

INFLUENCES ON FAMILY PLANNING AMONG LOW INCOME WOMEN,

by

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CHAPTER I

INTRODUCTION

Need for Fertility Studies

The fact is not widely recognized that the United States itself has an immense population problem. Indeed, the United States faces many problems, including the increasing amount of environmental pollution, the increasing technological impact, the increasing social instability. Conservative estimates expect America's childhood population (14 years and under) to leap from 53 million in 1960 to around 100 million in the year 2000. Certainly such an increase in our childhood population will only aggravate existing inadequacies in developing each child's potential, particularly in the lower socioeconomic segment of our society. With so many more children to be eventually educated, given medical care and eventually employed, this country may find itself totally unprepared to meet their needs (Beasley, 1973:52).

In contrast to Beasley's predictions, another source projects that with the present leveling off of the reproduction rate to an average 2.1 children per family, a stabilization of the population should occur in about 70 years (World Population Conference 1974). Regardless of the actual population projections for the future, interest in fertility control has been stimulated by the increasing recognition of the population problem and associated concern for the development of all human potential. In order to take constructive steps toward population control, variables associated with fertility performance must be identified and given recognition.

Background of the Study

Hadden and Borgatta (1969:317) discussed numerous factors relevant to fertility control, but concluded that ". . . with regard to social factors, the most basic variables associated with fertility performance are income and education." Calderone (1964:4) also supported this notion, by stressing that ". . . family economics and local social organizations directly influence the day to day process of making the decisions and establishing the habits which will determine the number of children produced."

The situation in the United States is that many couples manage to control the number of children they have, but some families create real social concern by having more children than they really want or can provide for. The middle class family has been able to control family size quite effectively. However, traditionally and in reality, it is the ". . . poor people--the working class--the lower class. . ." who have too many children (Rainwater, 1960:2). As late as 1960 Rainwater estimated that approximately one half of this country's population belonged to the lower class. He characterized lower class membership by the following criteria: hold manual, "blue collar" occupations; incomes, on the average, are lower than those of higher status people; generally live in neighborhoods regarded as not very desirable; and high school completion, if accomplished, is the highest educational attainment.

It has been suggested that the negative association between income and fertility performance has diminished considerably since the

depression years of the 1930's (Whelpton, Campbell and Patterson, 1966). One source reported an actual drop in the rate of unwanted births between the 1961-1965 period and the 1966-1970 period as ". . . a decline of 36 percent in the number of unwanted births per 1,000 woman years of exposure to the risk of unwanted childbearing." (Westoff, 1972:9).

However, Harkavy and Maier (1973:213) maintained that:

". . . although the contraceptive use rate of U. S. couples is among the highest in the world, and although this country is in the midst of a period of unprecedented low overall fertility, the incidence of unwanted pregnancy has been characterized by the Commission on Population Growth and the American Future as of epidemic proportion."

A 1974 report on Family Planning Service Needs in the United States indicated that:

". . . 9.2 million women from families at or below 200 percent of the federal poverty index are estimated to be in need of family planning services to prevent unwanted pregnancy. Of this 9.2 million, 1.3 million women are low and marginal income teenagers, 4.3 million women are in their peak reproductive years of 20-29 and 3.6 million women are 30-44 in age." (Center for Family Planning Program Development, 1974:27).

The 1.3 million low-income teenagers in need of family planning services have received wide public attention (Campbell and Cowbig, 1967), due to the fact that the number of illegitimate births has nearly tripled in the span of 25 years (Phi Delta Kappan, 1968). More specifically, the increase has been from 7 per 1000 births to 23 per 1000 births (Fufita, Perthou, Pion, and Wagner, 1973). This increase is attributable to the fact that there are many more young women of

reproductive age in the population at risk than there were previously (Yurdin, 1970). Nearly 150,000 teenagers each year become pregnant out-of-wedlock and the annual increase predicted for the next decade is 30,000 (Phi Delta Kappan, 1968). That the increasing number of teenagers who give birth out-of-wedlock is contributing to the immense population problem of this country is obvious (Bioscience, 1970).

Public concern for this group of young mothers has grown due to the increased recognition of the educational, medical and social risks, which usually result in lost or devalued human potential. Increased risks are present when socioeconomic background, ethnic origin, and the age of the mother are considered. Educationally, school age mothers are high risks because pregnancy is the major cause of school dropouts among females in the United States (Braen, 1971). Incomplete education contributes to unemployment, underemployment, and welfare dependency (Howard, 1972). Medically, adolescent mothers have increased health complications during pregnancy. A higher incidence of prematurity and perinatal deaths exist for infants born out-of-wedlock than for infants born in-wedlock (Sarrell and Lidz, 1970). Rates of perinatal mortality, prematurity and other complications of pregnancy differ among ethnic groups, being lowest for whites and highest for non-whites (Herzog and Berstein, 1964). Socially, school age mothers are high risks because of the number of forced marriages which usually end in divorce and therefore contribute to family instability. This group also has a high rate of suicide (Howard, 1972). In many instances, the first out-of-wedlock pregnancy signals

the beginning of a continuous cycle--". . . failure to continue school, dependence on the welfare system, no stable family life of their own and reproduction of other illegitimate children" (Sarrell and Lidz, 1970:25). This cycle has become commonly known as the "unwed mother's syndrome" (Sarrell and Lidz, 1970:25).

Need for the Study

The foregoing has shown the need for continued research in the area of family planning especially among low-income women. Of major importance is the inclusion of all low-income women who are capable of fertility performance, regardless of age.

"Information on the status and trends of socioeconomic variables should be collected as part of general studies on fertility to permit evaluation of these variables in comparison with biological, demographic, and anthropological observations" (Calderone, 1964:4). Studies of knowledge, attitudes, and practices regarding family planning constitutes one of the chief sources of social and psychological research related to family planning and poverty in the United States. This type of research has been extensive, but has certain limitations in terms of providing a national, current picture of family planning knowledge, attitudes and practices of all relevant segments of the population. Chilman (1969:463) pointed out the following limitations characteristic of family planning research:

- . . . 1. limited, for the most part, to married couples only,
2. refers to a point in time which might now be called antique, that is before the simpler forms of contraceptives (the oral contraceptives and the intra-uterine device) were widely available and in general use, and
3. non-white samples are either not included or are very small.

It must be stressed that no one factor is completely responsible for the occurrence of over-reproduction among the lower socioeconomic class. If the most significant factors were identified, such information could prove helpful in developing programs aimed at family planning. This study was designed to continue the investigation of the family planning awareness, knowledge, attitudes and practices among low-income pregnant women.

Definition of Terms

Some of the terms used in the study are defined at this point to enhance reading clarity and understanding.

- (1) Contraceptive attitudes: the individual's opinions and beliefs concerning birth control and its use as measured by the individual's score on the devised instrument of the study.
- (2) Contraceptive awareness: the evidence of being aware of various birth control methods and techniques as measured by the individual's score on the devised instrument of the study.
- (3) Contraceptive knowledge: the individual's insight and understanding of various birth control devices and techniques as measured by the individual's score on the devised instrument of the study.
- (4) Contraceptive use: the individual's acknowledgment of having experienced use of various forms of birth control.

- (5) Family planning: a conscious effort to control the number and spacing of offspring.
- (6) Fertility performance: the behavior of reproducing offspring.

Assumptions

The underlying assumptions of this study are as follows:

- (1) Subjects participating in this study gave accurate appraisals of their contraceptive awareness, knowledge, attitudes and use.
- (2) Subjects participating in this study knew if they were pregnant or not.

CHAPTER II

REVIEW OF LITERATURE

Introduction

Limitations characteristic of previous family planning knowledge, attitudes and practices studies (Chilman, 1969) have been cited. Relatively little research has been done concerning contraceptive knowledge, awareness, attitudes and practices of low-income pregnant women. More specifically, studies involving various combined demographic variables, such as race, age, educational attainment, and marital status have been almost non-existent until recently. Therefore, a review of available research relevant to this subject follows.

Previous Fertility Studies

In a 1959 study involving 2,713 white married women, it was concluded that persons in the lower educational strata begin to use contraception relatively late. "While income and education are both related to contraceptive practice, the relationship of education is much more important. More specifically, it seems like higher education gives the wife a wider range of contacts and information which are likely to make her treat her problem more rationally" (Freedman, Whelpton and Campbell, 1959:129). Because the strong relationship of fertility to family income is due primarily to the wife's employment status and not to the family income per se, ". . . we can not say that family income alone has much influence on fertility" (Freedman, Whelpton and Campbell, 1959:129).

Rainwater (1960) focused considerable attention on the family planning practices of the lower-class segment of the population. He concluded that although man has better means of population control than ever before, having children has not yet become fully a matter of personal choice rather than a purely natural occurrence. For lower class families, the experience of having children assumes heightened importance and a large segment of their lives revolves around parenthood. Among lower income women, motherhood appears to be the primary reason for being, more so than it is for middle class women, who are socialized to the value of outside interests.

In a study involving 96 lower income couples, Rainwater (1960: 142) concluded that ". . . in the working class, ineffective contraceptive practice has relatively little to do with the technical excellence of the method and much to do with the ways in which people approach the task." Rainwater found that the most popular contraceptive methods were the condom, the diaphragm, the rhythm method and the douche, in contrast with the most popular methods of the 1930's which were the douche and withdrawal. About three-fourths of Rainwater's sample were using one or another of the methods reported as most popular at the time of the interview. A good many respondents knew of more than one contraceptive method from talking with close friends, co-workers and relatives.

Rainwater (1960) found that the concept of the oral pill was very attractive, but the idea of an oral pill potent enough to prevent pregnancy aroused anxieties about being desexed, sterilized,

poisoned or damaged in some way. He hypothesized that the use of the oral pill by the working class could be quite successful if the users were reassured that it was not in some way poisonous. Another difficulty he hypothesized would be created by having to take a pill every day. The likelihood of the user forgetting to take it regularly is increased in the lower income segment, primarily due to less education and lower routine motivation.

From a 1966 study, Whelpton, Campbell and Patterson, concluded that the ". . . wives whose husbands were earning less than \$5,000 per year expected a somewhat larger number of births than the wives of husbands with higher incomes, but the differences between the expectations of the wives in the various income groups are not large enough to be statistically significant" (p. 103). Another conclusion drawn was that, even though in the U. S. non-whites had a substantially higher birth rate than whites, non-whites do not want more children than white wives; in fact they want about the same number or fewer children. However, the use of contraception is less common among non-whites than among whites. In their study of 270 matched white and non-white couples, Whelpton, Campbell and Patterson found that 59 percent of the non-white couples had used contraception, as compared with 80 percent of the comparable whites. "It appears that better educated non-white couples readily adopt moderate family size goals and methods of attaining them. This suggests that continued improvements in the education of non-whites will bring an increase in the proportion using contraception" (p. 357). After non-white

couples begin to use contraception, they frequently tend to use less effective methods as compared with white couples. One of the more important differences shown was the greater dependence of the non-white couples on douche as a method of birth control, as compared with white couples. The condom was found to be the most popular method among non-whites, as well as among white couples.

