AN ABSTRACT OF THE THESIS OF

Luana J. Beeson for the degree of Master of Science in Health Education presented on May 2, 1988.

Title: Midlife Pregnancy: A Comparative Study of the Parental Attitudes of the Mature Primigravida and the Younger Primigravida

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Margaret M. Smith

This study compared the parental attitudes of mothers under 35 years of age, who are having their first child, called primigravidas, with the parental attitudes of mothers 35 years old and older, called mature primigravidas, who are having their first child.

Historically, most women in America had to choose between having a career or having children. Today, in America women have more choices. They can choose to have a career, children and family, or both. Many women ages 20 to 35 are choosing to have children before pursuing a career. Other women are choosing to develop their careers first and not have children until they are 35 years of age or older. Often the women who choose a career first increase their education and socioeconomic status significantly before having their first child.

In this study the population sample consisted of 80 primigravidas. Fifty of the primigravidas were under the age of 35. Thirty of the primigravidas were 35 years and older. The sample population of 80
primigravidas was generated from primigravidas participating in birthing classes held in 12 of Oregon's northwestern counties.

The findings of this study were based upon responses to the 115 Likert instrument, Parental Attitude Research Instrument (PARI), developed by S. C. Schaefer and Richard Q. Bell. The Mann-Whitney U test, at the .05 level of significance, was used to evaluate the results. Seventeen of the 25 null hypotheses were rejected, supporting the hypothesis that there is a difference in the parental attitudes of primigravidas when age, education, and socioeconomic status are the quantitative measurements.

In accordance with the review of literature and the research findings, the following recommendations are suggested:

1) Educators need to update their information on birthing and parenting in order to present available options for the "new" age group of mature primigravidas.

2) The "new" age group of first-time mature primigravidas need references that are specifically applicable to their first parenting experience.

3) Informative, new materials need to be disseminated to physicians and other medical practitioners regarding mature primigravidas and their opportunities for a normal birth at ages not historically acceptable.

4) Writers of textbooks in health education need new perspectives that deal with later pregnancies of primigravidas 35 years of age and older in a more positive, supportive posture.
Midlife Pregnancy: A Comparative Study of the Parental Attitudes of the Mature Primigravida and the Younger Primigravida

by

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Advanced degrees in higher education are attainable if you set your goals high enough and become directional in spirit. It takes a lot of stamina. It helps to have a support system to back you up, pick you up, and push you forward whenever you need that extra incentive.

My support system began with my husband, Richard, who was always there when I needed him. Dr. Margaret Smith, my advising professor, was my guiding light. Plus, lest I forget, the children, Rykka, Ranz, Ruztique, Brent, Brady, and Brian, the sane ones who never let me forget that my first responsibility was to them and anything I accomplished beyond that was considered gravy.

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MIDLIFE PREGNANCY: A COMPARATIVE STUDY OF THE PARENTAL ATTITUDES OF THE MATURE PRIMIGRAVIDA AND THE YOUNGER PRIMIGRAVIDA

CHAPTER I

INTRODUCTION

In the United States today, a woman no longer has to choose between motherhood and working at a job, career, or profession. Many contemporary women want both a family and a career. However, many women are postponing childbearing until later in life, rather than having children in their early twenties, the age that was historically the norm in the United States. Often, the women who choose to have a career first increase their education and socioeconomic status significantly before having a child. This increased status may affect their parental attitudes.

The term, mature gravida, as used in this thesis, simply refers to a pregnant woman who is 35 years of age or older. Webster defines mature as having attained a final or desired state or condition of full development.

In this country there is a definite increase in the number of mature gravidas. In addition, there is an increase in the number of mature primigravidas (women of 35 years and over, having their first children). Increases in the second group, mature primigravidas, appear to be due to a number of factors. First, the postwar baby boom cohort has created significant demographic changes. As this cohort ages in the 1980s, the total
number of women who are 35 to 40 years of age in the United States is projected to increase by 42 percent and the number of births to this age group to increase by 37 percent. Secondly, there is a projected decrease in teenage women of 15 to 19 years and a predicted 32 percent decrease in births to that age category (U.S. Department of Health and Human Services, 1985). Multiple reasons may account for this third factor. Some women have career priorities; for others, advanced education takes precedence, and sometimes problems with infertility or control over fertility can lead to postponing childbirth (Fuller, 1980; Kappelman & Ackerman, 1980). In addition, late and second marriages and financial concerns are causing an increase in the number of mature primigravidas in the United States (Spearin, 1976).

Justification for the Study

Mature primigravidas may have a different self-concept than younger mothers have. Carl Rogers (1977) defines self-concept as:

Self concepts and self-esteem are acquired through interactions; however, they are not simply a reflection of other's definitions. Rather, they are the creative synthesis arising out of the interaction process. (p. 15)

Behrman (1982), Kappelman and Ackerman (1980), Leifer (1980), and Reading (1983) all agree that due to life's experiences, older, more mature, first-time pregnant mothers have a better self-image and higher self-esteem than do younger mothers. This higher self-esteem, in turn, has been shown to have a positive effect on parenting skills. The rationale is that older,
more mature gravidas will have had more exposure to parenting education, information, and resources.

Mature primigravidas are on the increase in the United States. There is, however, a scarcity of documented psychological information about this population. Thus, studies that focus on parental attitudes and perceptions of the mature primigravidas are needed.

Purpose of the Study

The purpose of this study was to determine if there are significant differences between parental attitudes of the younger primigravida and the parental attitudes of mature primigravida.

Scope and Limitations of the Study

This study assessed parental attitudes of a selected sample of primigravida subjects who were enrolled in birthing classes in 12 northwestern counties in Oregon. The limitations of the study include the following. The population was selected on a voluntary basis from birthing classes. The instrument was administered by the instructors of the birthing classes, who were also volunteers. A time-factor problem emerged for the subjects filling out the questionnaire, as many took the questionnaires home and then failed to return them to the instructors. Another limitation was that those primigravidas who did not enroll in birthing classes were not given a chance to participate.
Hypotheses of the Study

The main hypothesis was the null hypothesis that attitudes of mature primigravidas will not be significantly different from those of younger primigravidas. This hypothesis is divided into 23 different secondary null hypotheses to support the main hypothesis. The secondary hypotheses are described briefly in Chapter IV. They are as follows:

1. Encouraging verbalization,
2. Fostering dependency,
3. Seclusion of the mother,
4. Breaking the will,
5. Martyrdom,
6. Fear of harming the baby,
7. Marital conflict,
8. Strictness,
9. Irritability,
10. Excluding outside influences,
11. Deification,
12. Suppression of aggression,
13. Rejection of homemaking,
14. Equalitarianism,
15. Approval of activity,
16. Avoidance of communication,
17. Inconsideration of the husband,
18. Suppression of sex,
19. Ascendancy of the mother,
20. Intrusiveness,
21. Comradeship and sharing,
22. Acceleration of development, and
23. Dependency of the mother.

Summary

The number of mature primigravidas is increasing in the United States. The focus of this study is to identify the differences in parental attitudes of mature primigravidas and younger primigravidas. This chapter has discussed the problem, justification, purpose, scope and limitations, and hypotheses of the study.
CHAPTER II

REVIEW OF LITERATURE

This chapter presents a review of professional and research literature, pertinent to mature primigravidas. The subject matter includes population trends, parental attitudes, and biological and social aspects related to these attitudes.

Population Trends

The fact that more women are having babies later in life is supported by national, state, and local statistics. The statistics by age group shows that from 1979 to 1980, first-order birth rates increased 8.5 percent for women who are aged 30 to 43 and 83 percent for those aged 35 to 39 (U.S. Department of Health and Human Services, 1982). At the same time, the total birth rate increased only 3.1 percent. This increase continued a trend of the past few years. From 1980 to 1985, the first-order birth rate advanced 60 percent for women aged 30 to 34 and 37 percent for those aged 35 to 38, and only 22 percent for women aged 25 to 29 (USDHHS, 1985).

