Exploring Cypriot Fathers' Attitudes, Beliefs and Level of Involvement Around the Decision-Making Process for Childbirth Method.

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Dedication

I dedicate my research to my dad who has always been an involved father throughout my life.

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I would also like to thank my parents, my sisters and my friends who have been by my side throughout this process and have made it possible for me to complete what I started.

Declaration

I declare that the work in this thesis was carried out in accordance with the regulations of the University of Nicosia. This thesis has been composed solely by myself except where stated otherwise by reference or acknowledgment. It has not been previously submitted, in whole or in part, to this or any other institution for a degree, diploma or other qualifications.

Signed ….....…….. Date ……...……

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CHAPTER 1 GENERAL INTRODUCTION

1.0.Introduction

Paternal involvement during pregnancy plays a critical role in maternal and child health. It has been associated with a shorter duration of labour, a reduction in pain levels and in turn less need for pain relieving medication (Ip, 2000), as well as a reduction in anxiety levels and exhaustion (Plantin, Olykoya & Ny, 2011). Additionally, paternal involvement during the prenatal period has shown to help men adjust better to fatherhood. It offers them an opportunity to engage with their baby which ensures later positive father-child interactions (Alio et al., 2013; Ekstrom, Arvidsson, Falkenström & Thorstensson, 2013; Xue, Shorey, Wang, & He, 2018). Despite the positive health outcomes there are only a few studies to date attempting to understand what it actually means to be an involved father during pregnancy. In general, there is little consistency and consensus in how father involvement is conceptualized and consequently measured, raising major methodological concerns in the field (Xue et al., 2018). Therefore, the current scoping review aims to clarify what it means to be an involved father during pregnancy by mapping and summarizing the evidence on key variables.

What is more, there are only a few studies investigating and exploring the decision-making process couples follow during pregnancy when choosing childbirth delivery options especially in countries where elective caesareans are significantly high. According to Martínez-Mollá et al., (2015) shared decision-making between couples allows for an exploration of more options, leading to better choices, as each partner offers their own perspective. Yet there is a lack of knowledge in regards to the role the father may play in this process; whether his decisional influence is constraining or supporting the choices being made, which will ultimately affect his own and his partner's childbirth experience and outcomes. In light of the high caesarean delivery rates in Cyprus (56.9% in 2015) (Third European Perinatal Health Report, 2018) which is a cause of concern due to the risk of harm placed on healthy women and babies (Kingdon et al. 2018); the research study aims to explore Cypriot fathers' beliefs, attitudes and level of involvement during the decision-making process around childbirth method. Both the scoping review and research study intend to shed a deeper understanding of paternal involvement during pregnancy.

CHAPTER 2 SCOPING REVIEW

The Key Variables of Paternal Involvement during Pregnancy: A Scoping Review

Abstract

Objective: The current scoping review sought to map and summarize the available evidence on the key variables of paternal involvement during pregnancy. ***Introduction***: There is little consistency and consensus in how father involvement is conceptualized and consequently measured, raising major methodological concerns in this field of research. ***Methods***: The scoping review's methodological framework was based on the guidelines proposed by Peters et al. (2015). A search was conducted on all major databases including: PubMed, the Cochrane Library, CINAHAL and PsycINFO. Only articles specific to prenatal fathers' involvement (including childbirth) published in the English language were included. No date limitation was imposed. Recruited fathers whose newborns were premature or diagnosed with congenital abnormalities were excluded, as were fathers whose partners had prenatal or intrapartum complications. The Joanna Briggs Institute Meta-Analysis of Statistics Assessment and Review Instrument (JBI-MAStARI) was used to extract data. ***Results***: Only a handful of studies assessing paternal involvement have been published. This review identified a total set of 5 studies; 4 qualitative studies and 1 hermeneutic review. The following six key variables of paternal involvement during pregnancy were identified: a) attending doctor appointments, b) seeking information c) providing emotional and physical support to their partner d) shared decision making e) presence during childbirth and f) providing financial support. ***Conclusion***: The current scoping review presents an initial step in clarifying how fathers involve themselves during their partners' pregnancies. It demonstrates the paucity of research in the field and recommends future studies to be conducted using not only qualitative but quantitative designs as well as to include participants other than the traditional mother-father form. Also, researchers are encouraged to take into account sociocultural differences when interpreting results in order to develop a foundation of cross-cultural awareness and knowledge on paternal involvement during pregnancy worldwide.

2.0. Introduction

Paternal involvement during pregnancy plays a critical role in maternal and child health. It is associated with better birth outcomes by lowering the risk of fetal growth restriction, infant mortality, low birth weight and preterm birth (Redshaw & Henderson, 2013; Kim, 2015). Meier and Avillaneda (2015) reported that there is an almost twofold increase in the risk of mortality in infants born to single mothers. The mechanisms through which paternal involvement affect birth outcomes have been linked to the impact fathers can have on not only influencing negative maternal behaviors (such as smoking) but also reducing maternal stress through emotional, practical and financial support (Alio, Lewis, Scarborough, Harris & Fiscella, 2013). Furthermore, spouse support to women during delivery helps them have a more positive experience (Gungor & Beji, 2007). It has been associated with a shorter duration of labour, a reduction in pain levels and, in turn, less need for pain relieving medication (Ip, 2000), as well as a reduction in anxiety levels and exhaustion (Plantin, Olykoya & Ny, 2011). Additionally, paternal involvement during the prenatal period has shown to help men adjust better to fatherhood. It offers them an opportunity to engage with their baby which ensures later positive father-child interactions (Alio et al., 2013; Ekstrom, Arvidsson, Falkenström & Thorstensson, 2013; Xue, Shorey, Wang, & He, 2018).

Despite the positive health outcomes prenatal paternal involvement has on the somatic and mental health of the whole family, there is a minimal body of research investigating what factors constitute involvement during pregnancy. Over the course of the twentieth century, paternal involvement has been perceived and defined in different ways at different times. The dominant feature of fatherhood was once considered to be breadwinning, however, over time this has shifted to viewing the father as a nurturing figure (Lamb, 2000). Even though there is a general consensus amongst researchers that paternal involvement is a multifaceted concept, existing definitions and measures of prenatal father involvement have a restricted focus to specific components of involvement, particularly pertaining to behavioural intentions to participate during this time (e.g. attending prenatal classes). There seems to be little acknowledgement of emotional, relational and interpersonal aspects of prenatal involvement (Palkowitz,1987), such as the father's attachment to the unborn child and the relationship between him and his partner, factors that have been shown to determine the quality and level of involvement (Alio et al., 2013; Cabrera et al., 2009; Santis & Barham, 2017).

What is more, there is little consistency and consensus in how paternal involvement is operationalized raising major methodological concerns in the field (Xue et al., 2018). Lamb (1997) defines father involvement as encompassing the following three aspects: accessibility (e.g. being available and present at prenatal activities), engagement (e.g. interactions towards mother) and responsibility (e.g. arrangement of resources available to child). Whereas, the commission on paternal involvement in pregnancy outcomes (2010) position paper, conceptualizes paternal involvement during pregnancy as "activities or practices by the male partner anticipating birth that ideally lead to an optimal pregnancy outcome" (p. 4). Also, there are no widely accepted reliable and valid psychometric tools extensively used to measure paternal involvement; and there are evident inconsistencies in the instruments that have been developed. For example, Ampt et al. (2015) included a variety of variables such as attendance at prenatal appointments/childbirth and inter-spousal communication to measure paternal involvement. However, Redshaw and Henderson (2013) only included variables to measure behavioural involvement during pregnancy (e.g. presence at antenatal checks, education classes). Most researchers do not explicitly explain the reasons they choose certain components to measure paternal involvement (Alio et al., 2013). Additionally, the majority of studies attempting to conceptualize prenatal paternal involvement heavily depend on mothers' reports excluding fathers' beliefs on their role during their partners' pregnancies, leading to concerns about the validity of reports (Rentzou, Gol-Guven, Koumarianou & Zengin, 2019). According to Cabrera and Tamis-Lemonda (2013) researchers have also failed to acknowledge the variability of fathers that exist across diverse contexts. The extent of paternal investment during pregnancy and what are considered important aspects of this involvement, vary across religious, cultural and social class groupings (Lamb, 2010). This seems to compound the complexity of developing a widely accepted conceptual framework and measure that captures the multidimensionality and variability of father involvement.

In order to develop future research and appropriate interventions to increase paternal involvement during pregnancy and, as a result, improve birth and infant outcomes, it is essential to investigate what men's roles are during pregnancy. To date, no existing scoping or systematic reviews on the topic have been conducted. The objective of the current scoping review is to map and summarize the available evidence on key variables of paternal involvement during pregnancy.

2.1. Methods

The current scoping review's methodology was conducted based on the framework guidelines proposed by Peters et al. (2015). The research question that refined the scoping review was: What are the key parameters of paternal involvement during pregnancy?

2.1.1. Search strategy

Firstly, a search strategy to identify relevant articles took place. The search was conducted on the following databases: PubMed, the Cochrane Library, CINAHAL and PsycINFO (last search 20th of September 2020). Then titles and abstracts were screened against the inclusion and exclusion criteria. The reference list of all identified reports and articles were searched for additional studies. Keywords used when searching across all databases included: (variable* OR determinant* OR parameter* OR factor* OR character* OR role*) AND (paternal OR father* OR male) AND (involv* OR engag* OR particip*) AND (pregnancy OR prenatal OR perinatal OR antenatal).

2.1.2. Type of participants

Studies that included male adults (over the age of 18 years) who are fathers were considered for the current review. Recruited fathers whose newborns were premature or diagnosed with congenital abnormalities were excluded, as were fathers whose partners had prenatal or intrapartum complications. These exclusion criteria were deemed necessary so as to minimize possible external factors that could affect the general accounts of paternal involvement in pregnancy and childbirth.

2.1.3. Type of studies

Taking into account how limited the literature in this area of research is, no study was excluded on the basis of research design. No date limitation was imposed, however, only articles published in the English language specific to prenatal father involvement (including childbirth) were included. Articles investigating postnatal paternal involvement were excluded.

2.1.4. Quality appraisal

The Joanna Briggs Institutes'(JBI) Critical Appraisal Checklist for Qualitative Research was used to appraise the included articles (Lockwood, Munn & Porritt, 2015). Articles meeting 60% or more of the criteria in the checklist were included in the review.

2.2. Results

2.2.1. Studies' characteristics

A total of 2791 articles were retrieved. After the removal of 224 duplicates and title and abstract screening, 116 papers were kept for full-text retrieval. Once they were read to determine relevance 111 were discarded as not meeting inclusion criteria. A further 14 papers obtained through reference checking were screened however none were retained due to irrelevance. Once the remaining 5 articles were screened, their methodological qualities were assessed using the JBI's Critical Appraisal Checklist (Lockwood et al., 2015) (See Table 2.0). A total set of 5 studies were included in this review; 4 qualitative studies and 1 hermeneutic review (See Figure 2.0). It is important to mention that the study by Alio et al. (2013) included in the current review was also included in the hermeneutic review. Data was collected via semi structured interviews (n=2), through focus group interviews (n=1) and one study utilized both methods. Interviews were analyzed using content analysis (n=2), interpretative phenomenological analysis (n=1) and both content and thematic analysis (n=1). Included studies were published between the years of 2013 and 2018, over a 5-year period. There was a total of 130 participants across the 4 studies, the number of participants included in the hermeneutic review was not stated. Their ages ranged from 21 to 56 and they were expectant fathers and/or mothers (n=2) or fathers and/or mothers with a child up to two years of age (n=2). Participants were recruited from Saudi Arabia, Jordan (Bawadi, Qandil, Al-Hamdan, & Mahallawi, 2016), the USA (Alio et al., 2013), Sweden (Johnsen et al., 2017; Widarsson, Engström, Tydén, Lundberg, & Hammar, 2014), Denmark and Finland (Johnsen, Stenback, Halldén, Crang Svalenius, & Persson, 2017) (See Table 2.1).

Figure 2.0

Flow of Studies in the Systematic Scoping Review

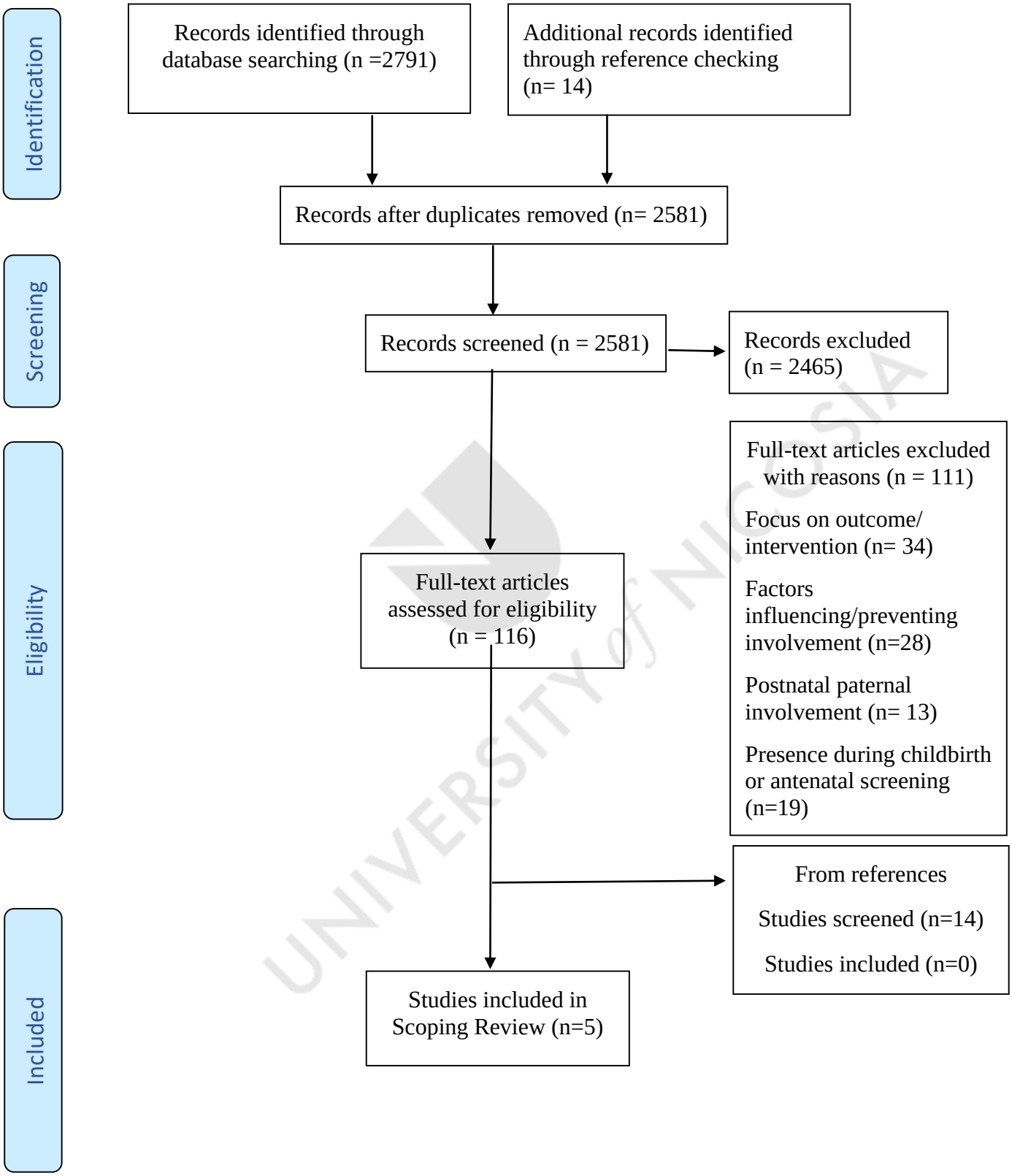

Table 2.0

Critical Appraisal Checklist

Checklist questions	Alio et al. 2013	Widarsson et al. 2015	Bawadi et al. 2016	Johnsen et al. 2017	Expoo, 2016
1. There is congruity between the stated philosophical perspective and the research methodology	unclear	unclear	✓	unclear	✓
2. There is congruity between the research methodology and the research question or objectives	✓	✓	✓	✓	✓
3. There is congruity between the research methodology and the methods used to collect data	✓	✓	✓	✓	✓
4. There is congruity between the research methodology and the representation and analysis of data	✓	✓	✓	✓	✓
5. There congruity between the research methodology and the interpretation of results	✓	✓	✓	✓	✓
6. There is a statement locating the researcher culturally or theoretically	X	X	X	X	N/A
7. The influence of the researcher on the research, and vice- versa, is addressed	X	X	X	X	N/A
8. Participants, and their voices, are adequately represented	✓	✓	✓	✓	N/A
9. The research is ethical according to current criteria or, for recent studies, there is evidence of ethical approval by an appropriate body	✓	✓	✓	✓	N/A
10. Conclusions drawn in the research report do appear to flow from the analysis, or interpretation, of the data	✓	✓	✓	✓	✓

Table 2.1

Study Characteristics

Authors/year	Country of participants	Type and number of participants	Design and Method
Alio et al. 2013	USA (Majority African American)	Mothers (n=37) and Fathers (n=13)	Content & Thematic Analysis Focus Group
Widarsson et al. 2015	Sweden	Expectant Mothers (n=20) and Fathers (n=10)	Content Analysis/Focus Group & Interview
Bawadi et al. 2016	Jordan (n=9) Saudi Arabia (n=10)	Fathers (n=19)	IPA/Interview
Johnsen et al. 2017	Sweden (n=18), Denmark (n=8), Finland (n=5)	Expectant Fathers (n=31)	Content Analysis/Interview
Expoo, 2016	----------	Fathers and Mothers (Including Expectant)	Hermeneutic Review

2.2.2. Key variables of paternal involvement during pregnancy

Based on the current review the following six key variables of paternal involvement during pregnancy were identified: a) attending doctor appointments, b) seeking information c) providing emotional and physical support to their partner d) shared decision making e) presence during childbirth and f) providing financial support.