Presser (1974) conducted a study concerning various aspects of family planning in New York City. Her sample consisted of 408 urban women, who were pregnant for the first time and represented various levels in the following demographic variables: age, race, marital status, educational attainment and economic strata.

Over one-half of the women (56 percent) said that they did not plan their first pregnancy in that they did not intentionally try to become pregnant. Since another six percent said that they had used contraception consistently during the month that they had conceived, some of the unplanned pregnancies could be expected to have been contraceptive failures. Another six percent reported that they had used contraception during the month that they had conceived, but not consistently. A large portion of the unplanned pregnancies (44 percent) were a consequence of not using contraception.

Presser believed that maternal age at time of the first birth also was strongly related to the degree of planning of the birth. "Fewer than two in ten of first births among teenaged mothers (15-19 years) were planned, as compared with more than four in ten of those aged 20-23, and seven in ten of those aged 24-29" (Presser, 1974:9).

Of the 408 sampled, 66 percent reported that they had previously used some form of birth control prior to their onset of motherhood. One third, however, reported that they had never used any method of contraception prior to pregnancy. There appear to be marked differences in contraceptive use prior to pregnancy in relation to the age at first birth. Fifty-five percent of woman who had their first birth at ages 15-19 had never had experiences with any of the contraceptive methods. However, a gradual decrease in percentage of those not experienced in contraceptive use occurs with increasing age of the female. Only 32 percent of those aged 20-23 and 13 percent of those aged 24-29 had never experienced use of any contraceptive methods prior to their pregnancy.

In investigating to what extent unplanned first births are the consequences of inadequate knowledge, lack of availability of contraceptives or low motivation, Presser concluded that ". . . knowledge, accessibility and motivation, as well as interpersonal barriers present problems relating to non-use of contraception" (1974:11). Of those respondents who did not plan their first pregnancy and did not use contraceptives, nearly 66 percent responded that they "didn't mind" if they became pregnant. Other reasons cited and the percentages that responded for each reason follow: lack of knowledge--29 percent; unavailability of contraceptives--14 percent; and, discontinued use of contraceptives due to negative side effects--7 percent.

In discussing the most important source of their contraceptive information, the replies varied. For the married group, the most

important sources were girlfriends and husbands. After the first birth physicians were mentioned most frequently as the primary source for birth control information. Thirty percent of the sample stated that they had wanted the child to come later and therefore the pregnancy had been inappropriately timed. Sixty-two percent of the women who responded that their pregnancies were not planned and were unintentional, also responded that they wished that their first child would have come later. Nearly half of the teenage sample reported that they had wanted to postpone their first pregnancies or remain childless. As predicted, ". . . with increasing age at first birth, the proportions who reported that they had wanted their first birth at the time it occurred, or sooner, increases, and the proportion who wished it to come later, or not at all, decreases" (Presser, 1974:13).

In discussing the implications of her results, Presser pointed out that ". . . a combination of approaches is required which would improve knowledge about the risks of pregnancy, improve access to effective contraceptive services before the first birth, improve contraceptive technology and strengthen motivation to seek out and use contraception" (1974:13).

Due to the characteristic limitations of most fertility studies, adolescents have not been the subject of many studies. Presser's study appears to be an exception. A review of available literature pertinent to adolescent fertility follows.

Studies Pertinent to Adolescent Fertility

Thornberg (1970) investigated the age and the first source of sex information in a group of college women and reported that the peak ages for attainment of information concerning intercourse were 12-14; whereas the ages for attainment of contraceptive information were 13-15. Thornberg concluded that adolescents are not getting adequate information at home or at school on the topic of sex. This conclusion is in accord with findings of other researchers, who contend that the adolescents' major source of information comes from their peers (Cook, 1972; Thornberg, 1972; Martinson, 1968). Other studies of college students have shown that contraceptive techniques which the girls themselves might control were understood by less than half of the subjects sampled (Grinder and Schmitt, 1966). Tienhover, Eisner, and Rosenblatt (1971) stated that ignorance on the part of the educated is likely to be indicative of even greater ignorance on the part of the population at large. Angrist (1966) reported that a large proportion of her sample evidenced a need to have information on birth control available.

Schofield's (1965) study of sexually active adolescents in Great Britain is one of the few studies dealing with younger adolescents' sexuality. He found that most of the teenagers in the sample made their first serious contact with the opposite sex between the ages of 12 and 13. Most of the adolescents in the sample claimed to have some knowledge of birth control, but their understanding of birth control was often vague. Less than half of the boys always

used some form of birth control measure. Well over one half said they never took any precautions and it was concluded that eight out of ten of the girls were having sexual relations at risk. Nearly all the experienced girls left it to the boy to decide what form of birth control he would use, if any. The majority of the sample reported a real fear of pregnancy, but this did not act as a deterrent to sexual activity. Therefore, many of the girls were engaging in sexual relations without using any preventive measures to guard against conception. Schofield surmised that this negligence is primarily due to unavailability of contraceptives, probably because many of their sexual adventures are not premeditated and thus adequate precautions were not taken. The adolescents in the sample felt that they should have had a more reliable source of sex information. Schofield stressed that illegitimate births are not necessarily the consequences of premarital intercourse, but are caused by premarital intercourse without adequate precautions taken to guard against conception. He supported the notion of other researchers that adolescents should be informed openly of the possibilities of pregnancy and taught contraceptive information thoroughly.

Settlage, Baroff and Cooper (1973) investigated the extent of sexual activity among a group of 502 unwed, never-pregnant adolescents seeking medical assistance for the first time to obtain contraception. They found that ". . . virtually all of the adolescent girls who asked for contraception information had been sexually active previously; most of the girls had been sexually active for

more than a year; very few were using any form of contraception and fewer still were using one of the more effective methods" (p. 224). Ninety-six percent of the total sample were engaging in sexual activity, with sixty-one percent of these girls never using any form of contraception and therefore participating in sexual activity at risks. Of the thirty-nine percent who were using contraceptives, the condom was the most widely used form of birth control. Settlege, Baroff and Cooper concluded that ". . . clearly, the decision to have intercourse was unrelated to contraceptive use" and that "contraceptive information and educational programs directed at minors will not be a significant factor in their decision to become sexually active" (1973:25, 26).

In a study of ghetto residents, Breslow, Golderman, Grossman and Kleinerman (1971) found that teenagers knew the mechanisms of intercourse, but did not know the details of its causal relationship to conception.

The unmarried pregnant adolescent and unmarried adolescent mother have been the subject of few studies. Furstenberg, Gordes and Markowitz (1969) investigated the birth control knowledge and attitudes of 169 lower socioeconomic unmarried adolescents, 85 percent of whom were black. Only 39 percent reported that they had still been virgins at the age of 15. Eighty percent became pregnant during the first two years of their sexual activity. Most of the sample, 80 percent, reported that their pregnancies were unanticipated and unwanted. After a comprehensive survey of the respondents' birth

control knowledge and attitudes the investigators concluded that most of the girls had some knowledge of birth control techniques. However, about one half of the girls either thought that birth control didn't work or were uncertain about its efficiency. Also, most of the girls expressed a lack of confidence in the safety of the oral contraceptive. Therefore, the researchers stated that the girl's ". . . reservations appear to emanate more from the lack of adequate knowledge and misinformation about birth control than from basic antipathy or aversion to birth control use" (p. 41). Despite their doubts and reservations, a majority of these girls indicated that they would use birth control if given the opportunity and would be receptive to family planning services if they were made available.

Reiner (1968) investigated the incidence of pregnancy of black, unmarried mothers and had findings similar to those of Furstenberg, Gordes and Markowitz (1969). Lack of physiological knowledge, he concluded, undoubtedly played a major part with the girls in the sample becoming pregnant. The subjects complained about the quality of the sexual information they had received from their friends and families. The entire sample reported that they had received no sex education at school.

CHAPTER III

STATEMENT OF PROBLEM AND PROCEDURE

Due to the increasing population problem and the recognized difficulties associated with it, major interest has developed concerning the identification of factors significant to fertility performance.

The lower socioeconomic segment of our population has traditionally been characterized as producing too many children beyond their capability for adequate care. After reviewing available literature, it was evident that most fertility studies have been selective in nature and are not representative of all relevant groups, such as blacks, single women, and younger women. After working with a group of pregnant adolescents for over a year, this researcher became interested in various aspects of their family planning. Therefore, it was decided that a study involving lower income pregnant women across various socio-demographic variables would be worthwhile and hopefully provide people who are working with such women in family planning services additional insight and information. The objective of this study was centered around seeking insight into the following question:

What variables tend to influence family planning practices among lower-income women?

Approval of the study and assistance in conducting it was granted by the Roanoke City Public Health Department and the School for Pregnant Teenagers in Roanoke, Virginia.

All of the pregnant women who participated in the study were contacted at either the maternity clinic at Roanoke Rehabilitation

Center, which is co-sponsored by the Public Health Department, or the School for Pregnant Teenagers, which is sponsored by Children's Home Society in co-operation with the Roanoke City School System. Both of these institutions function to serve all socioeconomic groups, but in actual practice, the services are rendered mainly to the lower socioeconomic segment of Roanoke's population. Lower socioeconomic being characterized by the following: husbands hold manual, "blue collar" occupations; incomes, on the average, are lower than those of higher status people; generally live in neighborhoods regarded as not very desirable; and, high school completion, if accomplished, is the highest educational attainment achieved.

All the pregnant women receiving services on the collection dates at either of these places were asked to complete the questionnaire. The researcher personally administered the questionnaire on five different occasions, with the collection dates between April 3 and May 21, 1974.

In each setting the questionnaire was administered to a group of women, ranging in number, from approximately five to ten. However, a special effort was made to see that individual instructions were given to each of the women taking the questionnaire. The actual collection procedure differed somewhat according to which of the two facilities was being used to contact the sample needed. The pregnant women using the maternity clinic at the Roanoke Rehabilitation Center receive services every Wednesday, with rotation of Wednesdays according to which trimester of pregnancy they are in. That is, the first

trimesters only attend one Wednesday out of the month, the second trimesters attend every other Wednesday and the third trimesters attend every Wednesday. Therefore, in order to make contact with a sufficient number of pregnant women, subsequent visits were made to the clinic. Approximately 100 questionnaires were administered. The administration resulted in a 70 percent usable return. The 30 percent unusable were due to incompleteness.

The School for Pregnant Teenagers represented another source for contacting pregnant women for the purposes of the study. Eight questionnaires were obtained from this group. This brought the total number of pregnant women who actually participated in the study to 78.

Purpose

It is the purpose of the study to recognize variables that tend to associate, which influences family planning of lower-income women. The variables studied included contraceptive awareness, knowledge, attitudes and use. The study was limited to the Roanoke city area, and therefore is limited in its usefulness in making generalizations to represent any other group. The main objective of the study is represented by the following question:

What variables tend to influence family planning practices among lower-income women?