According to Oregon Vital Statistics (Oregon, Department of Health, Division of Human Resources, 1980, 1981, 1982, 1983, 1984, 1985, 1986), Oregon birth rates parallel the national statistics. The number of Oregon resident births has been declining for the past four years, while the birth rate for mature gravidas has increased 51 percent. In 1986, there were
2,914 live births to women 35 and older and 20.8 percent of those births were to primigravidas (Table 1 and Figure 1).

The vital statistics information does not include data on first births per county. The county information includes only the age of the gravida and the number of live births to the different age groups. An assumed population was generated from the available statistics for purposes of this study. The application of the assumed primigravida population is illustrated in Table 1, which shows the assumed first-birth population for the counties in Oregon for 1986.

Increasing numbers of women are waiting until they are 35 and older to bear children. Bundey’s (1978) British study reported that more women who were college graduates intended to have children later in life. His explanation for this trend was that graduates desire more education and have higher career aspirations. Furthermore, he suggested that the woman who is pregnant for the first time at a mature age is in need of scientific data to support this phenomenon.

Parental Attitudes, the Psychological Aspects

The research addressing the psychology of pregnancy is vast, but the research on parental attitudes of pregnant women is sparse. Most of the information is contradictory, with differences and uncertainties in approach. Until quite recently, the importance of the psychological aspects of pregnancy was recognized only by female psychoanalytic theorists, such as Terese Benedek (1970), Grete Bibring (1961), and Helen Deutsh (1945), who were the first to deal with the psychology or parental attitudes of pregnancy. Before
Table 1. 1986 Resident Births of Mothers 35 Years and Older (counties listed in order of position on state map).

<table>
<thead>
<tr>
<th>County</th>
<th>Births</th>
<th>First* Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clatsop</td>
<td>31</td>
<td>6</td>
</tr>
<tr>
<td>2. Columbia</td>
<td>27</td>
<td>6</td>
</tr>
<tr>
<td>3. Tillamook</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>4. Washington</td>
<td>388</td>
<td>81</td>
</tr>
<tr>
<td>5. Multnomah</td>
<td>706</td>
<td>147</td>
</tr>
<tr>
<td>6. Yamhill</td>
<td>65</td>
<td>14</td>
</tr>
<tr>
<td>7. Clackamas</td>
<td>313</td>
<td>65</td>
</tr>
<tr>
<td>8. Polk</td>
<td>52</td>
<td>11</td>
</tr>
<tr>
<td>9. Marion</td>
<td>217</td>
<td>45</td>
</tr>
<tr>
<td>10. Lincoln</td>
<td>26</td>
<td>5</td>
</tr>
<tr>
<td>11. Benton</td>
<td>75</td>
<td>16</td>
</tr>
<tr>
<td>12. Linn</td>
<td>60</td>
<td>13</td>
</tr>
<tr>
<td>13. Hood River</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td>14. Wasco</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>15. Sherman</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>16. Gilliam</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>17. Morrow</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>18. Umatilla</td>
<td>57</td>
<td>12</td>
</tr>
<tr>
<td>19. Union</td>
<td>16</td>
<td>3</td>
</tr>
<tr>
<td>20. Wallowa</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>21. Jefferson</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>22. Wheeler</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>23. Grant</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>24. Baker</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>25. Lane</td>
<td>308</td>
<td>64</td>
</tr>
<tr>
<td>26. Deschutes</td>
<td>69</td>
<td>14</td>
</tr>
<tr>
<td>27. Crook</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>28. Coos</td>
<td>42</td>
<td>9</td>
</tr>
<tr>
<td>29. Douglas</td>
<td>83</td>
<td>17</td>
</tr>
<tr>
<td>30. Curry</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>31. Josephine</td>
<td>47</td>
<td>10</td>
</tr>
<tr>
<td>32. Jackson</td>
<td>156</td>
<td>32</td>
</tr>
<tr>
<td>33. Klamath</td>
<td>33</td>
<td>7</td>
</tr>
<tr>
<td>34. Lake</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>35. Harney</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>36. Malheur</td>
<td>29</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>2,914</td>
<td>607</td>
</tr>
</tbody>
</table>

* An assumed population was generated for each county by assuming 20.8% of the pregnancies, a figure matching statistics for Oregon State on the whole, were first-time pregnancies.
Figure 1. Oregon Resident Births of Mothers 35 and Older Over a Seven-Year Span, 1980-1986.
this, pregnancy was considered too commonplace and was not thought to be a respectable area of research (Leifer, 1980).

More recent scholars, such as Ann Oakley (1977), Adrienne Rich (1976), and Alice Rossi (1977), began to conceptualize gravidity as a female resource, rather than as an inferior state. Still more recently, other researchers have studied the motivation for motherhood, emotional changes, the development of maternal feeling, nursing, childbirth, and the topology of pregnancy and early motherhood (Blum, 1979; Fried, 1980; Kappelman & Ackerman, 1980; Liefer, 1980; MacFarland, 1977).

Dana Breen (1975) views the birth of a child as a normal stage in female development. She intensively studied 50 women having first babies, using questionnaires, interviews, and data collected from obstetricians, as well as formal psychological testing. The results, as one might expect from a study of this kind, were complex, but she concluded that those women who accepted the idea of childbearing were those who were less enslaved by the experience, had more differentiated and more open appraisals of themselves and other people, and who did not aspire to be perfectly selfless mothers, as they might have felt their own mother had not been. However, these women were able to call on a good mother image with which to identify. These first-time pregnant women did not experience themselves as passive, which Breen viewed as the cultural stereotype of femininity.

Feldman and Nash (1984), in a short-term longitudinal study on the transition from expectancy to parenthood, discovered that the women’s parental attitudes changed after the child was born. They attributed the results to the fact that the primigravidas may have relied on stereotyped, idealistic models of motherhood, when in reality having a baby is an unfamiliar experience. They expected to be ideal parents and did not think significant
differences would result when they added a new infant to the family structure.

Schilmoeller and Baranowski (1985) observed that the educationally and economically advantaged mothers of firstborns were verbally and emotionally more responsive to their infants. The older mothers were more open and receptive to advice on parenting. The older mothers were not hesitant to express any doubts they might have on childrearing and usually found the answers to their questions from friends and support groups.

Ritchie (1982) found through her research that the most important contributor to parental attitudes is the woman's satisfaction with her role in life. Ritchie's findings correlate with the information of Blum (1979), Heffner (1978), Lazare (1979), Lips (1986), McCauley (1976), Price (1977), and Rheingold (1964, 1967). These studies agree that pregnancy is an emotionally significant event, with psychological impacts on the mother regardless of her age. The young primigravida and the mature primigravida both have to face psychological stresses associated with pregnancy. Gravida after 35 years of age have the added challenge of dealing with the physiological and the psychological impacts of aging.

Usually, women over 35 years of age have matured and accepted their own identity, separate from that of their mothers. Women over 35 years of age are often equipped to make more mature, independent choices than their younger counterparts. The mature mother is more likely to recognize herself as a mother separate from the new baby and growing child, as opposed to the younger mother, who often psychologically identifies with the infant as one unit. On the other hand, although the mature gravida may be psychologically more mature and better prepared for parenting, she may find it diffi-
cult to be sensitive to the child’s needs because she is further away chronologically from her own childhood experiences.

