University of Applied Sciences Hamburg

Master of Public Health

From mother orientation to family orientation
Possibilities of transformation antenatal and postnatal services into a widened focus

Master-Thesis

February 2006

[redacted]

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Abstract

The objective of the Master Thesis of Public Health at hand is to develop a feasible concept for a family oriented approach of antenatal and postnatal services in Germany.

Starting point is a description of current defiance of antenatal and postnatal period in Germany and the focus of the service as mainly being mother oriented and risk oriented.

The thesis presents different scientific approaches offering theoretical base for a widened service, Systemic theory, the concept of Family Medicine, Antonovskys Salutogenesis and Resilience research. The assumption of the relevant messages of the approaches for antenatal and postnatal service shows that the systemic view on health and health questions is essential for an approach, which understands the coherences of health and wellbeing within a family. A health preventing and promoting work like antenatal and postnatal service has to approach from the individual and the social components of health resources in order to meet the current needs.

The overview of the current internationally published studies concerning the coherence of family and pregnancy and postnatal period shows that research situation for this topic is quite poor especially in Germany.

By courtesy of focus interviews of twenty experts of antenatal and postnatal service or family affairs located in a large city in Germany the research explores the opinions of the experts and practical links for the realization of a widened approach. The interviews show that many of the interviewed experts do not yet see the sense of a widened approach towards the whole family. Nevertheless they emphasis many disadvantages, especially the risk orientation of the current service and the lack of effective cooperation, and have a lot of ideas which lead to a widened service. There are several concrete ideas and experiences of intergenerational projects which are alluded in the interviews.

The concept of a family oriented service for antenatal and postnatal period includes the following main aspects:

1. Cognition of pregnancy and postnatal period to be a life passage in which the healthy development of all involved persons towards the new family situation stands in the foreground of professional efforts.
2. Pregnancy and postnatal period as the foundation of the new family in which a child will be brought up and the impact of the service to empower the family to be a solid and save fundament for growing up.

3. Health viewed as a continuous holistic process which includes individual and social components and health promotion during pregnancy and postnatal period seen primarily as promotion of existing and new resources of the individuals and the whole family.
4. Family centers which act as informational and co-operating base and as meeting point for families, clients and professionals.
5. Basic service for each family by a skilled professional person combining knowledge about all important aspects of the period and the family oriented view.
6. Intergenerational and voluntary services especially for the support directly after delivery and the integration of the new family into a social net.
7. Well functioning cooperation of all involved groups and training of involved professionals towards Systemic view.

1. Introduction

Family in Germany is an issue nowadays discussed everywhere within the German public. Mainly in connection with the decrease of birth rate and the increase of population members over fifty years of age in Germany and the consequences for the German society the question how family friendliness and child friendliness could be achieved stands in the forefront of public interest. The various contributions to this discussion are concentrated on possibilities and impossibilities to combine motherhood and fatherhood with work life, on the responsibility of the German society, on models of social integration of families and of promotion of the contact between young and old people and eventually on the change of values.

Pregnancy and postnatal period are phases of life which stand in the very beginning of a new family. Therefore the question occurs whether family friendliness for this lifespan is important to achieve or whether the relevance of family starts only after this period.

At present antenatal and postnatal services are organized through the health insurance company of the mother. The insurance company provides the service financially including antenatal examinations, lectures and postnatal care. The insurance companies of the fathers are not included nor are there (financial) services related to the family. But this mother orientation not only is the guideline for the financial regulations but also for the content of the service. Facing the possible medical complications for mother and child during this period, the service concentrates on exclusion, early realizing and treatment.

Remarkable that for a life period which is actually the sign of life itself, a process which belongs to the nature of life and therefore cannot be described as a pathological derailment, the worry stands in the foreground.

But facing the current situation of pregnancy and postnatal period are the main problems even intensified by today's excluding the family from the service? Does risk orientation and restriction to the individual meet the current knowledge about health and prevention? Do recent models, which have been developed to interlink different members and ages of our society and to achieve family friendliness, make sense also for pregnancy and postnatal period? What do the experts of the antenatal and postnatal service think about upgrading the service towards family orientation?

The work at hand deals with the question of family orientation by means of the following research questions:

- Is it worthwhile widening the focus of antenatal and postnatal service into an approach, which addresses more than mother and father?
- Should pregnancy and postnatal period be handled as a matter of intergenerational interest and transfer?
- Would it be a help for new mothers, fathers and children to integrate this widened focus in the services?
- What do the experts for this period, the different professional partners of the services, think about a widened focus?

The works target is to develop a feasible concept for a family oriented approach of antenatal and postnatal services in Germany.
The work starts with a description of the current state of antenatal and postnatal service by regarding the focus of mother (and father) orientation on one hand and the situation of pregnancy and postnatal period in Germany today on the other hand.
Second part of the work presents Systemic Theory as the possible basis for a new understanding of family during pregnancy and postnatal period with special recognition to the heretical and social family and gives an overview of current existing models of family, frequencies and relevance, on the basis of Systemic Theory.
Third part comprises models and researches concerning health: the concept of Family Medicine, which can point the way of a family oriented approach, Salutogenesis as the basis of a health oriented approach and resilience research, which is focused on health preventing and health obtaining factors.
These parts of the work which give a theoretical fundament for a family oriented approach are followed by an overview of the current published studies concerning the coherence of family and pregnancy and postnatal period. This could be useful for the evaluation of the current scientific interest concerning the subject.
Next part describes the qualitative study in which experts, who work in the field of family or pregnancy and postnatal period, are interviewed by the method of focus interview for the research questions.
The described elements of the work result in a concept of a family oriented service for antenatal and postnatal period which is suggested at the end of the work.

2. Pregnancy and postnatal period in Germany

2.1 Mother orientated antenatal and postnatal care-all but history?

The obvious corporal mother child unity during pregnancy which impresses even after delivery by the breastfeeding process was and still is the guideline for antenatal and postnatal care. This is grounded on the psychological concepts of the Psychoanalytic ideas, which refer the mother child bond a primarily relevance. According to Psychoanalysis the relation between mother and child is so intimate, that the influence of any third person is of no importance (Balint, 1969, 159). Later during oedipal phase of the childhood the father joins in as a troublemaker" which is necessary for the child's development and for the mother child unity (Von Klitzig, 2000, 864f). This opinion about the primary mother child symbiosis is still taken by several scientists, for example Daniel Stern (Stern, 2002).

"My belly belongs to me"- this popular sentence in the late sixties and beginning of the seventies of the last century according to the proponents was directed in general against patriarchal policy, which reduced and determined women to the role of bearing and was directed especially against the former abortion law (Schwarzer, 1977, Scheu, 1977). In Germany this protest must bee seen on the background of the history of the Nazi period with a family policy, which glorified and took the bearing role of women for the political goals of expansion and selection[1] And this protest must be seen as a movement of the daughters of those mothers who were young women during the Nazi period.

The sentence is remarkable also because it expresses a view of the body as something which can be described as a property and should be repossessed by the women themselves. The claim for property included the unborn baby and therefore fitted to the psychoanalytic view of the symbiosis of interest of the mother and her unborn child (Balint, 1969, 110).

"My belly belongs to me"-supports- intentional or unintentional- the prevalent point of view of antenatal and postnatal care defined as the mother and child being in the in the center of professional interest. For example the textbook for midwifery declares that systematic care during pregnancy shall avert the danger for the health of mother and child in time and includes diagnostic, prophylactic and therapeutic measures at the mother (Martius, 1979, 249). The example also shows that prevention of disease was or still is the primary target of care.

[1] very obvious by "Lebensborn"- institutions and forced sterilizations

Including the father– the decisive improvement?

Since the beginning of the eighties of the last century new concepts edging to the foreground, which punctuate the importance of the father from the very beginning. These concepts declare that the relation between the father and the child is already developed during pregnancy. Furthermore the mother- father-child bond is not only important for the development of the child and the father himself but also as the basis for a solid parentship and family (Le Camus, 2000, 107f, von Klitzig, 2002, 880f). There are various deliberations about the influence and the responsibility of fathers on pregnancy, birth, and breastfeeding and various books available for men concerning these topics (Bullinger, 1983, Gustafson, 1991, Mallmann, 1999, Heinowitz, 1999). Nationwide there are lectures offered for couples for preparation of delivery and nowadays some courses for preparation of being parents and forming a new family (Reichle, 1999, Bodemann, 2000). Mothers are frequently seen as "gatekeepers" for paternal influence and including (Ftenakis, 2002, 479ff).

Besides these efforts of including the father the main view of the antenatal and postnatal service still focuses the mother. There is hardly any effort addressed to the father exclusively during this period, besides all these efforts have no organizational or financial background on a changed service, they mostly have to be paid by the men themselves.

Importance for the research questions:

Germany's antenatal and postnatal services psychologically and politically were or are still based clearly on mother orientation. The development from the pure mother orientation to partly parent orientation is an important step. It opens for the idea that pregnancy and postnatal period is a process within a social framework and a child is born into a social framework which consists of more than only the mother.

2.2 Theses about the situation of pregnancy and postnatal period in Germany today

Pregnancy and postnatal period is a risk trap

Luckily Germany is a country in which the main topics of becoming a family are not whether mother and child will survive pregnancy and postnatal period and the first five years of life like in other countries of the world.

"More than half a million woman die annually of pregnancy related complications, 99% of them in developing countries… The lifetime risk of dying from maternal causes in sub-Saharan Africa is 1 in 16, compared with 1 in 160 in Latin America and 1 in 4000 in Western Europe… Babies who survive their mother's death seldom reach their first birthday" (The World Health Report 2003, 31). The UN Millennium Goals to empower mothers and children (United Nations Development Program, 2005) punctuates their dramatic health situation in the so called developing countries and stands up for the extreme weak and endangered parts of the population in these countries.

In Germany there is a quite different situation. About 74 % of all pregnant women belong to risk groups according to the catalogue A and B of the German "Mutterpass" with at least one risk[2]. The psychological effect of this for the pregnant women and their relatives are feelings of fear and being unable for a normal pregnancy. In addition there are several interventions, like prenatal diagnostic measures[3] or Cesarean section[4], with increasing frequencies which lead to additional risks but also to increased psychological and social problems.

Becoming a family as a time of life crisis and comprehensive change of life

Like in every fundamental change of life the time of pregnancy, birth and postnatal period includes feelings of fear, hope and uncertainty of the concerned persons, like the (expecting) parents (Kummer, 1991, 74 ff, Werneck, 2000, 187 ff). This naturally leads to an increase of whishes for confidence, human care, support and help from experienced persons, fatherly or motherly, sisterly or brotherly, friendly reinforcement. But the situation in Germany leads to a lack of social reinforcements: different family member live far away from each other and due to reduced birth rates friendly support of experienced diminish a situation which has been described (Fthenakis, 2002, 64f, Fthenakis, 2002, Werneck, 2000).

Health behavior and beliefs depends on the social environment

Individual health behavior and belief not only are learned in a social context but also supported or hampered by the social net. The social dependence of behavior and belief is well

[2] the rate of risk pregnancies in Lower Saxony 1999 was 73,4% with an increasing tendency (in comparison 1990: 65%), Niedersächsisches Ministerium für Frauen, Arbeit und Soziales, 2002, 31

[3] the frequency of amniocentesis increased from 1991 (6,5%) to 1999 (10,2%) for all deliveries, at the same time the frequency of ultra-sonograms of more than 5 times during pregnancy is increasing, Niedersächsisches Ministerium für Frauen, Arbeit und Soziales, 2002, 32

[4] in 2001 22,6% of all deliveries in Germany were Cesarean sections (1991: 15,3%), for 2005 an increased frequency of about 26% is expected, Statistisches Bundesamt, 2003

known. For example the theory of social learning of Bandura describes "modeling" as a process, in which reinforcement and motivation by the social environment play a major role (Bandura, 1976). The social environment is a well considered factor of today's health promotion concepts. (Naidoo, 2000, 27f). Risk behavior is promoted within the family (Naidoo, 2000, 43) and has biographical components which depend on the family (Hurrelmann, 2003, 60f). Therefore health questions like smoking[5], alcohol consumption but also physical exercises, nutrition, breastfeeding[6] or behavior towards health services, which are important during pregnancy and postnatal period, are determined by the social environment. The expecting father may be part of the environment of a pregnant woman, which in all case consists of more than him.

Parent's relation being a factor of insecurity

Pregnancy and postnatal period is not only a time of personal change, as described before, but also a time of change of the relation of (expecting) father and mother. Apart from the increasing number of single mothers, for which frequencies will be shown later in this thesis, becoming parents does not automatically mean living together and living in harmony.
The time the Germans spend on their way to work leads to less time at home (Statistisches Bundesamt, 2005, 59), couples living at different places, for which the Germans have invented the new word "Fernbeziehung", and so called "weekend families" exist as consequences of the increased needs of job-related mobility.
The change of roles during pregnancy and postnatal period towards motherhood, fatherhood, parentship today promotes crises of the relation due to uncertainty and interacting requirements. Life as parents and role understanding takes place in a period of massive public discussion of these roles, which is obvious through various publications (for example: Badinter, 1980, Bullinger, 1986, Fthenakis, 2002, Werneck, 2000).

Social isolation increases

During the period of pregnancy and even more during postnatal period reduced social contacts are the consequence of renunciation of professional work of the mother and changed requirements for the father (Fthenkis, 2002, 62ff). The decreasing number of children in

[5] Smoking is a research field in which at least the results of paternal smoking for mother and child is studied (see Appendix) and even in Germany health promoting brochures against maternal smoking fathers are mentioned also (Bundeszentrale für gesundheitliche Aufklärung, Rauchfrei in der Schwangerschaft, Köln)

[6] Families influence on breastfeeding behavior is studied, see Appendix

Germany certainly leads to less chance to meet people in the same situation. The family bond is not complete nowadays (Fthenakis, 2002, 173ff).

Especially women who life far away from their families, their native language and under difficult social and financial circumstances as immigrants sometimes are extremely isolated.

The resulting isolation not only leads to dissatisfaction and inner conflicts with the new life of father and mother but also to conflicts within the relation and overstrain. Lately all together reduced readiness and ability for bonding within the new small family is a possible result (Reichle, 1994, 13ff), which can have severe and long lasting disadvantages especially for the child (Papousek et al, 2004, 40ff). For mothers and fathers isolation can result in complications like postnatal depression (Gröhe, 2003, 71f) and increased risk of divorce (Reichle, 1994, 15).

Market of possibilities- lack of orientation and claims

Being pregnant and bearing a child in Germany means to be confronted necessary decisional situations concerning diagnostic measures and treatments. Dates for antenatal care at the gynecologist include decisions for example concerning additional offers of the doctor (so called "Igel-Leistungen"). There are different courses for couples and mothers to be chosen for, the place of birth and even the way of delivery may be chosen nowadays (for example the wish of Cesarean section or anesthetic measures). The offers for consumption are increased; pregnancy is a lucrative market for the provider. The apparently various possibilities of formation of life with a child have appeared instead of clear models existing in former times.

Pregnancy and postnatal period can be specified also with high expectations on the uniqueness. This expectation on one hand naturally exists because each life is unique, on the other hand it can lead to this period being an event which has to be planned and controlled in order to be perfect and extreme disappointment in case the reality falls short on one's expectations.

