

Antenatal Concerns of the Lower Socioeconomic
Secundigravida Regarding her Older Child

by

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A THESIS

Presented to
The Oregon Health Sciences Universtiy
School of Nursing
in partial fulfillment
of the requirements for the degree of

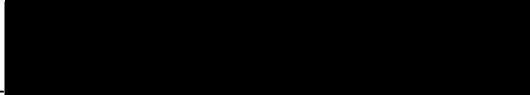
Master of Science

October, 1987

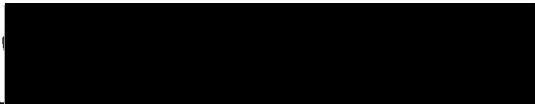
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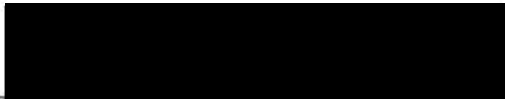
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This study was supported by a traineeship from the United States Public Health Service Grant Number 2 A11 Nu 00250-11

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Chapter 1

Pregnancy is a period of transition which can be characterized by growth and learning. All pregnant women, regardless of parity, economic or cultural influence, experience changes en route to parenthood.

Many concerns of the primigravida have been well documented (Glazer, 1980; Klein, Potter, & Dyk, 1950; Lederman, 1984; Rubin, 1975). Researchers have also studied the multigravida and her concerns in comparison to the primigravida (Colman & Colman, 1971; Gerlt, 1986; Grim & Venet, 1966; Grossman, Eichler, & Winickoff, 1980; Larsen, 1966; Lederman, 1984; Mercer, 1979; Norr, Block, Charles & Meyering, 1980; Westbrook, 1978). While many of the multigravidas' concerns are similar to those of the primigravida, several differences have been described. The multigravida's concerns may make her transition from a mother of one child to a mother of two children a difficult journey. Her most difficult task seems to involve the changing relationship with her other child. Most of these studies have used upper and middle class samples. However, the concerns of the lower socioeconomic secundigravida, particularly regarding her older child, have not yet been described.

As a childbirth educator, teaching refresher classes, the author has worked with mostly upper and middle class families. As a women's health care student, the author has had the opportunity to work with lower socioeconomic multigravidas. Their needs often seemed different from those of the middle class population, especially regarding their concerns about the older child.

Most childbirth education and antenatal/postnatal evaluation and teaching by nurses is based on research using middle and upper class samples. Studies about changing relationships with the older child have also used primarily upper and middle class samples and may reflect middle class values. The assumption that existing research is sufficient to generalize to practice with all socioeconomic levels has not been substantiated due to lack of data. If differences were noted between middle class samples and low socioeconomic samples, then more appropriate evaluation, assistance and education could be developed. Thus, the purpose of this study will be to examine the concerns of the lower socioeconomic secundigravida about her older child and to compare them with the middle class secundigravida's concern for her older child. A

review of the existing literature will describe the concerns of the multigravida of all socioeconomic levels.

Review of literature

Pregnancy is a period of change. During this time a woman's life space changes physically, psychologically and socially (Richardson 1981). Rubin (1975) defines pregnancy as "... a period of identity reformation, a period of reordering interpersonal relationships, and a period of personality maturation" (p. 143). According to Rubin, pregnant women regardless of parity experience these changes. This review of literature will include an examination of the developmental transition from pregnancy to parenthood. Emphasis will be placed on the multigravida, especially the secundigravida in the lower socioeconomic class. General concerns of the multigravida and her concern with her older child will also be addressed. The review of literature will summarize the known literature relative to the concerns of the lower socioeconomic secundigravida and her interest in her older child's adaptation to the new baby.

Developmental theories of pregnancy

Tilden (1980) incorporates views of intrapsychic

and developmental theorists (Bibring 1959, 1961; Cohen 1979; Colman 1969; Colman and Colman 1973; Deutsch 1945; Rubin 1976) and synthesizes them into her own model. She states that successful completion of significant developmental tasks is necessary for a healthy birth and parenting and defines these tasks as: incorporation of the fetus and identification of the fetus as part of the self; separation from the fetus after quickening; letting go of the fetus after birth; and bonding in with the neonate through bonding and attachment.

While Tilden (1980) synthesizes the views of several theorists, regarding pregnancy generally, Rubin (1975) is the only one to include the multigravida. She defines and elaborates upon four developmental tasks of pregnancy. Ensuring a safe passage is the first task of pregnancy, and includes the mother's protectiveness of the unborn baby from external danger. In the first trimester, for example, the mother is more protective of herself because the presence of the baby is not felt or seen. During the second trimester, after quickening, the mother feels the presence of the baby and is protective of the unseen child. In the third trimester the mother is concerned both for herself

and the baby as she perceives that if one is harmed, so is the other.

Acceptance of the child by significant others is Rubin's second developmental task of pregnancy (Rubin, 1975). She states, "No one task of pregnancy is more important than another, but this one of security in acceptance seems to be the keystone of a successful pregnancy" (p.147). Essentially, the pregnant woman must loosen her bonds with the significant others in her life and realign these relationships in order to accommodate a new baby. In the first trimester the loosening and realignment of bonds is mainly conceptual. Presence of the baby is not felt and the emphasis is mostly on the idea of being pregnant. During the second trimester however, the mother feels the baby move and fantasizes that the child has certain relationships with the significant others in her life. The mother becomes highly sensitive to rejection during the third trimester. The sex of the child, it's health and it's relationship to significant others becomes increasingly important.

The third developmental task of pregnancy, binding-in to the child, involves an incorporation of the idea of the child "into the woman's entire self-

system: into her body image, her self-image and her ideal image" (Rubin 1975, p. 149). In the first trimester there is no actual binding-in to the child but rather a binding-in to the pregnancy itself. Binding-in accelerates during the second trimester. Movement of the baby and increasing hormone levels promote feelings of well-being which are attributed to the baby. Love for the child increases. In the third trimester binding-in continues but not as strongly. Pregnancy becomes a burden and there can be a negative alteration in the woman's self image, body image and ideal image. She wants the baby and not the pregnancy.

The task of giving of oneself is the fourth developmental task. The first trimester is full of ambivalence. The birth seems so far away and the here and now is the most important. In the second and third trimesters the mother explores the meaning of the act of giving and being given to. Being given to predominates during this time as the mother needs nurturing in order to give of herself. In the third trimester, the mother may actually extract gifts from her husband and significant others as symbols and reminders of underlying essentials such as another person's concern, acceptance, interest and

encouragement. The mother needs to receive to be able to give to her child. According to Rubin, all pregnant women, not just the first time mother, need to accomplish the psychological tasks of pregnancy.

Despite the fact that all pregnant women need to accomplish the tasks of pregnancy, Rubin (1967b) was the first to note and report differences between the primigravida and the multigravida in the process of attaining the maternal role. In one study, Rubin (1967a) sampled five primigravidas and four multigravidas who were patients of private and university maternity services in two institutions. The primigravidas were interviewed an average of 12 times during their pregnancy, beginning the twelfth week, and 11 times during the first month after birth. The multigravidas were interviewed an average of 6 times during pregnancy and 5 times postnatally. Rubin did not report any socioeconomic data, and her sample size was very small.

Rubin noted both similarities and differences between the primigravidas and multigravidas. Role modeling of significant others is defined by Rubin as facilitating the process of maternal role taking. Among both primigravidas and multigravidas significant others were almost always women. Husbands

were seen in their roles as husbands and providers but not as fathers. The woman's own mother was the major prototype and was seen as helping the pregnant women become a mother. She was defined as the giver of comfort, the reality tester for internal and external changes in the pregnant woman's body, the companion and support person, and the baby-sitter if the mother was a multigravida. Although all pregnant women experience the "taking-in" of the maternal role, the differences between the multigravida and the primigravida lie within the process of maternal role taking. The primigravida fantasized giving the baby to her mother, while the multigravida fantasized giving her baby to her other children.

As a woman progressed from a primigravida to a multigravida, her role models changed from her mother and others from previous generations to peers, such as sisters and sisters-in-law. With increasing age and parity, the multigravida tended to use her own children more than previous generations for self-appraisal in role-taking. For example, the pregnant woman regardless of parity longed for maternal care and at the same time wanted to disengage from her mother. A multigravida also had the task of disengaging from the relationship with her former

child in order to form a new identity as a mother of two. A sense of comfort in the new role as a mother of two resulted from the quality of relationship with the other child, while the primigravida's identity in a new role was related to the relationship with a partner (Rubin, 1967b). Rubin's findings may be limited due to small sample size and the era in which her data was collected. More traditional family patterns were prevalent in the 1960's than exist today. However many of her findings have been subsequently validated (Richardson, 1983).

Rubin introduced the concept of differences between the primigravida and the multigravida in the process of attaining parenthood. Later researchers investigated these differences and attempted to further define the concerns and needs of the multigravida. Several of these studies will be discussed in the following section.

Concerns of multigravidas

Data obtained from predominately middle class samples indicates that pregnancy is not easier for the multigravida, but rather involves a different set of concerns. Mercer (1979), in a review of the literature, questioned the belief that the multigravida had few concerns and therefore needed

less support during pregnancy, birth and the postpartum period. Mercer reported concerns such as the increasing complexity of the multigravida's family unit, progressing from a triad with her first-born to six-way dyadic relationships with the birth of the second child. The multigravida is concerned with her ability to love and care for another child, as well as with her first born's adjustment to a new sibling. Mercer also discussed fatigue and the inability of the multigravida to get adequate rest prior to and after birth. Surprisingly, research indicated that the multigravida had more concerns about labor and birth, fearing mutilation and pain, which led Mercer to concluded that the mother who had experienced birth knew what to expect and had few fantasies about her ability to cope with labor.

Larsen (1966) in an exploratory study of the stresses of childbearing found differences between primigravidas and multigravidas. A sample of 130 mothers was drawn from two separate cities. The women had all attended childbirth classes and were from predominately middle and upper classes. The sample was comprised of 33 primigravidas, 40 secundigravidas, 25 with three children, and 32 with four or more children. An open-ended questionnaire

was used, asking about any problems experienced during pregnancy, labor and delivery, in the first three months post partum and in subsequent months.

The results of Larsen's study (1966) indicate that women experience different stressors with increasing parity. Thirty-eight percent of the secundigravidas experienced more upsets and irritability than the other mothers. Fatigue was a major concern for all the multigravidas. Thirty-two percent of the women with three children, 28% with four children and 25% with two children complained of fatigue in the first three months post partum, as compared with 3% of the primigravidas. Twenty-four percent of third time mothers expressed problems with depressive episodes. Forty-eight percent of third time mothers expressed more problems in adjusting to their babies' needs than the primigravidas and secundigravidas, possibly due to differing and exhausting needs of the other two children. Twenty-eight percent of the secundigravidas and 31% of the fourth time mothers also expressed this concern. Adjusting to other children's needs was difficult for 28% of the third time mothers, 25% of the fourth time mothers and 10% of the second time mothers. As family size increased, problems with house work and

other routines multiplied. Antenatally, 67% of the primigravidas complained of physical discomforts. Thirty-three percent of the secundigravidas, 44% of the third time mothers and 59% of the fourth time or greater mothers experienced similar complaints. This study points to the stressors of increasing parity. Of all the multigravidas, the secundigravida remembered the least amount of stress during her childbearing year. Use of recall and lack of clarity regarding the length of time between the birth and the responses on the questionnaire make interpretations of her results difficult.

The effect of parity on mothers' attitudes toward childbearing was studied by Westbrook (1978). Two hundred Australian women of various socioeconomic groups were interviewed about their attitudes toward childbearing. All the women had given birth within two to seven months before the interview. Ninety-two women had given birth to their first child, 58 their second, 32 their third, and 18 their fourth or subsequent baby.

The main difference identified between the primigravida and the multigravida, especially the second and fourth time mother, was the multigravida's concern about mutilation during labor (Westbrook,

1978). Westbrook (1978) explained that these mothers remembered the pain of labor and of tearing. This finding is consistent with that of other authors (Colman & Colman 1971: Grimm & Venet, 1966: Lederman, 1984: Norr, Block, Charles & Meyering, 1980: Mercer, 1979).

In Westbrook's study the secundigravida and fourth time mother also were more rejecting of their pregnancy than the primigravida and third time mother. The stress of fatigue, nausea and awkwardness were greater for the multigravida and the satisfaction gained from the reaction of others to the news of the pregnancy was less in women having their third and fourth babies. Westbrook (1978) quoted one secundigravida as saying, "I didn't enjoy my second pregnancy. I suppose it's just the novelty's worn off and the disagreeable things are worse" (p. 170). Westbrook's findings of increased physical discomforts in the secundigravida contradicted Larsen's (1966) antenatal study which found less discomfort in the secundigravida as opposed to the primigravida and other multigravidas. In summary, Westbrook concludes that the multigravida shows more signs of being in a crisis situation than the primigravida.

Many of Westbrook's findings were confirmed by Norr et al., (1980) who interviewed 248 urban middle class women in a large metropolitan hospital one to three days postpartum. The sample included 118 primigravidas and 131 multigravidas. The multigravidas were less likely to feel well during pregnancy. Fatigue was the most common complaint. Fear of childbirth was also a common concern of the multigravida. The multigravida, however, did less to prepare for childbirth than the primigravida. The authors concluded that perhaps the multigravida felt that previous experiences and/or previous childbirth preparation were sufficient. A decline in social support during labor and birth was found among the multigravidas. Thirty percent of all multigravidas labored alone without friends or family compared with fourteen percent of the primigravidas. A fact the authors attributed to fewer multigravidas attending prenatal classes. However lack of attendance at prenatal classes seems an unlikely cause for lack of support in labor. There were no differences between the primigravidas and multigravidas who attended prenatal classes with the present pregnancy in terms of labor support. They concluded that multigravidas need and should receive more support from nurses,

physicians and husbands.

Colman and Colman (1971) interviewed 30 multigravidas and also documented the lack of social support from their husbands and physicians. Husbands and physicians may have assumed that because women had experienced birth before, this pregnancy and birth would be easier. Colman and Colman (1971) also found the third trimester to be a more anxious time for the multigravida who experienced more fatigue and felt more confined than the primigravida. She had less time to shop and prepare for the new baby. If she previously had a fussy, difficult baby she was not looking forward to a new baby for fear that she would have the same experience. She also worried about labor and delivery as she had experienced the pain and work of labor and birth.

Many of the above studies were conducted in the postpartum period. As a result, the effect of the labor and birth and events of the postpartum period on mothers' perceptions of their pregnancy experiences are unknown. However, two prospective studies of pregnancy by Lederman (1984) and Gerlt (1986) have been done to describe the concerns of the multigravida using the Lederman self-evaluation questionnaire, a likert-like scale of statements

describing the pregnant woman herself. Subscales identified by Lederman (1984) included acceptance of pregnancy, identification with a motherhood role, relationship to the mother, relationship to the husband, preparation for labor, prenatal fear of loss of control in labor, and prenatal fear of loss of self-esteem in labor. Lederman (1984) reported good reliability with a low of .75 for fear of pain, helplessness, and loss of control in labor, and a high of .92 for relationship with mother.

Lederman collected data from 59 primigravidas and 54 multigravidas who were middle class and in their last trimester of pregnancy. When she controlled for parity, she found that the multigravida had higher conflict scores on the relationship with mother and the relationship with husband scales. Lederman speculated that the difference might be due to more stress in a family with children or a willingness on the part of the multigravida to admit to marriage conflicts. She found no differences between primigravidas and multigravidas on scales measuring acceptance of pregnancy, identification of a motherhood role, fears pertaining to pain, helplessness, and loss of control, preparation for labor, or concerns about

well-being for self and baby. Lederman concluded that the multigravida had similiar fears and conflicts about motherhood and childbirth as the primigravida.

Gerlt (1986) administered the Lederman prenatal questionnaire to a group of 30 upper middle class secundigravidas attending a series of prepared childbirth refresher classes. Forty-three percent of the families had incomes over \$40,000 and the mean family income was \$31,000 to \$35,000 annually. All of the secundigravidas had at least a high school degree with 61% being college graduates. All of the mothers were in their late second or third trimesters and were being cared for by private health care providers.

According to the scores on the Lederman, the women in Gerlt's sample were adjusting well to pregnancy and wanted to be pregnant. However, they were having problems adjusting to physical changes in their pregnancies. This would confirm findings of other researchers (Colman & Colman, 1971; Westbrook, 1978; Norr et al., 1980) who found fatigue and physical discomforts a source of distress for the multigravida.

These women scored high on the identification

with motherhood role scale. Despite their strong identification with the motherhood role, this sample of women was concerned about demands made on their time. The increasing complexity of another child, and finding time to do it all were of concern to them. Mercer (1979) also discussed problems with the increasing complexity of family relationships.

Relationships with their mothers were stressful and caused conflict for some of Gerlt's sample. They were unable to talk to their mothers about their problems and found them nonreassuring. Lederman (1984) reported similar data, with multigravidas describing more conflicts with their mothers than primigravidas. Gerlt (1986) speculated that grandmothers were not aware of their daughters' needs because the daughters had been pregnant before or the grandmother lived far away and/or the daughters had conflicting values in lifestyle or child rearing practices.

Gerlt's sample appeared confident about their performance during labor. Their responses indicated a feeling of control over the childbirth process. Other researchers, however, have reported the multigravida's concerns about pain and mutilation during labor and birth (Grimm & Venet, 1966; Colman &

Colman, 1971; Mercer, 1979; Norr et al., 1980). The difference between Gerlt's findings and other researchers' might be due to Gerlt's sample selection of a homogeneous group of well educated upper middle class secundigravidas and use of different research tools.

Gerlt found that her sample of secundigravidas was not particularly concerned with their own safety nor that of their babies while in labor. They did however express some concern about the normalcy of their babies. Most women were concerned that they would not give birth to a normal child. Gerlt concluded that after one healthy baby, many women might worry about the odds of having another healthy baby.

Overall, these secundigravidas appeared to have satisfactory relationships with their husbands. However, conflicts over sexual adjustment and lack of understanding when the women were upset were indicated by several items on the Lederman Questionnaire. Previous data supports Gerlt's findings. Lederman (1984) documented more conflict between partners with multigravidas than for primigravidas. Colman and Colman (1971) found that the multigravidas in their study did not feel that

they were receiving enough support from their husbands. Gerlt speculated that perhaps the husbands did not know about their wives' needs or were too involved with their careers. She also thought it was possible that the husband was helping her with childcare and house work but was not able to give extra psychological support to her emotional needs.

Earlier research by Richardson (1981) documented women's concerns about their relationship with their husbands during pregnancy. The 14 subjects in this study were outpatients registered in the antepartum clinic of a large, university-affiliated hospital. Five of the women were expecting their first baby, 5 their second baby, and 4 their third or fourth child. All of the women were married. The socioeconomic status of the individuals in the sample was not identified. The participants were interviewed by the nurse researcher at monthly intervals from 3 months gestation through the last month of pregnancy. Of all the important relationships identified by the women, husbands and children were the most problematic. These relationships were characterized by more worrisome changes than were relationships with parental figures and peers.

Richardson (1983a) further studied changes in

the husband-wife relationship during pregnancy as perceived by the pregnant woman. She used the previous sample of 14 woman (Richardson, 1981) in her analysis. The marital relationship changed in the areas of task performance, such as who performed household chores, and affective involvement. Affective involvement was the most important for the women. The women wanted to be accepted by their husbands in their changing roles. If they suffered rejection, they were unable to focus on the expected child. Richardson's research (1983a) validates Rubin's (1975) concepts of the acceptance and accommodation needed for a woman to change her role to a mother of one, two and so forth.