Attending doctor appointments

The majority of participants in the included studies of the current scoping review expressed the importance of fathers attending doctor appointments with their partners. In a study exploring expectant Nordic fathers' experiences of participation during pregnancy, respondents described ultrasound appointments as proof of the pregnancy and as a consequence undertook practical activities in preparation for their baby's arrival (Johnsen et al., 2017). Hearing and seeing the baby enabled the fathers to feel a part of the pregnancy by establishing a bond with the baby and a partnership with their spouse. This was also the case for the respondents, both fathers and their expectant spouses, in a study conducted by Widarsson et al. (2015). They reported that the ultrasound appointment was a turning point as the pregnancy became a reality which motivated the fathers to prepare for the delivery of their baby and strengthened the relationship between the expectant parents. Additionally, during the focus groups, in Alio et al.'s (2013) study, expectant parents expressed the view that an involved father during pregnancy is someone who is present during prenatal visits and ultrasound appointments. Recently, researchers based their hermeneutic review (Expoo, 2016) on Lamb's model identifying the following components of paternal involvement: accessibility, engagement, responsibility and maintaining a relationship with the woman carrying the baby. Their synthesis of findings demonstrated paternal accessibility during pregnancy involving being present for their partners' antenatal medical checks. However, they found a significant difference in these attendances between cultures; with the majority of fathers from British and Spanish studies reporting their presence during the appointments in comparison to the majority of participants recruited from Uganda who do not accompany their partner. Finally, interviews with Arabic fathers revealed that even if they wanted to be involved during doctor appointment visits their culture discourages paternal involvement during pregnancy and health care policy limits their access to maternity clinics unless there is a health complication (Bawadi et al., 2016).

Seeking information/prenatal classes

According to the authors of the hermeneutic review (Expoo, 2016) an important aspect of paternal involvement during pregnancy is engaging with the partner to learn about pregnancy, childbirth and parenthood. Fathers in Johnsen et al.'s (2017) and Widarsson et al.'s (2015) studies stated that they felt more involved during the prenatal period when seeking and learning information about the process from online platforms and/or from books. Downloading applications that show fetal development helped the fathers visualize how the baby is growing and in turn enabled them to feel more connected and involved in the process. Alio et al. (2013) reported that expectant parents believed that attending parental groups helped the fathers gather information in preparation for delivery. This view was corroborated by first-time fathers in Johnsen et al.'s study (2017), who mentioned that they felt involved during the pregnancy when they participated in parenting groups where they not only communicated about the upcoming delivery but also learned breathing and relaxation techniques. The Arab fathers recruited in Bawadi et al.'s study (2016) did not mention seeking information as an important aspect of feeling involved during their partners' pregnancies. Furthermore, findings from the hermeneutic review (Expoo, 2016) are mixed due to cultural differences. The authors reported that only a minority of fathers in Singapore attend prenatal classes, whereas the majority of fathers in Uganda and Thailand involve themselves. British fathers also reported being involved in obtaining information during their partners' pregnancies, however, those living in deprived areas were less likely to do so.

Providing emotional and physical support to partner

The importance of providing emotional and physical support to the partner during pregnancy was evident in the fathers' reports in all studies included in this review. In both Johnsen et al.'s (2017) and Bawadi et al.'s (2016) studies most fathers took on the role in helping their partners adopt a healthy lifestyle during the pregnancy. Ensuring their partner ate a balanced and healthy diet as well as exercising was perceived as a way of protecting both their partners and the baby's wellbeing. The authors of the hermeneutic review (Expoo, 2016) also reported that most expectant fathers in their collected studies felt it was their responsibility to protect their unborn baby by nourishing their partners and making sure they weren't straining themselves physically. This is in agreement with reports from expectant fathers in Johnsen et al.'s study (2017) who stated that assisting with housework and caring for other children was another way in which to feel involved during their partners'

pregnancies. Bawadi et al. (2016) reported that even the fathers who didn't take it upon themselves to assist in household matters, made sure that their partners didn't work by relying on other female family members to prepare meals and care for the household. Furthermore, undertaking other domestic tasks such as working on the nursery was considered as an important action during the perinatal period for fathers in the Widarsson et al.'s (2015) study. Some fathers reported that this was a way to reciprocate due to the fact that their partners were carrying the baby. Additionally, fathers in all the studies included in the scoping review mentioned offering their partner emotional support during their pregnancy. The majority of fathers reported that they try to show understanding and are tolerant when their partners show negative emotions, attributing this to hormonal changes due to pregnancy. In Johnsen et al.'s study (2017) fathers empathized, reassured and comforted their partner when anxious about the pregnancy and/or delivery. Furthermore, respondents in the study by Alio et al. (2013) emphasized the importance of a healthy communication between the couple in order to feel connected and involved during the perinatal process.

Financial support

In one study, Arab fathers mentioned that supporting their partner financially during her pregnancy was a way to show involvement (Bawadi et al., 2016). Several research studies included in the hermeneutic review (Expoo, 2016) emphasized financial support on behalf of the father as an important factor of paternal involvement especially for fathers from Uganda and Nigeria. In the study by Alio et al. (2013) the researchers asked the fathers and their expectant spouses about finances during pregnancy. They responded that it was an important aspect of paternal involvement but not as crucial as emotional and physical support. What is more, the remaining studies in the current scoping review did not mention financial support as a key component of paternal involvement (Johnsen et al., 2017; Widarsson et al., 2015).

Present during childbirth

The majority of studies reported that learning about childbirth was an important aspect of paternal involvement during pregnancy, however, only one study mentioned that an involved father during pregnancy is also present during childbirth (Alio et al., 2013). The authors of the hermeneutic review (2016) believe that an important aspect of paternal involvement during pregnancy is an active participation in the laboring process. They reported cultural differences regarding paternal involvement during childbirth. In some

developing countries it is prohibited for fathers to enter the birth room in comparison to Europe where fathers report high attendance rates. What is more, in Scandinavian studies paternal presence during childbirth is taken for granted and therefore is not investigated.

Shared decision making

A concept briefly raised in the focus groups of Alio et al.'s (2013) study was the importance of shared decision making in matters related to the baby (e.g. making a birth plan). Additionally, expectant fathers from only one study out of the fifty-one selected for the hermeneutic review (Expoo, 2016) reported including themselves in the decision making process during their partner's pregnancy. No other study in the scooping review mentioned shared decision making as an important component of paternal involvement during pregnancy.

2.3. Discussion

Four studies and a hermeneutic review investigating paternal involvement during pregnancy were included in the scoping review. All eligible studies were qualitative in nature. The analysis of the evidence followed the review question and identified the following key variables of paternal involvement: fathers attending doctor appointments, seeking information, providing emotional and physical support to their partner, sharing decision-making, offering financial support and their presence during childbirth.

There was homogeneity in participants' reports from the majority of studies included in the scoping review in regards to the fathers attending doctors' appointments, seeking information and providing emotional and physical support to their expecting partners as being key components to paternal involvement during pregnancy. Research has shown an association between these components of paternal involvement and a positive delivery experience (Gungor & Beji, 2007; Ip, 2000; Plantin et al., 2011), better birth outcomes (Redshaw & Henderson, 2013; Kim, 2015), an easier adjustment to fatherhood and later positive father-child interactions (Alio et al., 2013; Ekstrom et al., 2013; Xue et al., 2018).

Only one study, whose majority participants were African American expectant mothers, reported the father's presence during childbirth as an "ideal characteristic" of an involved father (Alio et al., 2013, p.3). Perhaps these findings reflect the mothers need for their partners supportive presence in the delivery room rather than the fathers. In fact, only two studies included in this review solely explored the father's perspective on his role during

pregnancy (Bawadi et al., 2016; Johnsen et al., 2017), the remaining studies recruited both mothers and fathers in which the majority of participants were mothers (Alio et al., 2013; Widarsson et al., 2015). The current review corroborates the lack of male representation and limited empirical evidence in regards to paternal involvement during pregnancy coming from the father's perspective, as a result, it is encouraged that researchers develop their methods of recruitment and retention of fathers in this field of research.

The remaining studies of the review, whose participants were from Scandinavian countries and the Middle East did not mention childbirth during their interviews (Bawadi et al., 2016; Johnsen et al., 2017; Widarsson et al., 2015). One justification for this could be based on findings from the hermeneutic review that Scandinavian fathers consider their presence during childbirth as a norm so that it remains out of the scope of investigation (Expoo, 2016). Additionally, in Bawadi et al.'s study (2016) investigating Arab fathers' roles during pregnancy it was reported that health care policy limits their access to maternity clinics. In fact, in some countries it is prohibited for men to be present during childbirth (Expoo, 2016). Therefore, it's possible that the Arab fathers did not mention being present during childbirth as a reflection of paternal involvement because they are not allowed to do so. Additionally, they reported that their culture discourages them to be involved in their partner's pregnancy and childbirth, which is common across patriarchal family structures found in Arab countries. These results compliment the findings of a recent study conducted in Ghana which found that most fathers viewed attending clinics for prenatal check-ups and being present during childbirth as 'feminine roles and 'culturally unacceptable' (Bougangue & Ling, 2017). However, when compared to families in matriarchal societies, men who were married to women who were income earners attended maternal clinics with their spouses and carried out traditionally tagged feminine roles during their pregnancy. The nature of paternal involvement therefore, needs to be understood with respect to health policies and gender role expectations in patriarchal and matriarchal societies.

Similarly, financial support was only mentioned as a core component of paternal involvement in studies that recruited participants from Africa and the Middle East where it is the cultural norm for the men in the family to be responsible of the finances while women's roles are restricted to providing care for children (Bawadi et al., 2016; Alio et al., 2013). Therefore, this may not reflect a dominant variable of paternal involvement during pregnancy in non-patriarchal family systems where women are also considered breadwinners. In addition to this, women who had partners whose main role during their pregnancies was to provide financial aid (due to cultural gender based norms), involved their close female social

networks such as mothers, sisters, aunts and grandmothers to support them (Maluka & Peneza, 2018). In fact, the Arab fathers in the study by Bawadi et al., (2016) revealed that their mothers and their partners' mothers accompanied their spouses to clinic appointments. These results are in stark contrast to the studies in the current review conducted in Scandinavian countries where men perceived pregnancy as a shared responsibility solely between them and their partners (.Johnsen et al., 2017; Widarsson et al., 2015).

Furthermore, only two studies (one of which was part of the hermeneutic review) briefly mentioned shared decision-making as an aspect of paternal involvement during pregnancy without offering sufficient information as to what this entails (Alio et al., 2013; Expoo, 2016). There are several potential reasons why shared decision-making during pregnancy was not considered a dominant aspect of prenatal paternal involvement across the studies in the current review. One reason stems from the feminist movement of the 1960s and 1970s in the United States that put forward the notion that women should feel they have complete control over their bodies and reproductive decisions (Wetterbeg, 2015). In fact, fathers recruited in two qualitative studies conducted in the United States and Sweden reported that decisions regarding childbirth lay with the mother as they didn't consider they had a role in questioning their choices (Johansson, Hildingsson & Fenwick, 2014; Lindgren & Erlandsson, 2010). Another possible reason has been highlighted in the research conducted by Dejoy (2010) and Johansson et al., (2014) who found that women heavily depend on their medical care providers in regards to decisions made during pregnancy rather than on their partners. However, it is important to reiterate that the majority of participants in the current review were recruited from western countries and therefore cannot be generalized to other parts of the world. For example, in stark contrast to the aforementioned studies, in a Guatemalan study, men were found to have control over prenatal decisions, such as accessing emergency medical care, due to the fact that they manage the household finances including obstetrical services costs (Carter, 2002). The current results illuminate the need for more research investigating in depth the process of decision-making during the prenatal period between the expectant parents as well as the impact of external influences whilst taking into account sociocultural and feminist perspectives.

It is noteworthy to mention that since there are subcultural variations in fathering within a given culture due to different ethnic groups, social classes and distinctive social family histories (Seward & Rush, 2015), findings from one country may not generalize to the whole population of the country nor to other countries within the continent (e.g. Africa). In this respect, findings from the studies conducted in Scandinavian countries do not provide a

representation of all Western countries. Therefore, it is essential to consider not only cross-culture but subculture diversity when interpreting results in order to form a more comprehensive understanding of the variations in what is considered paternal involvement during pregnancy.

2.3.1. Limitations of scoping review

There were several limitations to the scoping review that warrant discussion. Firstly, teenage fathers were excluded from the review so as to ensure a sufficient level of involvement during pregnancy. However, there is a paucity of research investigating paternal involvement of fathers who are not in a committed relationship with the woman carrying their child. It could be argued that the exclusion of teenagers in the current review eliminates important information about involvement from fathers who are not co-habiting with the woman carrying their child. Generally, studies to date have only recruited fathers and mothers from a traditional family constellation therefore this narrowed down an accurate representation of parental involvement during pregnancy in the current review.

Furthermore, including studies published only in the English language may have potentially led to the exclusion of relevant articles published in other language. Also, due to the novelty of research investigating prenatal paternal involvement, only a limited amount of studies were included in the review who recruited a small number of participants which could have further compromised the conclusions drawn from the studies. Therefore, this review should be considered preliminary and suggestive.

What is more, due to the cultural differences between the countries included in the review, comparisons of what is perceived as key determinants of prenatal paternal involvement is both difficult to conduct and interpret. The researchers did not take into consideration cultural aspects of paternal involvement when reporting and interpreting the results nor were they explicit about their own notions of involvement. Due to the lack of consistency and consensus in how paternal involvement is conceptualized, implicit definitions of variables under examination varied from study to study, making comparisons even more difficult.

2.3.2. Conclusion and implications for future research

The current scoping review gathered evidence and identified six key variables of paternal involvement during pregnancy to inform and develop future research in the field. It

demonstrated the paucity of research and how it is still in its infancy, since it was only fairly recently, in 2013, that an attempt was made to empirically conceptualize paternal involvement during pregnancy. The review also outlined the challenge in developing a widely accepted conceptual framework and measure that captures the multidimensionality and variability of father involvement across and within cultures. More research on prenatal paternal involvement still needs to be initiated in many countries and subcultural differences need to be investigated further. Researchers should take into consideration cultural aspects when interpreting results in order to develop a foundation of cross-cultural awareness and knowledge on paternal involvement during pregnancy worldwide.

What is more, it is evident that the limited amount of studies investigating the type of involvement fathers engage in during pregnancy have only employed qualitative research designs, which raises the issue of generalizing the results to wider populations. Also, studies to date have only recruited fathers and mothers from a traditional family constellation. Therefore, it is recommended that future studies are conducted using not only qualitative but quantitative designs as well as to include participants other than the traditional mother-father form.

Finally, the current scoping review represents an initial step in mapping and organizing existing evidence on how fathers involve themselves during their partners' pregnancies across different countries whilst acknowledging the difficulties inherited in such a task.

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CHAPTER 3 RESEARCH STUDY

Exploring Cypriot Fathers' Attitudes, Beliefs and Level of Involvement Around the Decision-Making Process for Childhood Method

Abstract

Introduction: Cyprus has the highest rate of caesarean deliveries in Europe with 56.9% of live and still births in 2015, which is more than double the European average of 27%. The majority being due to maternal requests. Across western countries, childbirth has become a couple-centered event as fathers are becoming more involved during their partners' pregnancies in comparison to previous times. Yet there is a lack of knowledge in regards to the role the father may play in the decision-making process for childbirth method. ***Objective***: Drawing from the lack of research in this field, the present study aimed to investigate levels of paternal involvement during this process in the Cypriot population. ***Methods***: Men with at least one child under the age of five, involved in a committed relationship with the mother of their child were eligible to take part in the study. A total of 108 participants took part in the study. The research project employed a quantitative-based cross-sectional design. A battery of self-report questionnaires were employed as instruments of data collection and were made available on an electronic platform. ***Results***: Findings suggest that a constructive communication style between partners can determine the fathers' level of involvement during decision-making for childbirth method. Also, fathers' partners with positive beliefs towards a specific type of childbirth method increases the likelihood of selecting that type of delivery method. Fathers' beliefs about a specific childbirth delivery option does not influence the actual decision made. ***Conclusion***: The current study highlights the need for further exploration, by employing qualitative research designs, of possible indirect factors that could have a significant impact on prenatal paternal involvement. It is recommended that future studies investigate the reasons why fathers take a passive stance during the decision-making process by taking into account societal cultural perspectives of the father's role during pregnancy as well as exploring healthcare system approaches to childbirth.