Financial shortage needs solidarity

Couples during the pregnancy and even more after delivery are a population group which has weak financial resources because they often stand in the beginning of their professional carrier and after delivery the income of one (mostly the mother's income) is shortened.

Although the average age of mothers at time of delivery has risen up to nowadays 30 years (Statistisches Bundesamt, 2005) and therefore the chance for better income of the bread winner of the family perhaps also and political efforts towards better financial conditions for new families are discussed there is no hint for a general change of it in the nearer future. Today health policy in Germany is always discussed in combination with financial shortage on the side of the service provider and the state.

But at the same time the necessity of preventive actions during pregnancy and postnatal period is also discussed: children are the future of a society. This fact leads to ideas of responsibility of the whole population for children to be born and to take care for good conditions for upbringing and a call for change of values towards more solidarity and voluntary help.

Consequences for the antenatal and postnatal service:

1. Antenatal and postnatal services, which are still concentrating primarily or even exclusively on risks and danger, does probably not meet the needs of the today's situation but rather further an increase of the social and psychological problems during this period.
2. Antenatal and postnatal services should be aware, that human reinforcement apart from professional help is important for a relaxed pregnancy and postnatal period.
3. Antenatal and postnatal services should include the whole family in the health promotional work
4. Certainly the relevance of the parental roles for the child's well being can not be objected. But an exclusive concentration on the parents of antenatal and postnatal service especially in times of uncertainty is sustained on a frequently wonky relation and sometimes overlooks the reality for example of single mothers.
5. The knowledge about the connection of social isolation and disease should guide the antenatal and postnatal services
6. Antenatal and postnatal services should promote orientation and critical view about the high expectations for perfectionism of mother, father and child.
7. Antenatal and postnatal services should be poised to give impulse for new ways for the social life with children.

3. Family is a system!

3.1. Systemic Theory

Systemic Theory looks at a family as a system like all groups. While some groups have limits in their existence, families are systems which had its beginning in the very past with former generations and will never come to an end as long as new members are born.

Systems like families are regulated by rules. These rules are formed over time and generations, conscious but also unconscious to the members, and they define the room to move and to behave for everyone (von Schlippe et al, 2003, 29). The whole set of rules of a family depends on the specific history of a family, although certainly all families of a society or culture have general rules, which are more or less equal for all.

The power of a family lies in its rules of game and families tend to insist on them. Rules are powerful in every situation but especially in times of change.

Main difference between families is how they manage openness for new ideas and members, ways of life and how nutrient they are for the members. There are open minded families which give space for new developments and there are also very closed and strict families. Some families nourish their members with love and support while other families are rather more demanding than nourishing (Satir, 1998).

The most important changes of a family are the birth of a new member and the death of an existing one. It will have consequences for all members of the family. Every single member of a family will have to find his or her position to this new situation and the relations of all are influenced somehow by the change. Systemic Theory stresses on the importance of relations of living members and dead members of a family. Relationship does not end with the death, but dead members live in the minds of the alive and the relation to them changes also with changes of the situation.

Birth of a new member includes – if incest rule as a very common and general family rule is accepted- the contact to another family, therefore it is the time, when two families connect and form a new family system. The moral rule, marriage first then pregnancy and birth, which was very important in former times in the German **c**ulture and still is very important in other cultures, for example for Turkish and Arabic immigrant families in Germany, is a rule which prepares the families through the ritual of wedding for the forthcoming event of birth of a new family member. Therefore a wedding is not only meant for the

two persons who get married but also a ritual for both merging families. Definite roles, like traditionally close relationship between mother and daughter, and clear definitions, like belonging of wife and children to the family of the husband, give orientation for all and define the combination of the two families. Nowadays in Germany the definitions of the influence of the two families have become unclear, which is obvious for example in the various possibilities of second names after marriage and birth. This openness includes the chance but also the burden of decision-making for nearly every step of coming together as a new family. But it does not decrease the importance of the families.

Couples expect a child whilst the two families perhaps do not know each other or have not met each other. It often seems as if the two families behind the couple are not existing or at least not influencing the pair. Even if they have no contact to their own parents, grandparents, sisters, brothers, and so on, these persons are mentally present in the ideas, their way of life, their experiences with relationship and behaviors. The couple has to find a way how life will change with a child, being mother, father and parents and developing new responsibilities for the child and for each other. Systemic Theory, as described before, shows that especially during the time of change the influence of family grows. The couple seeks for a way how to live as a family and therefore searches within the own family for rules to hold on or stay away from in order to have guidelines.

Importance for the research:

Working in the field of pregnancy and postnatal period means working in the field of birth not only in the physical meaning that a child will be or is born. It means also working in a field of the birth of a new family rooted in two different family trees. The intergenerational aspects play a major role in this period of life for all persons involved. Therefore work has to be aware of these aspects.

3.2. Biological and social family

Family on the first step is the biological root of every person. But of course within the huge number of everyone's relatives some are closer and some are far away. There might be a number of relatives the person does not even know at all or has never met, which not necessarily means that they have no influence. For example an unknown aunt in America one day legally leaves a big amount of money or a forgotten relative passes on a seldom disease to a descendant. But the probable influence of close relatives is much higher than of far

away relatives. This is connected with the social family. The social family includes all relatives, which are definitely personally present in the life of a human, and may include a number of persons, which are intimate but no relatives. For example the traditional description of godfather and godmother suggests a close social contact but not necessarily biological relationship.

There is an ongoing discussion about importance of biological and social factors of self esteem. Family one hand is the biological root which every person carries with the genes. The eyes from the father, the hair from the grandmother, the smile from the mother are obvious signs of belonging to a family. Ways of thinking or feeling are more difficult to categorize as predisposed by genes. Psychological theories discuss their importance in comparison to social matrix. Systemic Theory beliefs that the knowledge of biological origin is a basic factor of self assurance.

For a family system the question of importance of genetic and social relationship and disposition is nowadays mainly discussed in connection with adoption of children and genetic fathership tests. For adopted children scientific public stresses on the importance of "open adoption", which is based on the right of a child to get to know of his or her biological parents (Hofer et al, 1992). The question of adoption is discussed in combination of homosexual parentship on one hand and the existing (global) market for adoption. Since the former Federal Chancellor Gerhard Schröder has not only adopted the child of his wife and another man but even a child from a foreign country, this topic has gained high public interest.

German law concerning fathership with all consequences of responsibility and hereditary rights is based on legal relationship to a father by a child who is born within a marriage and outside of a marriage in cases of disputed fathership decision with the help of a genetic test. Since fathership tests have become more common, the German law practice is questioned, especially concerning the right of women and men to perform a secret genetic test and the legal consequences of such test results. Under this focus the public discussions of combination of social and biological factors get increased importance.

With respect to globalization of life and the development of reproductive medicine it can be assumed, that in future the public and scientific discussion about biological origin and social disposition will continue to have new topics to clear up (Horx, 2005).

Importance for the research:

These aspects of differentiation between heretical and social family are of special importance because it inholds problems of the new family which is in the center of antenatal and postnatal care, like the aspect of genetic and social fathership in patchwork families. But it also opens the view for possible resources of social families which can give additional shelter during this period.

3.3. Different ways of being a family in Germany and influence of family system

Married parents

74% of all couples living together with children in Germany are married (Statistisches Bundesamt, 2005, 16). 81% of the children in the old parts of BRD and 62% of the children in the new parts of BRD experience life in a "traditional"family with their married parents. But the relation of these children to other children has decreased since 1996 in the old parts by 5% and in the new parts by 13% (Statistisches Bundesamt, 2005, 27).

75% of all children under 18 years not only life with their married parents but also live at least with one brother or sister (Statistisches Bundesamt, 2005, 28). This shows that for many current children sisters and brothers belong to their family system.

Marriage is the traditional way of coming and living together as a family. And still today it is the most frequent way. At least from the institutional focus married parents and their children live under defined conditions and the connection to the whole system of the two families is obvious and clearly defined.

Unmarried parents

In the German society in 2004 about 6% of the parents live together unmarried, the number has increased from 4% in 1996 (Statistisches Bundesamt, 2005, 16).

5% of the children under 18 years in the old parts of BRD and 16% of children in the new parts live with their unmarried parents (Statistisches Bundesamt, 2005, 27).

Within the group of 25 to 44 years old persons in whole Germany 40% of the women and 50% of the men are unmarried, which is a much higher percentage than in older population groups (Statistisches Bundesamt, 2005, 18). Therefore it can be expected that at least at the beginning of the pregnancy the number of unmarried parents is much higher.

For the indirect influence of the pairs original families, like thoughts, beliefs, whishes about way of life and way of raising children, it makes no difference whether a couple is married or not. Differences between married and unmarried couples in respect to the direct influence of the two connected families, like direct contact including support and burden, can only be assumed. At least it is more probable for the families to have contact before pregnancy, if the couples celebrated a wedding before.

How contact to the families is organized during pregnancy and after birth is not mainly depending on marriage.

Single parents

In whole Germany the total number of single parents compared with married parents and unmarried parents living together lies at 20%, also this number has increased since 1996 by 2% (Statistisches Bundesamt, 2005, 16). 88% of single parents with children under 18 years are female (Statistisches Bundesamt, 2005, 24).

14% of all children under 18 years in the old parts of BRD and 22% of all children in the new parts live with single parents (Statistisches Bundesamt, 2005, 24).

The overall number of single parents is much higher than the one for unmarried parents living together, but it can be assumed, that during pregnancy and early childhood the comparison of these numbers shows a different picture, because parents divorce and separate from each other after the child has become older.

From all marriages of 1991 already 20% are divorced after ten years (Statistisches Bundesamt, 2005, 24). During these ten years they might have gotten children. The probability that a single mother of a child was married or lived together with the father at times of pregnancy and early after birth seems to be relatively high. 24% of single mothers of children less than 18 years have not been married before; only 7% of single mothers and 12% of single fathers are widows or widowers (Statistisches Bundesamt, 2005, 24). Therefore most of the single parents have had partners before and are separated.

The influence of family systems in a single parent situation is sometimes difficult to see on the first glance. If a woman gets pregnant from a man, she is not engaged with after this event or the couple separates shortly afterwards, the family of the man will in many cases have no contact to the child and to the mother. Nevertheless this child belongs to both families and the combination of the two families has taken place. If she is disappointed by the man, who is the father of the child, perhaps she attributes his family negatively, but negative significance is a very powerful one. Even if the influence might be ignored by the

mother more or less, the influence will be there indirectly in her thoughts about the family of the father and latest at times the child starts to ask for explanations.

There is an initiative of "separated grandparents" existing in Germany since 1997[7], which stresses on the importance and responsibility of grandparents for children and calls for the right of grandparents and grandchildren to keep in connection after parents have separated. On the homepage of this initiative the importance of family in the question of responsibility taking by separated fathers and mothers for their children is also mentioned.

Patchwork families

Patchwork families are implicitly included in the before presented dates of married and unmarried parents, because the figures do not tell anything about the biological relationship of the parents and their children.

Besides the above discussed topic of adoption and biological fathership the description of a family with married or unmarried parents, does not necessarily include, that all children of the couple are biologically their own children. The patchwork of mothers with child or children being engaged or married for a second time with a man with or without own children, or the same way the other way round, has always been existing, especially after early death of one of the parents. In times of high mortality rates due to war or postnatal delivery this model was probably quite frequent also in Germany. Together with the children of the second marriage the patchwork family is a model of multiple biological and social relations and combinations with respect to the biological and social family systems, which stand behind each member of the patchwork family.

Therefore there is an existing possibility of siblings living together without the same biological descent.

Patchwork families are families, in which more than two family systems come together. The various different possible combinations make it difficult from outside to find out who originally belongs together. Also for the members of the families sometimes the biological origin is not of main importance or even unclear, but the social importance of the relationship stand in the forefront. Patchwork families therefore can be seen as a chaotic system, in which single persons get lost, but also as an increased chance to build up relationships within the family, because the social possibilities increase with the amount of social fathers, mothers, brothers, sisters, grandparents and so on.

Homosexual parents

[7] see BIGE / BUNDESINITIATIVE GROSSELTERN de, www.grosseltern-initiative.de

In 2004 about 56 000 persons declared to live together as homosexual couples, an increase of about 25 000 since 1996 (Statistisches Bundesamt, 2005, 21). This number includes the homosexual couples which have married according to the law -Lebenspartnerschaftsgesetz- of 2001. 54% of them are male. Realizing the total number of households of persons with same sex and over 18 years of 160 000, the real number of homosexual families may be higher. 13% of the counted homosexual couples live with children. 9500 children under 18 years were brought up in homosexual families (Statistisches Bundesamt, 2005, 22). The relation of male and female partnerships in combination with this number is not available, but probably there are more female partnerships with children. Unfortunately there are no figures which answer the question, how many children are born into homosexual families primarily and how many of the homosexual couples bring children of former relations with men or women into the partnership. From the Systemic view of family in cases of homosexual parentship it can be stated, that, as long as children need the genes of father and mother, the families of both, father and mother, are biologically connected by the child. Social connection in these cases is depending on the way the homosexual couple organizes their partnership and the contact to the father or mother.

Importance for the research:

The presentation of current frequency data of family models gives an overview about the quantitative importance of the models for the work with families during pregnancy and postnatal period. This overview gains relevance for planning an approach which addresses the real needs of families in Germany. The presentation combined the present data of German family life with some aspects of Systemic Theory about the presented family models and therefore clears up the needs of people living in different family models. The description shows that besides the fact that most of the families are based on traditional marriage, the work during pregnancy and postnatal period has to integrate many different aspects and possibilities of families living together. The high frequency of married parentship cannot result other models to be ignored, because they may have special needs for consultation or support. On the other hand all planning should be aware of the actual frequencies of family models. Concrete planning of a local approach should be based on regional dates if available. The data does not include the differences of social economical status in combination with family models. Although this aspect is of high relevance it should be left for concrete planning of family oriented approach by investigation of local data.

4. Family and health

4.1. Family Medicine

The basis of Family Medicine is the heretical and social connection of persons with his or her family and the knowledge of the importance of this for individual health and heeling. This was already formulated by Victor von Weizsäcker:

„Wenn demnach die Einteilung der Krankheiten ein zwar unvermeidbares aber nicht besonders wichtiges Geschäft ist, so gibt es doch *eine* Art des Einteilens, welche der Krankheitsidee, die wir vertreten, entspricht. Das ist die, welche sich aus der Lebensordnung eines Menschen in seinem Zusammenhang mit anderen Menschen (vor, mit oder nach ihm) ergibt“(Von Weizsäcker, 2005, 292).

Especially since the seventies questions of communicational structures and processes are in the center of discussion concerning Family Medicine. Therefore Systemic Theory, but also Client Centered Therapy and Behavioral Therapy are focused by Family Medicine.

In the center of Family Medicine stands:

- The family, defined also as a community of health and sickness, with
- an increasing amount of patchwork families, with less biological but more social relations,
- a typical distribution of roles , which are correlated with the life cycle of the family,
- psychic crisis of single or all members especially in times of change (death, birth, wedding, empty nest situation, midlife crises), which are mastered differently in families,
- triangulation as a result of a conflict within the family , i.e. a child who gets sick because of parental partnership problems,
- symptom carriers with physical or mental ostentations, who can have a central importance within a family system,
- family secrets, which can make communication within a family and with the outside difficult, although the capability to keep secrets is an important part of personal autonomy,
- essential resources of individual existence, which lay in the four areas of physical and mental health, the social network, the work or profession, the sense of life and

the financial situation. Finding out covered resources is important part of Family Medicine especially for interventions in times of crisis. (Altmeyer et al, 2003, 21ff)

Family Medicine stresses on the need of professional approach of loyalty and neutrality with respect to the psychosocial reality and norms of everyone, which differ according to culture, sex, education, religion, political and ethical beliefs, and financial situation and so on. Professional work has to pay attention to these differences, which exist within a family and in contact with the social environment. The "patient" who comes with symptoms has to be seen in the context of the family.