Moss (1981) identified family relationships as being of utmost concern to a group of 56 married multigravidas on their third postpartum day. A card-sort instrument was used to gather data about the concerns and interests of this middle class sample of multigravidas. Concerns about their children at home were identified by all but one mother. Acceptance by the sibling at home was the most frequently reported concern. They were also concerned about behavior, growth and development of their babies, but not about the physical care. Women under 20 years, those

having their second child and the mothers of sons had the most concerns. However, it should be noted that the mothers with sons were mostly concerned with circumcision care. Women who had not finished high school or who had completed graduate school had more worries than those who had completed high school or who had attended at least two years of college. Moss speculated that the highly educated women, all in the medical field, had high levels of concern due to their knowledge of potential problems.

Of all the concerns that the multigravida has, concern for her older child has been the most consistently documented in the literature. According to Rubin (1967b), the pregnant woman changes her significant relationships, especially that with her other child. She desires her older child's acceptance of the new baby and the process of gaining her child's acceptance appears necessary for her to assume the role of a mother of two. Thus, the changing relationship with her older children becomes her major focus.

Concern for the older child

Richardson (1983b) studied women's perceptions of changing relationships with their children during pregnancy. She used data collected from previous

research (Richardson, 1981). Sixteen children were identified in the sample of 9 multigravid women; 10 were boys and 6 were girls. At the time of the first interview, the average age of the children was 4.5 years.

All the mothers reported having at least one period of time during the pregnancy in which the relationship with their other children was trying and frustrating. They each had to deal with some resistance from the children about the new baby coming into the home. Mothers with older and fewer children had less frequent intervals of difficulty with the children. In early pregnancy the relationship tended to be good, but in late pregnancy there were more problems. By the end of pregnancy mothers of toddlers and preschoolers had more difficulty than mothers of older children.

Changes in affective involvement were usually the first indication of difficulty between the mother and child. Affective involvement included demonstration or requirement of affection within the dyad and expression of attitudes about the pregnancy or the expected baby. Problems with task performance such as regression and more baby-like behavior occurred after and concurrent with problems with

affective involvement.

The mothers had problems dealing with the regressive behavior. They expected the child to be more independent, which was not happening. The child's concern about being displaced worried the mothers, and they were uncertain about how to address this concern. The mothers wanted the children to accept the new baby, and it was difficult for them to deal with a non-compliant child. If the child continued with a non-accepting attitude, the mothers became increasingly anxious and worried. Here, the task of acceptance of the baby by significant others (Rubin, 1967) became exceedingly difficult.

Richardson (1983b) concluded that mothers need support in order to deal with changes they notice in the mother-child relationship. If support is lacking, the mother will have difficulty helping the child through this reorganization period. Richardson's study was conducted during the antenatal period and did not address the reorganization that might occur after birth. The results of the study indicated problems in the mother-child relationship but did not directly indicate the need for support as concluded by Richardson (1983b).

Gerlt's (1986) sample of upper middle class

secundigravidas, which was described earlier, validated the findings of other researchers (Jenkins 1976; Moss 1981; Richardson 1983). Using the Gerlt Concern for Older Child Tool, a 10 item Likert-like scale, Gerlt documented the antenatal concerns of the secundigravida with her older child. When she compared her findings with the seven dimensions measured by the Lederman Questionnaire, the results indicated more conflict in the relationship with the older child than any of the dimensions measured by the Lederman Tool. No differences were found among mothers working full time and those working part time or not at all. Women thirty or younger showed slightly more concern about their older child than did older women.

Other researchers documented concern for the other child in both the antenatal and the postnatal periods. Jenkins (1976), in a series of antenatal and postnatal interviews with a 24 year old secundigravida, delineated three basic conflicts in the last trimester of pregnancy and the postpartum period: her ability to physically care for two children; her feelings of betrayal and guilt as she anticipated her older child's reaction to the new baby; and her ability to love two children.

Taylor and Kogan (1973) studied possible changes in mother-older child interaction from before the birth of a new baby to after the birth. Eight children, 6 girls and 2 boys, ranging in age from 2 years 5 months to 3 years 6 months, were studied in interactions with their mothers by the use of videotape in a small room with one-way mirrors and microphones. Sessions, which lasted forty-two minutes, were conducted 1-2 months prior to the birth and 1-2 months after the birth. All families were working class and expecting their second child. The major finding was a decrease in warmth and an increase in neutrality on the part of both mother and child. Taylor and Kogan (1973) do not further explain what maternal-child behavior led them to conclude there was less warmth and increased neutrality in the relationship. The authors did not state if the second baby was in attendance at the second interview, making interpretations of their data difficult.

Dunn and Kendrick (1980) confirmed the work of Taylor and Kogan (1973). Forty-one British families were studied from one to three months prior to the birth of the second child and for fourteen months after the birth. Home observations and interview

techniques were used to collect data. The families were recruited from general practitioners and health visitors, and were mainly working class. Unlike many other studies in which mothers were interviewed about their perceptions of change in the mother-older child relationship, Dunn and Kendrick (1980) observed these changes themselves. A decrease in maternal attention after the birth of a sibling was indicated by less maternal initiation of conversations with verbal games or suggestions for the child's activity. Two other changes were noted: increases in mother-child confrontation and changes in the responsibility for the initiation of interactions from mother to child. Interactions between mother and child observed 14 months after the birth of a sibling might also be influenced by growth and development of the child himself as well as by the sibling's birth. Dunn and Kendrick (1980) did not explore such variables.

In studies of the mother-child relationships in the postnatal period, Kayiators, Adams and Gilman (1984) documented maternal awareness of changes in toddlers' behavior, especially toddlers' regressive behaviors after birth. Twenty-nine secundigravidas were randomly drawn from a population of women receiving care from eight obstetricians in private

practice in a metropolitan area in the midwest. Ages of the mothers ranged from 20 to 33 years. The average income was \$24,000. Toddlers's ages ranged from 15 months to 4 years. Fifteen were males and 14 were females. A questionnaire developed by the researchers focused on demographic data, changes in toddler behavior and descriptive behavior.

All of the mothers noted changes in behavior and related many of those changes to the arrival of the newborn. Most of the mothers felt the changes in behavior were normal developmental changes. Therefore there was less expression of concern with those changes in behavior than with changes they perceived were caused by the arrival of the newborn. The category with the highest number of toddler regressive changes was the general activities category. General activities included such behaviors as temper tantrums and more demands for attention. This category also rated highest in concerns by the mothers. Several of the mothers had problems in dealing with these behavior changes and expressed a desire to obtain more information on coping strategies.

Moss (1981), using a card-sort instrument, documented the concerns of multigravidas by dividing

the cards into areas structured to address interests, worries and areas of no concern. Areas included the mother herself, the baby and family relationships. Fifty-six middle income multigravidas completed the card sort and had an opportunity to identify their major concerns, including those not included in the card-sort. The mothers were more preoccupied with family relationships than with the baby or themselves. All subjects except one chose as a concern, "How children at home will act toward the baby" (Moss 1981, p.422). The antenatal concern with family relationships, especially with older children, is a consistent finding (Mercer, 1972; Jenkins, 1976; Richardson, 1981, 1983b; Gerlt, 1986). Moss' research (1981) indicates that concern with the older child continues into the postnatal period.

Concern with the older child in the postnatal period was further described by Ulrich (1982) and Waltz and Rich (1983). Using an interview technique, Ulrich (1982) described a secundigravida's work at maintaining a relationship with her husband and older child while she attempted to secure their acceptance of the new baby. Waltz & Rich (1983), using Rubin's theoretical framework of maternal role-taking, described the maternal tasks of taking-in a second

child. A descriptive, naturalistic, cross sectional study of the behavior of 14 middle class women in the postnatal period of hospitalization was conducted. Maternal tasks in taking-on a second child were identified by interview and observation and were recorded according to frequency: promoting acceptance comprised 30% of the behaviors; grieving the loss of an exclusive dyadic relationship with the first child, 25%; planning, 20%; reformulating a relationship with the first child, 11%; identifying or describing and claiming the second child by comparing with the first child, 9%; and assessing self, 5%.

Promoting acceptance was securing the favor and approval of the first child for the second child. Beginning in the antepartum period and continuing into the postnatal period, promoting acceptance was a gradual and progressive process.

Promoting acceptance in the antenatal period included such behavior as preparation of the child for the birth of a sibling through antenatal visits, reading of books to the child, and palpation of the mother's abdomen.

Postnatal behaviors included such behaviors as planning for the older child's first hospital visit

and planning the departure from the hospital. Another aspect of promoting acceptance was monitoring of the first child's behavior. The mother looked for proof from the child that the child accepted the new baby. If negative behavior was exhibited by the child, the mother modified the behavior to meet her acceptable standards and thus, enabled her to facilitate role transition for the first child and herself.

Grieving, the maternal task of resolving the loss of a dyadic relationship with the older child, was the second most frequent task. The mothers reviewed their relationships with the older child as a way of letting-go of the past relationship. Collection of data confirming that their children missed them was important to the women.

Planning incorporated an orientation toward the future and a desire to rearrange one's life space to include a second child. Among these tasks were organizing time, space and resources plus encouraging maturity within the first child. In reorganizing their space, the mothers planned on using the help of husbands first, then parents, in-laws, baby-sitters and community resources. Fostering maturity in the child included such activities as transferring the

older child from the crib to a bed and maternal encouragement for self-dressing.

Reformulation of the relationship between mother and child was difficult for the mother, and resulted in periods of role strain, role confusion and role incongruity. Monitoring their child's responses for signs of the original closeness in the mother-child bond was important. Mothers also sought to retain certain elements of the relationship with the older child. For example, all the mothers groomed themselves prior to a visit by the child, so that they would look physically the same to the child. Mothers wanted to strengthen their relationship with the older child by spending time alone with the child or by giving the child gifts. Through these behaviors, the mother desired to retain certain aspects of the relationship and to establish new elements in the relationship.

Identifying was the process of claiming the second child by comparing him physically and psychologically with the first child. The mothers focused on size, physical appearance, temperament, eating patterns and wakefulness of the infant in comparison to the first child.

Assessing the self, a mother's evaluation of her

capacities in providing enough emotional support and nurturing for two children, was the least dominant of the behaviors but was the most intense. Antenatally, the mothers recalled concerns about being able to love two children. After the birth of the baby, these mothers had more confidence in their abilities to do so. The mother used role models, either relatives or peers who had two children, in order to learn how to nurture two children.

Waltz & Rich (1983) concluded that the most important task of the secundigravida in the postnatal period was incorporation of the baby into the mothers' and her first child's life space. Mothers perceived that their relationship with their older child took more of their attention than any other relationship, including their relationship with their husbands.

Through the author's own clinical experience and the review of the literature, it is apparent that multigravidas have numerous concerns. Many authors have concluded that multigravidas need antenatal and postnatal support and counseling. These conclusions are presumptive at best. What is known is that multigravidas have concerns, but not whether they need help or support or any kind of help with these

concerns. More research is needed in this area.

However, many health care centers and communities now have classes for multigravidas. Classes encompassing the multigravidas' concerns and emotional needs were reported by Jimenez, Jones and Jungman (1979). A portion of these classes included ways to prepare children for the birth of a sibling. Classes such as these and others in communities propose to address the needs of the middle income multigravida and her family. These classes are untested interventions and may or may not be appropriate for middle income multigravidas. The appropriateness of classes for lower socioeconomic multigravidas has also been untested.

The middle class mother's concern for her older child has been well documented by researchers. In two previously mentioned studies (Taylor & Kogan, 1973; and Dunn & Kendrick, 1980), working class families were observed for changes in mother-child interactions. These changes included a decrease in warmth and an increase in neutrality on the part of both mother and child, as well as a decrease in maternal attention. These studies did not document the mothers' awareness of and concern with these changes. It is unknown if lower socioeconomic women

have the same concerns about their changing interactions with their older children. At this point in time the needs and concerns of lower income multigravidas are not well understood.

Concerns of lower socioeconomic pregnant women

Physical health care needs such as nutrition, access to prenatal care and emotional health of pregnant women are the most frequently studied areas concerning the pregnant poor. Infant mortality, morbidity and prematurity are also concerns, as they are highly correlated with poverty. Therefore, much of the literature dealing with the lower socioeconomic pregnant woman is derived from statistical analysis of infant morbidity and mortality data and observance of economic trends. Very few studies have investigated concerns identified by lower socioeconomic pregnant women themselves.

However, a few researchers have studied the increase in anxiety levels in pregnant women of lower socioeconomic classes. Hirst and Strouss (1938), in interviews with 100 normal pregnant women, defined by the absence of physical disease, found that 75% had anxiety related to economic stress, 10% related to other members of the family, and 7% related to

husbands. Sixteen percent showed "phobias" concerned with ill-health or death of their baby. Today, these concerns would likely be considered normal. Forty women were primigravidas, 32 were secundigravidas and 28 were pregnant for the third time or more. An increase in the amount of stress was noted in women who had two or more children. The authors were unable to explain this result. The study was conducted during the depression and economic factors may have accounted for the increased anxiety in these women.

Later research has continued to show increased stress in lower socioeconomic pregnant women due to economic concerns. Klein, Potter, and Dyke (1950), in an exploratory study, interviewed a group of 27 lower socioeconomic primigravidas, aged 17 to 24, about their fears, tensions and conflicts. Only 9 had completed high school. Five were unmarried. All women were anxious about pregnancy and birth. This anxiety generally centered around the unborn child or the woman herself. Anxieties which were not specific to the pregnancy such as economic or marital problems were intensified by the pregnancy. Misconceptions about the fetus, pregnancy and birth stemmed from family attitudes such as the grandmother's

childbearing experiences. This study did not include multigravidas or other income groups and therefore comparisons were not possible.

Glazer (1980) investigated specific concerns and anxiety levels among 100 pregnant women. Forty-eight were private and 52 were clinic patients. Twenty-six women were pregnant for the first time and 74 were multigravidas. The women all completed an information sheet and the Taylor Manifest Anxiety Scale, a concerns questionnaire modified from a retrospective recall tool of postpartum women developed by Light and Fenster (1974). Twenty-nine concerns were identified by 50% or more of the women. The most frequently chosen concerns were childbirth, medical care and self. For example, 93% of the women were concerned about their baby's condition at birth, 77% about medications they might receive during childbirth and 91% with how they looked while pregnant. Younger women, with less education, who were married or involved in a relationship for a shorter period of time, and who were poorer, had higher anxiety levels. This group of lower socioeconomic women with higher anxiety levels also had more concerns. A comparative analysis of the concerns of the private care women and the clinic

population was not reported. Glazer concludes that lower socioeconomic women need more support and prenatal teaching.

Summary

The lack of information regarding the concerns of the lower socioeconomic secundigravida with her older child warrants the need to address the problem. Literature using middle class samples has verified differing needs of the secundigravida from the primigravida. The area of most concern for the middle class secundigravida is her relationship with her older child. Nursing interventions based on current knowledge of concerns of multigravidas are applicable only to middle class women. Increased levels of anxiety and decreased access to prenatal care and resources are some of the differences between pregnant women of lower socioeconomic and middle classes. Poor secundigravidas may have differing concerns regarding their older child as well. The status of the older-child concerns of the secundigravida who is lower socioeconomic remain unknown.

Conceptual Framework

Concepts from developmental theory, role theory and human needs theory will be used in this study.

In changing her role from a mother of one to a mother of two, the secundigravida needs to accomplish the developmental tasks of pregnancy previously identified. The relative neediness of a mother, in terms of basic human needs, will influence the role change.

Developmental Theory

A developmental task has been described by Havighurst (1956) as a task which arises at a certain time in a person's life. Achievement of this task leads to happiness and success with later tasks, while failure leads to sadness within the individual, disapproval of society and difficulty with later tasks. Therefore, according to Havighurst's definition of a developmental task, a woman's accomplishment of the tasks of pregnancy will be predictive of her adaptation to a parental role. (Valentine, 1982). For example, in accomplishing Rubin's (1975) developmental task of acceptance of the child by significant others, the secundigravida needs to promote acceptance of the new baby by the older child. Failure to accomplish this acceptance leads to distress and frustration for the mother, and thus her mothering role with her older child and her newborn may be compromised.

Role Theory

By accomplishing the developmental tasks of pregnancy, a woman will move more easily into the role of mother. Role is defined by Roberts (1983) as:

Behaviors, feelings and attitudes, expected by others (and himself) to go along with social position. Roles are defined by cultural norms and are understood in general by all members of a culture or subculture. Each person fulfills roles according to his or her understanding of the expectations and willingness to fulfill them (p.72).

Parenting has certain role expectations such as the ability to provide physically, emotionally and financially for the child. Role transition is movement from one role to another (Roberts, 1983). The secundigravida is transferring from the role of a mother of one to a mother of two. Therefore, the secundigravida will facilitate the completion of this transition by successful accomplishment of the developmental tasks of pregnancy. For example, one prerequisite for role transition by the secundigravida is to change her relationship with her older child in order to establish a relationship with

her new baby and move into the role of being a mother of two. In the process, she may question her own ability to love and physically care for more than one child and may fear a loss of closeness with the older child. She may also experience feelings of guilt about having to change her relationship with her first born in order to care for her new baby. She cannot possibly be as attentive to her older child as she once was when the second child arrives.

According to the literature, role transition from a mother of one to a mother of two is experienced by all secundigravidas regardless of economic status.

Maslow's Human Needs Theory

Concepts from Maslow's theory of the hierarchy of needs may help to explain the impact of socioeconomic status on variations in timing, degree or status of role transition by a mother of one to a mother of two.

Maslow (1968) states that "human beings are motivated by an hierarchical system of basic instinctoid needs". Maslow (1973) lists these needs as: the physiological needs, such as food; the safety needs such as security; the belongingness needs, such as the desire to love and be loved; the esteem needs, such as a desire for mastery and a

desire for prestige; and the need for self-actualization, such as a desire for self-fulfillment. These needs are related to each other hierarchically and developmentally. For example, unsatisfied physiological needs will dominate the organism until gratification is achieved and allows the next higher set of needs in the hierarchy to emerge. This principle is the same for other sets of needs in the hierarchy. Therefore, the transition of the lower socioeconomic secundigravida to a mother of two may be affected by certain unmet needs. The concern for basic needs of food, shelter and clothing may compete with developmental tasks of role transition for her attention.

The achievement of basic human needs and achieving some developmental tasks of pregnancy appear to be directly related. Rubin (1975) discusses the developmental task of ensuring safe passage as the first task of pregnancy. Assuring attainment of basic needs through such programs as welfare, food stamps and WIC would provide the physical needs of the mother and therefore the unborn child. Ensuring safe passage for the baby also correlates with Maslow's need for safety and security. Receiving prenatal care and adequate

housing would help to provide safety for mother and baby.

Maslow's third need involves the desire to love and be loved. According to Rubin (1975) the mother must gain acceptance of her new baby by significant others and she fears their possible rejection. She needs to be loved. She must bind-in to her unborn baby and love the child as well as learn to give of herself. The pregnant woman who accomplishes these three developmental tasks of pregnancy also has fulfilled Maslow's identified need for belongingness and love.

The woman who learns to give of herself and feels confident in her ability to love and care for two children has attained mastery and prestige. According to Maslow's fourth task, the woman now possesses self-esteem.

The mother of one who accomplishes the developmental tasks of pregnancy will then feel secure in her role as a mother of two. She will be able to love two children and care for their needs. She will have completed her role transition. Maslow might define this transition as attaining self-actualization or self-fulfillment, the highest of the hierarchy of needs, in this case apparently the

highest-level need for the secundigravida.

