

PARENTS AND CHILDREN:
PARTICIPATION IN CHILDBIRTH

by

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A Thesis

Presented to
the Oregon Health Sciences University
School of Nursing
in partial fulfillment
of the requirements for the degree of
Master of Nursing

August 3, 1984

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This study was supported by traineeships from the United States Public Health Service Grant Numbers 2 ALL Nu 00250-02 and 2 ALL Nu 00250-03.

ACKNOWLEDGEMENTS

I am grateful for the patience, guidance and intellectual stimulation given me by Carol Howe, my thesis advisor. I would also extend my appreciation to Marie Scott Brown and Kate Thompson for serving as readers. Their expertise and support provided polish to the final product.

A special thank you is given to Marie Beaudet for making the data processing and analysis such an exciting and enjoyable event.

I also want to thank the families who volunteered their time and shared their homes for the data collection process.

To my family--Allen, Veva, Valerie and Victoria--I give thanks for their love and encouragement.

k.m.s.

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CHAPTER I
INTRODUCTION

In recent years, families have been seeking and using alternatives to traditional hospital deliveries of their babies. These alternatives include deliveries in the home, clinics, birth centers, and birthing rooms; use of lay and nurse midwives; participation of the father, family members, or friends in the labor and delivery; and use of specific birthing methods such as LaMaze or Leboyer. With this increased focus on childbirth as a family-centered event, sibling participation in the birth experience is also being sought by many families. In 1979, the American College of Obstetricians and Gynecologists conducted a nationwide survey of 78 alternative birth centers and found that 53% allowed children to be present in the labor facilities and 44% at the birth (Goodell, 1980). The practice of children attending births is not without controversy. However, the purpose of this study is not to debate the practice of children attending births, but rather to describe the families who choose such an alternative.

Nurses' Role

Nurses have a unique role in meeting the needs of these families seeking alternative care. Barnard (1978) states that quality health care will be possible only through taking advantage of the strength of the family system. She also states that nurses have a special advantage in that clients often view nurses as similar to a member of their family. In order to carry out the special role of nursing with families, nurses must understand how families are organized and how they function. Nurses must learn how to gain access to families to provide the needed

support and teaching to the family as a whole and to its members as individuals.

One way to improve care to families choosing to have children present at the birth of a sibling, is to study these families to gain information that will provide understanding of how they are organized and function as a group. The information gained in this way may then be used for appropriate assessment and intervention. Intervention may then be devised to strengthen the family and in turn help its members achieve a healthy growth and development.

Review of the Literature

Siblings At Birth

Literature about families who choose to have children present at birth is limited. This probably reflects the fact that children attending the birth of a sibling is a rather recent phenomena. Leonard, Irvin, Ballard, Ferris, and Clyman (1979) were concerned about the effects of the birth experience upon children attending the event. They studied the behavior of 40 children ages 3-14, in 32 of 47 families who had elected to have the children present at the birth of a sibling in the Alternative Birth Center at Mount Zion Hospital and Medical Center, San Francisco. The children had been prepared for the birth, screened for infection at the time of birth, and were accompanied by a support person well-known to them. At the actual births, four maternal and three infant complications developed, so the siblings were not present, but were nearby with their support person. Nurses present at labor and delivery recorded the children's behavior. The degree of involvement of the children with their mother was rated during the stages of the birth

process. Gough's adjective checklist was used to rate the children's affect. The results showed that the children's behavior varied with the stage of labor and delivery. During early labor the children interacted with their mother by asking questions, timing contractions, and acting solicitously. In late labor, the mother became less accessible, and the children tended to draw back and become observers. The investigators noted that there was often an increase in the intensity of the natural coping style of the children. Quiet children became more so; active children became restless and distracting to others. Thirty-three children were in the room at the time of delivery; 29 of these watched the delivery. Two children watched intermittently and two tried to withdraw. Five children were awake but out of the room, and two were asleep. Only five children watched the placenta delivered, the others (33) were attending to the new baby near mother at the head of the bed. For those 23 mothers requiring repair of episiotomy or lacerations, the children's behavior was more variable. Twelve were focusing on mother or baby; one cried; five watched intermittently; and five asked questions. During the postpartum period, the children generally resumed normal activities such as sleeping, eating, or going to school. The investigators concluded that no child in the study displayed extreme stress while present at the birth of a sibling. They recommended that children under 4 years of age not attend birth unless part of a larger sibling group because they are less likely to ask questions about the events of childbirth, and they are still dependent on their mothers for emotional support. It was also noted that there seemed to be a trend of more girls (28) than boys (12) included in observing the birth. Al-

though all children of mothers who made labor sounds such as groans, cries, or grunts noticed these sounds, less than half seemed upset by the sounds. The support person was able to comfort the child or answer questions about the event. The investigators noted that the children were curious about birth but perhaps wished more distance from it at times. They concluded from these initial observations of children present at the birth of a sibling that childbirth is primarily an adult event. It seemed to be the wish of the parents to have the children present. The long-term effects of the experience on the children is not known, but the investigators did consider that the particular dynamics of the family prior to the birth, the birth experience, and the effects of the new sibling on the prior family structure may affect the long-term results.

This study by Leonard et al. (1979) did not indicate the time span required for the collection of observations. It is possible that early observations influenced nurses or other persons to alter their intervention with subsequent children attending births and thus alter the children's behavior. There was no report of age or sex differences in the children's response patterns. It was also not noted if the nurse observers received training in the use of the tools for observation so that the interobserver reliability may be questioned.

The aim of a study by Mehl et al. (1977) was to explore the attitudinal and emotional context in which including children in the birth process occurs and to understand the effects of the experience upon the children. This was part of a larger study on maternal attachment conducted in San Francisco and Madison, Wisconsin. The sample was drawn

from patients of a private obstetrician, a university obstetrics and gynecology clinic and clients of midwives of a birth center. There were no ethnic minorities represented, and the families were from middle- to upper-class socioeconomic backgrounds. Names of families were obtained from the identified sources and contacted by phone for an initial interview. Consent to participate was obtained at the interview. Interviews were conducted before and after the births. Fifteen families having 20 children present at birth were in one group. Twenty children in an unstated number of families not having the children present during the birth process were in the second group. Some of the second group of children were obtained through a day care center. All the children ranged in age from 2-14 years. Naturalistic observations of the children during labor and delivery were carried out. In addition, observation of spontaneous play was made after asking the children how they thought babies were born. Free association play and fantasy related to the birth theme was observed.

The investigators found that the parents whose children attended the birth displayed an openness to discuss sexual issues. A majority of these parents felt that birth was a sexual process. A less common style in these families was to approach children's presence at birth with an almost clinical air. In all of these families the children had been prepared for the birth by explanations, slides or movies, and pictures or books. The children who were present at birth had accurate ideas about how babies were born and discussed the process matter-of-factly with enthusiasm and positive affect.

Parents who excluded their children from the birth process seemed

less open to discuss and share sexual matters. Children who were not present for the birth process tended to have ideas regarding birth that were fantastic (i.e., anal birth), seemed mystified and were puzzled by the idea of birth.

These authors also related examples of children's behavior during the birth process. Examples of children at play in after-birth interviews were also given with both boys and girls noted to engage in birth-related play or fantasies.

The investigators concluded that from their preliminary survey, children's involvement in the birth process seems to be a positive event. They also stated that the children's involvement may be part of an entire attitudinal constellation of the family which encourages them to view birth as a natural process. For girl children, the experience would "seem probable" to improve their self-concept as women, capable of giving birth. For boys, the experience of seeing their fathers in a nurturing supporting role may also be valuable. Birth play may be seen as a positive event which gives the children coping skills and a conceptual framework from which to incorporate the birth experience. The investigators recommended that as parents request, children be allowed to attend births in hospitals and maternity centers, as well as home deliveries. They also suggested that professionals use six principles when working with families planning to include children in the birth process. These six principles are:

1. Adequate prenatal education preparation adjusted to child's level.
2. Open-door policy to allow children to come and go at will.

3. A support person (adult) well known to the child.
4. Anticipation of child's concerns at various developmental ages.
5. Acknowledgement of child by mother after delivery; assurance that mother is all right.
6. Provide age-appropriate opportunities for child to interact with newborn (Mehl et al., 1977).

As the investigators state, this was not "a statistical empirical investigation" (Mehl et al., 1977). There was a limited range of demographic characteristics which did not allow generalization of this survey. It was not clear as to the structure, if any, of the observations of the children's spontaneous play and the interviews of the parents. The investigators' hope was to stimulate research of unanswered questions (none of which were noted) brought about by their survey.

The purposes of a retrospective study by Van Dam Anderson (1977) were to develop guidelines for prenatal sibling participation, to anticipate children's concerns during labor and birth, and to provide appropriate emotional support for children present and absent at sibling births. In addition, the study would provide information for policies for birthing rooms and for sibling hospital visitation. Parents of 43 children present at the birth of their siblings were interviewed regarding the reactions of their children to the birth, the parents and to the new baby. An interview protocol was used with the 25 families in their homes. Most of these families were contacted through the Arizona School of Midwifery.

In 22 of the 25 families that had home births, the reactions of the children present at labor and birth were considered positive. Reaching

out and touching the newborn sibling was the immediate reaction of the children in 17 of 25 homebirth families. The children's responses to the infants in the weeks and months after the births were also obtained. Forty-two of the 43 children wanted to participate in the infant's care. Regressive behavior was noted in eight (19%) children, and abusive behavior was identified in seven (16%) children present at birth. All of the 43 siblings were perceived by their parents as having loving relationships with the infant in the first weeks. However, when the infants became mobile and started to bother the siblings, some children were reported to fight with the infants. Only three comments were noted in response to the last question regarding changes the parents would like to have had happen during the birth process.

These comments were:

My child woke up as the baby's head was coming out. I would have liked her there about 20 minutes earlier.

I would have encouraged my child to be on the bed in order to get a better view of the birth.