The researchers referred to in the previous paragraph also pointed out that another psychological aspect that sets the mature primigravida apart from the younger primigravida is the mature primigravida’s ability to accept and to mourn a loss. Being able to deal with a child’s growth and maturation is an important part of parenting. Since most women over 35 years of age have been through personal challenges involving attachment and separation, the mature primigravida is often better equipped to identify herself and her child as independent beings (Blum, 1979; Ritchie, 1982).

In first pregnancies that occur past 35 years of age, the women have to face psychological challenges that younger mothers do not ordinarily have to face. Part of the psychological pressures on the mature primigravida result from societal attitudes and the medical professional’s attitudes towards "late" pregnancies. Statistics showing increased birth defects in later pregnancies can increase a mother’s fears and create additional pressures on the mature primigravida. It is suggested that what the mature primigravida really needs to consider when deciding whether or not to have a child is if she feels capable physically and psychologically of meeting the challenges presented by the pregnancy life crises (Breen, 1975; Fuller, 1980; Spearin, 1976; Stein, 1983).

Regarding the research addressing the psychology of pregnancy and the parental attitudes that coincide with pregnancy, most researchers agree on several recommendations. Regardless of the mother’s age, she should deal with a physician who can help her realistically evaluate her physical condition and explore the psychological aspects of her decision in a professional manner. The goals of the doctor and the gravida, regardless of her age,
should be to make an informed decision about pregnancy, taking into consideration the mother's physical condition, her development of her own identity, and her capacity to accept and mourn loss. The gravida should have a tolerance for a certain amount of ambivalence, be able to empathize with a child, and be willing to accept support offered by others.

Physiological Aspects Related to Attitudes

The physiological aspects of the mature gravida are divided into two different categories, the biological negative aspects and the biological positive aspects. These are the two categories upon which the following review of literature is based.

Biological Negative Aspects of the Mature Gravida

Regarding pregnancy and birth for women who are 35 or older, medical opinion is surprisingly unanimous about who and what constitute a "high risk." The extreme conservative position says that any woman pregnant over 35 is automatically at higher risk to herself and to the baby, regardless of physical condition. The supporting data for this viewpoint is derived from various research studies (Gillberg, Rasmussen, & Wahlstrom, 1982; Horger & Smyth, 1977).

The risk of birth defects increases with the age of the mothers. In a study conducted by the Birth Defects Branch of the Centers for Disease Control, presented in the Journal of the American Medical Association in 1979, the risk of birth defects begins slowly at age 35, increases sharply at age 40 and peaks after the maternal age of 45 (Hecht, 1982). It is in the
area of chromosomal defects that the greatest increase occurs after 30 years of age (Davies & Doran, 1982; Volodevich & Huether, 1982).

Another class of birth defect, other than the chromosomal, is the structural. These defects show up as abnormalities in the formation of organ systems, such as the central nervous system, and occur during the growth of the fetus inside the uterus. A positive correlation between increasing maternal age and increasing incidence of cleft palates/lips has been noted (Stein, 1983). The incidence of cleft palate and of cleft lip/palate was found to increase among infants of older gravidas when the clefts were the only malformation noted. The increase appears to begin at maternal age 35 and appears to rise dramatically when the mother's age reaches 40 years.

Richard L. Naeye (1978) conducted a study analyzing 44,386 pregnancies to determine if advancing maternal age influenced frequency or outcome of antenatal disorders. What he found substantiated what has been reported for years: That part of the increase in perinatal mortality rates is due to increasing frequencies of malformed fetuses, placenta previa, and chronic maternal hypertension in the older gravida. He concluded that the mortality rates always originate with maternal disorders rather than fetal disorders (Naeye, 1978, 1979, 1983). There is the possibility that one or more changes in the environment of the aging gravida increases the risk of stillbirth when the fetus is stressed by one or another disorder.

It is apparent that great risks for infants occur when pregnancy begins after 40 years and escalate at age 45. However, through the amniocentesis procedure, the risks to infants born to women over 45 can be reduced.
Biological Positive Aspects of the Mature Gravida

Even though research shows pregnancy to be more of a physical challenge when the gravida is 35, 40, and older, many statistics favor the mature gravida. The optimistic, liberal view of the mature gravida holds that only 1 in 10 middle class mothers should be considered high risk (from some already diagnosed disease or abnormality) and that 60 to 80 percent of maternal and infant complications arise during labor and delivery, regardless of age (Kirz, Dorchester, & Freeman, 1985; Spearin, 1976).

According to Kujansuu, Kivinen, & Tuimala (1981), a pregnancy at the age of 40 and over is regarded as a "high risk" pregnancy, but at present the warning refers merely to the fetus/neonate, rather than to the mother. Recent publications have shown that pregnancy with modern antenatal follow-up does not bring any significant health risk to an older mother (Adams, 1982; Biggs, 1973; Daniels & Weingarten, 1979; Fortney et al., 1982; Horger & Smyth, 1977; Kajanoja & Widholm, 1978; Kitzinger, 1985; Kirz et al., 1985; Posner, 1981; Woods, 1987). Kirz et al. (1985) further concluded that when the gravidas of advanced age are given good prenatal care and when signs of hypertension and diabetes are monitored, the risks to healthy women, 35 years and older, may be no more than the risks to the younger gravidas in the 1980s.

Nancy Devore (1982), director of Nurse Midwifery at the Albert Einstein College, wrote that obstetrical practice has for many years referred to a woman 35 or older who is having her first baby as "elderly primigravida"—a supposedly high risk patient. Yet, many of the maternal risks of late pregnancy are related not to age, but to preexisting medical disorders,
such as diabetes, kidney disease, hypertension, cardiovascular problems, and uterine fibroids.

Phyllis Mansfield (1983), associate professor of nursing at Pennsylvania State University, analyzed 104 studies on pregnancy in advancing maternal age that had been published between 1917 and 1983. She found that much of the early research was contradictory and that investigators used sound methodology in only 10 percent of the studies. The more recent research suggested that age-related risks in pregnancy are not as formidable as previously thought, even though medical education continues to focus on the traditional view.

According to Dr. Mansfield (1983), women who are healthy and who have had no gynecological complications in the past should feel confident about having a baby after age 35. She believes that many age-associated problems in the past have been overcome by increased physical fitness, better overall health and nutrition, improved health education, and the likelihood that women seek prenatal care earlier than they did 25 to 50 years ago. She concedes that the risk of Down's Syndrome increases with age, but points out that between 22 and 40 percent of Down’s Syndrome cases are thought to result from environmental and genetic factors.

Sociological and Socioeconomic Aspects of the Mature Primigravida

The research addressing the sociological aspects of pregnancy is sparse. Historically, pregnancy has been considered an adjustment to a traditionally defined feminine role and failure to achieve this role has been considered unnatural. The low status of the pregnant woman being isolated
at home, having no independent income, being "just a housewife," and the disruption of careers has been virtually ignored. The feminist movement has brought an awareness of traditionally prevalent sex roles in contemporary American culture, but in spite of small social advancements, only time, in the historical sense, will record the changes.

Fortney et al. (1982) concluded that with the existence of modern technology, medical risks have been reduced substantially among the socioeconomically low-risk patients, meaning the parents who can afford adequate medical care. However, MacFarland (1977) believed that improvement in a woman's social circumstances might have a more positive benefit than all the new medical advancements to which a woman is now exposed.

Statistics show a definite increase in mature gravidas. This presents the question of whether this trend will change social policy and traditional views. More research is needed concerning the broad social forces affecting the status of women which shape a new mother's response to her new role. The authors who delve into the socialization aspects of pregnancy all agree that it is important to maintain consistency, harmony, and congruence between behavior and attitudes (Fried, 1980; Fuller, 1980; Kappelman & Ackerman, 1980; Roosa, Fitzgerald, & Carson, 1982; Spearin, 1976; Wolkind & Zajicek, 1981). When behavior changes, therefore, it is likely that attitude changes will follow. Crockenberg and McCluskey (1986) found that changes in maternal behavior were associated with the mother's social support and with an interaction between her initial attitudes about mothering and her baby's irritabilities. These social psychologists have laid ground work for additional research.