This approach has been demonstrated for example in the therapy of anorexia – Magersucht, which showed also the closeness of Family Medicine and Family Therapy (Weber et al, 1991).

In Germany there are several medical centers with integrated care of doctors, nurses, psychologists, physiotherapists, which explicitly call themselves Family Medicine Centers. The Association of General Medicine and Family Medicine[8] in Germany is exclusively for medical doctors.

Family Medicine is very common in USA, Canada, Australia, New Zealand, England, Ireland, Scandinavia and Netherlands and is frequently used as synonym for General Medicine. Trainings for Family Practioners in USA are often combined with courses of Systemic Family Therapy.

Importance for the study question of this research:

Family Medicine describes the goals of a family centered medical approach and shows how medical work can be based on Systemic Theory.
Family Medicine can be seen as a medical concept which generalizes the influence of the family system for all health questions.
Family Medicine stresses on the relevance of family for being or feeling health or sick as well as for emotions, motivations and behaviors towards (medical) service. Although at least in Germany the organizational structure is medical doctor centered, the approach leads to conclusions for planning antenatal and postnatal services of all professional groups involved.
Professional trainings for professions dealing with families could be improved by courses of Systemic therapy or Systemic consulting.

[8] see: DEGAM, Deutsche Gesellschaft für Allgemeinmedizin und Familienmedizin

4.2. Salutogenesis

Aaron Antonovsky, born in the USA in 1923, developed his concept of Salutogenesis in the late sixties after a research about menopausal coping in Israel. This research showed him the „wonder" of several women remaining healthy and well functioning after survival of the Holocaust and the wars. From then he dedicated his professional life to the research of the question: Why people remain healthy?

His concept calls for a general change of medical approach and language.

Life for him is a process of heterostasis, aging and progressive entropy (Antonovsky, 1997, 29).

He characterizes Salutogenesis as follows:

1. Seeing a human in his personal multidimensional health ease/dis-ease continuum instead of in a classification between healthy or sick.
2. Searching for the whole story of a human instead of only concentrating on the dis-ease by medical research and also of medical care.
3. Instead of asking for risk factors searching for health factors and coping resources.
4. Stress factors are seen as existing in general and not necessarily to be reduced, but as factors which can promote health.
5. Instead of searching for a "wonder bullet" against disease Salutogenetic research looks for sources of active adaptation of a human on his environment.
6. Salutogenetic orientation leads to a focus on those data who describe exceptions of remaining healthy.

(Antonovsky, 1997, 29 f)

Antonowsky describes the Sense of Coherence (SOC) as a global orientation of a person which expresses the thrilling, lasting and dynamic feeling of confidence,

- the stimuli which occur during life through inner and external environment to be structured and explicable (sense of comprehensibility),
- to have the resources to manage with the requirements of the stimuli (sense of manageability),
- the requirements to be challenges remunerating the efforts and engagement (sense of meaningfulness).

(Antonovsky, 1997, 36)

Importance for the study questions of this research:

Salutogenesis ranks as the philosophic basis for health centered view towards life and medicine.
Salutogenesis offers the guideline for an approach of pregnancy and postnatal period which overcomes the present risk thinking in Germany.

4.3. Resilience research

Resilience can be defined as the capability to manage crisis with the background of heretical factors and socially learned skills and to use crisis for individual development. Developing resilience is seen as an interactive process between individual and social environment. Resilience describes

- healthy development despite of high risk status (like chronically poverty, very young parents, multi problematic background),
- steady competence despite of extreme stress (like divorce of parents, remarriage of parents),
- positive and fast recovery after traumatic experience, like death of parents, violence, war, terror, environmental catastrophic (Bender et al., 1998, 117-145).

Therefore resilience is not the absence of psychic problems but the development and preserving of age corresponding competences despite of difficult life situations (Masten et al, 1998).

Resilience research contributes to prevention interventions, mainly in fields of health and education.

Emmy E. Werners resilience research on 700 children from the Hawaiian island Kauai over a period of thirty years (Werner et al, 1992) concentrated on the one third of them, who developed into well functioning adults, despite of many risk factors like chronically poverty, psychopathologic parents and ongoing disharmony within in the family to find out which capacities helped these children to develop resilience and to manage their life.

Sheltering factors, within the personality of the children, their families and their communities could be found out. For example these children were actively searching for solutions, they could easily arrange good contact with others, and they were able to gain adults from outside of the family for their social network, who served as models for coping with difficult life situations.

The main resilience factors for life are:

- social competence,
- self regulation,
- active and flexible coping with problems,
- optimism,
- self confidence and self reliance (Werner, 2000).

Resilience researches show, that the very beginning of life is a sensible period when resilience can be developed primarily by the individual. Examples of researches showed, that babies already learn interactive skills from parents, which determine the interactions of the individual in later life.

Special interest of resilience research is given to factors within a family which enable family members to cope with sickness, handicaps and death and in this context how couples and families develop resilience. Important seems to be:

- early and steady binding,
- continuation of at least one main reference person,
- wider family compensating problematic or missing relations with parents,
- social encouragement, getting positive regard,
- reliable and supporting reference persons during adult period acting as positive models.

(Rutter, 2000)

Comparing the idea of resilience with the conception of resources orientation of Systemic Theory it is difficult to differentiate between the both. Perhaps it can be stated that resilience is more interested in the development of the factors of resilience and resource orientation is more interested in using the factors for solutions for managing the future.

Importance for the study question of this research:
Antenatal and postnatal period are sensitive periods resilience can be promoted and maintained. A child can develop resilience during antenatal and postnatal period a sensitive period primarily. The family is important for promoting and maintaining resilience. The emotional shelter of the social environment is important for resilience. Parents' resilience can be supported by positive models by reference persons.

5. International scientific interest of family influence on pregnancy and postnatal period

In order to find out whether how international scientific researches look at the influence of family on pregnancy and postnatal period I looked for the existing studies through Medline[9] with data source from 4.500 international newspapers.

First I looked for different search combinations (family and pregnancy, grandparents and pregnancy, grandmothers and pregnancy, brothers and pregnancy, sisters and pregnancy) for the period between 2000 and 2005, and at each combination for those studies, the relevance of the search words was notified with more than 70%. Than I looked for those studies which deal about an influencing association of family, grandparents, grandmothers, brothers, sisters and pregnancy or postnatal period. All studies concerned heretical factors of diseases, which was the very majority of all studies, I excluded. Studies which were found twice in this way, I left in the first group I found them. I noted the topics of remaining studies. Finally I noted the country the study was published.

My findings[10]:
Family and pregnancy:
44 studies.
Topics:
Social economic influence: 11
Health beliefs and behavior: 7
Adolescent pregnants: 5
Genetic testing: 1
Smoking: 5
Breastfeeding: 4
Postnatal depression: 2
Low birth weight: 2
Father's role: 5
Health programs: 2

Grandparents and pregnancy
10 studies
Topics:
Health beliefs and behavior: 2
Adolescent pregnant women: 1
Breastfeeding: 1

[9] the National Library of Medicine (NLM), Bethesda/USA
[10] see list of study topics and sources at the appendix

Grandparents' role/ support: 5
Health programs: 1

Grandmothers and pregnancy:
18 studies
Topics:
Health beliefs and behavior: 3
Adolescent pregnant women: 2
Smoking: 1
Breastfeeding: 4
Postnatal depression: 2
Grandmothers' role/support: 5
Health programs: 1

Brothers and pregnancy
2 studies
Topics:
Social economic influence: 1
Brothers' role: 1

Sisters and pregnancy:
No new findings

Publishing country all 74 studies:
USA: 34 studies
Great Britain: 16 studies
Scandinavian countries: 6 studies
Eastern Europe including Russia: 5 studies
Germany: 2 studies

In addition to this I looked for the same key words and additionally the search word "father" through data base "Google" and looked whether I could find any additional studies within the first page of "Google" results. In this way I found:

Findings:
5 studies
Topics:
Smoking: 3
Breastfeeding: 1
Postnatal depression: 1
For these studies I looked for further information including the results.

Publishing countries:
UK: 2

USA: 1
Canada: 1
Australia: 1

Discussion of the findings:

My findings show poor but nevertheless existing international scientific interest about the influence of family on pregnancy and postnatal period. Main interest goes to the role of the different family members (16 topics), the general influence of social economic background (12 topics) and of health beliefs and behaviors (12 topics). There are some specific topics of interest, like smoking (9 topics), adolescent pregnancy (8 topics), breastfeeding (10 topics), and postnatal depression (5 topics). Only 3 topics deal with the implementation of family into health programs, which shows that the family approach on pregnancy and postnatal period is at least not a popular field of international research.

From the overall 79 studies I found only two with German origin, the majority comes from USA (35 topics) and Great Britain (18 topics), some from Scandinavian countries (6 topics). USA and Great Britain from these findings show the biggest interest on family influences. On the background of the fact that Family Medicine, as described above, is a common approach in these countries, this result is not astonishing.

The look on the results of those studies which could be found through "Google" shows that the existence of influence of family in questions of smoking and breastfeeding is suggested. The study about consequences of maternal and paternal postnatal depression for the emotional and behavioral development of the child underlines the importance of family influence and can be seen in connection with family resilience researches.

Importance for the study question of this research:

The influence of family on antenatal and postnatal period is a research field which internationally hardly exists. The results of some studies underline the influence of family not only during pregnancy and postnatal period on health behavior and beliefs but also on the development of the child on the long run.
Germany is nearly a white map concerning researches of the topic of family and antenatal and postnatal period. Therefore the design of a family centered service in Germany for this period cannot be built on a satisfactional selection of studies concerned. The need of studies in this field suggests that scientific accompaniment of the planning, implementation and evaluation of a family centered approach is extremely suggestible.

6. Discussion of the results of the theoretical aspects

The theoretical aspects give clear answers to the first two question of this research:

- **Is it worthwhile widening the focus of antenatal and postnatal service into an approach, which addresses more than mother and father?**
- **Should pregnancy and postnatal period be handled as a matter of intergenerational interest and transfer?**

Systemic Theory which describes the influence of family, the intergenerational aspects for life, beliefs and behavior in general can be seen as the theoretical basis for a family centered approach. Current frequencies of family models in the context of Systemic Theory show that including the family in the antenatal and postnatal service demands generalized and specified look on the families with respect to the heretical and social family.

Family Medicine substantiates the approach of Systemic Theory for health questions and leads to ascertainment of the idea of family medicine for antenatal and postnatal care. The concept of Salutogenesis suggests an approach of life from the healthy point of view. This gains special relevance for antenatal and postnatal service which deals with a generally healthy part of life and nevertheless is viewed today mainly as a risky period.

The special recognition of resilience research stresses on the importance of the antenatal and postnatal period not only for the filial and lifelong healthy development, but also for the resilience of the family.

All in all: theory invites to go ahead towards a family oriented approach.

The lack of research concerning the influence of family on pregnancy and postnatal period and the consequences of pregnancy and postnatal period for different family members suggests further studies in this field. It is obvious to design a qualitative approach in order to gather and categorize information for further planning.

The answer of the third research question

- **Would it be a help for new mothers, fathers and children to integrate this widened focus in the services?**

can be given from the theoretical part of this study by the a general statement: As Systemic Theory and the concepts of Family Medicine and resilience show interdependentship of health

and family of course it should be a help for the new family to be seen in this context. But whether the clients agree to this in reality is not answered by the theoretical part. For the answer of it and also of the fourth question

- **What do the experts for this period, the different professional partners of the services, think about a widened focus?**

a research, which explores the thoughts and beliefs of the people involved in the field of antenatal and postnatal services in Germany today, is necessary.

7. Interviews

7.1. Goals of the interviews

The aim of the qualitative study is to gather and categorize information and ideas concerning the family oriented approach of antenatal and postnatal services.

The interview study concentrates on the professionals working in this field in order to include them in the process of concept making from the beginning, because a family orietented approach can only be implemented together with them.

The information needed form the professionals not mainly are concerned with the problems of the current service, but primarily with the suggestions about acceptance of a family approach by the professionals and the clients and with concrete ideas and experiences of family oriented approach.

The family orietnted approach can be nourished and supported by existing family oriented concepts in Germany. Therefore the interviews overcome the possibly limited view of those experts who are nowadays directly involved in the antenatal and postnatal service by a widened composition of interview partners.

The results of the interviews are, besides the results of the theoretical part, the base for the conclusions of this thesis, which puts the family oriented approach of antenatal and postnatal service in Germany into concrete terms.

7.2. Methodical considerations concerning the interviews

The research questions and the goals for the interviews result in a qualitative approach, because this approach suites for the phase of concept developing rather than a quantitative approach, which is better for evaluation of an already existing or practiced concept. The qualitative study approach suites for being open for the new and the unknown parts of the apparently known (Flick, 2000, 17).

Qualitative study deals with the subjective and social constructions of the interviewed persons. “In qualitative research, objectivity does not mean controlling the variables. Rather it means openness, a willingness to listen and to give voice to respondents… It means hearing what others have to say, seeing what others do and representing these as accurately as possible.”(Strauss et al, 1998, 43)

The present study aims to give voice to the experts' opinions for the concept development of a family oriented approach. For logical reasons this is done by interviews as being an arranged meeting, in which a conversation situation is aimed consciously so that one person asks questions which are answered by the other (Lamneck, 1989, 35f).

The method of single interviews results in the aim of the interviews to include a broad spectrum of information and therefore the interview partners should not stay in organizational connections. In addition to it single interviews invite more than group discussions with unknown others really to tell the own opinion.

General demands on qualitative interviews are:

- they are verbally and personally,
- they are not standardized in order to permit necessary situative adaptation,
- only open questions are asked,
- the conversational style of the interviewer is neutral to smooth.

(Lamneck, 1989, 59f)

Starting point for the interviews of this study is that they shall give new knowledge concerning the acceptance of the professionals and clients after the support for the general significance to open the antenatal and postnatal services is given through the theoretical part. Therefore the aim is more falsification and ascertainment of the already deductively gained hypothesis by the experts, which leads to the method of focused interviews (Lamneck, 1989, 78).

In the focus of the interviews stand the interviewed persons as being experts for the given situation: "The persons are known to be involved in the particular situation…" (Merton et al, 1956, 3), based on their statements the hypothesis is reviewed and specified.

The recognitional process is the interplay between hypothesis and reviewing. "Because no research enters into the process with a completely blank and empty mind, interpretations are the researcher's abstractions of what is in the data. These interpretations which take the form of concepts and relationships are continuously validated through comparison with incoming data." (Strauss et al, 294)

The guideline for the interviews contains the relevant subjects which shall be accosted; nevertheless the interviews remain open for deviations from the guideline in order to prevent predeterminations (Lamneck, 1989, 80).