I wish we had prepared the kids specifically about the blood. They saw the movies in black and white, but that wasn't sufficient. Births are in living color (Van Dam Anderson, 1979).

The investigator discussed the possibility of a critical attachment period for siblings. A study of a comparison group of children was also done, but the quality and complexity of variables complicated comparison of the two groups. It was suggested that differences in parents who choose home and hospital births would dominate the children's reactions thus making comparisons difficult (Van Dam Anderson, 1979). No results from the comparison group were reported in this article.

The investigator concluded that children present at a birth should be prepared for the experience. Five guidelines were offered for this preparation. They are:

1. Tell the child as early as possible about the anticipated birth of a sibling.
2. Take the child to at least one prenatal visit with the doctor or midwife, to enable the child to meet the provider of care and to listen to the fetal heart beat.
3. Show the child colored pictures in books, slides, films, and videotapes to acquaint the child with the sights and sounds of labor and birth. Specific attention should be given to the blood, which will be noticed on the mother and baby, and also to the sound of work and/or pain emitted by the mother in the process of birthing the baby.
4. Discuss with the child the appearance of the newborn, with special attention given to the umbilical cord and the placenta. The child should realize that the cord will be cut, which will not be painful to the mother or baby. The child should know that the baby might cry, and that he or she will not be the ideal playmate immediately.
5. Try to be comfortable around the family, at least on occasion, without clothes on (Van Dam Anderson, 1979).

In order to facilitate family decisions about who to include or exclude from the birth event, an additional six guidelines were developed. They are:

1. Allow the child to come and go at will, both in the birth room and in the house.
2. Provide a caretaker especially for the child. This person should have no responsibility for the mother and should be comfortable with the child in order to look after the physical needs, as well as give answers to questions and emotional support.
3. Do not remove the child from his or her own home, if that is the site of the birth, either before, during, or after the birth of a sibling.
4. Wake up a young sleeping child for the birth only if there

is a very familiar person who is well trusted by the child to be with the child.

5. Reassure the child after the birth that everything is all right. This should be done by both parents, but especially by the mother.
6. Allow the child to relate in a supervised manner to the baby in both spontaneous and planned ways, i.e., give a gift (Van Dam Anderson, 1979).

Van Dam Anderson (1979) concluded that the children described have the ability, need, and desire to participate as fully as possible in the birth of their siblings. She further stated that members of the health care team can provide the education, anticipation, guidance, and sensitive care to the entire family throughout the childbirth experience.

The amount of time between the birth of a sibling and the structured interviews was not noted except in a statement "in families where the infants were at least one year old." (Van Dam Anderson, 1979.) Intervening variables as well as time effect on the families' abilities to recall events at the birth could have affected the reported observations. The investigator did study a larger number of children (43) than the studies by Leonard (1979) and Mehl (1977). This larger number as well as the structured interview, would appear to add reliability to this study. As with Mehl's (1977) study, some of the guidelines recommended seemed dependent upon small numbers of reported behaviors.

The literature discussed seemed to have studied the practice of having children present at birth of a sibling from the standpoint of several concepts including stress/crisis (Leonard, 1979; Van Dam Anderson, 1979); values related to sexuality (Mehl, 1977); bonding (Van Dam Anderson, 1979); sibling rivalry (Mehl, 1977); and self-concept and role

enactment (Mehl, 1977). Leonard (1979) suggested that the dynamics of the family and effects of the new infant on family structure may affect the outcomes of the birth experience. If indeed "maintaining the integrity of the family" means hospital support of the bond between all family members and the newborn, as suggested by Van Dam Anderson (1979), then looking at the family as a unit can provide the focus of a study of siblings at birth. Systems theory, applied to the family unit, provides concepts which can give nurses a common perspective for working with families. With the use of systems concepts the family can be viewed as a unit (system) composed of individual units (subsystems) which is organized and functions on a dynamic level. How to gain access to the family system, how to identify family members' roles, and how to assess values which guide a family's functioning are only a few of the techniques that would be useful to a nurse working with families seeking alternative birthing methods such as sibling participation. The nurse can adapt the needed support, care, and teaching to the individual family unit based on its unique characteristics and values and thus work to strengthen the family unit in its efforts to care for its own members.

Systems Theory

A system is a group of interrelated elements that compose an entity which interacts with the environment. The interrelated elements (or subsystems) operate within a boundary which serves to filter the energy interchange between the system and the environment. A system has both structure and function (Anderson & Carter, 1974). A social system is a plurality of persons or social roles bound together in a pattern of mutual interaction and interdependence. It has boundaries to differen-

tiate the internal and external environment and is imbedded in a network of social units both smaller and larger than itself (Parsons, 1955). The family is a social system. It is composed of individuals interacting with one another within clearly defined boundaries. A special aspect of families is that the members are united by blood, marriage, or other bonding and have a commitment to care over time (Horton, 1977). Anderson and Carter (1974) use the term "holon" to express the idea that the family is at one time both a part and a whole. To members of the family, the family is a whole. To a community, the family is a part.

Structure is a concept used to describe the organization of the family and the pattern of relationships among its members. Terms such as nuclear, extended, and single-parent families are used to describe membership components (Cain, 1980). Anderson and Carter (1974) describe four structural characteristics of families. Organization is the high degree of intra-relatedness and intense interdependence among family members. Family subsystems are organized into roles, dyads, or triads such as provider, husband-wife, or parent-child-child. There is usually overlapping membership in the subsystems. Any change in a subsystem, such as a birth or death will affect the whole family (Miller, 1980; Phipps, 1980). Differentiation and specialization refer to the role allocation that occurs to and within the family. Role allocation is negotiated among family members in order to carry out the family's functions and to meet the expectations of society. The fourth structural characteristic of families is territory which has both a spacial and behavioral dimension. The family occupies a home, in a neighborhood and community. The family also provides a space for physical and interper-

sonal interaction which provide the feelings of belonging and cohesiveness among family members (Anderson & Carter, 1974; Speigel, 1971).

Functional aspects of the family are concerned with the processes of operation that take place within the family and its subsystems. The universal functions of the family are said to be procreation and child-rearing. In addition to these general functions, theorists have developed a variety of ways to describe the dynamic changes occurring in families (Anderson & Carter, 1974; Miller, 1980). Adaptation, integration and decision making are three processes to be discussed here.

Adaptation is considered essential to the survival of a social system. This process allows the family to respond to demands of the environment and to those of its members. It involves a feedback mechanism which develops to exchange and utilize information in relation to the environment (Anderson & Carter, 1974; Miller, 1980; Smoyak, 1969).

The process of integration is used to control the family members. It involves the bonding arrangements, norms and rules (values), role enactment, communication patterns and transactional modes of the subsystems (Horton, 1977).

Decision making allows the family to respond and/or accomplish change. The decisions may be accomplished by consensus, accommodation, or by the natural course of events. Adaptive modes such as coercion, bargaining, legal-bureaucratic, team-cooperative and Gemeinschaft may operate to secure compliance of one system with another (Smoyak, 1969).

The combination of the functional processes of adaptation, integration and decision making is reflected in the way in which a parent or parental dyad (subsystem) interacts with a child or subsystem of chil-

dren. In particular, those aspects of integration (values, role enactment, transactional patterns, etc.) seem operative and are seen in a combination of behaviors and beliefs defined as parenting styles. The following section will explore literature which focuses on the identification and classification of parenting styles.

Parenting Styles

As noted, values and beliefs are components of the integration process and motivate the behavior of family members. In particular, parenting styles are influenced by the values that mothers and fathers hold. This section reviews descriptions of childrearing methods, a model used to explain differences in childrearing methods and a review of classification systems of parenting styles.

In an old, but classic, study of 379 mothers from middle- and working-class backgrounds, Sears, Maccoby and Levin (1957) documented childrearing methods and factors influencing those methods. A semi-structured, guided interview was utilized by trained interviewers to obtain the information from the mothers. The results demonstrated that the "mothers varied widely" The patterns of childrearing practices were considered as individual as a mother's fingerprints. Yet the researchers acknowledged that these patterns of childrearing practices did not appear out of the blue. Likely the patterns were products of the mother's own personality, her values and attitudes, her self-esteem, her own upbringing and the nature of the family interaction. The dimensions of parenting practice described were: strictness-permissiveness, general family adjustment, warmth of mother-child relationship, aggressiveness-punitiveness, perception of husband, and orientation towards

child's well-being. The researchers also discussed the influence of the child on the parents' methods. Age, sex, and number of children were considered to affect parenting styles. The socioeconomic status and education of the mother were considered to contribute to marked differences in parenting practices. The investigators concluded that the differences attributed to socioeconomic status and mother's education related to the "communality of experience within social groups" (p. 482). They hypothesized that as communication barriers (i.e., ethnic, religious, or occupational groups) recede, there would be more similarity in childrearing practices.

In 1963, Melvin Kohn offered an interpretation of the relationship between social class and parent-child relationships. Social class is considered such a useful concept because it is more than the sum of its parts: education, occupation, and other variables. Different conceptions of the world are developed by members of different social classes. Conceptions of the world include concepts of the desirable which Kohn calls values. Values are the bridge between the social structure and the behavior of the individual. If one can identify what people feel is desirable in children, then one can identify their objectives in childrearing. The basic model that Kohn presented was that differing parental values are based in different conditions of life experienced by the different social classes. Parental values are then reflected in different parenting behaviors (practices).

By using Urie Bronfenbrenner's analytical review of studies through 1958, Kohn (1963) discussed changes which have occurred in childrearing techniques over the years. Bronfenbrenner (Kohn, 1963) asserted that

middle-class parents changed in their use of childrearing methods due to the influence of expert opinion. Working-class parents, who are less educated and responsive to the media, followed with changes later. Kohn offered a different reasoning for the changes. People tend to search for confirmation of existing beliefs and practices. Middle-class parents seek out a wide variety of sources for information. They read books, magazines and newspapers. They watch television, talk to friends, teachers, and health care providers. Childrearing is regarded as problematic by these parents. They look to the experts and other sources of information for new techniques or methods to achieve their goals in childrearing, not necessarily for new values. Working-class parents, with their lesser education, the nature of their work, and their greater attachment to the extended family, tend to retain familiar childrearing methods. They are less likely to find the experts' advice helpful because that advice is based on middle-class values.