In seeking the answer to this question, numerous variables were considered, including: age, race, educational status, marital status, perception of contraception information, source of contraception information, number of children, planning of their pregnancy, and whether or not they had had sex education in school. Other variables

which were included inventoried the participants' awareness, knowledge of and attitudes concerning contraceptives, attitudes concerning pregnancy and also the participants' actual contraceptive use and behavior.

Subjects

The sample consisted of 78 pregnant women, ranging in age from 13 to 35, with the mean age being 20.6. Table I presents a descriptive account of the sample. The study was conducted in Roanoke, Virginia, population approximately 100,000. Roanoke is located in the Southwestern part of the state.

The participants of the study were women utilizing the facilities and services at either the Roanoke Rehabilitation Center's maternity clinic or the School for Pregnant Teenagers also in Roanoke, Virginia. Both facilities cater predominantly to the lower income residents of Roanoke city.

Instrument

Previous research has not provided instrumentation deemed appropriate for the present study. Therefore, an instrument was devised to explicitly measure the variables in question (Appendix A). Permission was granted by John Kanter of John Hopkin's University to use the questionnaire developed by Zelnik and Kanter (1971) as a guide in the development of the questionnaire.

The content validity of the instrument was assessed on the basis of obviousness of item appropriateness to the subject. The appropriateness of the items was substantiated by the evaluation of three professors who are knowledgeable in the field of family planning.

TABLE I
DESCRIPTION OF SAMPLE

Classification	Number	Percent of Total
<u>Age</u>		
13-19	37	47
20-29	39	50
30-35	2	3
<u>Race</u>		
Black	23	30
White	55	70
<u>Marital Status</u>		
Single	25	35
Married	50	65
	N=75	
<u>Educational Status</u>		
Non-Drop-Out of School	44	56
Drop-Out of School	34	44
<u>Number of Children</u>		
None	43	55
One	26	33
Two	5	7
Three	4	5
<u>Source of Birth Control Information</u>		
Medical	36	56
Non-medical	28	44
	N=64	
<u>Degree of Information on Contraceptives</u>		
Poorly informed	7	10
Average informed	41	56
Well informed	25	34
	N=73	

TABLE I (cont.)

Classification	Number	Percent of Total
<u>Sex Education in School?</u>		
Yes	22	29
No	54	71
	N=76	
<u>Planning of Pregnancy</u>		
Pregnancy Planned	33	44
Pregnancy Not Planned	42	56
	N=75	

*N=78 unless otherwise shown

Because the questionnaire measures a number of variables with limited number of items, reliability of any one set of factor scores would be quite low. However, the primary use of the instrument was to determine relationships between the questionnaire variables and the factor scores. The existence of interpretable factors accounting for a reasonable proportion of total questionnaire variance is evidence of reliability.

Analysis of Data

Due to the large number of variables in question and the many potential interrelationships which could exist among them, a factor analysis was performed. The process of conducting a factor analysis involves the following major steps:

- a. selecting the variables
- b. computing the matrix of correlations among the variables
- c. extracting the unrotated factors
- d. rotating the factors; and
- e. interpreting the rotated factor matrix (Comprey, 1973:4).

The following explanation by Comprey (1973) of factor analysis will assist the reader in appreciating and understanding the complexity of the highly sophisticated statistical test.

In the newer scientific fields the variables are less precisely defined, there is not so much agreement among scientists concerning what variables should be related to each other, and the nature of the relationships between variables is less clearly specified. Factor analysis represents a rapidly growing body of statistical methods that can be of great value in these less developed sciences. Factor analytic methods can help scientists to define their variables more precisely and decide which variables they should relate to each other in the attempt to develop their science to a higher level. Factor analytic methods can also help these scientists to gain a better understanding of the complex and poorly defined interrelationships among large numbers of imprecisely measured variables (p. 1). The factor analysis proper typically begins with a matrix of correlation coefficients between data variables that are being studied (p. 5). When the correlation matrix has substantial correlation coefficients in it, this indicates that the variables involved are related to each other, or overlap in what they measure. With a large number of variables and many substantial correlations among the variables, it becomes very difficult to keep in mind or even to contemplate all the intricacies of the various interrelationships. Factor analysis provides a way of thinking about these interrelations by positing the existence of underlying "factors" or "factor constructs" that account for the values appearing in the matrix of intercorrelations among these variables. One common objective of factor analysis is to provide a relatively small number of factor constructs that will serve as satisfactory substitutes for a large number of variables (p. 6).

The following section will be divided to provide an elaboration of the step-by-step process involved in conducting a factor analysis.

CHAPTER IV

FINDINGS

Introduction

The participants in the study represented a homogeneous sample from the standpoint of all being pregnant and of lower socioeconomic status. A large number of variables were introduced in order to answer the following question, which was the basic objective of the study.

What variables tend to influence family planning practices among lower-income women?

Selecting the Variables

Since the questionnaire administered for the purpose of the study was not designed specifically for a factor analysis approach, certain steps were taken to parcel out the most significant variables. In order to increase the significance of several of the reported variables, the participants' responses to these variables were given careful consideration and grouped according to likeness of nature of item. The original responses of the participants to these items can be found in Appendix A (Tables I, II & III). For example, the participants responses to the source of birth control information varied including girl friend, husband, mother and doctor. To make this variable more amenable for analysis, the responses were grouped according to the nature of the source--medical versus non-medical. A copy of the revised questionnaire employed in developing the statistical analysis follows in Appendix B.

Program BMD04D-Alphanumeric Frequency Count (Dixon, 1973) was used in calculating the frequency of the 80 variables arising from the reconstituted questionnaire. The variables were classified according to the following criteria:

1. Those variables pertaining to establishing the respondents' actual awareness of various contraceptive methods. (Coding: 1 = aware, 2 = not-aware).
2. Those variables pertaining to establishing the respondents' knowledge and attitudes regarding contraception and contraceptive use. (Coding: 1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree).
3. Those variables pertaining to establishing the respondents' actual contraceptive use. (Coding: 1 = use, 2 = non-use).
4. Those variables pertaining to establishing the respondents' reasoning for lack of contraceptive use. (Coding: 1 = yes, 2 = other).
5. Those variables pertaining to establishing the respondents' attitudes regarding pregnancy and parenthood. (Coding: 1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree).

Tables I, II, III, IV & V in Appendix B provide a frequency count for each of the variables. Socio-demographic information can be found in the Subject section.

Computing the Matrix of Correlations Among the Variables and

Extracting the Unrotated Factors

Program BMD03D-Correlation with Item Deletion (Dixon, 1973) was used to produce a correlation matrix, which became input for the factor analysis. Only 57 of the 80 original variables were included, due to the fact that 23 of the variables had variances too small to use in factor analysis. (The 23 deleted items are included in Tables I, II, III, IV & V in Appendix B.) Pairwise deletion of subjects with

missing data was also accomplished at this point in the analysis.

Program BMD08D (Dixon, 1973) was used to perform a factor extraction on the correlation matrix using unities in the diagonal to the point at which Eigenvalues of less than unity were deleted.

Rotating the Factors

The factor constructs represented in the unrotated factor matrix consisting of 18 factors has little significance in meeting the objectives of the study. Therefore, a varimax rotation was performed to isolate the more significant factors, which have a tendency to influence the association of variables. Two factor rotations were performed, one at Eigenvalues equal to or less than 3.0 and another at Eigenvalues equal to or less than 2.0 values. Varimax Rotation, Program BMD08M (Dixon, 1973) was used to isolate 10 factors which had a tendency to associate certain variables. Upon inspecting the loadings in the ten factor varimax rotation, it was decided that a second rotation based on Eigenvalues equal to or less than 2.0 might result in a more significant factor interpretation. The second varimax rotation, with the subsequent five factors, the 57 variables and the loadings of the 57 variables on the five factors is shown in Appendix C.

Interpreting the Rotated Factor Matrix

Table I-C (in Appendix C) will provide the reader with the loadings which are used in interpreting the factors. The level of loading significance was established at $\pm .30$. The procedure for interpreting the factors revolves around:

". . . the researcher using the knowledge he has about the variables that went into the factor analysis and any other pertinent information he has at his disposal. He picks out the variables in each rotated factor that have high loadings, studies all of them carefully, and tries to come up with some kind of hypothesis concerning what they share in common. On the basis of this analysis, he will try to provide an appropriate name for each factor that has been identified" (Comprey, 1973:11).

A discussion of all five factors follows.

Factor 1: "Lack of Awareness of Contraceptive Methods"

Factor 1 is clearly associated with the variables which pertained to establishing the respondents' actual awareness of various birth control methods. (See Table II). A rather high loading existed for each of the following methods: the birth control pill; foam, cream or jelly; douche; safe period; male withdrawal; and diaphragm. A positive loading means that a high response score for a questionnaire item (indicating lack of awareness) tends to be associated with a high factor score. Therefore, it was hypothesized that Factor 1 may be interpreted as "Lack of Awareness of Contraceptive Methods" factor.

Several other variables also loaded substantially on the "Lack of Awareness of Contraceptive Methods" factor. The following socio-demographic variables had marginal loading values: age, race and marital status. These loadings indicated that younger, black and unmarried women tended to be less aware of contraceptive methods. Caution must be exercised in drawing conclusions concerning the association between these variables. However, based upon the findings of previous research (Breslow, Golderman, Grossman, and Kleinerman, 1971;

TABLE II

FACTOR 1: "LACK OF AWARENESS OF CONTRACEPTIVE METHODS"

VARIABLES AND LOADINGS

Variable Number	Variable	Mean	Factor Loading
<u>Awareness Variable</u>			
	Have you heard of?		
10	Birth control pill	1.24	.736
11	Foam, cream or jelly	1.29	.722
12	IUD	1.24	.783
13	Douche	1.26	.682
14	Safe period	1.46	.835
15	Male withdrawal	1.28	.817
16	Diaphragm	1.36	.792
Code:			
1 = aware			
2 = non-aware			
<u>Knowledge and Attitudes Variables</u>			
20	One disadvantage of the IUD is that the male may move it with his penis (male sex organ) during intercourse.	2.65	-.449
27	Douching is usually quite successful in preventing pregnancy, since the woman can wash all the sperm out of her birth canal.	2.86	-.526
28	If the woman does not have a climax (sexual high or orgasm) she will not get pregnant since both partners must have orgasms (climaxes) in order for pregnancy to occur.	2.88	-.465
31	The IUD is a piece of plastic or metal which the woman places herself in her own uterus.	3.03	-.474
34	Foams, creams, and jellies are used by the female <u>after</u> she has had sexual intercourse.	2.90	-.360
36	A woman who takes a chance and does not get pregnant is probably the kind of woman who does not get pregnant easily.	2.55	-.662

TABLE II (cont.)

