

UTAH TEST FOR THE CHILDBEARING YEAR:
BELIEFS AND PERCEPTIONS
ABOUT CHILDBEARING

by

Joyce Cameron Foster

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THE UNIVERSITY OF UTAH GRADUATE SCHOOL

SUPERVISORY COMMITTEE APPROVAL

of a dissertation submitted by

Joyce Cameron Foster

This dissertation has been read by each member of the following supervisory committee and by majority vote has been found to be satisfactory.

May 13, 1981

W. Kreuter, Ph.D.

May 13, 1981

Richard B. [unclear], Ph.D.

May 13, 1981

Charles C. Hughes, Ph.D.

May 13, 1981

May 13, 1981

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FINAL READING APPROVAL

To the Graduate Council of The University of Utah:

I have read the dissertation of Joyce Cameron Foster in its final form and have found that (1) its format, citations, and bibliographic style are consistent and acceptable; (2) its illustrative materials including figures, tables, and charts are in place; and (3) the final manuscript is satisfactory to the Supervisory Committee and is ready for submission to the Graduate School.

5-24-81

Date



Marshall W. Kreuter, Ph.D.
Member, Supervisory Committee



Chairman/Dean

Approved for the Graduate Council



ABSTRACT

The problem of the study was to conduct the initial stages in the development of a documented, valid, reliable, written instrument to measure beliefs and perceptions about childbearing. The instrument developed contains five domain scales as follows: Fear of the Childbirth Process, Personal Values About Childbearing and Childrearing, Childbearing Health Locus of Control, Father's Role and Response in Childbearing, and Passive Compliance Versus Active Participation in Childbirth Care Decisions. The process of instrument development included a comprehensive review of the literature to generate items, content validation by an expert panel, pretesting with 30 subjects, administration of the initial instrument to 382 individuals (one-fourth men and three-fourths women) in the general population from two counties in Utah, and FORTAP Analysis of the items to generate a final instrument for normative data with 254 first-time expectant women and 253 first-time expectant fathers utilizing a sample ratio based on the number of births in each county. All groups were convenience samples as broadly representative as possible by using a variety of contact sources in each group.

In addition to the 100 items in the 5 domain scales, 3 miscellaneous questions, 8 demographic items, 8 health behavior items, and 16 childbearing practices were included. FORTAP Analysis resulted in

Alpha coefficients for the 5 scales from .76 to .63. Factor Analysis of the scales was conducted to test for the independence of the domains. Three factors were identified: 1) Childbearing Self-Competency based on the Fear of the Childbirth Process, Childbearing Health Locus of Control and Passive Compliance Versus Active Participation in Childbirth Care Decisions Scales; 2) Personal Values; and 3) Father's Role. A circumplex model was constructed using the first two factors. Frequencies, measures of central tendency, Pearson Correlation, and Regression Analysis were also carried out. A series of tables trace the history of each item from validation and pretest through general population testing to the final instrument. All items are traced, including those dropped at various points in the testing procedure. A copyrighted manual titled, Utah Test for the Childbearing Year: Beliefs and Perceptions About Childbearing, will be available Fall, 1981.

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CHAPTER I

INTRODUCTION

The significance of childbearing to individuals and societies is documented throughout history. The importance attached to this process has resulted in many different childbirth practices among the various cultures of the world.

Beliefs and perceptions about childbearing may serve as powerful predisposing factors impacting on health care decisions and practices. These decisions and practices, in turn, have potential for achieving differing pregnancy outcomes. This study addresses the need for a written instrument to measure beliefs and perceptions about childbearing.

Social learning theory, as described by both Rotter and Bandura, indicates that beliefs and perceptions have an impact on behavior (Rotter, 1954; Bandura, 1971). Bandura notes that there is " . . . growing evidence that cognition has causal influence on behavior." He states further that:

In the social learning view . . . there is . . . a continuous reciprocal interaction of personal and environmental determinants. Within this approach, symbolic, vicarious and self regulatory processes assume a prominent role. . . . Past experiences create expectations that certain actions will bring valued benefits, that others will have no appreciable effects and that still others will avert trouble. By representing foreseeable outcomes symbolically, people can convert future consequences into current motivations of behavior. (pp. 10, 11, 18)

Today, widespread use of public media has made available to expectant parents new information regarding desirable health care behaviors during pregnancy. Nutrition, physical fitness, stress reduction and avoidance of personal habits hazards and environmental hazards are all topics discussed in popular and scientific literature. The extent to which parents avail themselves of this knowledge may be influenced by their beliefs and perceptions about childbearing and health.

In our western society, the concept of an optimal pregnancy outcome ranges from a minimal expectancy for a live mother and infant without overt physical or mental damage, to an expectation by an increasing number of couples that the process of childbearing should be a satisfying period of increased development as a person, culminating in a peak childbirth experience as well (Tanzer, 1972). Phrases such as "participatory decision making," "family involvement" and "maximal possible control over the birth experience" are appearing in the literature. Individuals who hold these values usually seek additional information and skill development to increase their competence and sense of confidence. They are also likely to seek alternative approaches to managing the course of childbearing (Arms, 1975; Haire, 1972; Howell, 1975; Kitzinger, 1972).

Conversely, other couples believe that a safe and healthy mother and baby is the responsibility of their physician. Those who hold this position believe their responsibility is to select a doctor who will see that they experience little or no pain or distress during the birth process. Other individuals' beliefs and practices range

within the continuum represented by these extremes (Parlee, 1976; Stewart, 1977; and Wheeler, 1977).

Health care providers reinforce this wide spectrum of beliefs and perceptions of their patients by using a range of preferred obstetrical practices, each presumably designed to achieve the desired optimal outcome. Consumers of maternity health care services accept or reject these practices based on their individual beliefs and perceptions, their knowledge, cultural forms and the persuasiveness of their health care provider (Paten, 1966; Shaw & Robertson, 1963).

Justification

An understanding of the normative childbearing beliefs and perceptions in any given population would facilitate planning for maternity health care services in a community. Such information could help to identify the kind and amount of health education and childbirth support required by various individuals within the total childbearing population. In addition to normative data for a population, an individual profile of childbearing beliefs and perceptions would assist childbirth educators and health care providers to provide a more individualized approach to their clients. A childbirth beliefs and perceptions profile could also be useful in research to correlate beliefs and perceptions with pregnancy symptoms and selected health behaviors during childbearing. Such a profile might have predictive value toward certain kinds of pregnancy outcomes. This could lead to its use as a prescriptive tool in programs to modify beliefs and perceptions which otherwise might lead to behaviors correlated with adverse outcomes.

Review of Literature

A review of the literature was undertaken to determine whether instruments have been developed to measure childbearing beliefs and perceptions. Computer searches were carried out utilizing the following data indexes: Medlars, Science Citation Index, Eric, Psychological Abstracts, Dissertation Abstracts, National Institute of Mental Health Data Bank, Index to Nursing Literature and Sociological Abstracts. Numerous subject titles were used relating to pregnancy and childbirth which might elicit references concerning attitudes, beliefs, perceptions and practices. Over 1,200 citations were generated which were finally reduced to approximately 400 articles.

Although there was much said in the literature concerning childbearing, only a portion of it represented definitive research. Those research articles which were identified often cited use of tools which had been generated for that particular study with no documentation of their validity or reliability (Light & Fenster, 1974; Morris, 1968; Norr, Block, Charles, Myering & Meyers, 1977). In one instance, a particularly appropriate type of instrument was presented at a national professional meeting but apparently never published in the literature (Schaefer & Manheimer, 1960). Thereafter, the meeting was cited by another researcher who used the instrument with minimal description (Heinstein, 1967). There were, however, numerous interesting and potentially useful articles written describing various aspects of childbearing responses.

It was concluded that there was not a documented, valid, reliable written instrument to measure beliefs and perceptions about

childbearing. This study proposed to conduct the initial stages in the development of such an instrument.

In considering the task, several models for health behavior were studied. These were helpful as a basis for further conceptual development.

The Health Belief Model is one means developed to explain personal health behaviors.

[It] . . . postulates that the likelihood of undertaking a health action is a function of the individual's beliefs along four subjective dimensions: 1) perceived level of personal susceptibility to a particular condition; 2) perceived degree of severity of the consequences which might result from contracting the condition; 3) estimation of the recommended health action's potential benefits or efficacy in preventing or reducing susceptibility and/or severity; and 4) views of possible psychological and other costs or barriers related to the proposed action. (p. 216)

In addition, the Model stipulates that a stimulus, or "cue to action" is necessary to trigger the appropriate health behavior by making the individual consciously aware of his feelings about the condition (Maiman, Becker, Kirscht, Haefner & Drachman, 1977).

Another model studied was a framework for health education planning developed by Green and his colleagues. This framework, called PRECEDE, stands for "predisposing, reinforcing and enabling constructs in educational diagnosis and evaluation." They identify predisposing factors as ". . . antecedents to behavior that provide the rationale for motivation for the behavior. Included are knowledge, attitudes, beliefs and values." (Green, Kreuter, Deeds & Partridge, 1980, 11, 68)

A PRECEDE framework on childbearing was developed by this researcher to provide the conceptual model underlying the instrument

development (Figure 1). Only a few of the several segments of this framework fall within the present study. The values, beliefs and perceptions sections under Predisposing Factors were selected for the present research. The initial identification of the concepts in these segments of the PRECEDE framework was based on the researcher's clinical background as well as a preliminary review of the literature.

The literature provided numerous descriptions of beliefs and perceptions which were thought to have relevance to childbearing behaviors and outcomes. Perusal of these articles resulted in the identification of five major areas or domains which might prove profitable to pursue. These domains were identified as a) Fear of the Childbirth Process, b) Childbearing Health Locus of Control, c) Personal Values About Childbearing and Childrearing, d) Father's Role and Response to Childbearing, and e) Social Compliance and Active Versus Passive Involvement in Childbearing.

The conceptual model on which the instrument development was based is in Figure 2. This model recognizes the influence of various antecedents to childbearing beliefs and perceptions without attempting to describe or study them. It was not the intent of the present study to deal with antecedents to beliefs. As stated by Stokols (1975) it is the province of social learning theories to address the ways by which individuals arrive at their beliefs, motives and behaviors. Rather, this study proposed to identify the continuum along which individuals may be placed, based on their response to statements of

Precede Model--Childbearing

PHASES 1-2
EPIDEMIOLOGICAL AND SOCIAL DIAGNOSES

Quality of Life: Childbearing

SOCIAL INDICATORS

GOALS

| | <u>Category</u> | <u>Desired Outcome</u> | <u>Objectives</u> |
|---|--|---|---|
| 1. Illegitimacy | I. SAFETY | A. Survival of Mother | 1. Alive |
| 2. Abortion | | B. Survival of Baby | 2. No Permanent Damage |
| 3. Maternal and Paternal Absenteeism from Work During Pregnancy | II. HEALTH | A. Normal Post-Partum Parameters | 1. Prompt Resumption of Normal Body Functions |
| 4. Out of Hospital Births | | B. Normal Newborn Parameters | 2. Self Care in Activities of Daily Living |
| 5. Costs of Hospital Care for Childbirth | | C. No Iatrogenic Damage | 3. Normal Adaptation to Extra-Uterine Life 4. Minimal Recovery/Healing Processes Necessary |
| 6. Child Abuse | III. RESPONSE TO THE CHILDBIRTH EXPERIENCE | A. Couple Able to Cope Effectively With the Demands of Pregnancy and Childbirth | 1. Desired Expectations Met 2. Positive Affect or Peak Experience. 3. Energy Expenditure of Couple and Providers Within Normal Parameters |
| | IV. FINANCIAL COSTS OF CARE | A. Cost-Effective | 1. Lowest Possible Costs for Maximum Benefits and Minimal Family Expenditure 2. Reasonable Cost/Charge Differential |
| | V. ESTABLISHMENT OF PARENTING | A. Effective Parenting | 1. Positive Affective Interaction and Responses Between Parents and Infant 2. Appropriate Child Care Behaviors 3. Energy Expenditure Within Reasonable Parameters |

Figure 1

PHASE 3
BEHAVIORAL DIAGNOSIS

NON-BEHAVIORAL CAUSES-INDICATORS

1. Personal
 - A. Genetic Inheritance
 - B. Age
 - C. Pre-Existing Disease/Conditions
 - D. General Life Stresses, e.g.,
Work Stress, Social Stress,
Family Stress, Financial Stress,
Lifestyle Stress, Personal Habits
Changes Stress
 - E. Physical Status During Pregnancy
2. Environmental
 - A. Toxic Chemicals
 - B. Radiation
 - C. Infections
3. Technological
 - A. Facilities Availability
 1. Birth Centers, Birthing Rooms,
Family Centered Maternity Care
Programs for Healthy Women
 2. Tertiary Care Settings for
High Risk Women
 - B. Appropriate Health Care Provider
Availability
 1. CNM's, Family Practice Physi-
cians for Healthy Women and
Babies
 2. Obstetricians, Neonatologists
for High Risk Women and Babies

BEHAVIORAL CAUSES--INDICATORS

1. Personal Habits
 - A. Drugs--Prescription, Non-Pre-
scription, Social
 - B. Physical Fitness
 - C. Stress Management
 - D. Nutrition and Dental Health
 - E. Safety--Purchase and Use of
Safety Devices--Driving/Home
2. Use of Health Resources
 - A. Prenatal Care--Onset, Attendance;
Use of Provider Counsel, Treat-
ment, Prescription
 - B. Preparation for Childbirth and
Parenting--Enrollment and Class
Attendance, Reading, Practice

NON-HEALTH FACTORS

1. Age
2. Race
3. Education
4. Financial Status (Income,
Health Insurance)
5. Health System Practices
 - A. Economic Incentives
 - B. Variations in Practice

HEALTH PROBLEMS

- Vital Indicators
1. Death (Mortality)
 - A. Fetal Wastage
 - B. Perinatal
 - C. Neonatal
 - D. Maternal
 2. Disease (Morbidity)
 - A. Number and Type of
Pregnancy Symptoms
 - B. Maternal Chronic
Conditions
 - C. Infant Weight and
Gestation at Birth
 - D. Infant Health Status
 3. Discomfort
 4. Dissatisfaction
 5. Disability
 - A. Hospitalizations During
Pregnancy
 - B. Length of Hospital Stay for
Childbirth, Newborn
 - C. Length of Recovery to Pre-
Pregnant Functioning
 - D. Maternal Comparison of Health
Postpartum with Pre-Pregnant
Status
 - E. Infant Conditions Requiring
Additional Medical Care

Figure 1--Continued

PHASE 6
ADMINISTRATIVE DIAGNOSIS

PHASES 4-5
EDUCATIONAL DIAGNOSIS

I. RESOURCES FOR CHILDBEARING
IMPACT

- A. Health Care Provider
- B. Childbirth and Parenting Programs
- C. Public Information Systems
 - 1. Libraries
 - 2. Public Media
- D. Community Agencies
 - 1. Environmental and Product Controls
 - 2. Public Health
 - 3. Social Services
 - 4. Hospitals and Birth Centers

II. ADMINISTRATIVE AND ORGAN-
IZATIONAL CONSIDERATIONS

- A. Finances
- B. Visibility and Acceptance of Resources
- C. Political Considerations
- D. Within Program, Within Organization and Between Organization Communication and Liaison

PREDISPOSING FACTORS

- 1. Knowledge
 - A. Personal and Environmental Health Factors Believed to Contribute to a Healthy Outcome for Mother and Baby
 - B. Expected Normal Processes of Pregnancy, Labor and Delivery, and the Post-Partum and Neonatal Periods and How to Cope With Them
 - C. Physical Fitness Measures
 - D. Stress Management Approaches
 - E. Nutrient Needs, Food Sources and Food Preparation
 - F. Breathing and Relaxation Techniques
 - G. Measures for Relief of Pregnancy Discomforts and Problems
 - H. Danger Signals Indicative of Need For Professional Consultation
 - I. Rights and Responsibilities of Expectant and New Parents
 - J. Resources, Options and Choices in Maternity Care
 - K. Characteristics and Needs of Newborn Infants and How to Provide Care
- 2. Attitudes
 - A. Self Confidence (Sense of Ability to Care Effectively for Oneself)
 - B. Self Worth (Value of Self as a Person Worthy of Achievement)
 - C. Desire for a Healthy Outcome for Self and Baby
- 3. Values--Beliefs
 - A. Desire to Produce a Child
 - B. Meaning of Childbirth and Parenthood
 - C. Personal Effect of Childbirth and Parenting on Growth as a Person, Lifestyle, etc.
 - D. Commitment to Working for an Optimal Outcome of Pregnancy, Childbirth and Parenting
 - E. Family and Cultural Influences
- 4. Perceptions
 - A. Fear of Childbirth and Parenting
 - B. Health Locus of Control
 - C. Partner support and Congruence

ENABLING FACTORS

- 1. Ability and Skills to Carry Out Health Related Behaviors
- 2. Availability of Resources for Care, Education and Support
- 3. Accessibility of Resources

REINFORCING FACTORS

- 1. Support by Family and Friends
- 2. Trust in the Health Care Providers and Childbirth Educator's Information, Suggestions and Skills

Figure 1--Continued

Hypothesized Impact of Beliefs and
Perceptions About Childbearing

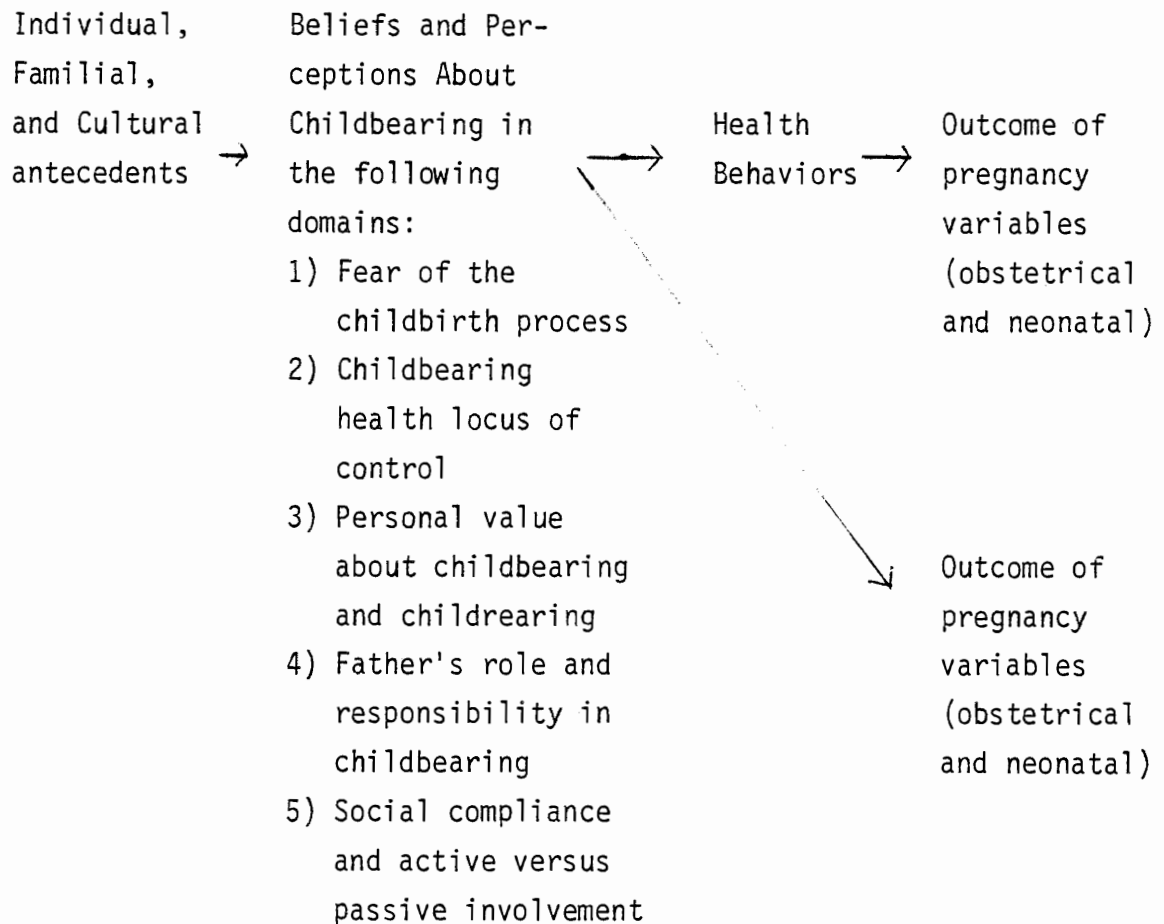


Figure 2

belief and perception relative to selected concepts, within specified domains. For example, there are undoubtedly numerous cultural, familial and individual antecedents influencing an individual's fear of the childbirth process. The written instrument to be developed would simply enable placement on a continuum based on the number of an individual's responses to statements of belief or perception

indicating fear, on a scale titled, "Fear of the Childbirth Process."

The diagram in Figure 2, above, hypothesizes two potential areas of impact for the five domains of childbearing beliefs and perceptions. The first is the impact of beliefs and perceptions on health behaviors, following the general construct of Rotter and Bandura that beliefs and perceptions influence behavior (Rotter, 1954; Bandura, 1971). It is further hypothesized that health behaviors have potential for influencing the wellbeing of either or both the mother and the neonate. The second area of impact displayed in the diagram is that impact mediated directly on maternal and/or fetal outcome through pathophysiological changes brought on by various stressors, such as the effect of maternal anxiety on premature labor and other labor complications (Crandon, 1978; Erickson, 1976; Lederman, Lederman, Work & McCann, 1978; McDonald, 1967; Myers, 1977; Newton, Webster, Binu, Maskrey, & Phillips, 1979).