Middle-class parents tend to value curiosity, happiness, consideration, self-control and self-direction. Kohn (1963) considered that these values must be a function of differences in their conditions of life. Occupations are considered extremely important. Middle-class occupations deal more with interpersonal relations, ideas and symbols. These occupations are more subject to self-direction. Advancement is more dependent upon one's own actions. On the other hand, working-class occupations deal with manipulation of things and involve being supervised and working according to standard procedures. Collective action is important in getting ahead in one's occupation. Working-class occupations require that one follow directions given by another person.

Therefore, working-class parents value obedience, neatness, cleanliness, and conformity to external authority. What is important to working-class parents is how the child acts, whereas middle-class parents focus their attention on a child's internal dynamics of feelings and motives.

Robert Chamberlin (1965) identified two ideologies and three basic childrearing approaches used by parents. The authoritarian (directive) ideology is based on the belief that a "good" child is one who is obedient and pleasing to adults. Firm discipline is employed to bring about conformity to conventional values. The accommodative (egalitarian) ideology views the "good" child as one who develops according to individual potential. Limits are set for the child's own safety or when the child infringes on the rights of others. Social and emotional growth, self-reliance, and intellectual curiosity are emphasized by the parents.

Chamberlin (1965) states that parents' expressed beliefs and values are not as significant as their actual practice with children. He identified three childrearing approaches called autocratic, cooperative, and indulgent-overprotective. The goal of an autocratic approach is to produce a child who is socially acceptable to others. The cooperative approach allows children to behave according to their age level and emphasizes guidance and encouragement as children develop their own potential. The indulgent-overprotective approach sees the child as delicate, weak or extra vulnerable in some way. Children are expected to need a great deal of help and to need protection from life stresses.

In 1974, Chamberlin utilized the framework of the accommodative and authoritarian childrearing styles for a study of the relationship of these styles to the behavior pattern of 2-year-old children. This re-

port was the first released from a longitudinal study on a group of children ages 2 through 5 years. The focus of the study was on how behavior patterns of 2-year-old children and their parents relate to later patterns observed in school and in the home. Utilizing interview methods and behavior observations, the researchers collected information from 100 families recruited from two suburban pediatric group practices. An equal number of boys and girls were represented in the sample. Mothers were specifically asked about their childrearing goals and principles. Fathers were rated by mothers as to physical punishment, differences in childrearing, and participation in child care.

Results of the study supported a very modest relationship between authoritarian styles and aggressive resistant child behavior patterns. Children were described as more likely to approach (to reach out to) accommodative mothers than to authoritarian mothers. This approach pattern was also related to the mother's education level, and when held constant its relation to style disappeared. It was also noted that children with accommodative mothers spent significantly more time in mother's presence without any interaction suggesting a more relaxed relationship than children with authoritarian mothers. When maternal attitudes were examined, accommodative mothers scored high on "values freedom and provides stimulation." Authoritarian mothers had higher scores for "values, manners and respect for adults." The majority of accommodative mothers had a 4-year college degree. Chamberlin stated that the difference in styles between working-class and middle-class mothers was, in his classification system, a difference of degree rather than of kind. He stated that these different approaches were probably

related to differences in life styles. Any attempt to change a parent's style should be based on clear evidence that a particular style is having harmful effects on a child.

In an article written in 1977, Chamberlin shared information he had gleaned from the literature and his own research. After reviewing childrearing ideologies, social class differences and effects of parenting styles on child behavior, he reached the following conclusion: The way a child behaves at any one time is a result of the interaction of a number of different biologic and environmental factors. Chamberlin advises pediatricians that unless there is abuse or neglect, children can adapt to a wide range of childrearing practices. In cases where a child's type (temperment) and a particular parent's style do not "fit," help can be given to assist parents to modify their response pattern.

In an article about relationships between childrearing styles and child behavior over time, Chamberlin (1978) reported on the study first started in 1974. Follow-up observations indicated no significant difference in accommodative and authoritarian parenting styles and later behavior of boys and girls at home or school. One interesting change has occurred in Chamberlin's conceptual framework. He has acknowledged temperament differences in children from birth onward. He has begun to consider other investigators' conclusions that the fit of parenting style with a child's temperament is important in relation to possible behavior problems. One interesting statement was made in relation to stability of styles over time. The possibility that mothers may change their approach over time is given as an explanation for lack of striking behavioral differences in the groups of children, that is, authoritative

mothers and accommodative mothers become less distinct in their styles over time. Finally, Chamberlin considered that behavior differences observed may be more related to characteristics of children's temperaments than to parenting styles. He again advised the health care provider to look at the "fit" of a parenting style and a child's temperament when advising parents experiencing difficulties.

Three prototypes (models or styles) of parental control are described and contrasted by Baumrind (1966). These prototypes served as a framework for a review of studies about the effect of authoritative parental control of child behavior. The permissive parent is described as behaving in a nonpunitive, acceptant and affirmative manner in relation to a child's behavior. The child is consulted about decisions and given explanations for rules. Few demands are made on the child for household duties and orderly behavior. Children are allowed to regulate their own activities as much as possible and are not encouraged to obey externally defined standards. Reason and manipulation, rather than overt power are used to accomplish parental goals.

The authoritarian parent uses a set standard to shape, control and evaluate the behavior and attitudes of children. These parents value obedience as a virtue and believe in restricting a child's autonomy through use of punitive, forceful measures. The child is assigned household duties to teach a respect for work. The preservation of order and traditional structure is regarded as a highly valued end in itself. Verbal give and take is not encouraged. The parents believe the child should accept their word for what is right.

Autonomous self-will is valued by the authoritative parent. The

parent encourages verbal give and take, explains reasons for policies, and listens to and recognizes the child's perspective. Reason, power and shaping by regime and reinforcement are used to achieve goals. The parents are the experts but modify their role in response to the child's input. These parents value self-assertion and independence in their children.

In a later article, Baumrind (1971) described a fourth type of parent called "Harmonious." These parents focus on developing harmony and principles of resolving differences and for right living. These parents are also described as "equalitarian" in that differences are acknowledged and an attempt is made to create an environment in which all family members can operate from the same vantage point. These parents are characterized as "having control . . . by not exercising control" (p. 101). The children seem to know what the parents desire, but the parents almost never give commands to the children. The parents bring the children up to an adult level in interactions. The values held by these parents include honesty, harmony, justice, and rationality in human relations. These values take precedence over power, achievement, control and order even though the practical importance of these latter values are acknowledged.

Wood, Bishop and Cohen (1978) have described four parenting styles and their supporting values and principles. These parenting styles reflect values and principles gleaned from a broad review of parenting and childrearing literature.

Pattern One (Potter) parents are described as having a belief in strong parental authority. They believe that parents are responsible

for their children's behavior and regard mistakes by themselves or their children as failures. These parents are often active members of a group, such as a church or lodge. They have a strong sense of duty which they seek to instill in their children. When a child of Potter parents has an emotional reaction, the parents explain the child's feelings to them because they are close to the child and know the child well. The children are also encouraged to become a productive, successful member of the family. Praise and tangible incentives are used to interest a child in a worthwhile vocation. Rewards, such as special treats, praise and recognition, are also used to encourage desirable behavior.

The second parenting style is called the Gardener. An awareness of children's needs and interests at various stages of their development is a cornerstone in these parents' style. They believe in the innate goodness of people and the uniqueness of individual growth patterns. Because they are knowledgeable about child development, they believe they have insight and understanding to guide and assist the child in various developmental stages. Parents try to remove or prevent any barriers to a child's natural development so as to prevent any frustrations to growth and learning. The principle of readiness to learn or acquire skills guides these parents as they facilitate a child's movement through each developmental stage. They believe that when children are free to develop and explore their own interests, they will learn best. Appropriate concern and support is provided to the children as parents model acceptable ways of relating to other people rather than impose rules or regulations. The acceptance of childish behavior as being

appropriate and right and setting of limits only necessary for safety and health often labels these parents as "permissive." These parents, however, correct a child's misbehavior in a way that does not squelch the child's expression of feelings and is matched to their developmental needs and capabilities.

The Maestro is the name given to the third parenting style. These parents are goal oriented and possess high standards. They hold a strong belief in the democratic tradition in which each person is heard and recognized. They expect their children to take an active part in the family group which will prepare them for an active role in their community and society as adults. Participation in groups whose values and interests they share is often a characteristic of these parents who gain a sense of satisfaction, self-esteem and pride in group achievements. These parents continually search for increased insight and skill in parenting by attending parent workshops, reading material about parenting practices and by consulting experts. They carefully design, make changes and structure the home environment to meet their goals, to become better parents and to be successful parents. Children, too, are encouraged to be successful and competent by having responsibilities assigned to them as they demonstrate developmental readiness.

Pattern Four parents are called Consultants. Before they can effectively relate to others, these parents believe that they must first understand themselves and their feelings and meet their own needs. In this process of understanding themselves, they view themselves as constantly learning and growing. They extend their belief in the process of "becoming" to their children and everyone else. They view themselves

as being competent in many areas and are confident in their abilities while still accepting their limitations. In order to develop skills or talent, they will seek out assistance. This self-acceptance is reflected in their relations with their children whom they also accept. Their children are encouraged to develop in their own ways and plan their own lives. The respect and acceptance that these parents would extend to peers is also active in their relations with their children. The children's needs, rights and feelings are accepted and respected even when different from the parents'. Consultant parents' self-confidence helps them to withstand any possible criticism for the supposedly unorthodox methods they may use to raise their children.