Variable Number	Variable	Mean	Factor Loading
17	Male is responsible for birth control use.	1.36	.415
35	Most men do not like it if their woman uses birth control.	2.17	-.411

Code:

- 1 = strongly agree
- 2 = agree
- 3 = disagree
- 4 = strongly disagree

Attitudes Concerning Pregnancy and Parenthood Variables

37	An important reason for a girl to have a baby is the feeling it gives her of being a mother.	2.50	-.404
51	It's all right for girls to have babies whether or not they are married.	2.54	-.349
57	I would prefer <u>not</u> to have a baby right now.	2.97	-.355

Code:

- 1 = strongly agree
- 2 = agree
- 3 = disagree
- 4 = strongly disagree

Reasons for Non-Use of Contraceptives Variables

48	Didn't Mind if Became Pregnant	1.50	.408
50	Attitudinal Reason	1.67	-.413

Code:

- 1 = yes
- 2 = other

TABLE II (cont.)

Variable Number	Variable	Mean	Factor Loading
<u>Socio-Demographic Variables</u>			
1	Age	20.6	-.332
2	Race	1.71	-.375
4	Marital Status	1.65	-.359
Code:			
Age: actual number = code number			
Race: 1 = black			
2 = white			
Marital status: 1 = single			
2 = married			

Furstenberg, Gordes and Markowitz, 1969; and Reiner, 1968) and the researcher's personal experiences with younger, black, un-married pregnant women, an elaboration of the association among these variables seems appropriate. The tendency of association between the variables of younger, black, single pregnant women and the lack of awareness of various contraceptive methods appear to be supportive of Furstenberg's, Gordes' and Markowitz's (1969) findings. Based on the findings reported by 169 lower socioeconomic unmarried pregnant adolescents, 85 percent of which were black, the researchers concluded that the girls ". . . reservations [concerning contraceptive use] appear to emanate more from the lack of adequate knowledge and misinformation about birth control use" (p. 41). These conclusions also appear to be in agreement with Reiner's 1968 study, which investigated the incidence of pregnancy among black, unmarried mothers.

Supportive of the tendency for this group to have less awareness of various contraceptive methods, is the tendency for variables inventorying the respondents' actual knowledge and attitudes concerning contraceptive methods and their use to also have substantial loading values.

There appears to be an association with factor scores of variables relating to attitudes concerning non-use of contraceptives, pregnancy and parenthood. Even though several of these associated variables tend to be marginal in loading values, the findings appear to be supportive of a previous study (Presser, 1974) concerning family planning practices of a group of urban women in New York City. Nearly

half of the teenage sample (15-19) who were having their first pregnancies, reported that they had wanted to postpone their first pregnancies or remain childless. However, 55 percent of this age group had never had experiences with any of the contraceptive methods. Another interesting comparison is that 66 percent of the women in Presser's study who had conceived their child out-of-wedlock wished that the child was born later.

Factor 2: "Didn't Mind if Became Pregnant"

Factor 2 scores are associated with the following variables: educational status--drop out; and marginal association with race--white; marital status--married; and degree of information--well informed. (See Table III.)

It is interesting to note that the other substantial loadings, which refer to variables associated with assessing the respondents contraceptive knowledge and attitudes, tend to relate to the variable representing degree of information as being well informed. Variables 18, 22, and 26 represent knowledge inventories, in that they assess one's insight and knowledge of contraceptive methods. An interesting association appears in that even though this group perceived themselves as being well informed on contraceptive methods, a tendency existed for disagreement with the knowledge variables. Therefore, the accuracy of the group's perception of their degree of information is questionable.

The association with Variable 56 is not surprising since the variable of drop-out also has a tendency to be associated with

TABLE III

FACTOR 2: "DIDN'T MIND IF BECAME PREGNANT"

VARIABLES AND LOADINGS

Variable Number	Variable	Mean	Factor Loading
<u>Reasons for Non-Use of Contraceptives Variables</u>			
48	Didn't Mind if Became Pregnant	1.50	-.742
49	Lack of knowledge reason	1.54	.748
50	Attitudinal reason	1.67	.354
Code:			
1 = yes			
2 = other			
<u>Knowledge and Attitudes Variables</u>			
18	Birth control pills are safe for most women to use.	2.14	.310
22	Of all the methods of birth control, the pill works the best.	2.37	.500
26	Condoms (rubbers) work very well to prevent pregnancy if used properly.	2.27	.414
36	A woman who takes a chance and does not get pregnant is probably the kind of woman who does not get pregnant easily.	2.55	.334
18	Male is responsible for birth control use.	1.35	-.337
50	When condoms (rubbers) are used they are usually troublesome and take away from the sexual pleasure.	2.42	.391
Code:			
1 = strongly agree			
2 = agree			
3 = disagree			
4 = strongly disagree			

TABLE III (cont.)

Variable Number	Variable	Mean	Factor Loading
<u>Attitudes Concerning Pregnancy and Parenthood Variables</u>			
53	Having a baby will only mess up a girl running around and having lots of fun.	2.75	.343
56	Having a baby is more important than finishing school.	3.06	-.489
Code:			
1 = strongly agree			
2 = agree			
3 = disagree			
4 = strongly disagree			
<u>Socio-Demographic Variables</u>			
2	Race	1.71	.352
3	Educational status	1.44	.508
4	Marital status	1.65	.350
7	Perception of degree of information	2.25	.527
Code:			
Race: 1 = black			
2 = white			
Educational status: 1 = non-drop-out			
2 = drop-out			
Marital status: 1 = single			
2 = married			
Perception of degree of information: 1 = poorly informed			
2 = average informed			
3 = well informed			

Factor 2. A rather high loading on Variable 49, indicated that lack of knowledge had little relationship to this group's use or non-use of birth control.

Presser (1974:11) concluded that ". . . knowledge, accessibility and motivation, as well as interpersonal barriers present problems relating to non-use of contraception." Lack of motivation played a significant part in the non-use of contraception by this group. The variable drop-out may have considerable relevance when determining the reason for "lack of motivation" displayed in the factor construct of "Didn't Mind if Became Pregnant". Further interpretation on the researchers part would be purely speculative in nature and therefore unadvisable. However, Freedman, Whelpton and Campbell (1959:129) concluded that ". . . while income and education are both related to contraceptive practice, the relationship of education is much more important. More specifically, it seems like higher education gives the wife a wider range of contacts and information which are likely to make her treat her problem more rationally."

Factor 3: "Experienced Contraceptive Usage"

Factor 3 has been labeled "Have Experienced Contraceptive Usage" factor due to the large loadings on variables which pertained to the establishment of the respondents' experience with contraceptives (Table IV). There tends to be an association between this factor and socio-demographic variables of: source of information (medical) and the number of children (greater than the mean number of 1.6). Very marginal association tends to exist among other variables such as:

TABLE IV
 FACTOR 3: "HAVE EXPERIENCED CONTRACEPTIVE USAGE"
 VARIABLES AND LOADINGS

Variable Number	Variable	Mean	Factor Loading
<u>Contraceptive Usage Variables</u>			
41	Have experienced contraceptive usage.	1.29	-.750
42	Experienced use of pill.	1.50	-.761
43	Experienced use of condom.	1.56	-.733
44	Experienced use of douche.	1.78	-.406
45	Experienced use of withdrawal.	1.68	-.610
46	Was using contraceptives at time of conception.	1.80	-.323
47	Have experienced contraceptive use, but not at time of conception.	1.51	-.400
Code:			
1 = yes			
2 = no			
<u>Knowledge and Attitudes of Contraceptives Variables</u>			
23	A girl's menstrual cycle (period) is usually regular therefore allow- ing a couple to always predict when ovulation will occur (when eggs are released).	2.49	.392
33	When condoms (rubbers) are used they are usually troublesome and take away from the sexual pleasure.	2.42	.391
Code:			
1 = strongly agree			
2 = agree			
3 = disagree			
4 = strongly disagree			

age (older than the mean age of 20.6) and educational status (drop-out). Again caution is exercised in making further generalizations. There also appears to be a slight association with variables pertaining to assessment of actual knowledge and attitudes of various contraceptive methods and their use (Variables 23 and 33). It also appears that there is a tendency for association with Variables 46 and 47. This indicates that contraceptives were either being used at the time of conception, or had been used previously, but not at the time of conception. A tendency of marginal association also appears with Variable 57, which refers to the desirability at being pregnant and Factor 3.

Presser (1974) conducted a study involving 408 urban women and concluded that 32 percent of those aged 20-23 and only 13 percent of those aged 24-29 had never experienced use of any contraceptive methods prior to their pregnancy. However, 55 percent of women who had first given birth at ages 15-19 had never had experiences with any of the contraceptive methods. This is in agreement with Factor 1, "Lack of Awareness of Contraceptive Methods", in that the younger segment not only does not have experience with contraceptive methods, but also is not aware of the various contraceptive methods available.

Only 30 percent of Presser's sample stated that they had wanted the child to come later and was therefore inappropriately timed. The participants' responses in the present study to what types of birth control methods they had experience with were the pill, the condom, the douche and male withdrawal. Rainwater reported most used methods

in the 1960's were the condom, the diaphragm, the rhythm method and the douche; while the 1930's, the most popular methods were the douche and male withdrawal. Rainwater's (1960) prediction concerning the lower socioeconomic segment's lack of use of the birth control pill appears not to have been substantiated in the study's findings.

Factor 4: "Non-normative Attitudes Concerning Single Parenthood"

The loadings of the variables on Factor 4, that are shown in Table V, have a tendency to be rated as either "good" or "fair". Due to the lack of available research relevant to this specific tendency of association, further comments are merely speculative, but will possibly provide an explanation for Factor 4's associations.

Of major interest is the association of the variables of being younger, black, a non-dropout, single and poorly informed on contraceptive information and not planning their pregnancy. This socio-demographic description tends to associate with variables which assess the respondents' attitudes concerning parenthood. It is not surprising that this group chose responses which justify their pregnancies and lend support to the principle that illegitimacy is not morally wrong. Also, the evidence of their pregnancies not being planned is supportive of Presser's (1974) findings that ". . . fewer than two in ten of first births among teenaged mothers (15-19) were planned." (p. 9). This researcher's personal insight developed from association with pregnant adolescents representative of this group, also substantiates the tendencies found in Factor 4. It is not uncommon occurrence for a pregnant adolescent to try to justify her pregnancy by

TABLE V

FACTOR 4: "NON-NORMATIVE ATTITUDES CONCERNING SINGLE PARENTHOOD"

VARIABLES AND LOADINGS

Variable Number	Variable	Mean	Factor Loading
<u>Attitudes Concerning Pregnancy and Parenthood Variables</u>			
51	It's all right for girls to have babies whether or not they are married.	2.54	.473
52	It's too much trouble to have a baby and not be married.	2.73	-.486
53	Having a baby will only mess up with a girl running around and having lots of fun.	2.75	-.302
54	Most girls who have babies don't finish school.	2.32	-.583
55	Boys would rather date girls who don't have babies.	3.06	-.402
Code:			
1 = strongly agree			
2 = agree			
3 = disagree			
4 = strongly disagree			
<u>Knowledge and Attitudes of Contraceptive Variables</u>			
17	Male is responsible for contraceptive use.	1.35	.357
Code:			
1 = yes			
2 = no			

TABLE V (cont.)