The aim of the evaluation is after recording the interviews to assort and to compare the statements given by the experts. Therefore the interviews are worked on twice:

1. summary of every single interview and finding out the core statement of each interview partner,
2. comparing process by building up step by step concrete categories relating the interview material after general categories have been formed form the research question.

(Mayring, 1996)

7.3. Preparing considerations

The **location** of the interviews was a large town in Germany, which provides all different offers of antenatal and postnatal services available today in Germany. Although a representative selection of experts was for this purpose not necessary the interview partners should deal with different social economic parts of the inhabitants of the city to assure a maximum of facets. My own experiences as psychologist and midwife in this city included a good overview about the spectrum of service. Being aware that personal relationships and connections should be avoided in the process of finding the individuals for the interviews in order to prevent one sided view on the topic (Lamneck, 1989, 93) these experiences facilitated finding interview partners without preliminary researches to learn about the availability of service offers.

The **number** of interviews was defined with not more than twenty as a number which could be managed within the limited time for the research on one hand and the chance to gather a sufficient number of wide focused information. With respect to the time limit the results of the interviews include also the open questions for further research (Strauss et al, 1998, 292). The experts should be interviewed in a single interview for approximately one hour.

Composing the mixture of interview partners

In order to include as much as possible different sights and opinions of the service the study did not concentrate on one professional group but searched for interview partners in all different professional groups which are part of the services. The professional groups should include not only the medical professions in this field, like gynecologists, pediatricians and midwifes, but also the professions from the social field, working directly with the clients, like supervisors of self help groups or other groups, for example groups in

churches, and professions of the social and the political field which are planning or organizing the services. Also the economical field, like support offers of private agencies should be included.

All interview partners united that they handle either with pregnancy and postnatal period or with family. The distinction was

- the different professions,
- the specific fields of work,
- the different work settings, like hospital, offices, workplace, families home, church, social service institution, in public and private institutions,
- they work either directly with the clients or indirectly as managers of the life conditions of the clients.

The composition of interview partners therefore included:

1. Medical and psychological experts in private offices:
    - Gynecologist
    - Pediatrician
    - Midwife

2. Experts in hospitals for high risk pregnant women and postpartum patients:
    - Consulting midwife
    - Psychologist

3. Experts with main focus on home visits of families in psychologically or socially difficult situations
    - Family midwife
    - Housekeeping service

4. Supervisors of self help groups of fathers, young mothers, single parents, migrant families in
    - Social service (Haus der Familie)
    - Church

5. Psychological or social consultant specialists of public, clerical or private services for:

- Pregnancy, especially prenatal diagnosis
- Partnership, family

6. Management of health:
    - Family policy
    - Social network
    - Health Insurance Company
    - Personal department of a company
7. Organizers of special and new offers:
    - Grandparents lectures
    - Brother-sister lectures
    - Intergenerational project
    - Father center

7.4. Finding the interview partners

Persons, who had been in close working contact with me as the interviewer in the past, were excluded primarily. Contacts to potential interview partners were made by telephone calls at the institutions, like hospitals, private offices, social services, companies. Sometimes the interview partner was the direct address of my call, in some cases the gate keeping person, like secretary of an institution, proposed a recall, which, with exception of the social service, in all other cases really took place. For every potential professional group three contacts were performed if available, the one person who called back and agreed first was interviewed. In this way I tried to reduce the risk of unconscious choice of interview partners by myself. Except the consultant midwife in a hospital all interview partners could be interviewed without further consent by a superior. Nearly all contacted persons were very open and willing to be interviewed, with exception only of the family midwifes and the supervisors of self help groups.

The senior family midwife of the town chosen for the interviews informed me, that no family midwife was ready for an interview, because they had been interviewed very frequently in former times with no positive result for their difficult and overloaded working condition. Because I really wanted to include family midwifes in the interviewed group, as experts for

socially problematically families, I decided to search at another big city and realized to interview a family midwife from another city.

Contacting the supervisors of self help groups was very difficult (the telephone of one of the two social institutions was not open for three weeks because of sick leave!), two supervisors of the other institution asked for money for the interview. In the end I realized to interview at least one supervisor at his working place at the social service.

7.5. Performing the interviews

The interviews took place within the period of September, 12 and November, 1, 2005. Except two telephone interviews with persons of two institutions presenting both special and new offers, which therefore were very interesting for the research question but not available in town, all interviews were performed face to face. The interviewed persons decided about time and where the meeting took place. In most cases this was the work place of the interviewed person. One interview took place at the office of the interviewed person, while the colleague, with whom she chaired the office, was present at the same time in the room. All other interviews took place in a situation without others present. Except in three interview situations the interviewed persons arranged a situation outside of the routine work, therefore the interviews were not interrupted by telephone calls or other disturbances. Anonymity was assured. The interview language was of course German.

The guideline for the interviews included

- warming up questions concerning the opinion about family in general,
- description of the experts specific focus in the service,
- needs, practices, ideas, whishes, possible outcomes of widening the focus towards family,
- ideas about whishes of others, the clients and the cooperation partners concerning widening the focus.

The interviewer wanted to get as many information as possible with a minimum of influencing the interview partners. Therefore interviewer stayed in a neutral role without commenting the given information. Nevertheless the interviewer influenced the interview by asking further questions about topics the interviewed persons talked about if they seemed to be interesting for the research.

The interviews were noted by a written protocol by the interviewer directly at the time of the interview. Recording by a record machine was not necessary, because the aim of the interviews concentrated on factual information. Any other indirect information, like prosodic information (i.e. loudness of speech), laughter, stops, non communicational information (mimicry, gesture) was ignored.

At the end of each interview a short feedback of the interviewed person was given and noted. Directly after leaving the interview situation the interviewer noted a head line as a conclusion of the interview from a definite spoken sentence of the interviewed person, and also noted a short comment about the general interview situation, which together with the feedback of the expert could give information about the interaction during the interview.

7.6. Evaluation method

The protocol of every single interview was translated into English and all statements were tabulated. For the purpose of the study to receive factual statements and the opinions of the experts, the aim of the evaluation was to find out the specific view of each interview partner and to compare the statements of all in a systematic way in order to find out the common statements, the differences and the outstanding statements about the overall mentioned topics.

Therefore the statements were evaluated in two ways:

- brief summary of each interview

Due to the composition of the interview partners, the differences of the working field between the experts were very high, although all dealt with the pregnancy and postnatal period. A summary of each interview considered the peculiar view of the interviewed expert.

- comparing overview of the statements concerning the categories

The process to get systematic overview from the interviews was performed by finding categories which included all important notifications. The categories were formed after the statements of four interviews (first, seventh, eleventh, nineteenth interview) had been read repeatedly, there were tested for another four interviews, adjusted and at last realized for all interviews. Common experiences, opinions, and ideas and differences concerning the topics could be worked out in that way.

7.7. General conditions of the interviews

Interview situations

All interviews were performed according to the experts and the feelings of the interviewer in a relaxed and concentrated situation. There were no big disturbances and no time stress. There were no communicational problems noted by any of the interviewed persons or felt by the interviewer. All experts gave as feedback that they had enjoyed the being interviewed; some mentioned positively that they had reflected their own job in this way, some mentioned that they had especially enjoyed someone being interested on their work and their opinion about the service.

Dates about the interviewed persons

Age and sex of interview partners:

The youngest interview partner was 26 years old, the eldest 78 years old, both were female. The majority of female and male interview partners had an age between 40 and 59 years.

	20 to 29	30 to 39	40 to 49	50 to 59	60 and older	all
female	2	1	5	3	1	12
male		1	3	3	1	8
all	2	1	8	6	2	20

Organizational background and working field:

The following table shows how the working places of the interview partner were nestled in the different working fields. There are public and clerical work places, in which the employees are paid by the state or the church, and private work places, in which the employees are paid by a company, including the health insurance company. This classification is independent from the question whether the clients have to pay for the service or not. The table shows that all organizational backgrounds have been included in the study.

	public	clerical	private	All
Consultant field	5	2	1	8
Medical field	3		4	7
Administrative field	1	1	3	5
all	9	3	8	

Original professions and sex:

The table shows the original professions of the interview partners. The majority were social pedagogues or social scientists. The number of within different professions between males and females is quite unique; exception is medical doctor, midwifes and nurses

	Medical Doctor	Midwife	Nurse	Psy-cho-logist	Social Peda-gogue/Scie ntist	Adminis-trational Manager	Mer-chant
female		3	1	2	4	1	1
male	2			1	4	1	
all	2	3	1	3	8	2	1

7.8. Results

7.8.1. Summary of each interview: the view of the individuals

Interview 1

Sex: male

Age: sixty

Profession: Gynecologist in private office

Length of interview: 50 minutes

Place: private office

Own feeling: Very relaxed situation after finish of public office time.

Comment of interview partner: Nice to talk. Gave space for me to think about: why I do this all?

"Let's increase the joy for children!"

- Family is a place to pass on values.
- For men it is too easy to escape from responsibility, like paying maintenance.
- Attending growing family means attending body and mind, the changes and the social questions.
- Sometimes a gynecologist has to help a pregnant woman with sending her from work; actually it should be the personal department of the company to take care.
- Cooperation between midwifes and gynecologists is nowadays even more problematic due to the new regulations of the doctors concerning examinations of pregnant women.

- Family midwifes and social workers are overloaded with work
- Social departments are far away from the people, there is too much bureaucratic work

Interview 2

Sex: male

Age: fifty

Profession: Administrational management

Length of interview: 50 minutes

Place: office

Own feeling: he had a lot of time, very kind and friendly, he was in charge for the program of his company, some details were not known by him, therefore he called me up later to inform me.

Comment of interview partner: I have a lot of time to talk about the subject; I have my own experiences with the subject.

- **"We are very interested in supporting families during pregnancy and cooperation, but it is difficult under the existing limitations!"**
- Family is not a statutory title
- Unmarried partners and families are pushed into the background
- We would like to support the growing family during pregnancy but we have no information about the pregnancy, because to inform the health insurance company about pregnancy is not included in the catalogue of paid work of the doctors.
- We would like to contribute reduce of risks also in order to reduce the immense costs of care and late damages caused specially by preterm deliveries.
- We are very interested in cooperation with other professions in order to improve prevention.
- There are strong regional differences and especially differences between situations of families with rural and urban residences**.**

Interview 3

Sex: female

Age: twenty nine

Profession: midwife, private office

Length of interview: 45 minutes

Place: private office

Own feeling: Very relaxed and open situation during off time.

Comment of interview partner: Felt a bit confused. Realized that I have not thought about that family is not only a social topics but I am also very much involved in it with my work.

"Young families are in need of very much support! My job is to support also with ideas."

- Who belongs to the family is dependent on the decision of the mother.
- The time before delivery is extremely important because the basis has to be prepared for the life with the baby.
- The young family needs help from outside during the first time after delivers.
- I like the model of the Netherlands with their family- helpers after delivery-this model would be a good step.
- If there was more support from outside there would be more space for communication within the family.
- As a midwife I can not support all family members sufficiently.
- There is not enough co-operation between the different professional groups.

Interview 4

Sex: female

Age: forty

Profession: administrational mangement

Length of interview: 35 minutes

Place: private office during working time

Own feeling: From the beginning it was clear that there was a strict time limit for the interview. Additionally during the interview three telephone calls happened. Still the interview situation was astonishing relaxed and concentrated.

Comment of interview partner: I hope that this helps to improve the situation.

"We need more time and more psychological qualifications for the work within young families!"

- Obviously the main focus of care is the physical health. In case of a medical diagnosis fast professional help is possible, including housekeeping service.
- Often the reason for the medical problem is an overstrain. But for cases of an overstrain without medical problem no proper help is exists at all.

- In the beginning the people ask for very simple things which can be named easily. Only later, after confidence to the supporting person is built up, the need for a human relation and communication occurs.
- For families who are really in need of help, it is difficult to accept help from outside, especially if help comes from the public authority.
- In 99% the women are the ones calling.
- More cooperation with all involved professionals would be good, but it is a financial question whether to give time for it.

Interview 5

Sex: male

Age: sixty

Profession: pediatrician, private office

Length of interview: 45 minutes

Place: private office after finishing working time

Own feeling: He was very engaged in what he said. He seemed to have prepared himself for the interview; he knew some latest figures and gave an article to me about the topic he had found recently in the local newspaper. Very lively interview.

Comment of interview partner: I liked to talk about the topic, because I had to think over again.

"We need to change the social political situation for families, we need strong families!"

- Parents are highly responsible for a child to let it grow up under good conditions. They need to know about what will happen being parents in advance. Being well connected with friends and their own families helps and they will not need so much professional support. But the parents who are insecure and unstable need professional support.
- Supporting insecure parents is not offered sufficiently. Who could organize it?
- My energy goes to people who have no chance to fight for themselves on their own. As a doctor I can use my influence for the people who are victims of institutions. Each time I succeed I am totally happy.
- In cases of single mothers the grandfather should take over responsibility as a male reference person. These grandfathers should be supported.

- The single mothers who feels this hate against the father of her child should be encouraged to overcome it for the benefit of the child!
- In cases of networked support of families it is important not to have too many people acting.
- Good co-operation needs respect of the others.
- I would fear a situation in which I permanently would have to cooperate with others. I would be only one out of many others. My important role for the patients would disappear.

Interview 6

Sex: female

Age: forty-eight

Profession: expert for family and work politics

Length of interview: 40 minutes

Place: private office during working time

Own feeling: She was very engaged and involved in the subject of being mother in Germany. There was a good atmosphere and there was no time limit or any disturbances.

Comment of interview partner: It is nice thinking about the topic. To me it was interesting what I answered to the questions about the family approach.

"Women, let go the wish of being a perfect mother and housewife!
We need political changes!"

- I do not like the current professional pregnancy service because today pregnancy is connected with illness. The service is reduced to the physical aspects and the fear that something might be wrong.
- Normally women are responsible for everything concerning the baby. Fathers help but they do not take responsibility. Girls learn to always be responsible; boys learn that they may play and that they do not have to take over responsibility.
- Many males use the time of pregnancy to sharpen their focus towards the stabilization of his professional carrier. If a man does so, he escapes from viewing his fears about being a father.
- Sometimes I observe that a father can only come in touch with his child if the mother is not present and interfering.

- Sometimes grandmothers' support by taking care of the baby while the mother is at work. I think this situation is problematic, because it is the job of the society to arrange nurseries.
- For the professionals attending young families the presence of men would be a big change. Nowadays they seem to disturb the normal work flow. The professionals would have to adjust their way of working to the special energy of men.
- If professionals would include the fathers more intensively, perhaps the women would not like it, they would feel as they are loosing power.
- Motherhood for women is an important basis for their self-confidence. It helps to stabilize the women. Therefore many mothers succeed better than men in managing unemployment.

Interview 7

Sex: male

Age: forty-two

Profession: deacon with special reference for families

Length of interview: 60 minutes

Place: private office during working time

Own feeling: He liked to talk about the topic and being asked for his opinion. Very relaxed atmosphere.

Comment of interview partner: I did not know what sort of questions I would be asked. My answers are mixtures of my personal and my professional experiences.

"During the first years it should be mainly the parents who take care of a child, later the grandparents are important."

"Men do not meet in father groups. They meet for activities and than they might start to talk about the situation of being a father."

- In our offers of recreational activities for families I meet the well off ones which can afford it. In the kindergarten activities I meet the other families who in fact would really need the recreational activities for families, but they do not attend.
- Our recreational activities for the families are real vocational and real fun. If socially problematic families took part, it would be difficult for the well off ones.