Role transition from mother of one to mother of two is influenced by developmental tasks. Developmental theory implies that accomplishment of developmental tasks of pregnancy results in the transition from the mother of one to the mother of two. The impact of lower socioeconomic status on this transition is unknown. Deducing from Maslow's theory, if a secundigravida has concerns about feeding and sheltering her family, she may not be concerned about her older child's adaptation to the new baby, which is a higher level need. Providing basic needs would be a priority and she would be unable to meet adequately other needs and accomplish other developmental tasks of pregnancy. Therefore, Maslow's theory of hierarchy of needs provides a framework to explore the impact of lower socioeconomic status on the developmental tasks and role transition of a mother of one to a mother of two.

To address the impact of lower socioeconomic status in pregnancy on the developmental task of acceptance of the child by significant others, this study will be limited to examining the secundigravida's relationship and concerns with her

older child, within the context of Maslow's theory of basic human needs. This conceptual perspective will be used to guide data collection and analysis. Role transition, an expected outcome, will not be addressed within the context of this study.

Research Question

What are the antenatal concerns of the secundigravida in the lower socioeconomic class regarding her older child?

Chapter II

Methods

This chapter begins with a description of the design, setting, sample and instrument used in this study. The procedure used for data collection is presented followed by a description of the data analysis.

Design

The study used a non-experimental, qualitative research design. The research goal was to describe the antenatal concerns of the lower socioeconomic secundigravida regarding her older child, especially those concerns related to socioeconomic status and the older child's situation and well being.

Descriptive data were obtained from lower socioeconomic segundigravidas attending a outpatient prenatal clinic.

Sample and Setting

A convenience sample of ten lower socioeconomic secundigravidas was obtained from a prenatal clinic associated with a university teaching hospital. Although the initial contact was made by telephone, a follow-up interview took place at the home of the respondent. These secundigravidas had an income

level not exceeding the federal poverty income level for a family of four, \$11,502. They were in their third trimester of pregnancy, with a preschool child at home, spoke English and agreed to participate in the study.

Instruments

An informed consent form (see Appendix A) was signed by the participants and demographic data, such as income level, were collected by a demographic questionnaire (see Appendix C). A focused interview schedule that allowed free responses (see Appendix B) was developed by the researcher to explore the concerns of the lower socioeconomic secundigravida regarding her older child. Major categories of the questions included; preparation of the older child for the new baby, plans for the older child while the mother was hospitalized, changes in the child's actions and/or behaviors since the mother became pregnant, the relationship of the mother with the child now, the mother's thoughts about the child's future acceptance of the new baby, the mother's thoughts about caring for two children, and the mother's concerns or worries in her life now. These questions were open-ended and were read by the researcher. A pilot study of the interview guide and

procedure was conducted prior to the full study in order to assess clarity, sequencing, completeness of probes and unforeseen problems in interview procedures. Two subjects were interviewed for the pilot study. As a result of the study all interviews were conducted in the home rather than outside the home. The sequence of the questions was changed in order to place general questions in the beginning of the interview and more specific questions toward the end of the interview. The wording in one sentence was rearranged to make it clearer.

Procedure and data collection

Demographic data, such as parity, usual occupation, education, income level, age of older child, age of mother, marital status and race were obtained from the clinic chart and a demographic questionnaire. Those women meeting the demographic criteria were telephoned by the researcher. The purpose of the study was explained. An interview time, lasting approximately 45 to 60 minutes, was scheduled. This interview took place at their homes. The informed consent form was signed at this meeting.

The interviews were tape recorded and responses transcribed. Confidentiality was maintained by securing the informed consent separately from the

tape recording. The client's full name was not used during the recording and the tape was destroyed at the conclusion of the study.

Analysis

Taped interviews were transcribed and substantively coded. Persistently occurring words, phrases, or themes were noted. Categories of concern were identified. New categories were recognized where pertinent to the existing conceptual perspective.

An interview schedule developed by the researcher focused on (1) concerns about the older child and (2) current general life concerns. The interview schedule allowed the mother's free responses. The taped interviews were substantively coded.

Data bits from the first focus area were compared, contrasted and clustered according to similarity. As a result of the constant comparison and contrast procedures advocated by Glaser and Strauss (1967) and Stern (1980), similarities among clusters were noted; the number of clusters was reduced; and three major clusters were developed into a tentative conceptual framework representing the secundigravida's developmental tasks. Each cluster

was a conceptual category with two or more subconcepts. Each was given a concept name and definition. Sampling of the literature was used to help define and name each of the concepts and their subconcepts within the three conceptual categories.

A data filing system was set up for the conceptual categories with data bits that were internally consistent grouped together within each file. Each category was examined in depth and the relationships among categories were explored for possible hypotheses about emerging concepts. Relationships among the conceptual categories were identified and hypotheses for future studies, from this conceptual framework, were generated (Field and Morse, 1985; Stern, 1985; Glaser and Strauss, 1967.)

Chapter III

Results and Discussion

This chapter will contain the results and discussion of the study. The demographic characteristics of the sample will be presented first followed by a discussion of the interview data regarding the research question.

Sample Characteristics

Ten low income secundigravidas with a preschool child were recruited during the last trimester of their pregnancy. Nine women were married and one was separated. Their ages ranged from 19 to 27 years with a mean of 23.9 years. All were Caucasian.

The income of all families was at or under \$11,502, the federal poverty level for a family of four. Two women were on welfare, which included allowance for housing, food, clothing and medical benefits. Educational levels ranged from completion of the 9th grade to completion of the junior year in college with a mean level of 11.9 years of education. This level of education is high for a group of lower socioeconomic women (Oregon State Health Division Office of Individual Health, Maternal and Child Health, 1984). Four

women had not completed high school and four had some college education. Seven of the women were homemakers. Two were working part time at home and one was working full time outside the home.

The majority of the subjects' children were preschoolers. They ranged in age from 13 months to 5 years. (Table 1). There were eight boys and two girls.

Table 1

Age of Older Child

Age	Number (%)
1 to 2 years	4 (40%)
2 to 3 years	2 (20%)
3 to 4 years	1 (10%)
4 to 5 years	3 (30%)

Research Question

The research question asked, "What are the antenatal concerns of the secundigravida in the

lower socioeconomic class regarding her older child?"

Three major concepts were identified: (1) the Ability to Manage Two Children, (2) the Shift in Relationship with Older Child and (3) the Acceptance of the Baby by the Sibling. Each of the concepts were supported by several subconcepts which are listed in Table 2. The three concepts appear to influence each other, with Acceptance of the Baby by the Sibling being the desired outcome (See figure 1).

Ability	Shift in	Acceptance
to	Relationship	of the Baby
Manage	----->with Older	----->By the
Two	Child	Sibling
Children		

Figure 1. Tentative Conceptual Framework

The findings will be discussed in five major sections: one for each major concept, one for their interrelationship and one for other concerns expressed by the mothers. For each of the three concepts, the data form a conceptual category with a definition, supporting descriptive data, samplings of literature support and a summary. Included in each of these sections are the

Table 2. Conceptual Categories and their Subconcepts

Concept I. Ability to Manage Two Children

- (1) feelings of confidence in ability to manage two children
- (2) experiences leading to self confidence
- (3) planning

Concept II. Shift in Relationship with Older Child

- (1) changes in child's behavior
- (2) changes in mother's behavior
- (3) pregnancy effects
- (4) encouraging maturity
- (5) maintaining the relationship

Concept III. Acceptance of the Baby by the Sibling

- (1) promoting acceptance
 - (2) avoiding jealousy
 - (3) monitoring acceptance
-

subconcepts within the three conceptual categories, their respective definitions, descriptive data, literature samplings and summaries of the subconcept. A summary of the relationships among the three concepts is then presented. Finally a section on the mothers' prioritization of stated concerns is reported.

CONCEPTUAL CATEGORY I. ABILITY TO MANAGE TWO
CHILDREN

Definition

Ability to Manage Two Children is defined in this study as the mother's capacity to meet the physical and emotional needs of two children. Caring for two children includes two concepts: workload and loving two children. Workload is the amount of work involved in the care of two children. Mothers speculated that workloads would increase in amount and in the time necessary to carry them out. Loving two children is explained as possessing equal affection for both children. Unlike the increased workload of caring for two children, the process of loving two children begins during pregnancy.

Descriptive Data

The mothers' discussion of the expanded

workload created by the addition of another child included the following: The mother of a 2 year old stated, "It's going to be more work. There's going to be more clothes to wash, having to go through all the feeding again.... The diapers will never end. Never!" The mothers imagined that they would frequently be tired. Meeting the physical and emotional needs of both children might become difficult. The mother of a 16 month old son expressed the need to be two places at once:

I think I am going to have my hands full for a couple of months. With having a little one, he'll [older child] want to be outside with Jim [husband]. With having a little one I won't be able to be outside at all. I think I'll have trouble keeping him in when I have to be in.

Loving two children was not a current concern for nine of the mothers. (One of those nine had some doubts earlier in the pregnancy). Three of the mothers mentioned that they already loved both children. The mother of a four year old son stated, "I love this one inside of me as much as I love Tyler and I don't think there will ever be a fight for love. It'll always be there."

The mother who was concerned about loving two children discussed her feelings:

I'm so used to Tim. This is going to sound funny. I don't know how I could have any child more interesting, more cute. I sometimes wonder if I will love Tim more than the second one, simply because he was my first one and he's been so much fun, so fascinating that I don't know if I could love this child with as much enthusiasm as I love Tim. Again I think it is because he is the first.

None of the other mothers expressed this concern about loving the first child more than the second.

Literature Support

Research using middle class samples has shown that mothers are concerned both with loving two children and with the workload involved with two children. Mercer (1979), in her review of the literature, stated that the multigravida worried about relating to and loving each additional child and about her ability to manage everyone's care. These findings differed somewhat from the present sample of lower socioeconomic secundigravidas who thought more about the increased workload of caring for two children. However, by the last trimester

of the pregnancy, this sample had reassured themselves about their ability to cope with two children. Concern about loving two children was not a consistent theme.

Three other researchers have elaborated on the multigravida's worry about managing two children. Jenkins (1976), interviewed a secundigravida in both the antenatal and postnatal periods and reported similiar concerns. The mother's socioeconomic status was not identified. Jenkins' subject had concerns about the workload involved with two children, but also was also concerned about her ability to love two children.

Moss (1981), in a postpartum study of concerns of multiparas, identified "meeting everyone's needs at home" as a worry for her sample of mothers. Moss, however, did not elaborate on this concern and did not differentiate between low income and middle income women.

Waltz and Rich (1983) interviewed middle class postpartum women at home six to eight weeks after the birth of their second child. Using a combination of interview and observation they identified the maternal tasks in taking-in a second child. Waltz and Rich identified the self-

assessment middle class women performed regarding their capabilities to provide sufficient emotional support and nurturance to two children. These women also reported this self assessment to have begun prenatally. Although worry about providing enough love for two children was a concern in the antenatal period, more confidence about their ability to do so was gained in the postpartum period. In the current study, this confidence was noted to be present prior to the birth of the second child.

Waltz and Rich also asked about workload issues. In contrast to lower socioeconomic women, their sample reported little concern with workload. It is possible that these middle class women could afford assistance, or could expect increased support from their husband in managing two children. Lower socioeconomic women may have different expectations about a woman's capacity to handle a larger family.

Summary

In this study, most mothers were not worried about loving two children. In fact, loving two children seemed the least of their concerns and they felt secure in their ability to do so. By the

third trimester these women considered themselves attached to the fetus.

The workload involved with caring for two children was more problematic. The number of work-related tasks and the time it took to perform them were identified as potentially multiplied. Future tiredness was described as a possible consequence of the increased workload, Despite these concerns the women felt that they could cope with the physical and emotional demands of becoming the mother of two. These results differ somewhat from studies of middle class women who were concerned more with emotional or relationship issues.

Subconcepts

This conceptual category contains subconcepts which represent different aspects of the mother's ability to cope with two children. Included within the conceptual category of Ability to Manage Two Children are three subconcepts: (1) Feelings of Confidence in Ability to Manage Two Children, (2) Experiences Leading to Self Confidence and (3) Planning. All three subconcepts appear necessary to ensure the mother's ability to care for two children. The subconcepts of Experiences Leading to Self Confidence and Planning enable a mother to

feel reassured about her capacity to manage two children. The perceived relationship between these subconcepts is found in figure 2.

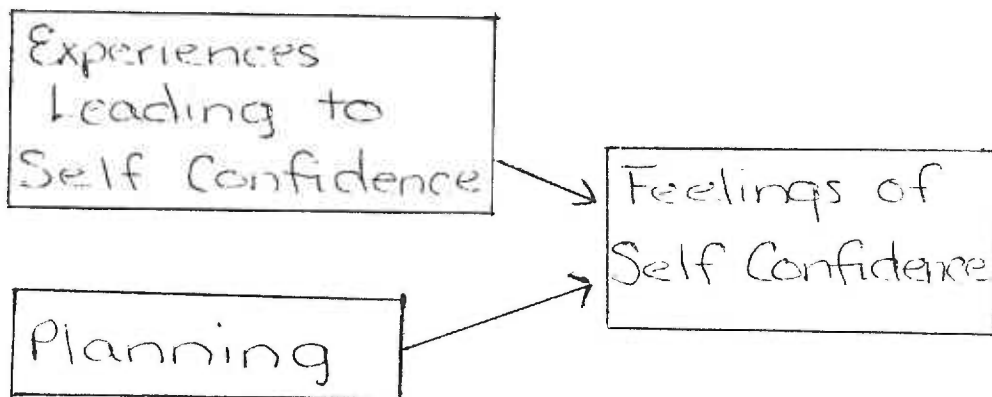


Figure 2. Subconcepts operating within the conceptual category of Ability to Manage Two Children.

Feelings of Confidence in Ability to Manage Two Children

Definition. Feelings of Confidence in Ability to Manage Two Children is defined as the mother's trust in her capacity and skill to look after the physical and emotional needs of two children. Included in this definition is the mother's reassurance that she can love two children equally. The mother's thoughts about the abilities to care for two children included not knowing, doubt, fear and confidence.

Descriptive data. The mothers discussed their worries (as a lack of confidence) about managing two children. Four mothers talked about the fear of caring for two children. The mother of a 4 year old replied, "I've never had to take care of two though; so it's going to be interesting. Sometimes I get scared you know." When one mother was asked what was scary about two children, she answered, "Well, it takes so much time, so much more attention, patience, but I can do it." Despite the fears of taking on the care of two children, these mothers had confidence in their ability to assume the increased tasks of raising more children.

Three mothers had not given any thought to caring for two children. The mother of a 4 year old son replied, "I haven't thought about it. Good question. I don't think I'll have any problems. I'm not too worried about it. I'm pretty active. I think I can keep up the pace." One mother did not know how she was going to handle two children. Her daughter was 13 months old:

I don't know that. I don't know what to expect. Like with her I thought I'd really be prepared and everything. I wasn't prepared at all and I didn't know what was going to

happen. I had no idea that newborns, you know, could stay up all night screaming and crying for no reason at all. On top of everything else I don't know.

Literature support. Other authors (Jenkins, 1976, and Waltz and Rich, 1983) have noted that confidence in the ability to manage two children emerged during the postpartum period. The antenatal period, however, was characterized by a lack of confidence, particularly in the emotional capacity to love two children. Less concern about the ability to manage workload was expressed by their samples. These studies, however, reflect middle class subjects. Perhaps these mothers had more assistance with workload matters (eg. dishwashers, washing machines, or perhaps even household help) and were thus able to focus on higher level concerns. Conversely, perhaps lower socioeconomic women, who may have come from larger families, never thought to question the capacity of a woman to love more than one child. Less intellectualization of basic emotional issues may facilitate adjustment of lower socioeconomic women in these circumstances.

Summary. Feelings of Confidence in the Ability

to Manage Two Children ranged from lack of confidence to confidence. Mothers exhibited varying levels of self-assurance in their competence to cope with the increased work of two children. Not knowing how to cope was one reaction, while another mother had not thought about caring for two children. Fear was the most frequent negative response to the potential increase in tasks after the birth of a baby. Despite these problems, most of the mothers felt confident in their ability to raise two children. The one woman with worries about loving two children was afraid that she would love her first child more than her second.

Experiences Leading to Self Confidence

Definition. Experiences Leading to Self Confidence is defined as the mother's knowledge (gained from recent or past events) of her ability to care for and nurture two children. Observation of others' management of two children is also included in the process. Two aspects of Experiences Leading to Self Confidence are changes in energy levels and support from others. Varying levels of energy influenced the mothers' self confidence. Expected support from relatives helped the mothers

feel reassured about raising an additional child.

Descriptive data. Self confidence in the ability to love and care for two children was gained from a number of past experiences. Many of the mothers talked about past experiences or their knowledge of the experiences of others which helped them feel comfortable about managing two children. A mother with a 3 year old son felt that loving two children would be easy. "I don't think it will be hard. I love kids. I've worked with kids for a long time. I've loved thirty at one time and I can't imagine not being able to love your own, just two of them." Another mother discussed her past experience with babysitting. "I've taken care of a lot of babies, but as a matter of fact I've had to take care of my aunt's baby and her 3 year old and him [son] on a weekend. It was a challenge, but I managed and I was pregnant." Experiences of others were also reassuring. One mother's aunt had two small children and she had observed her coping with two children. Another mother was encouraged by her mother. She quoted her as saying, "you always seem to find the time to get everything done even though it seems like it would be impossible to have time to get everything done."

Changes in energy levels and support from others helped the mother feel good about her capabilities of raising an additional child. The mother of a 13 month old child felt she had energy for another child, while another woman felt that her energy level would increase after the birth of the baby. "It won't be as bad, you know, taking care of Jess and taking care of this baby after I'm not pregnant... It won't be as bad. Because I'll be more active."

Expectations of physical and emotional aid from relatives were also reassuring. One mother, although unsure if her husband would help with tasks, felt that her husband would at least give her emotional support and that gave her confidence in handling two children.

Literature support. Jenkins (1976) and Waltz and Rich (1983) discussed the secundigravidas' assessment of her ability to cope with two children. In their discussion they did not relate the effect of past experiences on a woman's perception of proficiency in managing a second child. Jenkins did, however, report a secundigravida's experiences with taking care of her own two children after birth as being helpful

to building her self confidence about future care-taking activities and nurturance of two children.

Although past experiences were not mentioned by Waltz and Rich (1983), role modeling was discussed in the postpartum period as having an impact upon the mothers feelings about managing two children. The mothers in their study used peers, their own mothers and others as examples of how to care for two children. The mothers in the current study used observations of relatives but not peers or others to assess their care-taking abilities. Waltz and Rich did not report the occurrence of role modeling in the antenatal period.

Rubin (1967b) discussed role modeling in the prenatal period in her descriptions of the maternal role-taking behaviors of multigravidas. In her study, sisters and sisters-in-law were used most as models with peers as second. Likewise in the present study, mothers observed other relatives for management of two children. Peers, however, were not mentioned. Role modeling was described as part of the mother's assessment of her ability to care for two children rather than as part of role-taking as in Rubin's study. It is possible that role modeling may be an early first step in the process

of role-taking.

Summary. Mothers assessed their ability to cope with the care and nurturing of two children during the antenatal period. To do so, they looked for indications that managing two children was indeed possible. Their own experiences in caring for more than one child and their observations of the experience of others provided them with assurance that they could take care of two children. Expectations of future physical and emotional support from others and the mother's present and prospective energy levels were identified as aspects of the subconcept of Experiences Leading to Self Confidence.

Planning

Definition. Planning is defined as the process of structuring future events to make the physical and emotional management of two children possible. Planning helps to build the mother's confidence in her ability to take care of two children.