Socioeconomically, the research concerning pregnancy states that the more economically secure the gravida's life is, the more positive all aspects
of the pregnancy will be. Leifer (1980) found that mothers of higher social-economic status (SES), given equal maternal ages, had more positive prenatal care and their infants better neonatal status than lower SES mothers and their children. Generally, the older the gravida, the more stable her socioeconomic condition, due to advanced career and education.

Summary

The literature review shows recent population trends toward more mature primigravidas in the nation and, in particular, in Oregon. Literature was reviewed that covered the psychological aspects of pregnancy and the parental attitudes of pregnancy. Both the positive and negative aspects of the pregnancy of women age 35 and over, along with the socioeconomic factors that pertain to pregnancy in this age group, were reviewed.

According to the literature, the age of the gravida is not necessarily the main factor in having a healthy pregnancy. The physical condition of the mother, her attitude, her educational level, and her socioeconomic condition are instead the key factors leading toward a healthy pregnancy.
CHAPTER III

METHODS AND PROCEDURES

This directional prospective study was designed to compare the parental attitudes of two sets of first-time pregnant mothers. This chapter includes information on the selection of subjects, questionnaire, instrument, data collection, treatment of the data, hypotheses, and the statistical tests used for analysis.

Selection of Subjects and Data Collection

The subjects in this study were primigravidas and ranged from 20 to 42 years of age. The distribution of subjects returning the information was 50 primigravidas of 20 to 32 years of age (mean = 28) and 30 primigravidas of 35 to 42 years of age (mean = 37). The subjects who filled out the instrument and the demographic questionnaire were volunteers enrolled in birthing classes in 12 of Oregon’s northwestern counties. The 12 counties were Clatsop, Columbia, Tillamook, Washington, Multnomah, Yamhill, Clackamas, Polk, Marion, Lincoln, Benton, and Linn (Table 2). The instructors of the participating birthing classes administered the questionnaires. The instructors returned the completed questionnaires in self-addressed envelopes that were provided by the researcher.
Table 2. Twelve Oregon Counties. Total Births for Women 35 and Older, Plus Assumed First-Time Births for 1986 Generated From Statewide Percentages.

<table>
<thead>
<tr>
<th>County</th>
<th>Births to Women 35 &amp; Over</th>
<th>Assumed Population of First Births to Women 35 &amp; Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clatsop</td>
<td>31</td>
<td>6</td>
</tr>
<tr>
<td>2. Columbia</td>
<td>27</td>
<td>6</td>
</tr>
<tr>
<td>3. Tillamook</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>4. Washington</td>
<td>388</td>
<td>81</td>
</tr>
<tr>
<td>5. Multnomah</td>
<td>706</td>
<td>147</td>
</tr>
<tr>
<td>6. Yamhill</td>
<td>65</td>
<td>14</td>
</tr>
<tr>
<td>7. Clackamas</td>
<td>313</td>
<td>65</td>
</tr>
<tr>
<td>8. Polk</td>
<td>52</td>
<td>11</td>
</tr>
<tr>
<td>9. Marion</td>
<td>217</td>
<td>45</td>
</tr>
<tr>
<td>10. Lincoln</td>
<td>26</td>
<td>5</td>
</tr>
<tr>
<td>11. Benton</td>
<td>75</td>
<td>16</td>
</tr>
<tr>
<td>12. Linn</td>
<td>60</td>
<td>13</td>
</tr>
</tbody>
</table>
Choice of the Instrument and Development of the Questionnaire

All of the women included in this study participated in filling out the 115-item Likert instrument, the Parental Attitude Research Instrument (PARI), developed by S. C. Schaefer and Richard Q. Bell in 1958. The 115 PARI statements include 23 five-item scales of child-rearing attitudes which provide for 4 response options: strongly agree, mildly agree, mildly disagree, and strongly disagree. There are 4 points assigned to a strongly agree response, scaling down to 1 point given to a strongly disagree response.

The reliability and validity of this instrument have been demonstrated since 1958. Two current examples, which use the PARI, are a study by Barbara Lippincott Rees (1980), "Measuring Identification with the Mothering Role," and another by Alfred B. Helbrun, Jr. (1970), "Perceived Maternal Child-Rearing Experience and the Effects of Vicarious and Direct Reinforcement on Males."

The demographic information questionnaire was generated from observing several completed theses. Consultation on the format for the questionnaire was provided by the staff at the Oregon State University Survey Research Center.

Method of Data Analysis

The data obtained from the target population yielding the primigravidas' parental attitudes were analyzed by the use of the Mann-Whitney U test
(Sharp, 1979). The Mann-Whitney \( U \) test provides a strong procedure for testing null hypotheses of equal population location parameters. This test is applied when two independent, randomly selected groups of unequal size are drawn from the same population. The other requirements for using the Mann-Whitney \( U \) test are that the measurement scale employed is at least ordinal and that the distribution functions of the two populations differ only in respect to location, if they differ at all. The Mann-Whitney \( U \) test was applied in this study to test the 23 null hypotheses concerning the parental attitudes of the primigravidas.

The Mann-Whitney \( U \) test was also applied to test the accumulative positive hypotheses and the accumulative negative hypotheses between the two groups of primigravidas. The criteria for dividing the positive and negative hypotheses were based on the content of the five questions that corresponded to each hypothesis.

Summary

Chapter III has included a description of the methods and procedures used to determine a significant difference between the parental attitudes of the mature primigravida and the younger primigravida. Also discussed were the selection and data collection of the subjects, development of the questionnaire and instrument, plus the method employed for data analysis.
CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

This study investigated the differences between parental attitudes of primigravidas, 35 and older, and primigravidas under the age of 35. More specifically, it determined if there was a significant difference between the two groups regarding 23 different parental attitudes. The 23 attitudes were further divided into negative and positive attitudes and analyzed in accordance with the null hypothesis.

This chapter is divided into three sections. Following the demographic findings, the second section presents the results of the accumulative negative and positive testing. The third section presents the findings of the 23 subhypotheses.

Demographic Characteristics

The sample for this study consisted of 80 primigravidas (aged 20 to 42) from 12 northwestern counties of Oregon. Fifty of the primigravidas were under the age of 35 and 30 of the primigravidas were 35 and older. Demographic characteristics of the 80 primigravidas included their educational status, occupation of both wife and husband (if applicable), employment status, household income for 1986, marital status, cultural or ethnic background, and religious affiliation.
The demographic findings were that 30 percent of the pregnant women who were 35 and older had up to 4 years of college and 70 percent had a college and university degree or more. This finding was in reverse for the younger primigravidas. Of the pregnant women who were 34 and under, 70 percent showed educational status of up to 4 years of college experience, while only 30 percent had attained a college degree or more (Figure 2).

The demographic responses on employment status were that 84 percent of the primigravidas who were under 35 years of age were employed, while only 70 percent of the primigravidas who were 35 and over were employed. The occupations of the employed varied for both groups, as listed in Table 3.