As a function of the literature review, 10 research steps were identified for the present study:

1. Development of the general conceptual model, i.e., domains based on a preliminary review of the literature.
2. Detailed review of the relevant literature for item generation.
3. Development of an item pool.
4. Submission of the original item pool to an expert panel.
5. Pretest of the selected items.
6. Preparation of the final edition of the initial instrument.

7. Administration of the initial instrument to establish reliability of the items.
8. Analysis of items administered to a selected general population.
9. Administration of the Revised Instrument to primigravid couples in Utah.
10. Analysis and presentation of Normative Data from Utah Primigravid women.

Specific information concerning these 10 steps is presented in Chapter 2, Methodology. Appendix A lists selected specific articles utilized in item generation for the five domain scales. The remainder of this introduction contains some brief statements about the five domains obtained from information in the literature review.

Fear of the Childbirth Process

Table 1 lists some of the pertinent literature used in the identification of this domain. Response to the anticipation of childbirth varies widely along a continuum from terror, to complete absence of any conscious fear. Responses encompass the beliefs, ranging from positive to negative that childbirth:

1. Is a lifethreatening event to either or both mother and child.
2. Can permanently damage either or both mother and child.
3. Is an unpleasant experience.
4. Is a frightening experience.
5. Is a painful experience.

Table 1
 Selected Pertinent Literature Validating the Domain:
Fear of the Childbirth Process^a

| Author | Title | Year | Source |
|--|---|------|--|
| Dick-Read, G. | Childbirth Without Fear | 1944 | Harper and Row, New York |
| Davids, A., Devault, S., & Talmadge, M | Anxiety, Pregnancy and Childbirth Abnormalities | 1961 | Journal of Consulting Psychology |
| Kitzinger, S. | The Experience of Childbirth | 1962 | Taplinger Publishing Company, New York |
| Erickson, M. T. | Relationships Between Psychological Attitudes During Pregnancy and Complications of pregnancy, Labor and Delivery | 1965 | American Psychological Association Proceedings |
| Rappaport, E. A. | The Fear of Fearing | 1967 | Chicago Medical School Quarterly |
| Redaksie, V. D. | Emotional Reactions Associated With Pregnancy and the Puerperium | 1968 | South African Medical Journal |
| Colman, A. | Psychological State During First Pregnancy | 1969 | American Journal of Orthopsychiatry |
| Lamaze, F. | Painless Childbirth | 1970 | Henry Regnery Co., Chicago |
| Tanzer, D. | Why Natural Childbirth? | 1972 | Doubleday, New York |

Table 1--Continued

| Author | Title | Year | Source |
|---|--|------|--|
| Clark, A. | Labor and Birth: Expectations and Outcomes | 1975 | Nursing Forum |
| Heymans, H., & Winter, S. T. | Fears During Pregnancy | 1975 | Israel Journal of Medicine |
| Klusman, L. E. | Reduction of Pain in Childbirth by the Alleviation of Anxiety During Pregnancy | 1975 | Journal of Consulting and Clinical Psychology |
| Barclay, R. L. | Aspects of the Normal Psychology of Pregnancy: The Midtrimester | 1976 | American Journal of Obstetrics and Gynecology |
| Cogan, R., Henneborn, W. & Klapper, F. | Predictors of Pain During Prepared Childbirth | 1976 | Journal of Psychosomatic Research |
| Nettleblodt, P., Fagerstrom, C. F. & Uddenberg, N. | The Significance of Reported Childbirth Pain | 1976 | Journal of Psychosomatic Research |
| Ascher, B. | Maternal Anxiety in Pregnancy and Fetal Homeostasis | 1978 | Journal of Obstetrical and Gynecological Nursing |
| Lederman, R. P., Lederman, E., Work, B. A., & McCann, D. S. | The Relationship of Maternal Anxiety, Plasma Catacholamines and Plasma Cortisol to Progress in Labor | 1978 | American Journal of Obstetrics and Gynecology |

Table 1--Continued

| Author | Title | Year | Source |
|---|--|------|---|
| Westbrook, M. T. | Analyzing Affective Responses to Past Events: Women's Reactions to a Childbearing Year | 1978 | American Journal of Clinical Psychology |
| Lederman, R. P., Lederman, E., Work, B. A., & McCann, D.S. | Relationship of Psychological Factors in Pregnancy to Progress in Labor | 1979 | Nursing Research |
| Standley, K., Soule, B., & Copans, S. A. | Dimensions of Prenatal Anxiety and Their Influence on Pregnancy Outcome | 1979 | American Journal of Obstetrics and Gynecology |
| Westbrook, M. T. | Socioeconomic Differences in Coping with Childbearing | 1979 | American Journal of Community Psychology |

^aComplete citations may be found in Appendices A and J and the References list.

These beliefs are described in the literature and some of them are documented as well in morbidity and mortality statistics from the 19th century to the present time. An Australian study of socioeconomic differences in coping with childbearing (Westbrook, 1979) indicated that the lower class groups had pronounced mutilation anxiety and were fearful of the physical processes of childbearing. Psychological stress and maternal attitudes during pregnancy have been found to adversely affect the outcome of pregnancy, labor and delivery through such problems as premature or dysfunctional labor, neonatal morbidity, etc. (Davids, Devault & Talmadge, 1961; Erickson, 1965).

Conversely, positive correlates of these beliefs may also be found, especially since the early 1950s. The childbirth education literature is replete with descriptions of confident, unafraid women during pregnancy and childbirth, who cope successfully with the sensations of labor (Dick-Read, 1944; Kitzinger, 1962; Lamaze, 1970). Tanzer (1972) described the occurrence of peak experience at childbirth in her study utilizing this concept of Maslow's.

Health Locus of Control

A concept of internal versus external control of reinforcement (referred to as locus of control) developed out of Rotter's work in the 1950s in social learning theory (Rotter, 1954). This concept is defined by him as follows:

When a reinforcement is perceived by the subject as following some action of his own but not being entirely contingent upon his action, then, in our culture, it is typically perceived as the result of luck, chance, fate, as under the control of

powerful others, or as unpredictable because of the great complexity of the forces around him. When the event is interpreted in this way by an individual, we have labeled this a belief in external control. If the person perceives that the event is contingent upon his own behavior or his own relatively permanent characteristics, we have termed this a belief in internal control. (Rotter, 1966, p. 1)

Rotter identified four classes of variables in social learning theory: behaviors, expectancies, reinforcements and psychological situations.

In its most basic form, the general formula for behavior is that the potential for a behavior to occur in any specific psychological situation is a function of the expectancy that the behavior will lead to a particular reinforcement in that situation and the value of that reinforcement. (1975, p. 57)

Expectancy is only one of the three major determinants of a behavior potential. The other two are the value of the reinforcement to the individual and the psychological situation, e.g., assessment of the alternative behaviors available in the same situation. The scale ultimately developed to identify generalized expectancies (the Rotter I-E Scale): ". . . consisted of 23 items and six filler items that sampled widely from different life situations where locus of control attitudes might be relevant to behavior." When the I-E Scale was first developed, most of the research used a median split to obtain groups called "internals" and "externals." However, ". . . In early samples and in current samples, the distribution of scores tends to be normal. There is nothing to suggest a typology." (Rotter, 1975, p. 62)

In subsequent studies the meaning of externality has been expanded as research data suggests there may be two groups of external tendencies, those tending toward beliefs in chance and those tending towards beliefs in powerful others (Rotter, 1975).

Over 300 major articles had been written by 1971 utilizing the concept of Locus of Control (Throop & MacDonald, 1971). Numerous studies have appeared since then. Some of this work has related Rotter's scale to health specific behaviors. In recent years a Health Locus of Control Scale of 11 items has been developed by Wallston and others (Wallston, Kaplan, Wallston, 1976). This has been subsequently followed by the development of a new Multidimensional Health Locus of Control set of scales with equivalent forms (Wallston & Wallston, 1978). This newer tool reflects the three dimensions of health locus of control beliefs: internality (6 items), powerful others--externality (6 items) and fate/chance--externality (6 items). The intent was to identify items specific to health behavior and locus of control.

Although developing different measures for specific purposes is an expensive and time consuming undertaking, Rotter believes that ". . . it would be worth developing such a specific measure if one's interest is in a limited area and particularly if one is seeking some practical application where every increment in prediction is important." (Rotter, 1975, p. 59)

The practical application of a childbearing health locus of control scale would lie in childbirth specific items which might be predictive of individuals making different decisions about childbirth care and health behaviors based on their beliefs toward powerful others versus their own efforts, or their beliefs in fate and chance. The useful construct of Locus of Control has not yet been used in the field of childbearing research. Childbearing specific dimensions of

the domain might include a) information seeking regarding childbearing and health care, b) taking preventive measures to maximize health care practices, c) responses to options and choices in childbirth health care practices, d) responses to medical authority, and e) belief in personal ability to bear a child safely and successfully (i.e., personal health, normalcy and strength; and willingness to participate in and work with the process of labor). Table 2 lists some of the pertinent literature used in the validation of this domain.

Personal Values About Childbearing and Childrearing

In our society today there is a wide range of values placed on bearing a child and becoming a parent, from a decision never to be become pregnant to yearning for that opportunity on the part of infertile couples. Some individuals feel that the process enhances their self-development and self-fulfillment as a person. The process is seen variously as one to be endured, to welcoming it as a positive human experience. The child is viewed on a continuum from a burden imposed on self and society to fulfillment of one's ultimate destiny or reason for being. Lifestyle changes are perceived as minimal to profound with negative, neutral or positive feelings regarding these changes. Commitment to an optimal outcome ranges from letting pregnancy take its course, to efforts if they are easy and do not require much energy or change, to willingness to exert maximum energy and effort. Westbrook's study of socioeconomic classes indicated that the lower class women expected greater rewards from their children in the future than did middle class mothers. Their main source of status

Table 2

Selected Pertinent Literature Validating the Domain:
Childbearing Health Locus of Control^a

| Author | Title | Year | Source |
|--|--|------|---|
| Rotter, J. B. | Social Learning and Clinical Psychology | 1954 | Prentice Hall, New Jersey |
| Rotter, J. B. | Generalized Expectancies for Internal Versus External Control of Reinforcement | 1966 | Psychological Monographs |
| Lefcourt, H. M. | Internal Versus External: A Review | 1966 | Psychological Bulletin |
| Hersch, P. D., & Scheibe, K. E. | Reliability and Validity of Internal-External Control as a Personality Dimension | 1967 | Journal of Consulting Psychology |
| Burnes, K., Brown, W. A., & Keating, G. W. | Dimensions of Control: Correlations Between MMPI and I-E Scores | 1971 | Journal of Consulting and Clinical Psychology |
| Joe, V. C. | Review of the Internal-External Control Construct as a Personality Variable | 1971 | Psychological Reports |
| Throop, W. F. & MacDonald, A. P. | Internal-External Locus of Control: A Bibliography | 1971 | Psychological Reports |

Table 2--Continued

| Author | Title | Year | Source |
|---|--|------|--|
| Rotter, J. B., Chance, J. E., & Phares, E. J. | Applications of a Social Learning Theory of Personality | 1972 | Holt, Reinhart and Winston, New York |
| Felton, G. S. | Teaching Internalization to Middle- Level Health Workers | 1973 | Psychological Reports |
| Heaton, R. C., & Duerfeldt, P. H. | The Relationship Between Self- Esteem, Self-Reinforcement, and the Internal-External Personality Dimension | 1973 | The Journal of Genetic Psychology |
| Tiffany, D. W., & Tiffany, P. G. | Social Unrest: Powerlessness and/ or Self-Direction? | 1973 | American Psychologist |
| Williams, A. F. | Personality and Other Character- istics Associated with Cigarette Smoking Among Young Teenagers | 1973 | Journal of Health and Social Behavior |
| Morris, N. M., & Sison, B. S. | Correlates of Female Powerlessness: Parity, Methods of Birth Control, Pregnancy | 1974 | Journal of Marriage and the Family |
| Balch, P. & Ross, A. W. | Predicting Success in Weight Reduc- tion as a Function of Locus of Con- trol: A Uni-Dimensional and Multi- Dimensional Approach | 1975 | Journal of Consulting and Clinical Psychology |

Table 2--Continued

| Author | Title | Year | Source |
|---|--|------|---|
| Best, J. A. | Tailoring Smoking Withdrawal Procedures to Personality and Motivational Differences | 1975 | Journal of Consulting and Clinical Psychology |
| Rotter, J. B. | Some Problems and Misconceptions Related to the Construct of Internal Versus External Control of Reinforcement | 1975 | Journal of Consulting and Clinical Psychology |
| Wallston, K. A., Kaplan, G. D., & Maides, S. A. | Development and Validation of the Health Locus of Control (HLC) Scale | 1976 | Journal of Consulting and Clinical Psychology |
| Wallston, K. A., Maides, S. A., & Wallston, B. S. | Health-Related Information Seeking as a Function of Health-Related Locus of Control and Health Value | 1976 | Journal of Research and Personality |
| Maiman, L. A., Becker, M. H., Kirscht, J. P., Haefner, B. P., & Drachman, R. H. | Scales For Measuring Health Belief Model Dimensions: A Test of Predictive Value, Internal Consistency, and Relationships Among Beliefs | 1977 | Health Education Monographs |
| Kaplan, G. D., & Cowles, A. | Health Locus of Control and Health Value in the Prediction of Smoking Reduction | 1978 | Health Education Monographs |
| Parcel, D. S., & Meyer, M. E. | Development of an Instrument to Measure Childrens' Health Locus of Control | 1978 | Health Education Monographs |

Table 2--Continued

| Author | Title | Year | Source |
|---------------------------------------|--|------|---|
| Saltzer, E. B. | Locus of Control and the Intention to Lose Weight | 1978 | Health Education Monographs |
| Strickland, B. | Internal-External Expectancies and Health Related Behavior | 1978 | Journal of Consulting and Clinical Psychology |
| Tolor, A. | Some Antecedents and Personality Correlates of Health Locus of Control | 1978 | Psychological Reports |
| Wallston, B. S., & Wallston, K. A. | Locus of Control and Health: A Review of the Literature | 1978 | Health Education Monographs |
| Wallston, K. A., & Wallston, B. S. | Development of the Multi-Dimensional Health Locus of Control (MHLC) Scales | 1978 | Health Education Monographs |
| Barling, J., & Fincham, F. | Maslow's Need Hierarchy and Dimensions of Perceived Locus of Control | 1979 | The Journal of Genetic Psychology |
| Westbrook, M. T. | Socioeconomic Differences in Coping with Childbearing | 1979 | American Journal of Community Psychology |

^aComplete citations may be found in Appendices A and J and the Reference list.

and influence were children and home (Westbrook, 1979). The following dimension, based on a literature review was projected for this scale: a) desire to produce a child of one's own, b) belief in pregnancy, childbirth and parenting as a personal growth producing experience, c) basic meaning of producing a child, d) perceived effect on one's lifestyle, and e) commitment to working for an optimal outcome of pregnancy, childbirth and parenting. Table 3 contains selected pertinent references validating this domain.

Father's Role and Response in Childbearing

The desirability and importance of agreement, support and congruence with one's partner may be an important domain. Responses range from ignoring the partner to extreme dependence. The effects of childbirth on the father and of the father on the childbirth experience of the mother are described in numerous articles (Chiota, Goolkasian, & Ladewig, 1976; Cobb, 1976; Henneborn & Cogan, 1975).

Peterson found that ". . . a more positive birth experience led to a greater level of father attachment." (Peterson, Mehl, & Leiderman, 1979, p. 335). There was evidence that the support of the husband during labor decreased pain and increased enjoyment of the experience (Henneborn & Cogan, 1975; Norr et al., 1977).

Several articles spoke to the psychophysiologic reaction of the father to a woman's pregnancy, leading to a variety of symptoms (Fawcett, 1978; Reid, 1975; Trethowan & Conlon, 1965; Wilson, 1970). Other studies spoke to the right of the father to be present at delivery (Pies, 1976) and of the woman's wish to be held by her

Table 3

Selected Pertinent Literature Validating the Domain:
Personal Values About Childbearing and Childrearing^a

| Author | Title | Year | Source |
|---|--|------|--|
| Benedek, T. | Parenthood as a Developmental Phase | 1959 | Journal of the American Psychoanalytic Association |
| Helper, M. M., Cohen, R. L., Beitenman, E. T., & Eaton, L. F. | Life Events and Acceptance of Pregnancy | 1968 | Journal of Psychosomatic Research |
| Kutner, S. J. | A Test for Fear of Pregnancy and its Relation to Oral Contraceptives | 1972 | Journal of Psychiatric Research |
| Nuckolls, K. B., Cassel, J., & Kaplan, B. H. | Psychosocial Assets, Life Crises and the Prognosis of Pregnancy | 1972 | American Journal of Epidemiology |
| Corenblum, B. | Locus of Control, Lattitude of Acceptance and Attitudes Towards Abortion | 1973 | Psychological Reports |
| Kaltreider, N. B., & Margolis, A. G. | Childless by Choice: A Clinical Study | 1977 | American Journal of Psychiatry |
| Bracken, M. B., Klerman, V., & Bracken, M. | Abortion, Adoption or Motherhood: An Empirical Study of Decision-Making During Pregnancy | 1978 | American Journal of Obstetrics |

Table 3--Continued

| Author | Title | Year | Source |
|---|--|------|---|
| Drower, S. J., & Nash, E. S. | Therapeutic Abortions on Psychia- tric Grounds: Part II. The Continu- ing Debate | 1978 | South African Medical Journal |
| Rader, G. E., Bekker, L. D., Brown, L., & Richardt, C. | Psychological Correlates of Unwant- ed Pregnancy | 1978 | Journal of Abnormal Psychology |
| Hogan, L. R. | Pregnant Again--At 41 | 1979 | Maternal and Child Nursing |
| Westbrook, M. T. | Socioeconomic Differences in Cop- ing With Childbearing | 1979 | American Journal of Community Psychology |

^aComplete citations may be found in Appendices A and J and the Reference list.

partner during pregnancy (Hollender & McGehee, 1974).

The domain included a range of beliefs about the desire, ability and right of the father to be involved in childbearing and parenting as well as the woman's need and desire for his involvement. Table 4 lists pertinent references validating this domain.

Social Compliance and Active Versus Passive Involvement

Expectations of personal responsibility, or desirability of involvement in the processes of childbearing range along the following continuum: a) ignoring the pregnancy condition or arranging for an abortion, b) placing oneself totally in the hands of a trusted physician who assumes all responsibility, c) entering into a participative process of care with responsible decision making and implementation of personal health care practices based on sound professional advice, and d) total repudiation of the health care system with all care being rendered by oneself.