Variable Number	Variable	Mean	Factor Loading
<u>Socio-Demographic Variables</u>			
1	Age	20.58	.456
2	Race	1.71	.459
3	Educational status	1.44	.326
4	Marital status	1.65	.458
6	Perception of degree of information	2.25	.426
8	Planning of pregnancy	1.56	-.555
Code:			
Age: actual number = code number			
Race: 1 = black 2 = white			
Educational status: 1 = non-drop-out 2 = drop-out			
Marital status: 1 = single 2 = married			
Perception of degree of information: 1 = poorly informed 2 = average informed 3 = well informed			
Planning of pregnancy: 1 = planned 2 = not planned			

expressing attitudes which are generally considered non-normative in nature.

Factor 5: "Attitudes Towards Outcomes"

Factor 5 (Table VI) appears to be associated with the outcomes or consequences of intercourse, use of birth control, and pregnancy.

Therefore Factor 5 was labeled "Attitudes Towards Outcomes". It evidences a rather puzzling combination of variables associations, which present certain limitations in the interpretation of the factor.

One main tendency of association appears between variables relating to the desirability of parenthood. A possible interpretation to be considered is the likelihood that parenthood may not be desired in this group's perception for either girls or boys. Again further interpretations are limited due to the lack of research relevant to this specific association.

Summary

Through the process of factor analysis, it was recognized that several variables which influence family planning have a tendency to associate and form factors. It cannot be repeated enough that caution must be exercised in making conclusions drawn from these associations. It appears that in Factor 1, black, single, younger pregnant women have less awareness of various contraceptive devices and also have a tendency to display less knowledge and poorer attitudes concerning contraceptives and their use. Also a tendency exists for a preference not to be pregnant at this time. In Factor 2, which was labeled "Didn't Mind if Became Pregnant" factor, an association apparently

TABLE VI
 FACTOR 5: "ATTITUDES TOWARDS OUTCOMES"
 VARIABLES AND LOADINGS

Variable Number	Variable	Mean	Factor Loading
<u>Attitudes Concerning Pregnancy and Parenthood Variables</u>			
32	One of the main reasons boys want children is to show their manhood.	2.43	.607
37	An important reason for a girl to have a baby is the feeling it gives her of being a mother.	2.50	.546
39	One of the main reasons boys want children is the feeling it gives them of being a father.	2.17	.477
40	An important reason for a girl to have a baby is the feeling it gives her of being a woman.	2.62	.572
51	It's all right for girls to have babies whether or not they are married.	2.54	.397
54	Most girls who have babies don't finish school.	2.32	.374
56	Having a baby is more important than finishing school.	3.06	.335
Code:			
1 = strongly agree			
2 = agree			
3 = disagree			
4 = strongly agree			
<u>Knowledge and Attitudes Concerning Contraceptives Variables</u>			
20	One disadvantage of the IUD is that the male may move it with his penis (male sex organ) during intercourse.	2.65	.347
26	Condoms (rubbers) work very well to prevent pregnancy if used properly.	2.27	.305
29	Worrying about getting pregnant usually keeps a woman from enjoying sexual intercourse.	2.19	.571

TABLE VI (cont.)

Variable Number	Variable	Mean	Factor Loading
<u>Knowledge and Attitudes Concerning Contraceptives Variables (cont.)</u>			
30	The birth control pill will eventually cause a wide variety of ills in any woman using it for any length of time.	2.68	.607
38	Sex is less fun if somebody has to use a form of birth control each time.	2.84	.390
Code:			
1 = strongly agree			
2 = agree			
3 = disagree			
4 = strongly disagree			
<u>Reasons for Non-Use of Contraceptives Variables</u>			
48	Didn't mind if became pregnant.	1.50	.338
49	Lack of knowledge reason	1.54	.363
50	Attitudinal reason	1.67	-.472
Code:			
1 = yes			
2 = other			

exists between the variables white race, married and educational status of drop-out. Factor 3, "Have Experienced Contraceptive Usage", represents a more clear cut association among the variables of being an older woman (older than 20.6), a school drop-out, having a medical source of contraceptive information and having other children. This group also had a tendency of preferring another child at this time. Factor 4, identified as "Non-Normative Attitudes Concerning Single Parenthood", tended to be associated with the variables of being younger, black, non-dropout, single, poorly informed on contraceptive information, and having not planned their pregnancy. Factor 5 was labeled "Attitudes Towards Outcomes" and tended to have association among variables relating to the outcomes or consequences of intercourse, use of birth control, and pregnancy.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

The need for family planning services to be made available to all socioeconomic groups is increasingly becoming recognized, due to the rather recent acknowledgement of a population problem in the United States and associated concern for the development of human potential. However, traditionally and in reality, it is the lower socioeconomic segment which reproduces too many children, when taking into consideration their means of supporting and providing for their welfare. Therefore, special need exists for developing programs and services aimed at prevention of such pregnancies among the lower socioeconomic segments of the population. Special consideration should be given to the adolescent segment of the population and their family planning needs. A great need exists for realistic concern and more constructive approaches taken to prevent the loss of human potential among the younger segment of the population. Before family planning services or programs can be developed, insight into the contraceptive awareness, knowledge, attitudes and use of lower-income pregnant women must be established. Previous studies regarding this area of research have been extremely selective in nature and have not provided relevant insight representative of women who are capable of reproduction.

The present study was designed to provide additional insight into the contraceptive awareness, knowledge, attitudes and use of lower socioeconomic pregnant women. The main objective of the study was to

respond to the question:

What variables tend to influence family planning practices among low-income women?

Socio-demographic variables which were studied included the following:

- age
- race
- educational status
- marital status
- source of contraceptive information
- degree of information on contraceptives
- whether sex education was included in their school curriculum
- status of their pregnancy--planned versus non-planned
- number of children

Other variables studied represented the assessment of the participants' awareness, knowledge, attitudes and use of contraceptives. Also included were attitudes concerning the meaning of pregnancy and parenthood.

A questionnaire inventorying the above variables was developed by the researcher. A factor analysis technique showed that certain variables appeared to associate to form five factors which were discussed in length in the Findings section. Caution was exercised in making definite elaborations or conclusions based on these tendencies of association. It appeared that Factor 1, labeled "Lack of Awareness of Contraceptive Methods" factor, had a tendency to associate with the following variables: being of the black race, younger than 20, single and of the preference to not be pregnant now. Factor 2, labeled as "Didn't Mind if Became Pregnant" factor, had a tendency to associate the following variables: white, drop-out of school, married and thought babies were more important than finishing school. Factor 3

was identified as "Having Experienced Contraceptive Usage" factor. Of interest were the following tendencies for association: older than 20 years in age, drop-out of school, received contraceptive information from a medical source, have other children and prefer to be pregnant at this time. Factor 4, "Non-Normative Attitudes Concerning Single Parenthood", had significant loadings on the following variables: young, black, non-drop-out status, single, poorly informed on contraceptive information, and did not plan their pregnancies. Factor 5 presented quite a puzzling combination of variables, but was labeled "Attitudes Towards Outcomes". The majority of the variables which had a tendency to be associated concerned attitudes towards the outcomes or consequences of intercourse, use of birth control and pregnancy.

The purpose of the study was achieved, but many questions were left unanswered as to what are the implications of the associations found. Comprey (1973:229) stated that ". . . factor interpretation at its best becomes an activity to be developed over a series of related studies rather than something to be based solely on a single investigation." Therefore, continued research based on the findings of this study will provide additional insight and information which would be more conclusive and meaningful to the development of programs and services aimed at family planning among the lower socioeconomic groups.

The following recommendations should be given consideration:

1. Conduct studies dealing specifically with groups representative of each of the isolated factors, in order to investigate further the associations among the variables.

2. Complete a study involving low-income non-pregnant teenagers to evaluate the degree of unawareness of various contraceptive methods.
3. Study larger groups of non-pregnant women to grasp an understanding of the variables involved in the development of attitudes concerning the use of contraceptives and parenthood.
4. Study various younger age levels to investigate the actual formation period of attitudes concerning the desirability of parenthood.
5. Investigate the knowledge, attitudes and use of contraceptives among lower socio-economic males and compare the results with those of the female sample.

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APPENDIX A

Original *Were not answered or had no relevance to the study

I. What is your present age?

II. Check the word that describes your race:

_____ Black

_____ White

_____ Other

III. If you are still in school, what grade are you in now?

_____ Lower than the 7th grade

_____ 7th grade

_____ 8th grade

_____ 9th grade

_____ 10th grade

_____ 11th grade

_____ 12th grade

_____ I am taking some college courses

IV. If you are not a student now, check below the statement that describes your situation.

_____ I have completed high school

_____ I have dropped out of high school

*V. If you have dropped out of school, discuss below the reasons why you dropped out.

VI. Check your marital status:

_____ Single

_____ Married

_____ Other

VII. List below where or from whom you got most of your birth control information:

VIII. How informed are you in the area of birth control information?

- Poorly informed
 Average informed
 Well informed

IX. Have you ever had any courses in school which included birth control information?

- YES
 NO

*X. Are you pregnant now?

- YES
 NO

*XI. If you are pregnant, which month of pregnancy are you in now?

- I am not pregnant
 1st month
 2nd month
 3rd month
 4th month
 5th month
 6th month
 7th month
 8th month
 9th month
 I have just recently delivered my baby

XII. Was this pregnancy planned?

- YES
 NO

XIII. Do you have any children?

- YES
 NO

XIV. If so, circle how many children you have below:

- 1
2
3
4
5 or more

*XV. List below the ages of your children or your child:

*XVI. Have you had sexual intercourse within the past month?

YES

NO

I. Some young couples do something to prevent the girls from becoming pregnant. This is called using birth control. For each of the following methods of birth control, check the one or ones you have heard of.

- Condom or "rubber"
 Birth control pill
 Foam, jelly or cream
 IUD, "coil" or "loop"
 Douche or "washing oneself out"
 Safe period or rhythm
 Male withdrawal or "pulling out"
 Diaphragm

List any other birth control methods you have heard of below:

II. Check the one that is most like your feelings as to who should take the responsibility for the use of birth control.

- The Male
 The Female

III. For the following statements, circle how you feel about each statement, either "Strongly Agree" (S.A.), "Agree" (A.), "Disagree" (D.), or "Strongly Disagree" (S.D.).