The marital status of both groups of primigravidas indicated that 100 percent of the women who were 35 and over were married and 92 percent of the women under 35 were married. The combined income for both spouses (if applicable), as reported on their 1986 tax returns, showed 56 percent of the primigravidas under 35 years of age earned under $29,000 and only 44 percent earned $30,000 or more. The findings for the mature primigravidas showed only 13 percent earning under $29,000, while 86 percent reported earnings in excess of $30,000. The biggest discrepancy in the two groups was in the range of $60,000 and more. For the younger primigravidas, only 8 percent had a combined income of $60,000 and more, as compared to 37 percent of the mature primigravidas (Figure 3).
Figure 2. Highest Educational Status Attained of Primigravidas 35 Years and Older and Under 35 Years of Age.
Table 3. Occupational Status of Primigravidas 35 Years and Older and Under 35 Years of Age.

<table>
<thead>
<tr>
<th>Primigravidas Under Age 35 (n = 50)</th>
<th>Primigravidas 35 and Over (n = 30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 educators</td>
<td>6 educators</td>
</tr>
<tr>
<td>4 nurses</td>
<td>2 nurses</td>
</tr>
<tr>
<td>1 bookkeeper</td>
<td>2 attorneys</td>
</tr>
<tr>
<td>1 city clerk</td>
<td>1 broadcast engineer</td>
</tr>
<tr>
<td>6 secretaries</td>
<td>3 secretaries</td>
</tr>
<tr>
<td>1 research associate</td>
<td>2 writers</td>
</tr>
<tr>
<td>1 bank teller</td>
<td>1 bank officer</td>
</tr>
<tr>
<td>1 senior policy coder</td>
<td>1 radiologist</td>
</tr>
<tr>
<td>1 electrician</td>
<td>1 x-ray technician</td>
</tr>
<tr>
<td>1 travel agent</td>
<td>1 financier</td>
</tr>
<tr>
<td>1 aquatics director</td>
<td>1 aquatics director</td>
</tr>
<tr>
<td>1 data entry operator</td>
<td>1 jazzercise instructor</td>
</tr>
<tr>
<td>5 sales persons</td>
<td>1 sales person</td>
</tr>
<tr>
<td>1 manager</td>
<td>1 manager</td>
</tr>
<tr>
<td>4 beauticians or related fields</td>
<td></td>
</tr>
<tr>
<td>3 waitresses</td>
<td></td>
</tr>
<tr>
<td>1 millworker</td>
<td></td>
</tr>
<tr>
<td>1 actress</td>
<td></td>
</tr>
<tr>
<td>1 auto dealer</td>
<td></td>
</tr>
<tr>
<td>1 student</td>
<td></td>
</tr>
</tbody>
</table>
Figure 3. Household Income of Primigravidas 35 Years of Age and Over and Under 35 Years of Age for the Year 1986.
The cultural and ethnic background of the two groups was predominantly white. All 30 of the mature primigravidas were white, as were 47 of the 50 younger primigravidas. There were two reported Provincial Hispanics and one reported Asian Pacific Islander in the younger group.

The majority of the mature primigravidas reported no religious affiliation. The younger primigravidas were mainly Protestant (Figure 4).

Figure 4. Religious Affiliation of Primigravidas 35 and Older and Under 35 Years of Age.
Results of Hypothesis Testing

The 23 subscale hypotheses were grouped into sections. The first group included all attitudes that reflected a positive response on the questionnaire and the second group included all attitudes that denoted a negative response. Six attitudes required a positive response and 17 mandated negative responses. The positive attitudes included encouraging verbalization, marital conflict, strictness, irritability, equalitarianism, and comradeship and sharing. The negative attitudes included fostering dependency, seclusion of the mother, breaking the will, martyrdom, fear of harming the baby, excluding outside influences, deification, suppression of aggression, rejection of homemaking, approval of activity, avoidance of communication, inconsideration of the husband, suppression of sex, ascendancy of the mother, intrusiveness, acceleration of development, and dependency of the mother.

The Mann-Whitney U test demonstrated significant differences between the younger and older primigravidas in positive and negative responses. The computed U for the positive group was 441. The Z score was 3.06 and the probability was .001, significant at the .05 level of a one-tailed test (Table 4). The computed U for the negative group was 477.5. The Z score was 2.70 and the probability was .004, significant at the .05 level of a one-tailed test (Table 5). Therefore, from Tables 4 and 5, the mature primigravidas were both more positive and negative, respectively, in their positive and negative attitude responses, than were the younger primigravidas.
Table 4. Summary for Mann-Whitney U Test, Positive Attitudes.

<table>
<thead>
<tr>
<th>Subject Group</th>
<th>U-Score</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>U1, Mature Primigravidas (n=30)</td>
<td>1059</td>
<td>51.63</td>
</tr>
<tr>
<td>U2, Younger Primigravidas (n=50)</td>
<td>441</td>
<td>60.08</td>
</tr>
</tbody>
</table>

* $Z = 3.06$, $p = .001$, significant at the .05 level for a one-tailed test.

Table 5. Summary for Mann-Whitney U Test, Negative Attitudes.

<table>
<thead>
<tr>
<th>Subject Group</th>
<th>U-Score</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>U1, Mature Primigravidas (n=30)</td>
<td>477.4</td>
<td>261.97</td>
</tr>
<tr>
<td>U2, Younger Primigravidas (n=50)</td>
<td>1022.5</td>
<td>246.32</td>
</tr>
</tbody>
</table>

* $Z = 2.70$, $p = .004$, significant at the .05 level for a one-tailed test.

Results of the Twenty-Three Subscale Hypotheses

The results of the 23 subscale hypotheses analyzed by the Mann-Whitney U test demonstrated a rejection of the null hypothesis in 15 of the 23 attitudes (Table 6). Further clarification concerning the 23 subscale attitudes, with a sample question from the original questionnaire, follows. Whether both groups of primigravidas agreed or disagreed with the attitudes is also noted. See Table 6 for a further compilation of test results and the acceptance or rejection of the null hypotheses.
1) Encouraging verbalization. "A child has his right to his own point of view and ought to be allowed to express it."
Both groups of primigravidas agreed with this attitude. The null hypothesis was accepted.

2) Fostering dependency. "A good mother should shelter her child from life's little difficulties."
The older primigravidas disagreed with this attitude, while the younger primigravidas agreed. The null hypothesis was rejected.

3) Seclusion of the mother. "A good mother will find enough social life within the family."
The older primigravidas disagreed with this attitude, while the younger primigravidas agreed. The null hypothesis was rejected.

4) Breaking the will. "Children need some of the natural meanness taken out of them."
The older primigravidas disagreed with this attitude, while the younger primigravidas agreed. The null hypothesis was rejected.

5) Martyrdom. "A mother should be expected to give up her own happiness for that of her child."
The older primigravidas disagreed with this attitude, while the younger primigravidas agreed. The null hypothesis was rejected.

6) Fear of harming the baby. "Most mothers are fearful that they may hurt their babies in handling them."
Scores of both groups fell in the median range. They neither agreed nor disagreed with the question. The null hypothesis was retained.
7) Marital conflict. "No matter how well a married couple love one another there are always differences which cause irritation and lead to arguments."
Both primigravidas groups agreed with this attitude. The null hypothesis was retained.

8) Strictness. "Children who are held to firm rules grow up to be the best adults."
The older primigravidas agreed with this attitude, while the younger primigravidas disagreed. The null hypothesis was rejected.

9) Irritability. "It's a rare mother who can be sweet and even-tempered with her children all day." The older primigravidas agreed with this attitude, while the younger primigravidas disagreed. The null hypothesis was rejected.

10) Excluding outside influences. "There is nothing worse than letting a child hear criticism of his mother."
Scores of both groups fell in the median range. They neither agreed nor disagreed with the question. The null hypothesis was retained.

11) Deification. "A child should learn that there is no greater wisdom than that of his parent."
The older primigravidas disagreed with this attitude, while the younger primigravidas agreed. The null hypothesis was rejected.