Descriptive data. Mothers actively planned for caring for two children. Planning helped them to feel secure about coping with another child. The mother of a 13 month old had plans to reduce her workload. "Yes, I'm going to breastfeed this baby.

I figured that would be one thing I could make a little bit more convenient. You know, not to heat bottles and stuff." Spending extra time with her eldest child while her baby slept was planned by the mother to meet the emotional needs of her older child. Two mothers had plans for their husbands to spend time with the older child. Husbands, however, were not mentioned as sharing household tasks.

When asked about plans for moving the older child into a new bed to make room for the baby, eight mothers had not planned such an event. Only two mothers had transferred their eldest in preparation for the new sibling. Some of the children were too young to come out of their cribs, and others had received new beds prior to the mother becoming pregnant. One mother stated that she took her child out of his crib, not because of the pending birth, but because he was too old for that type of bed. One mother transferred her 2 1/2 year old to a new car seat in preparation for the baby.

Literature support. Two studies described mothers' planning efforts in relationship to the birth of another child. Rich (1979) discussed a

multigravida's work at organization during pregnancy. Planning was interpreted as one aspect of that organization. Rich's definition of planning included anticipation of a future event and encompassed all aspects of pregnancy such as labor, birth, family planning and care of her children. This research did not define Planning as necessary in helping the mother build confidence in her ability to parent two children, but rather as important in the process of organization during the antenatal period.

Waltz and Rich (1983), however, defined Planning in the same way as this author - as the management of future tasks to include the care of a second child. Like tasks, such as appropriation of time to spend with eldest child and using husbands as resources, were described by both groups of women. Rearranging of physical space to accommodate the new baby was reported by Waltz and Rich but was not described in the current study. The mothers in the present study did not plan to transfer their older child out of his crib in preparation for the birth of the baby. Some of the children were too young to come out of cribs and others had transferred beds prior to the mother becoming

pregnant. Decreasing the workload was not mentioned by the secundigravidas in Waltz and Rich's study, while one mother in the current study had made plans to do so. Waltz and Rich studied only the postpartum plans of their subjects. Therefore it is unknown if this phenomenon is present during pregnancy in middle class women as it appears to be in this sample.

Summary. Planning for the care of two children was helpful in reassuring the mothers of their ability to manage and love both their children. These plans varied from decreasing the workload to soliciting help in caring for the older child. The physical as well as the emotional needs of each child were accounted for in the mothers' plans. Husbands were seen as resources for spending time with the older child. Plans for relocating the older child to make room for the baby were not necessary for this group.

Summary of the Relationship among Subconcepts.

The Ability to Manage Two Children is the hoped for result. The lower socioeconomic mother seems to need to feel confident and reassured in her ability to physically care for and love both children equally. Experiences Leading to Self

Confidence and Planning are preparatory to her feelings of self reliance in managing an extra child. A tentative representation of the relationship of these subconcepts to the Ability to Manage Two Children is found in Figure 3.

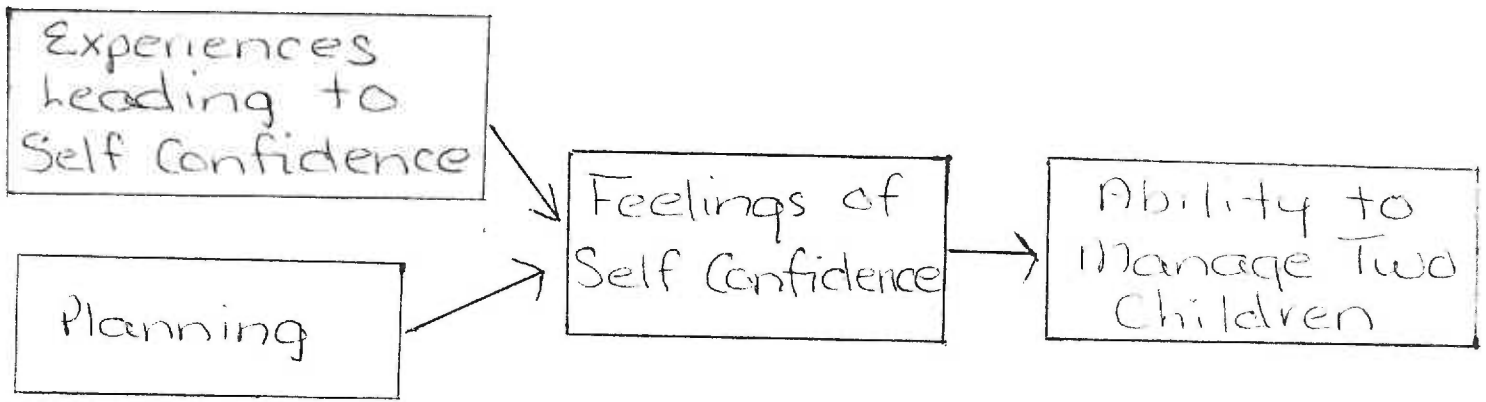


Figure 3. The Relationship among Subconcepts.

CONCEPTUAL CATEGORY II: SHIFT IN RELATIONSHIP WITH
OLDER CHILD

Definition

The shift in Relationship with Older Child is defined as the altering of the previous interaction between mother and older child during pregnancy. The process of shifting denotes changes in the old relationship as well as maintenance of certain aspects of the original association. Mothers' impressions of the new relationship with their children encompass various positive and

negative emotions.

Descriptive Data

Mothers noticed a number of changes in their relationships with their older child. Increased tension was characteristic of several interactions while lessening tensions were mentioned by only one mother. This same mother felt that the relationship between her and her daughter was calmer and closer than before the pregnancy. Other mothers noticed differences in the activity level within their interactions with their children. Active physical relationships prior to pregnancy became more passive during the pregnancy. For example, one mother read more to her child instead of working in the garden together. Many of these shifts in relationship were a direct result of the pregnancy and will be discussed within the subconcepts.

Two mothers specifically discussed feeling guilty about the changes in their relationship with their children. The mother of a 2 1/2 year old son explained:

Yes, I'm anemic naturally and I'm also naturally hypoglycemic, so I have a natural energy level problem. You add the pregnancy

and edema, the water, and I find my temper is short so I'll snap at him more. I'm really having to work on that especially in the last two weeks with these weird heat waves. I puff up. I look at him and I want so much to give him whatever he wants, and that way he can be quiet and I can be quiet and I feel guilty. I really do.

Despite the changing relationships during pregnancy, nine of the mothers felt that their relationships with their children were good ones. The mother of a 4 year old son stated, "Well, Sam and I, we're buddies. That's what he always calls me, his buddy." Another mother replied, "We're always been real close. He's a mommy's boy."

One mother of a 19 month old son qualified her answer. "We're getting along fairly good until he gets tired. He gets tired and he gets cranky. He makes me cranky and then we are just at each other's throats." Relationships with their children were not cited as being a concern or worry for these mothers despite the presence of some negative emotions.

Literature Support

Two researchers discussed changing

relationships between mother and older child during pregnancy. Responses to Gerlt's ten item likert like scale seemed to indicate that her upper middle class mothers were concerned with losing their special relationship with their first child. Although she did not elaborate, this data seems to indicate that a change in the relationship had in fact taken place.

Richardson (1983b) also studied women's perceptions of changing relationships with their children during pregnancy. Like Gerlt, Richardson found mothers worried about emotional distance and a feeling of loss in their association with their children. Her mothers were unsatisfied with their relationships. They characterized the interactions as good in the beginning of the pregnancy with changes in affective involvement and regression being more problematic toward the end. The mothers of toddlers and preschoolers in Richardson's study reported more problems than mothers of older children. The socioeconomic status of these women was not identified. Although the mothers in the current study were only interviewed once in the last trimester, they professed to only positive feelings about their relationship with their older

child even though all were toddler and preschoolers. It is possible that some of the mothers might have been reluctant to admit to any problems with the relationship for fear that they might appear to be inadequate.

Guilt has also been reported as a response to the changing maternal/child relationships. Jenkins (1976) discussed a secundigravida's guilt as a result of her eldest child's reaction to the new baby in the postpartum period. The mother feared loving one child more than the other. In the current prenatal study guilt was also reported during the pregnancy.

Two studies, Taylor and Kogan (1973) and Dunn and Kendrick (1980), compared relationships between working class mothers and their preschool children prior to the birth of the second child and after the birth. The authors of both studies concluded that changes in the mother-child relationship including a decrease in warmth and an increase in neutrality occurred after the birth of the second child. They did not, however, document changes in the relationship prior to the birth. Furthermore, these authors only observed the mother-child interaction but did not interview the mothers on

their perception of the interaction.

Waltz and Rich (1983) also discussed mothers' changing relationships in the postpartum period with their children. Much of Waltz and Rich's discussion of the changing relationship centered on the processes such as identifying and assessing self which was used by the mother to reformulate her relationship with her child rather than on the nature of the changed interaction and the mothers feelings about the altered relationship. In summary, research has documented changes and concern with the mother-child relationship postnatally in middle class women. Since the current study did not cross time periods, it is unknown if the mother in this study would recognize and worry about these changes after the birth of her child.

Summary

Shifting relationships between mother and child were variously described by the mothers as more tense, less tense, calm and less active. Changes in mother-child interactions produced guilty feelings in the mothers. Despite these feelings of guilt, when asked about their relationship with their children, the mothers

interpreted the interaction as a good one, feeling that the general over-all relationship was good even though it was tense at times.

Subconcepts

This conceptual category is enriched by subconcepts which impact the altering relationship between the mother and older child. Five subconcepts are included within the conceptual category of Shift in Relationship with Older Child: (1) Changes in Child's Behavior, (2) Changes in Mother's Behavior, (3) Pregnancy Effects, (4) Encouraging Maturity and (5) Maintaining the Relationship.

All of the subconcepts help to alter the relationship between the mother and child. The effects of the pregnancy influence the changes in behavior of the mother and of the child, while the changing behaviors of both mother and child interact to create a shift in their relationship. Encouraging Maturity and Maintaining the Relationship are mother-initiated processes which impact the interaction between the mother and child. The perceived association between these subconcepts is found in Figure 4.

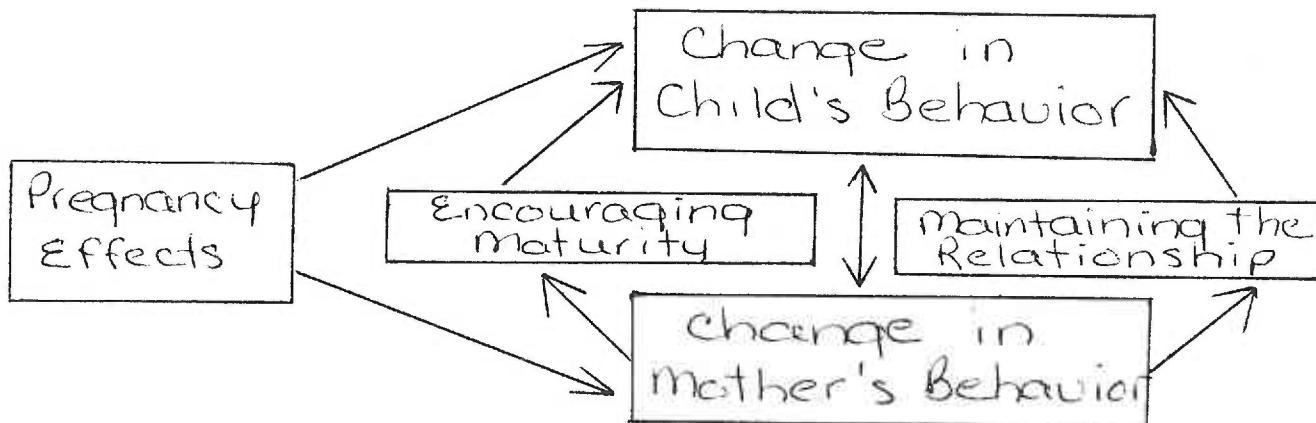


Figure 4. Subconcepts operating within the conceptual category of Shift in Relationship with Older Child.

Changes in Child's Behavior

Definition. Change in Child's Behavior is defined as the mother's interpretation of alterations in her child's manner of acting or conduct (Kellerman, 1981). Changes in conduct include emotional and physical behaviors and can be interpreted as positive or negative. Explanations for these changes were classified by the mothers as related or nonrelated to the pregnancy.

Descriptive data. Eight mothers noted changes in their child's behavior during pregnancy when asked about changes in daily routine and temperament. When asked directly about any changes in their relationship with their child, however, these eight mothers denied any alterations.

When the mothers talked about changes in their children's behavior they differentiated between changes they felt were caused by the pregnancy and changes they felt were due to other factors. Six mothers mentioned changes in affective behavior which they all believed were due to the pregnancy. The mother of a three year old son stated that her son was "...more affectionate. He hangs on my legs a lot now. He wraps his arms around my legs and hangs on me." Another mother experienced a similar behavior but interpreted it differently. She felt that her son was too demanding of her. "He wants too much of me though now and he doesn't understand and he wants to constantly like hold on to my legs 24 hours a day."

These mothers also described more attention-seeking behaviors. The mother of a 15 month old son described his behavior. "Well, it seems like he wants my attention more. That's the major thing; he wants my attention." When asked "In what way?" she replied, "He wants me to hold him all the time. He likes to crawl all over my belly."

Other emotional responses to the pregnancy included increased stubbornness, introversion, increase in temper tantrums, crankiness, moodiness,

insecurity and general emotional upsets. When asked about her son's moodiness, the mother of a 16 month old child stated:

Yes, much more moody. He seems to, of course when... we discipline him, 'throwing a fit does not get you anywhere. We won't take that. If you want to talk to us, fine.' He is moody. He starts to bounce back between the two of us kind of like a volleyball. So he has his mood swings. If we say no he really over reacts to it. Before [the pregnancy] he wouldn't react too much but now he really does and he is getting into the fit throwing stage. The mother of a 2 and a half year old boy

described his increasing insecurities:

He also doesn't like us being apart. He doesn't like it if Tom [husband] has to go outside and work and I'm in here. 'Come on mom go mow the lawn.' Or, Tom will come home from work and want to go change his uniform in the bedroom, and he has to have the three of us together. So I have seen that.

Another mother discussed her 5 year old daughter's insecurity:

She is a little bit worried about not having

as much attention as she has. She asks a lot of questions about it. Her pet name is "Princess" and she wants to know if the baby is going to be called princess. She is a bit worried about that but otherwise she is doing okay.

Increased need for discipline was mentioned by three mothers. Other mothers hinted that the need to discipline might be a necessary response to a behavioral change when they described their children's behavior as being "more terrible twos." The mother of a three year old stated, "He's more the terrible two's, I guess. He acts like that and he's not like that at all. He hasn't really gone through the real bad terrible two's. He acts like that more now. More, a lot more."

Some changes in the children's behavior were described by the mothers as not being due to pregnancy. These changes in behavior varied from increased crankiness, moodiness, appetite, nightmares, and temper tantrums, to increased seizures in one child with cerebral palsy. One mother described her 15 month old son as getting into everything. She felt that this was due to his age and his need to explore. Other mothers felt

that growth and development were responsible for changes in behavior such as temper tantrums, increased appetite and nightmares. One mother felt that increased crankiness and moodiness were due to teething in her 13 month old daughter. When asked about any mood changes, another mother replied, "cranky, but that is more due to the fact that his dad is not around [than] with the baby coming." She also felt that increased nightmares were due to the absence of the father. The increased seizures in a 4 year old boy occurred when "a person was out here helping Tyler and I and she was taking him for long walks and he wasn't taking a nap and he was consistently gone."

Two mothers denied any changes in behavior. One was the mother of a 13 month old daughter and the other was the mother of a 4 year old son. Both mothers did the least amount of preparation of their children for the birth of the baby. Perhaps a change in behavior serves as a stimulus for preparation. Or perhaps these mothers are generally less perceptive. They perceive less change and perceive less need for preparation.

Literature support. Richardson (1983b) interviewed middle class mothers about their

perceptions of change in relationships with their children. Mothers noticed behavioral changes such as the child's alterations in affective involvement, regression and task performance. Women in the present study also reported similar changes in their child's conduct. Regression, however, was expected by the mothers after the baby's birth and was not identified as a problem during pregnancy. Behaviors noted by the lower socioeconomic women in this study but not mentioned in the Richardson study were stubbornness, introversion, crankiness, moodiness, insecurity and misbehavior. Therefore, with a few exceptions, previous examples and this sample seemed to recognize similar behavior changes in their older child during pregnancy.

A study by Kayiators et.al. (1984) investigated the mother-child relationship of middle class women after the birth of the sibling. These mothers reported a number of behavioral changes in their toddlers and preschoolers, most prominent among them were increased temper tantrums and more demands. Regression was also noted. Several of these same behaviors were also noted in the current sample, including temper

tantrums and more demands. Although regression was not mentioned antenatally, the mothers were concerned with its possible occurrence postnatally. The middle class mothers, like mothers in the lower socioeconomic group also seemed to differentiate behaviors related to growth and development and those related to the pregnancy.

Summary. Changes in the child's behavior during pregnancy were noticed by the mothers in the current study. Changes in affective behavior were the most frequently mentioned with alterations in emotional conduct reported as the most problematic. However, behaviors which were problematic to one mother were not always considered difficult for another. Some changes in the above behaviors were attributed to the pregnancy and some were related to other factors such as normal growth and development. Mother-child relationships were generally reported as good by this group of women. However, certain behaviors such as increased demands for attention, stubbornness, introversion, temper tantrums, crankiness, moodiness and insecurity were interpreted as problematic. Concern here may not be with the over-all relationship but rather with individual behaviors.

Changes in Mother's Behavior

Definition. Changes in Mother's Behavior are defined as alterations in the mother's manner of acting or conduct (Kellerman, 1981). These alterations reflect the mother's voluntary and involuntary adaptations of her behavior within the limits of her pregnancy. Changes in the Mother's Behavior are classified as either physical or emotional.

Descriptive data. Mothers discussed how they had changed physically and emotionally during the pregnancy. They were less physically active and unable to lift and hold their older child. As a result of their inability to perform certain tasks they were unable to maintain the previous level of activity with their older child. For example, one mother was unable to drive the car during her pregnancy and therefore could not take her son out to the playground. Changes affecting her physical activity were involuntary. She was compelled to adjust her physical activity to accommodate her pregnant state. When another mother could no longer garden with her 2 year old son, she chose to read to him instead. The change in her behavior in this instance was voluntary.

Emotional changes in the mother also influenced her relationship with her child. Mothers reported feeling more irritable, tired, tense and emotional. The result was less patience with their children. The mothers had no control over these emotions and their subsequent changes in behavior were perhaps involuntary. These emotional and physical changes will be discussed more fully under the subconcept of pregnancy effects.

Literature support. Changes in the mother's behavior which impact her relationship with her older child have not been discussed in the literature. Richardson (1983b) states that the middle class women in her study recognize that their children's problematic behaviors are related to changes in themselves. She does not, however, elaborate on those changes.

Other researchers have examined multigravidas who have reported emotional and behavioral changes during pregnancy, but the mothers did not relate these changes to differences in the children's behavior. Studies by Larsen (1966), Westbrook (1978), Colman and Colman (1971), and Norr (1980) retrospectively documented fatigue during the antenatal period in middle class mothers. Larsen

also found increased irritability and emotional upsets while Westbrook reported physical awkwardness. Gerlt in a prospective study of middle class secundigravidas also mentioned fatigue. Lower socioeconomic women in the current study reported fatigue, irritability, emotional upsets and physical awkwardness during pregnancy. The changes reported in the present study, however, were seen as influencing the mothers' relationship with their children.