3.0. Introduction

Caesarean sections as choice of birth delivery are increasing globally with rates almost doubling from 12 to 21 percent between 2000 and 2015 (Kingdon, Downe & Betran, 2018). According to the third European Perinatal Health Report (2018) Cyprus has the highest rates of caesarean deliveries with 56.9% of live and still births in 2015, which is more than double the European average of 27%. It has been reported that only 16.4% were emergency C-sections. The remaining were due to maternal requests or failure in the onset of labour to progress. This is of great concern as the World Health Organisation (WHO) states that no region is justified to have a caesarean rate greater than 10-15% (WHO, 2015). Even though caesarean delivery can be a lifesaving procedure for high-risk women and infants, the current rates suggest that caesareans are carried out when not medically necessary (Dejoy, 2011) which can place healthy women and babies at risk of harm (Kingdon et al., 2018). A recent systematic review concluded that C-sections are associated with adverse long-term childhood outcomes including obesity and asthma as well as several pregnancy risks such as organ injury, infection, stillbirth, uterine rupture and placenta praevia (Dejoy, 2011; Keag, Norman & Stock, 2018; World Health Organisation, 2018). Caesarean delivery has also been associated with future infertility (Keag et al., 2018; Kjerulff, Zhu, Weisman & Ananth, 2013; World Health Organisation, 2018) and higher rates of post-partum depression in comparison to vaginal delivery (Sadat et al., 2014).

In light of the detrimental consequences women and children are faced with after a C-section, a plethora of research has been conducted to explore the reasons women are increasingly choosing caesareans over vaginal delivery as a preferred method of birth. Fear has been identified as one of the most influential psychological factors underlying elective caesareans (Nieminen, Stephansson & Ryding, 2009; Pakenham, Chamberlain & Smith, 2006; Wiklund, Edman, Ryding & Andolf, 2008). Women who fear the process of childbirth (also known as tokophobia) and associated complications, (Loke, Davies, & Li, 2015; Nieminen et al., 2009) who fear experiencing pain (Loke et al., 2015) and who fear for the health of the foetus (Matinnia et al., 2015) were most likely to undergo a C-section. Women with depression (Storksen, Eberhard-Gran, Garthus-Niegel & Eskild, 2012), dysfunctional beliefs about childbirth (Park, Yeoum, & Choi, 2005), low self-esteem and higher levels of perceived stress (Matinnia et al., 2018) have also been found to prefer a C-section to vaginal delivery. Furthermore, Loke et al. (2015) used the Health Belief Model (a theoretical model that predicts the uptake of health behaviours) to identify the factors influencing women's

decision on the mode of delivery and found that women who chose a caesarean, considered knowing the specific date of the birth (so as to better plan for maternity leave) as an important benefit of caesarean section. They also found that advice from health professionals to undergo surgery was used as a cue for action. In fact a recent study found that high rates of caesareans could be accounted for by the lack of informed choices made by childbearing women due to the limited amount of awareness of evidence based information on different childbirth methods (Hadjigeorgiou et al., 2018).

It is evident however that there is a substantial gap in the literature, since there are only a few studies investigating and exploring the decision-making process couples follow when choosing childbirth delivery options, especially in countries where elective caesareans are significantly high. More specifically, there is a lack of knowledge in regards to the role the father may play in this process. According to Martínez-Mollá et al., (2015) shared decision-making between couples allows for an exploration of more options, leading to better choices, as each partner offers their own perspective. In fact, findings from a Malawian study showed that partner decision-making led to better obstetric choices, outcomes and maternity care when compared to independent decisions being made during pregnancy (Rao et al., 2016). Therefore it would be worthwhile investigating whether the father's level of involvement in decision-making determines a specific choice of childbirth method. Additionally, research has also shown that couples in healthy relationships who have a good communication pattern experience less anxiety during pregnancy and receive higher quality care during this period (Malary, Shahhosseini, Pourasghar, & Hamzehgardeshi, 2015). Complimenting these findings, several researchers demonstrated that a good relationship between partners plays a significant role as to whether the father will be involved during their partner's pregnancy (Alio et al., 2013; Xue, Shorey, Wang & He, 2016). Consequently, it is possible that the level of paternal involvement during the decision-making process around childbirth methods and the choices made is indirectly effected by the quality of relationship between the expectant couple. Therefore, exploring fathers' perspectives on childbirth methods as well as other possible mediating factors is important in order to determine the degree of his involvement and whether his decisional influence is constraining or supporting the choices being made, which will ultimately affect his own and his partner's childbirth experience and outcomes.

Across western countries, childbirth has become a couple-centered event as fathers are becoming more involved during their partners' pregnancies in comparison to previous times (Dejoy, 2011). Partners have been shown to be influential in a number of pregnancy

and childbirth areas including pain relief in labour, method of infant feeding, birth place and antenatal screening (Bedwell, Houghton, Richens & Lavender, 2011). It is therefore conceivable that fathers may also be influential in choices regarding the method of birth delivery. In fact, there is some evidence that men want to be involved in decision-making and are also influential in the process (Alio et al., 2013; Sapkota, Kobayashi, & Takase, 2012). For example, Turnbull et al. (1999) demonstrated that male partner's experience of childbirth influenced their partner's preference for a caesarean. Complimenting these results, Johansson, Rubertsson, Rådestad and Hildingsson (2012) found that fathers who experienced a C-section or had a negative previous birth experience expressed a preference for a caesarean. Similarly, in another study, the caesarean procedure was considered by fathers to be "safe and routine," offering a sense of safety, certainty and control (Robson et al., 2015, p.260). These findings mirror a recent study on Swedish fathers' perceptions on caesareans that concluded that this procedure was the preferable method of birth due to their own fears and concerns of the uncertainty of vaginal birth (Johansson, Hildingsson & Fenwick, 2014). The researchers claim that the participating fathers not only exhibited a lack of understanding of the detrimental consequences of caesarean birth but also demonstrated their overwhelming trust in the medical environment, which dominated their views regarding decisions made during pregnancy (Bedwell et al., 2011; Johansson et al., 2014). While research on paternal involvement around the decision-making process for method of childbirth is limited, Bedwell et al. (2011) identified similar concepts in their study on expectant father's opinions on place of childbirth. They found that fathers perceived the hospital as a safer place for childbirth and they preferred being "where the experts are" (p.74). Furthermore, Johansson et al. (2014) argue that childbirth has turned from a biological and social experience to a medical and potentially dangerous event that is associated with multiple risks. This change in childbirth perception seems to have caused a shift in the balance of power away from the expectant parents and towards the health care professional. Research in the field has shown that this has played a part in how expectant fathers perceive their role in decision-making as recommendations for caesareans by physicians are readily accepted, as well as preferred (Bedwell et al., 2011; Johansson et al., 2014). In a qualitative study investigating how couples make decisions around childbirth matters, it was found that all male participants considered the safe delivery of their infant as the main priority and decisional factor for method of birth. What is more, the priority of safety was wielded by some men to overrule their partner's desires for a particular type of birth, especially in the case of caesarean deliveries even when both partners were not convinced the surgical procedure was necessary

(Dejoy, 2011). However, this study suggests that not all decisions about childbirth are negotiated, since couples do not believe they are decisions to be made by them but rather by healthcare professionals.

There is limited amount of research investigating the level of paternal involvement in the decision-making process regarding method of childbirth, especially in the context of caesareans, which have evidently become a global phenomenon and a matter of concern for the World Health Organization. Taking into account the dramatic rise of caesarean rates in Cyprus and the detrimental consequences associated with the procedure to both, the mother and the child, the current research aimed to explore the role Cypriot fathers adopt in the decisions made for childbirth delivery methods. There are only two studies that have examined the role of the male partner in childbirth decision-making; however, they are both of a qualitative nature (Dejoy, 2011; Johansson et al., 2014). No studies have been conducted in the field using quantitative measures. Furthermore, even though researchers have suggested that a lack of adequate information on caesareans and the associated potential risks may play a role in the stance expectant parents take during the decision-making process, no study to date has investigated this. Neither has there been an attempt to understand other factors that may influence the decision-making process such as communication patterns and decisional power between partners, the influence of family members and the physicians' role that could ultimately affect choice of childbirth method. Therefore this research aimed to explore Cypriot fathers' beliefs, attitudes and level of involvement during the decision-making process around childbirth, in hope of gaining a deeper understanding of the degree of their decisional influence as well as their general level of involvement during pregnancy. The objectives of the study were to investigate whether:

- Paternal beliefs, knowledge on delivery options, physician's influence, perception of significant others' preferences, decisional power and communication style with partner influence level of perceived paternal involvement in the decision-making process regarding method of childbirth
- Paternal beliefs, knowledge on delivery options, physician's influence, perception of significant others' preferences, decisional power and communication style with partner as well as level of perceived involvement during pregnancy influence the actual decision made around method of childbirth.

3.1. Methods

3.1.1. Participants

The target population for this study were men who are fathers. In order to take part, participants had to a) be Cypriot, b) have at least one child under the age of five and c) be involved in a committed relationship for at least two years with the mother of their child. Participants separated or divorced with the mother of their child were excluded from the study. All participants must have reached the age of consent at the time of participation.

3.1.2. Procedure

The recruitment of participants for the current study coincided with the Covid-19 pandemic, therefore questionnaires were made available on an electronic platform where potential participants were able to access and complete them. An information form and online consent procedure were embedded at the beginning of the online questionnaire. Participants who did not indicate consent could not access the questionnaire (See Appendix I and III respectively). All data collected for this study was stored on the researcher's personal computer in password-protected files. Only the researcher had access to the documents, which were used solely for research purposes. Additionally, all information collected were anonymized; personal details could not be matched, identified or tracked back to the individual participants. The research project was reviewed by the Social Sciences Ethics Review Board (reference approval number: SSERB 0062).

3.1.3. Design

The research project employed a quantitative-based cross-sectional design.

3.1.4. Data Collection

A battery of self-report questionnaires were employed as instruments of data collection. These included questions on demographic information, parenting attitudes, communication patterns, relationship power, knowledge towards caesareans and vaginal delivery and childbirth delivery options. Questionnaires took approximately 20 minutes to complete. All instruments were translated from the English language to Greek using the forward and back-translation method. In this case, the questionnaires were translated into Greek by one translator and then translated back to English by another translator. The original

questionnaire and the translated English questionnaire were then compared. Discrepancies that arose were resolved and agreed upon (See Appendix VI for Greek questionnaire).

3.2. Measures

The Demographic Information Questionnaire

The Demographic Information Questionnaire was created by the researcher for the purpose of the current study. Apart from questions on background demographic characteristics, the questionnaire also consisted of 13 questions on the sufficiency of information about childbirth methods (e.g. How sufficient was the information to make an informed decision regarding caesareans?) and recommendations made by the gynecologist (e.g. What method of childbirth did the gynecologist recommend?) (See Appendix V).

Paternal Involvement

Fifteen questions intending to investigate paternal level of involvement during pregnancy (e.g. Were you present for your partner's routine prenatal check- ups?) were guided and informed by studies from Expoo (2016) and Redshaw and Henderson (2013) (See Appendix V).

Knowledge Towards Vaginal Delivery and Caesarean Section

Knowledge on childbirth methods was assessed using 14 statements requiring 'Yes', 'No' or 'Don't know' responses (e.g Vaginal delivery increases the risk of bleeding from vagina). The statements were based on a questionnaire designed by Varghese, Singh, Kour & Dhar (2016) for the purpose of their study investigating whether knowledge of birth method influences women's preferences for specific type of birth delivery (See Appendix V).

The Overall Relationship Power Inventory (RPI) (Farrell, Simpson & Rothman, 2015)

The RPI is a 20 item self-report measure assessing the power of the participant and their partner within their relationship (measures power dyadically) (See Appendix V). The inventory assesses Process Power (i.e., control over raising issues and framing discussions) and Outcome Power (i.e., control over the final decision). Individuals responded to each item on a seven-point Likert scale ranging from 'not at all' (1) to 'always' (7). The authors

provided evidence for behavioural predictive validity, interitem reliability (α = .85) and a good test-retest reliability over a three month period (Farrell et al., 2015).

The Communication Patterns Questionnaire Short Form (CPQ-SF)

(Christensen & Heavey, 1990).

The CPQ-SF is an 11 item self-assessment of spouses' perceptions of interactions (See Appendix V). The items are divided into subscales representing two underlying factors: Demand/withdraw patterns (e.g. I nag and demand while my partner withdraws, becomes silent, or refuses to discuss the matter further) and Positive interaction patterns (e.g. Both my partner and I try to discuss the problem). Each statement is rated on a nine-point Likert scale with response options ranging from 'very unlikely (1) to 'very likely' (9) and the sum of the items in each subscale are calculated for scoring. It has been shown to have adequate concurrent validity and high internal consistency (α = .91) (Futris, Campbell, Nielsen & Burwell, 2010).

The Early Parenting Attitudes Questionnaire (EPAQ) (Hembacher & Frank, 2016)

In order to measure participants' beliefs about parenting and child development, the EPAQ was employed (See Appendix V). It uses three subscales: Rules and Respect (i.e. respect for authority is priority), Affection and Attachment (i.e. fostering close emotional bond is priority), and Early Learning (encouraging early learning and cognitive development is priority). Individuals rated 24 statements (8 per subscale, 12 reverse coded) on a Likert scale ranging from 'do not agree' (0) to 'strongly agree' (6). The measure has satisfactory subscale reliabilities of alpha = .69 (rules and respect), .75 (affection and attachment) and .76 (early learning), respectively (Hembacher & Frank, 2016).

The Childbirth Delivery Options Questionnaire (CDOQ) (Tai, 2013)

Participants completed a 52 item self-administered measure based on the Theory of Planned Behaviour assessing three components: intention regarding delivery options, attitudes towards delivery options and perceptions of significant others' feelings about delivery options (See Appendix V). The participants responded to the statements using a 7-point response scale with the verbal anchors: strongly disagree, disagree, slightly disagree, neither agree or disagree, slightly agree, agree, and strongly agree, centered under the

numerals 0 through 36. The measure has high internal consistency and reliability (α = .80) (Tai, 2013).

3.2.1 Data analysis

Statistical analyses were conducted using the software 'Statistical Package for Social Sciences' 25.0 (SPSS). To answer the study's first research question, Pearson correlations were conducted to measure the strength of association between paternal attitudes on childbirth, physician's influence, significant others' preferences of childbirth method, general parenting attitudes, decisional power between partners, knowledge on childbirth, communication style between partners and perceived paternal involvement regarding decision-making. Then, a standard multiple linear regression was conducted to determine whether the aforementioned independent variables predict paternal involvement in the decision-making process regarding childbirth delivery.

Lastly, in order to answer the second research question a logistic regression was used to determine whether paternal attitudes on childbirth, physician's influence, significant others' preferences of childbirth method, general parenting attitudes, decisional power between partners, knowledge on childbirth, communication style between partners and paternal involvement during pregnancy predict a specific childbirth method.

A power analysis for a multiple regression with six predictors was conducted in G*Power to determine a sufficient sample size using an alpha of 0.05, a power of 0.80, and a medium effect size ($f^2 = 0.15$) (Faul Erdfelder, Buchner & Lang, 2013). Based on the aforementioned assumptions, the desired sample size for the current study is a minimum of 98 participants.

3.3. Results

3.3.1. Participant Characteristics

A total of 136 participants agreed to take part in the study, however only 108 participants fully completed the questionnaire. Participants were between the ages of 23 to 50 (mean = 35.2, S.D= 4.9), 87 had a college or university level of education and 21 a high school certificate. Most participants were from Nicosia (n=48), followed by from Larnaca (n=25), Limassol (n=20) and Pafos (n=15). The majority of participants were middle class (85%) and married (93%). Only 39 fathers had previous children and 69 were first time fathers.

3.3.2. Pregnancy and Birth variables

Over half of the participants reported that their partner's pregnancy was planned (70%). Fifty six percent of all the participants did not attend any prenatal classes with their partner, 18% stated that 'classes were not necessary' and 14% had to work; however the majority of men (72%) attended almost all prenatal checkups with their partner. Furthermore, 49 participants reported their partners had a caesarean section and 59 claimed their partners had vaginal birth. Almost all were present during childbirth (92%) and over half took paternity leave (59%). The majority chose private clinics for the birth of their child (78%). In regards to gynecologist recommendations, the fathers' responses showed that 51% were recommended vaginal birth by the gynecologist, 26% recommended caesareans and 23% made no recommendations. Approximately 45% of participants stated that they were highly influenced by the gynecologist's opinion to have a caesarean and nearly 30% to have vaginal birth. In addition to this, participants reported that 32% of the gynecologists asked what childbirth method they preferred.

Twenty two percent of all participants reported that the gynecologist informed them about caesareans, moreover, 42% of all fathers reported that information on caesareans was sufficient and 21% that it was not enough. In regards to vaginal birth, 56% of all participants believed information on this type of method was sufficient and 42% strongly agreed that the gynecologist informed them about vaginal birth. Generally, fathers obtained information about childbirth methods from their partners' gynecologist (23%) and others from their partners' gynecologist, the internet and/or from books (14%). However, only around 40% of participants scored 'average' and 'above average' on the childbirth method knowledge test, while the rest scored below average.