- As a father I was much more afraid during pregnancy then my wife. I had the extreme feeling I should take care. I was afraid my wife could die and how I could manage with the child by myself!
- Talks between men about subjects concerning being a father can hardly be organized. They just happen if men do things together.
- Most of the fathers do not see any relevance for being included by the professionals during pregnancy and early childhood.
- Men do not know how women feel after delivery, but women also do not know how men feel.
- Grandparents sometimes comment too much on how the parents treat the child.
- We tried to arrange an activity for grandfathers and fathers, but we had no registrations.
- People nowadays expect an event not just a simple meeting to participate on an activity offer.

Interview 8

Sex: female

Age: forty-one

Profession: family midwife

Length of interview: 65 minutes

Place: at her home

Own feeling: She looked at the topic very precisely therefore her answers were long.

Comment of interview partner: I do not know whether I have come to the point, I am very engaged so it was a good possibility to reflect on my own opinions.

"The children are really the ones who suffer from the absence of men."

"If I had to take care for the fathers as a family midwife this would be something I had to learn. It would be a great challenge for me."

- Out of becoming a mother a single woman seems to gain a life perspective, like a job and a structure for her life. For the socially weak women children seem be the right for participating in our society, at the same time financial and health problems increase.
- Life situation of these families is very bad from my point of view. The children have an institutionized childhood. There are no meals together, no family activities, and no cultural values.

- A child should have the right to grow up as a child and not being used by the mother for her own wishes of structure and relief.
- Every child has a right for a father. Fathers are actually very important for a child, if a father is witholded it is an abuse of the child.
- The work with socially difficult women mainly needs visits of the single mothers at their home. Groups are difficult to organize. I have to pick them up from their homes if I want them to take part on a meeting with other women. Otherwise they would not come.
- The women I take care of as a family midwife are socially isolated, they do not have contact with the grandparents, because they are far away- as for the migrants- or they have broken up the contact for certain reasons. If there is contact this should be supported.
- The women I take care of as a family midwife come out of destroyed families. They have no model for living as a family or in a partnership. They search for a weak man, highly depending on them. They are disappointed of the men; feel misused for sex, residence permit, and money. The influence of the man comes from the dependency of the women in these cases.
- In my families I take care of the grandmothers have a negative influence. The women have a broken relation to their mothers, do not feel loved, and this of course leads to problematic mother identification.
- The migrant women suffer from being far away from their mothers and the other female family members.
- The social isolation connects the different women but does not unite them.
- The children would be happy to see male professionals; they normally have little or no males around themselves, because the whole professional supporting system consists of women.
- For home visits I do not mind a woman opening the door in underwear, but a man opening the door in underwear I would mind!“
- The role of men as satellites protects the women and me as a female helper!

Interview 9

Sex: female

Age: forty-seven

Profession: consulting social pedagogue

Length of interview: 50 minutes

Place: counseling office after working time

Own feeling: Very relaxed and interesting atmosphere. Different times she stressed on a discrepancy between her personal feelings about being mother and her mental opinions.

Comment of interview partner: I liked the interview for simulating my thoughts.

"Supporting a growing family is an ethical task for the society!"

"Changes towards family involvement have to be handled very carefully, they would be a great challenge for the professionals."

- I notice that in questions of handicapped children the responsible persons seem to be the parents only.
- In my work as a consultant during the early time of a pregnancy I find there is too little space for the psychic changes in the general care.
- Many women feel alone especially during the first half of the pregnancy. If men asked her about her feelings and listen to her fantasies it perhaps would be help for her. But I am not sure whether the pregnant women really want to talk about her feelings with their men, perhaps is better to talk with other pregnant women.
- In difficult decisions, i.e. prenatal diagnostic inventions, the man quite often says that she should be one to decide. But the woman does not want to decide by herself.
- Grandparents and the rest of the bigger family are very important because they influence the parental values, how to manage illness and medical questions in general, and the biographic background.
- The subject of grandparents is multidimensional; because it includes different aspects, especially the whole story of the relationships. Therefore it must be handled very carefully.
- The professionals would show ambivalence if families were involved. On one hand it would be a relief from the emotional area, but on the other hand all would have to change their way of working.
- We will have to think about new concepts, which should include also internet information and should stress on psychosocial aspects of pregnancy.

Interview 10

Sex: female

Age: fifty-five

Profession: consulting midwife

Length of interview: 50 minutes

Place: consulting office during working time

Own feeling: She looked at the topic very differentiated, therefore her answers were long. Very open, relaxed atmosphere. I felt her curiosity about the topic.

Comment of interview partner: It is very nice that someone is interested in my opinion.

"There are a lot of ideas in the area of pregnancy care. There are creative people to work on the ideas."

"The more traumatic deliveries we have the more professional effort is necessary to help families overcoming the trauma."

- Immediately if I think about family I think about threat, divorces. At the same time I feel people longing for a family. Young people marry early in life and put a lot into it. Even worse if it does not work.
- Often there is no net for the family, like housekeeping help. The women are alone and fall into a depression, the men disappear in their work.
- The fear of the men is very important and influences the outcome of the delivery. For example in a patchwork family, the man may have an immense fear from a former experience with a vaginal delivery, this will lead to a Cesarean section of his new partner. If there is time to talk with the man, the Cesarean section might be prevented.
- Today fewer men take part on the lectures for delivery. I have a positive explanation for this: they want to keep away from the female approach. They want to do it their own way. But it is not clear, which way of approach is the proper one for the men.
- Fathers need support to handle the baby. Otherwise it remains a female domain and men disappear.
- It would be good to offer lectures for grandparents because of the out of date ideas. It sometimes is even important to support demarcation against the influence of the grandparents.

Interview 11

Sex: female

Age: forty-seven

Profession: administrating pedagogue for family supporting offers

Length of interview: 40 minutes

Place: consulting office during working time

Own feeling: In the beginning I was a bit irritated, because in the room we sat was a colleague working at the same time. But after clarifying the situation the atmosphere was friendly, although she seemed to have quite a busy job (I had to wait before the interview for nearly half an hour because of telephone calls).

Comment of interview partner: It was good, but not the first time I was interviewed.

"The models for a good nursery system and family support already exist in the drawer; only money is needed to realize them."

- There are a lot of good possibilities for care during pregnancy and early childhood today, but only parents who are very conscious about their life use them. You have to search and to find the offers.
- There is a plan existing of family centers, in which all offers for the different situations of families are integrated, but this plan has been put aside again, although it had been forwarded already to the German Ministry of Family.
- These family centers should include offers for mothers with small children, help filling up applications. It was planned to be at well known places, so the boarder to go there would be low. Important for a family center would be offers for free.
- The plan for the family centers is based on the Early Excellence Centers in England.
- There are a lot of good ideas, but money and acceptance by the economy is needed to realize them.
- The concrete planning of each family center should orientate on the special situation and the expectations of the customers of each place.
- Men can only be reached by the services after delivery, when a child is already walking, and only than fathers start to be interested**.**

Interview 12

Sex: male

Age: fifty-one

Profession: Social pedagogue of social services offers groups for fathers

Length of interview: 55 minutes

Place: his office at the end of working time

Own feeling: A very unconfortable room, I felt the desperate situation of social service during the interview.

Comment of interview partner: It was strenuous after a long labor day.

"Our society gives mothers the central role concerning all questions of children- this is not a good situation for all."

- In my group for fathers there are some fathers who feed and take care of their child without custody rights (Sorgerecht). Some fathers try to take custody, but if they are unmarried they have no chance unless the mother agrees, especially if the child is less than eight years old.
- Men participate in groups or ask for consultation only if they have massive problems, like separation from the child after separation from the mother, a depressive wife, and conflicts with elder children.
- At the same location the group for the fathers takes place there is also a group for mothers. A babysitter was organized for them so they can meet in a relaxed atmosphere without the children. No one ever cared about a babysitter for the men's group. We meet together with them, talk and take care at the same time.
- Women like the men to participate in groups, because they think that their way of handling problems is the best way also for men.
- For men it is easier to say NO. Today one of the main problems is that children do not feel any limitations. Setting clear limitations is a male resource; therefore contact of children with fathers is even more important.

Interview 13

Sex: female

Age: seventy-eight

Profession: Business woman, grandparents' service

Length of interview: 60 minutes

Place: her office during working time

Own feeling: She was describing her service very clearly, reflecting was difficult for her. She actually did not differentiate between heretical and social grandparents.

Comment of interview partner: If I say “yes“ it is clear for me that I will do it. So after I had agreed to be interviewed I organized the time for it.

“Helpers from the grandparents’ generation are reliable supporters of families.”

“Grandparents have to attune to the views of the parents.”

- Grandparents are important! They are more tolerant than parents; they enjoy the time with the child and really have time for them. Children feel very sheltered by grandparents. Grandparents can give clear limitations which is important for children.
- The grandparents of our service normally take care of the child once or twice a week. They pick the children up from kindergarten and bring them home or take care of them at home.
- Often the connection lasts for a long time- the whole childhood. Therefore there is an intensive relationship and friendship to the family after a while, the parents and the grandparents have one same interest: the wellbeing of the child.
- Grandparents and children play together, they do handicrafts together, they admire flowers, and they just have a good time together.
- There are hardly any grandfathers in our service. Today he men in that age are more interested in hobbies. And they still do not know how to dress a baby. The future grandfathers will know better, because they are involved in the care of their children today.
- If a new grandmother comes to a family, first she meets the family for several hours. Afterwards both, the family and the grandmother, have cleared up everything and know whether they will fit together. Therefore once the service has started it is extremely unlikely that things go wrong.

Interview 14

Sex: female

Age: forty

Profession: public management department of a large concern

Length of interview: 70 minutes

Place: at the cafeteria of the concern

Own feeling: She herself was very involved in the topic because of a small child. Very vivid interview.

Comment of interview partner: It was interesting to talk; I have taken something for myself.

"It is the middle management which has to become pervious, more open for health and family topics, otherwise changes are difficult to perform."

- Men think that pregnancy and early childhood is just a subject for women. Men think that women have a natural mother instinct directly after birth. But I experienced that I did not have this at all!
- Some years ago we heart from VW that they plan future with both man and woman after pregnancy has been notified. We were very anoid about this but today I think that this might be a good idea.
- It would be useless to install an institution for fathers taking consultation in the company as long as people are not interested in this subject.
- During the existing economical situation the interest for health prevention has diminished rapidly.
- Nowadays we think that we have to change the beliefs and the behavior of the middle management. Otherwise nothing will change in a company.

Interview 15

Sex: female

Age: fifty-four

Profession: representative for gender mainstreaming

Length of interview: 50 minutes

Place: at her office during working time

Own feeling: She is a very busy woman; but she was still willing to talk to me for nearly one hour without any disturbances of her secretary. She was very engaged in the topic.

Comment of interview partner: What is needed you will not find unless you offer a new program, because without the offer people somehow manage the existing situation.

"Pregnant women, be the shaper of the health system, not only the clients!"

"We should increase health thinking instead of risk thinking. This would be healthier for all!"

- The need for better services is not seen by the individuals and not understood by the society. If better services and supply existed, people would ask for it.
- We must include a good supply of services into our political interest, primarily for the children to get a better support beneficial for their development and only secondly for helping parents to improve their possibilities of working.

- For normal pregnancies gynecologist are unnecessary, especially for antenatal care. Involving gynecologists regularly leads to a risk view of pregnancy. This is a paternal structure, which also attaches the fathers and influences their way of approaching to the pregnancy.
- Midwifes would be the right professional group for antenatal care if they were qualified properly. Unfortunately nowadays their qualification is also based on thinking about risks. Therefore pedagogues and social workers are necessary as family supporters due to the existing deficits of the other professions.
- Fathers should be encouraged to feel the baby through the skin of the mother with their hands; they should be encouraged for the self perception of their body and should be encouraged to talk. This improves their feeling of becoming a father, not the current way of showing ultrasound-photos to them.
- There is a study of Beate Schüching which shows that only 4% of the women are in favor of a primary Cesarean. But what is the reason for the high rates? What is the part of the fathers in the decision for a Cesarean section?
- Medical care as a service nowadays creates markets in order to earn money. Therefore it creates people who have an insurance mentality and a risk mentality.
- A health system which increases prevention only in order to reduce risk factors, i.e. by involving family, increases the risk thinking about health of the families.

Interview 16

Sex: male

Age: thirty-eight

Profession: representative of father center

Length of interview: 40 minutes

Place: telephone interview after appointment

Own feeling: It was difficult to fix an appointment for the interview shortly before his vacation. The interview had a definite time limit, took place between two of his meetings.

Comment of interview partner: I am very interested in the results of the study, changes of service in this field is really important.

"If we opened the service for family affairs including father affairs this would stabilize the families! We need innovative ideas for this task. Every cent spent for good preventive service will be saved three times later on."

- About 20% of our work is for pregnant fathers in courses, 20% is for the topics work and fatherhood in seminars and consulting for fathers, at least 30% of the work is for separated fathers, 10% we spend with disseminators like teachers in kindergarten.
- Good service during pregnancy including preparation for life as a family is the best prevention for later divorces and other problems.
- The closer a father is to the pregnancy, the better he will manage being an encouraged father.
- Courses are not the best way of prevention. Much effort for little effect. It would be better to do single consultations at places you find pregnant women and their men, for example at the gynecologists offices or at big companies. Internet or a CD with information are also ideas we think about.
- The problem with fathers is they start to see the necessity of taking action only if a problem already exists.
- Cooperation of different professions in the work with families is absolutely necessary.
- Our work for fathers is seen positively by the pregnant women, fathers also like it. But the midwives and female teachers at kindergarten are altogether skeptical about fathers. They think if a father does not appear, he is not interested. Perhaps this has to do with their bad experiences with own their fathers and the men in their working field. Midwifes work in a very female field, it is difficult for them to be confronted with males in this field.

Interview 17

Sex: male

Age: forty-seven

Profession: representative of father a consultation center for pairs and families

Length of interview: 45 minutes

Place: a consultation room during office time.

Own feeling: Actually he had only 30 minutes time, but then he liked to talk a lot. There was no hurry at all, the atmosphere was relaxed and concentrated.

Comment of interview partner: It was exciting and interesting to take the time to talk about the topic for me.

"Many problems we see in families and couples coming to our consultations can be traced to the former pregnancy, when something went wrong."

- There are more and more couples coming for consultation. The initial telephone call is done by men and women with a frequency of 40 to 60 percent. Men contact us if there is an acute crisis in the relationship i.e. during pregnancy or afterwards. Also in situations of conflict with the pregnancy and decision whether to procure an abortion, quite a lot of men do the initial telephone call. In cases of postnatal depression the women are the ones to contact.
- Men come alone very seldom for consultation during pregnancy if the abortion is not the topic. If they come it is because of an unclear relation to the mother of the child, the fear of the consequences of becoming a father, or the question how they can be a good father. In addition to that they want consultation about a test for confirming the paternity.
- With grandparents I combine being worried about the young woman who has become pregnant. Grandparents contact us in the context of procuring abortion. They sometimes want to ally with us for abortion. The old ones want to make the pregnancy undone.
- To include men into antenatal care it would be the best to start the initiative with technical questions. These are ultrasonography and questions of antenatal care. Then they would open their ear for more psychological questions such as taboo topics like jealousy, her breasts, sex.
- For men sex is the old approach of feeling good. If this way does not work anymore due to pregnancy this is mentally okay, but emotionally not. If sex becomes difficult men get in trouble with themselves and they have difficulties to talk about it.