12) Suppression of aggression. "There is no good excuse for a child hitting another child."
The older primigravidas disagreed with this attitude, while the younger primigravidas agreed. The null hypothesis was rejected.
13) Rejection of homemaking role. "Having to be with the children all the time gives a woman the feeling her wings have been clipped."
Both primigravidas groups disagreed with this attitude. The null hypothesis was retained.

14) Equalitarianism. "There is no reason why parents should have their own way all the time, any more than that children should have their own way all the time."
Both primigravidas groups agreed with this attitude. The null hypothesis was retained.

15) Approval of activity. "The sooner a child learns that a wasted minute is lost forever, the better off he will be."
The older primigravidas agreed with this attitude, while the younger primigravidas disagreed. The null hypothesis was rejected.

16) Avoidance of communication. "Children pester you with all their upsets if you aren't careful from the first."
The older primigravidas disagreed with this attitude, while the younger primigravidas agreed. The null hypothesis was rejected.

17) Inconsideration of the husband. "Few men realize that a mother needs some fun in life too."
The younger primigravidas disagreed with this attitude, while the older primigravidas agreed. The null hypothesis was rejected.

18) Suppression of sex. "There is usually something wrong with a child that asks a lot of questions about sex."
The older primigravidas disagreed with this attitude, while the younger primigravidas agreed. The null hypothesis was rejected.
19) Ascendancy of the mother. "Children and husbands do better when the mother is strong enough to settle most of the problems."

Both primigravidas groups agreed with this attitude. The null hypothesis was retained.

20) Intrusiveness. "A child should never keep a secret from his parents."

The older primigravidas disagreed with this attitude, while the younger primigravidas agreed. The null hypothesis was rejected.

21) Comradeship and sharing. "Children would be happier and better behaved if parents would show an interest in their affairs."

The older primigravidas agreed with this attitude, while the younger primigravidas disagreed. The null hypothesis was rejected.

22) Acceleration of development. "The sooner a child learns how to walk the better he is trained."

The older primigravidas disagreed with this attitude, while the younger primigravidas agreed. The null hypothesis was rejected.

23) Dependency of the mother. "A wise woman will do anything to avoid being by herself before and after a new baby."

Both groups of primigravidas neither agreed nor disagreed with this attitude. Scores for both groups fell in the median range. The null hypothesis was retained.
Table 6. Computed U Scores, Primigravidas U1\textsuperscript{a} and U2\textsuperscript{b} Groups (computed \(U\) values, \(Z\) scores and probability of attitudes by subhypotheses.

<table>
<thead>
<tr>
<th>Parental Attitudes</th>
<th>U1</th>
<th>U2</th>
<th>Z</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Encouraging verbalization</td>
<td>872.0</td>
<td>628.0</td>
<td>1.20</td>
<td>.1130</td>
</tr>
<tr>
<td>2. Fostering dependency</td>
<td>631.0</td>
<td>869.0</td>
<td>1.78</td>
<td>.0384*</td>
</tr>
<tr>
<td>3. Seclusion of the mother</td>
<td>391.5</td>
<td>1108.5</td>
<td>3.53</td>
<td>.0002*</td>
</tr>
<tr>
<td>4. Breaking the will</td>
<td>518.0</td>
<td>982.0</td>
<td>2.30</td>
<td>.0107*</td>
</tr>
<tr>
<td>5. Martyrdom</td>
<td>463.0</td>
<td>1037.0</td>
<td>2.85</td>
<td>.0022*</td>
</tr>
<tr>
<td>6. Fear of harming the baby</td>
<td>855.5</td>
<td>644.5</td>
<td>1.04</td>
<td>.1492</td>
</tr>
<tr>
<td>7. Marital conflict</td>
<td>781.5</td>
<td>718.5</td>
<td>0.31</td>
<td>.3783</td>
</tr>
<tr>
<td>8. Strictness</td>
<td>1052.5</td>
<td>447.5</td>
<td>3.00</td>
<td>.0013*</td>
</tr>
<tr>
<td>9. Irritability</td>
<td>971.0</td>
<td>528.0</td>
<td>2.20</td>
<td>.0139*</td>
</tr>
<tr>
<td>10. Excluding outside influences</td>
<td>701.5</td>
<td>798.5</td>
<td>0.48</td>
<td>.3156</td>
</tr>
<tr>
<td>11. Deification</td>
<td>1097.5</td>
<td>402.5</td>
<td>3.45</td>
<td>.0002*</td>
</tr>
<tr>
<td>12. Suppression of aggression</td>
<td>544.4</td>
<td>955.5</td>
<td>2.04</td>
<td>.0207*</td>
</tr>
<tr>
<td>13. Rejection of the homemaking role</td>
<td>801.0</td>
<td>699.0</td>
<td>0.50</td>
<td>.3085</td>
</tr>
<tr>
<td>14. Equalitarianism</td>
<td>851.5</td>
<td>648.5</td>
<td>1.00</td>
<td>.1059</td>
</tr>
<tr>
<td>15. Approval of</td>
<td>999.5</td>
<td>500.5</td>
<td>2.48</td>
<td>.0077*</td>
</tr>
<tr>
<td>16. Avoidance of communication</td>
<td>509.5</td>
<td>990.5</td>
<td>2.39</td>
<td>.0084*</td>
</tr>
<tr>
<td>17. Inconsideration of the husband</td>
<td>937.0</td>
<td>563.0</td>
<td>1.85</td>
<td>.0322*</td>
</tr>
<tr>
<td>18. Suppression of sex</td>
<td>470.5</td>
<td>1029.5</td>
<td>2.77</td>
<td>.0028*</td>
</tr>
<tr>
<td>19. Ascendancy of the mother</td>
<td>620.0</td>
<td>880.0</td>
<td>1.29</td>
<td>.0985</td>
</tr>
<tr>
<td>20. Intrusiveness</td>
<td>574.0</td>
<td>926.0</td>
<td>1.74</td>
<td>.0409*</td>
</tr>
<tr>
<td>21. Comradeship and sharing</td>
<td>950.0</td>
<td>550.0</td>
<td>1.98</td>
<td>.0239*</td>
</tr>
<tr>
<td>22. Acceleration of development</td>
<td>464.5</td>
<td>1035.5</td>
<td>2.83</td>
<td>.0023*</td>
</tr>
<tr>
<td>23. Dependency of the mother</td>
<td>753.0</td>
<td>747.0</td>
<td>0.03</td>
<td>.4880</td>
</tr>
</tbody>
</table>

\* significant at the .05 level for a one-tailed test; \textsuperscript{a} mature primigravidas; \textsuperscript{b} younger primigravidas
Summary

Chapter IV has included an analysis and interpretation of the data. The demographic data included the marital status, educational attainment, religious affiliation, ethnic and cultural background, household income for 1986, occupations, and the employment status for both groups of primigravidas. Also, the 25 hypotheses that substantiated the attitudinal study were examined.
CHAPTER V

DISCUSSION AND RECOMMENDATIONS

Discussion

This attitudinal study encompassed biopsychosocial variables in comparing parental attitudes of the mature primigravida and the younger primigravida. The assumption was that the biological, psychological, and social characteristics of the individuals inherently contribute to their attitudes. First, the biological aspect maintains that the healthy body takes precedence over the chronological age of the primigravidas. Second, the psychological aspect maintains that emotional maturity is a determining factor toward developing positive attitudes. Finally, the social aspect maintains that not only does social support lead to healthy attitudes, but that socioeconomic factors also have a contributory role.

The sample consisted of 80 primigravidas from the northwestern section of the State of Oregon. Thirty of these made up the mature group. The comparative group consisted of 50 primigravidas, 34 years of age and younger. All the individuals participated in the Likert questionnaire (PARI) and answered the demographic inquiry.