3.3.3. Correlational Analysis

A Bonferroni correction was applied to assert significance due to the increased risk of a type 1 error after performing multiple analyses. The following variables met the threshold of significance of $p = .00019$. Fathers' positive beliefs about vaginal birth were significantly related with positive beliefs held by their partners ($r = .69$, $p < .001$) and mother-in-laws ($r = .55$, $p < .001$) as suggested by the large effect sizes found. Similarly, a medium effect size was found in regards to fathers' positive beliefs for this type of birth method in relation to their own mothers ($r = .42$, $p < .001$) (see Table 3.0). Additionally, there was a positive correlation between their partners' positive beliefs about vaginal birth and their partners'

mother's beliefs (r =.44, p <.001) and mothers-in-laws beliefs (r =.30, p =.002). A medium effect size was found between fathers' positive beliefs about vaginal birth (r =.48, p <.001), their partners holding positive beliefs about vaginal birth (r =.36, p <.001) and their intention to have their child born via this method.

Furthermore, a constructive communication style between fathers and their partners was significantly negatively related with the partners adopting a demanding communication style (r =-.52, p <.001) and the fathers adopting a demanding communication style (r =-.41, p <.001) as suggested by the large effect sizes found. Additionally, fathers with a demanding communication style with their partners did not agree with an 'affection and attachment' style of parenting (r =.26, p <.05). Fathers who also reported that they had more process power (i.e. more control over raising issues and framing discussions) in comparison to their partners also perceived themselves to have more outcome power (i.e. more control over final decisions) (r =.47, p <.001).

Results of a multiple linear regression using the Enter method indicated that general parenting attitudes, significant others' preferences of childbirth method, communication style and decisional power between partners were not statistically significant in predicting perceived paternal involvement regarding child birth method decision-making (F (13, 79) = 1.23, p =.27), with only .17% of the variance in the outcome being explained by the predictors (R^2 = *.17,* adjusted R^2 = .03).

The individual predictors were examined further and indicated that a constructive communication style between the father and his partner (Beta=.362, t (92) =2.67, p <.05) significantly predicted perceived paternal involvement during decision-making (See Table 3.1). It is important to mention that all assumptions were met.

A logistic regression was performed to ascertain the effects of paternal attitudes on childbirth, physician's influence, significant others' preferences of childbirth method, general parenting attitudes, decisional power between partners, knowledge on childbirth, communication style between partners and paternal involvement during pregnancy on the likelihood that a specific childbirth method is chosen. The logistic regression model was statistically significant, $x^2(16) = 51.4$, p <.001. The model explained 56.9% of the variance in childbirth method and correctly classified 78% of cases. Partners (of the fathers) with positive beliefs towards vaginal birth increased the likelihood of the couple selecting vaginal birth as a method of childbirth by 23.6% (see Table 3.2).

Table 3.0

Results of Correlation Analysis

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1. Fathers' beliefs	--	*.69***	*.55***	*.48***	*.42***	--	--	--	--	--	--	--	--	--	--	--
2. Partner belief	*.69***	--	*.46***	*.36***	*.31***	--	--	--	--	--	--	--	--	--	--	--
3. MIL Beliefs	*.55***	*.43***	--	--	*.71***	--	--	--	--	--	--	--	--	--	--	--
4. Intention for VB	*.48***	*.35***	--	--	--	*.24**	--	--	--	--	*.22**	--	--	--	--	--
5. Mother beliefs	*.42***	*.31***	*.71***	--	--	--	--	--	--	--	--	--	--	--	--	--
6. Affection & Attach.	--	--	--	--	--	--	*.44***	*.26***	*.26***	--	--	*-.25***	*-.20**	--	--	*-.32***
7. Early Learning	--	--	--	--	--	*.44***	--	*.37***	*.23**	--	--	--	--	--	--	--
8. Rules & Respect	--	--	--	--	--	*.26***	*.37***	--	--	--	--	--	--	--	--	--
9. Constr. Commu.	--	--	--	--	--	*.26***	*.23***	--	--	--	--	--	--	*.27***	*.52***	*-.41***
10. Doctor Influence	--	--	--	--	--	--	--	--	--	--	*.22**	--	--	--	--	--
11. CB Knowledge	--	--	--	*.22**	--	--	--	--	--	*.22**	--	--	--	*.20**	--	--
12. Process Power	--	--	--	--	--	*-.25***	--	--	--	--	--	--	*.47***	--	*-.23**	*.28***
13. Outcome Power	--	--	--	--	--	*-.20**	--	--	--	--	--	*.47***	--	--	*-.28***	--
14. Paternal Involv.	--	--	--	--	--	--	--	--	*.27***	--	*.20**	--	--	--	--	--
15. Self-Withdraws	--	--	--	--	--	--	--	--	*.52***	--	--	*-.23**	*-.28***	--	--	*.52***
16. Self-Demands	--	--	--	--	--	*-.32***	--	--	*-.41***	--	--	*.28**	--	--	*.52***	--

**p<.05. **p<.01.*

Table 3.1.

Results of Multiple Regression Analysis on Paternal Involvement During Decision-Making

Independent Variable	B	*T*	95% CI		*p*
			LL	*UL*	
Intention Vaginal Birth	-.095	-.735	-.351	.162	.404
Father Beliefs Vaginal Birth	.070	.616	-.157	.297	.539
Partner Beliefs Vaginal Birth	-.067	-.55	−.312	.177	.584
Mother-in-Law Beliefs Vaginal Birth	−.069	-.419	−.396	.258	.676
Mother Beliefs Vaginal Birth	.153	1.13	−.115	.420	.259
Constructive communication	.362	2.66	.092	.632	.009
Partner-demanding	-.038	-.292	-.295	.219	.771
Self- demanding	.186	1.23	-.113	.486	.219
Process Power	-.022	-.215	-.227	.183	.830
Outcome Power	.083	1.33	-.041	.207	.185
Rules and Respect	-.084	-.811	-.291	.122	.420
Early Learning	-.080	-.230	-.276	.214	.819
Affection and Attachment	.070	.699	-.129	.269	.487

Note. Total *N* = 93. CI = confidence interval; *LL* = lower limit; *UL* = upper limit.

Table 3.2

Results of Logistic Regression Analysis on Childbirth Methods

Independent Variable	B (SE)	Lower	Odds Ratio	Upper
Constant	-12.8			
Partner Beliefs Vaginal Birth	.21	1.101	1.24	1.50
Mother Beliefs Vaginal Birth	-.35	.82	.96	1.13
MIL Beliefs Vaginal Birth	-.15	.71	.86	1.04
Father Beliefs Vaginal Birth	.82	.93	1.08	1.26
Intention for Vaginal Birth	.15	.98	1.16	1.36
Childbirth Methods Knowledge	.19	.92	1.21	1.59
Doctor Influence	-.31	.48	.74	1.14
Level of Involvement	-.01	.87	.99	1.14
Constructive Communication	.07	.89	1.07	1.28
Partner demanding	.09	.95	1.10	1.27
Self-demanding	-.09	.78	.91	1.07
Outcome Power	.05	.98	1.05	1.13
Process Power	.04	.93	1.04	1.17
Rules and Respect	.06	.93	1.06	1.20
Affection & Attachment	.09	.98	1.20	1.24
Early learning	-.14	.74	.87	1.01

3.4. Discussion

Drawing from the lack of research in the field of decision-making in regards to childbirth methods, the present study aims to explore levels of paternal involvement during this process. The findings suggest that a constructive communication style between partners can determine the fathers' level of involvement during decision-making. These results are consistent with previous research indicating that a strong relationship between partners, and more specifically, the quality of communication between the two, plays a significant role as to whether the father will be generally involved during their partner's pregnancy (Alio et al., 2013; Xue, Shorey, Wang & He, 2016). This is reasonable, as prior to birth, the father's involvement and interaction with the baby is through the mother; as a consequence, the relationship he has with her determines the level of this involvement. Therefore, the current study illuminates the need for effective interventions in the context of prenatal mental health programs that improve communication skills between partners in order to facilitate father involvement during pregnancy and shared decision-making in regards to childbirth method. These findings also highlight that correlation patterns point to the possibility of indirect factors effecting the degree of paternal involvement and in turn the choices made regarding childbirth method. In fact the regression model suggests very little of the variance in paternal involvement is explained by the target factors examined in the study.

Furthermore, only one factor, the fathers' partners' beliefs towards a specific type of childbirth method increased the likelihood of selecting that type of delivery method. The fathers' beliefs about a specific childbirth delivery option did not influence the actual decision made. One could argue that these findings resonate with the patriarchal Cypriot culture where the responsibility of caring for children is still mostly placed on women (Tsangari & Stephanidi, 2012; Plantenga et al., 2008). This responsibility could begin as early as decisions made regarding method of birth. Even though over the years there has been a shift from the male breadwinner to dual earners in Cyprus, childrearing is still considered a woman's job (Tsangari & Stephanidi, 2012). Cypriot men have become more involved fathers in the recent decades in comparison to previous times however, mothers are presumed as the primary caregivers and the fathers mere 'helpers' rather than parenthood being considered a shared responsibility. The perpetuation of Cypriot societal gender roles is further highlighted by the fact that the Cypriot government has only recently (in 2017) legalized paternal leave which is only two weeks of duration and can be transferred to mothers (Rentzou, Gol-Guven, Koumarianou & Cabi, 2019).

Additionally, due to this cultural gender based norm, female members of the couple's family (such as mothers, mother-in-laws, sisters etc.) tend to be overly involved in childrearing. In fact, the current study indicated a strong relationship between the father's partner, mother and mother-in-law's beliefs and preferences in regards to childbirth methods and their own beliefs and preferences. These results potentially highlight further the father's 'passive' role in the decision-making process and possibly the involvement and influence of other members of his own and his partner's family. Ellina (2007) conducted a mapping of the gendered social map of Cyprus and reported that in regards to the care of children after school, mothers and grandparents were found to take the responsibility with fathers ranking third. Therefore, the high level of involvement in child rearing from other family members may begin prenatally by influencing the parents' decisions regarding childbirth method. It is important to mention that Cyprus has a collectivistic culture and therefore society places special importance on close familial relationships. In Cyprus, it is common for newlywed couples to live near or in the homes of their in-laws until they can afford to build a house of their own (Evason, 2018). The couples' mothers usually prepare meals, help with household chores as well as childrearing. As such, Cypriot parents hold a lot of influence over their children's decisions well into adulthood and generally throughout their lives. Therefore, in regards to decision-making during pregnancy, the degree of involvement of female family members could potentially undervalue the father's significance and lead to ambiguity regarding his role, compounding the issue of passivity.

Even though the majority of fathers in the current study reported being highly involved in the decision-making process during their partners' pregnancies, these reports contradict the above mentioned findings. One rationale for the reported high level of involvement could be due to social desirability, meaning that fathers overrepresented their level of involvement (Rentzou et al., 2019). The current study's participants also reported being 'highly influenced' by their partner's gynecologist in regards to recommendations made for a caesarean (in comparison to vaginal birth); however, this influence was not significant enough to predict the childbirth method selected. It is likely that the fathers' partners who were found to be responsible in deciding the type of childbirth method, were the ones to be significantly influenced by their gynecologists. According to Deave and Johnson (2008) healthcare providers tend to direct information about pregnancy and childbirth to mothers and fail to actively involve men. Future research could therefore focus on including the level of influence of the medical practitioner from the expectant father's perspective and compare it to that of the expectant mothers. It would also be worth investigating whether the

doctor's gender plays a role in regards to whether information is relayed to both parents or only to the mother.

It is important to mention that nearly half of the current participants' partners underwent a caesarean section, which is arguably quite a high percentage, and the majority had given birth in private clinics. Even though the majority of fathers reported a medical reason for the caesarean, taking into account the high rates of non-medically indicated caesareans in Cyprus, this does not rule out the possibility that the caesareans reported in the current study were potentially portrayed by the gynecologists as medically indicated when in fact they were not. According to a study conducted by the Cyprus' Ministry of Health (2012), 6 in 10 births were carried out by caesarean in private clinics in comparison to the public sector which recorded 3 caesareans in every 10 births. There is an evident public-private maternity health care disparity in caesareans which has also been reported in other studies conducted in countries where caesarean rates are also significantly high (Lee, Kim, Oh & Subramanian, 2021; Howell, Johnston & Macleod, 2009). One of the main reasons explaining this gap could be that private providers have incentives in creating a culture where childbirth is medicalised resulting in encouraging caesareans when not medically indicated and readily accepting maternal requests for this type of childbirth method. It is known that perinatal care in private clinics in Cyprus are obstetrician led and there are some doctors known amongst the public for only performing caesareans (Hadjigeorgiou et al., 2018). The matter of unethical behavior on behalf of some obstetricians has been a central theme in much of the Cypriot media investigating this issue. The arguments put forward were that several doctors encourage caesareans for convenience and financial incentives since additional cases of surgery are directly linked to the doctors' income (a caesarean costs more than vaginal birth) (Hadjigeorgiou et al., 2018). This is in contrast to maternity units in public hospitals which are managed by midwives and who are usually paid by a fixed amount of salary. Therefore, another justification for the fathers' lack of influence in the decision-making process could be that the fathers didn't feel they could participate in deciding with their partner on the type of delivery method if they were informed by the doctor that a caesarean was medically necessary. Previous research findings that have also demonstrated the father's 'passive' role in the decision-making process in regards to childbirth methods, found that men believed they didn't have a role in questioning any decision made about type of delivery method, especially when a caesarean was recommended as that decision lay with the medical practitioner (Johanasson et al., 2013). Dejoy (2011) found that the fathers in their study fell into two main categories: those who felt they had the right to participate in

childbirth decisions and those who did not. However, in terms of emergency caesarean sections, the fathers reported that there was little actual negotiation at the time of the decision.

Additionally, in the current study only a minimum amount of fathers reported having been informed about caesareans during prenatal appointments, which is alarming given that a very high number of caesareans were reported in this sample. Hadjigeorgiou et al. (2018) stated that pregnant women in Cyprus are not able to make informed choices in regards to childbirth methods as they appear to lack awareness of the risks associated with caesareans, accounting for one of the main reasons caesareans rates in Cyprus are worryingly high. The reported lack of information on caesareans provided by doctors during prenatal appointments in the current study compliment Hadjigeorgiou et al.'s (2018) findings. These results may also illuminate further the issue of the father's 'passivity' in decision-making as it highly likely that fathers are unaware of the detrimental consequences associated with the surgical procedure leading to an overwhelming trust in the medical environment as has been demonstrated in previous research (Bedwell et al., 2011; Johansson et al., 2014).

3.4.1. Limitations

There are several limitations to the research that are worth mentioning. Firstly, since there are no widely accepted reliable and valid psychometric tools extensively used to measure paternal involvement, the author constructed a paternal involvement questionnaire guided and informed by studies from Expoo (2016) and Redshaw and Henderson (2013) for the purpose of the current research. Therefore its validity has not been established, raising a methodological concern. In terms of methodology, if a mixed methods design was employed by including interviews to collect data, possible new variables or dimensions of paternal beliefs about childbirth methods and decision-making could have been revealed to provide a deeper understanding of prenatal paternal involvement.

Secondly, one could argue that the study's sample has limited generalizability as the majority of participants were middle class, had a higher level of education and used private healthcare services. What is more, previous research studies have demonstrated that higher education levels and socioeconomic background predicts higher levels of paternal involvement (Jung Yeh, 2014; Planalp & Braungart-Rieker, 2016). This could therefore offer an explanation for the lack of variances in levels of paternal involvement reported in the study as the majority of participants reported high levels of involvement.

Additionally, the study only investigated fathers' perceptions of their role during the prenatal period even though this is a shared experience with their partners. Excluding mothers' perceptions on their partners' involvement restricted gaining a well-rounded understanding of the level of paternal involvement during decision-making around childbirth method.

Lastly, the research findings are based on retrospective accounts of the fathers' experiences and as such, the meaning associated with their experiences may have been reconstructed differently over time since their partners' pregnancies.

3.4.2. Future directions

The current study highlights the need for extensive research in the field of decision-making in regards to childbirth methods from both the female and male perspective, specifically in countries such as Cyprus where elective caesarean rates are significantly high. It also reiterates the necessity for the development of valid and reliable psychometric tools measuring paternal involvement in order to overcome the major methodological concern in this field of research. It is recommended that measures include questions on communication patterns between partners as an indicator of the level of paternal involvement during pregnancy. Also, prenatal mental health programs supporting expectant parents in improving communication skills between them should be put in place to facilitate shared decision-making during pregnancy.

What is more, since empirical findings demonstrate that Cypriot fathers are not involved in the actual decision made for type of childbirth method it would be worth investigating the indirect factors that influence the degree of paternal involvement such as societal cultural aspects and healthcare system approaches outlined in this paper. For example, future studies could employ a qualitative or mixed methods design to explore father's perceptions of support in pregnancy and mother's perceptions of the father's role during this time within the cultural context of the country under investigation. It would also be helpful to explore the interactions between couples and health practitioners when discussions around childbirth methods occur. This could provide an explanation for the high numbers of caesareans in Cyprus as well as a clearer picture of the physician's influence pertaining to specific childbirth modes.

Furthermore, it is recommended that health care professionals encourage fathers to be more actively involved in the decision-making process whilst exploring the couples' beliefs

and influences (especially from family members) about choosing a specific childbirth method. They could also challenge misconceptions that may have been transferred to them by their families and society.