- | | | | | |
|---|------|----|----|------|
| 1. Birth control pills are safe for most women to use. | S.A. | A. | D. | S.D. |
| 2. Birth control pills are taken by the female just on days when she is going to have sexual intercourse. | S.A. | A. | D. | S.D. |
| 3. There is an absolute "safe period" for sexual intercourse insofar as pregnancy is concerned. | S.A. | A. | D. | S.D. |
| 4. The IUD must be medically fitted and placed in the woman's uterus by a medically trained person. | S.A. | A. | D. | S.D. |
| 5. After a woman is sterilized (fixed) she can no longer enjoy sex. | S.A. | A. | D. | S.D. |
| 6. Any form of birth control reduces sexual enjoyment. | S.A. | A. | D. | S.D. |
| 7. A woman's safe period usually comes half-way between one period and the next. | S.A. | A. | D. | S.D. |

"Strongly Agree" (S.A.), "Agree" (A.), "Disagree" (D.), or "Strongly Disagree" (S.D.).

- | | | | | |
|---|------|----|----|------|
| 8. One disadvantage of the IUD is that the male may move it with his penis (male sex organ) during intercourse. | S.A. | A. | D. | S.D. |
| 9. The diaphragm must be left in the birth canal at least 4-8 hours after sexual intercourse. | S.A. | A. | D. | S.D. |
| 10. Of all the methods of birth control, the pill works the best. | S.A. | A. | D. | S.D. |
| 11. A girl's menstrual cycle (period) is usually regular therefore allowing a couple to always predict when ovulation will occur (when eggs are released). | S.A. | A. | D. | S.D. |
| 12. Standing up while having sex will help prevent pregnancy from occurring. | S.A. | A. | D. | S.D. |
| 13. Abortion is always dangerous. | S.A. | A. | D. | S.D. |
| 14. Condoms (rubbers) are a thin, strong rubber cover, which is rolled onto a male's sex organ (penis) to keep his sperm from getting into the female's birth canal. | S.A. | A. | D. | S.D. |
| 15. When the woman uses birth control foam, the sperm are killed. | S.A. | A. | D. | S.D. |
| 16. Many feminine hygiene deodorants are good also for birth control. | S.A. | A. | D. | S.D. |
| 17. Condoms (rubbers) work very well to prevent pregnancy if used properly. | S.A. | A. | D. | S.D. |
| 18. Birth control is just too bothersome and therefore <u>not</u> worth the effort to use it. | S.A. | A. | D. | S.D. |
| 19. Douching is usually quite successful in preventing pregnancy, since the women can wash all the sperm out of her birth canal. | S.A. | A. | D. | S.D. |
| 20. If the woman does not have a climax (sexual high or orgasm) she will not get pregnant since both partners must have orgasms (climaxes) in order for pregnancy to occur. | S.A. | A. | D. | S.D. |
| 21. Worrying about getting pregnant usually keeps a woman from enjoying sexual intercourse. | S.A. | A. | D. | S.D. |
| 22. The IUD is taken out after each sexual act (after each act of sexual intercourse). | S.A. | A. | D. | S.D. |
| 23. After a man is sterilized (fixed) he is no longer considered a complete man. | S.A. | A. | D. | S.D. |

"Strongly Agree" (S.A.), "Agree" (A.), "Disagree" (D.), "Strongly Disagree" (S.D.).

- | | | | | |
|--|------|----|----|------|
| 24. Urination (peeing, taking a leak), by the female after intercourse will help prevent pregnancy. | S.A. | A. | D. | S.D. |
| 25. The birth control pill will eventually cause a wide variety of ills in any woman using it for any length of time. | S.A. | A. | D. | S.D. |
| 26. The IUD is a piece of plastic or metal which the woman places herself in her own uterus. | S.A. | A. | D. | S.D. |
| 27. Sterilization (fixed) is usually a permanent (lasting) method of birth control. | S.A. | A. | D. | S.D. |
| 28. One of the main reasons boys want children is to show their manhood. | S.A. | A. | D. | S.D. |
| 29. When condoms (rubbers) are used they are usually troublesome and take away from the sexual pleasure. | S.A. | A. | D. | S.D. |
| 30. Foams, creams, and jellies are used by the female <u>after</u> she has had sexual intercourse. | S.A. | A. | D. | S.D. |
| 31. Most men do not like it if their woman uses birth control. | S.A. | A. | D. | S.D. |
| 32. A woman who takes a chance and does not get pregnant is probably the kind of woman who does not get pregnant easily. | S.A. | A. | D. | S.D. |
| 33. An important reason for a girl to have a baby is the feeling it gives her of being a mother. | S.A. | A. | D. | S.D. |
| 34. Sex is less fun if somebody has to use a form of birth control each time. | S.A. | A. | D. | S.D. |
| 35. One of the main reasons boys want children is the feeling it gives them of being a father. | S.A. | A. | D. | S.D. |
| 36. The IUD may be felt by the male during sexual intercourse and therefore interferes with his sexual pleasure. | S.A. | A. | D. | S.D. |
| 37. An important reason for a girl to have a baby is the feeling it gives her of being a woman. | S.A. | A. | D. | S.D. |
| 38. The woman can feel the IUD move around when she is in motion, such as walking. | S.A. | A. | D. | S.D. |

"Strongly Agree" (S.A.), "Agree" (A.), "Disagree" (D.), "Strongly Disagree" (S.D.).

39. Birth control pills won't work if taken by the female for more than 3 years. S.A. A. D. S.D.

40. The diaphragm is a birth control method which must be fitted by a doctor. S.A. A. D. S.D.

IV. Check the following birth control methods, if any that you or your sex partner (partners) have ever used:

We've never used any form of birth control

Birth control pills

Foam, cream or jelly

IUD, "coil" or "loop"

Diaphragm

"Rubber" or condom

Douche or "washing oneself out"

Male withdrawal or "pulling out"

Safe period or Rhythm or "time of the month"

List below any other birth control methods that you or your sex partner (partners) have ever used:

V. If you are presently pregnant or have ever been pregnant, were you using any of the following birth control methods when you became pregnant?

I was not using any birth control method when I became pregnant

Birth control pill

Foam, cream, or jelly

IUD, "coil" or "loop"

Diaphragm

"Rubber" or condom

Douche or "washing oneself out"

Male withdrawal or "pulling out"

Safe period, "time of the month" or Rhythm

List any other birth control methods that you were using at the time of your pregnancy below:

VI. If you are pregnant or have ever been pregnant, check the statement or statements which best explain your reason or reasons for not using birth control.

- * a. I have never been pregnant.
- * b. I was using birth control, but it failed to prevent my pregnancy.
- * c. You were trying to have a baby.
- d. You didn't mind if you became pregnant.
- e. You were too young to become pregnant.
- f. It was the time of the month when you felt that you couldn't get pregnant.
- g. Your partner didn't want you to use birth control.
- h. You didn't think you could get pregnant.
- i. You believed it was wrong to use birth control.
- j. Sex isn't as much fun if birth control is used.
- k. You believed birth control was dangerous.
- l. You didn't know about birth control.
- m. You didn't know where to get birth control.
- n. Birth control was inconvenient to use.
- o. Birth control was too expensive.
- p. You didn't know that having sexual intercourse could result in you getting pregnant.
- q. You didn't have sexual intercourse often enough to become pregnant.

Please list below any other reasons why you or your partner did not use any form of birth control to prevent you from become pregnant.

****Go back up to VI. and place a I beside the reason you checked that is the most important reason why you did not use any form of birth control.

VII. For each of the following statements, circle either "Strongly Agree" (S.A.), "Agree" (A.), "Disagree" (D.), or "Strongly Disagree" (S.D.) depending on how you feel about each statement.

- | | | | | |
|---|------|----|----|------|
| 1. It's all right for girls to have babies whether or not they are married. | S.A. | A. | D. | S.D. |
| 2. It's too much trouble to have a baby and not be married. | S.A. | A. | D. | S.D. |
| 3. Having a baby will only mess up with a girl running around and having lots of fun. | S.A. | A. | D. | S.D. |
| 4. Most girls who have babies don't finish school. | S.A. | A. | D. | S.D. |
| 5. Boys would rather date girls who don't have babies. | S.A. | A. | D. | S.D. |
| 6. Having a baby is more important than finishing school. | S.A. | A. | D. | S.D. |
| 7. Having a baby is the most rewarding experience a girl can have. | S.A. | A. | D. | S.D. |
| 8. Babies are so much fun to care and provide for. | S.A. | A. | D. | S.D. |
| 9. I would prefer <u>not</u> to have a baby right now. | S.A. | A. | D. | S.D. |

TABLE I-A

SOURCES OF BIRTH CONTROL INFORMATION AND FREQUENCIES

Sources	Number
<u>Medical</u>	
Health Department Clinic	11
Doctor	19
Nurse	6
	—
Total	36
<u>Non-Medical</u>	
Friends	3
Books	7
Family	4
Mother (specified)	5
School	5
Planned Parenthood	4
	—
Total	28

TABLE II-A
VARIABLES WHICH DETERMINED KNOWLEDGE AND
ATTITUDINAL REASONS FOR NON-USE OF CONTRACEPTIVES

Knowledge Variables

You were too young to become pregnant.
It was the time of the month when you felt that you couldn't get pregnant.
You didn't think you could get pregnant.
You believed birth control was dangerous.
You didn't know about birth control.
You didn't know where to get birth control.
You didn't know that having sexual intercourse could result in you getting pregnant.
You didn't have sexual intercourse often enough to become pregnant.

Attitudinal Variables

Your partner didn't want you to use birth control.
You believed it was wrong to use birth control.
Sex isn't as much fun if birth control is used.
Birth control was inconvenient to use.
Birth control was too expensive.

TABLE III-A
LEVELS WITHIN EDUCATIONAL STATUS

Levels	Number	Percent of Total
<u>Non-Drop-Outs</u>		
Junior High School (7th, 8th & 9th)	6	8
Senior High School (10th, 11th & 12th)	8	10
Completed High School	30	39
<u>Drop-Outs</u>		
Dropped Out of High School	34	44

APPENDIX B

QUESTIONNAIRE CODING USED FOR THE ANALYSIS OF THE DATA

1. Age
2. Race
 - 1 = black
 - 2 = white
3. Educational Status
 - 1 = non-drop-out
 - 2 = drop-out
4. Marital status
 - 1 = single
 - 2 = married
5. Source of Birth Control Information
 - 1 = medical
 - 2 = non-medical
6. Degree of Information on Contraceptive Information
 - 1 = poorly informed
 - 2 = average informed
 - 3 = well informed
7. Sex Education in School?
 - 1 = yes
 - 2 = no
8. Plannedness of Pregnancy
 - 1 = planned
 - 2 = non-planned
9. Number of Children
 - 1 = none
 - 2 = one
 - 3 = two
 - 4 = three

III. For the following statements, circle how you feel about each statement, either "Strongly Agree" (S.A.), "Agree" (A.), "Disagree" (D.), or "Strongly Disagree" (S.D.).