The limitations of this study restricted examination of the biopsychosocial variables (other than their chronological age) to attitudes and social status. The review of literature was the only avenue for auditing pertinent biological information.
As described in Chapter IV, 25 null hypotheses were generated for this study. The first two hypotheses group the 23 subscale hypotheses into positive and negative groups. In both cases the null hypotheses were rejected. The 23 null hypotheses tested particular parental attitudes of the two primigravida groups. The .05 level of significance was used to evaluate the results of the Mann-Whitney U test on the 25 null hypotheses.

The findings in this study rejected the majority of the null hypotheses, that the attitudes of the mature primigravidas would not be significantly different from those of younger primigravidas. Fifteen of the 23 subscale null hypotheses were rejected and both the negative and positive compilation of group null hypotheses were also rejected. The sociological aspects supported the findings of differences between the two groups. The mature primigravidas had achieved higher educational status, higher economic status, and were qualified in more professional careers than the younger primigravidas.

Recommendations for Future Studies

Parental attitudes can be attributed to psychosocial factors in the environment. A person may be predisposed to an attitude through experience. Several environmental factors contribute to the attitude's maintenance. Also, parental attitudes are embedded in a social environment, so peers and families have extensive influence on attitudes. This study, limited to participant attitudes only, could have added depth by interviewing the subjects to learn about their own parental attitudes, as well as the attitudes of their parents and social group.

Future research studies might include a broader sample, reaching different ethnic groups and minorities. Second, different instruments to assess
parental attitudes could be implemented. Third, one-on-one interviews with the subjects would facilitate another approach. Fourth, obstetrician's patients, who do not enroll in birthing classes, could be targeted for the sample. Finally, further data collection might include the physical characteristics of the primigravidas.

Recommendations for Educators

First-time marriages are occurring later. The median age for women is 23, and men are marrying at the median age of 25.4 (Yankelovich, 1985). Also, many couples are marrying for a second or third time, which advances parenting to a later age. Because of this phenomenon, educators need to update their information on birth and parenting. The "new" age group of first-time parents need references that are specifically applicable. Informative materials also need to be disseminated to physicians and other medical practitioners so that they can dispel the myths about childbearing years. Only time will tell if the traditional notions about birthing after the age of 35 are correct or not. As more women in their later thirties and forties have children, supportive statistical data should become available for use by health practitioners and other people in the obstetric fields.

Writers of textbooks in health education need new perspectives that deal with the trend toward later pregnancies. They need to educate young people about the various options available to them as they grow older. Health agencies need additional information so their counseling techniques can be updated to be more beneficial. The literature reviewed in this study points toward encouraging older women to become pregnant if they are physically in good condition. According to the literature the older women are
more conscientious. According to this study, older women possess greater social and economic stability. Most important, older women appear to have more positive parental attitudes to offer a child.
REFERENCES


Hecht, F., Hecht, B. (1982). Malpractice and women 35 years of age or more at delivery. *Arizona Medicine, 39*(120), 785-787.


APPENDICES
Appendix A

Cover Letter to Instructors
Dear Instructors,

Your help in issuing this questionnaire is greatly appreciated. Most research projects take a lot of time and effort. Without the aid from people like you, research projects would not get off the ground.

The instructions for issuing this questionnaire are as follows:

1. Hand out one questionnaire to each FIRST TIME PREGNANT WOMAN. (The special target area is women 35 years old and older, who are having their first baby).

2. Each woman will complete the eight page questionnaire, seal it up in the accompanying envelope, and return it to the instructor.

3. The instructions for filling out the questionnaire are explained at the beginning of each questionnaire form.

4. Collect the envelopes filled with questionnaires, put them in the larger manila envelope and send them back to the address posted.

Thank you, again, for your cooperation in this research project.

Sincerely,

Luana J. Beeson
Appendix B

Cover Letter to Potential Subjects
HELLO,

The following questionnaire is an important part of my Master's Thesis, in Health Education, at Oregon State University. The objective of the study is to examine the parental attitudes of pregnant women who are having their first baby.

The questionnaire should take approximately 20 to 30 minutes to complete. Your confidentiality is protected because your name is not required. However, if you desire the results from this study send a separate stamped envelope with your name and address. I would be more than happy to send you the findings.

The directions on the questionnaire are self explanatory. When you have completed the questions insert the form into the accompanying envelope, seal the envelope and return it to your class instructor as soon as possible. Thank you for your time and cooperation in this study.

Sincerely,

Luana J. Beeson
Appendix C

Instrument and Demographic Questionnaire
### PARENTAL ATTITUDE RESEARCH INSTRUMENT

**INVENTORY of ATTITUDES on FAMILY LIFE and CHILDREN**

Read each of the statements below and then rate them as follows:

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>strongly agree</td>
<td>mildly agree</td>
<td>mildly disagree</td>
<td>strongly disagree</td>
</tr>
<tr>
<td>SA</td>
<td>MA</td>
<td>MD</td>
<td>SD</td>
</tr>
</tbody>
</table>

Indicate your opinion by drawing a circle around the "1" if you strongly agree, around the "2" if you mildly agree, around the "3" if you mildly disagree, and around the "4" if you strongly disagree.

There are no right or wrong answers, so answer according to your own opinion. It is very important to the study that all questions be answered. Many of the statements will seem alike but all are necessary to show slight differences of opinion.

1. Children should be allowed to disagree with their parents if they feel their own ideas are better.  
2. A good mother should shelter her child from life's little difficulties.  
3. The home is the only thing that matters to a good mother.  
4. Some children are just so bad they must be taught to fear adults for their own good.  
5. Children should realize how much parents have to give up for them.  
6. You must always keep tight hold of baby during his bath for in a careless moment he might slip.  
7. People who think they can get along in marriage without arguments just don't know the facts.  
8. A child will be grateful later on for strict training.  
9. Children will get on any woman's nerves if she has to be with them all day.  
10. It's best for the child if he never gets started wondering whether his mother's views are right.  
11. More parents should teach their children to have unquestioning loyalty to them.
12. A child should be taught to avoid fighting no matter what happens.
13. One of the worse things about taking care of a home is a woman feels that she can't get out.
14. Parents should adjust to the children some rather than always expecting the children to adjust to the parents.
15. There are so many things a child has to learn in life there is no excuse for him sitting around with time on his hands.
16. If you let children talk about their troubles they end up complaining even more.
17. Mothers would do their job better with the children if fathers were more kind.
18. A young child should be protected from hearing about sex.
19. If a mother doesn't go ahead and make rules for the home the children and husband will get into troubles they don’t need to.
20. A mother should make it her business to know everything her children are thinking.
21. Children would be happier and better behaved if parents would show an interest in their affairs.
22. Most children are toilet trained by 15 months of age.
23. There is nothing worse for a young mother than being alone while going through her first experience with a baby.
24. Children should be encouraged to tell their parents about it whenever they feel family rules are unreasonable.
25. A mother should do her best to avoid any disappoint for her child.
26. The women who want lots of parties seldom make good mothers.
27. It is frequently necessary to drive the mischief out of a child before he will behave.
28. A mother must expect to give up her own happiness for that of her child.
29. All young mothers are afraid of their awkwardness in handling and holding the baby.
30. Sometimes it's necessary for a wife to tell off her husband in order to get her rights.
31. Strict discipline develops a fine strong character.
32. Mothers very often feel that they can’t stand their children a moment longer.
33. A parent should never be made to look wrong in a child's eyes.
34. The child should be taught to revere his parents about all grown-ups.
35. A child should be taught to always come to his parents or teachers rather than fight when he is in trouble.