Summary. Voluntary and involuntary changes in behaviors were reported by the mothers in the present study. Involuntary changes such as increased fatigue, irritability, anxiety, labile emotions and physical limitations of the pregnancy affected their behavior toward their child. Despite these involuntary changes, the mothers were frequently able to institute voluntary changes to compensate for the physical and emotional limitations imposed by pregnancy.

Pregnancy Effects

Definition. Pregnancy Effects is defined as the physical and emotional results of carrying a fetus. Physical and tempermental limitations originating from the pregnancy are interpreted by

the mothers as affecting their relationship with their older child.

Descriptive data. Mothers cited changes in relationships with their children which were due to changes in themselves as a result of the pregnancy. Five of the women talked about the physical limitations of pregnancy causing changes. Several mothers noted a decreased ability to maintain a previous level of physical activity with their children or to maintain the same level of physical closeness. The space on their laps was becoming quite limited. The mother of a 2 1/2 year old boy commented:

Yes. It is a result of my changes which are the result of the pregnancy. Because if I wasn't pregnant I'd be outside doing something with him right next to me. You know, pulling weeds, cutting a tree. Tim would hand me the saw when I was cutting a tree. I was up on a 6 foot ladder and Tim would help me do this and Tim would help me do that, and now I can't do that. Mom can't do a lot of things now. It is a result of my physical condition, definitely and nothing else basically.

This same mother further explained how her

relationship with her son had evolved:

For a while, for the last two months, to lift him is painful. So I fall asleep with him. I sing him songs. When he takes a bath I sit right there and watch because I can't have that physical contact like we had before.

Two other mothers felt that their children took advantage of their physical limitations and got into more things.

Five mothers cited increased irritability, tiredness, tension and emotions as a result of the pregnancy. They felt that these mood changes had an effect on their relationship with their children. The mother of a 16 month old boy stated:

Well, I've got 7 and half weeks to go. So I'd say the last couple of weeks I've been a little bit more grouchier than usual, but I get tired. That's nothing to do with him I don't think. It's just me. I get really burned out and then I don't feel like doing anything.

Another mother explained, "getting to the end of the pregnancy, there's more tension. Because I'm a lot short tempered right now."

While most mothers felt that the effect of the

pregnancy on their relationship with their child was a negative one, some positive effects were also mentioned. The mother of a 13 month old thought that her relationship with her daughter had improved. The physical limitations imposed by the pregnancy kept her at home and enabled her to become closer to her daughter. One mother felt that pregnancy made her feel calmer. When asked about the amount of tension in her relationship with her daughter the woman replied, "a lot less. I'm calmer when I am pregnant. I tend to not be able to do so much."

Literature support. As in the subconcept of Changes in Mother's Behavior, a study was found which explored the effects of pregnancy on the mother's and child's behavior. As noted earlier Richardson (1983b) does mention the middle class mother's awareness of the impact of her pregnancy on her child's behavior. She does not discuss those specific aspects of the pregnancy which affect the child's behavior. It appears, however, that both the lower socioeconomic mothers and middle class mothers recognize that the changes brought about by their pregnancies influence their relationship with their children.

Summary. The physical and emotional effects of the pregnancy influenced the behavior of the mother and child and thus affected their relationship. Physical limitations were mentioned most frequently as causing the mother to alter her physical care-taking and play activities with her child. Her inability to perform certain tasks required the child to adapt his behavior in order to interact with her. Emotional effects of the pregnancy altered the mother's moods and consequently the way in which she related to her child.

Encouraging Maturity

Definition. Encouraging Maturity is defined as the mother's attempts to help the child to assume more mature and independent behavior. She encourages behavior which would make him more independent physically and emotionally and thus provide her with more time to take care of the new baby.

Descriptive data. Four of the mothers deliberately altered their relationship with their children by Encouraging Maturity. Encouraging Maturity included helping the child assume more mature behaviors or accomplish more advanced developmental tasks.

Encouraging Maturity was interpreted as necessary by these mothers to free them to care for their new babies. The mother of a 2 1/2 year old felt that this change in her relationship with her son was positive. "It's a good thing I have to let go of him. I have to force him to stay on his own a bit because he really was a little bit too close to mom, I swear to you." Another mother explained how she encouraged independence in her 3 year old son:

I think I probably expected him to grow up a little bit more. Yeah, like his potty training. I am trying to get everything to make it a little bit easier to handle with the new baby coming. I really want him potty trained before the new baby comes.

Literature support. Waltz and Rich (1983) discussed middle class mothers fostering maturity in their older children during the postpartum period. Two mothers in their sample also reported encouraging independence in their children during pregnancy, including transferring the child out of his crib and into his own room and encouraging the child to dress himself. The women in the current study reported more diverse actions such as

exposing the child to a babysitter, toilet training, weaning from a bottle and encouraging more contact with the father as well as self-dressing. It appears that women in all studies encourage maturity in their older children although the manner in which they do so may vary among the individual women. These reported differences may also be due to methodological variations; the mothers in the current study were asked directly about their methods of encouraging maturity. Waltz and Rich inferred from their study that fostering maturity was necessary to enable the mother to redistribute her time equally among two children.

Summary. Mothers encouraged maturity in their older children by helping them accomplish self-care tasks and encouraging them to be more emotionally independent. The child's maturity was interpreted as necessary to free up the mother to take care of two children.

Encouraging Maturity was a purposeful action by the mothers which resulted in a shift in relationship with their children. Whereas other changes in the relationship between mothers and children were due to the unavoidable effects of pregnancy, encouraging maturity was deliberate.

Maintaining the Relationship

Definition. Maintaining the Relationship is defined as resuming parts of the former relationship between mother and child which had been altered due to the pregnancy. Maintaining the Relationship is futuristic in that mothers plan to resume some aspects of the original relationship after the pregnancy.

Descriptive data. Three mothers talked about resuming parts of their previous relationship after the birth of the baby. Looking forward to a return as the mother of a 2 1/2 year old son. "I have promised him that when the baby comes along mommy will play with you ..., you know, the rough [kind of] play [that we use to do]". This mother had changed the type of interaction with her child from active physical play to more passive activity because of the physical limitations of her pregnancy. Another mother felt that her relationship with her son would be closer after the birth of the baby. She would then be able to resume allowing him to crawl on her and be able to chase after him.

Literature support. Waltz and Rich (1983) discussed middle class mothers' desires to sustain

facets of their relationship with their children. Mothers in their study, for example, took special care to groom themselves for the child's first visit. It was important that they looked the same as prior to the birth. The mothers in the present study did not report antenatal attempts to maintain their relationship with their eldest. They mentioned only their plans for doing so in the postpartum period. Therefore, maintaining the relationship may exist only as an idea during pregnancy while implementation of that idea may occur after birth.

Summary. Maintaining parts of the previous relationship with their older child appears to be important to the mothers in the present study as their plans for doing so began in the antenatal period. The mother's plans for retaining facets of the original relationship centered around her changing activity level with her child and were influenced by the limitations imposed by her pregnancy. Like Encouraging Maturity, plans for maintaining the relationship were deliberate and intended to affect the resulting relationship between mother and child.

Summary of the Relationship among Subconcepts

A Shift in the relationship between mother and older child is the result of the interaction of the mother's and child's changing behavior. In turn, the Effects of the Pregnancy affect the mother's and child's behaviors. It is apparent from mothers' interpretations of their Children's Changing Behaviors that growth and development also cause changes in the way children act. The placement of Encouraging Maturity is unclear at this point. The subconcept of Encouraging Maturity may be part of the way in which the mother changes her behavior or it may be a result of the shift in relationship between mother and child. Further data collection and analysis would help to clarify these relationships. Maintaining the Relationship is a facet of the shifting relationship. By keeping various parts of the old relationship intact, the mother shifts the relationship with her child rather than completely changing it. A tentative representation of the association among the subconcepts is found in Figure 5.

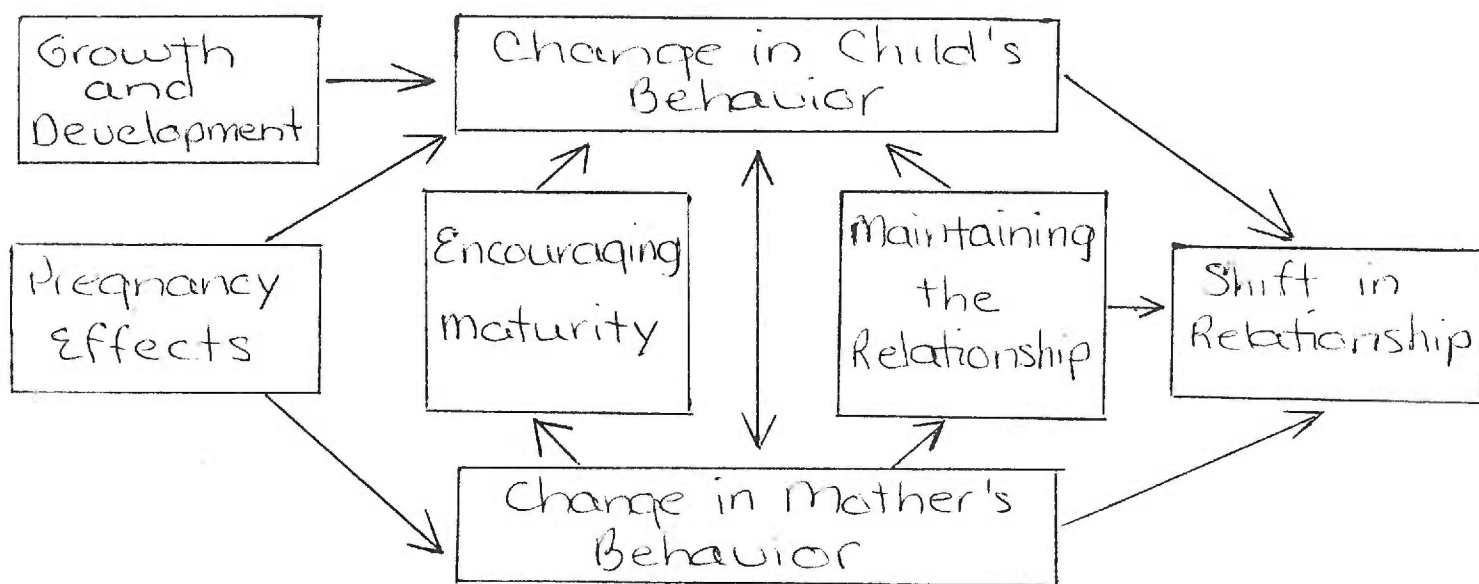


Figure 5. The Relationship among Subconcepts.

CONCEPTUAL CATEGORY III: ACCEPTANCE OF THE BABY BY
THE SIBLING

Definition

Acceptance of the Baby by the Sibling is defined as approval of or favorable reception of the baby by the older sibling (Kellerman, 1981). Approval of the baby is a process, and the degree of approval may change over time. Approval is a hoped-for response to the change in family size that mothers believe is evidenced through the older child's behavior. While mothers expect their older child to demonstrate acceptance at birth, they do expect varying levels of difficulty with this process of approval, resulting in some behavioral responses by the child that may be negative or

positive.

Descriptive Data

All mothers in the study expressed a desire for approval of the new baby by the sibling. Nine of the ten mothers stated that their children would accept the baby when it was born and had few concerns in this area. One mother's comment regarding her four year old illustrates this feeling:

With his attitude and emotions and all the stuff that he has been showing, I'm not that concerned with it. It would concern me if all of a sudden he turned around the other way and stuff and [did] not want to accept [the baby]. That would concern me! But, right now I feel very assured that he is going to accept it.

Despite the overwhelming feeling that their children would accept the new baby, the mothers felt that the acceptance would not be easy, and their children might have a few problems in adjusting to the newborn. The mother of a three year old son stated:

What I think [is] he'll get himself together after he gets used to the baby because I know it is going to be hard on him. But I think

he'll get to be himself again after he gets used to the baby. It's going to be hard because he's used to being just mommy's little boy all the time. So it will take him awhile.

In response to a question about how the child would respond to the new baby, all of the mothers cited potential problems. A few of the behavioral concerns expressed included wanting more attention, being aggressive toward the baby, increased temper tantrums, and aggressiveness toward the mother. Although these behaviors were already present during the pregnancy, the mothers felt that this type of conduct would increase after the birth. Four mothers felt that regression might be a problem. Wanting the bottle or the breast as well as wetting the bed were identified as potential difficulties.

The mothers also identified potential positive reactions to the new baby by their older children. Most of the women felt that their children would love the baby. Excitement and a desire to help were also expectations. Worrying about the baby crying was interpreted as a positive response to the new baby.

Literature Support

Other researchers have noted mothers' attempts to obtain their children's acceptance of the new baby (Rubin, 1967, Ulrich, 1982, and Gerlt, 1986). Rubin (1975) was one of the first to identify the task of acceptance and describe its importance. In Rubin's research (1967a), multigravidas exhibited more maternal role-taking items such as mimicry, role-play, fantasy, introjection-projection-rejection and grief work than primigravidas. Analysis of the role-taking items led Rubin to conclude that multigravidas needed to disengage from their relationship with their older child to form a new relationship with the baby. In the present study the concept of acceptance did not emerge from the data exclusively as in Rubin's study, but was used to help structure the interview schedule and further investigate the mother's thoughts about her child's adaptation to the baby. Rubin used a small sample and did not report socioeconomic status. Although Rubin defined the task of acceptance by significant others and noted the differences between multigravidas and primigravidas, she did not describe the possible facets of acceptance such as nonacceptance,

difficulty of acceptance and resulting behaviors of the child as identified in the present study.

Ulrich (1982), in a case study, described a secundigravida's work at acceptance of her baby by her husband and older child. Her work was observational and unlike the present study did not directly address the mother's thoughts on her child's adaptation to the baby. Ulrich reported three categories of behavior; anticipation of acceptance, promotion of acceptance and validation of acceptance, which were similar to subconcepts identified within the present study. These categories of behavior will be compared later within the appropriate subconcept sections. The older child in Ulrich's report was a 12 year old boy while the sample of children in the current study were preschoolers. Mothers of younger children as well as mothers of older children appeared to be concerned with the Acceptance of the Baby by the Sibling (ABBS), although behavioral concerns differed. Ulrich discussed the 12 year old's reaction to the baby as an "Oedipal fantasy of fathering" which was different from behaviors such as aggressiveness, increased temper tantrums or regression expected by this group of lower

socioeconomic mothers.

When asked about their children accepting the baby, Gerlt's (1986) sample of upper middle class secundigravidas, like mothers in the current study, felt that their older child would approve the new baby. Unlike the current sample, however, the mothers did not express fear about aggression toward the baby and regression by the older child. Both groups of women were concerned with their older child's demands for more attention. Gerlt did not ask her mothers about potential increases in temper tantrums nor about their expectations of the positive behaviors found in this study, such as loving the baby, excitement, desire to help or worrying about the baby crying.

Summary

Acceptance of the Baby by the Sibling was a goal of the mothers in this study. There was little concern in this group of mothers because they felt assured that their older children would approve of the new baby.

Despite their lack of concern for their children's acceptance of the baby, they identified several potential problem areas such as more attention seeking behaviors, aggressiveness toward

the baby and mother and increased temper tantrums. However, most of the mothers felt that with time their child would react positively toward the baby and display such behavior as love, excitement, a desire to help and worry about the baby crying.

Subconcepts

This conceptual category is elaborated by three subconcepts which represent different facets of the mother's concerns about her older child's acceptance the baby. Included within the conceptual category of Acceptance of the Baby by the Sibling are the subconcepts: (1) Promoting Acceptance, (2) Avoiding Jealousy and (3) Monitoring Acceptance. All of the subconcepts represent functions the mother sees as necessary in to secure acceptance of the baby by the sibling. Various methods are used to promote acceptance, although preparation of the child is clearly the most frequent. Avoiding Jealousy also emerges as a major focus of the mother's efforts to promote acceptance. Because Avoiding Jealousy appeared so strongly in the data, it is considered as a separate subconcept. Monitoring Acceptance is a necessary feedback mechanism to help the mother determine how successful she has been. The

perceived relationship among the three subconcepts is found in Figure 6.

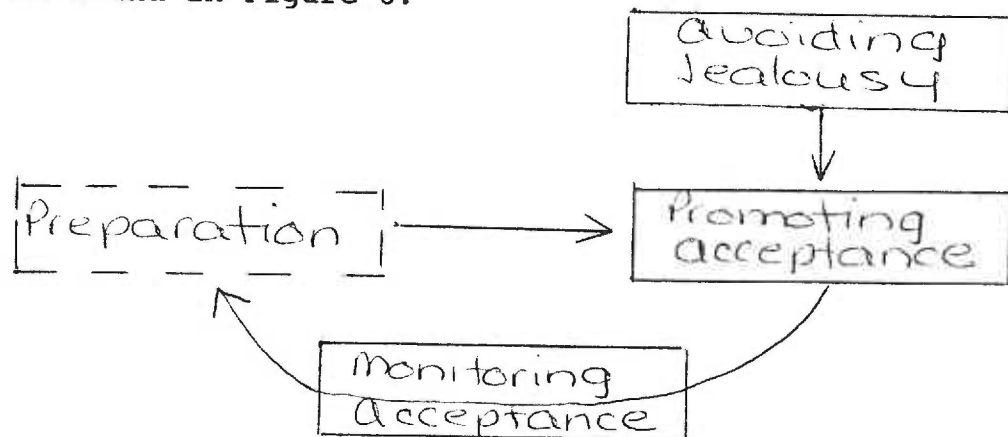


Figure 6. Subconcepts as processes operating within the conceptual category of Acceptance of the Baby by the Sibling.

Promoting Acceptance

Definition. Promoting Acceptance is defined by Waltz and Rich (1983) as encouraging approval of the baby by the sibling. It consists of activities by the mother the purpose of which is to encourage her older child to approve of the baby. The Promoting Acceptance subconcept has two subparts, both of which are activities done by the mother: preparation and Avoiding Jealousy. Preparation is listed as a facet of promoting acceptance, while Avoiding Jealousy will be discussed as a separate subconcept. Avoiding Jealousy received this additional attention because it emerged so strongly

from the data. The activities of the mother to Promote Acceptance consist of activities that fall within either preparation or Avoiding Jealousy.

Preparation of the child for the new baby is one of the major methods of Promoting Acceptance. It includes activities oriented toward making the baby more real, involvement of the older child in preparatory activities, exposure to babies and dolls, birth preparations, hospital familiarity activities, and efforts to replace old behaviors and old ways of interacting with new ones for the child.

Descriptive data. One of the methods of promoting approval was talking. All of the mothers talked to their children about the new baby. The mother of a 2 1/2 year old stated, "Then we said, 'Mom is going to have a baby.' Of course, I wasn't showing anything. We talked about THE baby. Tim's brother or sister." Medical technology, such as ultrasound, enabled a few of the mothers to know the sex of their unborn infant. They used this information to discuss with their children the names and gender of the fetus.

Other methods of preparation included reading books, watching TV, drawing pictures and learning

new behaviors related to preparing for a baby. Two mothers actively encouraged their children to play with the new baby's crib and belongings. The mother of a 13 month old daughter discussed her plans. "I do have a small crib in there for the baby and I'm letting her, ya know, play with all that new baby stuff and I'm getting her acquainted with all the surroundings." Other activities centered around exposure to other babies. The mothers continually spoke of including the child in most preparations for the new baby.

Despite the fact that four mothers felt their children were too young to understand the concept of another child in the family, they attempted to prepare their children anyway. For example, the mother of a 16 month old son stated:

Well, we tried to talk to him. He's really young yet to really understand what's going on. He just kind of looks puzzled. But, I have books and things and I've shown him pictures. I've tried to get him to understand, but I don't think he does too much. But everybody tells me ... just to let him be a part of it.