The beliefs that seemed to enter into this domain concerned the necessity/desirability for essentially unquestioning compliance with the professionals' and systems' usual approaches to childbirth care versus a belief that there are a number of different but equally safe ways to approach childbirth and a desire to participate in decisions and use one's own resources maximally. The number of items in the scored direction would place an individual along a continuum of beliefs from passive compliance with the childbirth care system to a mutually interactive process utilizing one's own resources as well as those within the system. This domain might also be characterized as

Table 4

Selected Pertinent Literature Validating the Domain:

Father's Role and Response in Childbearing^a

| Author | Title | Year | Source |
|-------------------------------------|--|------|---|
| Trethowan, W. H., & Conlon, M. F. | The Couvade Syndrome | 1965 | American Journal of Psychiatry |
| Schaefer, G. | The Expectant Father | 1966 | Nursing Outlook |
| King, E. | The Pregnant Father | 1968 | Bulletin of the American College of Nurse-Midwifery |
| Hines, J. D. | Father--The Forgotten Man | 1971 | Nursing Forum |
| Wonnell, B. | The Education of the Expectant Father for Childbirth | 1971 | Nursing Clinics of North America |
| Cronenwett, L. R., & Newmark, L. L. | Father's Responses to Childbirth | 1974 | Nursing Research |
| Greenberg, M., & Morris, N. | Engrossment: Newborn's Impact Upon The Father | 1974 | American Journal of Orthopsychiatry |
| Hollender, M. H., & McGehee, J. B. | The Wish to be Held During Pregnancy | 1974 | Journal of Psychosomatic Research |
| Heise, J. | Toward Better Preparation For Involved Fatherhood | 1975 | Journal of Obstetrical and Gynecological Nursing |

Table 4--Continued

| Author | Title | Year | Source |
|--|---|------|--|
| Antle, K. | Psychologic Involvement in Pregnancy by Expectant Fathers | 1975 | Journal of Obstetrical and Gynecological Nursing |
| Henneborn, W. J., & Cogan, R. | The Effect of Husband Participation on Reported Pain and Probability of Medication During Labor and Birth | 1975 | Journal of Psychosomatic Research |
| Reid, K. E. | Fatherhood and Emotional Stress: The Couvade Syndrome | 1975 | Journal of Social Welfare |
| Chiota, B. J., Goolkasian, P., & Ladewig, P. | Effects of Separation From Spouse on Pregnancy, Labor and Delivery, and the Postpartum Period | 1976 | Journal of Obstetrical and Gynecological Nursing |
| Cobb, S. | Social Support as a Moderator of Life Stress | 1976 | Psychosomatic Medicine |
| Fein, R. A. | Men's Entrance to Parenthood | 1976 | The Family Coordinator |
| Griffith, S. | Pregnancy as an Event With Crisis Potential for Marital Partners: A Study of Interpersonal Needs | 1976 | Journal of Obstetrical and Gynecological Nursing |
| Hoth, J. R. | The Crisis of Expectant Fatherhood | 1976 | The American Journal of Nursing |
| Obrzut, L. A. J. | Expectant Fathers' Perception of Fathering | 1976 | The American Journal of Nursing |
| Cavenap, J. O., & Butts, N. T. | Fatherhood and Emotional Illness | 1977 | American Journal of Psychiatry |

Table 4--Continued

| Author | Title | Year | Source |
|--|---|------|---|
| Leonard, L. | The Father's Side: A Different Perspective on Childbirth | 1977 | Canadian Nurse |
| Norr, K. L., Block, C. R., Charles, A., Meyering, S., & Meyers, E. | Explaining Pain and Enjoyment in Childbirth | 1977 | Journal of Health and Social Behavior |
| Wilson, L. G. | The Couvade Syndrome | 1977 | Family Practice |
| May, K. A. | Active Involvement of Expectant Fathers in Pregnancy: Some Further Considerations | 1978 | Journal of Obstetrical and Gynecological Nursing |
| DeGarmo, E. | Fathers' and Mothers' Feelings About Sharing the Childbirth Experience | 1978 | Current Practice in Obstetric and Gynecologic Nursing |
| Fawcett, J. | Body Image and the Pregnant Couple | 1978 | Maternal Child Nursing |
| Stichler, J. F. | Pregnancy: A Shared Emotional Experience | 1978 | Maternal Child Nursing |
| Westbrook, M. T. | The Reactions to Childbearing and Early Maternal Experience of Women With Differing Marital Relationships | 1978 | British Journal of Medical Psychology |

Table 4--Continued

| Author | Title | Year | Source |
|--|--|------|--|
| Peterson, G. H., Mehl, L. E., & Leiderman, H. P. | The Role of Some Birth-Related Variables in Father Attachment | 1979 | American Journal of Orthopsychia- try |
| Shannon-Babitz, N. | Addressing the Needs of Fathers During Labor and Delivery | 1979 | Maternal Child Nursing |

^aComplete citations may be found in Appendices A and J and the Reference list.

dependence versus interdependence with providers and the system. Although these concepts were alluded to in a number of articles in the scientific literature, there was little definitive study in this area. However, the lay literature was replete with expressions of these beliefs and the references in Table 5 list selected articles from both scientific and lay literature.

In summary, this preliminary review of the literature identified a wide range of beliefs and perceptions about childbearing which were organized into five major areas or domains. These ideas were used in the more detailed literature review to generate item statements for each of the domains. The next chapter details the steps in the development of the written instrument to measure beliefs and perceptions about childbearing.

Statement of the Problem

The problem of this study was the initial development of a valid, reliable written instrument to measure childbearing beliefs and perceptions. The intent was also to carefully document each step in the process.

Delimitations

Three groups of subjects participated in the development of the instrument. A pretest group of 30 men and women was obtained from a convenience sample representative of a number of areas in Salt Lake County. Eight males and 22 females with ages ranging from 17 to 42 years completed the pretest. The next group of 382 subjects completed the initial questionnaire. The sample was composed of one-fourth

Table 5

Selected Pertinent Literature Validating the Domain: Social
Compliance and Active Versus Passive Involvement^a

| Author | Title | Year | Source |
|--|---|------|--|
| Dick-Read, G. | Childbirth Without Fear | 1944 | Harper and Row, New York |
| Kitzinger, S. | The Experience of Childbirth | 1962 | Taplinger Publishing Company, New York |
| Lamaze, F. | Painless Childbirth | 1970 | Henry Regnery Co., Chicago |
| Haire, D. | The Cultural Warping of Children | 1972 | International Childbirth Education Association |
| Tanzer, D. | Why Natural Childbirth? | 1972 | Doubleday, New York |
| Leonard, R. F. | Evaluation of Selection Tendencies of Patients Preferring Prepared Childbirth | 1973 | Obstetrics and Gynecology |
| Paige, K. E., & Paige, J. N. | The Politics of Birth Practices: A Strategic Analysis | 1973 | American Sociological Review |
| Becker, M. H., Drachman, R. H., & Kirscht, J. P. | A New Approach to Explaining Sick-Role Behavior in Low-Income Populations | 1974 | American Journal of Public Health |
| Davenport-Slack, B. & Boylan, C. H. | Psychological Correlates of Childbirth Pain | 1974 | Psychosomatic Medicine |

Table 5--Continued

| Author | Title | Year | Source |
|--|--|------|---|
| Kaiser, B. L., & Kaiser, T. H. | The Challenge of the Women's Movement to American Gynecology | 1974 | American Journal of Obstetrics and Gynecology |
| Arms, S. | Immaculate Deception | 1975 | Houghton Mifflin Co., Boston |
| Doering, S. G., & Entwisle, D. R. | Preparation During Pregnancy and Ability to Cope with Labor and Delivery | 1975 | American Journal of Orthopsychiatry |
| Howell, M. C. | Helping Ourselves: Families and the Human Networks | 1975 | Beacon Press, Boston |
| Johnson, S. M., Snow, L.F., & Mayhew, H.E. | Limited Patient Knowledge as a Reproductive Risk Factor | 1978 | The Journal of Family Practice |
| Linn, L. S., & Lewis, Lewis, C. E. | Attitudes Toward Self Care Among Practicing Physicians | 1979 | Medical Care |

^aComplete citations may be found in Appendices A and J and the References list.

males and three-fourths females. Age of subjects ranged from 16 to 59 years. The individuals in this sample were obtained from a variety of sources in Salt Lake and Weber Counties. The final subject group was composed of 254 first-time expectant females from 28 of the 29 counties in Utah. The number of subjects in each county was based on a ratio of births in the county to the desired total sample size of approximately 250 women. The one county where a first time expectant mother could not be located (only one was required for that county) had only 16 total births in 1980. Age range for this group was from 15 to 35 years. Subjects were obtained through a convenience sample which was as broadly representative of the county as was possible by utilizing various sources of contact.

CHAPTER II

METHODOLOGY

This instrumentation study followed the procedures for measurement of sentiments according to established psychometric theory as described by Nunnally (1978). The problem of the study was to construct and determine the validity and reliability of a predictive, prescriptive instrument to measure beliefs and perceptions about childbearing. This tool is hereafter titled Utah Test for the Childbearing Year: Beliefs and Perceptions About Childbearing.

The final product was projected to be a 5 scale paper and pencil test of approximately 100 items (20 items per scale). This tool would be appropriate for men and women during their years of reproductive capacity. Ultimately, the scores obtained with the instrument could be used in correlation studies with pregnancy symptoms, selected health behaviors during childbearing and pregnancy outcomes. The tool could also be used to determine changeability of scores and behaviors through the influence of childbirth health education programs, thus providing another source of input for program evaluation.

The present study was limited to a) test construction, b) content validation, c) development of reliability of the instrument, and d) the gathering of normative data for the primigravid pregnant population in Utah. Subsequent studies will address construct validity and establish normative data for such other groups as pregnant and

nonpregnant women and their partners of varying ages, parity, ethnicity and geographic location. (Appendix B, Research Flow Sheet: Beliefs and Perceptions About Childbearing.)

The procedures utilized for instrument development and testing and the rationale for their use are outlined in the 10 steps presented below.

Step I. Development of the General Conceptual Model

As discussed briefly in Chapter One, the following 5 domains formed the basis for the scales ultimately developed. The domains relate to beliefs' and perceptions about childbearing and childrearing identified from clinical practice and documented in the literature.

Fear of the Childbirth Process

This comes from the pervasive cultural beliefs carried throughout the centuries, and strengthened by the realities of personal experiences and the varying incidence of maternal and infant mortality and morbidity, that childbirth:

1. Is a life threatening event to either or both mother and child.
2. Can permanently or temporarily damage either or both mother and child.
3. Is an unpleasant experience.
4. Is a frightening experience.
5. Is a painful experience.

Childbearing Health Locus of Control

This domain resulted from the application of the individual difference construct, internal-external locus of control, from Rotter's social learning theory (Rotter, 1954; Rotter, Chance & Phares, 1972) to the area of health care, with specific focus on childbearing. "The internal-external dimension pertains to a person's expectancy that his/her reinforcements are under either personal (termed internal) or environmental (termed external) control." (Stokols, 1975, p. 135.) Childbearing specific items relate to the three multi-dimensional aspects of locus of control:

1. Internality.
2. Powerful Others (externality).
3. Fate or Chance (externality).

Personal Values About Childbearing and Childrearing

The perceived relationship between pregnancy, childbirth and parenting and one's personal self-development and self-fulfillment is identified by items measuring:

1. Desire to be a parent.
2. Personal meaning and value of childbearing and childrearing.
3. Enjoyment of babies and children.
4. Perceived effect of children on a marriage.
5. Perceived risks and responsibilities of parenting.

Father's Role and Response in Childbearing

The perceived paternal role and responses are identified by items measuring the:

1. Desirability of father involvement, support, agreement and congruence with his partner.
2. Need for and importance of father involvement, support, agreement and congruence with his partner.
3. Perceived ability of the father to become involved, be supportive, agree and be in congruence with his partner.
4. Perceived ability of the mother to function successfully in the physical absence of the father and/or the absence of his involvement, support, agreement and/or congruence.

Social Compliance in Childbearing and Active Versus Passive Involvement

There were a number of items which did not fit conceptually into any of the 4 domains described above. However, they appeared in the literature and seemed appropriate from the researcher's clinical experience. Perusal of these items indicated that they appeared to deal with various beliefs indicating the necessity/desirability of complying with the professionals' or systems' usual approaches to care without questioning, versus beliefs indicating a desire to question and participate in decisions jointly regarding certain aspects of care. This domain was initially titled Social Compliance and Active Versus Passive Involvement and was so used throughout the study. However, as will be discussed in the Results chapter, it was later deemed more accurate to rename this domain (see page 118, Chapter 3, Results and Discussion).

Step II. Review of the Literature

A considerable portion of the total item pool was generated as a function of the literature review. As described in Chapter 1, a computer printout of appropriate articles from the major indexes was obtained. Those titles and abstracts which appeared relevant to the area of beliefs and perceptions about childbearing and childrearing were noted and Xerox copies of the articles obtained. About 400 articles were generated by this approach from over 1200 computer listings.

The articles were read and any concept, idea or research finding which could be viewed as a potential item was underlined. These were subsequently typed onto sheets of paper in appropriate content categories. These phrases and ideas formed the basis of the statements subsequently developed. The publications utilized in item generation are listed in Appendix A.

Step III. Development of an Item Pool

Type of Items

Items were written on a 3 x 5 card for each of the 5 domains identified in the general conceptual model utilizing the categorized lists obtained from the literature review. Techniques for item construction followed Nunnally (1978) and Edwards (1957). The pool of items for each scale was about evenly divided between moderately positive and moderately negative statements. This was done to obtain reliable variance with respect to the attitude in question. This approach also controls the 3 common response sets of tending to a) agree with most of the items given on the test, b) respond to most

of the items neutrally, or c) disagree with most of the items on a given test. The response mode for the items was a two-step or dichotomous scale, i.e., Agree/Disagree. The decision to utilize this format was based on the following rationale.

Binary responses are particularly appropriate for the type of item to be studied. The definitions of "belief" and "perception" connote a viewpoint rather than an intensity of feeling. These terms are defined as follows:

1. Belief:

- a state or habit of mind in which trust, confidence or reliance is placed on some person or thing;
- a statement or body of statements held by the advocates of any class of views;
- conviction of the truth of some statement or the reality of some being or phenomenon especially when based on an examination of the grounds for accepting it as true or real;
- intellectual assent (belief in the validity of logical propositions and scientific statements);
- a statement or a state of affairs on the basis of which one is willing to act. (p. 200.)

2. Perception:

- the integration of sensory impressions of events in the external world by a conscious organization especially as a function of non-conscious expectations derived from past experience and serving as a basis for or as verified by further meaningful motivated action;
- direct or intuitive recognition: intelligent discernment. (p. 1675.)

(Webster's Third New International Dictionary of the English Language, 1963)

Reliability will not be hampered by a binary approach.

According to Nunnally (1978), when summated ratings of over 20 items are used in each scale (domain), ". . . it is seldom true that the reliability is materially increased by the addition of scale steps to the individual scales." (p. 597.) Nunnally further states that "reliability of summated attitude scales tend to be higher (holding number of items constant) than those of summated scales of abilities and self inventory measures for personality. This is true even when two-step scales are used in the measurement of attitudes." (p. 597.)

The present research is focused on the scaling of people on their belief systems, rather than identifying a continuum of intensity regarding particular attitudes. An attitude has been defined by Thurstone (1929) and endorsed by Edwards (1957) as the degree of positive or negative affect associated with some psychological object. This statement stresses a continuum of intensity of affect. Thus, using this definition, statements are arranged in increasing intensity of approval-disapproval, or agreement or disagreement is constructed. In the former case, either attitudinal statements are scaled by some psychophysical procedure, paired comparisons, or a less rigorous procedure like successive categories. In the latter case, statements are arranged in order of intensity by a Guttman scaling procedure. While these methodologies are designed to scale intensity of statements, this research was concerned primarily with scaling of people on their belief systems. Therefore, the total number of items in a given scale which were marked in the scored direction (e.g., toward fear of childbirth) were summated. Since these statements are considered to be replicates of one another in the domain which they sample, the

resulting total scale enables individuals to be scaled along a dimension from, for example, low fear to high fear.

The most powerful computer program currently available for dichotomous item analysis, the FORTAP Program, is designed to handle up to five choice responses as binary responses.

Number of Items

Approximately 20 items per scale were intended for the final instrument, so twice that number was formulated for the initial testing, i.e., 40 items per scale. Nunnally reports (1978) that "since it is usually easy to obtain a homogeneous scale for the measurement of attitudes, seldom are more than 40 items required in the item pool." (p. 605.) With 5 domains (scales) identified, the pretest contained 197 items with a range of 35 to 42 items per scale. The final edition of the initial instrument, tested on a general population, contained 172 items with a range of 30 to 38 items per scale. The process for item analysis involved treating each domain as a separate analytical problem; therefore, 380 responses for each domain was considered to be appropriate research procedure. (The total number of items x 10 equals the required number of subjects in a scale.)

Step IV. Submission of the Original Item

Pool to an Expert Panel

The description and definition of each of the five domains (scales), along with the item for each domain were submitted to a panel of experts (Appendix C). Each member of the panel was asked to a) rate each item for relevancy to the particular domain, on a 1 to 5

scale, and b) submit any additional ideas/items for inclusion in that domain.

The panel of experts consisted of eight persons, four males and four females. Their backgrounds were as follows: males--pediatrician, obstetrician, health educator and consumer (father); females--certified nurse-midwife, childbirth educator, psychiatric nurse specialist, and consumer (mother). Items were shifted into other domains or deleted if the panel judged them to be of low relevance to the specified domain.

Step V. Pretest of the Selected Items

Thirty individuals were asked to respond to the draft form of the initial questionnaire. Their responses were subjected to FORTAP Analysis to determine any initial problem with the items that might lead to their being deleted. Instructional or format problems were also evaluated by spontaneous comments written on the test itself (Appendix D).

Step VI. Preparation of the Final Edition of the Initial Instrument

The information gained in the previous two steps led to the initial instrument for testing. The questionnaire was typed and copies Xeroxed with the consent form and instruction sheet on green paper and the actual questionnaire items on white paper. An optical scan sheet was utilized for items 1 to 175 to simplify data preparation for the computer. Responses to the demographic and behavioral items (numbers 176 to 191) were recorded directly on the

questionnaire. These were coded separately and keypunched on cards for entry into the computer. In addition to the 172 scale items finally selected, 8 demographic, 8 behavioral and 3 miscellaneous items were added to the questionnaire for a total of 191 questions (Appendix E).

Step VII. Administration of the Initial
Instrument to Establish Reliability of
the Items

The instrument was tested utilizing male and female subjects from the general population. Pregnant subjects were not solicited for this testing of the instrument although they were not deliberately excluded. Since the largest scale had 38 items and initial item analysis was to be done with 10 times the number of subjects for each item, 380 subjects were sought. Subjects were obtained in convenience samples which were as broadly representative as possible. The following sources were utilized:

1. University students from Brigham Young University, University of Utah, Westminster College and Weber College.
2. Church affiliated adults from Seventh Day Adventists, Catholic, Jewish and Protestant congregations.
3. Five beauty shops.
4. Community organizations such as the YWCA, public health clinics, Division of Family Services and Dance Aerobics.
5. Miscellaneous Individuals.

Step VIII. Analysis of Items Administered
to a Selected General Population

The FORTAP Program

The optical scan sheets were machine read and their contents recorded on computer tape, which was then used to create a computer file to which the FORTAP Program was applied. The FORTAP Item Analysis Program, developed at the University of Wisconsin and available at the University of Utah Computer Center, provides an analysis of variance reliability (an alpha coefficient reliability) which replaces and is statistically superior to the older method of odd-even/test-retest reliability. The program gives the following data:

1. Means and standard deviations of total scale scores.
2. Difficulty level of each item (percent who answered the item in the scored direction).
3. Point-biserial correlation of each item with the total score of that scale.
4. X_{50} and item betas. This allows for the construction of tests with items whose discrimination can be specified on the attribute dimension being measured.

The process for selection of the best items for inclusion in a scale was carried out as follows for each domain:

1. Ten items with the highest point-biserial correlation with the total score of the scale and item difficulty were selected and an alpha coefficient was computed for this scale composed of the set of 10 items.
2. The next 5 items with the highest point bi-serial correlation

and item difficulty were added to this set of 10 items and the alpha coefficient was computed for the new set of 15 items.

3. The process in (2) was repeated with sets of 5 items added sequentially. It was intended that when an alpha coefficient was reached at the .7 level or above, the process would be stopped and the items obtained were used in the scale. This permitted identification of the fewest possible items for the scale and yet had the highest reasonable reliability. Figure 3 illustrates the usual curve that is obtained by this process, where the rise in reliability is great at first, and then with addition of less powerful items, slowly drops off. The drop off rate is slower because, although the items are less powerful, the increased number of items provides some additional reliability.

The Demographic and Health Data

This data was merged with the FORTAP file data after entry via punched cards. Frequency data was obtained. Domain scores for the items finally selected for each scale were correlated with the

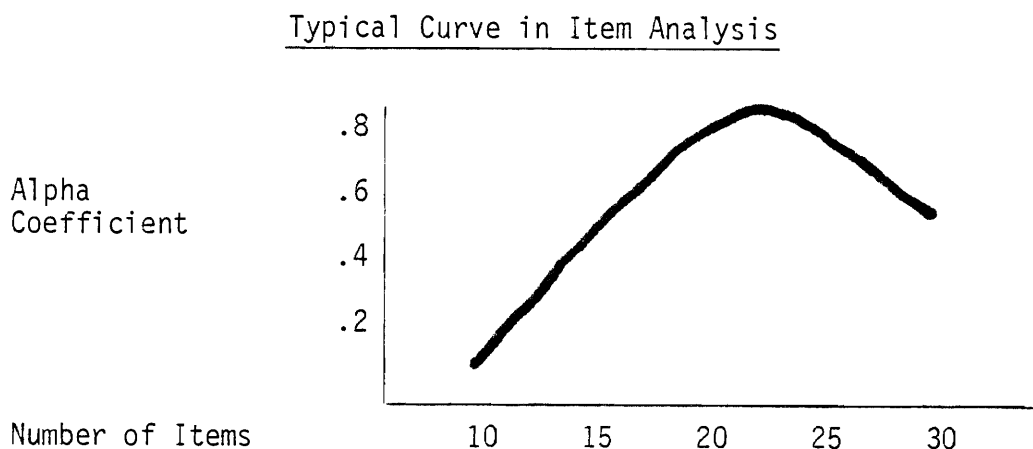


Figure 3

demographic and behavioral variables.

Further Analysis

The total scores for each scale were utilized in factor analysis to test the independence of the domains. Regression analysis was also carried out utilizing total scale scores and selected demographic and health variables.

Step IX. Administration of the Revised Instrument

The FORTAP analysis reduced the item pool to 100 items for the 5 domains. The revised instrument consisted of these 100 items, 8 demographic, 11 pregnancy related, 15 health behavior and 4 miscellaneous items for a total of 138 items in the final questionnaire. Two hundred and fifty primiparous pregnant women were sought for normative data using this instrument. The sample was a convenience sample as broadly representative of each geographic locality as possible. The number to be studied from each county in Utah was determined based on a ratio of births in that county to the desired total sample of 250 women (Appendices F, G).

Step X. Analysis and Presentation of Normative Data from Utah Primigravid Women

The data were analyzed to a) obtain normative data on Utah primigravid pregnant women, b) determine the reliability of the scales with one subgroup (i.e., primigravid pregnant women), c) factor analyze the scales to determine the degree of independence of each scale,

d) obtain correlations of total scale scores with the demographic and behavioral data, and e) carry out regression analysis utilizing total scale scores and related pregnancy, health and demographic data.