36. Having to be with the children all the time gives a woman the feeling her wings have been clipped.

37. Parents must earn the respect of their children by the way they act.

38. Children who don't try hard for success will feel they have missed out on things later on.

39. Parents who start a child talking about his worries don't realize that sometimes it's better to just leave well enough alone.

40. Husbands could do their part if they were less selfish.

41. It is very important that young boys and girls not be allowed to see each other completely undressed.

42. Children and husbands do better when the mother is strong enough to settle most of the problems.

43. A child should never keep a secret from his parents.

44. Laughing at children's jokes and telling children jokes makes things go more smoothly.

45. The sooner a child learns to walk the better he's trained.

46. It isn't fair that a woman has to bear just about all the burden of raising children by herself.

47. A child has a right to his own point of view and ought to be allowed to express it.

48. A child should be protected from jobs which might be too tiring or hard for him.

49. A woman has to choose between having a well run home and hobnobbing around with neighbors and friends.

50. A wise parent will teach a child early just who is boss.

51. Few women get the gratitude they deserve for all they have done for their children.

52. Mothers never stop blaming themselves if their babies are injured in accidents.

53. No matter how well a married couple love one another there are always differences which cause irritation and lead to arguments.

54. Children who are held to firm rules grow up to be the best adults.

55. It's a rare mother who can be sweet and even tempered with her children all day.

56. Children should never learn things outside the home which make them doubt their parents' ideas.
57. A child soon learns that there is no greater wisdom than that of his parents.
58. There is no good excuse for a child hitting another child.
59. Most young mothers are bothered more by the feeling of being shut up in the home than by anything else.
60. Children are too often asked to do all the compromising and adjustment and that is not fair.
61. Parents should teach their children that the way to get ahead is to keep busy and not waste time.
62. Children pester you with all their upsets if you aren’t careful from the first.
63. When a mother doesn’t do a good job with children it’s probably because the father doesn’t do his part around the home.
64. Children who take part in sex play become sex criminals when they grow up.
65. A mother has to do the planning because she is the one who knows what’s going on in the home.
66. An alert parent should try to learn all her child’s thoughts.
67. Parents who are interested in hearing about their children’s parties, dates and fun help them grow up rights.
68. The earlier a child is weaned from its emotional ties to its parents the better it will handle its own problems.
69. A wise woman will do anything to avoid being by herself before and after a new baby.
70. A child’s ideas should be seriously considered in making family decisions.
71. Parents should know better than to allow their children to be exposed to difficult situations.
72. Too many women forget that a mother’s place is in the home.
73. Children need some of the natural meanness taken out of them.
74. Children should be more considerate of their mothers since their mothers suffer so much for them.
75. Most mothers are fearful that they may hurt their babies in handling them.
76. There are some things which just can’t be settled by a mild discussion.
77. Most children should have more discipline than they get.
78. Raising children is a nerve-wracking job.
79. The child should not question the thinking of his parents.

80. Parents deserve the highest esteem and regard of their children.

81. Children should not be encouraged to box or wrestle because it often leads to trouble or injuries.

82. One of the bad things about raising children is that you aren't free enough of the time to do just as you like.

83. As much as is reasonable a parent should try to treat a child as an equal.

84. A child who is "on the go" all the time will most likely be happy.

85. If a child has upset feelings it is best to leave him alone and not make it look serious.

86. If mothers could get their wishes they would most often ask that their husbands be more understanding.

87. Sex is one of the greatest problems to be contended with in children.

88. The whole family does fine if the mother puts her shoulders to the wheel and takes charge of things.

89. A mother has a right to know everything going on in her child's life because her child is part of her.

90. If parents would have fun with their children, the children would be more apt to take their advice.

91. A mother should make an effort to get her child toilet trained at the earliest possible time.

92. Most women need more time than they are given to rest up in the home after going through childbirth.

93. When a child is in trouble he ought to know he won't be punished for talking about it with his parents.

94. Children should be kept away from all hard jobs which might be discouraging.

95. A good mother will find enough social life within the family.

96. It is sometimes necessary for the parents to break the child's will.

97. Mothers sacrifice almost all their own fun for their children.

98. A mother's greatest fear is that in a for getful moment she might let something bad happen to the baby.

99. It is natural to have quarrels when two people who both have minds of their own get married.
100. Children are actually happier under strict training.
101. It's natural for a mother to "blow her top" when children are selfish and demanding.
102. There is nothing worse than letting a child hear criticisms of his mother.
103. Loyalty to parents comes before anything else.
104. Most parents prefer a quiet child to a "scrappy" one.
105. A young mother feels "held down" because there are lots of things she wants to do while she is young.
106. There is no reason parents should have their own way all the time, any more than that children should have their own way all the time.
107. The sooner a child learns that a wasted minute is lost forever the better off he will be.
108. The trouble with giving attention to children's problems is they usually just make up a lot of stores to keep you interested.
109. Few men realize that a mother needs some fun in life too.
110. There is usually something wrong with a child who asks a lot of questions about sex.
111. A married woman knows that she will have to take the lead in family matters.
112. It is a mother's duty to make sure she knows her child's innermost thoughts.
113. When you do things together, children feel close to you and can talk easier.
114. A child should be weaned away from the bottle or breast as soon as possible.
115. Taking care of a small baby is something that no woman should be expected to do all by herself.
The last series of questions are designed to help analyze the data results more accurately. I would very much appreciate your answers to these important questions.

DIRECTIONS: Please check or fill-in where appropriate.

116. What will your age be at the time your baby is born?

   YOUR AGE AT DUE DATE OF BABY

117. What is your baby's due date?

   BABY'S DUE DATE

118. Which of the following best describes the highest grade you completed in school?

   1. 8TH GRADE
   2. GRADES 9 THROUGH 11
   3. HIGH SCHOOL GRADUATE OR EQUIVALENT
   4. TECHNICAL OR TRADE SCHOOL BEYOND H.S.
   5. SOME COMMUNITY COLLEGE
   6. COMMUNITY COLLEGE DEGREE OR CERTIFICATE
   7. SOME FOUR YEAR COLLEGE OR UNIVERSITY
   8. COLLEGE OR UNIVERSITY DEGREE (BACHELOR'S)
   9. SOME GRADUATE SCHOOL
   10. GRADUATE OR PROFESSIONAL DEGREE
   11. OTHER (specify__________________________ )

119. What is your usual occupation when working?

   OCCUPATION

120. Are you presently employed?

   1. YES
   2. NO

121. What was the total combined income of your household in 1986, before taxes? Your best estimate is fine.

   1. UNDER $5,000
   2. $5,000 TO $9,999
   3. $10,000 TO $14,999
   4. $15,000 TO $19,999
   5. $20,000 TO $29,999
   6. $30,000 TO $39,999
   7. $40,000 TO $59,999
   8. $60,000 OR MORE
122. What is your current marital status?
   _____ 1. DIVORCED
   _____ 2. SEPARATED
   _____ 3. NEVER MARRIED
   _____ 4. MARRIED

123. What is your spouse's occupation (if applicable)?

   ____________________________ SPOUSE'S OCCUPATION

124. Which of the following best describes your cultural or ethnic background?

   _____ 1. ASIAN/PACIFIC ISLANDER
   _____ 2. BLACK (not of Hispanic origin)
   _____ 3. PROVINCIAL HISPANIC
   _____ 4. AMERICAN INDIAN OR ALASKAN INDIAN
   _____ 5. WHITE (not of Hispanic origin)

125. What is your religious affiliation, if any?

   _____ 1. NONE
   _____ 2. CATHOLIC
   _____ 3. PROTESTANT
   _____ 4. JEWISH
   _____ 5. OTHER (specify)

126. Briefly describe your main reasons for becoming pregnant.

(THANK YOU FOR YOUR COOPERATION)