Interview 18

Sex: female

Age: twenty-six

Profession: initiative of a sibling school offer

Length of interview: 55 minutes

Place: a cafe´

Own feeling: An enthusiastic young woman with a good idea. She liked to talk about this.

Comment of interview partner: It is good to talk about the topic. I hope that my idea will succeed.

“Brothers and sisters want to feel that they are important. Supporting this will reduce problems in families with jealousy and other breeding problems.”

- During pregnancy and after delivery brothers and sisters often feel jealous. If they are prepared in a childlike way they can be driven by pride and the knowledge that they are important!
- Jealousy occurs because the child feels outcasted, the parents are overstrained, and than the child behaves pig-headed which makes the situation even worse. It will be helpful if children see a real baby before the delivery, so they can imagine what will come, if they are encouraged to change a doll’s diaper or talk with other children.
- When we first started our new offer -brother-sister-school- only the children of the better off families participated. After some time the other children were also brought.
- Announcement of our offer was promoted by the press, which was interested in it. Midwifes or family centers did not show any interest.
- At the premature baby unit I work sometimes the mothers do not take the possibility for consultation or spiritual care. Fathers more or less do not exist there.
- Males in traditional female professions like nursery are not accepted by the female nurses.

Interview 19

Sex: female

Age: fifty-nine

Profession: psychologist at a gynecological clinic

Length of interview: 75 minutes

Place: Her office at the clinic during working time

Own feelings: She is very concentrated on females. She liked to talk about the psychology of women; therefore she looked on other family members from the aspect of being in relation to the women. She showed her feelings; this made the interview situation somehow intimate.

Comment of interview partner: I am a Systemic therapist. I do not know how you could work as a therapist without including the resources of a system.

“Birth, death or disease are times of passage. Reflecting this is missing in medical care unfortunately because it would benefit a lot to do so.”

“Letting fall into attachment is the premise of my work.”

- Relations between the generations are still suffering from the Nazi time and the Second World War; therefore the Germans are not well rooted in their families.
- Life must be seen as a running river with rhythm and passages.
- Today parents think they have to event educational goals again. Although perhaps the ideas of today's parents do not differ from the former ones they are seen as very new visions by them.
- The goals of today are controllable, tamable pregnant women for the medical care, a perfect delivery and low maintenance children.
- The dominant thinking is less "good hope" but more and more thinking in reduction of risks.
- The time line of life is not accepted. There is a time for binding which carries already the time for letting.
- The families live very isolated, mostly in a small flat. This is a problem especially during postnatal period.
- After birth differences between man and woman are neglected. In nearly all families the partner has to carry everything for at least two weeks. Afterwards there is the vision of dividing and sharing everything. But the reality is totally different.
- The man is in general the only one a woman can ask support from in the family.
- Grandparents, sisters and brothers of the couple are often far away and are not present as models. If they support they normally are used as housekeepers or babysitters but not as models.
- It is an archaic wish of a woman after delivery to have a motherly care which is wrongly named "regression" by Psychotherapy. If the service responded to this whish the young mother had more chances to develop a binding to the child and the father would not be overloaded "playing" the role of the mother of his wife. Perhaps this would result in more courage for the differences between man and woman and perhaps in more paternal visions instead of disappearing from the family.
- The intergenerational house sharing projects seems to be the wish of elder people to communicate with the young ones and the whish of single parents for help.
- In former times I distinguished between midwives for physiology and doctors for pathology. But today the professional training of gynecologist is a catastrophic, and the midwives depend on equipment.

Interview 20

Sex: Male

Age: Fifty

Profession: representative of an intergenerational project

Length of interview: 45 minutes

Place: telephone interview after appointment

Own feeling: This interview was very interesting for me. It opened the perspective of my study into a new direction. It was very interested to learn about the existing intergenerational projects.

Comment of interview partner: Since the mid-nineties the idea was developed. Nowadays we have regional counterparts in all federal states of Germany. The idea will gain influence in future.

"Intergenerational projects build up new bridges between the generations. They offer possibilities which had been disappeared because of the split-up of the natural families."

- Today corporal grandparents are mostly far away from a family with children.
- It is easier to accept offers from the grandparents' generation outside of the family than from the corporal grandparents.
- There are projects existing, in which three generations live together. The public interest for it is increases. Especially elder people and single parents wish to live together with different generations. The elder ones like the contact to the younger ones and perhaps they think about help for time and situations they feel helpless or handicapped managing their life. The younger people are often single parents and they want support by the elder ones for managing life, work and child.
- There are so called Intergenerational Houses in Lower Saxony existing. These houses support bridges between young and old people. For example they offer different activities for coming together, they arrange neighborhood support. They exist at the interface between professional offers and honorary engagement.
- There was a project in Berlin, in which elderly women offered support for teenage mothers and their children. They took care of the children while the young women could finish their school.
- The time a new family is growing is a very crucial time. Intergenerational offers like practical help and mentoring of the new parents would be a very good idea to

support the young family. It would have a positive influence of the mental and physical development of the child. But the new parents are so busy with the "doing" period of life, so they would not have the energy to initiate this themselves.

- Grandparents increase perspectives for the children, especially for the contact to the nature, the historical dimension of life and the variety of life. These new perspectives give orientation for living on the background of globalization.

7.8.2. Summary of categorized statements

Altogether 674 factual statements could be taken from the interviews. These statements were classified into five main groups concerning:

1. Family
2. Antenatal and postnatal services
3. Professionals for antenatal and postnatal services
4. Concrete ideas or existing models about widening the focus into family orientation or intergenerational perspective
5. Others

Each group was subdivided into three to ten subgroups[11].

The following presentation is a summary of all results sorted by the groups. The summary includes the number of statements per category. The translated citations taken from interviews are followed by the number of those interviews in brackets.

7.8.2.1. Family

What is a family? (24 statements)

"A family is a place of long lasting responsible relations." (6) This is the definition of one of the interview partners which is also typical for all other interview partners. All interview partners recognize family as being very important. Some of them stress more on the biological relationships: "A family because of biological relatives including parents, grandparents, children, brothers and sisters."(3) According to others the quality of relations is in the centre of the definition: "People living together, people of different generations. Every old woman with her already old daughter can be a family. It is not important whether people are relatives or married." (4) Some imagine current problems of today's families: "Immediately I think about threat, divorces. On the same time I feel people longing for it. Young

[11] see appendix, categories

people marry early and put a lot into it. Even worse if it does not work."(10) One interview partner thinks about the history of family after the Second World War resulting intergenerational conflicts today. Only one interview partner talks about family as a "dying structure".

Family models (20 statements)

"The ideal is the "classical" family of father-mother-child. The reality is colorfully different." (7) Nearly all interview partners think that the classical family model still is the most important one. Some interview partners include single parent families and patchwork families as important models of today's life which need special support. Other models, like homosexual families, do not get much consideration of most of the interview partners. Some give additional attention to the intergenerational relations and roles, especially of the far away living grandparents on one hand or the helping grandparents on the other. One interview partner gives a concentrated summary of the change of models with the age of children: "The traditional family model during early childhood, time of disillusion at six years age of child and later about 1/3 single parentship."(15)

Family in the practice of the interviewed person (21 statements)

The statements concerning the importance of different models in the experts practice differ a lot. Some experts differentiate between their own whishes towards a traditional family and the reality of their work. "I myself have idealized wishes for the family which keeps together, but the facts are different quite often." (9) Many interview partners differentiate between their work with well off families and families with little budget and in socially difficult situations, which are of special importance in their work. In this connection single parent families and patchwork families are mentioned frequently. One interview regrets his professional focus, in which only families with married parents are existing by law and have rights to get financial support (by the insurance company).

Is Germany a family friendly society? (32 statements)

"For a delivery as a father you get two days off, for death of parents also two days off. This shows the relevance or non-relevance of family in Germany." (14) Not a single interview partners means that Germany is a family friendly country. Nearly all note the decreasing number of children, the lack of nurseries, the problems of bringing together work and chil-

dren. Some compare this with the problems to care for elderly people. For reasons some interview partners stress on the practice of Germans policy: “The failure of family policy has to do with 1, 3 children per woman.” (5) Some give special notice to the economical situation: “A child is like a handicap for a job.” (11) Some have the opinion that the reason for family unfriendliness lies in the nature of Germans society: “The Germans are not a real socially engaged population.” (3)

Future of Germany as a family friendly society (23 statements)

“There are two different trends: one goes into direction of loneliness and individualized thinking: I take what is possible the others are not relevant for me. This trend will reduce solidarity in social areas. On the other hand there is the opposite: I see fathers who have both hands at the baby carriage nowadays not only one! They really stand for their child.” (10) The opinions about Germans future concerning family friendliness are ambivalent. Some think that Germany will improve in future in the long run: “Germany is on a good way, but how long it will take for real changes I do not dare to say.” (11) Some have doubts: “Politicians say there will be more family friendliness, but I am pessimistic.” (2) Remarkable the implementations some experts include into a future of a family friendly society: “Children are the future. I think if men spent more time with children they would have other political opinions, for example concerning nuclear power.” (12). In this combination one topic concerns the differences within the society: “In future the difference between the well off families, who will have more chances, and the poor ones, who have little or no chances will increase.” (8)

Ideas for realizing family friendly society (10 statements)

“Life with children should be much easier.” (1) This is the suggestion of most of the experts about solution towards family friendliness. But to some of them family friendliness does not only concentrate on children: “Actually there is something ahead: maternity would be presentable, care would be a matter of course and would include handicapped, weak and old persons.”(19)

7.8.2.2. Antenatal and postnatal services

Importance of service (10)

The importance of the service to give support during this period is seen unitary by all interview partners: “Time before delivery is extremely important because the basis has to be prepared for the life with the child.”(3) “The situation should be safe; otherwise the child is the one who suffers.” (1) For several interview partners the women stand in the center of recognition: “Pregnant women need a nest, support and encouragement.” (10) Some interview partners see a lack of support during pregnancy with hindsight: “If couples come for consultation often there is a red line back to the times of pregnancy, when something went wrong.” (17)

Description of services in general (13)

All statements which describe the service in general mention that the antenatal and postnatal care of today is medical oriented. Some experts state that taking care of psychic, social, economical problems of women or families is not included in the normal service for everyone: “Obviously main focus is the physical health. For this a fast professional help including housekeeping paid by the insurance company is possible. Often the reason for the medical problem is an overstrain. But for cases of an overstrain without medical problems help is not possible.” (4)

“Attending pregnancy is reduced to the physical aspects and the fear that something might be wrong.” (6)

How family members are involved? (34)

“In the center of all care during pregnancy and after delivery are the mother and the child.” (11) With respect to care all experts have the same opinion that mothers and children are the ones to be cared of. Whether the father is involved by the service little or not at all, the opinions differ. Some argue with the lectures for couples during pregnancy or the possibility for man to ask questions during consultations at the gynecologist or the visits of the midwife. One expert declares in this context how she sees the consideration of men in antenatal care: “Paternal grip of antenatal care also attaches the fathers and influences their way of approach to the pregnancy.” (15)

Others mention that there is no regular special approach for the fathers, there are only very rare offers for fathers. If the experts mention other family members like grandparents at all it is only to point out that they are not considered in the service. One interview partner noticed that the way of including family members depends of social economic factors: “There are a lot of good possibilities of care during pregnancy and early childhood today, but only parents who are very conscious about their life use them. You have to search for and to find the offers.” (11)

Whishes of family members upon the service (32 statements)

Describing the wishes of the women the experts have a quite unitary opinion that they want a lot of support from the professionals. Concerning the men the opinions differ: Some mention that during pregnancy men are not interested to be included at all, some say that they only want to be involved together with their wife, others talk about massive wishes of the men themselves.

Some experts allude several concrete expectations of men or women. For example wishes of interested professionals is mentioned. Others note expectations concerning safety and result guarantees of the professional work by the clients. Some medical experts mention the wish for a special way of treatment, like a primary Cesarean section.

Other family members are only mentioned by two experts: one expert says that the grandparents look for help from the specialists to reduce their worries. The other mentions that the brothers and sisters long for attention by the professionals.

Disadvantages of today’s service (46 statements)

The mentioned disadvantages of the services can be differentiated into the statements about what is missing or not enough and those about what should be reduced or even removed from the service.

Missing or not enough money and lack of time for the clients are mentioned by the majority of the experts. Some statements mention the lack of support for families in difficult situations: “Supporting insecure parents is an issue which is not sufficiently offered. Who could organize it?” (5)

The lack of mental support is mentioned by many experts: “We fulfill what is expected by law, but not what we would expect from good help.” (4)

Some experts tell that practical support like housekeeping support after delivery is missing for the families. Other experts mention specific topics, which are not included in the professional work, the change of life from couple to parents and the new role constellations within the family or the subject of sex during pregnancy and after birth: “As a consultant during the early time of a pregnancy I think that there is too little space for psychic changes in the general care.” (9). “Sex as a topic is misses in classical pregnancy lectures for couples, but it is important one for them.” (17)

Concerning what should be reduced or removed from the service several experts mention the risk thinking: “I do not like the current professional pregnancy service because today pregnancy is connected with illness.” (6) One expert criticizes the general attitude of medical care in this context: “Life long medical care is a life with a permanent emergency case carried around by individuals, which is a very bad attitude towards life.” (15) Another statement concerns the frequent examinations of pregnant women by the gynecologists which should be replaced by the midwives consulting according to her opinion: “Partly there is too much attendance during a pregnancy, for example too much ultrasonography, too many dates at the gynecologist.” (6)

Importance of family members (57 statements)

Many experts stress on the importance of early father child contact: “Children need fathers!” (10) Even if most experts have no concrete idea about the importance of the father, many of them belief that he is important: “I have a feeling that it matters for the pregnancy and also for the baby whether a fathers takes part or not but I can not say why and how.” (7) Several statements deal with the importance of the father on concrete topics, i.e. prenatal diagnostic: “The influence of men concerning decisions about prenatal diagnostic is very high. There are women who only decide to do the diagnostic because they fear they could to be left alone with a handicapped child.” (9) Some experts describe the importance of the father in the context that others family members are missing: “The man in general is the only one a woman can ask support of in the family.” (19)

Some experts describe also the problematic importance of fathers: “The female migrants are hindered from participating in groups by the men.” (8)

Grandparents’ importance is alluded also by many experts as an influencing importance: “Grandparents and the rest of the bigger family are very important because they influence

the parental values, how to manage illness and medical questions in general, and the biographic background." (9) The importance is also described for the grandparents and the wider family by mental and practical support: "Becoming a family is a critical change in life and for the partnership. Elder people attending this hard road would be a great help. The way of help could be by mentoring the parents and by offering practical help." (20) But also their negative influence is mentioned: "In my families I take care of the grandmothers have a negative influence. The women have a broken relation to their mothers, do not feel loved, and this of course leads to problematic mother identification." (8)

How family members should be included in service? (33 statements)