The model for the correlation is shown in Figure 4. The processes described in these 10 steps form the basis for the results and discussion which follow. The current state of validity and reliability of the final instrument as well as next steps in research relating to it are also discussed.

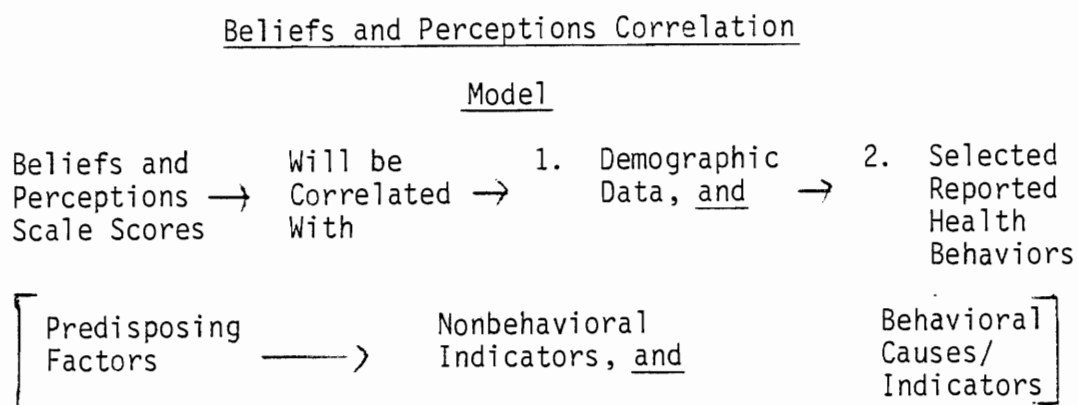


Figure 4

CHAPTER III

RESULTS AND DISCUSSION

Steps I to III of the instrument development process are described in Chapters 1 and 2. The results of Steps IV to X are presented and discussed here. The statistical programs used were FORTAP and SPSS (Statistical Package for the Social Sciences, 1975). Both programs were run on either the 1108 or the 1100/61 computer at the University of Utah Computer Center.

Step IV. Submission of the Original Item

Pool to an Expert Panel of Validators

The panel was asked to complete three tasks (Appendix C). The first major question posed to the panel was: In relation to each item, is this particular item relevant to the scale (domain) being evaluated, i.e., is the item a representative measure of the domain? The panel was asked to rank the relevance of the item to the domain on a 1 to 5 scale with 1 being irrelevant, 5 relevant, and 2, 3 and 4 used for shadings between these two possibilities.

Fear of the Childbirth Process

One of the 42 items was inadvertently left out during typing and so 41 items were analyzed. Table 6 indicates that the mean score for relevance of items in this domain was 4.43 with a standard deviation of .43. Eighteen of the 41 items received a relevance score of 1 or

Table 6
 Relevance of Individual Items to the
 Domain: Fear of the Childbirth
Process - N=8 Validators

| Item No. | Irrelevant | | Relevant | | | Mean Ranking |
|------------------|------------|----|----------|-----|-----|--------------|
| | 1 | 2 | 3 | 4 | 5 | |
| 1 | | | | | 3 | 5.0 |
| 2 | | | 2 | 3 | 3 | 4.13 |
| 3 | | | 2 | 1 | 5 | 4.38 |
| 4 | 1 | | | 1 | 6 | 4.38 |
| 5 | | | | | 8 | 5.0 |
| 6 | | | 1 | 2 | 5 | 4.5 |
| 7 | | 1 | | 4 | 3 | 4.13 |
| 8 | | 1 | 4 | 2 | 1 | 3.38 |
| 9 | | | | 1 | 7 | 4.88 |
| 11 | | | | | 8 | 5.0 |
| 12 | | 2 | | | 6 | 4.25 |
| 13 | 1 | 1 | 1 | 1 | 4 | 3.75 |
| 14 | | | 1 | | 7 | 4.75 |
| 15 | | | | 1 | 7 | 4.38 |
| 16 | | | 1 | 1 | 5 | 4.63 |
| 17 | | | 3 | | 5 | 4.25 |
| 18 | | | | 2 | 6 | 4.75 |
| 19 | 2 | | | | 6 | 4.0 |
| 20 | | | | 4 | 4 | 4.5 |
| 21 | | | 2 | 2 | 4 | 4.25 |
| 22 | 2 | | 2 | 1 | 3 | 3.38 |
| 23 | | | | 1 | 7 | 4.38 |
| 24 | | | 1 | 1 | 5 | 4.63 |
| 25 | 1 | | 1 | 1 | 5 | 4.13 |
| 26 | | | | | 8 | 5.0 |
| 27 | | 1 | 1 | 1 | 5 | 4.25 |
| 28 | | 1 | 1 | 1 | 5 | 4.25 |
| 29 | 1 | | | 2 | 5 | 4.25 |
| 30 | | | | 1 | 7 | 4.88 |
| 31 | | 2 | 1 | | 5 | 4.50 |
| 32 | | | 3 | 1 | 4 | 4.13 |
| 33 | | | 2 | 1 | 5 | 4.38 |
| 34 | 1 | | 1 | 1 | 5 | 4.0 |
| 35 | 1 | | | 1 | 6 | 4.25 |
| 36 | 2 | | 1 | | 5 | 3.75 |
| 37 | | | | 1 | 7 | 4.88 |
| 38 | 1 | | | | 7 | 4.50 |
| 39 | | | | | 8 | 5.00 |
| 40 | 1 | | | | 7 | 4.50 |
| 41 | | 1 | | | 7 | 4.63 |
| 42 | | | | 1 | 7 | 4.38 |
| Total Items | 14 | 10 | 31 | 40 | 233 | Mean 4.43 |
| % of Total Items | 4% | 3% | 10% | 12% | 71% | S.D. .43 |

2 from 1 to 2 of the 8 panel members. This resulted in 7% of the 328 responses to items being ranked 1 or 2 in relevance.

Childbearing Health Locus of Control

There were 40 items in this scale divided as follows: a) Internality--14 items, b) Externality - Powerful Others--13 items and c) Externality-Fate/Chance--13 items. The mean score for item relevance was a 4.53 with a standard deviation of .39. Seventeen of the 40 items received a relevance score of 1 or 2 from 1 to 2 of the 8 panel members. This resulted in 6% of the 320 responses to items being ranked 1 or 2 in relevance. (Table 7)

Personal Values About Childbearing and Childrearing

This scale contained 42 items. The mean score for item relevance was 4.54 with a standard deviation of .47. Sixteen of the 42 items received a relevance score of 1 or 2 from 1 to 3 of the 8 panel members. This resulted in 7% of the 336 responses to items being ranked 1 or 2 in relevance. (Table 8)

Father's Role and Response in Childbearing

There were 40 items in this scale. The mean score for item relevance was 4.45 with a standard deviation of .37. Seventeen of the 40 items received a relevance score of 1 or 2 from 1 to 3 of the 8 panel members. This resulted in 6% of the 320 responses to items being ranked 1 or 2 in relevance. (Table 9)

Social Compliance and Active Versus Passive Involvement

Table 10 contains 35 items. The mean score for relevance of items

Table 7
 Relevance of Individual Items to the
 Domain: Childbearing Health Locus
of Control - N=8 Validators

| Item No. | Irrelevant | | | Relevant | | Mean Ranking |
|---------------------|------------|----|----|----------|-----|--------------|
| | 1 | 2 | 3 | 4 | 5 | |
| 1 | | | | | 8 | 5.00 |
| 2 | | | | | 8 | 5.00 |
| 3 | | | 2 | | 6 | 4.50 |
| 4 | | | | 1 | 7 | 4.88 |
| 5 | | | | 1 | 7 | 4.88 |
| 6 | 1 | | | 2 | 5 | 4.13 |
| 7 | 1 | | 2 | 1 | 4 | 3.88 |
| 8 | 2 | | | | 6 | 4.00 |
| 9 | 1 | | | | 7 | 4.50 |
| 10 | | | | 1 | 7 | 4.88 |
| 11 | | | | 1 | 7 | 4.88 |
| 12 | | 1 | | 2 | 5 | 4.38 |
| 13 | | | | 1 | 7 | 4.88 |
| 14 | | | 1 | 1 | 6 | 4.63 |
| 15 | | | 1 | 1 | 6 | 4.63 |
| 16 | | | | | 8 | 5.00 |
| 17 | 1 | 1 | 1 | | 5 | 3.88 |
| 18 | | 1 | | 3 | 4 | 4.25 |
| 19 | | 1 | 1 | | 6 | 4.38 |
| 20 | | | 2 | 1 | 5 | 4.38 |
| 21 | | 1 | 1 | 1 | 5 | 4.25 |
| 22 | | 1 | | | 7 | 4.63 |
| 23 | 1 | | 2 | | 5 | 4.00 |
| 24 | | | 1 | 1 | 6 | 4.63 |
| 25 | | | | | 8 | 5.00 |
| 26 | | | | | 8 | 5.00 |
| 27 | | 2 | 1 | | 5 | 3.75 |
| 28 | | | | 3 | 5 | 4.63 |
| 29 | | | 1 | | 7 | 4.75 |
| 30 | | | | | 8 | 5.00 |
| 31 | 1 | | 1 | 3 | 3 | 3.88 |
| 32 | | | | 2 | 6 | 4.75 |
| 33 | 1 | 1 | | | 6 | 4.13 |
| 34 | | | | 2 | 6 | 4.75 |
| 35 | 1 | 1 | 1 | | 5 | 3.88 |
| 36 | 1 | | | 1 | 6 | 4.38 |
| 37 | | | 1 | 2 | 5 | 4.50 |
| 38 | | | | | 8 | 5.00 |
| 39 | | | 1 | | 7 | 4.75 |
| 40 | | 1 | | 1 | 6 | 4.50 |
| 40 Total Items | 11 | 11 | 20 | 32 | 246 | Mean 4.53 |
| % of Total Items | 3% | 3% | 6% | 10% | 77% | S.D. .39 |

Table 8
 Relevance of Individual Items to the
 Domain: Personal Values About
Childbearing and Childrearing
 N=8 Validations

| Item No. | Irrelevant | | | Relevant | | Mean Ranking |
|---------------------|------------|----|----|----------|-----|--------------|
| | 1 | 2 | 3 | 4 | 5 | |
| 1 | | | | 1 | 6 | 4.50 |
| 2 | | | | | 8 | 5.00 |
| 3 | | | | 1 | 7 | 4.88 |
| 4 | | | | 1 | 7 | 4.88 |
| 5 | | | | | 8 | 5.00 |
| 6 | | 1 | | 1 | 6 | 4.50 |
| 7 | 1 | 1 | | 1 | 5 | 4.00 |
| 8 | 1 | 1 | 1 | | 5 | 3.88 |
| 9 | 2 | | 2 | | 4 | 3.50 |
| 10 | | | | 1 | 7 | 4.38 |
| 11 | | 1 | 1 | 1 | 5 | 4.25 |
| 12 | | 1 | | 2 | 5 | 4.38 |
| 13 | | 2 | 1 | | 5 | 3.75 |
| 14 | | | | 1 | 7 | 4.88 |
| 15 | 1 | 1 | 1 | 1 | 4 | 3.75 |
| 16 | 1 | 1 | 3 | | 3 | 3.38 |
| 17 | | | | 3 | 5 | 4.63 |
| 18 | | | | 1 | 7 | 4.88 |
| 19 | | | | 2 | 6 | 4.75 |
| 20 | | | 1 | 1 | 6 | 4.63 |
| 21 | | 1 | | 3 | 4 | 4.25 |
| 22 | 1 | | | 1 | 6 | 4.38 |
| 23 | | 1 | | | 7 | 4.63 |
| 24 | | | 1 | 2 | 5 | 4.50 |
| 25 | 1 | 3 | | | 4 | 3.38 |
| 26 | | | | | 8 | 5.00 |
| 27 | | | 1 | | 7 | 4.75 |
| 28 | | | | 1 | 7 | 4.88 |
| 29 | | | | | 8 | 5.00 |
| 30 | | | 3 | 1 | 4 | 4.13 |
| 31 | | | 2 | 1 | 5 | 4.38 |
| 32 | | | | 2 | 6 | 4.75 |
| 33 | | | 1 | | 7 | 4.75 |
| 34 | | | 1 | | 7 | 4.75 |
| 35 | | | | | 8 | 5.00 |
| 36 | | | | | 8 | 5.00 |
| 37 | | | | 1 | 7 | 4.88 |
| 38 | | | | | 8 | 5.00 |
| 39 | | | | 1 | 7 | 4.38 |
| 40 | | | | 1 | 6 | 4.50 |
| 41 | | | | | 8 | 5.00 |
| 42 | | | | 2 | 5 | 4.38 |
| 42 Total Items | 8 | 17 | 19 | 34 | 258 | Mean 4.54 |
| % of Total Items | 2% | 5% | 6% | 10% | 77% | S.D. .47 |

Table 9
 Relevance of Individual Items to the
 Domain: Father's Role and
Response in Childbearing -
 N=8 Validators

| Item No. | Irrelevant | | | Relevant | | Mean Ranking |
|---------------------|------------|----|----|----------|-----|--------------|
| | 1 | 2 | 3 | 4 | 5 | |
| 1 | | | 1 | 4 | 3 | 4.25 |
| 2 | | | | 1 | 7 | 4.88 |
| 3 | | | | 2 | 6 | 4.75 |
| 4 | | | 2 | 1 | 5 | 4.38 |
| 5 | | | 1 | 2 | 5 | 4.50 |
| 6 | | | 1 | 1 | 6 | 4.63 |
| 7 | | | 1 | | 7 | 4.75 |
| 8 | | 1 | | | 7 | 4.63 |
| 9 | | | | | 8 | 5.00 |
| 10 | | | 1 | | 7 | 4.75 |
| 11 | | 1 | 2 | 1 | 4 | 4.00 |
| 12 | 1 | | 1 | 1 | 5 | 4.13 |
| 13 | | 1 | 1 | 1 | 5 | 4.25 |
| 14 | | 1 | 2 | 1 | 4 | 4.00 |
| 15 | | 1 | 2 | | 5 | 4.13 |
| 16 | | | | 1 | 7 | 4.88 |
| 17 | 1 | | | | 7 | 4.50 |
| 18 | 1 | | | 3 | 4 | 4.13 |
| 19 | | | | 1 | 7 | 4.88 |
| 20 | 2 | | 1 | 2 | 3 | 3.50 |
| 21 | | | 2 | | 6 | 4.50 |
| 22 | | 1 | | 2 | 5 | 4.38 |
| 23 | | 1 | | 1 | 6 | 4.50 |
| 24 | | 3 | 1 | | 4 | 3.63 |
| 25 | 1 | | | 2 | 5 | 4.25 |
| 26 | | | 1 | 3 | 4 | 4.00 |
| 27 | | | 1 | 1 | 6 | 4.63 |
| 28 | | | 3 | 1 | 4 | 4.13 |
| 29 | | | 1 | 1 | 6 | 4.63 |
| 30 | | | | 3 | 5 | 4.63 |
| 31 | | | | | 8 | 5.00 |
| 32 | | | | 3 | 5 | 4.63 |
| 33 | 2 | | | | 5 | 4.00 |
| 34 | | | 1 | 1 | 5 | 4.63 |
| 35 | | | | 1 | 7 | 4.88 |
| 36 | 1 | | | 1 | 6 | 4.38 |
| 37 | | | | 1 | 7 | 4.88 |
| 38 | 1 | | | 1 | 6 | 4.38 |
| 39 | | | | 1 | 7 | 4.88 |
| 40 | 1 | | | | 6 | 4.13 |
| 40 Total Items | 11 | 11 | 26 | 45 | 227 | Mean 4.45 |
| % of Total Items | 3% | 3% | 8% | 14% | 71% | S.D. .37 |

Table 10
 Relevance of Individual Items to the
 Domain: Social Compliance and
Active vs. Passive Involvement
 N=8 Validators

| Item No. | Irrelevant | | | Relevant | | Mean Ranking |
|---------------------|------------|----|----|----------|-----|--------------|
| | 1 | 2 | 3 | 4 | 5 | |
| 1 | | | 1 | 1 | 6 | 4.63 |
| 2 | 2 | | 1 | | 5 | 3.75 |
| 3 | 1 | 1 | | 2 | 4 | 3.88 |
| 4 | 3 | | 1 | 2 | 2 | 3.00 |
| 5 | | | 2 | | 6 | 4.50 |
| 6 | | | 1 | | 7 | 4.75 |
| 7 | | | | | 8 | 5.00 |
| 8 | | | | | 8 | 5.00 |
| 9 | | | | | 8 | 5.00 |
| 10 | | | | | 8 | 5.00 |
| 11 | 1 | | | 1 | 6 | 4.38 |
| 12 | 1 | 1 | | 1 | 5 | 4.00 |
| 13 | | | | 1 | 7 | 4.88 |
| 14 | | | 2 | | 6 | 4.50 |
| 15 | | 1 | 1 | | 6 | 4.38 |
| 16 | | | 1 | 3 | 4 | 4.38 |
| 17 | 1 | 2 | 1 | 2 | 2 | 3.25 |
| 18 | | | | 2 | 6 | 4.75 |
| 19 | | | 1 | | 7 | 4.75 |
| 20 | | | 1 | | 7 | 4.75 |
| 21 | 1 | | | | 7 | 4.50 |
| 22 | 1 | | | | 7 | 4.50 |
| 23 | | | 1 | | 7 | 4.75 |
| 24 | | | | 3 | 5 | 4.63 |
| 25 | | 2 | | 1 | 5 | 4.13 |
| 26 | | 1 | 1 | | 6 | 4.38 |
| 27 | 1 | | | 1 | 6 | 4.38 |
| 28 | | | 1 | | 7 | 4.75 |
| 29 | | | | 1 | 7 | 4.88 |
| 30 | | | 1 | 2 | 5 | 4.50 |
| 31 | | 1 | | 1 | 6 | 4.50 |
| 32 | | | | 3 | 5 | 4.63 |
| 33 | | | 1 | 2 | 5 | 4.50 |
| 34 | | | | | 8 | 5.00 |
| 35 | 1 | 2 | | 1 | 4 | 3.63 |
| 35 Total Items | 13 | 11 | 18 | 30 | 208 | Mean 4.46 |
| % of Total Items | 5% | 4% | 6% | 11% | 74% | S.D. .48 |

in this domain was 4.46 with a standard deviation of .48. Fourteen of the 35 items received a relevance score of 1 or 2 from 1 to 3 of the 8 panel members. This resulted in 9% of the 280 responses to items being ranked 1 or 2 in relevance.

Table 11 summarizes the data in Tables 6 to 10. It may be noted that no more than 3 raters ever ranked an item 1 or 2 in relevance. Eighty-three percent to 87% of the responses were given a score of 4 or 5.

The second task of the panel was to comment on and/or suggest changes in wording. Table 12 summarizes the items commented on by 2 or more panel members. Thirty-six of the total 198 items had suggestions or comments from 2 or more panel members. Seventy-two items had single validator comments or suggestions. All of the suggestions were carefully considered and most incorporated into refinement of each item statement.

The third task for the panel of validators was to rank the statement "The items in the scale adequately cover the topic represented by the scale domain" on a 1 to 5 scale. A score of 1 indicated that the content was not representative and 5 indicated that it was representative of all possible items relevant to the domain. Table 13 contains the panel rankings which were above 4.0 for all domains. The panel was then invited to submit ideas for additional items. A total of 6 suggestions for 4 domains was submitted.

Step V. Pretest of the Selected Items

The questionnaire was Xeroxed on green paper and consisted of a) consent and information sheet, b) instruction sheet, c) 197 beliefs

Table 11
 Summary of Validator Ranking of Relevance
 of Items to Five Domains
 N=8 Validators

| Domain | Number of Items | Total Number of Responses | Mean Score | Number of Items With Score 1-2 Ratios | % of Responses Ranked 1-5 ^a | | | | |
|--|-----------------|---------------------------|------------|---------------------------------------|--|---|----|----|----|
| | | | | | 1 | 2 | 3 | 4 | 5 |
| Fear of the Childbirth Process | 41 | 328 | 4.43 | 18 | 4 | 3 | 10 | 12 | 71 |
| Childbearing Health Locus of Control | 40 | 320 | 4.42 | 17 | 3 | 3 | 6 | 10 | 17 |
| Personal Values About Childbearing and Child-rearing | 42 | 336 | 4.54 | 16 | 2 | 5 | 6 | 10 | 77 |
| Father's Role and Responses to Child-bearing | 40 | 320 | 4.45 | 17 | 3 | 3 | 8 | 14 | 71 |
| Social Compliance in Childbearing and Child-rearing and Active vs. Passive Involvement | 35 | 280 | 4.46 | 14 | 5 | 4 | 6 | 11 | 74 |

^aRounding error if total < 100%. 5=relevant.