In addition to values and beliefs which contribute to parenting styles, there are other influences which can be considered relative to parenting. Some of these influences are noted briefly here. The families' social positions, which Kohn (1963) discussed, is viewed as having an influence on parental values which affect parenting styles. There is some evidence that parents may change values as they become more mature. Also, as the number and age of children in a family increases, there can be a shift in parenting goals (Stolz, 1967). Tackett and Hunsberger (1981) note a similar shift in that parents may use different methods of childrearing depending on the developmental stage of the child. Parents also relate differently to boys and girls from birth onward. Their use of voice and touch, play activities, and selection of clothing and toys often hinges upon the gender of the child (Korner, 1971). When parents have a higher level of formal education, they are more likely to participate in parent education programs. Those with higher incomes and

between the ages of 25 and 45 years are also more likely to participate in classes (Harman & Brim, 1980).

Conceptual Framework

Systems theory contains several aspects which could serve as a framework for this study. However, the concept of integration has been chosen because it encompasses those elements of the parent-child relationship that would seem most likely to influence the decision regarding children's presence at the birth of a sibling.

Roles, values and beliefs are reflected in parent-child interactions. The literature suggests that values and beliefs will motivate and direct the style adopted by persons in the parenting role. Whether authority rests only in the parents or is shared with the child or whether independent problem solving will be encouraged is determined by the values which motivate the parental behavior. The behaviors that are reinforced in a child and the type of reinforcements used will also depend on values.

Decision making is also vital to the integrative function of the family. It, too, is influenced by the values and beliefs which underlie family interactions. Who is included in the decision-making process and in what way are examples of how beliefs might influence this process. Placement of value in such things as obedience, the democratic tradition, or self-direction will also be reflected in the decisions made.

The decision to have older children present for the birth of a sibling would seem to be influenced by these values and beliefs as reflected in the style of the parents. Thus, the questions asked in this study are:

Research Questions

Do parents who choose to have children present at the birth of a sibling have a characteristic parenting style as measured by the Wood et al. Parenting Styles Questionnaire?

Using the Wood et al. Parenting Styles Questionnaire, do parents who choose to have children present at the birth of a sibling differ in parenting style from those who do not?

CHAPTER II
METHODOLOGY

Design

The purpose of this study was to explore differences in the parenting styles of families who chose to have siblings present at the birth of a newborn and those families who chose not to have siblings present.

A static group comparison design was used. This design controlled for the effects of history and measurement on the subjects. Regression effects are usually nil in this design also. A major disadvantage of this design is the effects of nonrandom selection of the subjects.

Variables and Measurements

The independent variable in this study was parenting style. Parenting style was defined as a pattern of behavior used by parents to guide, nurture and interact with their children. In this study parenting styles were operationalized through use of the Parenting Styles Questionnaire (PSQ) (see Appendix B). This tool, developed by Wood, Bishop, and Cohen (1978), was designed to help parents identify their parenting styles. Parents may be classified as a Potter, Gardener, Maestro, or Consultant. The tool is composed of 20 questions with four potential responses. Each response represents one of the four parenting styles. The parenting styles are equally represented in the question responses. The participants chose one response to each question that best matched their own ideas about parenting. Usually responses will be accrued in more than one style, but one style will usually have more responses than any other style. The style with the most responses was considered as the dominant parenting style of the respon-

dents. In case of ties, a fifth style identified as nondiscriminate was used.

The PSQ has neither been tested for reliability or validity nor has it been used in research. It has been used extensively in parent education classes and workshops in various locations throughout the United States. In these classes, parents are able to identify their dominant parenting style through use of the PSQ. Then through the process of values clarification, parents are able to explore the underlying values of a particular style. They are then assisted in identifying approaches or methods of parenting that best fit their own parenting style. Wood (1983) has identified a possible bias in two aspects of the tool. The choice for Pattern Four (Consultant) is not randomized. This choice is the fourth choice position 10 times in 20 questions. There also seems to be a bias against Pattern One (Potter). The choices for Pattern One emphasize punishment rather than rewards for children's behavior. It is possible that parents would select responses other than Pattern One for reasons of social desirability.

However, the PSQ was chosen for use in this study for several reasons. The tool is fairly brief and can be completed within a short period of time. The scoring is uncomplicated and can be done quickly for each test. The questions rely on common, everyday parenting situations which can be understood by most parents whether or not they have a child in a particular age or developmental grouping. The tool is also congruent with the theoretical framework of parenting styles as described by Wood, et al (1978). The author of the tool resides in the local area and was available for consultation regarding administration, scoring, or

interpretation of the test.

The decision to have or not to have siblings present at the birth of a newborn was the dependent variable in this study. A sibling's presence at birth meant that the child would be physically present to observe and/or participate in the events of childbirth with their mother and father. The Background Information Form (BIF) (see Appendix C) included a question as to the parent's decision to include or exclude each of their children during the childbirth event.

Information about additional potentially interactive variables was also collected through use of the BIF (see Appendix C). These variables included socioeconomic status, age of parents and children, sex of children and reasons for including or excluding children in the childbirth event.

Socioeconomic status was identified because it has been shown to influence the attitudes and childrearing practices of parents. Kohn (1963) has shown that middle-class parents tend to stress curiosity, happiness and dependability which are factors that go with autonomy or self-direction. Working class parents stress factors that go with conformity or general obedience such as neatness, obedience and the ability to defend oneself. The working-class parents impose constraints on children so as to maintain order and obedience. In contrast the middle-class parent who is sensitive to children's internal dynamics tends to be more supportive and accepting of children. The study by Mehl et al. (1977) noted that the families who chose to have children at the childbirth event were from middle- to upper-class socioeconomic backgrounds. Therefore, socioeconomic status was estimated by using Hollingshead's

Two-Factor Index of Social Position. Education level completed and prestige of occupation were weighted to yield a score from 11 (highest social position) to 77 (lowest social position). On the basis of these scores, individuals were categorized into one of five classes, from I (the highest) to V (the lowest) (see Appendix E).

Sex of children may also influence parent behaviors from birth onward. Parents relate in distinctly different ways to boys and girls (Korner, 1971). Leonard et al. (1979) found a trend for more girls than boys included in observing births. It may be that parents are choosing the presence of children, especially girls, as a method to develop certain characteristics in their children. As Mehl et al. (1977) suggested, the experience may allow girls to develop a positive self-concept and to feel capable of giving birth themselves (to become mothers). For boys who are given the opportunity to participate in the birth event, the chance to see their father in a supportive role may be seen to be important by parents. Children develop according to predictable patterns which are related to age. Parents may adapt their parenting methods according to the developmental stage of the child (Tackett & Hunsburger, 1981). Parents who choose to have children present at birth may do so to support developmental tasks in such areas as sexuality and sibling roles. Because parents may choose to have children absent or present at the childbirth event for these and possibly other reasons, the participants were asked to provide reasons for their decision regarding their children's participation in the childbirth event. Age and income of parents were also important factors. Persons 25 to 35 years old with higher incomes are more likely to participate in adult educa-

tion courses. Persons older than 45 years and younger than 25 years with lesser incomes are least likely to attend classes (Harman and Brim, 1980).

Sample Selection and Settings

Two convenience samples of families from childbirth classes in the Portland area were used for this study. One sample of 19 families was drawn from children's childbirth preparation classes taught by a children's childbirth educator. These classes were held at various locations in the Portland area. Three to 10 families met for one 3-4 hour session during the seventh or eighth month of pregnancy. The purpose of these classes was to prepare the children for their presence at the event of childbirth. These families planned to have the children present for the birth of the newborn. The children, one or both parents, and the children's birth companions were present at the classes. A second sample of 18 families who planned not to have children present at the birth of the newborn was obtained from refresher childbirth preparation classes. These classes, taught by various certified instructors, had 10-12 couples and met for four 2-hour weekly sessions. Families are usually enrolled in the seventh month of pregnancy with the purpose of preparing for the labor and delivery experience.

Families attending the preparation classes were selected because they were already identified as expectant families. Most families who brought their children for childbirth classes were planning to have the children present at the childbirth event. The families who attended refresher courses were identified as having had children and were coming to review the childbirth preparation method. They may or may not have

been planning to have children present at the childbirth event.

Participant families were included in the study if the following criteria were met:

1. Each adult was able to read and write English.
2. The adult men and women couples were married or in a stable relationship.
3. The family unit contained one child in addition to the expected newborn.
4. The expectant woman was in her third trimester of pregnancy.

Procedure

A childbirth education association was first contacted by telephone. After an initial letter briefly describing this study was sent to the association, an application to conduct research was received, completed and returned. The education committee reviewed the application and then sent a letter of agreement to the investigator. The instructor of the children's childbirth preparation classes was contacted by telephone. The study was described to the instructor who then sent a letter of agreement to participate in the study.

The investigator arranged with an instructor to attend a childbirth refresher class session. After introduction of the investigator, an explanation of the purpose of the study was given (see Appendix E). Questions about the study were answered at that time. Those families desiring to participate read and signed the informed consent (see Appendix A) at a time during the class session agreed upon by the instructor and the investigator. Those families were contacted by telephone within one week to arrange an in-home appointment for completing the PSQ and

BIF (see Appendix B and Appendix C). These visits took 20-30 minutes each.

To obtain the second sample group, the investigator attended the individual sessions of the children's childbirth preparation classes after making appropriate arrangements with the instructor. Introduction of the investigator and an explanation of the study (see Appendix E) was given to those participants present. The instructor had indicated they did not wish to share class time for data collection. Families who wished to participate in the study signed informed consent forms after receiving answers to any questions they had about the study. They were contacted by telephone within one week to set up in-home appointments for completing the PSQ and BIF (see Appendix B and Appendix C). These visits took 20-30 minutes each.

Parents in both groups completed the questionnaires when the investigator made the home visit. They were asked to complete the questionnaires without consulting each other about the responses. Because of the face-to-face contact with the investigator, completely anonymity could not be assured to the study participants. However, code numbers were used on all forms. No one except the investigator had access to the participants' identifies. Furthermore, the results obtained from the questionnaires are reported in the aggregate.