3.4.3. Conclusion

This research takes important steps in advancing the study of decision-making in regards to childbirth methods, as it has received relatively little attention in spite of the concerning rise in caesarean surgeries across Europe and especially in Cyprus. Shared decision-making between couples allows for an exploration of more options, leading to better choices, as each partner offers their own perspective. However the current study demonstrated that Cypriot fathers are passive during this process and it highlights the need for further exploration, by employing qualitative research designs of possible indirect factors that could have a significant impact on prenatal paternal involvement. The empirical findings suggest investigating societal cultural perspectives of the father's role during pregnancy as well as exploring healthcare system approaches to childbirth, more specifically the physicians' influence in encouraging non-medically indicated caesareans, which could potentially interfere with the father's involvement in decision-making.

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CHAPTER 4 GENERAL DISCUSSION

4.0. Discussion

The scoping review gathered evidence and identified the following six key variables of paternal involvement during pregnancy: attending doctor appointments, seeking information, providing emotional and physical support to their partner, sharing decision-making, offering financial support and their presence during childbirth. It demonstrated the paucity of research and outlined the challenge in developing a widely accepted conceptual framework and measure that captures the multidimensionality and variability of father involvement across and within cultures. In turn, the exploration of various correlations in the research study illuminates the potential effect of indirect factors on the degree of father involvement during pregnancy.

In regards to shared decision-making during pregnancy, only two studies in the review mentioned this being an important factor of paternal involvement, possibly indicating that the degree and nature of prenatal paternal involvement varies across cultures. Similarly, the research study's results indicated that Cypriot fathers' beliefs about a specific childbirth delivery method did not influence the actual decision made. What is more, a strong relationship between the father's partner, mother and mother-in-law's beliefs and preferences in regards to childbirth methods and their own beliefs and preferences was found. These findings resonate with the patriarchal Cypriot culture where the responsibility of caring for children is still mostly placed on women (Tsangari & Stephanidi, 2012; Plantenga et al., 2008). Due to this cultural gender based norm, female members of the couple's family (such as mothers, mother-in-laws, sisters etc.) tend to be overly involved in the upbringing of their children. This involvement may in fact begin prenatally by influencing the parents' decision regarding childbirth methods and as a consequence potentially undervaluing the father's significance that can lead to ambiguity regarding his role, compounding the issue of passivity. The research study and scoping review illuminate the need for more research investigating prenatal paternal involvement including shared decision-making during pregnancy whilst taking into account sociocultural factors such as gender role expectations in patriarchal and matriarchal societies.

Furthermore, nearly half of the participants' partners in the research study underwent a caesarean section and the majority had given birth in private clinics. Even though the majority of fathers reported a medical reason for the caesarean, taking into account the high rates of non-medically indicated caesareans in Cyprus, this does not rule out the possibility that the caesareans reported in the research study were potentially portrayed by the

gynecologists as medically indicated when in fact they were not. The matter of unethical behavior on behalf of some obstetricians has been a central theme in much of the Cypriot media investigating this issue. The arguments put forward were that several doctors encourage caesareans for convenience and financial incentives since additional cases of surgery are directly linked to the doctors' income (a caesarean costs more than vaginal birth) (Hadjigeorgiou et al., 2018). Therefore, another justification for the fathers' lack of influence in the decision-making process could be that the fathers didn't feel they could participate in deciding with their partner on the type of delivery method if they were informed by the doctor that a caesarean was medically necessary. Similarly, the scoping review identified that in some countries health care policies limit men access to maternity clinics thereby excluding them from being involved in decisions made during pregnancy and during childbirth (Bawadi et al., 2016). Therefore, the research study and review highlight the importance of taking into consideration healthcare policies and approaches to childbirth that could impact the nature of the father's role during pregnancy.

In light of the current findings, it is recommended that future studies employ a qualitative or mixed methods design to explore father's perceptions of support in pregnancy and mother's perceptions of the father's role during this time, within the cultural context of the country under investigation. More research on prenatal paternal involvement still needs to be initiated in many countries and subcultural differences need to be investigated further. Developing a foundation of cross-cultural awareness and knowledge on paternal involvement during pregnancy can improve our understanding of the expectant fathers' experience, in order to provide them with adequate support that will benefit them and as a result their partner and baby.

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Appendix I

Information Sheet (English)

PhD Research Study

Exploring Cypriot Fathers' Attitudes, Beliefs and Level of Involvement Around the Decision-Making process for Childbirth Method.

About this research study

The purpose of the study is to explore Cypriot fathers' attitudes, beliefs and level of involvement in the decision-making process around childbirth methods. The study is being conducted by Natasa Andreou, as part of a doctoral dissertation project, under the supervision of Dr. Yianna Ioannou, member of the Social Sciences Department at the University of Nicosia.

The basis on which participants are chosen

Participants eligible to take part in the current study must be Cypriot fathers, in a committed relationship for a minimum of two years who have at least one child under the age of five.

What is expected of you as a participant

As a participant you will be asked to complete a battery of questionnaires that will take no longer than 20 minutes.

Your rights as a participant

Confidentiality - Your name and other identifying information will not be attached to collected data. All information collected will be anonymized; your personal details cannot be matched, identified or tracked back to the data collected in this project. At no point in time will identifying information be used or disclosed.

Voluntary participation - Your participation is voluntary and you may choose to withdraw from this study at any time. You can also decide to request elimination of your responses during the 30 days following your response submission by sending an email to the researcher containing the unique id number you will create.

What happens to your information?

Storing of data- The information that will be obtained from you during the study will be stored in locked drawers in the researcher's personal office space. Only the researcher will have access to the documents, which will be used solely for research purposes. Audio and electronic data will be stored on the researcher's personal computer in password-protected files.

Data usage- The data obtained may be used by the researcher in any written work produced as a result of this research. However, at no point will any identifying information be used or disclosed.

Benefits of participation

The possible benefit of your participation is to advance knowledge in the area of paternal involvement during pregnancy and encourage further research in the field. By providing evidence, health professional can gain a deeper understanding of the decision-making process around childbirth methods. Therefore, recommendations can be made so as to improve the quality of care expectant fathers and their partners receive, as well as to encourage informed choices. Lastly, the questions posed in the questionnaires may help you consider your level of involvement during your partner's pregnancy which could encourage positive changes.

Risks

There are no serious potential risks associated with this research.

Inquiries

If you have further questions or problems in regards to the research study please do not hesitate to contact the researcher or supervisor. Additionally, for any queries regarding the ethics of the research study please contact the Chair of the University of Nicosia's Ethics Committee at the email address below.

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Appendix II

Information Sheet (Greek)

Πληροφορίες

Έρευνα Διδακτορικής Μελέτης

Εξερευνώντας τις στάσεις, πεποιθήσεις και το επίπεδο εμπλοκής στη λήψη αποφάσεων, των Κύπριων πατεράδων, σχετικά με τη μέθοδο τοκετού.

Ποιος είναι ο σκοπός της ερευνητικής μελέτης

Ο σκοπός της μελέτης είναι να διερευνήσει τις στάσεις, πεποιθήσεις και το επίπεδο συμμετοχής που έχουν οι πατέρες στην Κύπρο σχετικά με τη διαδικασία λήψης αποφάσεων ως προς την μέθοδο τοκετού. Αυτή η μελέτη διεξάγεται από την Νατάσα Ανδρέου, στα πλαίσια της διδακτορικής της διατριβής, υπό την εποπτεία της Δρ. Γιάννας Ιωάννου, μέλος του Τμήματος Κοινωνικών Επιστημών του Πανεπιστημίου Λευκωσίας.

Ο λόγος επιλογής των συμμετεχόντων

Οι συμμετέχοντες, που θα επιλεχθούν να λάβουν μέρος στην παρούσα μελέτη, θα πρέπει να είναι Κύπριοι, να έχουν τουλάχιστον ένα παιδί κάτω των πέντε ετών και να βρίσκονται σε σχέση με τη σύντροφο τους για τουλάχιστον δύο χρόνια.

Τι αναμένεται από εσάς ως συμμετέχοντας

Ως συμμετέχοντας θα σας ζητηθεί να συμπληρώσετε μια δέσμη ερωτηματολογίων που θα διαρκέσει περίπου 20 λεπτά.

Τα δικαιώματα σας ως συμμετέχοντας

Εμπιστευτικότητα – Το όνομα σας όπως και άλλες πληροφορίες που τυχόν να προσδιορίζουν την ταυτότητα σας δεν θα επισυναφθούν στα δεδομένα που θα συλλεχθούν. Όλες οι πληροφορίες που θα συλλεχθούν θα είναι ανώνυμες; τα προσωπικά σας δεδομένα δεν θα μπορούν να αντιστοιχιστούν, να αναγνωριστούν ή να οδηγήσουν πίσω στα δεδομένα που συλλέχθηκαν σε αυτή τη μελέτη. Σε καμία χρονική στιγμή, δεν θα χρησιμοποιηθούν ή αποκαλυφθούν πληροφορίες ταυτοποίησης.

Εθελοντική συμμετοχή – Η συμμετοχή σας είναι εθελοντική και μπορείτε να επιλέξετε να αποσυρθείτε από την μελέτη οποιαδήποτε χρονική στιγμή. Μπορείτε, επίσης, να αποφασίσετε να ζητήσετε την αφαίρεση των απαντήσεων σας, κατά τη διάρκεια των 30 ημερών που ακολουθούν, στέλνοντας ένα email στην ερευνήτρια που θα περιέχει τον μοναδικό αριθμό αναγνώρισης που θα δημιουργήσετε.

Τι θα συμβεί στις πληροφορίες σας που θα παραχωρήσετε

Αποθήκευση δεδομένων – Οι πληροφορίες που θα παραχωρήσετε κατά τη διάρκεια της μελέτης θα αποθηκευτούν σε κλειδωμένα συρτάρια στο προσωπικό γραφείο της ερευνήτριας. Μόνο η ερευνήτρια θα έχει πρόσβαση στα έγγραφα, τα οποία θα χρησιμοποιηθούν μόνο για τους σκοπούς της έρευνας. Τα ηλεκτρονικά δεδομένα θα αποθηκευτούν στον προσωπικό υπολογιστή της ερευνήτριας και θα προστατεύονται με κωδικό πρόσβασης.

Χρήση δεδομένων – Τα δεδομένα που θα συλλεχθούν μπορεί να χρησιμοποιηθούν από την ερευνήτρια σε οποιαδήποτε γραπτή εργασία που θα προκύψει από την παρούσα έρευνα. Εντούτοις, σε κανένα σημείο δεν θα χρησιμοποιηθούν ή αποκαλυφθούν πληροφορίες ταυτοποίησης.

Οφέλη από την συμμετοχή

Το πιθανό όφελος από τη συμμετοχή σας είναι ότι θα προωθήσετε τη γνώση στον τομέα της πατρικής συμμετοχής κατά τη διάρκεια της εγκυμοσύνης και θα ενθαρρύνεται μελλοντικές έρευνες σε αυτό το πεδίο. Με το να παρέχεται δεδομένα, οι επαγγελματίες υγείας θα μπορέσουν να αποκτήσουν μια βαθύτερη κατανόηση της διαδικασίας λήψης αποφάσεων σχετικά με τις μεθόδους τοκετού. Ως εκ τούτου, θα μπορέσουν να γίνουν συστάσεις έτσι ώστε να βελτιωθεί η ποιότητα φροντίδας που λαμβάνουν οι μελλοντικοί πατέρες και οι σύντροφοι τους, καθώς και να ενθαρρυνθούν οι ενημερωμένες επιλογές. Τέλος, οι ερωτήσεις που τίθενται τόσο στα ερωτηματολόγια μπορεί να σας βοηθήσουν να αναλογιστείτε το επίπεδο εμπλοκής σας κατά τη διάρκεια της εγκυμοσύνης της συντρόφου σας, το οποίο μπορεί να επιφέρει θετικές αλλαγές.

Κίνδυνοι

Δεν υπάρχουν σοβαροί δυνητικοί κίνδυνοι που να συνδέονται με την παρούσα έρευνα.

Πληροφορίες

Εάν έχετε περαιτέρω ερωτήσεις ή προβληματισμούς σχετικά με την ερευνητική μελέτη, παρακαλώ μην διστάσετε να επικοινωνήσετε με την ερευνήτρια ή την επόπτρια. Επιπρόσθετα, για οποιεσδήποτε απορίες σχετικά με τη δεοντολογία της ερευνητικής μελέτης σας παρακαλώ επικοινωνήστε με τον Πρόεδρο της Επιτροπής Δεοντολογίας στην παρακάτω διεύθυνση ηλεκτρονικού ταχυδρομείου.

Στοιχεία επικοινωνίας

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Appendix II

Statement of Informed Consent

PhD Research Study

Exploring Cypriot Fathers' Attitudes, Beliefs and Level of Involvement Around the Decision-Making process for Childbirth Methods

Please read the following statements carefully:

- I have received the Information sheet that provides details about the nature of the research study exploring Cypriot fathers' attitudes, beliefs and level of involvement in the decision-making process around childbirth methods, and I have been given an opportunity to ask questions about taking part in the project.
- I have read and understand the information provided in the Information sheet.
- I understand that my participation is voluntary and that I am free to withdraw at any time without penalty or loss of benefit to myself.
- I understand that all information collected in this research will be anonymous and will be stored securely and confidentially.
- I am aware that at no point will any identifying information be used or disclosed.
- I am aware that I can contact the Researcher, the Supervisor and/or Chair of the Ethics Committee with further inquiries, if necessary.
- I fully understand the information that has been provided to me and I agree to participate in this research project

Yes ☐ No ☐

Participant's Signature _____

Note!

To take part, you will need to create your own unique ID, consisting of the last two digits of your phone number, the month you were born and the first two letters from your town of birth (e.g. if your phone number is 99-678123 and you were born in July in Nicosia, your ID would be: 2307NI). In case you decide to withdraw from the study, please send an email or call the researcher quoting your unique participation code.

Unique participant code……

Appendix IV

Statement of Informed Consent (Greek)

Έντυπο συγκατάθεσης

Έρευνα Διδακτορικής Μελέτης

Εξερευνώντας τις στάσεις, πεποιθήσεις και το επίπεδο εμπλοκής στη λήψη αποφάσεων, των Κύπριων πατεράδων, σχετικά με τη μέθοδο τοκετού.

Σας παρακαλώ διαβάστε προσεκτικά τις ακόλουθες δηλώσεις:

- Έχω λάβει το ενημερωτικό φυλλάδιο που παρέχει λεπτομέρειες σχετικά με τη φύση της ερευνητικής μελέτης που διερευνά τις στάσεις, πεποιθήσεις και το επίπεδο εμπλοκής των πατέρων στην Κύπρο σχετικά με τη μέθοδο τοκετού, και μου δόθηκε η ευκαιρία να υποβάλλω ερωτήσεις ως προς τη συμμετοχή μου σε αυτή την μελέτη.
- Έχω διαβάσει και κατανοήσει τις πληροφορίες που δόθηκαν στο ενημερωτικό φυλλάδιο.
- Κατανοώ ότι η συμμετοχή μου είναι εθελοντική και ότι είμαι ελεύθερος να αποσυρθώ οποιαδήποτε χρονική στιγμή χωρίς κάποια ποινή ή απώλεια οφέλους για τον εαυτό μου.
- Γνωρίζω ότι σε κανένα σημείο οποιαδήποτε πληροφορία ταυτοποίησης δεν θα χρησιμοποιηθεί ή αποκαλυφθεί.
- Γνωρίζω ότι μπορώ να επικοινωνήσω με την Ερευνήτρια, την Επόπτρια και/ή τον Πρόεδρο της Επιτροπής Δεοντολογίας για περαιτέρω απορίες, αν χρειαστεί.
- Κατανοώ πλήρως τις πληροφορίες που δόθηκαν και συμφωνώ να συμμετάσχω σε αυτό το ερευνητικό έργο

Ναι ☐ Όχι ☐

Υπογραφή _____

Σημείωση!

Για να λάβετε μέρος, θα χρειαστεί να δημιουργήσετε τη δική σας μοναδική ταυτότητα, η οποία θα αποτελείται από τα τελευταία δύο ψηφία του αριθμού τηλεφώνου σας, τον μήνα κατά τον οποίο γεννηθήκατε και τα πρώτα δύο γράμματα της πόλης στην οποία γεννηθήκατε (π.χ αν ο τηλεφωνικός σας αριθμός είναι 99-678123 και γεννηθήκατε τον Ιούλιο στη Λευκωσία, η ταυτότητα σας θα είναι: 2307ΛΕ). Στην περίπτωση που αποφασίσετε να αποσυρθείτε από την μελέτη, σας παρακαλώ να αποστείλετε ένα email ή να τηλεφωνήσετε την ερευνήτρια παραθέτοντας τον μοναδικό κωδικό συμμετοχής σας.

Μοναδική ταυτότητα ……

Appendix V

Questionnaire (English)

Unique ID no.: _____

Please complete the questionnaire by filling in the blanks, circling or by placing a tick where appropriate.