Most of these statements deal with the fathers. Some experts suggest involving the fathers more into the existing care: "Pregnant fathers want to be included more by the professionals, they want more support. Perhaps the gynecologist should take care about the fathers instead of staring towards some pathology inside the uterus of the women." (6) Other experts suggest special offers for fathers, either because fathers need different professional partners than women or because they are interested in different topics: "For talking the man should take part in a father-group." (9) "It is important to separate men and women for certain topics during the lectures, because the women have to learn different things before the delivery which are not at all important for the men." (10) But there are also experts who think that further involvement of fathers is not advisable: "Men do not need any special courses for preparation for the life as a father. Compared to other societies it is special for our society that men attend the delivery. This attendance is really enough." (12) Others see the necessity in special situations: "Men who disappear shortly after realizing that they become a father, I think to reach these fathers would make real sense." (5)

Concerning other family members there are also some statements: "The whole family should be attended into the new phase of life and living together." (6) The involvement of grandparents is mentioned controversially. The importance in special situation is mentioned: "In cases of single mothers the grandfather should take over responsibility as a male reference person. These grandfathers should be supported. And this is a quite frequent situation!" (5) Some see another reason of involvement of grandparents: "Grandparents taking care of the child is just a normal thing. But parents have to be prepared for it prop-

erly." (11) Others do not see any use in involving grandparents: "I do not see that grandparents should overtake responsibility for a young baby, I personally would not like it." (7)
Concerning brothers and sisters there are a few statements. As a reason for involving the early integration is given: "During pregnancy and after delivery brothers and sisters often feel jealous. If they are prepared in a childlike way they can be driven by pride and the knowledge that they are important!" (18)
One expert suggests the involvement of even others than only the family: "Because different generations of family members live far away from each other it makes sense to connect the different generations in a region or town." (20)

Anticipated effects of opening the focus of services (23 statements)

The anticipated preventive effects have two general aspects. One is the support for a healthy development of the baby: "If there were more support from outside women could concentrate better on the baby, they would be more relaxed and in that way the relationship between mother and baby could grow better." (3) The other aspect is the preventive support of parents and families: "If there were more offers in direction to family and parentship the families would be more stable." (16)
There are a lot of hopes by the experts concerning the involvement of fathers towards active fatherhood and responsibility taking: "The closer a father is to the pregnancy, the better he will manage being an encouraged father."(16) "Perhaps this would result in more courage for the differences between man and woman and perhaps in more paternal visions instead of disappearing from the family." (19) For including the grandparents' generation one expert mentions a positive effect: "For parents it is more difficult to accept an advice by the own parents or family members. Taking advices is easier to accept from the grandparents' generation outside of the family." (20)

Other ideas about circumstances of services (4 statements)

There is a statement of one o the expert that all offers of the service should remain voluntarily: "Receiving support should remain voluntarily." (5) Another expert mentions that parts of the service only exist because of the disappeared close contact and the help within the traditional family structures: "In former times when more than two generations lived together and people helped each other, such a professional-support-business, like us, did not exist." (4)

7.8.2.3. Professionals of antenatal and postnatal services

Aspects of own contribution (32 statements)

This group includes all statements in which the experts explain their own work field. The statements are presented within the summaries of each interview.

In general experts describe their work mainly by supporting, caring, informing, lecturing and consulting. More concrete some experts mention informing about the rights and risks, offering practical help, involving fathers, supporting self confidence, offering meeting groups.

Aspects of contribution of others

There are several experts who concentrate on the work of the midwives and the gynecologists. The work of the midwives is seen as very important but the qualifications of the midwives are also questioned: “Midwives would be the right professional group for antenatal care if they were qualified properly. Unfortunately nowadays their qualification is also based on thinking about risks.” (15) The gynecologists work is seen problematically in various statements: “For two years we have tried to convince doctors to give early information about pregnancies for our preventive program in vain.” (2) Also the qualification of gynecologists is questioned: “In former times I distinguished into midwifes for physiology and doctors for the pathology. But today the professional training of gynecologists is catastrophic, and the midwives depend on equipment.” (19) There are also some statements about the psychologists. Some experts want to include them for special situations: “Psychologists are needed only in cases with real problems.” (3) Some experts mention that there are additional professional groups needed for good service because the traditional professions are not able to answer the needs: “Pedagogues and social workers are necessary because of the deficits of the others.” (15) Others note that especially in the social field the professionals are overloaded with work: “Family midwives and social workers are overloaded with work.” (1)

How professionals include family members in their work (33statements)

Some interviewed persons described that they include the family in the consultations by talking about the family: “In my practice I ask the mother for the biological family mem-

bers" (3). Only if interview partners offer special courses for family members, like male partners or other children, practical examples are given. Several interview partners mention their own difficulties of including the family: "For home visits I do not mind a woman opening the door in underwear, but a man opening the door in underwear I would mind!" (8) Others think that other professionals are not ready to include the family members enough: "Nowadays fathers seem to disturb the normal work flow of the professionals more or less." (6)

Cooperation needed for good service in the family field? (13 statements)

All statements given about cooperation mention the importance of the cooperation. "Working in the context of families can only be done in a networked way." (16) Some experts say that the own work field cannot meet all needs of the clients, therefore cooperation is necessary: "Sometimes I feel that I am asked for things that should be part of psychologist or family helpers." (3). "I would like to cooperate with human management departments and with jurists in special cases." (1)

But there are also several statements which note difficulties of cooperation: "More cooperation with all involved professionals would be good, but it is a financial question whether to give time for it" (4) "In cases of networked support of families it is important not to have too many people acting." (5)

How cooperation works in antenatal and postnatal care today- positive and problematic aspects (27 statements)

There is no statement in which good cooperation is mentioned. All statements describe the problems or the lack of it. "There is very little cooperation with doctors midwives, social psychiatric service and public authority." (4) Some experts think that the professionals have not learned to cooperate yet: "The two groups, midwives and doctors, have not been prepared properly for cooperation." (1) There are also other reasons given, for example time demands, which make the cooperation even more difficult: "Nobody has the time capacity for cooperation, although all would see the women with other eyes." (3) Some statements give other explanations for the lack of cooperation: "Good cooperation needs respect of the other. If missing, cooperation is not possible. That is why I can only cooperate with certain people."(5)

7.8.2.4. Concrete ideas or existing models about widening the focus towards family orientation or intergenerational perspective

Anticipated or realized improvements of changed service

There are several statements bringing together the need of widening the focus of the service and the need of cooperation: “Attendance should not only include medical specialists and midwifes, but also social workers who can help with knowledge in the juridical questions, specialists for family questions, like family midwifes or other consultants.” (1) Most of the statements given deal with practical ideas for including fathers and the couple perspective in the service. These ideas mention how to to involve the fathers in a different way in the existing offers: “If fathers were integrated in the supporting work it must be done by male supporters. They can be important especially for the boys in the families.” (8) Others mention the idea of a center for families, which would provide all services of antenatal and postnatal services: “There is a plan existing of family centers, in which all offers for the different situations of families are integrated, but this plan has been put aside again, although it had been forwarded already to the German Ministry of Family.”(11)

Also intergenerational houses are mentioned as possible places for meeting and helping between the generations and for offers of professionals in this context: “The intergenerational houses are meeting points, where professionals and also honorary people offer support and activities.” (20)

Advantages for the family members from a changed service (24 statements)

There are several statements which note the advantages for mothers and fathers, if other family members or other professionals were be involved in the service: “The women has more chances to develop a binding to the child, if a motherly professional cares about her in case the own mother is not present.“ (19) “If there were a help for housekeeping after delivery for a while the man would have time to take care for the baby, if the job allows it.” (12) But also reasons about advantages for the children are given: “We must include a good supply of services into our political interest, primarily for the children to get a better support beneficial for their development and only secondly for helping parents to improve their possibilities of working.” (15)

Suggestions concerning acceptance by the target groups (40 statements)

There are a lot of statements concerning the acceptance of different family members to be included in the service. Many of them discuss the fathers' position. Some state, that fathers are not interested: "Men do not like to go to doctors, why should they go somewhere when becoming a father?" (7) Some experts differentiate within the different social groups:" In general today fathers withdraw from the lectures for couples. The ones who participate often are academically trained persons." (16) Most of the experts also think that acceptance would depend on the quality of the offers: "If I had to take care of the fathers my role as a midwife had to be defined clearly. Then I had to come to the families as a midwife and not as a woman." (8) "The offers for men must have a somehow official character, otherwise they would not accept it." (9) "Men need a different way of talking they like jokes. If the talking is only about the problems they will stay away." (10) Some experts mention the reaction of the women if men were involved. Most of them think that the women would like the involvement but with ambivalent feelings: "Women would try to control their men by questions about the father-groups. On the other hand the women would also feel a relief." (9) Others see negative reactions of the single mothers: "It is difficult to say how the women would react if fathers started to be active, especially if they had experienced abuse. Perhaps they would fear a father who is constantly present." (8) The including of grandparents is differently valued. Some think that only the grandparents would appreciate it, but not the parents. Others also see the wish within the new family: "Intergenerational activities include a big relief for all family members. They give additional perspectives; they also give a time-orientation. Globalization leads to changes in the identity. The intergenerational perspective gives orientation and helps in the process of self-identification." (20) Some experts note that especially the of different single parents would like it: "The wish for the connection of different generations comes from the single parents because they want help." (19) One expert stresses on the idea of male family supporters with respect to the children especially in single mother families: "The children would be happy; they normally have little or no man around themselves, because the whole professional supporting systems consists of women."(8)

Suggestions concerning the acceptance by the involved professional groups (7statements)

There are different statements about the acceptance of the involved professionals. They differ from the suggested relief to enormous difficulties of adjusting with the changed situation: “The professionals would show ambivalence if families were involved. On one hand it would be a relief from the emotional area, but on the other hand all would have to change their way of working.” (9) The increased networking as a consequence of a widened focus is critically seen by one expert: “I would fear a situation in which I permanently would have to cooperate with others. I would be only one out of many others. My important role for the patients would disappear.” (5) Another expert is very optimistic about the acceptance of new ideas: “There are a lot of ideas in the area of pregnancy care. There are creative people working on the ideas.”(10)

7.8.2.5. Others

Communicational aspects of family members during pregnancy and postnatal period (54 statements)

Several experts mention the situation of men, women and children in our today’s society. Some mention the difficulties of communication between men and women during pregnancy: “A woman tells about her fear of the puncture of the baby’s liquor as something invading from outside. The man argues it is just like any normal puncture.” (9) The communication within couples is also mentioned by another expert: “For men sex is the old approach of feeling good. If this way does not work anymore due to pregnancy this is mentally okay, but emotionally not. If sex becomes difficult men get in trouble with themselves and they have difficulties to talk about it.” (17) Some experts mention a change which has occurred during the last years: “Today less men take part in the lectures for delivery. I have a positive explanation for this: they want to keep away from the female approach. They want to do it their own way. But it is not clear, which way of approach is good for the men.” (10) Some experts note the current situation of young families: “The families live very isolated, mostly in a small flat. Therefore they are very alone during postnatal period.” (19) Some allude the problematic role of grandparents: “For grandparents it is important that they come only if they are asked. They should only give suggestions if they are asked for them.” (13)

Financial aspects (6 statements)

Several experts state that they belief in cost effectiveness of preventive work.

"Regular payments caused by a normal pregnancy and a normal delivery are financially not relevant for the insurance companies. What is expensive are the hospital treatments for sick newborns and preterm babies. Therefore we are interested in prevention of preterm deliveries." (2) "Every cent spent for good preventive service will be saved three times later on." (16) But also skepticism is mentioned concerning financial aspects: "In the existing economical situation the interest for health prevention is diminishing." (14)

Working conditions (11statements)

Some statements deal with the general working conditions of the professionals. In times of the reduction of children fear and hope arise: "Less babies would have the consequence of less work for midwives." (3) "As long as there are so many difficulties for families with babies, our business will have enough jobs to do." (4) Others mention the difficulty to orientate in times of social change for themselves: "But things are crumbling away. There are so many different models for services and every year new ones occur. You are hardly able to have an overview as a professional." (7)

7.9. Subsuming discussion of the interview results with respect to the research questions

- **Is it worthwhile widening the focus of antenatal and postnatal service into an approach which addresses more than mother and father?**

The results of the interviews mirror the current public discussion about family friendliness in Germany: They stress on the importance of a family friendly society in general. And they concentrate a lot on the role of fathers and mothers during pregnancy and postnatal period. The interview partners underline the currently clear mother centered approach of antenatal and postnatal services and most of them would like to include the fathers more or differently in the service.

The opinions about definition of a family vary between heretical and social definitions. The primary family model of importance is the traditional family. But also other models are in the center of professional work.

Only a few statements bring forward arguments towards an approach which addresses more than the father and the mother. Mostly these statements mention the needs of the child for which it would be good to have more support by others except the mother and the father, especially in the situation of a single mother and an absent father. Also a few mention the advantage of including brothers and sisters and grandparents of the new child by offering lectures for them, but these are those interview partners who are already involved in these offers.

The interviews give other very interesting answers about the need of widening the focus of antenatal and postnatal services. Many interview partners want to change the focus from an experienced risk centered approach of pregnancy and postnatal care towards an approach which looks at this period as a natural process of life. In several interviews this goal leads to different consequences for changes of the service: improved cooperation and improved qualifications of the professionals by a widened focus.

Therefore it can be stated that with respect to the first research question no definite answer is given by the interview partners. It simply seems to be out of mind of most interview partners to involve more than the mother and the father in the service.

Therefore most of the experiences described by the interview partners lay within the limits of alternatives of including the father, like:

- father consultation offers at the gynecologists by male specialists for father topics,
- inviting fathers for consultations in cases of problematic pregnancy.

But there are also some experiences with widened approach described:

- Moving up to grandfathers in cases of single mothers and absence of father in order to involve them for a supporting role,
- brother-sister school,
- professional grandparents babysitting service during birth of a second child or other special situations during pregnancy,
- grandmothers intergenerational project for adolescent mothers at Berlin to enable finishing school.

- **Should pregnancy and postnatal period be handled as a matter of intergenerational interest and transfer?**

Most of the given statements of the interview partners with respect to intergenerational perspective only look at the grandparents as the actual family members. Therefore the interview partners mention the difficulties of separated families. They quite often note the difficult relationships between grandparents and parents especially towards upbringing questions. But they also mention definite advantages towards including the grandparents:

- the support and practical help after delivery,
- the special needs of single mothers and their children for grandparents support,
- the sheltering role of grandmothers before and after delivery for the young mother,
- the relief for the father, who is overstrained by female family members,
- the promotion of the relationships within the new triad,
- the promotion of the role-finding of mother and father through this relief.

All in all it can be stated that involving of heretical grandparents is seen as a topic which has to be handled very carefully and has to have in mind that the relationship between the new parents and the grandparents may have a problematic history.

The idea of intergenerational contact and transfer beyond the limits of heretical family obviously is not familiar to most of the interview partners.

Only very few and mostly those who deal with intergenerational projects see this possibility at all. All of those experts who mention the intergenerational projects punctuate the benefits and the ideas of intergenerational contact for the antenatal and postnatal period. To them the main advantages is the practical support of the new family and the mentoring support of the parents of experienced persons from outside of the heretical family, who might even be better accepted. The need of a public task for a change of values towards more responsibility for each other and for stopping isolation in our society is brought forward in this context.

There are variations towards the question who would be in favor of this approach, more the grandparents' generation or the parents.