Description of the Sample

A descriptive analysis of the data obtained from the two sample groups was made. Demographic data including age of parents, education, occupation and socioeconomic status of the two groups was similar. As seen in Table 1, there was no significant difference in the ages of the

Table 1

Age of Parents

	Siblings Present	Siblings Not Present	Test	P Level
Mothers	(<u>n</u> = 19)	(<u>n</u> = 18)		
Age (Years)				
21-25	1	1		
26-30	9	6		
31-35	7	11		
36-38	2	0		
Range	25-38	21-35		
Mean	30.58	30.22	t = -0.30	0.77
Fathers	(<u>n</u> = 19)	(<u>n</u> = 18)		
Age (Years)				
21-25	1	0		
26-30	4	7		
31-35	8	9		
36-40	5	2		
41 & Older	1	0		
Range	24-41	27-38		
Mean	33.32	31.94	t = -1.0	0.30

parents in the two groups. The age groupings show that the majority of parents are in the 26 to 35 year age range. It is of interest to note that the range of ages for fathers planning to have children present at the birth of a sibling (Group One) was 17 years as compared to 11 years for the second group. There were also more older fathers in Group One as contrasted with the group of fathers planning not to have children present at the sibling birth (Group Two).

The education background of the two groups of parents did not differ remarkably. Mothers with a college education were almost equally represented in each group, although there were more mothers with only a high school education in Group One. There were also more mothers and fathers who had completed college in the group not planning to have children present for a sibling birth. Fathers with backgrounds of graduate study were equally represented in each group (Table 2).

The mothers in both groups had similar occupations with most being in managerial or lesser professional roles according to the Hollingshead occupational scale (see Appendix E). Most of the fathers in each group were also in those same occupational categories. However, there were four fathers in the group not planning to have children present at the birth of a sibling who held positions as higher executives, business owners or major professionals. There were no fathers represented in this category in Group One (Table 3).

The families in each group were categorized in the middle to upper middle socioeconomic status groups. There were no families represented in the lowest classification, but Group Two had four families in the highest social group compared to none in the first group. The majority

Table 2

Education of Parents

Level of Education	Siblings Present		Siblings Not Present	
	Mothers	Fathers	Mothers	Fathers
High School	6	1	2	1
College				
1 Year	3	2	2	
2 Years	4	3	4	3
3 Years	3	2	1	0
4 Years	3	5	7	8
Totals:	13	12	14	11
Graduate Study				
1 Year			2	2
2 Years		2		1
3 Years		3		2
4 or More		1		1
Totals:	0	6	2	6
Range ^a	2-4	1-4	1-5	1-4
Mean ^a	3.11	2.16	2.56	1.94

^aHollingshead as calculated on Hollingshead Educational Scale (Appendix E).

Table 3
Occupations of Parents

Occupational Scale ^a	Siblings Present		Siblings Not Present	
	Mothers	Fathers	Mothers	Fathers
1 (Major Professionals)				4
2 (Managers)	8	6	4	5
3 (Minor Professionals)	7	9	10	5
4 (Clerical, Technical)	2		1	1
5 (Skilled)	1	4	1	2
6 (Semi-Skilled)	1		1	1
7 (Unskilled)			1	
Range ^a	2-6	2-5	2-7	1-6
Mean ^a	2.95	3.11	3.28	2.72

^aHollingshead as calculated on Hollingshead Occupational Scale (Appendix E).

of families not planning to have siblings present at the birth were in the two highest social categories, whereas the majority of families in Group One were in the second (upper middle) social category (Table 4).

There was a difference in the number of children and the childrens' ages in the groups. Parents who did not plan to have children at the birth uniformly had only one child. In contrast 47% (9) of the families who planned to have children present at the birth had two or

more children. The average age of the children in this group having children present was significantly older than the age of the children in the group not attending births (Table 5).

Table 4

Socioeconomic Status

Social Scale ^a	Siblings Present	Siblings Not Present
I (Highest)		4
II	12	9
III	6	3
IV	1	2
IV (Lowest)		
Range ^a	2-4	1-4
Mean ^a	2.42	2.17

^a Hollingshead as calculated on Hollingshead's Two Factor Index of Social Position (Appendix E).

Table 5
Characteristics of Children

	Siblings Present	Siblings Not Present
Number of Children		
Mean	1.57	1.00
Range	1-3	1
Age (Years)		
Mean	6.03	3.00
Range	2-13	1-7
Child One Age	(<u>n</u> = 10)	(<u>n</u> = 18)
Mean	6.37	3.00
Range	3-13	1-7
Child Two Age	(<u>n</u> = 9)	
Mean	5.33	0
Range	2-9	0
Child Three Age	(<u>n</u> = 2)	
Mean	4.00	0
Range	3-5	0
All Children		
Mean	5.40 *	3.00 *
Range	2-13	1-7

* $t = -3.60, p < .001$.

CHAPTER III

RESULTS

Research Questions

In this study the first research question was: Do parents who choose to have children present at the birth of a sibling have a characteristic parenting style as measured by the Wood et al. Parenting Styles Questionnaire? The parenting styles of the parents were determined through use of the Parenting Styles Questionnaire (PSQ) (see Appendix B). The responses on the PSQ were tallied for each person. The parenting style receiving the most tallies was identified as that person's dominant style. In case of ties, the parenting style was labeled as "Indiscriminate." The styles of each parent in a couple were compared. Those parents having the same style were considered "matched." Those mothers and fathers having different styles were labeled "unmatched" couples. The parenting styles of the mothers and fathers in this study are found in Table 6. In the group planning to have children present at the birth of a sibling ($n = 19$ couples), there were 2 Gardeners, 16 Consultants and 1 Indiscriminate style among the mothers. Among the fathers there were 3 Gardeners, 15 Consultants, and 1 Indiscriminate parenting style. In this group, 14 couples had matching parenting styles (Consultant) and 5 couples had styles which did not match (Table 7). Clearly there did exist one predominant style among the fathers and mothers in this group. Moreover, parents agreed on their approach 74% of the time.

A second question asked: Using the Wood et al. Parenting Styles Questionnaire, do parents who choose to have children present at the

Table 6
Parenting Styles

	Siblings Present	Siblings Not Present
Mothers	(<u>n</u> = 19)	(<u>n</u> = 18)
Potter (1)	0	0
Gardener (2)	2	0
Maestro (3)	0	1
Consultant (4)	16	17
Indiscriminate (5)	1	0
Fathers	(<u>n</u> = 19)	(<u>n</u> = 18)
Potter	0	0
Gardener	3	1
Maestro	0	0
Consultant	15	17
Indiscriminate	1	0

birth of a sibling differ in parenting style from those who do not? A second group of parents (n = 18 couples) showed findings strikingly similar to the first group. Among the mothers there were 17 Consultants and 1 Maestro. Among the fathers were 17 Consultants and 1 Gardner (Table 6). There were 16 matched couples (Consultants) indicating agreement in parental approach in 89% of couples and 2 unmatched couples (Table 7).

These findings indicate that although parents planning to have children present at the birth of a sibling had the same parenting style, this parenting style did not differ from that in the second group of parents not planning to have children present at the birth.

Additional Data

Themes for including and/or excluding children from the birth of a sibling were identified from the review of literature and the actual parental responses. Tallies were made to determine the most frequently cited themes. For parents who planned to include their children in the birth of a sibling, there were 15 mothers and 10 fathers who stressed the importance of the birth as a family event. They stated that their children were members of the family and needed to be present at the important event of a birth. The educational value of the child's presence during the birth was cited by eight mothers and nine fathers. Two additional mothers stated it would be a "valuable" experience, which

Table 7

Matching Parenting Styles

	Siblings Present (<u>n</u> = 19)	Siblings Not Present (<u>n</u> = 18)
Matched (<u>n</u> = 30)	14 (73.7%)	16 (88.9%)
Not Matched (<u>n</u> = 7)	5 (26.3%)	2 (11.1%)

might be interpreted several ways including family togetherness, education, or bonding. Bonding and/or attachment of the child with the newborn sibling was mentioned by eight mothers and five fathers. Closely related to this idea was the hope that this experience would help reduce sibling rivalry (three mothers and two fathers). Three mothers and one father noted that it was the child's interest in the pregnancy and birth process which had prompted their decision to include them. Other reasons expressed for including the children were: to support the child's decision to participate (two mothers, two fathers); to provide support for the mother (one mother); and to "compensate" for child's absence at a prior sibling birth (one mother). Two fathers expressed it was their wives' wish. In addition, there were two families in this group who were not including some of their children because they considered that they were either too young (1 and 2 years old) or not interested in the experience (5 years old).

In the group of parents who were not planning to include their children in the birth of the sibling, there were various reasons given for the decision. The most common reason, however, was that they considered the children to be too young (16 mothers, 12 fathers). Comparisons of the ages of the children who were excluded for reasons of age were made. The average age of the child in Group One was 1.5 years, and in Group Two the average age was 3.33 years. Perhaps related to age was the fact that the children were considered unable to understand the event by two fathers. Concern that this might be a fearful or upsetting experience to the children was expressed by five mothers and four fathers. Several thought that the child was too sensitive to the mother's

discomfort (two mothers, three fathers) and might become upset with the mother's labor experience. Concern that the child might receive a negative view of the event in case of complications was stated by one mother and one father. One mother and one father cited potential "harm" to the child. Although the children would not be present for the birth, four mothers and four fathers indicated that the child would be nearby and brought in to see the newborn right after the birth so as to promote bonding and/or decrease feelings of jealousy. Other families stated they were involving the children in other aspects of the pregnancy (one mother, two fathers). Two mothers stated that their children (each 5 years old) had shown no interest in the event. Inconvenience because there was no one to care for the child was cited by three mothers with 2-year-old children and five fathers with 2- and 3-year-old children. Infrequent reasons given were: no reason to include the child (one mother, one father); hospital policy did not allow (one father); and belief that the child could not be prepared to witness birth (one father). Most mothers and fathers stated at least one similar reason for including (16 couples) or for excluding (13 couples) a child. When statements were dissimilar, the reasons were not in disagreement, except perhaps the statement: "It's what my wife wants." Rather, the reasons were complementary, such as: "The child is too young" (mother) and, "we would need a companion" (father).