Table 12
 Summary of Items Receiving Comments and/or
 Suggestions for Change From Two or
 More Validators - N=8 Validators

| | Item Numbers | Number of Validators Commenting | Item Numbers | Number of Validators Commenting |
|---|-----------------|---------------------------------------|-----------------|---------------------------------------|
| Domain 1. Fear of the Childbirth Process | 2 | 2 | 24 | 2 |
| | 3 | 3 | 25 | 3 |
| | 6 | 2 | 31 | 2 |
| | 8 | 5 | 32 | 4 |
| | 13 | 3 | 33 | 2 |
| | 16 | 3 | 34 | 2 |
| | 21 | 2 | 35 | 2 |
| | 22 | 4 | 36 | 2 |
| Domain 2. Childbearing Health Locus of Control | 7 | 3 | 23 | 2 |
| | 8 | 2 | 24 | 2 |
| | 15 | 2 | 28 | 2 |
| Domain 3. Personal Values About Childbearing and Childrearing | 7 | 4 | 22 | 2 |
| | 8 | 4 | 25 | 2 |
| | 11 | 3 | 31 | 2 |
| | 13 | 2 | 32 | 2 |
| Domain 4. Father's Role and Responses in Childbear- ing | 17 | 2 | 27 | 2 |
| | 20 | 2 | 40 | 2 |
| Domain 5. Social Compliance in Childbearing and Child- rearing and Active vs. Passive Involvement | 12 | 2 | 25 | 3 |

Table 13
 Summary of Validators Ranking Whether
 Scale Items Adequately Cover the
 Topic Represented by the Scale
 Domain - N=8 Validators

| Domain | Rank | | | | | Mean |
|---|------|---|---|---|---|------|
| | 1 | 2 | 3 | 4 | 5 | |
| Fear of the Child- birth Process | | | 1 | 2 | 5 | 4.50 |
| Childbearing Health Locus of Control | | | 1 | 3 | 4 | 4.38 |
| Personal Values About Childbearing and Childrearing ^a | | | | 2 | 5 | 4.71 |
| Father's Role and Responses in Child- bearing | | | 1 | 3 | 4 | 4.38 |
| Social Compliance in Childbearing and Childrearing and Active vs. Passive Involvement | | | 3 | 1 | 3 | 4.00 |

^aOne validator did not rank this scale.

and perception items, d) 3 miscellaneous questions, e) 8 health behavior items, and f) 8 demographic items. The items from each scale were mixed with the other scale items so that the domains were intermingled. (Appendix D)

Demographic Data--Pretest

Thirty individuals were asked to participate. Eight males and 22 females with ages ranging from 17 to 42 years completed the pretest. Seven were from the Granger area of Salt Lake County, 6 were YWCA residents and employees in downtown Salt Lake City, 7 were graduate health science students at the University of Utah, 7 were Olympus Hills residents in the east bench of Salt Lake City and there were 3 miscellaneous individuals. Six were single, 21 married, 1 separated and 2 were divorced. All were caucasian. The subjects had a range from 0 to 5 children. Mean number of children was 1.86.

Total family income ranged from \$6,000 to \$42,000 a year with 4 subjects not responding. Mean income was \$25,250/year with a standard deviation of \$9,805/year. There were 2 with some high school education, 6 high school graduates, 8 with some college, 2 college graduates and 12 post graduates. Occupations were as follows: student high school/trade school--1, service worker--1, domestic--1, proprietor/manager--4, professional including college student--16, and other--5. Those in the "other" category all listed themselves as home homemakers.

FORTAP Analysis of the Pretest

The results of the FORTAP analysis are presented in Table 14

Table 14

FORTAP Analysis of Pretest Data: Beliefs
and Perceptions About Childbearing

N=30

| Domain | Number of Items | N of Items ^a Answered in Scored Direction | | Alpha Coefficient |
|--|-----------------|--|------|-------------------|
| | | Mean | S.D. | |
| Fear of the Child-birth Process | 40 | 13.65 | 6.75 | .87 |
| Childbearing Health Locus of Control | 40 | 5.48 | 3.79 | .78 |
| Personal Values About Childbearing and Childrearing | 42 | 12.81 | 7.14 | .90 |
| Father's Role and Response in Child-bearing | 40 | 8.13 | 3.75 | .67 |
| Social Compliance and Active vs. Passive Involvement | 35 | 6.84 | 3.27 | .68 |
| Total Number of Items | 197 | - | - | - |

^aScored Direction: Toward fear of childbirth, external locus of control, minimal value of childbearing and childrearing, minimal father's role and response and social compliance with passive involvement.

The scored direction for each scale was in the negative direction, i.e., the higher the score, the greater the tendency toward a) fear of the childbirth process, b) externality in childbearing health locus of control, c) minimal value held personally about childbearing and childrearing, d) minimal belief in father's role and response and e) increased social compliance and passive rather than active involvement.

Each item was evaluated according to the percent of responses answering in the scored direction and the point-biserial correlation of the item to the total score for that scale. Items were modified and/or deleted as necessary. Appendix H traces the history of each item as it moved through the process from validation and pretest to general population data and then to the final instrument administered to the expectant men and women.

Health Behavior Items

These items were included to provide data for a correlation analysis between beliefs and health behaviors in the final instrument. Table 15 contains the frequency data for these items with this sample. Since the items were undergoing modification and some were deleted as a result of the FORTAP analysis, correlation studies were not performed. The table indicates that the sample on the average used a minimal amount of drugs, cigarettes and alcohol, ate fairly well and tended not to use seat belts.

Evaluation of the Pretest

After they had completed the questionnaire, the subjects were

Table 15
 Frequency Data on Health Behavior Items
 for the Pretest Sample - N=30

| Item | Minimum | Maximum | Mean | S.D. |
|--|---------|---------|------|------|
| Number of <u>times</u> in the past seven days you have taken: | | | | |
| 1. Non-prescription (over-the counter) drugs | 0 | 25 | 1.80 | 4.72 |
| 2. Prescription drugs | 0 | 7 | .93 | 2.26 |
| 3. Social drugs (alcohol, barbiturates, marijuana, etc.) | 0 | 25 | 1.10 | 4.61 |
| 4. <u>Number</u> of cigarettes you have smoked in the last 24 hours | 0 | 30 | 1.00 | 5.48 |
| Number of <u>times</u> in the past seven days you have: | | | | |
| 5. Done vigorous physical (aerobic) exercise | 0 | 10 | 2.77 | 2.69 |
| 6. Consciously carried out stress reduction techniques | 0 | 2 | 4.80 | |
| 7. Number of <u>days</u> in the past seven days you feel that overall you ate a nutritious balanced diet | 0 | 7 | 4.97 | 2.13 |
| 8. Frequency of using a safety belt (on a 1 to 7 scale-- 1=always, 7=never) | 1 | 7 | 5.07 | 2.46 |

asked to give their impression of it by responding to the three following items in Figure 5:

1. On a 1 to 7 scale, how difficult was it for you to answer the questions as they are worded?

Ranked Difficulty of Items for Pretest

Subjects - N=22

| | Not Difficult At All | | Moderately Difficult | | | Extremely Difficult | |
|--|-------------------------|---|-------------------------|---|---|------------------------|---|
| Rank: | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No. of Subjects Ranking Item Diffi- culty | 8 | 5 | 2 | 4 | 1 | 2 | 0 |

Figure 5

The mean score was 2.6 on the 1 to 7 scale of item difficulty. Eight subjects did not answer the question.

2. Please list the numbers of the question, if any, that you believe need to be rewritten in order to be more understandable.

Twelve subjects did not respond to the question or indicated they had no problems with the items. The remaining subjects listed 1 to 20 items with a mean of 6.5 items listed by each. Twenty-three of the total 197 items had suggestions or comments from 2 or more of the 18 subjects responding. Forty items had suggestions or comments from 1 subject responding. Table 16 summarizes the items commented on by 2 or more subjects.

Table 16
 Summary of Items Receiving Comments and/or
 Suggestions for Change From Two or More
 Pretest Subjects - N=30 Subjects

| Domain | Item Number | Number of Subjects Commenting |
|---|-------------|----------------------------------|
| Fear of the Childbirth Process | 91 | 2 |
| Childbearing Health Locus of Control | 9 | 3 |
| | 23 | 3 |
| | 25 | 3 |
| Personal Values About Child- bearing and Childrearing | 32 | 2 |
| | 37 | 2 |
| | 42 | 2 |
| | 57 | 3 |
| | 131 | 3 |
| | 149 | 3 |
| | 151 | 6 |
| | 158 | 2 |
| 164 | 3 | |
| Father's Role and Responses in Childbearing | 11 | 2 |
| | 39 | 2 |
| | 50 | 2 |
| Social Compliance in Child- bearing and Childrearing and Active vs. Passive Involvement | 13 | 5 |
| | 20 | 4 |
| | 29 | 2 |
| | 87 | 2 |
| | 90 | 3 |
| | 120 | 3 |
| 171 | 2 | |

3. Please make any comment or suggestions which you feel would help in improving this instrument before it is given to 400 men and women. Fifteen subjects did not respond to this question. Of the 15 responding, 8 commented on the repetition and length, 3 gave additional item suggestions, 1 commented on the use of double negatives, 2 wanted intermediate categories of agreement or disagreement and 1 wanted "to know the answers."

Step VI. Preparation of the Final Edition of the Initial Instrument

Twenty-five items were deleted from the questionnaire when the final edition of the initial instrument was prepared. The 172 remaining items, some of which had been refined as discussed earlier, were divided as follows between the 5 domains: a) Fear of the Childbirth Process--38 items, b) Personal Values About Childbearing and Child-rearing--38 items, c) Childbearing Health Locus of Control--35 items, d) Father's Role and Response--30 items, and e) Social Compliance and Active Versus Passive Involvement--32 items.

The questionnaire consisted of the following: a) consent and information sheet, b) instruction sheet, c) 172 beliefs and perception items, d) 3 miscellaneous questions, e) the same 8 health behavior items, and f) the same 8 demographic items with the education item rewritten to allow for interval data. (Appendix E)

Step VII. Initial Administration of the Instrument to Establish Reliability of the Items

Table 17 shows the sources from which individuals from the

Table 17
Sources for the General Population Sample
From Salt Lake and Weber Counties and
Numbers Obtained From Each Source
N=382

| Source | Number Distributed | Number Returned | % Returned |
|---|--------------------|-----------------|------------|
| University of Utah (9 areas) | 157 | 107 | 68 |
| Westminster College (3 areas) | 37 | 19 | 51 |
| Weber State College and Ogden area resi- dents (3 areas) | 88 | 39 | 44 |
| Brigham Young University (3 areas) | 86 | 35 | 48 |
| Salt Lake County Beauty Shops (5 shops) | 40 | 19 | 48 |
| Salt Lake County Public Health Clinics | 12 | 11 | 92 |
| Church Groups (Presbyterian, Catholic, Seventh Day Adventists) | 73 | 50 | 69 |
| YWCA | 50 | 20 | 40 |
| Division of Family Services--Clients and Staff | 25 | 16 | 64 |
| Jewish Community Center | 14 | 5 | 36 |
| Dance Ergetics | 25 | 7 | 28 |
| Miscellaneous Salt Lake County residents | 68 | 54 | 79 |
| TOTAL | 675 | 382 | 57 |

general population of Salt Lake and Weber Counties were obtained and the number from each source. Three hundred and eighty-two individuals submitted data during July and August of 1980. The questionnaire was given to the individuals either directly by the investigator or by an intermediary. They were requested to complete the form as soon as possible and return it to the designated person. In some cases this was overnight, in most a few days and for some, several weeks elapsed before the questionnaire was returned.

Step VIII. Analysis of Items Administered
to the General Population

Demographic Data

The demographic data for the general population sample from Salt Lake and Weber Counties and the pregnant primigravid women sample from the State of Utah (described in Steps IX and X) are compared in Table 18. The following narrative describes the Salt Lake County general population sample only.

Demographic data was recorded by 362 of the 382 individuals who completed the beliefs and perceptions portion of the questionnaire. There were 99 males, 251 females and 12 individuals unidentified by sex. This provided a ratio of approximately one-fourth males to three-fourths females. The ages of 346 individuals ranged from 16 years to 59 years with a mean age of 28.9 years and a standard deviation of 8.6 years. Of the 352 reporting their marital status, 179 (50.9%) were married, 136 (38.6%) were single, 33 (9.4%) were divorced, 2 (.6%) were widowed, and 2 (.6%) were separated. Three hundred and thirty (91.2%) of the 351 reporting were Caucasian. The other 8.8%

Table 18
Demographic Data

| Data | Salt Lake and Weber Counties General Population Sample N=382 Subjects Reporting | | | | | Utah Pregnant Primigravidas N=254 Subjects Reporting | | | | |
|---|---|---------|-------------|----------|----------|---|---------|------------------|-------------|-------------|
| | Number | Percent | Range | Mean | SD | Number | Percent | Range | Mean | SD |
| Sex: | 350 | 92 | | | | 254 | 100 | | | |
| Males | 99 | 26 | | | | -- | -- | | | |
| Females | 251 | 66 | | | | 254 | 100 | | | |
| Age (years) | 346 | 91 | 16-59 | 28.9 | 8.6 | 254 | 100 | 15-35 | 22.6 | 3.4 |
| Marital Status: | 352 | 92 | | | | 254 | 100 | | | |
| Single | 136 | 36 | | | | 6 | 2.4 | | | |
| Married | 179 | 47 | | | | 248 | 97.6 | | | |
| Widowed | 2 | .5 | | | | -- | -- | | | |
| Separated | 2 | .5 | | | | -- | -- | | | |
| Divorced | 33 | 8.6 | | | | -- | -- | | | |
| Race: | 351 | 92 | | | | 253 | 99.6 | | | |
| Caucasian | 330 | 86 | | | | 246 | 97.2 | | | |
| Black | 6 | 1.6 | | | | -- | -- | | | |
| Asian | 5 | 1.3 | | | | -- | -- | | | |
| American Indian | 1 | .3 | | | | 2 | .8 | | | |
| Hispanic | 9 | 2.4 | | | | 4 | 1.6 | | | |
| Number of Children | 352 | 92 | 0-8 | 1.3 | 1.8 | 254 | 100 | 0 | -- | -- |
| Total Family Income/ Year | 298 | 78 | 0-\$100,000 | \$21,797 | \$15,305 | 225 | 88.6 | \$3,000-\$99,000 | \$17,972.27 | \$11,478.18 |
| Years of Education | 351 | 92 | 9-20 | 15 | 2 | 253 | 99.6 | 8-26 | 13.72 | 1.98 |
| Occupation: | 332 | 87 | | | | 253 | 99.6 | | | |
| Professional including student | 217 | 57 | | | | 57 | 22.4 | | | |
| Clerical | 33 | 8.6 | | | | 72 | 28.3 | | | |
| Homemaker | 26 | 6.8 | | | | 64 | 25.2 | | | |
| Other Service Worker | 19 | 5 | | | | 19 | 7.5 | | | |
| Prop. or Mgr. of Business or Agriculture | 11 | 2.9 | | | | 7 | 2.8 | | | |
| Domestic Worker | 8 | 2 | | | | 4 | 1.6 | | | |
| High School/Trade School Student | 7 | 1.8 | | | | 5 | 2.0 | | | |
| Operator | 4 | 1.0 | | | | 9 | 3.5 | | | |
| Craftsman | 2 | .5 | | | | 2 | .8 | | | |
| Salesman | 2 | .5 | | | | 11 | 4.3 | | | |
| Laborer/Farm Worker | 0 | 0 | | | | 3 | 1.2 | | | |

were 9 Hispanics, 6 Black, 5 Asians, and 1 American Indian. Three hundred and fifty-two individuals reported a range from 0 to 8 children. The mean number of children was 1.3 with a standard deviation of 1.8 children.

Total family income was reported by 298 individuals. The range of income was none (one person) to over \$100,000/year (two persons). Mean income was \$21,797/year with a standard deviation of \$15,306/year. Three hundred and fifty one individuals reported from 9 to 20 years of education. The mean number of years was 15 (high school plus 3 years of college or trade school) with a standard deviation of 2 years. Occupation of the 332 reporting indicated a spread across all categories except laborer/farm worker. Professionals, including college students, accounted for 65% of the sample. The homemaker category was added because several in the pretest checked other and wrote in homemaker. Twenty-six women or 7.8% of the sample reporting listed this category alone. If a woman checked both homemaker and another category, that other category was coded.

Health Behavior Data

The health behavior data for the general population sample from Salt Lake and Weber Counties and the pregnant primigravid woman sample from the state of Utah (described in Steps IX and X) are compared in Table 19. The following narrative describes the Salt Lake and Weber Counties general population sample only:

Sixty-five percent of the sample reported that they had taken no over-the-counter drugs, 71% no prescription drugs and 74% no social drugs in the last 7 days. Eight-eight percent had not smoked a

cigarette in the past 24 hours. In the past 7 days, 29% had done no aerobic exercise, 15% had not engaged in stress reduction activities and 7% stated they had not eaten a nutritious diet for even 1 day. Seventy-three percent used a seat belt when driving half or less than half of the time. Table 19 gives the range, means and standard deviation for these reported health behaviors. The profile of the group indicated that the majority engaged in health promoting behavior except for minimal use of seat belts.

FORTAP Analysis of the Initial Questionnaire Administered to a General Population Sample

The results of the FORTAP analysis are presented in Table 20. This table contains the results of three computer runs using a different number of items in each domain during each run, to obtain the fewest possible items and yet the highest reasonable reliability for the final instrument. This analysis resulted in 100 items for the final edition of the instrument divided as follows: Fear of the Childbirth Process--21 items, Personal Values About Childbearing and Childrearing--15 items, Childbearing Health Locus of Control--(Combined)--20 items, Father's Role and Response--24 items and Social Compliance and Active Versus Passive Involvement--20 items. It will be noted that the resulting Alpha coefficients for this population with these 100 items ranged from .60 to .83.

Miscellaneous Questions

In addition to the data above, the initial questionnaire contained the following three consumer belief questions:

Table 19

Comparison of Health Behavior Data from the General Population Sample from Salt Lake and Weber Counties and the Pregnant Primigravida Sample from the State of Utah, N=382 and N=254

| Data | General Population Sample N=382 | | | | | Pregnant Primigravidas N=254 | | | | |
|---|---------------------------------|---------|-------|------|------|------------------------------|---------|-------|------|------|
| | Subjects Reporting | | | | | Subjects Reporting | | | | |
| | Number | Percent | Range | Mean | SD | Number | Percent | Range | Mean | SD |
| Number of times in the last 7 days subject has taken: | | | | | | | | | | |
| Over-the-counter drugs | 356 | 98.3 | 0-21 | 1.30 | 2.88 | 254 | 100 | 0-20 | .52 | 1.76 |
| Prescription drugs | 356 | 98.3 | 0-28 | 1.93 | 4.09 | 253 | 99.6 | 0-21 | 2.32 | 3.92 |
| Social drugs (alcohol, marijuana, etc.) | 356 | 98.3 | 0-30 | .79 | 2.18 | 253 | 99.6 | 0-35 | .29 | 2.32 |
| Number of cigarettes smoked in the last 24 hours | 358 | 98.9 | 0-40 | 1.80 | 5.94 | 254 | 100 | 0-30 | .48 | 3.02 |
| Number of times aerobic exercises done in last 7 days | 355 | 98.9 | 0-45 | 3.19 | 4.18 | 253 | 99.6 | 0-7 | .85 | 1.55 |
| Number of times stress reduction done in 7 days | 349 | 96.4 | 0-50 | 6.33 | 6.63 | 250 | 98.4 | 0-30 | 5.33 | 4.78 |
| Number of days in which overall a nutritious diet was eaten | 348 | 96.1 | 0-7 | 4.88 | 2.07 | 254 | 100 | 0-7 | 5.48 | 1.60 |
| Frequency of using a safety belt when driving (1 to 7 scale, 1=always, 7=never) | 353 | 97.5 | 1-7 | 4.95 | 2.37 | 254 | 100 | 1-7 | 5.90 | 1.90 |

Table 20

FORTAP Analysis of Initial Instrument Data: General Population

N=382

| Domain | RUN I | | | | RUN II | | | | RUN III | | | |
|---|-----------------|-------|------|-------|-----------------|-------|------|-------|-----------------|------|------|-------|
| | Number of Items | Mean | SD | Alpha | Number of Items | Mean | SD | Alpha | Number of Items | Mean | SD | Alpha |
| Fear of the Child birth Process | 38 | 15.44 | 5.02 | .74 | 5 | 2.00 | 1.44 | .53 | 21 ^a | 9.56 | 3.89 | .72 |
| | | | | | 10 | 3.78 | 2.37 | .66 | | | | |
| | | | | | 15 | 5.68 | 3.01 | .68 | | | | |
| | | | | | 20 | 8.73 | 3.68 | .72 | | | | |
| | | | | | 25 | 11.11 | 4.20 | .73 | | | | |
| | | | | | 30 | 12.60 | 4.64 | .75 | | | | |
| Childbearing Health Locus of Control Combined | 34 | 7.76 | 3.82 | .72 | 11 | 3.11 | 2.18 | .64 | 20 ^b | 5.60 | 3.12 | .71 |
| | | | | | 17 | 4.71 | 2.82 | .68 | | | | |
| | | | | | 23 | 7.32 | 3.07 | .66 | | | | |
| | | | | | 28 | 8.01 | 3.40 | .68 | | | | |
| | | | | | 31 | 8.14 | 3.53 | .69 | | | | |
| Internality: | | | | | 3 | .40 | .67 | .34 | | | | |
| | | | | | 6 | .63 | .94 | .44 | | | | |
| | | | | | 9 | .71 | 1.08 | .51 | | | | |
| Externality Combined: | | | | | 8 | 2.71 | 1.91 | .63 | | | | |
| | | | | | 16 | 5.34 | 2.95 | .70 | | | | |
| | | | | | 22 | 6.11 | 3.37 | .71 | | | | |
| Externality Powerful Others: | | | | | 4 | 1.68 | 1.40 | .70 | | | | |
| | | | | | 8 | 3.90 | 2.29 | .73 | | | | |
| | | | | | 11 | 4.53 | 2.57 | .71 | | | | |
| Externality Fate/Chance: | | | | | 4 | 1.03 | .98 | .35 | | | | |
| | | | | | 8 | 1.44 | 1.30 | .43 | | | | |
| | | | | | 11 | 1.58 | 1.49 | .51 | | | | |

Table 20--Continued

| Domain | RUN I Number of Items in Scored Direction | | | | RUN II Number of Items in Scored Direction | | | | RUN III Number of Items in Scored Direction | | | |
|---|---|-------|------|-------|--|-------|------|-------|---|------|------|-------|
| | Number of Items | Mean | SD | Alpha | Number of Items | Mean | SD | Alpha | Number of Items | Mean | SD | Alpha |
| Personal Value of Childbearing and Childrearing | 38 | 13.46 | 6.85 | .89 | 5 | 1.78 | 1.59 | .73 | 15 ^c | 5.96 | 3.77 | .83 |
| | | | | | 10 | 3.65 | 2.80 | .81 | | | | |
| | | | | | 15 | 5.80 | 3.84 | .84 | | | | |
| | | | | | 20 | 8.65 | 4.59 | .84 | | | | |
| | | | | | 25 | 11.37 | 5.20 | .85 | | | | |
| | | | | | 30 | 12.02 | 5.96 | .88 | | | | |
| Father's Role and Responses to Child- bearing and Child- rearing | 30 | 7.67 | 3.52 | .67 | 5 | 2.21 | 1.61 | .68 | 24 ^d | 5.59 | 3.45 | .73 |
| | | | | | 10 | 4.30 | 2.29 | .62 | | | | |
| | | | | | 15 | 5.22 | 2.86 | .67 | | | | |
| | | | | | 20 | 5.75 | 3.15 | .68 | | | | |
| | | | | | 24 | 5.86 | 3.32 | .70 | | | | |
| Social Compliance in Childbearing and Childrearing and Active vs. Passive Involvement | 32 | 8.48 | 3.12 | .56 | 5 | 2.00 | 1.37 | .50 | 20 ^e | 5.93 | 2.53 | .60 |
| | | | | | 10 | 4.32 | 2.04 | .57 | | | | |
| | | | | | 15 | 5.53 | 2.40 | .55 | | | | |
| | | | | | 20 | 5.90 | 2.74 | .61 | | | | |
| 25 | 6.29 | 2.93 | .63 | | | | | | | | | |
| Total Number of Items | 172 | | | | | | | | 100 | | | |

^a20 Item scale from Run II plus 1 Item.

