-11-82) and because he feels he gets paid to do

it "because I don't have to pay someone else to do it." (V. 3-17-82) "Do the babysit" is also time-limited to a certain number of hours a day. (V. 3-17-82) "Support them," however, is a responsibility and not a routine. (V. 3-17-82) It is also not limited to a particular time. "Support them, that mean I will always stand behind them and help them anytime they need." (V. 3-17-82) Mr. V. rates the two activities as equally important to "raise the children."

Activities included in "do the babysit" at the fourth taxonomic level were "discipline the children," "help the children," and "train the children." "Discipline the children" was described by Mr. V. as giving them the reason for not doing something so they can control themselves and behave properly. Included in disciplining the children was "cleaning up if she makes a mess" and "be firm, steady." "Be firm, steady" was viewed as more important to discipline than "cleaning up mess" because "if I want them to do something, I have to be firm and steady." (V. 3-17-82)

"Help the children" was felt to be "probably something she can do, she can do it by herself." (V. 3-17-82) Examples Mr. V. used to illustrate his point included getting food to eat, and "she want to understand something, she is curious, about something and I just talk with her and try to explain the way she can understand." (V. 3-17-82) He also included giving the eighteen-month old a bath, but noted "usually that job is my wife's." (V. 3-17-82)

The characteristic of "training the children" that was most salient for Mr. V. was that training involved teaching or showing the children how to do something. For example, although "cleaning up a mess" is part of "discipline children," it is also part

of training: "when she makes something or mess around, show them how to clean it up--that I consider training them." (V. 3-17-82) He also noted that "helping the children is just support for the training." (V. 3-17-82) Activities included in "train the children" were: 1) "teach her time to eat, time to sleep, time to go to restroom;" 2) "play games with them;" 3) "set an example;" and 4) "tell them that's not right." He differentiated these activities by saying:

"Playing games is just time to relax and play games with them. Probably they enjoy it. Teaching them is probably also relax time in there too, but pay attention more. The most important is that she understand the subject and she understand what I want to talk about. Set an example is support during time for teaching them and playing games with them." (V. 3-17-82)

These activities are all part of training them" because Mr. V. is either showing them or teaching them how to do something.

Mr. V. subdivided "support them" into "educate them," "hold and cuddle them," and "get her food and clothing that she needs." To Mr. V., "educate them" not only included simply sending them to school, but also helpign her with her homework, teaching her things not taught at school, and answering any questions she may have. (V. 3-17-82) He also identified that his oldest daughter or he will initiate the activity: "sometime I do and sometimes she do. She take a book and I show her how to do it." (V. 3-17-82) Finally, "educate them" provides mental support, "helps their mind to grow." (V. 3-17-82)

In contrast, "hold and cuddle them" is primarily an action

initiated by his daughters. It provides more emotional support: "like she can have a happy time in her mind, support them that way. But that also help them to support them to have peace in mind." (V. 3-17-82) "Get her food and clothing she needs," on the other hand, is initiated by Mr. V. and provides physical support. (V. 3-17-82) Thus, "educate them," "hold and cuddle them" and "get her food and clothing she needs" are equally important to support, but they fulfill different needs.

In sum, Mr. V.'s primary activities related to "keep the family going" are "improve financial" and "raise the children." However, in relation to other Vietnamese men, his role in "raise the children" is larger because he must do the babysit while his wife is at work. At the same time, he maintains that his primary responsibility is financial support of his family and making their future secure. In this way, he is like other Vietnamese men.

The second major category of Mr. V.'s fathering behavior is "make sure (my wife) has a peaceful mind." This activity was subdivided into three categories at the second taxonomic level: 1) "try to help her; 2) "love her more;" and 3) "spend time together." these three categories differed in time, degree of activity, and involvement of other people. For instance, "love her more" is a continuous activity, whereas "try to help her" occurs only when Mr. V. is home or is needed: "I will always love her. But sometime, for example when I have to work, I can't help her. But in case she needs help, I will quit my work and come back to help her." (V. 3-11-82) "Try to help her" is also physically active;

he does something to help her, such as household chores. "Love her more" was identified as more of a mental process. "Spend time together" is differentiated from the previous activities by the involvement of other people. "We try to make time together so we can talk," (V. 3-11-82) but to "make time" means arranging work schedules with other people. It is limited to the time spent together and is also an active process: "we can talk, and we can touch, talk about financial, how to help the children, my parents, her parents, stuff like that." (V. 3-11-82)