The other three mothers who felt that their

children were too young to understand attempted to prepare the children by having them feel the baby move. They felt this was a more appropriate preparation.

Preparation for the birth of the new baby also included prenatal visits and hospital tours. Generally the mother interpreted the prenatal visit as an opportunity for the child to listen to the baby's heart beat. Seeing mothers and newborns on the postpartum unit was considered good experience for the children by two mothers. The mothers used the opportunity to acquaint their children with the smallness of newborn babies. Two mothers felt that their children's presence at ultrasound helped in preparation for the birth. One of these mothers was scheduled for several ultrasounds, and video taped the sessions so that her 5 year old daughter could watch them on her grandmother's recorder. A mother of a 4 year old boy and a mother of a 15 month old son considered prenatal visits unhelpful in preparing their boys for the birth. They considered the children too young to comprehend the meaning of the visit.

In preparation for the birth eight of the mothers had made plans for their older children

during the hospitalization period. Two would be present at their mothers' labor. Some of the children were staying with relatives while two of the children were staying with their grandmothers during labor. Plans for the presence of one older child at the birth of the second child was intended to help the child feel part of the experience and to promote acceptance. Two of the mothers had not made definite arrangements for their children and began to think about plans only during the interview.

While a majority of the mothers had made plans for their older child during their hospitalization, a majority of mothers had not planned for the visitation after birth, their first meeting of the two children or events surrounding homecoming. One mother was unaware of hospital visitation privileges. The two mothers who planned for their children to stay during labor desired to have their older children remain with them after the birth since hospitalization was planned for only a matter of hours.

The majority of the mothers had not prepared their children for their absence while in the hospital. Only one mother expressed concern about

her child's reaction to her absence. She felt that her 13 month old daughter would be intimidated:

... because we have never been separated from each other and we've never had anything conflicting between us. I've never worked and I haven't really had the opportunity to be active in a social life, actually, any kind of a social life. And so she's never really been left with a babysitter but a couple of times since she's been born. They weren't overnight trips or anything like that so I think she will probably be a little bit intimidated.

One mother had not thought about preparing her child for her absence. Three mothers felt that their children were too young to understand. One mother was planning on informing her 3 year old son, but had not done so, and one mother did not see the need to explain her absence because the child would attend the birth with her.

In summary, the Promoting Acceptance subconcept included various methods of preparation, the most frequent of which included talking with the child about the newborn, encouraging the child to help set up for the baby, exposure to other babies and prenatal visits. The method of

preparation that the mother chose for her child often depended on her assessment and knowledge of her child's growth and development and her interpretation of the child's ability to understand.

Literature support. Two researchers have noted the process of Promoting Acceptance. Ulrich (1982) defined the promotion of acceptance in one secundigravida as her efforts to involve her husband and son with her new baby. She did not report the mother's methods of preparation of her son prenatally. Using a "subtle teasing seduction" (Ulrich, 1982, p.4) to encourage her son's interest in the pregnancy and directing activities with the baby after the birth were the methods Ulrich described to promote acceptance. Therefore, the methods used to promote acceptance differ between the present study and Ulrich's study. Ulrich's report focused primarily on the mother's attempts to secure acceptance by the father rather than the child. The only stated involvement of her older child was in the homecoming event. It was unclear when the mother had begun to plan homecoming activities. The 10 women in the present study had not planned the homecoming at the time of the

antenatal interview.

Waltz and Rich (1983) also noted mothers' attempts to promote their child's acceptance of the new baby. Promoting Acceptance was described as the task of actively securing the favor and approval of the first child for the second. Their interpretation of Promoting Acceptance was also used by this author to help describe the similar cluster of data from the present study.

While Waltz and Rich described the process of Promoting Acceptance as it occurred in the postnatal period, they also reported its presence, retrospectively, in the antenatal period. Preparation of the child for the new baby was considered by Waltz and Rich to be an integral part of Promoting Acceptance as in the current study. The mothers in Waltz and Rich's study prepared their children for the birth by prenatal visits, reading of stories and palpation of the abdomen. These middle class mothers planned for the homecoming event, but it is unclear whether the homecoming plans were made antenatally or postnatally. In the present study the mothers also employed the same methods of preparation.

Summary. Promoting Acceptance was a major

process by which these mothers secured their child's approval of the baby. Promoting Acceptance was accomplished by planning and preparing the child for the birth of the baby including such methods as talking, reading stories, watching TV, drawing, helping to set up for the baby, playing with dolls, playing with the baby's belongings, prenatal visits, hospital tours, presence at ultrasound and exposure to other babies. Despite mothers' interpretations of their children's inability to understand the concept of a new baby, they tried to prepare them anyway, thus underscoring the critical nature of the acceptance process.

By the third trimester, the majority of the mothers were making plans and preparing their child for the birth of the baby, an indication that the process of Promoting Acceptance was well established. It is unknown, however, when the majority of women began working on the task of Promoting Acceptance. One aspect of preparation that was absent was planning for visitation in the hospital, homecoming and what to tell children about their absence.

Avoiding Jealousy

Definition. Jealousy was defined in this study by one mother as, "not wanting to share Mom and Dad". This definition is markedly similar to the more scholarly one provided by Kellerman (1981), "envious resentment" at having to share the attention of the parents. Avoiding Jealousy was a process whereby mothers tried to understand the children's feelings of jealousy, and yet to minimize its occurrence.

There were several facets to this subconcept. The mothers discussed how they knew they should expect jealousy and how it could be both a problem and also a normal reaction.

Descriptive data. Jealousy was the most frequently anticipated response to the new baby. The mother of a 2 1/2 year old stated, "I think he's going to feel jealous. I think he's going to feel angry at times toward the baby: 'baby go away or baby sleeping.' Something to get rid of the baby so to speak." Another mother stated. "I hope he's not jealous. I really do because he likes babies, he really does. I just hope he's not real jealous." Even though jealousy was identified as a problem, it was interpreted as a normal reaction.

A 22 year old homemaker reflected, "I think whenever there is a new addition to the family there is always going to be, even though they love it, there'll always be some jealousy there. I am hoping that won't be a lot because he's a very loving kid."

Despite the normalcy of these feelings, the mothers wanted to minimize them and worked actively toward this goal. They had made elaborate plans to Avoid Jealousy in their child after the birth of the baby by giving extra attention especially while the infant slept, giving presents at the time of the birth, planning for husbands to spend extra time with them, reassuring that the infant would not take their place, encouraging the children to help care for the infant and encouraging sharing.

Plans for dealing with the expected jealousy helped the mothers feel more confident in their ability to avoid jealousy. The mother of a 15 month old son stated, "I'll try my best to give them both the same amount of attention. It'll take me awhile to get used to, but I'm sure I'll manage." The mother of a 19 month old child stated, "At first he might be quite jealous. But I plan on him helping me with the baby...." Many mothers

planned on just making their children a part of the experience. The mother of a 16 month old planned to "just let him hold the baby. Or like I'll take an hour out of a day and just spend it with him. And let him know that I'm there."

Previous experiences or information from others led mothers to expect jealousy. Four mothers cited previous experiences where they witnessed jealousy in their own child. The mother of a 19 month old son explained: "At first with Linda's [a friend] newborn he was very jealous and came up just swinging and hitting." One mother, who babysat other children, experienced jealousy in one of her charges when her older child was born. These experiences helped her to know what to expect of her older child. Another mother discussed her childhood feelings of jealousy when her younger siblings were born. This same mother also interpreted her child's stage of growth and development as a time likely to produce jealousy. "This is a jealous age." Jealousy was interpreted as interfering with the child's acceptance of the new baby and therefore was to be avoided or minimized.

Literature support. There is little support in the literature for this subconcept. Although there is discussion of mothers' antenatal concerns with their older child (Jenkins, 1976, Richardson, 1983b and Gerlt, 1986), only one researcher inquired about jealousy as a concern of mothers prenatally. Gerlt's (1986) upper middle class sample reported little concern when asked if they were worried about their children's jealousy during infant feeding. Other instances when jealousy might occur were not investigated. In the current study Avoiding Jealousy was interpreted as necessary for Promoting Acceptance, and therefore was very important to the present sample of lower socioeconomic mothers.

Summary. There were four facets to the subconcept of Avoiding Jealousy; recognizing the potential for jealousy, interpreting jealousy as normal, interpreting jealousy as potentially problematic, and minimizing the jealousy. The mothers recognized the possibility of jealousy in their child due to their previous experiences with the child's jealousy, their own childhood experiences with jealousy and their previous experiences with jealousy in other children. They

considered the jealousy normal but potentially problematic. As a result, the mother made plans to minimize these envious feelings.

The mothers spent a great deal of time and energy on plans for Avoiding Jealousy. Because jealousy was interpreted as interfering with the child's acceptance of the new baby, Avoiding Jealousy was a major focus in attaining the child's acceptance of the new baby.

Monitoring Acceptance

Definition. The subconcept of Monitoring Acceptance was defined as the mother's process of judging whether the child's behavior indicated acceptance or nonacceptance of the new baby. Monitoring the child's acceptance or nonacceptance appeared to serve as a feedback mechanism to evaluate the the mother's progress in promoting acceptance of her baby. She relied on the feedback of her child's positive reactions to her pregnancy as an indication that she was successfully promoting acceptance.

Descriptive data. Often the child's prior experiences with other babies were used by the mothers to predict acceptance or nonacceptance. If the experience was a positive one, then the mother

felt that her child would have a positive experience with the new sibling. The mother of a 16 month old son stated:

He's around babies at his sitters. She's got a little one, 5 months old, and she's had that one since birth. He plays with the babies and he knows with babies to be gentle. You don't push or pull and such, so I think he will deal very well with the baby if he wants.

At times it was this experience with other babies that gave the mother an indication that there might be some problems with adjusting to the new baby. One mother discussed her experience with her 15 month old son and his baby cousin. "I'll still have to watch him real close cause he likes to sit on her plus he'll give her a rattle a little bit too hard or something like that." One mother talked about hearing tales of the reactions of younger children to their new sibling. "I've heard of 2, 2 1/2 to 3 year old kids taking the baby out of the crib and sticking him in a closet, and I've heard of this happening."

The child's own personality and his actions toward the mother's pregnant abdomen were also considered indications of his feelings toward the

new baby. The mother of a 2 1/2 year old son thought that his leadership qualities and his ability to articulate would be assets in his adjustment to the baby. Another mother felt that her 4 year old son would accept the baby because he could feel the baby and was getting used to the idea of a baby. "I think he's getting more used to it. I mean feeling it he knows there is going to be a baby pretty soon, ya know. I think he'll be real good." This mother was monitoring her child's response to the baby and interpreting his response as a positive one.

Positive responses were seen as proof of acceptance of the baby. One mother of a 13 month old stated, "Well, I'll ask her if she is excited. She doesn't say too much, but I think she is." When asked how she knew that the child was excited, she replied, "The way she looks at my stomach and sits there and pats it like she knows what is going on. She know what is happening." The mother seemed to need to be assured of her daughter's acceptance of the new baby and therefore interpreted the daughter's behavior as excitement about the new baby. Other mothers often talked about the child's excitement at the anticipation of the birth. A 22

year old mother noted, "He starts giggling and everything and he's all excited."

Literature support. Monitoring Acceptance was also noted by Ulrich (1982) and Waltz and Rich (1983). Ulrich named and defined the term "validating acceptance" as the mother observing the behaviors of her husband and son that demonstrated to her their acceptance of the new baby. Validating acceptance is very close in definition to Monitoring Acceptance. Ulrich described a secundigravida's efforts at monitoring acceptance of her husband for the new baby in the antenatal period. Ulrich's described only the son's postpartum behaviors indicating acceptance. The mother interpreted her son's reaction of "fathering" the new baby as proof of his acceptance. In the current study the mothers used the children's prior experiences with babies and their reactions to the mothers' growing abdomen as indications of acceptance of the baby in the antenatal period.

Waltz and Rich (1983) described the same process as this author's subconcept of Monitoring Acceptance when they described mothers seeking evidence from the child that signified the child's

acceptance. Those authors noted the monitoring of acceptance in the postpartum period and recorded mother's reports of signs of acceptance during the antenatal period also. The middle class subjects in Waltz and Rich's study and the lower socioeconomic mothers in the present study both described their child's response to their growing abdomen as indication of the child's acceptance of the new baby. Given the focus upon Monitoring Acceptance antenatally by lower income women found in this study, it might be presumed that such monitoring would continue postnatally.

Negative behaviors as well as positive behaviors were seen as part of the subconcept of Monitoring Acceptance in the current study. Ulrich (1982) reported only positive reactions to the baby while Waltz and Rich (1983) reported only one negative response. Unlike the present study, negative responses were not interpreted by other authors as part of Monitoring Acceptance. Waltz and Rich speculated that some mothers failed to report negative reactions by the first child due to their refusal to accept negative responses or their denial of their existence. Monitoring Acceptance in the present study included looking for both

positive and negative behaviors although negative reports were not as frequent as were the reports of positive behavior. The infrequency of the reporting of negative behaviors is likely to be similar to denial of negative behaviors found in middle class samples.

Summary. While the mothers actively sought their child's acceptance by preparing them for the birth of the baby and Avoiding Jealousy, the mothers needed to reassure themselves that acceptance was occurring. In order to do this the mother monitored her child's behavior for signs of approval. Her interpretations of her child's behavior and actions formed the basis for her belief in his ability to accept the new baby. At times these interpretations seemd to be stretched to meet her need for evidence of her child's acceptance. Monitoring Acceptance appeared to serve as a feedback mechanism for a mother to evaluate her preparation of her child for the new baby. She relied on the feedback of her child's positive reactions to her pregnancy as an indication that she was successfully Promoting Acceptance.

Negative behaviors also provided information

to the mother and were part of Monitoring Acceptance. The child's negative responses to the baby or pregnancy indicated potential nonacceptance of the baby. The fact that negative behaviors were observed less frequently than positive behaviors may mean that the positive behaviors have more influence in the feedback mechanism and may serve to modify or negate the mother's perception of negative responses by the older child.

Summary of the Relationship among Subconcepts

The concept of Acceptance of the Baby by the Sibling is the overall goal of the mothers in the present study. The subconcepts of Promoting Acceptance, Avoiding Jealousy and Monitoring Acceptance are necessary in achieving the object of Acceptance of the Baby by the Sibling. The mothers' preparation of the child for the baby results in promotion of acceptance. Promoting Acceptance is the process leading to acceptance, the concept itself. Jealousy is seen as interfering with promoting acceptance and must be avoided. To assess her progress the mother uses the feedback mechanism of Monitoring Acceptance. A tentative representation of the relationship of these subconcepts to acceptance is found in

Figure 7.

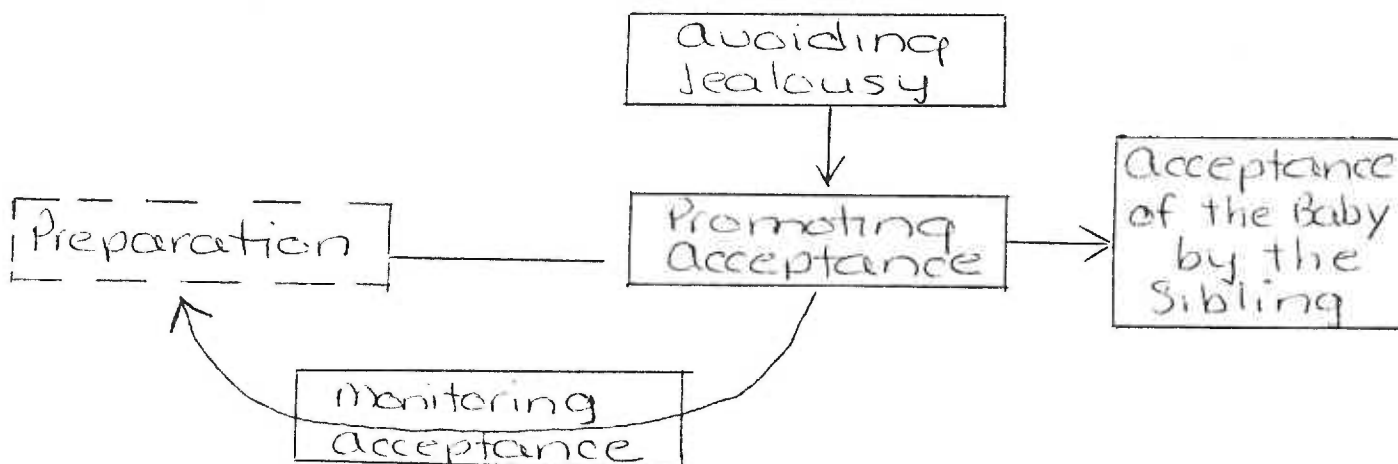


Figure 7. The Relationships among Subconcepts.

SUMMARY OF RELATIONSHIP AMONG CONCEPTS

The purpose of this section is to summarize the relationship between the three concepts. As stated previously, the three concepts, Ability to Manage Two Children, Shift in Relationship with Older Child and Acceptance of the Baby by the Sibling, appear to influence each other, with the desired outcome being the Acceptance of the Baby by the Sibling. Each concept represents a developmental task leading to the role of mother to two children.

The mother's Ability to Manage Two Children, the first concept, appears to influence her relationship with her older child, the second concept. In order to cope with two children, the mother encourages her older child to become more

physically and emotionally independent. Her need to care for an additional child prompts her to change her relationship with her eldest.

The second concept, Shift in Relationship with Older Child, affects the third concept, Acceptance of the Baby by the Sibling. Changes in the Child's behavior as a result of the pregnancy signal the mother to initiate or alter her preparation of the sibling for the new baby. The mother's behavior is changed toward her child as she encourages him to accept the birth.

CONCERNS OF LOWER SOCIOECONOMIC SECUNDIGRAVIDAS

Although the mothers in this study were first asked about their concerns with their older child, the last question in the interview schedule was an open-ended question, "With all the things that are happening in your life right now, which things are of greatest concern? Which do you think about most?" Consequently, the mothers discussed other concerns in their life, including their pregnancy, the impending labor and birth, the adaptation of their older child to the new baby and any other concerns. All mothers reported more than one concern. They were also asked to tell which of their worries was of most concern to them. After

transcription these concerns were classified by the researcher into 3 levels based on the conceptual framework guiding this study, which included needs as defined by Maslow and the developmental tasks of pregnancy as stated by Rubin. The Maslow levels of needs were condensed into 3 ranked levels, according to most basic, intermediate and higher levels. The physiological and safety needs, according to Maslow, and the developmental task of ensuring safe passage according to Rubin comprised the first Level. Level II combined Maslow's third need -the desire to love and be loved -with Rubin's acceptance of her baby by significant others and binding into her unborn child. The third level (Level III) included Maslow's attainment of mastery and prestige and thus self-esteem with Rubin's giving of herself. The data will be reported for each of these levels. All levels are summarized in Table 3.