1. Age _____
2. Occupation _____
3. You are from...

   Nicosia ☐ Larnaca ☐ Limassol ☐ Paphos ☐

4. Highest level of education completed:

   Less than high school ☐ High school ☐ College ☐ University ☐

5. Economic status:

   High ☐ Middle ☐ Low ☐

6. You are…

   Unmarried ☐ Engaged ☐ Married ☐

7. You are in a relationship with your partner for _____ years

****** Please answer the follow questions based on your partner's LATEST pregnancy***

8. Your parent's latest pregnancy was …

   Planned ☐ Unplanned ☐

9. My partner gave birth at a…

   Private clinic/hospital ☐ Public clinic/hospital ☐ Other ☐

10. My partner delivered our baby with the following method…

a) An elective caesarean
b) A medically indicated caesarean
c) Vaginal Birth

11. When your partner was pregnant how many parental classes did you attend with her?

0 1-2 3-4 5 or more

12. If you didn't attend any parental classes, why not?

a. I had to work
b. I needed to take care of other children
c. I didn't think it was necessary
d. The place was only for women
e. None were available
f. I hadn't been made aware of their availability
g. My partner did not want to attend classes
h. Other _____

13. Were you present for your partner's routine prenatal check-ups (including blood tests, ultra-sounds, etc.)?

None of them Some of them Most of them All of them

14. If you answered 'None of them', why not?

a) I had to work
b) I needed to take care of other children
c) I didn't think it was necessary
d) Other _____

15. Were you present during childbirth?

Yes ☐ No ☐

16. If **NO** please give a brief reason why …

_____
_____

17. Did you take paternity leave?

Yes ☐ No ☐

18. If **YES** for how long? _____

19. If **NO** please give a brief reason why …

_____
_____

20. Did your partner take maternity leave?

Yes ☐ No ☐

21. If **YES** for how long? _____

22. If **NO** please give a brief reason why …

_____
_____

From a scale of 1 to 5, rate the following statements:

23. I think and feel that I was emotionally involved in my partner's pregnancy.

1	2	3	4	5
Not at all		Moderately		Very much

24. I think and feel that I was involved in decisions regarding childbirth options.

1	2	3	4	5
Not at all		Moderately		Very much

25. My partner involved me in decisions regarding her pregnancy and childbirth options.

1	2	3	4	5
Not at all		Moderately		Very much

26. I feel that my opinion mattered regarding decisions made about our baby.

1	2	3	4	5
Not at all		Moderately		Very much

27. I involved myself in finding information about pregnancy.

1	2	3	4	5
Not at all		Moderately		Very much

28. I involved myself in finding information about childbirth/labour.

1	2	3	4	5
Not at all		Moderately		Very much

29. Who/what were your sources of information about different methods of childbirth?

(Note: You can tick more than one answer)

a) Gynecologist ☐ b) Nurses ☐

c) Relatives ☐ d) Friends ☐

e) Internet/books ☐ f) Seminars/Classes ☐

g) Other _____

30. My partner's gynecologist asked me what method of childbirth I prefer.

Yes ☐ No ☐

31. What method of childbirth delivery did the gynecologist recommend?

No recommendation was made ☐

Caesarean section ☐

Vaginal birth ☐

If a <u>recommendation</u> for a <u>caesarean</u> was made, please answer questions 32-36

32. Could you briefly state the reason for this recommended childbirth delivery?

_____

_____

33. At what point during the pregnancy was a caesarean recommended? (e.g. 3 weeks before due date).

_____

34. Were you recommended a caesarean but you and your partner decided to go ahead and have vaginal birth?

Yes ☐ No ☐

35. I had not considered a caesarean as an option but the gynecologist recommended it.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

36. Looking back, I believe the recommended caesarean section could have been avoided.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

If your partner <u>had a caesarean</u> please answer questions 37 and 38

37. How much did the gynecologist's opinion influence the decision that your partner has a caesarean?

1	2	3	4	5
Not at all		Moderately		Very Much

38. The gynecologist _____ with the decision that my partner has a caesarean section.

Agreed *Was Neutral* *Disagreed*

If your partner <u>had vaginal birth</u> please answer question 39 and 40.

39. The gynecologist _____ with the decision that my partner has vaginal birth.

Agreed *Was Neutral* *Disagreed*

40. I had not considered vaginal birth as an option but the gynecologist recommended it.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

41. How much did the gynecologist's opinion influence the decision that your partner has vaginal birth?

1	2	3	4	5
Not at all		Moderately		Very Much

From a scale of 1 to 5, rate the following statements

42. The gynecologist explained to me the advantages and disadvantages of a caesarean section.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

43. How sufficient was this information to make an informed decision regarding caesareans?

1	2	3	4	5
Not enough information		Moderate information		Sufficient information

44. The gynecologist explained to me the advantages and disadvantages of vaginal birth.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

45. How sufficient was his information to make an informed decision regarding vaginal birth?

1	2	3	4	5
Not enough information		Moderate information		Sufficient information

46. How many children do you have?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

47. **IF APPLICABLE**, your partner's previous mode of delivery was …

Vaginal birth ☐ Elective caesarean ☐ Medically indicated caesarean ☐

These questions are based on how you and your partner typically deal with problems in your relationship. Please rate <u>each</u> <u>item</u> on a scale of 1 (= very <u>un</u>likely) to 9 (= very likely).

A. WHEN AN ISSUE OR PROBLEM ARISES

48. Both my partner and I avoid discussing the problem.

1	2	3	4	5	6	7	8	9
Very Unlikely								Very Likely

49. Both my partner and I try to discuss the problem.

1	2	3	4	5	6	7	8	9
Very Unlikely								Very Likely

50. I try to start a discussion while my partner tries to avoid a discussion.

1	2	3	4	5	6	7	8	9
Very Unlikely								Very Likely

51. My partner tries to start a discussion while I try to avoid a discussion.

1	2	3	4	5	6	7	8	9
Very Unlikely								Very Likely

B. DURING A DISCUSSION OF AN ISSUE OR PROBLEM,

52. Both my partner and I express our feelings to each other.

1	2	3	4	5	6	7	8	9
Very Unlikely								Very Likely

53. Both my partner and I blame, accuse and criticize one another.

1	2	3	4	5	6	7	8	9
Very Unlikely								Very Likely

54. Both my partner and I suggest possible solutions and compromises.

1	2	3	4	5	6	7	8	9
Very Unlikely								Very Likely

55. I nag and demand while my partner withdraws, becomes silent, or refuses to discuss the matter further.

1	2	3	4	5	6	7	8	9
Very Unlikely								Very Likely

56. My partner nags and demands while I withdraw, become silent, or refuse to discuss the matter further.

1	2	3	4	5	6	7	8	9
Very Unlikely								Very Likely

57. I criticize while my partner defends himself or herself.

1	2	3	4	5	6	7	8	9
Very Unlikely								Very Likely

58. My partner criticizes while I defend myself.

1	2	3	4	5	6	7	8	9
Very Unlikely								Very Likely

For each statement, rate how true it is of you and your partner generally in your relationship.

59. I have more say than my partner does while we make decisions in our relationship.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

60. I have more control over decision making than my partner does in our relationship.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

61. When we make decisions in our relationship, I get the final say.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

62. I have more influence than my partner does on decisions in our relationship.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

63. I have more power than my partner when deciding about issues in our relationship.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

64. I am more likely than my partner to get my way when we disagree about issues in our relationship.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

65. My partner has more say than I do when we make decisions in our relationship.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

66. My partner has more control over decision making than I do in our relationship.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

67. When we make decisions in our relationship, my partner gets the final say.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

68. My partner has more influence than I do on decisions in our relationship.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

69. My partner has more power than me when deciding about issues in our relationship.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

70. My partner is more likely to get his/her way than me when we disagree about issues in our relationship.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

71. I am more likely than my partner to start discussions about issues in our relationship.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

72. When my partner and I make decisions in our relationship, I tend to structure and lead the discussion.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

73. I lay out the options more than my partner does when we discuss decisions in our relationship.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

74. I tend to bring up issues in our relationship more often than my partner does.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

75. My partner is more likely than me to start discussions about issues in our relationship.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

76. When my partner and I make decisions in our relationship, my partner tends to structure and lead the discussion.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

77. My partner lays our the options more than I do when we discuss decisions in our relationship.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

78. My partner tends to bring up issues in our relationship more often than I do.

1	2	3	4	5	6	7
Not at all			Sometimes			Always

Please tick the answer you believe is correct for each statement

79. The cost of vaginal delivery is less than for a caesarean section.

Yes ☐ No ☐ Don't know ☐

80. A caesarean section is mandatory after one caesarean.

Yes ☐ No ☐ Don't know ☐

81. Maternal complications of caesarean delivery are greater than of vaginal birth.

Yes ☐ No ☐ Don't know ☐

82. There is a greater risk of postpartum infection after caesarean delivery in comparison to vaginal birth.

Yes ☐ No ☐ Don't know ☐

83. Usually prolonged bad rest is required in caesarean section.

Yes ☐ No ☐ Don't know ☐

84. The emotional relationship between mother and baby after vaginal delivery is better.

Yes ☐ No ☐ Don't know ☐

85. Pain is less in caesarean section.

Yes ☐ No ☐ Don't know ☐

86. Caesarean delivery is necessary when the baby is in breech position (unborn baby is bottom-dawn rather than head-down).

Yes ☐ No ☐ Don't know ☐

87. Vaginal delivery increases the risk of bleeding from vagina.

Yes ☐ No ☐ Don't know ☐

88. Infants born by a caesarean section are healthier compared to vaginal delivery.

Yes ☐ No ☐ Don't know ☐

89. Caesarean section is preferable because there is sexual dysfunction after vaginal delivery.

Yes ☐ No ☐ Don't know ☐

90. Infant bone fractures are impossible in caesarean section.

Yes ☐ No ☐ Don't know ☐

91. Respiratory disorder in infants born by caesarean section is less than those born by vaginal delivery.

Yes ☐ No ☐ Don't know ☐

92. Hospital stay cost when giving birth vaginally is less in comparison to having a caesarean.

Yes ☐ No ☐ Don't know ☐

How much do you agree with the following statements regarding infants and young children?

	Do Not Agree						**Strongly Agree**
	0	**1**	**2**	**3**	**4**	**5**	**6**
93. Parents do not need to worry if their child misbehaves a lot.	0	1	2	3	4	5	6
94. Too much affection, such as hugging and kissing, can make a child weak.	0	1	2	3	4	5	6
95. It is good to let children explore and experiment.	0	1	2	3	4	5	6
96. It is very important that there are consequences when a child breaks a rule, big or small.	0	1	2	3	4	5	6
97. Parents can prepare young children to succeed in school by teaching them things, such as shapes and numbers.	0	1	2	3	4	5	6
98. It is okay if young children boss around their caregivers.	0	1	2	3	4	5	6
99. It's important for parents to help children learn to deal with their emotions.	0	1	2	3	4	5	6
100. A child who has close bonds with his or her parents will have better relationships later on in life.	0	1	2	3	4	5	6
101. Parents can help babies learn language by talking to them.	0	1	2	3	4	5	6
102. Children don't need to learn about numbers and math until they go to school.	0	1	2	3	4	5	6
103. Parents should not try to calm a child who is upset, it is better to let children calm themselves.	0	1	2	3	4	5	6
104. Children and parents do not need to feel emotionally close as long as children are kept safe.	0	1	2	3	4	5	6

Do Not Agree 0 1 2 3 4 5 6 Strongly Agree

105. Reading books to children is not helpful if they have not yet learned to speak.	0 1 2 3 4 5 6
106. It is not helpful to explain the reasons for rules to young children because they won't understand.	0 1 2 3 4 5 6
107. It is very important that children learn to respect adults, such as parents and teachers.	0 1 2 3 4 5 6
108. Children should be comforted when they are scared or unhappy.	0 1 2 3 4 5 6
109. Young children should be allowed to make their own decisions, like what to play with and when to eat.	0 1 2 3 4 5 6
110. It is okay if children see adults as equals rather than viewing them with respect.	0 1 2 3 4 5 6
111. Children who receive too much attention from their parents become spoiled.	0 1 2 3 4 5 6
112. Children should be grateful to their parents.	0 1 2 3 4 5 6
113. Babies can learn a lot just by playing.	0 1 2 3 4 5 6
114. Babies can't learn about the world until they learn to speak.	0 1 2 3 4 5 6
115. It is very important for young children to do as they are told, for example, waiting when they are told to wait.	0 1 2 3 4 5 6
116. Parents should pay attention to what their child likes and dislikes.	0 1 2 3 4 5 6

Please circle the answer which best describes you

117. I liked that our baby was delivered by the vaginal birth method.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

118. I planned for our baby to be delivered by the vaginal birth method.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

119. I liked that our baby was delivered by the scheduled caesarean section.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

120. I planned for our baby to be delivered by the scheduled caesarean section.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

121. It was important to me that my partner delivered our baby by the vaginal birth method.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

122. It was important to me that my partner delivered our baby by the scheduled caesarean section.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

123. Having our baby delivered by the vaginal birth method was convenient for me.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

124. Having our baby delivered by the scheduled caesarean section was convenient for me.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

125. The vaginal birth method was dangerous for our baby.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

126. The scheduled caesarean section was dangerous for our baby.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

127. The vaginal birth method was dangerous for my partner.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

128. The scheduled caesarean section was dangerous for my partner.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

129. Having our baby delivered by the vaginal birth method was a meaningful experience for me.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

130. Having our baby delivered by the scheduled caesarean section was a meaningful experience for me.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

131. I believe that delivering our baby at a particular time of day and at a particular time of the year could influence our baby's success in life.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

132. Having our baby delivered by the vaginal birth method helped build a healthy relationship between my partner and me.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

133. Having our baby delivered by the scheduled caesarean section helped build a healthy relationship between my partner and me.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

134. A vaginal birth method helped me bond more with our baby.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

135. A scheduled caesarean section helped me bond more with our baby.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

136. I believe that it was important to my partner that she delivered our baby by the vaginal birth method.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

137. I believe that it was important to my partner that she delivered our baby by the scheduled caesarean section.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

138. Delivering our baby by the vaginal birth method was convenient for my partner.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

139. Delivering our baby by the scheduled caesarean section was convenient for my partner.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

140. My partner believed that the vaginal birth method was dangerous for our baby.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
0	1	2	3	4	5	6

141. My partner believed that the scheduled caesarean section was dangerous for our baby.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

142. My partner believed that the vaginal birth method was dangerous for her.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

143. My partner believed that the scheduled caesarean section was dangerous for her.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

144. Delivering our baby by the vaginal birth method was a meaningful experience for my partner.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

145. Delivering our baby by the scheduled caesarean section was a meaningful experience for my partner.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

146. To my partner, delivering our baby at a particular time of day and at a particular time of the year could influence our baby's success in life.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

147. I believe that it is important to my mother-in-law that my partner delivered our baby by the vaginal birth method.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

148. I believe that it is important to my mother-in-law that my partner delivered our baby by the scheduled caesarean section.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

149. Delivering our baby by the vaginal birth method was convenient for my mother-in-law.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

150. Delivering our baby by the scheduled caesarean section was convenient for my mother-in-law.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

151. My mother-in-law believed that the vaginal birth method was dangerous for our baby.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

152. My mother-in-law believed that the scheduled caesarean section was dangerous for our baby.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

153. My mother-in-law believed that the vaginal birth method was dangerous for my partner.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

154. My mother-in-law believed that the scheduled caesarean section was dangerous for my partner.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

155. Delivering our baby by the vaginal birth method was a meaningful experience for my mother-in-law.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

156. Delivering our baby by the scheduled caesarean section was a meaningful experience for my mother-in-law.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

157. To my mother-in-law, delivering our baby at a particular time of day and at a particular time of the year could influence our baby's success in life.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

158. I believe that it was important to my mother that my partner delivered our baby by the vaginal birth method.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

159. I believe that it was important to my mother that my partner delivered our baby by the scheduled caesarean section.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

160. Delivering our baby by the vaginal birth method was convenient for my mother.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

161. Delivering our baby by the scheduled caesarean section was convenient for my mother.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

162. My mother believed that the vaginal birth method was dangerous for our baby.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

163. My mother believed that the scheduled caesarean section was dangerous for our baby.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

164. My mother believed that the vaginal birth method was dangerous for my partner.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

165. My mother believed that the scheduled caesarean section was dangerous for my partner.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

166. Delivering our baby by the vaginal birth method was a meaningful experience for my mother.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

167. Delivering our baby by the scheduled caesarean section was a meaningful experience for my mother.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

168. To my mother, delivering our baby at a particular time of day and at a particular time of the year could influence our baby's success in life.

Strongly disagree	*Disagree*	*Slightly disagree*	*Neither agree or disagree*	*Slightly agree*	*Agree*	*Strongly agree*
-3	-2	-1	0	1	2	3

Appendix VI

Questionnaire (Greek)

Μοναδική ταυτότητα: _____

Ερωτηματολόγιο

Παρακαλώ συμπληρώστε το ερωτηματολόγιο συμπληρώνοντας τα κενά, κυκλώνοντας ή βάζοντας √ όπου χρειάζεται/όπου είναι κατάλληλο.