Activities at the third taxonomic level included in "try to help her" were "do the dishes," "clean the house," "cook," "do the babysit," and "get her food and clothing she wants." The first three activities were differentiated from each other as "just different jobs." (V. 3-11-82) He also stated, "I just do it when I have the time." (V. 3-17-82) In contrast, "do the babysit is the heavier and most important part to help her." (V. 3-11-82) He felt he had no choice as he had with doing the dishes or cleaning: he had to do the babysit everyday. (V. 3-17-82) He also felt that "do the babysit," "do the dishes," "clean the house," and "cook" were all routine activities, described as "things you do everyday, the same." (V. 3-17-82) In contrast, "get her food and clothing she wants is in case of special days, like she sick or something like that." (V. 3-11-82)

Thus, Mr. V.'s main fathering activities in relation to his wife are trying to help her and support her in various ways. He sums it up by saying, "I can tell when she happy. If I am the only one keeping the family going, I can't. So my wife help me and

I help her. It all relate together." (V. 3-4-82)

Cultural values that guide Mr. V.'s behavior, then, include: 1) cooperation within the family; 2) the importance and value of children; 3) the value of education; 4) the value of work and wise money management; 5) the value of religion in life; and 6) the importance of health.

In reviewing the data, several hypothetical caring taxons can be identified. Validation with Mr. V. about the accuracy of these hypotheses would be needed to complete Phase II of Leininger's conceptual model. Support measures and helping measures appear to be central caring taxons for Mr. V. in relation to his wife. Support was expressed by "love her more," and "spend time together." In addition, talking together was also viewed as a necessary component of support. (V. 3-11-82) Helping behaviors were frequently mentioned and Mr. V. often had difficulty assigning primary responsibility for a task to his wife or himself because "we help each other." (V. 2-18-82) In relation to his children, nurturance and surveillance were the two caring constructs most often expressed. Mr. V. clearly loved his children, smiling at them, hugging them, and taking time to answer their questions. He also stated, "I love my children and they are most important in my family." (V. 2-18-82) At the same time, however, he recognized the need to discipline them and watch over them.

CONCLUSION

I. Discussion

From the wealth of data obtained from these fathers, similarities and differences can be identified and can form the base from which further research can be launched. Additional research is necessary since the findings and hypotheses to be discussed cannot be generalized because of the small sample used in this study. Individual nursing assessment continues to be imperative to the delivery of therapeutic, culturally-acceptable care.

The most striking similarity between the three fathers was in their perceived responsibility to financially support their family unit. Mr. B. felt it was his primary responsibility to "take care of financial responsibilities," Mr. S. stated he would be the main breadwinner and "make sure (my child) gets all he needs," and Mr. V.'s major responsibility was to "improve financial because that keep a family alive." Furthermore, each of these men stated that other men in their culture felt that financially providing for the family was also their major area of responsibility. Thus, this activity may be a universal activity of all fathers *of these cultures*.

Secondly, the family was highly valued by the informants. Mr. B. repeated frequently the need to spend "quality time" with the family. He also made frequent and glowing references to his own parents, leaving the impression that he remains close to them although they are separated by miles. Mr. S. also echoed this sentiment when he stated, "Even though we are here, we still believe that we are united." (S. 2-17-82) Mr. V. maintained close ties with his parents and emphasized how members of a family must

work together and help each other. In addition, all the informants stated they would have a great deal of responsibility, shared with their wives, for disciplining the children.

Thirdly, all the informants included activities with their wives as central to their perception of "father." Mr. B. and Mr. S. limited their fathering activity related to their wives to the labor and delivery period. This activity primarily involved supporting their wives and assuring their comfort throughout this period. They included house hold chores as parts of being a father, but this activity was related to the family unit rather than to their wives. On the other hand, Mr. V. viewed supporting and helping his wife as a fathering activity not limited to the labor and delivery period. Rather, it was a continuous part of his fathering behavior and he included household chores as part of this behavior instead of a family activity. This difference may be due to the fact that his wife was not due until August and was, as a result, chronologically removed from the labor and delivery experience. Nevertheless, all the informants included activities related to their wives as part of their fathering role.