Level I: Physiological Needs and Safety Needs
and Ensuring Safe Passage

The majority of the mothers' concerns, as expressed in response to the last interview question, fell within the level of basic physiologic and safety needs or Rubin's ensuring of

Table 3
Levels of Concerns of Lower Socioeconomic Secundigravidas based on conceptual framework

Number of mothers with concern per category of concern	Number of mothers listing the concern as "most important"	
Level I (Maslow's & Rubin's) Concerns within the level of physiologic and safety needs/ensuring safe passage		
4	0	Safety within the present pregnancy
1	0	Access to medical care
1	1	Health of unborn child
2	0	Labor & birth process & outcome
2	0	Shelter (adequate & safe)
1	0	Food
7	3	General financial
---	---	
18	4	
Level II (Maslow's & Rubin's) Concerns within the level of desire to love and to be loved/acceptance of the baby by significant others		
1	1	Absence of husband
2	2	Marriage
1	0	Acceptance of new baby by husband
3	1	Acceptance of new baby by sibling
2	1	Caring for 2 children
---	---	
9	5	
Level III (Maslow's & Rubin's) Concerns within the level of mastery & prestige/giving of herself		
1	1	Having control over labor

safe passage. Eighteen expressions of concern were made by the 10 mothers in data fitting the description for Level I. The data expressing these concerns were subdivided into seven smaller categories; safety within the present pregnancy, access to medical care, the health of the unborn child, the labor and birth process and outcome, shelter, food and general financial concerns. Each of these categories was a concern to at least one, and up to seven, women. Four mothers were concerned with the normalcy of their pregnancies. In each case, the mother had a previous high risk pregnancy and was concerned about repeating her experience. The mother of a 13 month old daughter told of her experience:

Because with her I developed toxemia and they wanted to perform a C-section. They told me this early on in this pregnancy and everything and then to top it off she was breech two weeks before she was born. It was really scary. I was in the hospital for two weeks for kidney trouble and it was a nightmare. I put on 70 pounds and it was pure water weight. I lost 50 in the hospital. It was unreal! I couldn't do anything. I was confined to bed

for two months and when I first got pregnant I thought, oh, my God, don't do this to me again! You know, I thought it might just be that way all over again.

All of these mothers reported less concern as their present pregnancies advanced. Their present pregnancies were turning out to be normal and they expressed relief as they realized that they would not be repeating the same experiences. The mother of a 3 year old boy stated, "I'm so glad I'm not having the problems with high blood pressure or anything. My swelling is not even anything like it was last time."

Access to health care was a major concern for one mother, but for a family member rather than for herself. Her four year old son was suffering from seizures which appeared to have worsened. Although she had arranged prenatal care for herself, she had been unable to secure treatment for her son. She discussed her concern:

But one thing we couldn't afford is a private physician. Nowadays they ask for payment down before and because of ending up in the hospital so many times I have a lot of past medical bills. A lot of doctors won't see

Tyler or I [sic] unless we have money down.

So that, there is a concern.

At one point she was afraid that her son would die. Two weeks prior to the interview she had been able to secure health care for her son with a state agency and was then able to channel her energy toward her pregnancy. She explained:

...the next thing I know, Crippled Childrens called and said Tyler has an appointment for tomorrow and that Friday was, you know, his EEG and this last Friday was his CT scan and this week, around Wednesday, we find out exactly what they are going to do and everything. They've already got an occupational therapist and a physical therapist lined up to come out to the home to work with him. So, all those things was [sic] affecting me and stuff and they've done wonders. It's taken a lot off my mind. That's why I think I'm more excited now [about the pregnancy] because emotionally I'm not having that as a bother.

Another concern expressed by a mother was the health of her unborn child who had been diagnosed prenatally as having hydrocephalus and a non-

functioning kidney. The fetus' health was this woman's major concern. When asked about her concerns, she replied, "Yea, about the baby. We worry about her being [healthy]. They tell me she is going to be alright. We're not going to have any problems. We still worry."

Two mothers expressed concern about the labor and birth process and outcome. They were hoping to avoid previous experiences. The mother of a 2 year old son explained:

I just go back to his birth and I know its going to be just as painful, but I'm hoping it won't take as long. Just that everything is going to be okay. Nothing will go wrong.

When he came out the tube was around his neck, so that had me frightened a bit. I just hope it will go well.

Another mother worried about having a labor induction or repeating a cesarean section. She was adamant about her feelings. "Well, I told my doctor that if they have to induce labor this time, I won't do it. No way."

One mother was concerned with regularly providing her family with enough food:

And food-wise it depresses me because like

living here we're paying low rent, but they won't give us food stamps. And we go to the food give-a-ways and stuff like that just to get food, I'm on WIC. It's unfair though. We just don't have the food ... and when the baby gets here I want it to be able to be fat and everything and every time I think about it I get upset.

She expressed frustration at dealing with local welfare agencies, especially when she was not feeling well due to her pregnancy:

But going through WIC and stuff I heard a lot of things that every time I ask, I never talk to the right person. When I don't feel up to it I don't go in that deep. I just ask a question. If I don't get an answer I'll just let it go.

This mother also expressed concern about her housing situation. They were living with her mother-in-law:

And we're supposed to be paying her (mother-in-law) \$250 a month. That's almost his whole paycheck and so we have an agreement and whatever we haven't paid her, because there's been a month when we've only been able to pay

\$50, and when we make it we have to pay her back. It hurts me because she can't afford us living here. I actually begged the last welfare lady that they would come out with no warning and check the living situation.

Another mother also expressed concern with her living situation. They could not afford to move and their house was dangerously close to a busy highway. She feared for her 16 month old son's safety.

Financial matters were of great concern to a majority (N=7) of the mothers. Two mothers worried about their current jobs and the necessity of decreasing work hours due to the pregnancy or birth of the baby. The mother of a 2 year old son discussed her concern about finances. "Because I'm not sure if I'm going to be paid for any of my time off. So that could cut our pay from \$700 to \$300 because I won't be working. So that's a worry." Paying the hospital bill was a concern of two of the mothers. One mother was concerned with the possibility of increased bills due to a cesarean birth. Three mothers had concerns about having to go back to work after the birth. They wanted to stay home and raise their children. The mother of

a 16 month old felt that working and raising children would be tiring:

That is something that I have thought about because I want to go back to work, not for the purpose of getting away but because it's so hard to raise kids on one salary. When I go back to work I know it is going to take a lot out of me for awhile.

Level II: Desire to Love and Be Loved and Acceptance of the Baby by Significant Others and Binding into her Unborn Child

The next major level of concern fell within the Maslow need - desire to be loved - and Rubin's acceptance of the baby by significant others and binding into her unborn child. Five smaller categories were included within this category; absence of husband, marriage concerns, gaining acceptance of the new baby by the husband, gaining acceptance of the new baby by the older child and caring for two children. Nine expressions of concern occurred in data meeting the description for Level II, with one to three mothers expressing concern about each of the categories. It was interesting to note that two concerns, both major concepts inductively developed from the qualitative

data, were also identified and discussed by the mothers in response to the open-ended last question about other worries: (1) Acceptance of the Baby by the Sibling and (2) Ability to Manage Two Children.

Absence of the husband was a major concern for one mother. He had recently been incarcerated in the state prison and she mourned his absence as a partner for her and a father to her children. Her anxiety centered around not knowing when he would be released:

My husband not being around is my biggest concern right now. We don't have any idea how long Daddy is going to be gone. They haven't told us anything yet, so it might be just a year. Or it might be anywhere up to 20 years. We don't have any idea when it is.

Two mothers were concerned with their marriages. Both were recently married, and wanted to keep their marriages strong. The mother of a 4 year old son feared being a single mother again and worried that something might happen to her husband. The other mother felt that she and her husband were still adjusting to the marriage:

It's not easy, my husband is Spanish and doesn't speak a whole lot of English. He's

got his ways and I have my ways. We tend to clash every once in a while. Especially about raising the kids. That I guess would be the main concern is when we clash. We've only been married a year, one year and one month almost. That takes some adjustment.

The mother of a 3 year old son was distressed about her husband's rejection of her pregnancy. She explained, "My husband is having a really hard time with the new baby. He has a really hard time with the new baby bringing more responsibility and it's really hard on him." Her husband spent a great deal of time away from home and she was concerned about her marriage. However, his relationship with the children was more important to her than her marriage. She stated, "I'm an older person and I can handle not having that close relationship with him right now, but I think Ken and the baby need it with him right now."

In response to the last interview question three mothers had concerns with caring for two children and gaining acceptance of the new baby by the older child, the first and third inductively developed concepts, respectively. The mother of a 16 month old son was concerned about him adjusting

to the new baby. She did explain, however, that she was not worried. Two other mothers of 13 and 15 month old babies were concerned about caring for two children. Giving them each adequate attention would be difficult. The mother of the 13 month old daughter explained:

And there are just some things you can't do. It would be really hard to have two babies in my lap at the same time and trying to feed one and trying to calm down another one, trying to pick up this newborn baby. Or playing or stuff. She's [13 month old] always wanting to play. Always. She just demands so much attention that I am a little bit worried about how I am going to go do that. How I am going to go about dividing this attention between two babies.

Level III: Mastery and Prestige and Giving of
self

The level evoking the least number of concerns, in response to the open-ended question about other worries, was the giving of self, attainment of mastery and prestige, the esteem needs category. Only one woman expressed a concern of this level, and it was also her most important

concern. One woman was concerned with having control over her labor. With her previous labor she was confined to bed and flat on her back. She was so concerned with repeating this experience that she actively sought out caregivers who would permit her more control in her labor. She decided to take childbirth classes to prepare herself. She explained her major concern:

That's what I think about all the time is how I am going to have this one...because it's going to be so much different, you know, just even if they do have to induce me or something, just the fact of being able to you know, be in the position of how I want to be and being able to get up and walk around and stuff, you know, that's going to be a big worry [not being able to get up and walk around].

Rating of Concerns

Since all of the women had more than one concern, they were asked to rate their concerns. Three mothers chose financial concerns as being of most importance. Three mothers rated concerns about their husband or marriage as primary. One mother considered her older child's acceptance of

the new baby as being of most concern while another mother felt that caring for two children would be the most difficult. One mother was most worried about the health of her unborn baby. Control during labor and birth was important to another mother. These responses are reported in the second column of Table 3.

The mothers also mentioned those areas which were not of concern to them. Two mothers were not concerned with finances. Welfare was adequate to meet the needs of one mother while another was planning on using the short-stay program at the hospital and breastfeeding to cut down on her expenses. Three women mentioned that labor was not of concern to them. Their previous experiences of labor had given them confidence in their ability to cope. The mother of a 13 month old stated, "I can handle myself. I handled the whole thing the last time and it's hard, it's very long and tedious, but I know that I can handle that physically and everything." Another mother felt that her marriage was strong and not of concern. Most of the mothers thought about and planned their child's adaptation to the new baby, but were not concerned about this area.

Literature Support

The lower socioeconomic secundigravidas in this study had many concerns which were similar to those of middle class multigravidas as described by Jenkins 1976, Westbrook 1978, Norr et.al 1980, Richardson 1983a, 1983b, Waltz & Rich 1983, Lederman 1984 and Gerlt 1986. Similarities in concerns between lower socioeconomic mothers in the present study and middle class mothers in the above studies included the health of their unborn children, the pregnancy, the labor and birth process and outcome, their marriages, the acceptance of their unborn child by significant others and the caretaking of two children. Of concern to the middle class mother in other studies, but not to the mothers in the present study, was the mother's changing relationship with their older children. When the qualitative data were compared with the mothers' ratings of concerns resulting from the last question in the interview the lower income secundigravidas in the current study admitted to having concerns with some of their children's changing behaviors but not with the relationship. These women also had concerns

about access to health care and financial concerns such as food and shelter (all Level I concerns). These worries may be particular only to low socioeconomic mothers as they were not reported to be concerns of the middle income mothers in the above studies. Therefore, different concerns between middle and lower class women may be the result of socioeconomic status. These results are in keeping with the conceptual framework of this study.

One of the major concerns of the multigravida middle class woman as described in the studies thus far was the acceptance of her unborn child by significant others, a mid-level concern. Although acceptance of the unborn child by her older child was a concern of 3 lower socioeconomic women in this study, other concerns were more important. Only one mother listed her worry about her child accepting the new baby as being the most important concern to her. The other two mothers felt that this concern was not particularly worrisome. Possibly the level of concern about acceptance of the new baby by the sibling may differ between lower and middle income mothers.

Summary

The concerns of this group of lower socioeconomic women were multiple and varied. Their worries depended on many factors. Their previous experiences with pregnancy, labor and birth had an impact on their concerns, when asked to give them. Recent marriages influenced their concerns as well as relationships with husbands. Financial situations had greatest impact on this group of women. It was also apparent to the researcher that the timing of the interviews had impact upon the level and type of concern expressed by the mother. For example, if those mothers with concerns about repeating previous high risk pregnancy situations had been interviewed early in pregnancy, these concerns might have been more critical at that time. However, they were interviewed in the last trimester: their pregnancies were now progressing smoothly, and they were no longer concerned.

The concerns of women were examined in relationship to the conceptual perspective guiding the study. Most concerns of the women in this study fell within the basic physiologic and safety needs as described by Maslow. According to Maslow, basic needs such as the physiologic and safety

needs must be met before a person can go on to satisfy higher level needs such as belongingness, esteem and self-actualization. These lower socioeconomic women had many unmet needs within the basic needs category and had few concerns with higher level needs such as belongingness. It would appear that the leveling of needs in Maslow's theory is supported in this sample where the mothers were free to respond about needs of any type, any basic needs or any childbearing-related needs.

Another instance where Maslow's theory appears relevant is in the third level of mastery and prestige. The fewest number of concerns fell within this category. According to Maslow's theory this distribution of concerns would be expected in a group of lower income women.

Although Maslow's theory is somewhat applicable in examining the concerns of the lower socioeconomic mother, it does not fit entirely. Level II contained the concerns rated "most important" by the largest group (n=5) of mothers. Level I contained the concerns rated "most important" for the next largest (n=4) group of mothers. The greatest number of expressions of

concerns, and thus the greatest number of concern categories occurred within Level I, even though only one of the categories was rated as "most important" by 1 mother. The next greatest number of expressions of concern, and associated categories of concern, occurred within Level II. All but one of these categories was "most important" to at least 1 mother. The inconsistency may reflect the lack of fit of Maslow's theory or it may be due to this sample of mothers who may not have been poor enough to illustrate the limits of the theory. Another explanation might be that a majority of the developmental tasks of pregnancy (Rubin) are included within level II rather than level I or III for all socioeconomic groups. Therefore the most important concerns may be included within this level for all groups.

Mothers also discussed areas that were not of concern to them. What was a concern to one mother may not have been a worry to another. Lack of concern appeared to vary individually.

The mothers' reports of concerns and the presence of concerns about developmental tasks did not always appear to be related in a predictable way. The lower socioeconomic secundigravidas in

the current study reported actively working on the developmental task processes defined within the three newly identified concepts, but reported few concerns about them. The findings raise some issues about how developmental tasks and concerns, as conceptualized by researchers, are related. Concerns apparently may be of socioeconomic or developmental source; and level of concern (worry) may be confounded with what is defined as a concern by the researcher. Experiences of becoming a mother of two may be multidimensional - perhaps involving developmental tasks and other factors that are considered important by the mother plus any residual concerns about those parts of the experience that are not resolved comfortably.

Chapter IV

Summary

Pregnancy has been studied primarily from the perspective of the middle class pregnant woman. The concerns of these women have been well documented. A consistent finding has been the multigravida's worry about her changing relationship with her older child. However, little is known about the concerns of the lower socioeconomic pregnant woman. The author's interest in the needs and concerns of the lower socioeconomic secundigravida with regard to her other children led to this study.

The literature regarding the middle class multigravida describes several concerns regarding her older children. Of primary importance is the acceptance of the new baby by her other children. Her concerns center on her changing relationship with her children as well as her ability to physically care for and love two children.

In contrast, much of the literature that addresses lower socioeconomic pregnant women focuses primarily on infant morbidity and mortality data. No research has been conducted on concerns as identified by lower socioeconomic pregnant women themselves. The studies that were done examined

anxiety levels and the interactions between mother and older child, always from the perspective of the researcher. Filling in some of the missing pieces in this knowledge base was the purpose of this study.

Concepts from developmental theory, role theory and Maslow's human needs theory formed the conceptual framework for this study. The secundigravida in her role transition from a mother of one to a mother of two needs to accomplish the developmental tasks of pregnancy. The acceptance of the new baby by significant others is one of these tasks. The impact of having unmet basic needs on the secundigravida's ability to accomplish the developmental tasks of pregnancy may alter her role transition from the mother of one to the mother of two.

The following research question was asked: What are the antenatal concerns of the secundigravida in the lower socioeconomic class regarding her older child? The study employed a qualitative, exploratory-descriptive research design. Ten low income secundigravidas were interviewed. Income level was defined as an income at or below the federal poverty level of \$11,502

for a family of four. The mean age of the sample was 23.9 years and the majority of their children were preschoolers. An interview schedule focusing on the mother's experience of having a second child was used; free response to questions was encouraged. Interviews were taped, transcribed and coded. Data bits were compared, contrasted and clustered into 60 internally consistent empirical categories according to similarity. As a result of these procedures similarities among clusters were noted and the number of clusters were reduced to fourteen. Three major clusters emerged and were developed into a tentative conceptual framework with a subset of categories for each concept.

The three concepts or major areas of concern were defined and named with the assistance of samplings from the literature. They are: (1) Mother's Ability to Manage Two Children, (2) Shift in Relationship with Older Child, and (3) Acceptance of the Baby by the Sibling. Each of the three concepts was further elaborated by three or more subconcepts.

Subconcepts defined within the concept of Ability to Manage Two Children are: (1) Feelings of Confidence in Ability to Manage Two Children, (2)

Experiences Leading to Self Confidence and (3) Planning. The mother's desired goal is to meet the emotional and physical needs of two children.

Feelings of self confidence and reassurance in her ability to meet her children's needs are necessary before she can cope with two siblings. To help in this process she makes future plans for managing an extra child as well as reassuring herself about her coping potential.

The second concept, Shift in Relationship with Older Child, includes five subconcepts: (1) Changes in the Child's Behavior, (2) Changes in the Mother's Behavior, (3) Pregnancy Effects, (4) Encouraging Maturity, and (5) Maintaining the Relationship. Shift in Relationship with Older Child is the process whereby the interaction with the child is altered. This shift is influenced by the interaction between the mother's and child's changing behaviors. Alterations in the child's conduct observed by the mother are attributed to both the pregnancy and the child's growth and development.

The pregnancy not only affects the child's conduct but also that of the mother. Physical limitations which cause the mother to alter her

physical care-taking and play activities with her child are mentioned most frequently. Emotional effects alter the mother's moods and thus the way in which she relates to her child. The pregnancy effects on the mother's behavior are involuntary while other shifts in the mother's conduct are voluntary.

Mothers deliberately alter their relationship with their child by Encouraging Maturity and maintaining various facets of the previous relationship. Helping the child to assume more mature and independent behaviors is undertaken by the mothers to help free up time for the new baby. By resuming part of the former relationship, the mother hopes to promote her child's acceptance of the baby.

Changes in behavior are interpreted as clues about the older child's acceptance of the baby. Acceptance of the Baby by the Sibling forms the third concept and encompasses three subconcepts: (1) Promoting acceptance, (2) Avoiding Jealousy and (3) Monitoring Acceptance. Approval of the baby by the sibling is the mother's desired goal. Although the mother feels that her child will accept the baby, she expects some problems.

In order for the older child to approve the baby, the mother actively Promotes his Acceptance by preparing him for the birth and seeks to prevent jealousy. Avoiding Jealousy is the process whereby the mothers attempt to minimize the child's envious feelings toward the baby. Although these feelings are interpreted as normal, they are seen as interfering with the child's acceptance of the baby and attempts are made to avoid them.

The three major concepts identified are related to each other in that all are developmental tasks of becoming a mother of two and influence each other. In the first concept, the mother's need to physically and emotionally care for two children leads her to encourage maturity in her older child and thus influences her relationship with him, the second concept.

This shift in relationship facilitates the child's acceptance of the new baby, the third concept. The child's changing behavior and the resulting change in relationship between mother and child clues the mother to the need to prepare her child and thus ensure his acceptance of the sibling.