- | | | | | |
|---|------|----|----|------|
| 18. Birth control pills are safe for most women to use. | S.A. | A. | D. | S.D. |
| 19. A woman's safe period usually comes halfway between one period and the next. | S.A. | A. | D. | S.D. |
| 20. One disadvantage of the IUD is that the male may move it with his penis (male sex organ) during intercourse. | S.A. | A. | D. | S.D. |
| 21. The diaphragm must be left in the birth canal at least 4-8 hours after sexual intercourse. | S.A. | A. | D. | S.D. |
| 22. Of all the methods of birth control, the pill works the best. | S.A. | A. | D. | S.D. |
| 23. A girl's menstrual cycle (period) is usually regular therefore allowing a couple to always predict when ovulation will occur (when eggs are released). | S.A. | A. | D. | S.D. |
| 24. Abortion is always dangerous. | S.A. | A. | D. | S.D. |
| 25. When the woman uses birth control foam, the sperm are killed. | S.A. | A. | D. | S.D. |
| 26. Condoms (rubbers) work very well to prevent pregnancy if used properly. | S.A. | A. | D. | S.D. |
| 27. Douching is usually quite successful in preventing pregnancy, since the woman can wash all the sperm out of her birth canal. | S.A. | A. | D. | S.D. |
| 28. If the woman does not have a climax (sexual high or orgasm) she will not get pregnant since both partners must have orgasms (climaxes) in order for pregnancy to occur. | S.A. | A. | D. | S.D. |
| 29. Worrying about getting pregnant usually keeps a woman from enjoying sexual intercourse. | S.A. | A. | D. | S.D. |
| 30. The birth control pill will eventually cause a wide variety of ills in any woman using it for any length of time. | S.A. | A. | D. | S.D. |
| 31. The IUD is a piece of plastic or metal which the woman places herself in her own uterus. | S.A. | A. | D. | S.D. |
| 32. One of the main reasons boys want children is to show their manhood. | S.A. | A. | D. | S.D. |

"Strongly Agree" (S.A.), "Agree" (A.), "Disagree" (D.), "Strongly Disagree" (S.D.).

33. When condoms (rubbers) are used they are usually troublesome and take away from the sexual pleasure. S.A. A. D. S.D.
34. Foams, creams, and jellies are used by the female after she has had sexual intercourse. S.A. A. D. S.D.
35. Most men do not like it if their woman uses birth control. S.A. A. D. S.D.
36. A woman who takes a chance and does not get pregnant, she is probably the kind of woman who does not get pregnant easily. S.A. A. D. S.D.
37. An important reason for a girl to have a baby is the feeling it gives her of being a mother. S.A. A. D. S.D.
38. Sex is less fun if somebody has to use a form of birth control each time. S.A. A. D. S.D.
39. One of the main reasons boys want children is the feeling it gives them of being a father. S.A. A. D. S.D.
40. An important reason for a girl to have a baby is the feeling it gives her of being a woman. S.A. A. D. S.D.
41. Have you ever used birth control?
1 = yes
2 = no
42. Ever used the Pill?
1 = yes
2 = no
43. Ever used the Condom?
1 = yes
2 = no
44. Ever used the Douche?
1 = yes
2 = no
45. Ever used Withdrawal?
1 = yes
2 = no

46. Were you using birth control at the time of conception?

- 1 = yes
2 = other

47. Have experienced birth control, but not at the time of conception?

- 1 = yes
2 = other

Reasons for not using birth control:

48. Didn't mind if became pregnant.

- 1 = yes
2 = other

49. Lack of knowledge reason

- 1 = yes
2 = other

50. Attitudinal reason

- 1 = yes
2 = other

VII. For each of the following statements, circle either "Strongly Agree" (S.A.), "Agree" (A.), "Disagree" (D.), "Strongly Disagree" (S.D.), depending on how you feel about each statement.

- | | | | | |
|--|------|----|----|------|
| 51. It's all right for girls to have babies whether or not they are married. | S.A. | A. | D. | S.D. |
| 52. It's too much trouble to have a baby and not be married. | S.A. | A. | D. | S.D. |
| 53. Having a baby will only mess up with a girl running around and having lots of fun. | S.A. | A. | D. | S.D. |
| 54. Most girls who have babies don't finish school. | S.A. | A. | D. | S.D. |
| 55. Boys would rather date girls who don't have babies. | S.A. | A. | D. | S.D. |
| 56. Having a baby is more important than finishing school. | S.A. | A. | D. | S.D. |
| 57. I would prefer <u>not</u> to have a baby right now. | S.A. | A. | D. | S.D. |

TABLE I-B

FREQUENCY COUNT ON CONTRACEPTIVE AWARENESS VARIABLES

Variable Number	Classification	Number	Percent of Total
	Have you heard of:		
*13	<u>The Condom</u>		
	Yes	74	96
	No	3	4
		N=77	
(10) 12	<u>Birth Control Pill</u>		
	Yes	59	76
	No	19	24
		N=78	
(11) 14	<u>Foam, Cream or Jelly</u>		
	Yes	55	71
	No	23	29
		N=78	
(12) 15	<u>IUD</u>		
	Yes	56	80
	No	18	20
		N=74	
(13) 16	<u>Douche</u>		
	Yes	58	76
	No	20	24
		N=78	

TABLE I-B (cont.)

Variable Number	Classification	Number	Percent of Total
Have you heard of:			
(14) 17	<u>Safe Period</u>		
	Yes	39	54
	No	33	46
		N=72	
(15) 18	<u>Male Withdrawal</u>		
	Yes	55	72
	No	21	28
		N=76	
(16) 19	<u>Diaphragm</u>		
	Yes	49	65
	No	27	35
		N=76	

*Indicates that the variable was deleted from the analysis.

**Variable number in () indicates the variable number for the revised questionnaire for the analysis.

***N=78.

TABLE II-B

FREQUENCY COUNT ON KNOWLEDGE AND ATTITUDES OF CONTRACEPTIVES AND CONTRACEPTIVE USE

Variable Number	Variable	Number					Percent of Total				
		N.R.	S.A.	A.	D.	S.D.	N.R.	S.A.	A.	D.	S.D.
(18) 22	Birth control pills are safe for most women to use.	0	13	44	18	3	0	17	56	23	4
*23	Birth control pills are taken by the female just on days when she is going to have sexual intercourse.	0	0	4	28	46	0	0	5	36	59
*24	There is an absolute "safe period" for sexual intercourse insofar as pregnancy is concerned.	3	7	23	21	24	4	9	30	27	31
*25	The IUD must be medically fitted and placed in the woman's uterus by a medically trained person.	6	46	22	2	2	8	59	28	3	3
*26	After a woman is sterilized (fixed) she can no longer enjoy sex.	0	1	6	34	37	0	1	8	44	47
*27	Any form of birth control reduces sexual enjoyment.	4	3	6	39	26	5	4	8	50	33
(19) 28	A woman's safe period usually comes halfway between one period and the next.	9	2	36	26	5	12	3	46	33	6

TABLE II-B (cont.)

Variable Number	Variable	Number					Percent of total				
		N.R.	S.A.	A.	D.	S.D.	N.R.	S.A.	A.	D.	S.D.
(20) 29	One disadvantage of the IUD is that the male may move it with his penis (male sex organ) during intercourse.	20	5	19	25	9	26	6	24	32	12
(21) 30	The diaphragm must be left in the birth canal at least 4-8 hours after sexual intercourse.	26	5	26	15	6	33	6	33	19	8
(22) 31	Of all the methods of birth control, the pill works the best.	5	15	28	18	12	6	19	36	23	15
(23) 32	A girl's menstrual cycle (period) is usually regular therefore allowing a couple to always predict when ovulation will occur (when eggs are released).	6	7	30	28	7	8	9	39	36	9
*33	Standing up while having sex will help prevent pregnancy from occurring.	8	1	3	40	26	10	1	4	51	33
(24) 34	Abortion is always dangerous.	3	17	14	34	10	4	22	18	44	13
*35	Condoms (rubbers) are a thin, strong rubber cover, which is rolled onto a male's sex organ (penis) to keep his sperm from getting into the female's birth canal.	2	17	53	4	2	3	22	68	5	3

TABLE II-B (cont.)

Variable Number	Variable	Number					Percent of Total				
		N.R.	S.A.	A.	D.	S.D.	N.R.	S.A.	A.	D.	S.D.
(25) 36	When the woman uses birth control foam, the sperm are killed.	8	4	51	12	3	10	5	65	15	2
*37	Many feminine hygiene deodorants are good also for birth control.	6	3	6	37	26	8	2	8	47	33
(26) 38	Condoms (rubbers) work very well to prevent pregnancy if used properly.	3	7	47	15	6	4	9	60	19	8
*39	Birth control is just too bothersome and therefore <u>not</u> worth the effort to use it.	3	3	6	34	32	4	2	8	44	41
(27) 40	Douching is usually quite successful in preventing pregnancy, since the woman can wash all the sperm out of her birth canal.	5	3	19	36	15	6	4	24	46	19
(28) 41	If the woman does not have a climax (sexual high or orgasm) she will not get pregnant since both partners must have orgasms (climaxes) in order for pregnancy to occur.	3	6	17	32	20	4	8	22	41	26
(29) 42	Worrying about getting pregnant usually keeps a woman from enjoying sexual intercourse.	4	9	46	15	4	5	12	59	19	5

TABLE II-B (cont.)

Variable Number	Variable	Number					Percent of Total				
		N.R.	S.A.	A.	D.	S.D.	N.R.	S.A.	A.	D.	S.D.
*43	The IUD is taken out after each sexual act (after each act of sexual intercourse).	19	2	9	26	22	26	3	12	33	28
*44	After a man is sterilized (fixed) he is no longer considered a complete man.	3	4	3	43	25	4	5	4	55	32
*45	Urination (peeing, taking a leak), by the female after intercourse will help prevent pregnancy.	8	5	7	36	22	10	6	9	46	28
(30) 46	The birth control pill will eventually cause a wide variety of ills in any woman using it for any length of time.	15	5	15	38	5	19	6	19	49	6
(31) 47	The IUD is a piece of plastic or metal which the woman places herself in her own uterus.	20	2	14	22	20	26	3	18	28	26
*48	Sterilization (fixed) is usually a permanent (lasting) method of birth control.	6	16	47	7	2	8	21	60	9	3
(33) 50	When condoms (rubbers) are used they are usually troublesome and take away from the sexual pleasure.	9	7	29	30	3	12	9	37	39	4

TABLE II-B (cont.)