CHAPTER IV

DISCUSSION

The purpose of this study was to determine if parents who choose to have children present at the birth of a sibling have a characteristic parenting style. It was further asked if parents who choose not to have children present at the birth differ from the first group in their approach to parenting.

Findings

The demographic data was similar for both groups of families. They were in the middle-class socioeconomic group as determined by Hollingshead's Two-Factor Index of Social Position (Appendix E). The sample did not vary from that which could be predicted from the literature. In the review of the literature, it was noted that those families who chose to have children attend the birth of a sibling tended to be from middle- to upper-class socioeconomic backgrounds (Mehl et al., 1977). The ages of the parents ranged from 21-41 years ($\underline{M} = 31.5$). Also, most of the parents in the families sample had a college-level education. It may be that these families have delayed childbearing to complete college studies and to establish careers or occupations. Harmen and Brim (1980) noted that persons with lesser incomes and under 25 years or older than 45 years are less likely to attend education classes. The entire sample for this study was drawn from parents and children who were attending childbirth classes.

The fact that those families choosing to have children present at the birth had more children ($\underline{M} = 1.57$), who were older ($\underline{M} = 5.04$ years) as compared to the second group ($\underline{M} = 1.00$ children; $\underline{M} = 3.00$ years) is

of interest. Tackett and Hunsberger (1981) state that parents may adapt their parenting methods to the developmental stage of the children. Parents who choose to have children present may perceive that their children can understand, enjoy, or otherwise appreciate the birth process and the experience of seeing the newborn during and immediately after birth. Parents who excluded their children gave reasons of being too young, unable to understand and the potential of a harmful experience. These reasons could also be interpreted as consideration of the child's age and/or developmental stage.

In relation to sex of the child, there were 15 girls and 12 boys attending the births. Although there are more girls than boys, it does not seem to indicate a trend as was noted in the study by Leonard et al. (1979). Young age rather than sex was the reason given most often for exclusion of children from the birth event.

Research Questions

Results from the Parenting Styles Questionnaire (PSQ) indicated that parents choosing to have children present at the birth of a sibling reported a characteristic parenting style, the Consultant. The same style characterized those parents choosing not to have their children present at the birth of a sibling. This was true of both individual parents and couples in the groups. Several explanations can be offered for these findings. First, the groups did not vary in their demographic characteristics. They were similar in age, education, occupation, and socioeconomic status. Kohn (1963) has shown that socioeconomic status influences the attitudes and childrearing practices of parents. Middle-class parents share similar values and expectations of their children.

All participants were selected from parents who attended some type of classes. Both Consultant and Maestro parents will seek out assistance for developing insight and skills. Maestro parents in particular will attend workshops or consult experts about parenting practices. These parents also expect their children to take an active part in the family group. Consultant parents see themselves and their children as constantly learning and growing. They respect their children's rights and relate to them as peers. Thus, the method of selecting participants from educational classes might be expected to have influenced the results. It is surprising that, given their characteristics, Maestro parents were not represented more in the groups.

The PSQ may also have inherent biases. It has not been used previously for research, nor been tested for reliability or validity. The choice for the Consultant parenting style is not randomized. In fact, this choice is in position four in 10 of the 20 questions. This positioning may actually "lead" a parent to select that response. Another factor is that Pattern One (Potter) responses emphasize punishment rather than rewards for children's behavior. Reasons of social desirability may lead parents to choose responses other than Potter. The Potter response was chosen no more than four times by any parent in the study. Moreover, 24 mothers and 26 fathers selected the Potter choice only once or twice. The average selection of Potter choices was 1.96. In contrast, the average selection for Gardener, Maestro and Consultant choices was 4.35, 3.65 and 10.04, respectively.

It may be that there is no relationship between parenting style and including or excluding a child in the birth of a sibling. Although

there are theoretical indications that parenting style might influence such a choice, this was not documented in this study. There has been much information available to people about trends in childbirth (Klaus and Kennell, 1982). Middle-class parents have access to such information from the media of television, radio and printed materials. They also are more likely to seek additional information about childbirth experiences from friends and professionals. According to Kohn (1963), this practice of consulting by parents is a search for confirmation of their beliefs and practices. They regard childrearing as a problem-solving endeavor and look to resources for more serviceable techniques in rearing their children. Some parents may perceive that there is social endorsement for the practice of including children in the birth. A negative social endorsement may be felt by others. The practice of including children in the birth may also be seen as an innovation which can serve parents' childrearing goals (Kohn, 1963). It may simply be that the parents in the two groups chose different methods to meet their goals of parenting.

Finally, it may be that these two groups did not really differ from one another, but rather represented a very similar population at a different phase of family development. The significant difference in the number and ages of children between groups may indicate that when a couple's first child becomes older, they may begin to consider the appropriateness of including them in subsequent births.

The fact that such a large percentage of parents were Consultants is appropriate given that the samples were chosen from childbirth education classes. However, closer evaluation of the responses indicates

some potential biases, especially against the Potter style. For instance, in Question 3, the Potter choice was selected by 19 parents in Group One and 23 parents in Group Two. They selected the response that parents should clearly determine and explain rules to a 4-year-old child. The desire to have a socially acceptable behaving child as well as consideration of the child's young age may be operating for these parents. The word "explained" may be appealing, because it does involve the child in the process of rulemaking.

Question 16, which asks how a parent would establish good table manners, also showed an overwhelming choice of Potter by 31 parents. In this case, the Potter choice stated "Explain and demonstrate the desired behavior, and praise the child for observing these rules." As with Question 3, the factor of social desirability could be operating in this sample of middle-class parents. The words "explain," "demonstrate" and "praise" in the Potter's response may have made it an attractive choice.

Although mothers and fathers were generally in agreement in their parenting approach, a few questions showed clear divergence. For instance, Question 5 asks about a 3-year-old's desire to be left with a babysitter. The majority of Group One mothers chose Gardener (9) and Consultant (9). Group One fathers chose Gardener (14) in the majority. Twenty-five parents in Group Two chose the Consultant style. Both Gardener and Consultant choices in this question acknowledge the child's feelings and extend parental support to the child. Parents may have focused on the feelings and support aspect of the responses.

Mothers and fathers differed in their choices for Question 8 which

dealt with preparation of a child for kindergarten. Mothers selected Consultant 24 times, whereas fathers selected Maestro 20 times. The Consultant choice focuses on the child's feelings of confidence, whereas the Maestro choice focuses on developing language skill. These choices could possibly reflect a male and female view of what is important for the child to have and to do as they go to school. It may be, as Kohn (1963) suggests, that the choices reflect the middle-class parents occupational circumstances which require self-direction and skill in interpersonal relations. The mothers and fathers could also be taking special responsibility for supporting the child in a specific area of development. It may also show a difference in mothers' and fathers' perceptions of the child's needs at this age.

Parents also differed on Question 1 about a goal for raising children. The Consultant goal ("Finds a fulfilling way of life") was selected 18 times by fathers and 8 times by mothers. The Gardener goal ("Is a happy, loving person") was selected 12 times by fathers and 19 times by mothers. Each of these choices reflect the personal feelings of the child and could have presented a difficult choice to the parents. Men may be acknowledging the reality of working ("way of life"), and women may be focusing on the feeling tone of "happy, loving." Middle-class parents who have a secure financial base also have time to be concerned about a child's feelings and their development of self-realization.

There were some questions (i.e., 6, 11, and 18) that showed an evenly distributed selection by all parents. From the examples in the preceding paragraphs though, several concerns could be raised. There may be certain words such as praise (Question 16), rules (Question 3),

enjoy (Question 14) or independence (Question 8) that lead a person to select a certain response. Parents may in reality adjust their style to a child's age and/or situation as in Questions 3 and 5. It is also possible that parents' choices will reflect their gender (Questions 1 and 8).

Additional Data

Reasons given for including children in the birth event were varied. The most frequent reason given was that the birth was a family event. This could be interpreted as wanting to promote bonding in the family. It could also reflect a wish of the parents for the child to be included as noted in the study by Leonard et al. (1979). Consultant parents also relate to their children as to a peer and are sensitive to children's feelings (Wood et al., 1978). It may be that parents perceive that the children will experience fears, feelings of abandonment, or jealousy if not included in the birth event as a member of the family.

The educational value of the experience was also expressed. Consultant parents consider that their children are always learning and growing. They discuss ideas and try out new concepts (Wood et al., 1978). In the study by Mehl et al. (1977), the children who attended a birth had accurate ideas about the birth process. In this study, families may have viewed the birth experience as a learning opportunity for the child's sex education.

Bonding, attachment and reduction of sibling rivalry were also frequent reasons cited by parents. Van Dam Anderson (1979) discussed the possible critical attachment period for siblings. These families

may consider it important not only for themselves but also for the sibling to become acquainted with the newborn by observing the birth and becoming acquainted with the infant immediately after birth. As discussed previously, information available to the lay public about the childbirth experience and the bonding phenomenon may also be influencing parental choices.

The main reason given by parents for excluding children was that they were too young. The average age was 3 years for the children excluded from births. Age was also the reason given by two families who included some but excluded other children. One family stated that a developmental handicap made their child too young to be present at the birth event. A second family with a 2-year-old had recently moved to the area. They stated they would have difficulty finding a birth companion for the child and that the child was too young to attend alone. The consideration of age is noted in the suggestion by Leonard et al. (1979) that children under age 4 not attend births. The importance of a birth companion for the child is stressed by both Van Dam Anderson (1979) and Mehl et al. (1977). In the group of families who included their children in the birth event, the young children were being provided a birth companion, and in seven families, the children were part of a sibling group. A recommendation by Leonard et al. (1979) stated that children under age 4 should not attend births unless they were part of a larger sibling group because they are less likely to ask questions and are likely to be dependent on their mothers for emotional support. Families in this study may be accurate in their perceptions of their children's abilities to cope with the birth events depending on the

child's age and availability of support. The young child's inability to understand, the potential of a fearful or upsetting experience, sensitivity to mother's discomfort, and potential of acquiring a negative view of birth may be seen as consideration of the child's individual differences and developmental needs (Wood et al., 1978).