- **Would it be a help for new mothers, fathers and children to integrate this widened focus in the services?**

Besides the above mentioned results concerning the advantages of integrating brothers and sisters and/or grandparents or the grandparents' generation into a widened service the im-

provement of the quality for the new family is seen mainly by improved cooperation within the service and improved qualifications of the professionals. The desired improved qualifications give attention to psychological, social and economical topics of pregnancy and postnatal service and to the role of other family members.

These statements come together with the ideas of widening the focus from a nowadays pure medical and physical approach towards a holistic approach. According to several interview partners it would be a great help for the families if overstrain was acknowledged and accepted as sufficient reason for the need of a housekeeping help paid by the health insurance company.

The question whether the family would accept a widened approach is seen within a large range of variations: The experts opinions vary from complete neglecting the acceptance of fathers and mothers up to definite wishes of the parents to include fathers more and differently.

It is interesting that in this context additional offers of courses are seen skeptically. Main tenor is that nowadays interest in courses is diminishing and additionally courses only reach a specific part of the society, meaning the well off. Interview partners punctuate that those families which really need additional support will accept help only if the approach is actively going to the family but nevertheless the attendance has to be voluntarily for the families and has to be handled very sensitively.

- **What do the experts for this period, the different professional partners of the services, think about a widened focus?**

The results about the acceptance of the widened approach by the professionals concern two sides:

1. A widened focus which includes more than mainly the mother and marginally the father:

As described before most interview partners have a widened approach in their mind which addresses the father more or differently than today. The change of the work through this is seen in variations: It is seen as a relief for themselves, for example some like the fathers to be involved as being responsible for the emotional shelter for the mothers. Those professionals mention to suffer from feeling the needs of the mothers.

Some mention a relief and a chance because they think that it would improve their quality of work. Others see the challenge for them to change the focus from a clearly mother centered focus or they see the need for further training to be enabled to widen the focus.
But also the fact that a widened focus may disturb the experienced way of working is mentioned. And some also see a problem in a new time consuming task.
Several interview partners underline that they do not see any responsibility in their work for grandparents or brothers and sisters or other family members at all.

2. The widened focus which would result in a increased need of cooperation within the service:

All answers must be seen on the background that not a single interview partner stated the current network within the service to be well functioning, but many stated that there is a immense lack of the today's network. Possibly increased demands of cooperation by a widened focus are seen by many and also with great variations of opinions about it:
Some note great chances and relief by an improved network of different professional groups. They mention that others could do jobs which are important and they do not feel to be the right person for it.
Some also recognize the improvement of their work. Getting more and important information is mentioned in this context. Also the improvements of arrangements of the different professionals are seen as chances of improved cooperation.
But several anticipated disadvantaged are also mentioned:
Some expect time consuming efforts, which would probably be cost-intensive for private offers.
Others see increased cooperation as threateningly because they the fear loss of their personal influence towards the clients. Some expect the agreements within the network to be an additional load for them, some expect a loss of load, because they would delegate work to others.
All in all the results for the fourth research question give no definite answer. There are several interview partners who definitely are very fond of widening the focus, some expect objections more from other professionals than from themselves, but there are also some who disclaim widening the focus towards family or the increase of cooperation as a possible result. A very important result is the unitary statement that changes would demand ad-

ditional trainings or preparations for those professionals, who are involved in the service today.

8. Comparing discussion of the results of the theoretical aspects and the interviews:

Mainly in the theoretical part of the thesis the importance and the influence of the whole family for pregnancy and postnatal period and the necessity of general changes of the services are obvious. The theoretically revealed disadvantages of a service which concentrates exclusively on the mother and the father could also be confirmed by the interviews, although it must be noted that the results from qualitative interviews do not allow generalized statements.

The statement of one of the interviewed persons who expressed the difficulty to investigate a need of a new offer which so far does not exist because people have arranged themselves with the lack can be transferred to the question of a general need and sense of a family oriented approach. As a consequence the call for political action to initiate the new offers after the theoretical recognition was verbalized.

Nevertheless the interviews gave a lot of links of the benefit for families and concrete ideas for a family oriented approach. Especially the interviews with those persons who were not directly involved in the antenatal and postnatal service but more in family aspects open new perspectives for the service of including different family members and the intergenerational approach. They fit in the results of the whole theoretical part. Mainly those interviews which were performed with “insiders“ of the service showed the necessity of a very sensitive planning and including of the experts and the families within the process of change towards family orientation.

The need of a better cooperation has been revealed theoretically and also in the interviews. In this context the need of convincing the experts is obvious.

All in all the results from the different parts of the study form a picture which has many different aspects but all together opens the perspective of a widened focus which would meet the needs of all and especially of the families better than the existing service.

9. Conclusion: You need a village to bring up a child!

„Es braucht ein Dorf um ein Kind grosszuziehen."

In his speech on January 18, 06 concerning the future of family in Germany the German Federal President Horst Köhler emphasized this African wisdom punctuating the political and social responsibility for company and support of families with children and postulated digressing from one-sided mother orientation in upbringing children. (Besides calling of African wisdom can lead to the conclusion that the Federal President suggests an intercultural exchange to be subserving the German mental outlook.)

The changes towards a family oriented approach have to be initiated from the political level. Planning and implementation on the institutional level have to include all protagonists to assure accepting and sustaining by them.

All in all the following suggestions surrender a family oriented approach of antenatal and postnatal services:

1. Pregnancy and the postnatal period encloses a life span professional work has to be viewed as a holistic company and support.
2. The core of family orientation is promoting and obtaining of individual and social health resources.
3. Family orientation includes promotion of the whole heretical and social family net and development of new social network such as voluntary and intergenerational projects.
4. Family orientation factors in the different models and cultures of family.
5. Family orientation requires a new orientation of the current participating and new accrued professionals, which are important for the holistic approach.
6. Family orientation is based on well functioning co-operation of all participating groups.

10. Concept of a family oriented service for the pregnancy and the postnatal period: Family Empowerment

10.1. General demands:

- Family orientation is based on cognition of pregnancy and postnatal period to be a life passage in which the healthy developement of all involved persons towards the new family situation stands in the foreground of professional efforts.
- Special demands2 Health is viewed as a continous holistic process and includes individual and social components..
- Health promotion during pergnancy and postnatal period includes primarily promotion of existing and new resources of the individuals and the whole family.
- During pregnancy and postnatal period the foundation for the new family are set, in which a child will be brought up. To empower the family to be a solid an save fundament for growing up sheltered stands in the center of all endeavors.
- The family includes the heretical relationship of different generations as well as the social life partnership.
- The family oriented approach regards all family models existing with their different needs towards the service.
- The influence of the whole heretical and the social family on health and health behavior and the new petite family is deep-seated in the approach.
- Accompanying the pregnancy and postnatal period views that this life span is also a period of re-orientation of the relations within the family which can be helpful as well as debiting.
- The family oriented approach respects the cultural background especially of families from abroad like migrant families and acknowledges the importance for the orientation of all family members.
- The family orientation can only be reached in combination with all professionals of the service including new professional groups and the families themselves.

10.2. Special demands:

10.2. 1 Family centers

- The family centered approach already promotes the social bedding of the new family by supporting central institutions, called family centers, during pregnancy. They are the meeting point for kindred spirit and also for young and old, and they integrate offers for pregnant women and mothers, (expecting) fathers, brothers and sisters, couples and grandparents.
- The family centers gain a portal character for pregnancy and postnatal period, the first place to go for all questions and information, for coordination of the offers for this period, the agency for organization of support and help as well as for exchange.
- The family centers can offer courses for all family members, like fathers , brothers and sisters and grandparents besides the ordinary ones for preparation for delivery and for exercises after delivery. Courses are an additional possibility but not the only one of including family because they only reach those who already are involved.
- The family centers gather different ideas from already existing models and widen them for the family oriented approach:
- The family centers are more than the existing „houses of family“ (Häuser der Familie) because those institutions are part of the social service and concentrate on psycho social consulting and group offers. Family centers integrate all aspects of a meeting point, consulting, groups, information, coordination of psycho-social but also of all other aspects of this life span and support the vital commutation of many different persons and professions.
- The family centers differ from the British “Early Excellence Centers“, which give priority to promotion of filial and parental competences. Family centers already start with the early pregnancy, including the whole family and target more than the promoting of competences.
- The family centers overcome the framework of parent-schools (Elternschulen) which frequently exist as outpatient institutions of obstetric hospitals. Parent-schools offer courses for pregnancy and exercises after delivery, baby courses for massage, baby swimming or “Pekip”-courses and sometimes consultation. They are primarily planned and implemented in order to increase the number of deliveries of the hospitals. Hospitals initiatives of a family center will only be successful from the family oriented point of view if hospitals cooperate with health insurance companies, ambulatory institutions,

private, clerical, public and voluntary services, client groups having equal rights from the beginning.

- The family centers are more than integrated ambulant services, which are fusions of (different) professionals and clearly oriented on (private) profit. Family centers bring together professional and voluntary services and realize profit for self financing of the center.
- The family centers orientates on the intergenerational houses ("Mehrgenerationen-Häuser") which have been developed during the last years first in Lower Saxony and aim to realize self financing. The intention to be a local center for contact, support, meeting and offers meets the aims of the family centers. But the topics of pregnancy and postnatal period are new. In addition the family center is not concentrated on the offers of the center but also on coordination of those offers which are outside of the center.

10.2.2. Basic service

- The family oriented approach regards the particularity of each family and the familiar character of pregnancy and postnatal period. This results in a basic service of one person who combines family oriented professionalism and profound knowledge. This basic service contacts with the tradition of midwifery in the original meaning and with general practitioners (Hausärzte).
- Addressing more family members by the antenatal and postnatal service is realized primarily through extension of the frequency of home visits of the basic service and by family oriented arrangements of the home visits.
- The basic service not only visits the women during pregnancy and postnatal period although the service performs the necessary investigations, like antenatal care. The service visits all family members and offers a comprehensive service for all.
- Homevisits underline the family orientation and the fact that pregnancy and postnatal period are normally "healthy" states of life, which do not need doctors consultation, and they regard the special need of women in childbed and newborns for rest.
- In case of (medical) complication the practice of homevisits shall be preferred instead of frequent dates at offices or at least supplement those dates in case they are necessary for diagnostic or treatment reasons.
- The homevisits take place on basis of confidence and voluntariness.

- In case of extraordinary stress and problems within the family it may make sense to arrange dates outside of the home of the family at “neutral” places.

10.2.3. Postnatal period:

- The family oriented approach views in particular the challenge of health promotion and prevention by the service in the high debits during the postnatal period due to the isolation and overload in supporting with practical help and shelter.
- This challenge must be seen under the background that the tradition of (female) family support of mother and child after delivery is missing today which causes a gap, which mostly cannot be filled by the new fathers, if even present, and results in additional load.
- The family centered approach therefore sustains on the ideas of intergenerational projects and voluntary help and out of those ideas develops possibilities of social support for this period.
- The main advantages of intergenerational support for the postnatal period are the experiences and reliability of elderly people. Voluntary help, which results from knowing each other already during pregnancy, promotes feeling of human warmth, confidence and pleasure which are especially important during postnatal period. These contacts which result from this experience may enrich the further life of all persons involved.
- Voluntary help succeeds if it is a regardful recognition of the possible emotionally missed succor of family members, especially the parents of the new mother and father is managed well. If so the support by persons which are not part of the family is a relief for both sides and a particular advantage found in intergenerational projects.

10.2.4. Families in difficult life situations:

- The family oriented approach views the special needs of young families who are in difficult life situations, like adolescent mothers and couples, single mothers and tries to win the resources of the whole family system for support.
- The existing offers of the public health service for special care of families in difficult life circumstances by family midwives are absorbed by the family oriented approach and are arranged on the definite background of family orientation. These visits can be developed further by orientating on the US- American “Prenatal and Infant Home Visi-

tations Program", which has been proved since the eighties of the last century and includes frequent visits from the early pregnancy until the second birthday of the child.

- The support of those families includes the ideas of intergenerational projects and voluntary help in particular for the postnatal period.
- The possibility of further support from housekeeping services paid by the health insurance company is used. Today this possibility exists during pregnancy in case of high risk of preterm delivery, after delivery for a few days or in case of a medical indication. The family oriented approach tries to convince the responsible of the health insurance companies to open the limited medical indication into a widened preventive indication. The help of professional housekeeping support is necessary in particular if length and intensity of the needed practical support exceeds the possibilities of the voluntary help.

10.2.5. Attendants

- The approach needs qualified professionals, who make the family orientation as guideline of their work. Therefore the already acting professionals are provided with further trainings. The approach impacts to head for family orientation as regular part of the trainings of all involved professional groups.
- The training for the basic service is a interdisciplinary target which includes all aspects of "normal" pregnancy and postnatal period. The qualification of family orientation can be based on existing programs curricula which are offered for "systemic consultation" by German "Volkshochschule" or other educational carriers. (This extension of training is a regular part of the trainings of Family Practitioners in the USA). Obviously the German midwives are close to this work, but the current training for those midwives who want to work in the field of basic service must be improved towards the original goals of „"attendants of health".
- Around the basic service a net exists of specialists which can be called in special situations. The basic service works in close contact with the family center and therefore with the supporting offers like intergenerational family help.
- Family orientation needs including all those who deal with family including professionals and volunteers experts.
- The quality of the voluntary experts is promoted by trainings and supervising offers, in which the recognition of the family orientation (Systemic approach) and the own perceived role stands in the center.

- The family orientated approach supports the network with those people and institutions that are important for families during pregnancy and postnatal period but neglected nowadays.
- In particular religious, pastoral, clerical institutions are included, because they can give important help with spiritual orientation and bedding during the passage of life and fill the lack of traditional regular rituals which have mostly disappeared nowadays, like baptism, with modern ceremonies.
- Public and private consultant institutions for clearing special juridical and financial questions of this life span which can serve for orientation and relief of strain are included in the service.
- All involved groups, the currently and the new professionals groups as well as the families themselves take part in planning and implementation of the family oriented approach from the beginning on.

10.2.6. Cooperation

- In case a local institution initiates the family oriented approach, a public, clerical or a private carrier with medical or social orientation, this can only be successful if all important professional groups and representatives of the families come together and participate from the beginning.
- The family orientation is built on a fructifying and relieving together therefore much attention is given to assure circumstances which allow a good and more effective cooperation.
- The family orientation does not in general mean more than one professional being the contact person for a family. On the contrary the model of the basic service stresses on a solid confidential relation with one person. Nevertheless this requires all involved professional experts identifying family orientation as their own view. As long as risk thinking is a predominant attitude for the service more additional professionals are necessary for balancing by an integrated service.

10.2.7. Financial considerations

- The family oriented approach is a fundamental reorientation of the antenatal and postnatal service, which requires financial considerations concerning expenditure and savings.

- The family oriented service will save money on the long run due to the preventive success. Studies of the German Health Ministry have shown that it is worthwhile to investigate into family from the financial point of view, which will be shown also for the family oriented approach.
- The family oriented approach stimulates the questions concerning the distribution of expenditures. With respect to the nowadays frequent and expensive additional investigations considerations about a tightened risk exploration can be made and would save money at least for investigating into an intensified attending by home visitations and improved cooperation.
- On the short run expenditures for planning, training and convincing efforts will have to be investigated.
- Institutions like family centers will depend on financial help at least in the beginning. The planning and regulations concerning the intergenerational houses (Mehrgenerationenhäuser) can be used as a guideline and also the experiences how these institutions succeed in being financially independent medium –term.

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