^b20 Item Scale consisting of 6 Internal Items, 8 Powerful Other Items and 6 Fate/Chance Items.

^c20 Item Scale from Run II minus 5 redundant items

^dBest Items selected to increase alpha coefficient.

^eBest 20 Items with least reboundency.

As a consumer of health care I believe I should have the right to:

173. Information about my health and any tests or laboratory work performed on me.
174. Refuse any procedures, treatments or medications.
175. Participate with my doctor in making decisions about my health care.

Only 1 person disagreed with item 173 with 2 persons not responding to the item. Twelve persons disagreed with item 174 with 4 persons failing to respond. Seven persons disagreed with item 175 with 3 persons failing to respond. Because of the overwhelming response that consumers should have these rights, the final edition of the questionnaire was changed to read, "As a consumer of health care I believe I currently have the right to" and a fourth item was added to the list. It read, ". . . hold my baby after delivery, anytime I want to, providing he/she is essentially healthy."

Step IX. Administration of the Revised Instrument

Demographic Data

There were 254 pregnant primigravid women from 28 Utah counties who responded to the final questionnaire. There was no representation from Daggett, the 29th county. Only 16 births occurred in that county in 1978, the year with the latest published Vital Statistics, (Utah Vital Statistics, 1978) and an expectant primigravid woman could not be located. The breakdown of numbers of subjects for each county and district according to the percent of Utah births may be found in Table 38, Appendix G.

The women ranged in age from 15 to 35 years. The mean age was 22.6 years. All of the women except 6 (2.4%) were married. The majority were Caucasian (97.6%) with 2 American Indian and 4 Hispanic women also represented. The mean total family income for the 88.6% reporting income was \$17,972.27 with a range from \$3,000 to \$99,000/year. Years of education ranged from 8 to 20 with a mean of 13.72 years. This is representative of the high educational level of the population in this state. Occupations were listed in all of the 11 possible categories with the largest number reporting occupations in clerical (28.3%), homemaker (25.2%) and professional including student (22.45%). See Table 18 for details of the demographic data.

Step X. Description of the Normative Data

From Utah Primigravid Women

Health Behavior Data

Health behavior data is presented in Table 19. Eighty-three percent of the women reported that they had taken no over-the-counter drugs, 66% no prescription drugs, and 92% no social drugs in the past 7 days. Compared with the general population sample, there was a 5% greater use of prescription drugs in the pregnant sample. This may be due to prescribed vitamins and iron commonly given to pregnant women. In view of the advice generally given women to restrict drug intake during pregnancy, it is interesting to note that compared with the general population sample, pregnant women reported 18% less use of over-the-counter drugs and social drugs such as alcohol, etc. A study conducted at a Health Fair in Salt Lake City during the same period, by the Utah Health Promotion and Protection Bureau, (Deseret

News, 1981) indicated that 65% of this study's participants were non-drinkers. The 92% of pregnant women reporting no alcohol ingestion (a 27% increase over the Health Fair results) may also be an indication of abstinence based on an awareness of the possible dangers to the fetus.

Ninety-six percent of the pregnant women had not smoked a cigarette in the past 24 hours. This is 8% less than the general population sample and 6% less than the Health Fair sample. In the past 7 days, 68% had done no aerobic exercise, and 18% had not engaged in stress reduction activities. Pregnant women reported considerably less exercise (29% and 56%, respectively) than either the general population or Health Fair examples. Since the mean gestation was only 24 weeks, too early to reflect exercise decrease due to the burden of pregnancy, the lack of exercise may reflect a belief that exercise is not appropriate during pregnancy. This finding warrants further study in view of the increasing amount of literature supporting the benefits of selected aerobic exercise during pregnancy.

Only 2.4% felt that overall they had not eaten a nutritious diet for even 1 day of the past 7 days. In the general population sample, 7% had so reported. However, the pregnant and general population groups were similar (34% and 30%, respectively) in the number reporting overall, they felt they had eaten a nutritious diet for each of the past 7 days. A larger number of pregnant women than the general population sample (85% versus 73%) stated they used a car safety belt when driving half or less than half the time. Seventy-seven percent of the Health Fair study participants used a car safety belt half or

less than half of the time.

Therefore, the profile of the Utah pregnant primigravid group indicated that the majority refrained from over-the-counter, prescription and social drugs and smoking. However, they also made minimal use of aerobic exercise, stress reduction activities and car safety belts. Eighty percent felt that overall they had eaten nutritious diet for 5 out of the past 7 days.

Childbearing Data

This was the initial pregnancy for 206 (81%) of the women in the study. Thirty-three (13%) had 1 previous spontaneous or therapeutic abortion, 12 (5%) had 2 previous abortions and 3 (1%) had 3 or 4 such previous incidents. For 67% of the women this was a planned pregnancy.

The women were asked about the ease of this pregnancy to date. Within the range of gestation from 6 to 40 weeks, 42% responded that it was easier than they had expected. Thirty-four percent felt it was as they had expected and 24% stated that it was harder than they had expected.

The majority of the women (91%) began prenatal care during the first trimester of pregnancy. Seven percent began care in the second trimester and only 1% in the last trimester. One percent had no prenatal care to date and one individual did not respond to the question. Their attendance at prenatal visits was determined to elicit compliance with the health care system. Only 10 women reported that they had missed from 1 to 5 prenatal visits and had not rescheduled them. Five women did not answer the question. Another compliance

question dealt with how many days in the past 7 days they had taken all the pills as prescribed. Of those with prescription medications, 59% stated they had complied for all 7 days, 24% for 4 to 6 days and 13% for 3 or fewer days. Four percent of the sample failed to respond to the question.

The study participants were asked to indicate in which of 5 types of sites they planned to deliver. The responses were as follows: a) homebirth--5 (2%), b) birth center out of hospital--3 (1.2%), c) birthing room in a hospital--35 (13.9%), d) hospital delivery room--207 (82.1%), and 3) Caesarean Section--2 (.8%). It is interesting to note that 17% had chosen an alternative birth site over the traditional delivery room, despite the scarcity of alternative sites in the state of Utah. The health care providers selected by the women are categorized as follows: a) obstetrician--163 (64.2%), 2) Family Practice physicians--41 (16.1%), c) General Practice physicians--26 (10.2%), d) certified nurse-midwives--15 (5.9%), e) lay midwives--6 (2.4%), and f) no health care provider--2 (.8%). One woman failed to respond to the question. Eighty-three percent of the women stated they had no known pregnancy or medical complications. Fifteen percent reported 1 known problem and 2 percent reported 2 or 3 problems. This indicates that the sample was composed of essentially normal women.

Several questions were asked relative to preparation for the childbearing and parenting experience. Eight women (3.2%) stated they did not plan to attend prenatal classes, 156 (62.4%) planned to attend but had not yet started and 86 (34.4%) were currently attending prenatal classes. The women attending classes were asked regarding

their attendance at the classes held to date. Seventy-one (83%) had attended 80% or more of their scheduled classes, 9 (10%) had attended 50 to 75% of their classes and 6 (7%) had attended less than half of their scheduled classes. Therefore, not only did a majority of women intend to have some kind of childbirth education, the majority were regular attenders at their prenatal classes. However, of the 1 to 12 classes already attended, the mean attendance to date was 3 classes, indicating that most of the women were still early in their prenatal class experience.

Miscellaneous Questions

The final questionnaire also contained four consumer belief questions. They are as follows:

As a consumer of health care I believe I currently have the right to:

- 101 Information about my health and any tests or laboratory work performed on me.
- 102 Refuse any procedures, treatments or medications.
- 103 Participate with my doctor in making decisions about my health care.
- 104 Hold my baby after delivery, anytime I want to, providing he/she is essentially healthy.

Only 2 women (.87%) disagreed with item 101 with 4 persons not responding to the item. Fifteen women (6%) disagreed with item 102 with 1 person failing to respond. Two women (.8%) disagreed with item 103 with 2 persons not answering that item. Finally, 11 women (4%) disagreed with item 104 with only 1 person not responding to the item. Therefore, the majority of women in the study believed they have certain selected rights relative to their health care.

FORTAP Analysis of the Final Questionnaire Administered
to Utah Pregnant Primigravidas

The results of the FORTAP analysis are presented in Table 21. The Alpha coefficients for the 5 domain scales ranged from .63 to .76. The higher Alpha coefficients obtained on the earlier pretest are due to artificial inflation based on a small sized sample.

As discussed in Chapter 2, the Alpha coefficient is a reliability coefficient replacing the older methods of alternative form, test-retest and odd-even which measure stability of test scores over repeated testing in the same population. The theoretical model relates to domain sampling. It is a measure of the internal consistency of scale items. If the items are homogeneous and uni-dimensional, there is a higher average intercorrelation between them. As the Alpha-coefficient rises, the scale reflects more true score and less random error. The possibility of the scale score correlating significantly with other variables increases as the random error decreases. In general, an increase in the number of items in the scale has the potential for increasing the Alpha coefficient as does the use of Leikert scaling. However, Leikert scaling is more difficult to use with general populations with lower education levels. A probable next step could be development of an alternative form of some or all of the scales using a few more items and a Leikert format. This form could be used with more educated sub-groups and would probably have a higher Alpha coefficient (Nunnally, 1978).

The strongest domain scales appear to be Fear of the Childbirth Process (.76 Alpha), Personal values About Childbearing and

Table 21
 FORTAP Analysis of Final Instrument Data
 Utah Primigravidas - N=254

| Domain | Number of Items | N of Items ^a Answered in Scored Direction | | Alpha Coefficient |
|--|-----------------|--|------|-------------------|
| | | Mean | S.D. | |
| Fear of the Child-birth Process | 21 | 9.97 | 4.11 | .76 |
| Childbearing Health Locus of Control | 20 | 6.32 | 3.17 | .71 |
| Personal Values About Childbearing and Childrearing | 15 | 3.56 | 2.88 | .76 |
| Father's Role and Response in Child-bearing | 24 | 3.70 | 2.73 | .65 |
| Social Compliance and Active vs. Passive Involvement | 20 | 6.07 | 2.60 | .63 |
| Total Number of Items | 100 | - | - | - |

^aScored Direction: Toward fear of childbirth, external locus of control, minimal value of childbearing and childrearing, minimal father's role and response and social compliance with passive involvement.

Childrearing (.76 Alpha) and Childbearing Health Locus of Control-- Combined (.71 Alpha) and Powerful Others (.74 Alpha).

The means and standard deviations for all domains were slightly more toward the scored direction than the general population sample. That is, the pregnant primigravidas as a group showed slightly more fear, more externality, more value of childbearing and the role of the father, and greater social compliance and passive involvement. The percent who answered each item in the scored direction and the point-biserial correlation of each item with the total score for that scale is found in Appendix H. This appendix presents the complete history of each item in each of the five domains, from inception through to the final questionnaire.

The point-biserial correlation is a special case of the Pearson Product Moment Correlation. It makes no assumptions about the continuity and normal distribution of the dichotomized variable. It is simply assumed that there are two points around which the data cluster (Nunnally, 1978).

Factor Analysis of the Domain Scales

The 5 domain scales were factor analyzed to test for the independence of the domains. Initially, the most widely used factor analysis was run in which, for the SPSS system, all of the default options were taken: principal axis with iteration and a variance rotation with an Eigenvalue of 1. There were 2 factors which together explained 69.9% of the variance of the scales. The first factor had a Combined Childbearing Health Locus of Control loading of .86112, a Social Compliance with Active Versus Passive Involvement loading of

.85859 and a Fear of the Childbirth Process loading of .60581. The second factor had as a high loading the Personal Values About Childbearing and Childrearing scale at .69074. This Personal Values About Childbearing and Childrearing was slightly negatively loaded (-.12894) on factor one. The first factor accounted for 45.6% of the variance of the scales and the second factor accounted for 24.4% of the variance. In this particular analysis the Father's Role and Response in Childbearing scale was not highly loaded on either factor. The first factor had an underlying dimension of which each of the three scales (Fear of the Childbirth Process, Combined Childbearing Health Locus of Control and Social Compliance with Active Versus Passive Involvement) is a manifestation. This dimension has been labeled Childbearing Self-Competency.

The next analysis performed was similar to the first with the exception that the sub-group Childbearing Health Locus of Control--Powerful Others was substituted for the combined scale. The rationale of this substitution was that it made the analysis closer to the clinical situation in which the health care providers are frequently seen as powerful by pregnant women. This analysis also took the default options of the SPSS and was the basis of the circumplex model described later.

A third factor analysis was run in which the parameters were a principal component analysis with an oblique rotation controlled by a delta = -.5. The minimum Eigenvalue was determined by the highest intercorrelation of the scales and was .65. In this analysis, three factors were identified accounting for 83.3% of the variance of the

scales. The first factor, which had an Eigenvalue of 2.15802 and accounted for 42.3% of the variance had the following as factor loadings: Social Compliance with Active Versus Passive Involvement = .99035, Childbearing Health Locus of Control--Powerful Others = .55988, and Fear of the Childbirth Process = .46024. Thus, this factor was almost a pure measure of Social Compliance with Active Versus Passive Involvement. The second factor, with an Eigenvalue of 1.24568 accounting for 24.9% of the variance was Personal Values About Childbearing and Childrearing and was almost a pure measure with a loading of .99880. The third factor had an Eigenvalue of .78804 and accounted for 15.8% of the variance of the five scales. It was negatively loaded and was almost a pure measure of Father's Role and Response in Childbearing.

The circumplex model (Figure 6) was constructed from a principal axis factoring with a varimax rotation. This rotation results in the factors being orthogonal to each other which fits the requirements of having the axes of the circumplex model perpendicular to each other. Each individual factor score for Personal Values About Childbearing and Childrearing and Childbearing Self-Competency was computed and plotted on the two dimensional grid. The average standard deviation of the two factors was computed and a circle drawn whose radius was one standard deviation. A second circle delineated two standard deviations. The results of the plots reveal the following four groups of individuals in the Utah Primigravid population: a) High Childbearing Self-Competency and High Values About Childbearing and Childrearing--33%, b) High Childbearing Self-Competency and Low Values About

Childbearing and Childrearing--25%, c) Low Childbearing Self-Competency and High Values About Childbearing and Childrearing--28% and d) Low Childbearing Self-Competency and Low Values About Childbearing and Childrearing--14%. The four groups are presented in descending order of presumed risk and need for intervention. The relationship, if any, between these individuals in each of the four groups and process or outcome of pregnancy, is still to be determined through future research. The grid has potential use for plotting and comparing couple responses to the scales. It could also be used to plot change within individuals over time as a result of interventions such as prenatal classes, etc.

Individual Profile Sheet

An individual profile sheet was next prepared. (Figure 7) The number of items in each scale were placed according to the mean and standard deviation for that scale. This permits the number of items in the scored direction for an individual, from each of the five major domain scales and the three sub-groups of the Childbearing Health Locus of Control scale to be visually compared with the normative data for the 254 Utah Primigravid Women.

An individual with a score or scores greater than one standard deviation might need further evaluation and, depending on the scale, intervention. For example, an extremely fearful individual might benefit from the support and information available from a series of classes in childbirth preparation. In the examples used in Figure 7 two different women from the present study were represented by their scale scores. As can readily be seen, one is essentially low risk,

Individual Profile Sheet

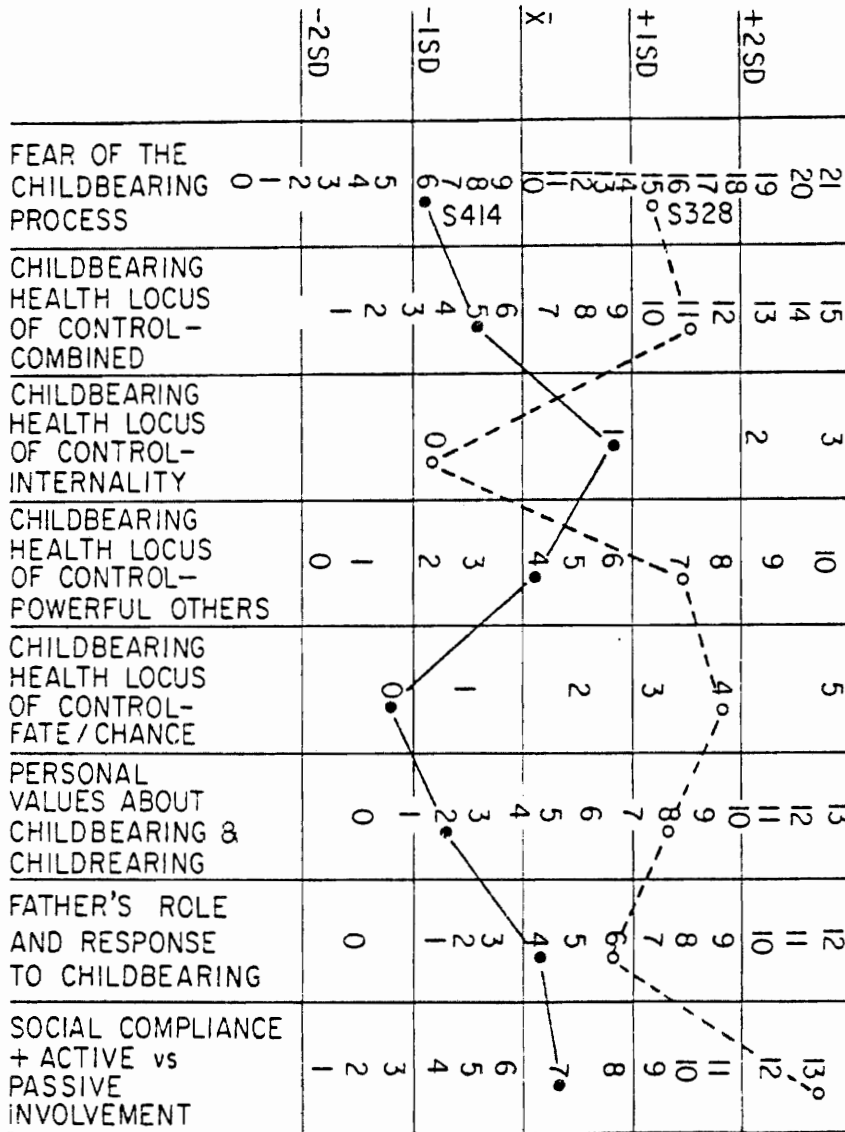


Figure 7

while the other is high risk, according to the hypothesized model.

Profiles of childbirth education class members would assist a childbirth educator to more sensitively gear his/her program toward individual and group needs. This profile sheet could be an addition to other profile and data sets currently in use in some childbirth education programs.