1. Ηλικία _____
2. Επάγγελμα _____
3. Είστε από…

   Λευκωσία ☐ Λάρνακα ☐ Λεμεσό ☐ Πάφο ☐

4. Το υψηλότερο μορφωτικό επίπεδο που συμπληρώσατε:

   Δημοτικό ☐ Λύκειο ☐ Κολλέγιο ☐ Πανεπιστήμιο ☐

5. Οικονομικό επίπεδο

   Υψηλό ☐ Μεσαίο ☐ Χαμηλό ☐

6. Είστε…

   Ανύπαντρος ☐ Αρραβωνιασμένος ☐ Παντρεμένος ☐

7. Βρίσκεστε σε σχέση με τη σύντροφο σας για _____ χρόνια.

Παρακαλώ απαντήστε τις ακόλουθες ερωτήσεις με βάση την πιο <u>πρόσφατη εγκυμοσύνη</u> της συντρόφου σας

8. Η εγκυμοσύνη της συντρόφου σας ήταν…

   Προγραμματισμένη ☐ Απρογραμμάτιστη ☐

9. Η σύντροφος μου γέννησε σε…

Ιδιωτική κλινική/νοσοκομείο ☐ Δημόσια κλινική/νοσοκομείο ☐ Άλλο ☐

10. Η σύντροφος μου γέννησε το μωρό μας με την ακόλουθη μέθοδο…

Καισαρική ☐ Κολπικός τοκετός ☐

11. Είχατε συμμετάσχει σε οποιαδήποτε προγεννητική τάξη με την σύντροφο σας;

0 ☐ 1-2 ☐ 3-4 ☐ 5 ή περισσότερα ☐

12. **Αν δεν είχατε συμμετάσχει** σε οποιαδήποτε προγεννητική τάξη, γιατί όχι;

13. α) Έπρεπε να εργαστώ/είχα δουλειά ☐

β) Χρειαζόταν να φροντίσω άλλα παιδιά ☐

γ) Δεν πίστευα ότι ήταν απαραίτητο ☐

δ) Το μέρος ήταν μόνο για γυναίκες ☐

ε) Κανένα (μάθημα) δεν ήταν διαθέσιμο ☐

ζ) Δεν είχα ενημερωθεί για τη διαθεσιμότητα τους ☐

η) Η σύντροφος μου δεν ήθελε να συμμετάσχει ☐

θ) Άλλο _____

14. Ήσασταν παρών στις προγεννητικές εξετάσεις ρουτίνας της συντρόφου σας (συμπεριλαμβανομένων των εξετάσεων αίματος, υπέρηχων κτλ);

α) Σε καμία (από αυτές) ☐

β) Σε κάποιες/μερικές (από αυτές) ☐

γ) Στις περισσότερες (από αυτές) ☐

δ) Σε όλες ☐

15. **Αν δεν ήσασταν παρών** σε κανέναν από τους προγεννητικούς ελέγχους, γιατί όχι/για ποιο λόγο;

α) Έπρεπε να εργαστώ/είχα δουλειά

β) Χρειαζόταν να φροντίσω άλλα παιδιά

γ) Δεν πίστευα ότι ήταν απαραίτητο

δ) Άλλο _____

16. Ήσασταν παρών κατά τη διάρκεια του τοκετού;

Ναι Όχι

17. **Εάν όχι,** παρακαλώ εξηγήστε τον λόγο εν συντομία.

_____
_____

18. Πήρατε άδεια πατρότητας;

Ναι Όχι

19. **Εάν ναι**, για πόσο διάστημα; _____

20. **Εάν όχι**, παρακαλώ εξηγήστε τον λόγο εν συντομία.

_____
_____

21. Η σύντροφος σας πήρε άδεια μητρότητας;

Ναι Όχι

22. **Εάν ναι,** για πόσο διάστημα; _____

23. **Εάν όχι**, εξηγήστε τον λόγο εν συντομία.

_____
_____

Σε μια κλίμακα από το 1 ως το 5, βαθμολογήστε τις παρακάτω δηλώσεις στον βαθμό που σας εκφράζουν

1	2	3	4	5
Καθόλου		**Μέτρια**		**Πάρα πολύ**

23. Νομίζω και νιώθω ότι εμπλεκόμουν συναισθηματικά στην εγκυμοσύνη της συντρόφου μου	1 2 3 4 5
24. Νομίζω και νιώθω ότι εμπλεκόμουν στην απόφαση σχετικά με τις επιλογές τοκετού	1 2 3 4 5
25. Η σύντροφος μου με συμπεριλάμβανε στις αποφάσεις σχετικά με την εγκυμοσύνη της και τις επιλογές τοκετού.	1 2 3 4 5
26. Νιώθω ότι η άποψη μου μετρούσε σχετικά με τις αποφάσεις που λαμβάνονταν για το μωρό μας	1 2 3 4 5
27. Εμπλεκόμουν στην εύρεση πληροφοριών σχετικά με την εγκυμοσύνη	1 2 3 4 5
28. Εμπλεκόμουν στην εύρεση πληροφοριών σχετικά με τον τοκετό	1 2 3 4 5

29. Ποιος/ποιες ήταν οι πηγές πληροφοριών σας σχετικά με τις διαφορετικές μεθόδους τοκετού;

(Σημείωση: Μπορείτε να επιλέξετε παραπάνω από μια απαντήσεις)

Γυναικολόγος ☐ Νοσοκόμες/οι ☐

Συγγενείς ☐ Φίλοι ☐

Διαδίκτυο/βιβλία ☐ Σεμινάρια/τάξεις(μαθήματα) ☐

Άλλο (παρακαλώ διευκρινίστε) _____

30. Ο/η γυναικολόγος της συντρόφου μου με ρώτησε ποια μέθοδο τοκετού προτιμώ.

Ναι ☐ Όχι ☐

31. Ποια μέθοδο τοκετού πρότεινε ο/η γυναικολόγος;

Δεν έγινε κάποια σύσταση ☐

Καισαρική τομή ☐

Κολπικός τοκετός ☐

Εάν έγινε <u>σύσταση για καισαρική τομή</u> απαντήστε τις ερωτήσεις 36-39.

32. Μπορείτε να αναφέρετε εν συντομία το λόγο αυτής της συνιστώμενης μεθόδου τοκετού;

_____

_____

33. Σε ποιο στάδιο της εγκυμοσύνης ο/η γυναικολόγος συνέστησε την καισαρική τομή; (π.χ. 3 εβδομάδες πριν την προτεινόμενη ημερομηνία γεννήσεως)

_____

34. Δεν είχα θεωρήσει την καισαρική ως μία επιλογή αλλά ο/η γυναικολόγος την συνέστησε.

1	2	3	4	5
Διαφωνώ απόλυτα	Διαφωνώ	Ουδέτερο	Συμφωνώ	Συμφωνώ απόλυτα

35. Αποφασίσατε μαζί με την σύντροφο σας να προχωρήσετε σε κολπικό τοκετό παρόλο που ο/η γυναικολόγος συνέστησε καισαρική τομή;

Ναι ☐ Όχι ☐

Εάν η σύντροφος σας <u>γέννησε με καισαρική</u> παρακαλώ απαντήστε τις ερωτήσεις 36-38

36. Κατά πόσο η άποψη του/της γυναικολόγου επηρέασε την απόφαση σας να κάνει καισαρική η σύντροφος σας;

1	2	3	4	5
Καθόλου	Λίγο	Σχετικά	Αρκετά	Πολύ

37. Πιστεύω ότι θα μπορούσαμε να αποφύγουμε την καισαρική τομή

1	2	3	4	5
Διαφωνώ απόλυτα	Διαφωνώ	Ουδέτερο	Συμφωνώ	Συμφωνώ απόλυτα

38.Ο/η γυναικολόγος _____ με την απόφαση η σύντροφος μου να κάνει καισαρική τομή

Συμφώνησε *Ήταν ουδέτερος/η* *Διαφώνησε*

Εάν η σύντροφος σας <u>γέννησε με κολπικό τοκετό</u> παρακαλώ απαντήστε τις ερωτήσεις 39-41

39. Κατά πόσο η άποψη του/της γυναικολόγου επηρέασε την απόφαση σας η σύντροφος σας να έχει κολπικό τοκετό;

1	2	3	4	5
Καθόλου	Λίγο	Σχετικά	Αρκετά	Πολύ

40. Δεν είχα θεωρήσει τον κολπικό τοκετό ως μια επιλογή αλλά ο/η γυναικολόγος τον συνέστησε.

1	2	3	4	5
Διαφωνώ απόλυτα	Διαφωνώ	Ουδέτερο	Συμφωνώ	Συμφωνώ απόλυτα

41. Ο/η γυναικολόγος_____ με την απόφαση η σύντροφος μου να γεννήσει με κολπικό τοκετό

Συμφώνησε *Ήταν ουδέτερος/η* *Διαφώνησε*

Σε μια κλίμακα από το 1 ως το 5, βαθμολογήστε τις παρακάτω δηλώσεις

42. Ο/η γυναικολόγος, μου εξήγησε τα πλεονεκτήματα και τα μειονεκτήματα της καισαρικής τομής

1	2	3	4	5
Διαφωνώ απόλυτα	Διαφωνώ	Ουδέτερο	Συμφωνώ	Συμφωνώ απόλυτα

43. Πόσο επαρκής ήταν αυτή η πληροφόρηση ώστε να λάβετε μια ενημερωμένη απόφαση σχετικά με τις καισαρικές;

1	2	3	4	5
Όχι αρκετές Πληροφορίες		Μέτριες Πληροφορίες		Ικανοποιητικές Πληροφορίες

44. Ο/η γυναικολόγος, μου εξήγησε τα πλεονεκτήματα και τα μειονεκτήματα του κολπικού τοκετού

1	2	3	4	5
Διαφωνώ απόλυτα	Διαφωνώ	Ουδέτερο	Συμφωνώ	Συμφωνώ απόλυτα

45. Πόσο επαρκής ήταν αυτή η πληροφόρηση ώστε να λάβετε μια τεκμηριωμένη απόφαση σχετικά με τον κολπικό τοκετό;

1	2	3	4	5
Όχι αρκετές Πληροφορίες		Μέτριες Πληροφορίες		Ικανοποιητικές Πληροφορίες

46. Πόσα παιδιά έχετε;

1 ☐ 2 ☐ 3 ☐ 4 ☐

47**. Εάν ισχύει**, η προηγούμενη μέθοδος τοκετού της συντρόφου σας ήταν…..

α) Κολπικός τοκετός ☐

β) Καισαρική καθ' επιλογή ☐

γ) Ιατρικά ενδεικνυόμενη καισαρική ☐

Αυτές οι ερωτήσεις βασίζονται στο πώς εσείς και η σύντροφος σας διαχειρίζεστε γενικά τα προβλήματα στη σχέση σας. Παρακαλώ βαθμολογήστε κάθε πρόταση σε μια κλίμακα από το 1 (= πολύ απίθανο) ως το 9 (=πολύ πιθανόν).

Α. ΟΤΑΝ ΠΡΟΚΥΨΕΙ ΕΝΑ ΘΕΜΑ Η ΕΝΑ ΠΡΟΒΛΗΜΑ

48. Όταν υπάρχει ένα πρόβλημα, τόσο η σύντροφος μου όσο και εγώ αποφεύγουμε να συζητήσουμε

1	2	3	4	5	6	7	8	9
Πολύ απίθανο								Πολύ πιθανόν

49. Όταν υπάρχει ένα πρόβλημα, τόσο η σύντροφος μου όσο κι εγώ προσπαθούμε να το συζητήσουμε

1	2	3	4	5	6	7	8	9
Πολύ απίθανο								Πολύ πιθανόν

50. Όταν υπάρχει ένα πρόβλημα, εγώ προσπαθώ να ξεκινήσω μια συζήτηση ενώ η σύντροφος μου προσπαθεί να αποφύγει τη συζήτηση

1	2	3	4	5	6	7	8	9
Πολύ απίθανο								Πολύ πιθανόν

51. Όταν υπάρχει ένα πρόβλημα, η σύντροφος μου προσπαθεί να ξεκινήσει μια συζήτηση ενώ εγώ προσπαθώ να αποφύγω τη συζήτηση.

1	2	3	4	5	6	7	8	9
Πολύ απίθανο								Πολύ πιθανόν

Β. ΚΑΤΑ ΤΗ ΔΙΑΡΚΕΙΑ ΤΗΣ ΣΥΖΗΤΗΣΗΣ ΓΙΑ ΕΝΑ ΘΕΜΑ Η ΠΡΟΒΛΗΜΑ

52. Τόσο η σύντροφος μου όσο κι εγώ εκφράζουμε τα συναισθήματα μας ο ένας στον άλλο.

1	2	3	4	5	6	7	8	9
Πολύ απίθανο								Πολύ πιθανόν

53. Τόσο η σύντροφος μου όσο κι εγώ κατακρίνουμε, κατηγορούμε και κριτικάρουμε ο ένας τον άλλο.

1	2	3	4	5	6	7	8	9
Πολύ απίθανο								Πολύ πιθανόν

54. Τόσο η σύντροφος μου όσο κι εγώ προτείνουμε πιθανές λύσεις και συμβιβασμούς.

1	2	3	4	5	6	7	8	9
Πολύ απίθανο								Πολύ πιθανόν

55. Παραπονιέμαι και απαιτώ ενώ η σύντροφος μου αποσύρεται, σιωπά ή αρνείται να συζητήσει περαιτέρω το θέμα.

1	2	3	4	5	6	7	8	9
Πολύ απίθανο								Πολύ πιθανόν

56. Η σύντροφος μου γκρινιάζει και απαιτεί ενώ εγώ αποσύρομαι, σιωπώ ή αρνούμαι να συζητήσω περαιτέρω το θέμα.

1	2	3	4	5	6	7	8	9
Πολύ απίθανο								Πολύ πιθανόν

57. Κριτικάρω ενώ η σύντροφος μου υπερασπίζεται τον εαυτό της

1	2	3	4	5	6	7	8	9
Πολύ απίθανο								Πολύ πιθανόν

58. Η σύντροφος μου κριτικάρει ενώ εγώ υπερασπίζομαι τον εαυτό μου.

1	2	3	4	5	6	7	8	9
Πολύ απίθανο								Πολύ πιθανόν

Για κάθε δήλωση, βαθμολογήστε κατά πόσο ισχύει γενικά για εσάς και τη σύντροφο σας στη σχέση σας

1	**2**	**3**	**4**	**5**	**6**	**7**
Καθόλου			**Μερικές φορές**			**Πάντα**

59. Ο λόγος μου μετράει περισσότερο από ότι της συντρόφου μου όταν λαμβάνουμε αποφάσεις για τη σχέση μας	1	2	3	4	5	6	7
60. Έχω περισσότερο έλεγχο στη λήψη αποφάσεων από ότι η σύντροφος μου στη σχέση μας.	1	2	3	4	5	6	7
61. Όταν παίρνουμε αποφάσεις στη σχέση μας, εγώ έχω τον τελικό λόγο.	1	2	3	4	5	6	7
62. Έχω περισσότερη επιρροή στις αποφάσεις από ό,τι η σύντροφος μου στη σχέση μας.	1	2	3	4	5	6	7
63. Έχω περισσότερη δύναμη από ό,τι η σύντροφος μου όταν αποφασίζουμε σχετικά με θέματα στη σχέση μας.	1	2	3	4	5	6	7
64. Είναι πιο πιθανόν να γίνει το δικό μου παρά της συντρόφου μου όταν διαφωνούμε για θέματα στη σχέση μας.	1	2	3	4	5	6	7

1	2	3	4	5	6	7
Καθόλου			**Μερικές φορές**			**Πάντα**

65. Η σύντροφος μου έχει μεγαλύτερο λόγο από εμένα όταν παίρνουμε αποφάσεις στη σχέση μας.	1 2 3 4 5 6 7
66. Η σύντροφος μου έχει περισσότερο έλεγχο στη λήψη αποφάσεων από ό,τι εγώ στη σχέση μας.	1 2 3 4 5 6 7
67. Όταν παίρνουμε αποφάσεις στη σχέση μας, η σύντροφος μου έχει τον τελικό λόγο.	1 2 3 4 5 6 7
68. Η σύντροφος μου έχει περισσότερη επιρροή από εμένα στις αποφάσεις στη σχέση μας.	1 2 3 4 5 6 7
69. Η σύντροφος μου έχει περισσότερη δύναμη από εμένα όταν αποφασίζουμε σχετικά με θέματα στη σχέση μας	1 2 3 4 5 6 7
70. Είναι πιο πιθανόν για τη σύντροφο μου να γίνει το δικό της σε σύγκριση με εμένα όταν διαφωνούμε για θέματα στη σχέση μας	1 2 3 4 5 6 7
71. Είναι πιο πιθανόν να ξεκινήσω εγώ συζητήσεις για θέματα στη σχέση μας από ότι η σύντροφος μου..	1 2 3 4 5 6 7
72. Όταν η σύντροφος μου και εγώ λαμβάνουμε αποφάσεις στη σχέση μας, τείνω να δομώ και να καθοδηγώ τη συζήτηση.	1 2 3 4 5 6 7
73. Προσπαθώ να βρίσκω τις επιλογές που έχουμε σε μεγαλύτερο βαθμό από ό,τι η σύντροφος μου όταν συζητούμε για αποφάσεις στη σχέση μας.	1 2 3 4 5 6 7
74. Τείνω να επαναφέρω προς συζήτηση θέματα ή προβλήματα που περνάει η σχέση μας πιο συχνά από ό,τι η σύντροφος μου	1 2 3 4 5 6 7
75. Η σύντροφος μου είναι πιο πιθανόν να ξεκινήσει συζητήσεις σχετικά με θέματα στη σχέση μας από ό,τι εγώ.	1 2 3 4 5 6 7
76. Όταν η σύντροφος μου και εγώ λαμβάνουμε αποφάσεις για τη σχέση μας, η σύντροφος μου τείνει να δομεί και να καθοδηγεί την συζήτηση.	1 2 3 4 5 6 7
77. Η σύντροφος μου προσπαθεί να βρίσκει τις επιλογές που έχουμε σε μεγαλύτερο βαθμό από ό,τι εγώ όταν συζητούμε για αποφάσεις στη σχέση μας.	1 2 3 4 5 6 7
78. Η σύντροφος μου τείνει να επαναφέρει προς συζήτηση θέματα ή προβλήματα που περνάει η σχέση μας πιο συχνά από ό,τι εγώ	1 2 3 4 5 6 7