Finally, all of the fathers expressed nurturant feelings for their children. Mr. B. enjoyed holding his baby and playing with her. Mr. S. also enjoyed these activities, preferring to stay with his baby to doing household chores. Mr. V. demonstrated much affection for his children by hugging them, kissing them, smiling at them, and playing with them. It is significant to note that none appeared ashamed of or surprised by the nurturant feelings, even though Mr. S. and Mr. V. come from cultures where fathers

have little to do with children except discipline them.

Differences between the father's perceptions were evident, but did not appear to be as significant as the similarities because they were primarily found at the more specific taxonomic levels. Again, these differences may be due to individual differences rather than cultural differences, making generalizations unwise. Nevertheless, the differences are important to note since their recognition may mean the difference between the delivery of therapeutic care and the delivery of nontherapeutic care.

Mr. B. was the only father to include in his taxonomy a category involving and benefitting himself. "Maintain your own sanity" was identified as a small, albeit necessary, part of being a father. Perhaps, this category reflects the unique American value of the importance of the individual and the need and right to maintain one's physical and mental integrity. In addition, he also felt that part of his responsibility as a father was making sure his family had enough recreation, a category not included by Mr. S. or Mr. V. Again, this inclusion may be a reflection of the American need for recreation and play since work, its opposite, is an unenjoyable necessity.

Mr. S. expressed the desire to know what was going on during labor and delivery and how his wife was progressing. This desire to "make sure we know what is going on" was not expressed by Mr. B. or Mr. V.

Finally, Mr. V., as noted before, included "make sure she has a peaceful mind" as part of being a father. He felt, unlike Mr. B. and Mr. S., that helping and supporting his wife, not only during

labor and delivery, but all the time, was essential to help him fulfill his fathering role, reflecting the value of cooperation within the family. In addition, he, unlike Mr. B. and Mr. S. did not and does not anticipate attending Lamaze class. He attended the labors of both his children and the delivery of the second child, but viewed his role during that time only as interpreter for his wife. He did not feel he played a big part during labor and delivery.

II. Implications for Nursing

As can be seen from this study, the father can no longer be ignored during the labor and delivery period and the neonatal period. He is becoming increasingly involved in the events of this time period and has nursing needs that must be met for therapeutic and family-centered care to be claimed.

The fathers who participated in this study identified several nursing needs common to all of them. First, during labor and delivery, the men's primary concern is for their wives' comfort and well-being. They stated that nurses by performing technical procedures efficiently and providing support and guidance for comfort measures, were fulfilling one of the fathers' needs, making sure their wives were comfortable. In addition, the fathers requested that if they were not coaching adequately or correctly, that the nurse tell them and instruct them how to help their wives in a more therapeutic way. The nurses' reinforcement of the husbands' coaching efforts was also felt to be helpful.

Secondly, the fathers requested that the nurse explain unfamiliar procedures, such as the application of the fetal monitor,

before carrying the procedure out. Periodic reports of the wife's progress were also helpful in reducing anxiety in the fathers.

These nursing interventions were agreed upon by the fathers interviewed as appropriate measures to reduce their anxiety at this time. Beyond that, however, lie the individual differences and the cultural differences which must be assessed for each father. For example, Mr. V. believed that he had no significant role during childbirth. He did not take the Lamaze class, but must be present during labor and delivery to interpret for his wife. The nurse taking care of the V.s must assess the degree to which Mr. V. would like to be involved in coaching his wife and teach him the appropriate techniques. At the same time, she must be prepared to coach Mrs. V. if Mr. V. declines to get involved. Furthermore, lack of involvement on Mr. V.'s part should not be misconstrued as lack of support for his wife or the beginnings of poor father-infant attachment. Rather, it should be interpreted as simply an expression of his cultural value system.

Similarly, nurses need to assess the degree to which fathers want to learn about infant care and then, provide those who want to learn with the opportunity to do so. For example, prenatally, both Mr. B. and Mr. S. expressed interest in learning infant care. However, after the birth of their babies, Mr. B. gravitated to helping around the house instead of helping take care of his baby. Mr. S., on the other hand, preferred to look after the baby than do household chores. In this case, Mr. S. would have benefitted more from infant care classes than Mr. B. However, the choice should be available without the pressure of being labelled as a

'good father' or a 'bad father.' In addition, nurses should assess the father-infant bond carefully, being cognizant of cultural values that may dictate that "Childbirth is women's work," (Chung 1977, p. 74) resulting in a seemingly unsupportive and uninvolved father.