The next five sections will describe the normative data in each of the five domains relative to beliefs and perceptions about child-bearing. (Appendix I) Frequency data and correlations of total scale scores with the demographic, health behavioral, Childbearing and Domain scales data will be presented. The results of regression analysis utilizing total scale scores and related demographic, health behavioral, childbearing and Domain Scale Score data will also be presented and discussed.

Normative Data: Fear of the Childbirth Process

Following is the frequency data for this domain. There are 21 statements in the scale relating to the domain, Fear of the Childbirth Process. The women responded with a mean of 9.97 of these 21 items in the scored direction, i.e., indicating fear. With a standard deviation of 4.11 items, two-thirds of the group rated between 6 and 14 items in the direction of the fear of the childbirth process. The variability in response makes this scale a sensitive indicator of fear.

Although approximately two-thirds of the women felt that the

labor and delivery process was not a life threatening event for the baby, was a safe experience for the mother, that there were not frequent breakdowns in the body's ability to birth a child, and it was unusual for damage to the mother or baby to occur during childbirth, 69% of them believe that for the safest labor and delivery a woman should go to an obstetrician. Forty-four percent believe that childbirth without fear is an unrealistic idea, most women they know dread going through childbirth, and it is an experience to be endured. Eighty-three percent believe that most women are really frightened at the thought of going through labor and delivery.

While 64% wish there was some way to have childbirth without any discomfort at all, and 67% worry about the pain of labor, 61% think they could handle the discomforts of normal labor without much medication. Forty-two percent, however, believe that few women can cope with the pain of labor without medication. Despite these beliefs, 70% believe giving birth is a very pleasant experience and 80% believe that it is an exciting experience. (Table 39, Appendix I)

The Pearson Correlation Data for this domain is presented next. Fear of the childbirth process was significantly negatively correlated with age and educational level. The younger and less educated women were the most fearful. The more fearful women used significantly fewer stress reduction activities. However, the women with increased fear made significantly greater use of car safety belts.

There was a significant negative correlation between fear and confidence to cope with the labor and delivery process. The more fearful women had less confidence in their ability to cope

effectively. There was a significant positive correlation between fear and owning an infant car safety seat. More fearful women had read significantly fewer books on childbirth and parenting.

There was a significant negative correlation between fear and practice of breathing and relaxation techniques. Since there were only 54 women practicing these techniques, this could be a reflection of fear among women who had not yet attended prenatal classes where the techniques are taught.

Finally, there were significant positive correlations between fear and the domain scales: Combined Childbearing Health Locus of Control, Internality Childbearing Health Locus of Control, Powerful Others, Childbearing Health Locus of Control, Fate/Chance, Childbearing Health Locus of Control, and Social Compliance and Active Versus Passive Involvement. These correlations indicate that fearful women are more likely to be externally directed, socially compliant and passive in relation to their childbirth experience. (Table 22)

The regression data is presented in Table 23. The factor analysis done previously enabled identification of the variance internal to the scale. This regression analysis of this domain and the domains which follow enabled determination of the variance external to the scales, i.e., using demographic, health behavior and childbearing variables. In each domain those variables significant in the Pearson Product Moment correlation were entered into the regression equation. For Fear of the Childbirth Process, 8 variables were entered. Seventeen percent of the variance was explained by a) confidence to cope with labor and delivery and b) use of car safety belt and age. Since

Table 22
 Correlation of Demographic, Health Behavior
 and Childbearing Variables and
 Domain Scores with the Domain:
Fear of the Childbirth Process

| Variable Group | Number of Subjects Reporting | Pearson Correlation | Significance Level P Value |
|--|------------------------------------|------------------------|----------------------------------|
| <u>Demographic Data:</u> | | | |
| Age | 254 | -.1586 | .001 |
| Educational Level | 253 | -.1221 | .052 |
| <u>Health Behavior Data:</u> | | | |
| Stress Reduction/7 Days | 250 | -.1860 | .003 |
| Use of Car Safety Belt | 254 | .1782 | .004 |
| <u>Childbearing Data:</u> | | | |
| Confidence to Cope with Labor and Delivery | 243 | -.3632 | .001 |
| Ease of Pregnancy | 253 | .1227 | .051 |
| Number of Childbirth/ Parenting Books Read | 249 | -.1527 | .016 |
| Breathing/Relaxation/7 Days | 251 | -.1493 | .018 |
| <u>Domain Scale Scores:</u> | | | |
| Combined Childbearing Locus of Control | 254 | .5259 | .001 |
| Childbearing Locus of Con- trol--Powerful Others | 254 | .2171 | .001 |
| Childbearing Locus of Con- trol--Fate/Chance | 254 | .4325 | .001 |
| Social Compliance and Passive vs. Active Involvement | 254 | .5415 | .001 |

Table 23
 Regression Analysis: Fear of the
Childbirth Process

| Variable | Multiple R | R Square | Beta |
|---|------------|----------|---------|
| Confidence to Cope with Labor and Delivery | .36321 | .13192 | -.31747 |
| Use of Car Safety Belt | .39604 | .15685 | .10163 |
| Age | .40942 | .16763 | -.04351 |
| Number of Times Stress Reduction Exercises Used in 7 Days | .41850 | .17514 | -.09209 |
| Ease of Pregnancy So Far | .42344 | .17930 | .08023 |
| Number of Childbirth and Parenting Books Read | .42822 | .18337 | -.06896 |
| Highest Level of Education by Years | .43174 | .18640 | -.07015 |

the analysis is based on the presently available variables, and is not a reflection of all possible relevant variables contributing to the domain, the data should be interpreted cautiously.

Normative Data: Childbearing Health Locus of Control

Following is the frequency data for this domain. There are 20 statements in the scale relating to the domain: Childbearing Health Locus of Control. There are 3 subsets of this domain: Internality--6 items, Externality-Powerful Others--8 items, and Externality-Fate/Chance--6 items. For the combined locus scale the women responded with a mean of 6.32 of these 20 items in the scored direction, i.e., toward externality, indicating that they were more internally oriented as a group than externally oriented. With a standard deviation of 3.17 items, two-thirds of the group rated between 3 and 9 items in the direction of external locus of control.

A mean of .53 items in the scored direction, i.e., toward externality, of the 6 items representing the subset Internality, indicates that the group was more internally oriented in relation to childbearing. The standard deviation was .84. Only 4% and 7% respectively, disagreed with the beliefs that personal health practices are the best means of influencing the outcome of pregnancy, and a woman can avoid most complications of pregnancy by what she does to take care of herself. Sixteen percent disagreed with the belief that, even though it is difficult to arrange, they could have the kind of childbearing experience they wanted. Eleven percent and 5%, respectively, disagreed with the beliefs that if they commit themselves to active participation during childbirth they would have a much easier

experience and women who are prepared to work actively with the labor and delivery process will have an easier childbirth. Fourteen percent disagreed that they could reduce or eliminate painful sensations during labor by what they do whenever they occur.

A mean of 4.22 in the scored direction, i.e., toward reliance on powerful others, of the 8 items representing this subset, indicates that the group was divided in their orientation toward powerful others. The standard deviation of 2.27 items means that two-thirds of the group rated between 2 and 6 items in the direction of powerful others. The variance indicates that this is a sensitive indicator of orientation toward powerful others in relation to childbearing. Only 28% agreed with the belief that during childbearing they should do what their doctor or midwife tells them to do regardless of their personal preference, but 48% agreed that they basically trust the competence of physicians and would follow their advice without question. Sixty-four percent agreed that just being in the hospital for childbirth would make them feel safe. Thirty-six percent agreed that it was best to leave the decisions about maternity care to the professionals. Fifty-six percent and 48% respectively, agreed with the beliefs that it is best if they just follow their doctor's or midwife's usual practices in labor and delivery, and in order to have a good labor and delivery experience, they need to go along with the desires of those in charge of care. Sixty-four percent believe that the woman and her partner are mostly submissive to the doctor's wishes during childbearing.

A mean of 1.58 in the scored direction, i.e., toward belief in

fate or chance, of the 6 items reflecting this subset indicates that the group as a whole did not hold these beliefs. A standard deviation of 1.21 items meant that two-thirds of the group rated between 0 and 3 items in the direction of fate/chance in childbearing. While 34% believe that some women are just fated to have complications in childbearing, only 6% believe that they cannot do anything to influence the labor and delivery process and there is nothing they can personally do to reduce pain during birth. Only 11% believe that a baby's growth and development is largely due to factors beyond the parent's control. Seventeen percent believe that it is good luck if they have an easy time during childbearing. However, 40% believe that most of the common discomforts of pregnancy just have to be endured as there really is not anything much to relieve them. (Table 40, Appendix I)

The Pearson Correlation Data for this domain is presented next. Externally, the concept represented by the domain Childbearing Health Locus of Control-Combined was significantly negative correlated with 13 variables. As externality increased the following decreased: age, total family income, education, number of abortions, percent attendance at scheduled prenatal classes, confidence to cope with labor and delivery, number of childbirth and parenting books read, practice of breathing and relaxation exercises, use of aerobic exercise and stress reduction activities, and the number of days in 7 a nutritious diet was eaten. Externally oriented women made greater use of physician health care providers and reported less personal values about childbearing and childrearing.

There were nine variables significantly positively correlated with externality. Externally oriented women make greater use of car safety belts but began prenatal care later in their pregnancy. They were more likely to use traditional sites for delivery and evidenced domain scale scores toward fear of the childbirth process, dependence on powerful others or fate/chance, were more socially compliant and passive in their involvement with childbirth and minimized the father's role and response.

Many of the above variables and some additional ones were correlated similarly when compared to the three sub-groups. Detailed data on the correlations is presented in Tables 24 through 27

Finally the regression analysis for this domain and its subsets is presented below.

Thirteen independent variables were entered into the regression equation for the dependent variable Combined Childbearing Health Locus of Control. Thirty-three percent of the variance was explained by a) age, b) planned delivery site, c) confidence to cope with labor and delivery, d) use of car safety belt, e) number of times aerobic exercise was used in seven days and f) the number of times stress reduction activities were used in seven days. (Table 28)

There were 4 independent variables for the sub-group Internality which accounted for 8% of the variance. They are a) the number of times stress reduction activities were used in 7 days, b) percent attendance at scheduled prenatal classes, c) total yearly family income, and d) the number of times aerobic exercise was used in 7 days. (Table 29)

Table 24
 Correlation of Demographic, Health Behavior
 and Childbearing Variables and
 Domain Scores with the Domain:
Childbearing Health Locus of
Control--Combined

| Variable Group | Number of Subjects Reporting | Pearson Correlation | Significance Level P Value |
|---|------------------------------------|------------------------|----------------------------------|
| <u>Demographic Data:</u> | | | |
| Age | 254 | -.3377 | .001 |
| Total Family Income | 225 | -.1503 | .024 |
| Education Level | 253 | -.3005 | .001 |
| <u>Health Behavior Data:</u> | | | |
| Aerobic Exercise/7 Days | 253 | -.2163 | .001 |
| Stress Reduction/7 Days | 250 | -.2296 | .001 |
| Nutritious Diet/7 Days | 254 | -.1599 | .011 |
| Use of Car Safety Belt | 254 | .2791 | .001 |
| <u>Childbearing Data:</u> | | | |
| Number of Abortions | 254 | -.1480 | .018 |
| Attendance at Scheduled Prenatal classes | 86 | -.2094 | .053 |
| Confidence to Cope with Labor and Delivery | 243 | -.2338 | .001 |
| Month Prenatal Care Began | 253 | .1448 | .021 |
| Number of Childbirth/ Parenting Books Read | 249 | -.2027 | .001 |
| Breathing/Relaxation/7 Days | 251 | -.2577 | .001 |
| Planned Delivery Site | 252 | .3082 | .001 |
| Health Care Provider | 253 | -.1546 | .014 |

Table 24--Continued

| Variable Group | Number of Subjects Reporting | Pearson Correlation | Significance Level P Value |
|---|------------------------------------|------------------------|----------------------------------|
| <u>Domain Scale Scores:</u> | | | |
| Fear of the Childbirth Process | 254 | .5259 | .001 |
| Personal Values About Childbearing and Childrearing | 254 | -.1265 | .044 |
| Childbearing Health Locus of Control--Internality | 254 | .4169 | .001 |
| Childbearing Health Locus of Control--Powerful Others | 254 | .8902 | .001 |
| Childbearing Health Locus of Control--Fate/ Chance | 254 | .6605 | .001 |
| Father's Role and Response | 254 | .2365 | .001 |
| Social Compliance and Active vs. Passive Involvement | 254 | .7226 | .001 |

Table 25
 Correlation of Demographic, Health Behavior
 and Childbearing Variables and
 Domain Scores with the Domain:
Childbearing Health Locus of
Control--Internality

| Variable Group | Number of Subjects Reporting | Pearson Correlation | Significance Level P Value |
|--|------------------------------------|------------------------|----------------------------------|
| <u>Demographic Data:</u> | | | |
| Total Family Income | 225 | -.1430 | .032 |
| <u>Health Behavior Data:</u> | | | |
| Aerobic Exercise/7 Days | 253 | -.1312 | .037 |
| Stress Reduction/7 Days | 250 | -.1760 | .005 |
| <u>Childbearing Data:</u> | | | |
| Attendance at Scheduled Prenatal Classes | 86 | -.3318 | .002 |
| <u>Domain Scale Scores:</u> | | | |
| Fear of the Childbirth Process | 254 | .2127 | .001 |
| Childbearing Health Locus of Control--Combined | 254 | .4169 | .001 |
| Childbearing Health Locus of Control--Powerful Others | 254 | .1525 | .015 |
| Father's Role and Response Social Compliance and Active vs. Passive Involvement | 254 | .1665 | .008 |
| | 254 | .2802 | .001 |

Table 26
 Correlation of Demographic, Health Behavior
 and Childbearing Variables and
 Domain Scores with the Domain:
Childbearing Health Locus of
Control--Powerful Others

| Variable Group | Number of Subjects Reporting | Pearson Correlation | Significance Level P Value |
|---|------------------------------------|------------------------|----------------------------------|
| <u>Demographic Data:</u> | | | |
| Age | 254 | -.3182 | .001 |
| Education Level | 253 | -.2878 | .001 |
| <u>Health Behavior Data:</u> | | | |
| Aerobic Exercise/7 Days | 253 | -.1649 | .009 |
| Stress Reduction/7 Days | 250 | -.2059 | .001 |
| Nutritious Diet/7 Days | 254 | -.1362 | .030 |
| Use of Car Safety Belt | 254 | .2970 | .001 |
| <u>Childbearing Data:</u> | | | |
| Confidence to Cope with Labor and Delivery | 243 | -.1976 | .002 |
| Number of Abortions | 254 | -.1726 | .006 |
| Number of Childbirth/ Parenting Books Read | 249 | -.2038 | .001 |
| Breathing/Relaxation/7 Days | 251 | -.2673 | .001 |
| Planned Delivery Site | 252 | .0321 | .001 |
| Health Care Provider | 253 | -.1860 | .003 |

Table 26--Continued

| Variable Group | Number of Subjects Reporting | Pearson Correlation | Significance Level P Value |
|---|------------------------------------|------------------------|----------------------------------|
| <u>Domain Scales:</u> | | | |
| Fear of the Childbirth Process | 254 | .4253 | .001 |
| Personal Values About Childbearing and Child- rearing | 254 | -.2260 | .001 |
| Childbearing Health Locus of Control--Combined | 254 | .8902 | .001 |
| Childbearing Health Locus of Control--Internality | 254 | .1525 | .015 |
| Childbearing Health Locus of Control--Fate/Chance | 254 | .3497 | .001 |
| Father's Role and Response | 254 | .1511 | .016 |
| Social Compliance and Active vs. Passive Involvement | 254 | .6496 | .001 |

Table 27
 Correlation of Demographic, Health Behavior
 and Childbearing Variables and
 Domain Scores with the Domain:
Childbearing Health Locus of
Control--Fate/Chance

| Variable Group | Number of Subjects Reporting | Pearson Correlation | Significance Level P Value |
|--|------------------------------------|------------------------|----------------------------------|
| <u>Demographic Data:</u> | | | |
| Age | 254 | -.2363 | .001 |
| Education Level | 253 | -.2710 | .001 |
| <u>Health Behavior Data:</u> | | | |
| Number of Cigarettes/24 hrs. | 254 | .1414 | .024 |
| Aerobic Exercise/7 Days | 253 | -.1667 | .008 |
| Nutritious Diet/7 Days | 254 | -.1659 | .008 |
| Use of Car Safety Belt | 254 | .1615 | .010 |
| <u>Childbearing Data:</u> | | | |
| Confidence to Cope with Labor and Delivery | 243 | -.1623 | .011 |
| Month Prenatal Care Began | 253 | -.1795 | .004 |
| Planned Delivery Site | 252 | .1613 | .010 |
| Known Medical and Pregnancy Complications | 251 | .1246 | .079 |
| <u>Domain Scale Scores:</u> | | | |
| Fear of the Childbirth Process | 254 | .4325 | .001 |
| Childbearing Health Locus of Control--Combined | 254 | .6605 | .001 |
| Childbearing Health Locus of Control--Powerful Others | 254 | .3497 | .001 |
| Father's Role and Response Social Compliance and Active vs. Passive Involvement | 254 | .2208 | .001 |
| | 254 | .4798 | .001 |

Table 28
 Regression Analysis: Childbearing Health
Locus of Control--Combined

| Variable | Summary Table Multiple R | R Square | Beta |
|---|-----------------------------|----------|---------|
| Age | .33773 | .11406 | -.18285 |
| Planned Delivery Site | .43540 | .18957 | .20328 |
| Confidence to Cope with Labor And Delivery | .48085 | .23122 | -.20375 |
| Percent Attendance in Prenatal Classes Held | .51353 | .26372 | -.17140 |
| Use of Car Safety Belt | .54850 | .30085 | .15821 |
| Number of Times Aerobic Exercise Used in 7 Days | .56313 | .31712 | -.12973 |
| Number of Times Stress Reduction Exercise Used in 7 Days | .57311 | .32846 | -.10705 |
| Month Prenatal Care Began | .57766 | .33369 | .08056 |
| Number of Times Practiced Breathing and Relaxation in 7 Days | .58126 | .33786 | -.06461 |
| Number of Previous Abortions | .58237 | .33915 | -.04176 |
| Number of Days Nutritious Diet in 7 Days | .58319 | .34011 | .03607 |
| Health Care Provider | .58388 | .34091 | -.03646 |
| Total Yearly Family Income | .58398 | .34104 | -.01277 |

Table 29
 Regression Analysis: Childbearing Health
Locus of Control--Internality

| Variable | Summary Table | | Beta |
|---|---------------|----------|---------|
| | Multiple R | R Square | |
| Number of Times Practised Stress Reduction in 7 Days | .17600 | .03097 | -.15200 |
| Percent Attendance at Prenatal Classes Held | .22775 | .05187 | -.14821 |
| Total Yearly Family Income | .26564 | .07057 | -.11804 |
| Number of Time Aerobic Exercise Used in 7 Days | .28718 | .08247 | -.11073 |

Twelve independent variables were entered into the regression equation for the sub-group Powerful Others. Twenty-seven percent of the variance was explained by a) age, b) planned delivery site, c) use of car safety belt, d) confidence to cope with labor and delivery, e) practice of breathing and relaxation exercises and f) educational level. (Table 30)

Finally, 10 variables were entered into the regression equation for the sub-group Fate/Chance. Eighteen percent of the variance was explained by a) educational level, b) confidence to cope with labor and delivery, c) number of known pregnancy or medical complications, d) month prenatal care began, e) planned delivery site and f) the number of times aerobic exercise was carried out in 7 days. (Table 31)

Normative Data: Personal Values About Childbearing

Following is the frequency data for this domain. There are 15 statements in the scale relating to the domain, Personal Values About Childbearing and Childrearing. There was a mean response of 3.56 times in the scored direction, i.e., toward minimal value. With a standard deviation of 2.88 times, two-thirds of the group entered between 0 and 6 items in the scored direction, indicating a high value placed on childbearing and childrearing by this population.