Variable Number	Variable	Number					Percent of Total				
		N.R.	S.A.	A.	D.	S.D.	N.R.	S.A.	A.	D.	S.D.
(34) 51	Foams, creams, and jellies are used by the female <u>after</u> she has had sexual intercourse.	9	3	14	39	13	12	4	18	50	17
(35) 52	Most men do not like it if their woman uses birth control.	5	7	18	37	11	6	9	23	47	14
(36) 53	A woman who takes a chance and does not get pregnant is probably the kind of woman who does not get pregnant easily.	9	6	26	30	7	12	8	33	39	9
(38) 55	Sex is less fun if somebody has to use a form of birth control each time.	8	4	14	41	11	10	5	18	53	14
*57	The IUD may be felt by the male during sexual intercourse and therefore interferes with his sexual pleasure.	28	1	11	30	8	36	1	14	39	10
*59	The woman can feel the IUD move around when she is in motion, such as walking.	29	2	6	32	9	37	3	8	41	12
*60	Birth control pills won't work if taken by the female for more than 3 years.	11	2	10	44	11	14	3	13	56	14

TABLE II-B (cont.)

Variable Number	Variable	Number					Percent of Total				
		N.R.	S.A.	A.	D.	S.D.	N.R.	S.A.	A.	D.	S.D.
*61	The diaphragm is a birth control method which must be fitted by a doctor.	15	15	38	9	1	19	19	49	12	1
(17) 20	Is the male responsible for the use of birth control?		YES	NO	N.R.		YES	NO	N.R.		
*21	Is the female responsible for the use of birth control?		65	32	2		86	12	2		

*Indicates that the variable was deleted from the analysis.

**Variable numbers in () indicates the variable number for the revised questionnaire used for the analysis.

***N=78

****Code:

N.R. = No Response

S.A. = Strongly Agree

A. = Agree

D. = Disagree

S.D. = Strongly Disagree

TABLE III-B
FREQUENCY COUNT ON CONTRACEPTIVE USAGE VARIABLES

Variable Number	Variable	Number		Percent of Total	
		Yes	No	Yes	No
(41) 62	Have you ever used birth control?	54	22	71	29
	Have you ever experienced use of:				
(42) 63	Birth control pill	38	38	50	50
(43) 64	Condom	33	43	43	57
(44) 65	Douche	17	59	22	78
(45) 66	Withdrawal	24	52	32	68
(46) 67	Were you using birth control at the time of conception?	15	61	20	80
(47) 68	Have experienced usage, but not at the time of conception?	37	39	49	51

*N=76

**Variable Number in () indicates the variable number for revised questionnaire used for the analysis

***N=78

TABLE IV-B

FREQUENCY COUNT ON REASONS FOR NON-USE OF BIRTH CONTROL

Variable Number	Variable	Number			Percent of Total		
		Blank	Yes	Other	Blank	Yes	Other
(48) 69	Didn't mind if became pregnant	52	13	13	67	17	17
(49) 70	Knowledge reason	52	12	14	67	15	18
(50) 71	Attitudinal reason	51	9	18	65	12	23

			YES	NO		YES	NO
(8) 10	Pregnancy planned		33	42		42	54
			N=75				

*Variable number in () indicates the variable number for the revised questionnaire for the analysis.
 **N=78 unless otherwise stated.

TABLE V-B

FREQUENCY COUNTS ON ATTITUDES OF PARENTHOOD

Variable Number	Variable	Number					Percent of Total				
		N.R.	S.A.	A.	D.	S.D.	N.R.	S.A.	A.	D.	S.D.
(37) 54	An important reason for a girl to have a baby is the feeling it gives her of being a mother.	7	9	29	22	11	9	12	37	28	14
(39) 56	One of the main reasons boys want children is the feeling it gives them of being a father.	8	12	36	20	2	10	15	46	26	3
(40) 58	An important reason for a girl to have a baby is the feeling it gives her of being a woman.	9	5	25	30	9	12	6	32	39	12
(51) 72	It's all right for girls to have babies whether or not they are married.	8	12	23	20	15	10	15	30	26	19
(52) 73	It's too much trouble to have a baby and not be married.	8	5	22	30	13	10	6	28	39	17
(53) 74	Having a baby will only mess up with a girl running around and having lots of fun.	10	6	18	31	13	13	8	23	40	17
(54) 75	Most girls who have babies don't finish school.	9	6	38	22	3	12	8	49	28	4
(55) 76	Boys would rather date girls who don't have babies.	10	9	35	21	3	13	12	45	27	4
(56) 77	Having a baby is more important than finishing school.	9	5	9	32	23	12	6	12	32	30

TABLE V-B (cont.)

Variable Number	Variable	Number					Percent of Total				
		N.R.	S.A.	A.	D.	S.D.	N.R.	S.A.	A.	D.	S.D.
*78	Having a baby is the most rewarding experience a girl can have.	13	20	39	5	1	17	26	50	6	1
*79	Babies are so much fun to care and provide for.	17	15	38	7	1	22	19	49	9	1
(57) 80	I would prefer <u>not</u> to have a baby right now.	17	6	9	27	19	22	8	12	35	24

*Indicates that the variable was deleted from the analysis.

**Variable numbers in () indicates the variable number for the revised questionnaire used for the analysis.

***N=78

****Code:

N.R. = No Response

S.A. = Strongly Agree

A. = Agree

D. = Disagree

S.D. = Strongly Disagree

APPENDIX C

TABLE I-C
VARIABLES, MEANS AND FACTOR LOADINGS

Variable Number	Code	Mean	Factors				
			I	II	III	IV	V
1	Age	20.58	-.33	.17	.34	.50	-.06
2	Race	1.70	-.38	.35	.16	.46	-.19
3	EducSt	1.44	.21	.51	.31	.33	.16
4	MariSt	1.65	-.36	.35	.27	.46	-.09
5	BCSour	1.44	.06	.09	-.52	-.25	-.13
6	DegInf	2.24	.13	.06	.12	.43	.24
7	SexEdu	1.71	-.04	.53	.12	.25	.09
8	PrgPln	1.56	-.07	.07	.06	-.55	-.01
9	NoChil	1.62	-.08	.12	.66	.18	.02
10	AwPill	1.24	.74	.12	-.06	.08	.01
11	AwFoam	1.29	.72	.12	-.15	-.00	-.10
12	AwIUD	1.24	.78	-.11	-.12	.16	.24
13	AwDuch	1.26	.68	.08	.18	.03	-.10
14	AwSfPd	1.46	.86	.11	-.04	-.10	-.10
15	AwWdra	1.28	.82	-.19	-.10	.03	-.03
16	AwDiph	1.36	.79	.05	-.14	-.12	.10
17	MIResp	1.36	.41	-.34	.10	.36	.02
18	KnoPill	2.14	.10	.31	-.10	-.15	-.04
19	KnoSfP	2.49	-.08	.12	.02	-.12	-.21
20	KnoIUD	2.66	-.45	-.24	.17	.28	.35
21	KnoDiph	2.42	.14	.14	-.06	-.07	.11
22	KnoPill	2.37	.03	.50	-.03	-.07	-.12
23	KnoPer	2.49	-.21	.19	.39	-.13	.24
24	KnoAbt	2.50	-.14	-.23	.20	-.04	.22
25	KnoFom	2.20	.08	.13	.20	.03	.28
26	KnoCnd	2.23	.00	.41	.02	-.11	.30
27	KnoDch	2.86	-.53	.01	.00	-.10	.20
28	KnoPrg	2.88	-.46	-.17	.19	.03	.28
29	AttPrg	2.19	.01	.02	-.17	.11	.57
30	KnoPill	2.68	-.07	.16	.14	-.01	.61
31	KnoIUD	3.03	-.47	-.03	.15	.13	.10
32	AttPrt	2.43	-.20	-.06	-.02	.01	.61
33	AttCnd	2.42	-.03	.43	-.39	.04	.12
34	KnoFom	2.90	-.36	-.21	-.07	.01	.09
35	AttBc	2.71	-.41	.17	.21	.10	.25
36	KnoPrg	2.55	-.66	.33	-.10	-.04	.12
37	AttPrt	2.50	-.40	.03	.04	-.19	.55
38	AttBC	2.84	-.25	.06	-.11	.14	.39

TABLE I-C (cont.)

Variable Number	Code	Mean	Factors				
			I	II	III	IV	V
39	AttPrt	2.17	-.22	.00	.28	-.27	.48
40	AttPrt	2.62	-.10	-.07	.20	-.38	.57
41	UseBC	1.29	.10	.10	-.75	-.04	-.11
42	UsePill	1.50	.07	.13	-.76	.09	-.06
43	UseCnd	1.56	.18	-.00	-.73	.11	.02
44	UseDch	1.78	.10	-.10	-.40	.21	-.07
45	UseWdr	1.68	.15	-.15	-.61	.30	.15
46	UseBC	1.80	.13	.00	-.32	.39	-.05
47	UseBC	1.51	-.01	.13	-.40	-.34	-.06
48	ReaN-US	1.50	.41	-.74	.04	-.02	.34
49	ReaN-US	1.54	.03	.75	.19	.10	.36
50	ReaN-US	1.67	-.41	.35	-.26	-.29	-.47
51	AttPrt	2.54	-.35	-.74	.15	.47	.40
52	AttPrt	2.73	.30	.28	-.05	-.49	.14
53	AttPrt	2.75	-.01	.34	.01	-.30	.01
54	AttPrt	2.32	-.07	-.12	.10	-.58	.37
55	AttPrt	2.26	.07	.09	.12	-.40	-.15
56	AttPrt	3.06	-.24	-.49	.05	.18	.34
57	AttPrt	2.97	-.35	-.01	-.36	.22	.25

*Code names can be deciphered in Appendix B.

VITA

Linda Sue Hylton was born in Alleghany County, Virginia, on March 31, 1952. She received her primary and secondary education there and entered Virginia Polytechnic Institute and State University in the Fall of 1970 to begin her undergraduate studies. She completed her B. S. Degree in Management, Housing and Family Development, option Family and Child Services, in August, 1973.

In September 1973, she started her graduate studies in Management, Housing and Family Development, option Family Development with an emphasis in counseling. Requirements for the M. S. Degree in Family Development were completed in July, 1974.

Linda Sue Hylton

INFLUENCES ON FAMILY PLANNING AMONG

LOW-INCOME WOMEN

by

Linda S. Hylton

(ABSTRACT)

Seventy-eight low-income pregnant women in Roanoke, Virginia were sampled by means of a questionnaire in an effort to study what factors influence their family planning practices. The questionnaire measured the sample's contraceptive awareness, knowledge, and use, and their attitudes concerning contraception and its use. Other attitudes studied were related to pregnancy and parenthood.

The questionnaire used was developed by the researcher, and was, in part, based on materials from the research of Dr. John Kanter of John Hopkins University.

A factor analysis was performed which delineated factors influencing the family planning practices of the sample studied. The results indicated that younger, single, black women in the sample tended to be less aware of and less likely to use contraception. They also expressed attitudes concerning single parenthood which tended to disregard generally held social norms.

A tendency also existed for white, married women, who were school drop-outs to give the reason that they "didn't mind if they became pregnant" for their lack of contraceptive use. This appeared to indicate a lack of motivation for contraceptive usage.

It was concluded that other investigations should be made to substantiate the results and provide additional information relevant to the development of services aimed at family planning among low-income families.