Finally, the degree of acculturation is important to note to deliver therapeutic care. Mr. S. stated that Indians are quickly acculturated into the American life-style (S. 2-12-82) and some of their activities, such as their social activities, are indeed similar to American couples. However, they also maintain some essential Indian customs that are important for the nurse caring for them to know. For instance, because the S.s are vegetarian, teaching of postpartum nutrition and infant nutrition must be altered to take into account this culturally-prescribed diet. Similarly, Mr. V.'s expanded role of taking care of the children must be assessed rather than assuming he, like other Vietnamese fathers, does not "do the babysit."

III. Implications for Further Study

Further descriptive study of the cultural values and meanings of fathers is necessary to provide a complete data base from which culturally-specific nursing interventions can be derived. However, specific hypotheses-testing must also occur to begin to develop cross-cultural and culturally-specific theories about the role of the father. Possible hypotheses suggested by this study include:

- I. Support of a father's culturally-prescribed role will result in father-infant attachment.
- II. Cultures in which the extended family is important will exhibit greater nurturant behaviors.
- III. Fathers in cultures where sex roles are clearly delineated and inflexible will have greater difficulty expressing nurturant behaviors.
- IV. Support of a father's culturally-prescribed role will facilitate transition to and acceptance of the father role.

IV. Summary

Interviews with three fathers of different cultural backgrounds were performed to examine the culturally prescribed roles and values of fathers during the labor and delivery and the neonatal periods. Using Leininger's conceptual model as a guide, the data was examined for similarities and differences in the men's perceptions of fatherhood. It was concluded that although the similarities were more significant than the differences, culture-specific nursing care was still needed especially in the neonatal period. Caring constructs unique to each culture were hypothesized as well as general hypotheses in need of further research.

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APPENDIX A

Consent to Participate in Study

I, _____, consent to be interviewed by Sarah Bucknell regarding my role as a father. I understand that:

1. participation in this study does not cause discomfort or involve personal risk;
2. I have the right to refuse to answer any questions asked of me;
3. information obtained during the interview will remain confidential and that my name will not appear in the final report;
4. Sarah will answer any health-related or study-related questions I may have;
5. interviews will be taped;
6. I may terminate my participation at any time.

(Witness)

(Signature)

(Date)

APPENDIX B

The Interview Schedule

A. First Interview

1. What do you do during a typical day?
Probe for: role of male at home
 role of male at work
 role of mate
 cultural patterns
2. How long has this pattern occurred?
Probe for: similarities/differences from father's pattern
 resistance to change
 acculturation aspects
3. How is this pattern different or similar to the daily patterns of others in your cultural group?
Probe for: cultural similarities/differences
 degree of acculturation
4. Could you describe the _____ of your culture?
 - a. Educational system
 - b. Religious sytem
 - c. Political system
 - d. Health care system
 - e. Economic systemProbe for: impact of above systems on his life and perception of father role
5. What social activities do you participate in?
Probe for: support systems and its influence on paternal role expectations/development
6. Under what conditions and to whom would you turn first for health care if you could choose?
Probe for: cultural health workers
 indigenous health care system
- * 7. What do you hope nurses do for you during childbirth and after the birth?
Probe for: culture-specific care needs

B. Second interview

- * 1. What will you do as a father?
Probe for: 1) activities related to wife
 - a) prenatal
 - b) intrapartal
 - c) postpartal

- 2) activities related to infant
- 3) activities related to family unit
- 4) activities related to society

- * 2. How are these activities similar to or different from what other men in you culture do as fathers?
Probe for: cultural similarities/differences
degree of acculturation
- 3. How do you prepare yourself to become a father? What activities do you have to perform to ensure a safe delivery?
Probe for: prenatal preparation/rituals
presence of couvade
- 4. What ceremonies do you perform or go through to signify that you are a father?
Probe for: announcement of pregnancy to society
intrapartal rituals
announcement of birth to society
- * 5. How do you feel about becoming a father?
Probe for: perception of pregnancy
impact of fatherhood on societal status
- * 6. How do other people feel about you becoming a father?
Probe for: societal attitudes toward fatherhood
cultural similarities/differences
parents' reaction--has relationship with them changed?
- 7. What is the difference between a good father and a bad father? How do their activities before, during, and after birth differ?

C. Postpartal interview

- 1. How have your daily activities changed since the birth of your child?
Probe for: activities indicative of paternal role assumption
contrasts between reality and expectations
- 2. Repeat starred prenatal questions, assessing differences between expectations and reality.