The mothers were also questioned about other concerns in their life. Their worries were varied

but seemed to be concentrated within the basic needs of life such as safety within the pregnancy, access to medical care, health of the unborn child, the labor and birth process and outcome, shelter, food and general financial concerns. Other concerns included absence of the husband, quality of the marriage, acceptance of the new baby by the husband and self control during labor.

When the mothers were asked about all their concerns including the three qualitatively-developed concepts, only three were worried about the child accepting the baby and two about caring for two children. None of the mothers indicated that the shifting relationship with their child was a major concern.

The conceptual framework underlying this study suggests that as a result of the ascendancy of other, more primary needs, lower socioeconomic secundigravidas may have more difficulty in accomplishing the developmental tasks of pregnancy as outlined by Rubin (1975). The qualitative data suggest, however, that the lower income secundigravida in this study does accomplish the developmental tasks of becoming a mother of two. These women differ from middle class multigravidas

reported in the literature (Rubin, 1967; Mercer, 1979; Jenkins, 1976; Waltz & Rich, 1983; Richardson, 1983b and Gerlt, 1986) only in their level of concern about these processes. While the mothers in this study reported some concern with their ability to physically care for two children and with some of their children's behaviors, there was little worry about their ability to love two children and their shifting relationship with their older child. They also expressed little doubt about their child's ability to accept the new baby. This finding is in contrast to middle income multigravidas who have reported these as primary concerns (Rubin, 1967; Mercer, 1979; Jenkins, 1976; Waltz & Rich, 1983; Richardson, 1983b and Gerlt, 1986).

Concerns of the lower socioeconomic mothers in this study varied among individual women as they do in reports of middle class mothers. However, the women in the current study reported more concerns with basic needs than reported by middle income mothers. Financial concerns were considered of prime importance by more lower income mothers than was any other concern. This is in contrast to reports of middle income women who express acceptance of the baby by the sibling, loving two children, and

their changing relationships with their child as being most important. Thus, while these qualitative data appear to index the experience of becoming a mother of two, the simple identification of these developmental-task concepts does not appear to relate to the amount of concern about them or the other things happening to the lower income woman in this study. There appears to be some evidence that the journey toward becoming the mother of two involves not only developmental tasks, but also other factors of importance to the mother.

Limitations

A number of limitations of this study could have influenced the findings. One limitation was the small sample size. Although a sample size of 10 is a large enough theoretical sample to demonstrate the presence of theoretical concepts in qualitative methods of research, additional subjects would could validity to the research by further concept development and saturation of the concepts. The homogeneous sample was another limitation. These women were all receiving prenatal care and had a higher educational level than many lower socioeconomic mothers and might have different concerns than mothers not receiving

care. Therefore, they may not have been representative of all low income secundigravidas.

Another limitation was the data collection methods. The interview was partially structured using concepts about the older child previously defined in the literature and may have influenced the responses received from the mothers. It may be difficult to define new concepts from data obtained from such a conceptual structuring of the interview. The interviewing method may also have influenced the results. All ten women were interviewed prior to analysis due to the short-term nature of the study. Some prior completion of the data analysis might have provided additional clues and permitted restructuring of the interview, thus allowing for expansion and saturation of any identified concepts within the analysis.

Implications for Nursing Practice

While generalizations to all low income secundigravidas cannot be made from this sample, the findings do suggest that low income secundigravidas have concerns particular to their financial situation. The nursing care of these women should include assessment of their situations, worries and concerns. While assessment of individual

concerns is important to the care of pregnant women, nurses should recognize that lack of concern with the developmental tasks of becoming a mother of two is not necessarily indicative of failure to accomplish these tasks.

The nurse should make an assessment of the secundigravida throughout her pregnancy and develop a nursing care plan which would follow her into the postpartum period. Special emphasis should be placed on her most pressing basic needs with continual assessment throughout the childbearing year. Counseling, and referrals should be made where appropriate and basic needs such as housing, food, and other financial needs considered as well as evaluating any of her other concerns or worries.

Assessment of the secundigravida's progress with the developmental tasks of pregnancy should be ongoing. Issues surrounding managing the care of two children should be discussed with emphasis placed on the mothers options for dealing with the increased workload and fatigue caused by another child. The nurse should also investigate the relationship between the mother and her child, offering suggestions about behavior problems, dealing with jealousy, the child's growth and

development and the mother's own changing emotions. Options for preparing the child for the baby's birth should be presented with adequate information concerning opportunities within the clinic and hospital for involvement of the child.

Classes designed to meet the needs and concerns of the lower socioeconomic mother should be offered. Information about community resources and financial assistance should be presented. Birth options can be discussed encouraging the mother to take control of her birth process.

Nursing assessment can continue into the postpartum period, possibly with follow-up phone calls and nursing home visits. Community health nursing referral might be considered for further evaluation and support for the mother as she makes her transition to a mother of two. Evaluation of her ability to manage two children and the adjustment of her older child might be included in such visits as well as at the postpartum examination. Continued support for the low income secundigravida could continue throughout the childbearing year as the nurse continues to assess her basic needs and her relationship with both of her children.

Recommendations for Research

Recommendations for further research include further qualitative research to validate the findings from this study by investigating the concerns of the lower socioeconomic secundigravida and her concern for her older child. Further differentiation between concerns of middle class and lower socioeconomic women might be useful for planning nursing care.

Further expansion of the present conceptual categories to allow for more saturation is warranted. For example, it is unclear from the data collected where the subconcept of encouraging maturity originates. Is it part of the mother's changing behavior or is it the result of a shift in relationship between the mother and child? More data might answer this question. An investigation of the role of social support and the mother's energy level on her feelings of confidence in her ability to manage two children would also be useful.

A longitudinal study of the concerns of lower socioeconomic secundigravidas and their concern with their older child antenatally through the postnatal period would be helpful. Continuing

changes in the mother-child relationship could be reported as well as further assessment of the ability of the mother to cope with these changes. Her continuing needs and concerns could be delineated.

The effect of parity on the concerns of the lower socioeconomic pregnant woman and her relationship with her older children would be another area of research. The needs of low income multigravidas of higher parity might be different from the concerns of the secundigravida. Only through research with clinical samples, can health professionals validate the concepts and use them to learn about the needs and concerns of lower socioeconomic pregnant women. Such substantive theory, if well described and validated, can be used to guide practice.

References

- Bibring, G. L. (1959). Some considerations of the psychological processes in pregnancy. The Psychoanalytic Study Of the Child, 14, 113-121.
- Bibring, G., Dwyer, T., Huntington, D. & Valensteine, A. (1961). A study of the psychological processes in pregnancy and of the earliest mother-child relationship. The Psychoanalytic Study of the Child, 16, 9-71.
- Cohen, R. L. (1979). Maladaptation to pregnancy. Seminars in Perinatology, 3, 15-23.
- Colman, A. D. (1969). Psychological state during first pregnancy. American Journal of Orthopsychiatry, 39, 788-797.
- Colman, A. D., & Colman, L. L. (1971). Pregnancy: The psychological experience. New York: The Seabury Press.
- Colman, A. D., & Colman, L. L. (1973). Pregnancy as an altered state of consciousness. Birth and the Family Journal, 1, 7-11.
- Crandon, A. J. (1979). Maternal anxiety and obstetric complications. Journal of Psychosomatic Research, 23, 109-111.
- Deutsch, H. (1945). The psychology of women, Vol. II. New York: Grune & Stratton.

- Dunn, J., & Kendrick, C. (1980). The arrival of a sibling: Changes in patterns of interactions between mother and first-born child. Journal of Child Psychology & Psychiatry, 21, 119-132.
- Field, P. A., & Morse, J. M. (1985). Nursing Research: The Application of Qualitative Approaches. Rockville, Maryland: Aspen Publishers.
- Gerlt, T. S. (1986). Psychosocial adaptation to pregnancy of the secundigravida. Unpublished Manuscript, Oregon Health Sciences University, School of Nursing, Portland.
- Glazer, G. (1980). Anxiety levels and concerns among pregnant women. Research in Nursing and Health, 3, 107-113.
- Glazer, B. G. & Strauss, A. L. The Discovery of Grounded Theory. Chicago: Aldine, 1967.
- Grimm, E. R., & Venet, W. R. (1966). The relationship of emotional adjustment and attitudes to the course and outcomes of pregnancy. Psychosomatic Medicine, 28, 34-49.
- Grossman, F.K., Eichler, L. S., & Winickoff, S. A. (1980). Pregnancy, Birth and Parenthood. San Francisco: Jossey-Bass.

- Havighurst, R. J. (1956). Research developmental task concept. Review, 64.
- Hirst, J. C., & Strousse, F. (1938). The origin of emotional factors in normal pregnant women. American Journal of Medical Science, 196, 95-99.
- Jenkins, P. W. (1976). Conflicts of a secundigravida. Maternal Child Nursing Journal, 5, 117-126.
- Jimenez, S. M., Jones, L. C., & Jungman, R. G. (1979). Prenatal classes for repeat parents: A distinct need. The American Journal of Maternal Child Nursing, 4, 305- 308.
- Kayiators, R., Adams, J., & Gilman, B. (1984). The arrival of a rival: Maternal perceptions of toddlers' regressive behaviors after the birth of a sibling. Journal of Nurse Midwifery, 29, 205-213.
- Kellerman, D.F. (Ed.). (1981). New Webster's Dictionary of the English Language. Chicago: Delair.
- Klein, H. R., Potter, H. W., & Dyk, R. B. (1950). Anxiety in Pregnancy and Childbirth. New York: Hoeber.

- Larsen, V. L. (1966). Stresses of the childbearing year. American Journal of Public Health, 56, 32-36.
- Lederman, R. P., Lederman, E., Work, B. A., & McCann, D. S. (1979). Relationship of psychological factors in pregnancy to progress in labor. Nursing Research, 28, 94-97.
- Lederman, R. P. (1984). Psychosocial Adaptation in Pregnancy: Assessment of Sever Dimensions of Maternal Development. New Jersey: Prentice-Hall.
- Light, H., & Fenster, C. (1974). Maternal concerns during pregnancy. American Jouranal of Obstetrics and Gynecology, 118, 46-50.
- Lowry, R. J. (Ed.). (1973). Dominance, Self-Esteem, Self-Actualization: Germinal Papers of A. H. Maslow. Monterey, California: Brooks/Cole Publishing Co.
- Maslow, A. H. (1968). Toward a Psychology of Being. New York: Van Nostrand Reinhold Co.
- Mercer, R. T. (1979). Having another child: "She's a multip... she knows the ropes." The American Journal of Maternal Child Nursing, 4, 301-304.

- Moss, J. R. (1981). Concerns of multiparas on the third postpartum day. Journal of Obstetric, Gynecologic and Neonatal Nursing, 10, 421-424.
- Norr, K. L., Block, C. R., Charles, A. G. & Meyering, S. (1980). The second time around: Parity and birth experience. Journal of Obstetric, Gynecologic and Neonatal Nursing, 9, 30-36.
- Oregon State Health Division Office of Individual Health, Maternal and Child Health. (1984). Maternity Services Needs Assessment. Salem, OR: Oregon State Health Division.
- Richardson, P. (1981). Women's perceptions of their important dyadic relationships during pregnancy. Maternal Child Nursing Journal, 10, 159-174.
- Richardson, P. (1983a). Women's perceptions of change in relationships shared with their husbands during pregnancy. Maternal Child Nursing Journal, 12, 1-19.
- Richardson, P. (1983b). Women's perceptions of change in relationships shared with children during pregnancy. Maternal Child Nursing Journal, 12, 75-88.

- Roberts, F. B. (1983). Role theory. In I. W. Clements & F. B. Roberts (Eds.), Family Health: A Theoretical Approach to Nursing Care (pp. 71-82). New York: John Wiley & Sons.
- Rubin, R. (1967a). Attainment of the maternal role. Part I. Processes. Nursing Research, 16, 237-245.
- Rubin, R. (1967b). Attainment of the maternal role. Part II: Models and referents. Nursing Research, 16, 342-346.
- Rubin, R. (1975). Maternal tasks in pregnancy. Maternal Child Nursing Journal, 4, 143-153.
- Rubin, R. (1976). Maternal tasks in pregnancy. Journal of Advanced Nursing, 1, 367-376.
- Stern, N. P. (1985). Using grounded theory method in nursing research. In M. M. Leininger (Ed.) Qualitative Research Methods in Nursing (pp. 149-159). Orlando, Florida: Grune & Stratton.
- Taylor, M. K. & Kendrick, C. (1980). The arrival or a sibling: Changes in patterns of interactions between mother and first-born child. Journal of Child Psychology & Psychiatry, 21, 119-132.

- Tilden, V. P. (1980). A developmental conceptual framework for the maturational crises of pregnancy. Western Journal of Nursing Research, 2, 667-676.
- Ulrich, S. C. (1982). Psychosocial work of a secundigravida in relation to acceptance of her baby. Maternal Child Nursing Journal, 11, 1-9.
- Valentine, D. (1982). Adaptation to pregnancy: Some implications for individual and family mental health. Children Today, 11 (3), 17+.
- Waltz, B. L., & Rich, O. J. (1983). Maternal tasks of taking-on a second child in the postpartum period. Maternal-Child Nursing Journal, 12, 185-216.
- Westbrook, M. T. (1978). The effect of the order of a birth on women's experience of childbearing. Journal of Marriage and the Family, 40, 165-172.

Appendix A
Consesnt Form

Oregon Health Sciences University
CONSENT FORM

Project title: A secundigravida's relationship with her
her older child.

Investigator: Sandra H. Fisher R.N. Phone: 638-7910

The purpose of this research project is to increase the understanding of women's preparation of their older children for the birth of their second child. There will be one interview lasting approximately 45-75 minutes. During this interview, questions will be asked regarding your relationship with your older child. This interview will be tape recorded and transcribed to help the researcher understand what you have to tell her. Neither the tape nor the transcription will be shared with the clinic staff or anyone except the student's advisor. The Student's advisor is Carol Howe.

There may be no benefit to you from participating in this study, but the knowledge gained may be of benefit to other pregnant women after completion of the study.

This is to certify that I _____
HEREBY agree to participate as a volunteer in the above
named project.

I understand that there will be no health risks to me
resulting from my participation in the research.

I hereby give permission to be interviewed and for these
interviews to be tape-recorded. I understand that, at the
completion of the research the tapes will be erased. I
understand that some group information from the study may be
published, but my name will not be associated with the
research. Neither my name nor my identity will be used for
publication or publicity purposes.

I understand that I am free to refuse to answer any specific
question in the interview. I also understand that I may
refuse to participate or withdraw from this study at any
time without affecting my relationship with or treatment at
the Oregon Health Sciences University.

Sandra Fisher has offered to answer any questions I might
have.

I have read the foregoing and agree to participate in this
study.

Participant

Researcher

Date

Appendix B
Interview

Interview Schedule

1. What are you doing to help _____ get ready for the new baby?
 - a. How are you helping _____ not be surprised by the new baby?
 - b. Some mothers read stories, talk about the new baby, take their child on prenatal visits and so forth. Have you done any of these activities or other similiar activities.
 - c. Have you moved _____ to his/her own bed or crib, weened him or anything like that in preparing him for the new baby?

2. Would you describe any changes in the way _____ acts or behaves since he/she learned about the baby.
 - a. Has her daily routine changed, ie. sleeping, eating playing?
 - b. Has her mood changed? Is she crankier, happier, crying more or less, more affectionate?
 - c. Is there more or less tension between the two of you?
 - d. Would you describe any changes in the way you act or behave with _____ since the beginning of your pregnancy? Do you have to discipline her more or less often or do you lose your temper more often?
 - e. Are any of these changes of concern to you?
 - f. Do you think any of these changes are due to the pregnancy?

3. What are you going to do with _____ when you are in the hospital?
 - a. Who will be caring for _____ when you are in the hospital?
 - b. What will you tell _____ about your absence?
 - c. When will _____ come visit you in the hospital? Will _____ be present at the birth?
 - d. Have you thought about how you will first greet _____ when he comes to visit after the new baby is born?
 - e. What are your plans for greeting _____ when you return home from the hospital? Some mothers give presents from the new baby to the older child. Have you considered any plans such as present giving?

4. Children will often react to a new baby in the house. How do you think _____ will accept

- this baby?
- a. Do you think that _____ will love, hate and/or feel jealous toward the new baby?
 - b. What kinds of behavior do you expect from _____ when the new baby is born? For instance, regression such as wanting to nurse or suck on a bottle, forgetting his/her toilet training, wanting to sleep in the crib, hitting the baby and so forth.
 - c. Are you concerned about _____ accepting the new baby?
5. How are you getting along with _____ now?
- a. What would be the ideal relationship? What would you hope for?
6. What are your thoughts about caring for 2 children?
- a. How will you manage to care for 2 children?
 - b. What do you think the workload will be like with two children?
 - c. What are your thoughts about loving 2 children?
7. Some mothers have concerns about their pregnancy and/or the labor and birth of the new baby, and/or how their other child will accept the new baby or other concerns such as marriage relationships or finances etc. With all the things that are happening in your life right now, which things are of greatest concern? Which do you think about most?
- a. Please rate these concerns on a scale of 1 to 5, with 1 being the least concerned and 5 being the most concerned.

Appendix C
Demographic Questionnaire

Background Information

Please answer the following questions.

1. How old are you?
2. What is your job?
3. What grade in school did you finish?
4. What is your family income per year? (please check one)
 <12,000 _____
 >12,000 _____
5. How old is _____?
6. What is your marital status? (please check one)
 Married _____
 Single _____
 Divorced _____
 Separated _____
7. When is your due date?

AN ABSTRACT OF THE THESIS OF

SANDRA H. FISHER

For the MASTER OF SCIENCE

Title: ANTENATAL CONCERNS OF THE LOWER SOCIOECONOMIC
SECUNDIGRAVIDA REGARDING HER OLDER CHILD

APPROVED: 

Carol Howe, C.N.M., D.N.Sc., Thesis Advisor

A qualitative-exploratory, descriptive research study was undertaken to determine the concerns of the lower income secundigravida regarding her older child. Ten secundigravidas with income levels below the federal poverty level were recruited from a university clinic setting and interviewed in their homes. A majority of their children were preschoolers.

A focused interview schedule allowing free responses was used by the researcher and the taped interviews were substantively coded. Data bits were compared, contrasted and clustered according to similarity. As a result of these procedures similarities among clusters were noted and the number of clusters reduced. Three major clusters emerged and were developed into a tentative conceptual framework, each with a subset of categories.

The three major concepts emerging from the data are (1)

Mother's Ability to Manage Two Children, (2) Shift in Relationship with Older Child, and (3) Acceptance of the Baby by the Sibling. These concepts are related to each other in that all are developmental tasks of becoming a mother of two and influence each other, with the Acceptance of the Baby by the Sibling being the desired outcome.

The mothers were also asked in general about any concerns in their life. Most worries were centered around the basic needs of life such as health, safety, shelter, food and financial matters and did not involve the developmental tasks of becoming a mother of two.

The findings suggest that while low income secundigravidas may complete the developmental tasks of becoming a mother of two, they are not overly concerned about the process. Some evidence may exist to indicate that the journey toward becoming a mother of two may involve other life concerns of importance to the mother as well as developmental tasks.

Limitations which could have influenced the findings include small sample size, a homogeneous sample and methods of data collection. Implications for nursing practice include continual assessment of the low income secundigravidas' needs with emphasis on their most basic needs throughout the childbearing year and ongoing assessment of their progress with the developmental tasks of

pregnancy with counseling and referrals where appropriate. Recommendations for further research include replication of this study with larger groups of low income secundigravidas, a longitudinal study of their concerns with their child into the postpartum period and the effect of parity on these concerns.