The second most common group of reasons focused on the possibility of the birth event creating fear, a negative impression or some other harm for the children. These reasons could also reflect Consultant parents' assumptions of responsibility for their children's emotional health (Wood et al., 1978). It may be that the parents chose to exclude a child rather than risk having the child acquire a negative experience with birth. This would be in contrast to parents who included children so they could view birth as a natural process (Mehl et al., 1977).

Some parents did consider the importance of bonding of the children to siblings but chose instead to have the children brought for a visit with the sibling right after the birth. Allowing the child to show interest reflects a principle of Consultant parents. Children are encouraged to recognize and express their own needs (Wood et al., 1978).

The unavailability of a support person for the child was given as a reason by eight parents. The importance of a support person (birth companion) for a child was noted previously. Consultant parents understand themselves and their needs (Wood et al., 1978). It is possible that these parents recognized their need to support each other through the birth. The presence of a child would have been distracting. It may be that if a support person had been available for these children, they would have been included in the birth event.

CHAPTER V

SUMMARY

Included in this chapter are a synopsis of the study, identification of limitations of the study, and nursing implications. Recommendations for future study are also made.

Synopsis

The purpose of this study was to determine if there was a characteristic parenting style of parents who chose to have children present at the birth of a sibling. Secondly, it was questioned if parents who chose to have children present at the birth of a sibling differed in parenting style from those who did not choose to have children present at birth. A sample of 19 parents having children present at birth was obtained through a children's childbirth education class. A sample of 18 parents not having children present at birth was obtained from refresher childbirth education classes. The parents having children attend the birth of a sibling had the characteristic parenting style of Consultant. However, the parents not having children present for the birth of a sibling also had the Consultant parenting style. The results would lead to consideration of other factors that would influence a parental decision regarding presence of children at the birth of a sibling.

Limitations

The results of this study were limited by several factors. The method of obtaining participants presents some biases. Only those parents aware of the classes, able to pay the class fees, secure the time, and obtain transportation would have attended the classes from which the

participants were obtained. All the participants were volunteers. Such purposive samples may not be representative of the population of parents chosen for study. The generalizability of the study is also affected by the fact that both groups were homogeneous in socioeconomic status.

The Parenting Styles Questionnaire also has limitations. It has not been used in research before. The content was developed by three parenting experts, but validity and reliability have not yet been established. The Consultant style choice is not randomized throughout the questions. There also seems to be a bias of social undesirability for the Potter style.

Implications for Nursing

With the increased emphasis on childbirth as a family-centered event, nurses are in contact with more families desiring to have children present at the birth of a sibling. Families often view nurses as similar to a family member and look to them for advice, guidance, and support in their experiences. It would be optimal if nurses were familiar with parenting styles and the principles supporting them. Assessment of a family's parenting style would provide insight into parental decisions. It would also help nurses to plan and implement interventions which would be congruent with parents' styles and thus increase the probability of acceptance of the interventions.

With the increased use of technology with childbirth, nurses can guard against the dehumanizing effect such technology may have on families. By supporting family integrity and autonomy in a potentially stressful experience, the nurse can actually contribute to the strength

of the family unit as it seeks to unite and strengthen the bonds of its individual members.

The nurse may also have to serve as an advocate for parents and their decisions with other health team members. The issue of children's presence at birth is not without controversy. The nurse can serve on committees which review policies for the birthing area. Utilizing available research, the nurse can help develop supportive protocols for children's presence at the birth of a sibling.

Recommendations for Future Study

The following suggestions are made for future study:

1. The Parenting Styles Questionnaire should be revised and tested for validity and reliability.

2. A similar study utilizing a more heterogeneous sample should be conducted.

3. Studies looking at factors other than parenting styles that may be related to the decision to have children present at birth should be done.

4. Longitudinal studies could be made regarding parents' decisions about children's presence at birth and later responses of parents and the children.

5. A longitudinal study of the effects or results of being present at the birth of a sibling should be made on the children with consideration of such factors as age and preparation of the children at the time of the experience.

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APPENDIX A
INFORMED CONSENT FORM

OREGON HEALTH SCIENCES UNIVERSITY
SCHOOL OF NURSING

I, _____
(First Name) (Middle Name) (Last Name)

agree to participate in a study titled "Parents and Children: Participation in Childbirth" conducted by Kathleen M. Sims, R.N., B.S., and supervised by Carol Howe, C.N.M., D.N.Sc. The purpose of the investigation is to study families with children and their choices regarding childbirth events.

I agree to:

1. Be called by the researcher to arrange an appointment for completing the questionnaires.
2. Complete a background information form.
3. Complete a parenting style questionnaire.

These activities will take approximately 20-30 minutes. It is my understanding that the information obtained will be kept confidential. My name will not appear in any record or report. Code numbers will be used to protect my privacy. The information I give will be reported as part of group data for research and educational purposes. Individual responses will not be identified.

Any questions I may have about participating in this study will be answered by Kathleen M. Sims in person or by telephone at (503)287-9076. I understand that I may refuse to participate or withdraw from participating in this study at any time without affecting my relationship with the instructor of the childbirth preparation class.

While I may not benefit directly from participation in this study, my participation will help health care professionals learn more about families' choices for their birth experiences.

It is not the policy of the Department of Health and Human Services, or any other agency funding the research project in which you are participating to compensate or provide medical treatment for human subjects in the event the research results in physical injury. The University of Oregon Health Sciences Center, as an agency of the State, is covered by the State Liability Fund. If you suffer any injury from the research project, compensation would be available to you only if you establish that the injury occurred through the fault of the Center, its officers or employees. If you have further questions, please call Dr. Michael Baird, M.D., at (503)225-8014.

I have read the foregoing statements, understand what is required of me and agree to participate in the study.

(Date)

(Signature of Participant)

(Home Telephone Number)

APPENDIX B
PARENTING STYLES QUESTIONNAIRE

OREGON HEALTH SCIENCES UNIVERSITY
SCHOOL OF NURSING
PARENTING STYLES QUESTIONNAIRE

Instructions:

Each of the following questions has four responses. Select one response that appeals to you the most. In some instances you may like more than one of the choices. Select the one that you feel best matches your own ideas. Circle the number of your response choice. Keep in mind that there are no right or wrong choices for these questions.

1. The most important goal in raising children is that the child:
 1. Becomes a competent, responsible adult.
 2. Is a happy, loving person.
 3. Finds a fulfilling way of life.
 4. Grows up to be a productive member of society.

2. What would you say if your six-year-old complained that she couldn't fall asleep because she was afraid of the dark?
 1. "You aren't afraid of the dark at your age, are you?"
 2. "Come into our room for a little while and then you can go back to sleep."
 3. "I'll leave a light on for you and then you won't be in the dark."
 4. "What might make you feel safer?"

3. When a family establishes rules for a four-year-old, the rules should be:
 1. Only those absolutely necessary for the child's physical and psychological safety.
 2. Made by joint negotiations between parents and child.
 3. Clearly determined and explained by the parents.
 4. Presented to the child and, when appropriate, modified in a family council.

4. Your twelve-year-old daughter complains: "I'm ugly!" You should:
 1. Help her to set up a systematic program for improving her physical appearance.
 2. Listen carefully to discover what feelings she has that are giving her a low opinion of herself.
 3. Reassure her that there are many very attractive things about her.
 4. Enroll her in a modeling course.

5. Your three year-old does not want to be left with a baby sitter. You tell her:
 1. "Mother and Dad must go now. We know you don't want us to. What might help you feel better about our being gone?"
 2. "We'll set the alarm clock, and when it rings, Mother and Dad will be home."
 3. "We know you will be all right. We will be back, and you know and like your baby sitter."
 4. You're a big girl, and big girls don't need to fuss about staying with a babysitter.

6. When your child is faced with a problem, your greatest concern is that your child:
 1. Solves the problem correctly.
 2. Considers various alternatives and their outcomes.
 3. Faces the problem and attempts to change the situation.
 4. Doesn't get too anxious or discouraged.

7. Your fourteen-year-old has just been caught shoplifting. Your first reaction is:
 1. How could he do this to us?
 2. Almost every one has tried it once in his life.
 3. What have we done wrong?
 4. I must go to my child.

8. To prepare a child who is about to enter kindergarten, you would:
 1. Provide opportunities for language development through family activities including games, conversations, and reading.
 2. Teach the child to read by using a reading kit or by enrolling the child in a reading program.
 3. Make no special preparations for school, confident that the child will learn whatever he is developmentally ready for.
 4. Build the child's self-confidence and independence.

9. If your nine-year-old says she is running away, you would:
 1. Allow the child to leave keeping a check on her safety, and letting her discover for herself that this course of action will make her unhappy.
 2. Explain that you love her and cannot let her run away because you would miss her too much.
 3. Clearly define the punishment which would follow such a foolish act.
 4. Analyze with the child what feelings make her want to run away and discuss what the family can do to help with those feelings.

10. What would you do if your six-month-old child is not sleeping through the night?
 1. Determine from the start not to spoil him. Let him cry until he falls asleep on his own.
 2. Respond immediately to his cries, resigning yourself to "live through it" until his nervous system is sufficiently mature.
 3. Be sure the child is physically comfortable so he can settle himself. Provide a favorite blanket within the child's reach.
 4. Be sure the child is physically comfortable and psychologically relaxed. Then wait five minutes before going in to help him settle back to sleep.

11. You want to establish good communication with your children now so that you avoid the kinds of problems that you see friends experiencing with their older children, so:
 1. You teach your children how to develop communication skills.
 2. You require that your children listen to others without interrupting so they will acquire good listening habits.
 3. You encourage your children to express their feelings through words instead of actions.
 4. You develop your own communication skills so you can provide a good model for your children and use better skills with them.