Παρακαλώ όπως βάλετε ένα √ στην απάντηση που πιστεύετε ότι είναι σωστή για κάθε δήλωση

79. Το κόστος του κολπικού τοκετού είναι λιγότερο από ότι για μια καισαρική τομή

Ναι ☐ Όχι ☐ Δεν ξέρω ☐

80. Μια καισαρική τομή είναι υποχρεωτική μετά από μια καισαρική

Ναι ☐ Όχι ☐ Δεν ξέρω ☐

81. Οι μητρικές επιπλοκές της καισαρικής είναι μεγαλύτερες σε σχέση με τον κολπικό τοκετό

Ναι ☐ Όχι ☐ Δεν ξέρω ☐

82. Μετά τον τοκετό, υπάρχει μεγαλύτερος κίνδυνος μόλυνσης μετά από καισαρική σε σύγκριση με τον κολπικό τοκετό

Ναι ☐ Όχι ☐ Δεν ξέρω ☐

83. Συνήθως απαιτείται παρατεταμένη ανάπαυση στο κρεβάτι μετά από την καισαρική τομή

Ναι ☐ Όχι ☐ Δεν ξέρω ☐

84. Η συναισθηματική σχέση μεταξύ της μητέρας και του βρέφους είναι καλύτερη μετά τον κολπικό τοκετό

Ναι ☐ Όχι ☐ Δεν ξέρω ☐

85. Ο πόνος είναι λιγότερος στην καισαρική τομή

Ναι ☐ Όχι ☐ Δεν ξέρω ☐

86. Η καισαρική είναι απαραίτητη όταν το μωρό βρίσκεται σε ισχιακή προβολή (το αγέννητο μωρό κατεβαίνει με τους γλουτούς-πόδια αντί με το κεφάλι)

Ναι ☐ Όχι ☐ Δεν ξέρω ☐

87. Ο κολπικός τοκετός αυξάνει τον κίνδυνο αιμορραγίας από τον κόλπο

Ναι ☐ Όχι ☐ Δεν ξέρω ☐

88. Τα βρέφη που γεννιούνται με καισαρική τομή είναι πιο υγιή σε σύγκριση με τα βρέφη που γεννιούνται με κολπικό τοκετό

Ναι ☐ Όχι ☐ Δεν ξέρω ☐

89. Η καισαρική τομή είναι προτιμότερη επειδή υπάρχει σεξουαλική δυσλειτουργία μετά τον κολπικό τοκετό

Ναι ☐ Όχι ☐ Δεν ξέρω ☐

90. Κατάγματα των οστών των βρεφών είναι αδύνατο να συμβούν στην καισαρική τομή

Ναι ☐ Όχι ☐ Δεν ξέρω ☐

91. Οι αναπνευστικές διαταραχές στα βρέφη που γεννιούνται με καισαρική τομή είναι λιγότερες από ό,τι στον κολπικό τοκετό.

Ναι ☐ Όχι ☐ Δεν ξέρω ☐

92. Το κόστος της νοσοκομειακής περίθαλψης όταν γεννάς με κολπικό τοκετό είναι λιγότερο από ό,τι με καισαρική.

Ναι ☐ Όχι ☐ Δεν ξέρω ☐

Κατά πόσο συμφωνείτε με τις ακόλουθες δηλώσεις σχετικά με τα βρέφη και τα μικρά παιδιά;

	Δεν συμφωνώ	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**Συμφωνώ απόλυτα**
93. Οι γονείς δεν χρειάζεται να ανησυχούν όταν το παιδί τους παρεκτρέπεται/ φέρεται απρεπώς		0	1	2	3	4	5	6	
94. Η υπερβολική στοργή, όπως αγκαλιές και φιλιά, μπορεί να κάνει ένα παιδί αδύναμο.		0	1	2	3	4	5	6	
95. Είναι καλό να επιτρέπεις στα παιδιά να εξερευνούν και να πειραματίζονται.		0	1	2	3	4	5	6	
96. Είναι πολύ σημαντικό να υπάρχουν συνέπειες όταν ένα παιδί καταπατεί έναν κανόνα, (μικρό ή μεγάλο).		0	1	2	3	4	5	6	
97. Οι γονείς μπορούν να προετοιμάσουν τα παιδιά τους ώστε να επιτύχουν στο σχολείο με το να τους διδάσκουν πράγματα όπως σχήματα και αριθμούς.		0	1	2	3	4	5	6	
98. Είναι εντάξει αν τα μικρά παιδιά κάνουν ό,τι θέλουν/διατάσσουν τους φροντιστές τους.		0	1	2	3	4	5	6	
99. Είναι σημαντικό για τους γονείς να βοηθήσουν τα παιδιά τους να μάθουν να διαχειρίζονται τα συναισθήματα τους.		0	1	2	3	4	5	6	
100. Ένα παιδί που έχει στενούς δεσμούς με τον ή τους γονείς του θα έχει καλύτερες σχέσεις αργότερα στη ζωή.		0	1	2	3	4	5	6	
101. Οι γονείς μπορούν να βοηθήσουν τα μωρά να μάθουν τη γλώσσα με το να τους μιλάνε.		0	1	2	3	4	5	6	
102.Τα παιδιά δεν χρειάζεται να μάθουν για τους αριθμούς και τα μαθηματικά μέχρι να πάνε στο σχολείο.		0	1	2	3	4	5	6	
103. Οι γονείς δεν πρέπει να προσπαθούν να ηρεμήσουν ένα παιδί που είναι αναστατωμένο, είναι καλύτερο να αφήσουν τα παιδιά να ηρεμήσουν μόνα τους.		0	1	2	3	4	5	6	
104. Τα παιδιά και οι γονείς δεν χρειάζεται να νιώθουν συναισθηματικά κοντά εφόσον τα παιδιά είναι ασφαλή		0	1	2	3	4	5	6	

Δεν συμφωνώ	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**Συμφωνώ απόλυτα**

105. Το να διαβάζεις βιβλία στα παιδιά δεν είναι βοηθητικό αν δεν έχουν μάθει ακόμη να μιλούν.	0	1	2	3	4	5	6
106.Δεν είναι βοηθητικό να εξηγείς τους λόγους για τους οποίους υπάρχουν κανόνες στα μικρά παιδιά επειδή δεν θα καταλάβουν.	0	1	2	3	4	5	6
107. Είναι πολύ σημαντικό τα παιδιά να μάθουν να σέβονται τους ενήλικες, όπως τους γονείς και τους δασκάλους.	0	1	2	3	4	5	6
108. Τα παιδιά πρέπει να παρηγορούνται όταν είναι φοβισμένα ή δυστυχισμένα.	0	1	2	3	4	5	6
109. Στα μικρά παιδιά πρέπει να τους επιτρέπεται να παίρνουν τις δικές τους αποφάσεις ως προς με τι να παίξουν και τι να φάνε.	0	1	2	3	4	5	6
110. Είναι εντάξει αν τα παιδιά βλέπουν τους ενήλικες ως ίσους αντί να τους βλέπουν/ αντιμετωπίζουν με σεβασμό.	0	1	2	3	4	5	6
111. Τα παιδιά που λαμβάνουν υπερβολική σημασία από τους γονείς τους γίνονται κακομαθημένα.	0	1	2	3	4	5	6
112. Τα παιδιά πρέπει να είναι ευγνώμονες απέναντι στους γονείς τους.	0	1	2	3	4	5	6
113. Τα μωρά μπορούν να μάθουν πολλά μέσα από το παιχνίδι.	0	1	2	3	4	5	6
114. Τα μωρά δεν μπορούν να μάθουν για τον κόσμο μέχρι να μάθουν να μιλούν.	0	1	2	3	4	5	6
115. Είναι πολύ σημαντικό για τα μικρά παιδιά να κάνουν ό,τι τους λένε, για παράδειγμα, να περιμένουν όταν τους έχουν πει να περιμένουν.	0	1	2	3	4	5	6
116. Οι γονείς θα πρέπει να δώσουν σημασία στο τι αρέσει και τι όχι στο παιδί τους.	0	1	2	3	4	5	6

Παρακαλώ όπως κυκλώσετε την απάντηση που σας περιγράφει καλύτερα

117. Ήθελα το μωρό μας να γεννηθεί με κολπικό τοκετό.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

118. Προγραμμάτισα για το μωρό μας να γεννηθεί με κολπικό τοκετό.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

119. Ήθελα το μωρό μας να γεννηθεί με προγραμματισμένη καισαρική τομή.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

120. Προγραμμάτισα για το μωρό μας να γεννηθεί με προγραμματισμένη καισαρική τομή.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

121. Ήταν σημαντικό για εμένα η σύντροφος μου να γεννήσει το μωρό μας με κολπικό τοκετό.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

122. Ήταν σημαντικό για εμένα η σύντροφος μου να γεννήσει το μωρό μας με προγραμματισμένη καισαρική τομή.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

123. Το ότι γεννήθηκε το μωρό μας με κολπικό τοκετό ήταν βολικό για εμένα.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

124. Το ότι γεννήθηκε το μωρό μας με προγραμματισμένη καισαρική τομή ήταν βολικό για εμένα.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

125. Ο κολπικός τοκετός ήταν επικίνδυνος για το μωρό μας

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

126. Η προγραμματισμένη καισαρική τομή ήταν επικίνδυνη για το μωρό μας.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

127. Ο κολπικός τοκετός ήταν επικίνδυνος για τη σύντροφο μου.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

128. Η προγραμματισμένη καισαρική τομή ήταν επικίνδυνη για τη σύντροφο μου.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

129. Το ότι γεννήθηκε το μωρό μας με κολπικό τοκετό ήταν μια εμπειρία με νόημα για μένα

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

130. Το ότι γεννήθηκε το μωρό μας με προγραμματισμένη καισαρική τομή ήταν μια εμπειρία με νόημα για μένα

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

131. Πιστεύω ότι αν το μωρό μας γεννηθεί μια συγκεκριμένη ώρα της ημέρας και σε μια συγκεκριμένη χρονική στιγμή του έτους μπορεί να επηρεάσει την επιτυχία του μωρού μας στη ζωή.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

132. Το ότι γεννήθηκε το μωρό μας με κολπικό τοκετό, βοήθησε στο να χτιστεί μια υγιής σχέση ανάμεσα στη σύντροφο μου και σε μένα.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

133. Το ότι γεννήθηκε το μωρό μας με προγραμματισμένη καισαρική τομή, βοήθησε να χτιστεί μια υγιής σχέση ανάμεσα στη σύντροφο μου και σε μένα.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

134. Ένας κολπικός τοκετός με βοήθησε να συνδεθώ περισσότερο με το μωρό μας.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

135. Μία προγραμματισμένη καισαρική τομή με βοήθησε να συνδεθώ περισσότερο με το μωρό μας.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

136. Πιστεύω ότι ήταν σημαντικό για τη σύντροφο μου να γεννήσει το μωρό μας με κολπικό τοκετό.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

137. Πιστεύω ότι ήταν σημαντικό για τη σύντροφο μου να γεννήσει το μωρό μας με προγραμματισμένη καισαρική τομή.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

138. Το ότι γεννήθηκε το μωρό μας με κολπικό τοκετό ήταν βολικό για τη σύντροφο μου.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

139. Το ότι γεννήθηκε το μωρό μας με προγραμματισμένη καισαρική τομή είναι βολικό για τη σύντροφο μου.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

140. Η σύντροφος μου πίστευε ότι ο κολπικός τοκετός ήταν επικίνδυνος για το μωρό μας.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

141. Η σύντροφος μου πίστευε ότι η προγραμματισμένη καισαρική τομή ήταν επικίνδυνη για το μωρό μας.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

142. Η σύντροφος μου πίστευε ότι ο κολπικός τοκετός ήταν επικίνδυνος για εκείνη.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

143. Η σύντροφος μου πίστευε ότι η προγραμματισμένη καισαρική τομή ήταν επικίνδυνη για εκείνη.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

144. Το ότι γεννήθηκε το μωρό μας με κολπικό τοκετό ήταν μια εμπειρία με νόημα για τη σύντροφο μου.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

145. Το ότι γεννήθηκε το μωρό μας με προγραμματισμένη καισαρική τομή ήταν μια εμπειρία με νόημα για τη σύντροφο μου.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

146. Για τη σύντροφο μου, το να γεννηθεί το μωρό μας μια συγκεκριμένη ώρα της ημέρας και σε συγκεκριμένη χρονική στιγμή του έτους μπορεί να επηρεάσει την επιτυχία του μωρούς μας στη ζωή.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

147. Πιστεύω ότι ήταν σημαντικό για την πεθερά μου να γεννήσει η σύντροφος μου το μωρό μας με κολπικό τοκετό.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

149. Πιστεύω ότι ήταν σημαντικό για την πεθερά μου να γεννήσει η σύντροφος μου το μωρό μας με προγραμματισμένη καισαρική τομή.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

150. Το ότι γεννήθηκε το μωρό μας με κολπικό τοκετό ήταν βολικό για την πεθερά μου.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

151. Το ότι γεννήθηκε το μωρό μας με προγραμματισμένη καισαρική τομή ήταν βολικό για την πεθερά μου.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

152. Η πεθερά μου πίστευε ότι ο κολπικός τοκετός ήταν επικίνδυνος για το μωρό μας.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

153. Η πεθερά μου πίστευε ότι η προγραμματισμένη καισαρική τομή ήταν επικίνδυνη για το μωρό μας.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

154. Η πεθερά μου πίστευε ότι ο κολπικός τοκετός ήταν επικίνδυνος για τη σύντροφο μου.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

155. Η πεθερά μου πίστευε ότι η προγραμματισμένη καισαρική τομή ήταν επικίνδυνη για τη σύντροφο μου.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

156. Το ότι γεννήθηκε το μωρό μας με κολπικό τοκετό ήταν μια εμπειρία με νόημα για την πεθερά μου.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

157. Το ότι γεννήθηκε το μωρό μας με προγραμματισμένη καισαρική τομή ήταν μια εμπειρία με νόημα για την πεθερά μου.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

158. Για την πεθερά μου, το να γεννηθεί το μωρό μας μια συγκεκριμένη ώρα της ημέρας και σε συγκεκριμένη χρονική στιγμή του έτους μπορεί να επηρεάσει την επιτυχία του μωρούς μας στη ζωή.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

159. Πιστεύω ότι ήταν σημαντικό για τη μητέρα μου να γεννήσει η σύντροφος μου το μωρό μας με κολπικό τοκετό.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

160. Πιστεύω ότι ήταν σημαντικό για τη μητέρα μου να γεννήσει η σύντροφος μου το μωρό μας με προγραμματισμένη καισαρική τομή.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

161. Το ότι γεννήθηκε το μωρό μας με κολπικό τοκετό ήταν βολικό για τη μητέρα μου.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

162. Το ότι γεννήθηκε το μωρό μας με προγραμματισμένη καισαρική τομή ήταν βολικό για τη μητέρα μου.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

163. Η μητέρα μου πίστευε ότι ο κολπικός τοκετός ήταν επικίνδυνος για το μωρό μας.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

164. Η μητέρα μου πίστευε ότι η προγραμματισμένη καισαρική τομή ήταν επικίνδυνη για το μωρό μας.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

165. Η μητέρα μου πίστευε ότι ο κολπικός τοκετός ήταν επικίνδυνος για τη σύντροφο μου.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

167. Η μητέρα μου πίστευε ότι η προγραμματισμένη καισαρική τομή ήταν επικίνδυνη για τη σύντροφο μου.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

168. Το ότι γεννήθηκε το μωρό μας με κολπικό τοκετό ήταν μια εμπειρία με νόημα για τη μητέρα μου.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

169. Το ότι γεννήθηκε το μωρό μας με προγραμματισμένη καισαρική τομή ήταν μια εμπειρία με νόημα για τη μητέρα μου.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6

170. Για τη μητέρα μου το να γεννηθεί το μωρό μας μια συγκεκριμένη ώρα της ημέρας και σε συγκεκριμένη χρονική στιγμή του έτους μπορεί να επηρεάσει την επιτυχία του μωρούς μας στη ζωή.

Διαφωνώ απόλυτα	*Διαφωνώ*	*Διαφωνώ μερικώς*	*Ούτε συμφωνώ ούτε διαφωνώ*	*Συμφωνώ μερικώς*	*Συμφωνώ*	*Συμφωνώ απόλυτα*
0	1	2	3	4	5	6