12. Your ten-year-old started taking piano lessons. How would you get him to practice?
 1. Designate one hour in the day during which he must practice. Reward him for keeping to this schedule.
 2. Establish with the child a daily time for practice. If that time doesn't work, examine together why and negotiate a new schedule.
 3. Applaud the child's efforts to practice, but leave it to him to decide how much and when he will practice.
 4. Set a time for him to practice that leaves room for his other activities. Explain that the lessons will continue only as long as he practices.

13. You discover that your seven-year-old tells lies. You feel that:
 1. He will change when he experiences negative social consequences.
 2. He is sending a non-verbal message which you must try to understand.
 3. He is going through a transient stage.
 4. It is morally wrong.

14. You are concerned about your child's spiritual development, so you:
 1. Invite your young child to attend services with you if she wants to. However, you let the child decide about her religious affiliation for herself when she reaches her teens.
 2. Insist that the child participate in all religious activities with you.
 3. Carefully structure attendance at services and other religious activities so that your child enjoys them.
 4. Examine your own religious beliefs. Discuss your own and other religions and philosophies with your child, exploring various ideas and customs.

15. You're tired, and it is drizzling, but your three-year-old begs and begs to be taken out. What do you tell him?
 1. "All right, but I have to rest for awhile first. I'll set the hands on your clock. Come and get me when the hands on our clock match the hands on your play clock. Then we'll put on our raincoats and boots and go out for awhile."
 2. "I don't like being nagged and we won't go out today in the rain. You can ask me nicely another day and we will arrange to go out together. Now please find something else to do."
 3. "All right, you've been cooped up all day. Put on your raincoat, hat and boots and we'll go out."
 4. "Put on your raincoat, hat and boots and play outside in the yard for while. I'm too tired to go out, but I'll watch you from here."

16. To establish good table manners you would:
 1. Assume the child will develop desirable habits as he matures physically and socially.
 2. Explain and demonstrate the desired behavior, and praise the child for observing these rules.
 3. Model the desired behavior.
 4. Remove the child's plate when his table manners are offensive.

17. Your son, a high school senior, has informed you he does not intend to go to college.
 1. You ask what his plans are and assure him that there are many things he can do that will make him happy.
 2. You remind him that if he is to achieve the goal of a career in architecture, he has to go to college.
 3. You arrange for him to get aptitude testing and vocational counseling so that he can discover for himself what occupations his skills match.
 4. You discuss with him what he thinks he would like to do, sharing with him your experiences and information. Together you brainstorm steps he could take to prepare to enter fields which would interest and fulfill him.

18. Your three-year-old is not yet toilet trained although most of your friends' children his age are.
 1. You do not worry, confident that each child is different and that he will show an interest and be quickly trained when he is ready.
 2. You put him on a schedule of visits to the potty every two hours. You reward him with a cookie each time he is successful in using it.
 3. You encourage him to follow the models of his daddy and older brothers, explaining, "You will be able to use the toilet like the big boys when you are ready. Tell me when you want to try."
 4. You consult books and talk to your friends in order to try to find out what training techniques others have found successful.

19. Your eleven-year-old says she has no friends, that no one will play with her.
 1. You explain to her that if she would be less bossy she would have lots of friends.
 2. You phone a friend and arrange for your daughter and hers to go skating one afternoon.
 3. You realize that at this age most children go through a period of feeling rejected. You reassure her that soon she'll have many friends.
 4. You sympathize with her feelings of frustration and unhappiness and help her plan ways to try to gain new friends.

20. You want your children to be responsible for keeping their own rooms neat.
 1. You promise that each evening that the bedrooms are picked up there will be a special treat.
 2. You set up expectations for each child according to their respective ages.
 3. One day you collect the toys scattered on the floor, put them in a box in the basement, and calmly announce that the children may have the toys again if they can keep their rooms neat for a week.
 4. The family discusses the problem of messy rooms. Both parents and children express their views. You negotiate a solution that is realistic for the children to carry out and that everyone can live with.

APPENDIX C
BACKGROUND INFORMATION FORM

Code # _____

OREGON HEALTH SCIENCES UNIVERSITY

SCHOOL OF NURSING

BACKGROUND INFORMATION FORM

- _____ 1. I am: _____ Mother _____ Father
- _____ 2. Expected date of delivery: _____
- _____ 3. My birthdate is: _____
 _____ Month Day Year
4. My children's birthdates and sex and our plans for birth attendance are:

	Month	Day	Year	Sex	Will attend birth? (Please circle)
_____ Child #1					Yes No
_____ Child #2					Yes No
_____ Child #3					Yes No
_____ Child #4					Yes No
_____ Child #5					Yes No

- _____ 5. I have completed the following level of education: (Circle one)
- Grade School 1 2 3 4 5 6 7 8
- High School 9 10 11 12
- College 13 14 15 16
- Post Graduate 17 18 19 20 or more

6. My occupation is: _____
(Briefly describe)
7. Could you share with us the reasons for your decision to include and/or not include any of your other children in the birth of your expected child?

APPENDIX D
EXPLANATION OF THE STUDY

EXPLANATION OF THE STUDY

The following explanation will be given to participants in the children's childbirth preparation classes and the childbirth preparation refresher classes:

I'm Kathleen Sims, currently a graduate nursing student at the Oregon Health Sciences University School of Nursing. I am now involved in my thesis research. The title of my thesis investigation is "Parents and Children: Participation in Childbirth." The study will look at families with children and their choices regarding childbirth events. Those families who wish to participate will be asked to read and sign a consent form tonight (today). I will contact you by telephone within a week to arrange for a home visit when both you and your spouse will be available to complete two short questionnaires. The visit should take no more than 20 to 30 minutes. The information that you give will be confidential with anonymity assured through use of code numbers. Are there any questions that I may answer now?

Pause.

I have arranged with your instructor that those desiring to participate in this study may read and sign consent forms (state time). Thank you.

APPENDIX E

HOLLINGSHEAD'S TWO FACTOR INDEX OF SOCIAL POSITION

Hollingshead's Two Factor Index of Social Position

Variable measured: Positions individuals occupy in the status structure.

Occupational Scale: Ranking of professions into different groups and business by their size and value.

1. Higher Executives of Large Concerns, Properties, and Major Professionals.
2. Business Managers, Proprietors of Medium-sized businesses, and lesser Professionals.
3. Administrative Personnel, Owners of Small Businesses, and Minor Professionals.
4. Clerical and Sales Workers, Technicians, and Owners of Little Businesses (Value under \$6,000).
5. Skilled Manual Employees
6. Machine Operators and Semi-skilled Employees
7. Unskilled Employees.

Educational Scale:

1. Graduate professional training: persons who completed a recognized professional course that led to the receipt of a graduate degree.
2. Standard college or university graduation: all individuals who had completed a 4-year college or university course leading to a recognized college degree.
3. Partial college training: individuals who had completed at least one year but not a full college course.
4. High school graduation: all secondary school graduates whether from a private preparatory school, public school, trade school, or parochial school.
5. Partial high school: individuals who had completed the tenth or eleventh grades, but had not completed high school.
6. Junior high school: individuals who had completed the seventh grade through the ninth grade.
7. Less than seven years of school: individuals who had not completed the seventh grade.

Factor	Scale Score	Factor Weight	=	Partial Score
Occupation	i.e., 3	7		21
Education	i.e., 3	4		<u>12</u>
Index of Social Position Score				33

The range of scores in each of five social classes are:

<u>Class</u>	<u>Range of Scores</u>
I	11-17
II	18-31
III	32-47
IV	48-63
V	64-77

Copied from Miller, D.C. Handbook of Research Design and Social Measurement. New York: David McKay Co., Inc. 1977.

AN ABSTRACT OF THE THESIS OF
KATHLEEN MARIE EICHNER SIMS

For the MASTER OF NURSING

Date of Receiving this Degree: August 3, 1984

Title: PARENTS AND CHILDREN: PARTICIPATION IN CHILDBIRTH

APPROVED:

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The purpose of this study was to determine if parents who chose to have children present at the birth of a sibling had a characteristic parenting style. A second question asked if there was a difference between characteristic parenting styles of a group of parents who chose to have children present at birth and a group of parents who did not. The independent variable was parenting style as measured by the Parenting Styles Questionnaire (PSQ) developed by Wood, Bishop & Cohen, who identified four parenting styles (Potter, Gardener, Maestro, and Consultant). The dependent variable was the parent's choice regarding children's presence at the birth of a sibling.

A static group comparison design was used with two group of parents. Volunteer participants were obtained through refresher childbirth education classes and children's childbirth preparation classes. There were 19 families choosing to have children present at the birth of a sibling and 18 families in the group choosing not to have children present. Questionnaires were completed in the subjects' homes.

A descriptive analysis of the data was done. Appropriate statistical tests were done to determine any significant differences in demographic data of the two groups.

The predominant parenting style of both groups was the Consultant. Regardless of the choice to have children present at birth, 87.8% of the parents were Consultants. Therefore, although there was a predominant style for parents who chose to have children at the birth of a sibling, it did not seem to be the discriminating variable in the choice. Participants in each group were volunteers and had similar demographic characteristics. It may be that there is no relationship between parenting style and the decision to include or exclude children in the birth of a sibling.

Nine families (47%) having children present at the birth event had two or more children. This may indicate parents who have had more experience with children's needs and capabilities. The children were also significantly older than those who were excluded from the birth event. Therefore, the discriminating factor between these two groups may have been the age of the oldest child.

The major reasons for including children in the birth included the importance of the birth as a family event, the educational value of the experience and bonding or reduction of sibling rivalry issues. The most common reason given for excluding children was that they were too young.

Nonrandom selection of the participants and use of the PSQ were the primary limitations to the study. The PSQ had not been tested for reliability or validity. It was utilized for this study because of its

brevity, understandability, congruency with a framework of parenting styles, and the availability of one of its authors for consultation.

These findings indicate a need for additional research about values and beliefs which underlie parenting styles and decisions.