Ninety percent believe that being a mother is one of their most important personal goals and 78% have looked forward to having their own baby ever since they were a small child. Statements of belief regarding reasons for valuing childbearing yielded the following percentages of agreement: a baby in the family makes it a better

Table 30

Regression Analysis: Childbearing HealthLocus of Control--Powerful Others

| Variable | Summary Table | | Beta |
|---|---------------|----------|---------|
| | Multiple R | R Square | |
| Age | .31818 | .10124 | -.11250 |
| Planned Delivery Site | .41775 | .17451 | .18115 |
| Use of Car Safety Belt | .46761 | .21866 | .15392 |
| Confidence to Cope with Labor and Delivery | .49374 | .24378 | -.13908 |
| Number of Times Practiced Breathing and Relaxation in 7 Days | .50740 | .25746 | -.10885 |
| Highest Education Level by Years | .52098 | .27142 | -.14695 |
| Number of Times Practiced Stress Reduction in 7 Days | .52673 | .27744 | -.09552 |
| Health Care Provider | .53258 | .28364 | -.10054 |
| Number of Times Aerobic Exercise Used in 7 Days | .53651 | .28688 | -.05592 |
| Number of Previous Abortions | .53805 | .28950 | -.05253 |
| Number of Days Nutritious Diet Eaten in 7 Days | .53925 | .29080 | .04031 |
| Number of Childbearing and Parenting Books Read | .53971 | .29129 | -.02464 |

Table 31

Regression Analysis: Childbearing HealthLocus of Control--Fate/Chance

| Variable | Summary Table | | Beta |
|--|---------------|----------|---------|
| | Multiple R | R Square | |
| Highest Education Level by Years | .27100 | .07344 | -.16495 |
| Confidence to Cope with Labor and Delivery | .32280 | .10420 | -.14053 |
| Number of Known Pregnancy or Medical Complications | .35604 | .12676 | .13834 |
| Month Prenatal Care Began | .38528 | .14844 | .16620 |
| Planned Delivery Site | .41375 | .17119 | .12464 |
| Number of Times Aerobic Exercise Used in 7 Days | .42661 | .18200 | -.09201 |
| Number of Cigarettes Smoked in Last 24 Hours | .43666 | .19067 | .10762 |
| Number of Days Nutritious Diet Eaten in 7 Days | .44512 | .19813 | -.07943 |
| Age | .45019 | .20267 | -.07419 |
| Use of Car Safety Belt | .45362 | .20577 | .06082 |

functioning unit--60%, the greatest personal growth in life occurs by being a parent--82%, having a baby strengthens a marriage--69%, being a good parent is worthwhile because it is part of God's plan--86%, husband and wife relationships become closer because of pregnancy--84%, having a child gives me a sense of living on after I'm dead--66%, and having a baby of your own makes you complete as a woman--51%. However, 8% felt being a parent was over-rated, 10% didn't like the way a baby can tie a couple down, and 6% would not enjoy routine caretaking of an infant.

Fifty-five percent had mixed feelings about being a parent and 37% felt that being a parent does not help you to become more mature. Finally, 19% believe that there is not much social status in being a mother. (Table 41, Appendix I)

The Pearson Correlation data for this domain is presented next. Increased value of childbearing is significantly positively related to increased age, education and income. Women with an increased number of abortions have a greater value of childbearing. This may reflect the present pregnancy highly valued because of previous failed attempts at childbearing. Greater value of childbearing was significantly correlated with increased practice of breathing and relaxation exercises, decreased use of car safety belts and increased number of cigarettes smoked in 24 hours. These last two correlations are difficult to explain and may be spurious. Finally, increased value about childbearing was significantly correlated with greater internality in the Combined Childbearing Health Locus of Control scores and less dependence on Powerful Others, and an increased sense

of the importance of the father's role and response to childbearing. (Table 32)

The regression analysis of the seven significant correlations revealed the following information: Seven variables were entered into the regression equation for the dependent variable Personal Values About Childbearing and Childrearing. Fifteen percent of the variance was explained by a) age, b) number of cigarettes smoked in the last 24 hours, c) total yearly family income, and d) practice of breathing and relaxation exercises. (Table 33)

Normative Data: Father's Role and Response in Childbearing

Following is the frequency data for this domain. There are 24 statements in the scale relating to the domain, Father's Role and Response in Childbearing. There was a mean response of 2.71 items in the scored direction, i.e., toward minimal role and response. With a standard deviation of 2.73 items, two-thirds of the group rated between 1 and 6 items in the scored direction, indicating the great importance placed on the father's role and response in this population.

Ten items relating to the need and desirability for the husbands support and sustaining presence throughout pregnancy and childbirth were supported by 67 to 99% of the study population. Ninety-seven percent believe that it is the father's right to attend the birth of his child and 82% believe fathers have more positive loving feelings toward the newborn when they are present at the delivery than when they are not present. However, 50% agree that men just aren't able to get involved in every detail of a woman's pregnancy. Eight-nine

Table 32
 Correlation of Demographic, Health Behavior
 and Childbearing Variables and
 Domain Scores with the Domain:
Personal Values About Child-
bearing and Childrearing

| Variable Group | Number Subjects Reporting | Pearson Correlation | Significance Level P Value |
|--|---------------------------------|------------------------|----------------------------------|
| <u>Demographic Data:</u> | | | |
| Age | 254 | .3010 | .001 |
| Education Level | 253 | .1978 | .002 |
| Total Family Income | 225 | .3480 | .001 |
| <u>Health Behavior Data:</u> | | | |
| Number of Cigarettes/7 Days | 254 | .1594 | .011 |
| Use of Car Safety Belt | 254 | -.1216 | .053 |
| <u>Childbearing Data:</u> | | | |
| Number of Abortions | 254 | .1776 | .005 |
| Breathing/Relaxation/7 Days | 251 | .2051 | .001 |
| <u>Domain Scale Scores:</u> | | | |
| Childbearing Health Locus of Control--Combined | 254 | -.1265 | .044 |
| Childbearing Health Locus of Control--Powerful Others | 254 | -.2260 | .001 |
| Father's Role and Response | 254 | .2302 | .001 |

Table 33
 Regression Analysis: Personal Values
About Childbearing and Childrearing

| Variable | Summary Table | | Beta |
|---|---------------|----------|--------|
| | Multiple R | R Square | |
| Age | .30101 | .09060 | .16690 |
| Number of Cigarettes Smoked in Last 24 Hours | .33811 | .11432 | .13043 |
| Total Yearly Family Income | .36216 | .13116 | .13994 |
| Number of Times Practiced Breathing and Relaxation in 7 Days | .38185 | .14581 | .12481 |
| Number of Previous Abortions | .38953 | .15173 | .08489 |
| Highest Education Level by Years | .39156 | .15332 | .05507 |
| Use of Car Safety Belt | .39237 | .15396 | .02757 |

percent and 86% respectively believe that expectant fathers also have increased needs during pregnancy and have a lot of fears and concerns during childbearing. Only 24% believe that pregnancy is not physically stressful for an expectant father. (Table 42, Appendix I)

The Pearson Correlation data for this domain is presented next. The father's role was significantly positively correlated with all of the 5 scale domains except personal value of childbearing and child-rearing. There was no relationship between value of childbearing per se and value of the father's role and response in childbearing. As the father's role was minimized there was a concomitant increase in fear, externality, and social compliance with passive involvement. There was also an increased use of traditional delivery sites, decreased practice of breathing and relaxation exercises, increased uses of car safety belts and over-the-counter drugs. Younger women with none or fewer abortions were significantly correlated with minimizing the father's role and response. (Table 34)

Finally the regression analysis for this domain is presented below. Five variables were entered into the regression equation for Father's Role and Response in Childbearing. Twenty-five percent of the variance was explained by a) age, b) number of times over-the-counter drugs were taken in seven days, and c) planned delivery site. (Table 35)

Normative Data: Social Compliance and Active Versus Passive Involvement

The frequency data for this domain is here presented. There are 10 items in the scale relating to the domain, Social Compliance and

Table 34
 Correlation of Demographic, Health Behavior
 and Childbearing Variables and
 Domain Scores with the Domain:
Father's Role and Response
in Childbearing

| Variable Group | Number of Subjects Reporting | Pearson Correlation | Significance Level P Value |
|---|------------------------------------|------------------------|----------------------------------|
| <u>Demographic Data:</u> | | | |
| Age | 254 | -.1618 | .010 |
| <u>Health Behavior Data:</u> | | | |
| Over-the-Counter Drugs/ 7 Days | 254 | .1459 | .020 |
| Use of Car Safety Belt | 254 | .1318 | .036 |
| <u>Childbearing Data:</u> | | | |
| Number of Abortions | 254 | -.1451 | .021 |
| Breathing/Relaxation/7 Days | 251 | -.1384 | .028 |
| Planned Delivery Site | 252 | .1262 | .045 |
| <u>Domain Scale Data:</u> | | | |
| Fear of the Childbirth Process | 254 | .2302 | .001 |
| Childbearing Health Locus of Control--Combined | 254 | .2365 | .001 |
| Childbearing Health Locus of Control--Internality | 254 | .1665 | .008 |
| Childbearing Health Locus of Control--Powerful Others | 254 | .1511 | .016 |
| Childbearing Health Locus of Control--Fate/Chance | 254 | .2208 | .001 |
| Social Compliance and Active vs. Passive Involvement | 254 | .1972 | .002 |

Table 35
 Regression Analysis: Father's Role and
Response in Childbearing

| Variable | Summary Table | | Beta |
|---|---------------|----------|---------|
| | Multiple R | R Square | |
| Age | .16181 | .02618 | -.10640 |
| Number of Times Over-the-Counter Drugs Taken in 7 Days | .22664 | .05136 | .14918 |
| Planned Delivery Site | .25015 | .06258 | .09029 |
| Number of Times Practiced Breathing and Relaxation in 7 Days | .26797 | .07181 | -.08411 |
| Number of Previous Abortions | .27979 | .07828 | -.07980 |
| Use of Car Safety Belt | .28488 | .08115 | .05743 |

Active Versus Passive Involvement. There was a mean response of 6.07 items in the scored direction, i.e., toward compliance and passive involvement. With a standard deviation of 2.60 items, two-thirds of the group rated between 3 and 9 items in the scored direction indicating less compliance and more active involvement as a group.

Thirty-three percent felt that traditional approaches to managing labor are safest and only 6% believe that since it is the health care provider's responsibility to manage the birth, it is not necessary to know details about it. Seventy-seven percent believe that for the safest outcome when you are in labor, you should do exactly what the hospital personnel tell you to do and 33% believe a woman doesn't have much choice except to follow the usual hospital routine. Eighty-three percent feel confident in being able to protect their own interests during childbearing and 86% want to select their own options and choices about how labor and delivery are managed. Ninety-three percent believe that it is important to them to participate actively in the process of childbirth. Ninety percent believe that there are a number of equally safe but different approaches to managing labor that a woman can choose to use. Seventy-three percent disagree with the statement that women need a lot of medical help for a difficult experience like childbirth. Only 8% agree with the statement that teaching people how to give some of their own care during pregnancy may cause more harm than good. (Table 43, Appendix I)

The Pearson Correlation Data for this domain is next presented. As social compliance and passive involvement increases, the following significantly decreased: age, educational level, number of abortions,

use of aerobic exercise, stress reduction activities, eating a nutritious diet, confidence to cope with labor and delivery, weeks gestation, number of books read and practice of breathing and relaxation exercises. Social compliance and passive involvement are significantly correlated with increased compliance with taking prescribed drugs, use of a car safety belt, later registration for prenatal care, use of more traditional delivery sites and increased fear of the childbirth process. (Table 36)

The regression analysis based on the above variables revealed the following:

Fourteen variables were entered into the regression equation for the dependent variable Social Compliance and Active Versus Passive Involvement. Thirty percent of the variance was explained by a) confidence to cope with labor and delivery, b) planned delivery site, c) practice of breathing and relaxation, d) month prenatal care began, 3) use of car safety belt and f) number of times stress reduction activities were used in seven days. (Table 37)

At the conclusion of the study, the question was raised as to whether this domain was in fact measuring two separate concepts, social compliance and involvement. Since the intent was to measure a single underlying concept with various subparts, this domain was carefully studied. The conclusion was that the problem was one of title rather than substance. In addition, there are a few items which probably need to be replaced to raise the Alpha coefficient.

First, the validation data was reviewed. This domain received a relevance rating of 4.46 out of 5 indicating that the items were

Table 36
 Correlation of Demographic, Health Behavior
 and Childbearing Variables and
 Domain Scores with the Domain:
Social Compliance and Active
vs. Passive Involvement

| Variable | Number of Subjects Reporting | Pearson Correlation | Significance Level P Value |
|---|------------------------------------|------------------------|----------------------------------|
| <u>Demographic Data:</u> | | | |
| Age | 254 | -.1873 | .003 |
| Education Level | 253 | -.1488 | .018 |
| <u>Health Behavior Data:</u> | | | |
| Breath/Relaxation/7 Days | 253 | .1249 | .047 |
| Aerobic Exercise/7 Days | 253 | -.1726 | .006 |
| Stress Reduction/7 Days | 250 | -.2638 | .001 |
| Nutritious Diet/7 Days | 254 | -.1218 | .053 |
| Use of Safety Belt | 254 | .2086 | .001 |
| <u>Childbearing Data:</u> | | | |
| Number of Abortions | 254 | -.1828 | .003 |
| Confidence to Cope with Labor and Delivery | 253 | -.3736 | .001 |
| Weeks Gestation | 254 | -.1254 | .046 |
| Month Prenatal Care Began | 253 | .1403 | .026 |
| Number of Childbirth/ Parenting Books Read | 249 | -.1535 | .015 |
| Breathing/Relaxation/7 Days | 251 | .2565 | .001 |
| Planned Delivery Site | 252 | .2565 | .001 |
| <u>Domain Scale Scores:</u> | | | |
| Fear of the Childbirth Process | 254 | .5415 | .001 |

Table 37

Regression Analysis: Social Compliance
and Active vs. Passive Involvement

| Variable | Summary Table | | Beta |
|--|---------------|----------|---------|
| | Multiple R | R Square | |
| Confidence to Cope with Labor and Delivery | .36762 | .13515 | -.31060 |
| Planned Delivery Site | .43360 | .18801 | .20448 |
| Number of Times Practiced Breathing and Relaxation in 7 Days | .47871 | .22916 | -.11330 |
| Month Prenatal Care Began | .51718 | .26747 | .18610 |
| Use of Car Safety Belt | .53583 | .28711 | .11156 |
| Number of Times Stress Reduction Exercises Used in 7 Days | .54874 | .30111 | -.12682 |
| Weeks Gestation | .55620 | .30936 | -.11184 |
| Number of Times Aerobic Exercise Used in 7 Days | .56445 | .31861 | -.10459 |
| Number of Previous Abortions | .56924 | .32404 | -.07842 |
| Highest Education Level by Years | .57150 | .32661 | -.05695 |
| Number of Childbirth and Parenting Books Read | .57257 | .32784 | .03810 |
| Number of Days Nutritious Diet Eaten in 7 Days | .57355 | .32895 | .03662 |
| Age | .57361 | .32903 | -.01138 |
| Number of Times Prescription Drugs Used in 7 Days | .57365 | .32907 | .00707 |

considered relevant to the domain concept. There were 14 out of 38 times in which 1 to 3 of the 8 validators ranked the item 1 or 2 in relevancy. Seven of these items were subsequently removed from the instrument. The question as to whether the total set of items adequately covered the domain topic received a mean ranking of 4.0 out of 5, which was the lowest ranking of all of the 5 domain scales. In retrospect, it is probable that additional items could be identified to support this domain and this would improve the Alpha coefficient.

The pretest identified 7 items questioned by at least 1 of the pretesters. Two had been in the 14 item questionable pool from the validation. Some later showed a very high point-biserial correlation with the domain indicating their usefulness in contributing to the Alpha coefficient. Three of the 7 items were subsequently eliminated. Of the 9 remaining items from the validation and pretest that had been questioned by 1 to 5 persons, 1 had a point-biserial correlation of .51, 3 ranged between .43 and .48, 2 were .35 and .38 respectively, and only 3 were below this level.

In the factor analysis in which the parameters were a principal component analysis with an oblique rotation controlled by a delta = $-.5$, the first factor had a factor loading for this domain of .99035 indicating that it was almost a pure measure of the domain. The various factor analyses verified that this domain is measuring something uniquely different from the other domains.

The 20 items which remained in the final instrument were again reviewed, as were the dictionary meanings of the domain title words. The underlying concept of the majority of the items (with just a few

exceptions) was one of yielding to others decisions about care versus participation in decisions about care. The continuum seems to be based on 2 opposing sets of beliefs leading to either a belief in compliance without questioning versus a belief in active participation in decision making which might include questioning usual approaches to care. Items reflecting belief in compliance without questioning seemed to be based on the beliefs that one is unable to get through the experience safely without the help of an expert, that decisions are the responsibility of trusted experts, that one would be uncomfortable in the decision process, and that choices are not really available even if there was interaction or participation. Items reflecting a belief in the other end of the continuum, i.e., the desirability of entering into the decision making process regarding care were reflected by beliefs that there is more than one safe way to do things, that one has personal coping resources to use and the right to question and participate as desired. Therefore, it was decided to rename the domain, at least for the present, as Passive Compliance Versus Active Participation in Childbirth Care Decisions.

CHAPTER IV

SUMMARY AND RECOMMENDATIONS

The problem of this study was to conduct the initial stages in the development of a documented, valid, reliable written instrument to measure Beliefs and Perceptions About Childbearing. The following five domains were identified from a preliminary review of the literature: a) Fear of the Childbirth Process, b) Childbearing Health Locus of Control, c) Personal Values About Childbearing and Childrearing, d) Father's Role and Response to Childbearing and e) Social Compliance and Active Versus Passive Involvement.

Ten steps of the development process are documented in the body of the paper and in the appendices. They involved item generation based on a review of relevant literature, content validation by an expert panel, pretesting of the instrument, FORTAP Analysis of the domain scales based on a general population sample of 362 persons to reduce the instrument to 100 items in 5 scales, and finally, a FORTAP Analysis of the final instrument data from 254 Utah primigravid women. In addition, frequency data, Pearson Correlations, and Regression analyses were obtained utilizing demographic, health behavior and childbearing variables as well as the domain scale scores. The general population sample was a convenience sample and the primigravid sample used proportionate numbers from all Utah Counties.

FORTAP Analysis indicated that 3 of the 5 domains (Fear of the

Childbirth Process, Childbearing Health Locus of Control and Personal Values About Childbearing and Childrearing) had Alpha coefficients of .76, .71, and .76 respectively. This indicates adequate reliability for these 3 scales. The other 2 scales have less desirability coefficients, i.e., .65 for Father's Role and Response in Childbearing and .63 for Social Compliance and Active Versus Passive Involvement. The Alpha coefficients for these scales could probably be increased with the addition of items and another form of the scale such as a Leikert format. The length of the entire instrument, however, is at the limit in terms of individual willingness to take time for the test. Therefore, additional scale items would have to replace the simultaneous use of some of the other scales, or the deletion of some of the health behavior and/or childbearing data items.

Correlation of scale scores with demographic, health behavior and childbearing variables resulted in some significant and clinically relevant correlations which give some additional evidence of validity. The scales appear to be sensitive enough to make useful distinctions among individuals on the several domains for research purposes. Additional variables need to be identified and correlated with the scale scores, most particularly those relating to pregnancy outcomes.

Factor analysis revealed two particularly powerful factors among the five scales: a) Childbearing Self-Competency based on Fear of the Childbirth Process, Childbearing Health Locus of Control (Combined or Powerful Others), and Social Compliance and Active Versus Passive Involvement, and b) Personal Values about Childbearing and

Childrearing. These factors were utilized to create a circumplex model in which individuals' factor scores could be plotted.

The instrument as a whole and/or its individual scales needs to be tested on other populations to establish normative data for different groups and geographic areas. The research flow chart in Appendix B gives additional possible steps in further development and refinement of the instrument. As it is presently constituted, the instrument could be used with the Utah primigravid population. The detailed item history in Appendix H could be useful in future research concerning development of additional items in these topic areas.

Finally, the usefulness of the scales and profiles in clinical practice needs to be determined. Whether individual scores and outcomes may be modified through various types of intervention programs remains to be seen.

Therefore, the following recommendations for next steps are presented in the hope that they may prove useful to future researchers as well as indicate this researcher's plans for future research in this area. There are two main areas of future work: a) the further development and refinement of one or more of the scales themselves to increase the reliability coefficients and b) further field testing to establish construct and criterion-related validity.

As mentioned in Chapter 3, the Alpha coefficients could probably be raised by the process of adding useful items to some of the scales. This, of course, would necessitate complete retesting of the scale with a sample size comparable to that used in the present study. In the instance of the last domain which was retitled Passive Compliance

Versus Active Participation in Childbirth Care Decisions, the reliability coefficient would probably be raised with the simultaneous addition of new items and the deletion of those items with low point-biserial correlations and which do not clearly reflect the concept reflected in the retitling of the domain. In addition, preparation of another form of the various scales using Leikert formatting would raise the reliability coefficient when used with educated populations who can deal with the additional choices and large number of items without undue fatigue.

Immediate next steps for establishing validity should involve the following studies:

1. Correlation of scale scores with various outcome of pregnancy variables. Specific research questions might be:

a. What is the relationship between X Scale Scores and Y variables relating to mother health and wellbeing, decisions about care in labor and delivery, and newborn health and wellbeing?

b. What is the contribution of the X Scale Scores to the outcome variables Y, when reinforcements and the psychological situation of the labor and delivery setting are also studied? (This would enable the regression analysis of outcome variables utilizing all of the social learning theory variables identified by Rotter (1975), i.e., expectancies, reinforcements and the psychological situation.) This would necessitate means to measure reinforcements and the psychological situation in the

labor and delivery setting.

2. Experimental designs in which specified interventions identified from the correlations carried out in the previous studies are used to intervene in one group but not the other. Random assignment to groups and pretesting and posttesting for Scale scores would be necessary as well as determining that the intervention did in fact occur as planned. The same outcome variables would be used for labor and delivery. Specific research questions might be:

a. To what extent does intervention A change Scale Scores X? The movement of couples, individuals and groups on the Circumplex model and pre- and post-intervention could be plotted.

b. To what extent does the intervention, when accomplished successfully, contribute to a different childbirth outcome?

Assuming that the research indicates predictability of scale scores with outcomes, the scale or scales could be incorporated as part of the assessment package carried out by health care providers and childbirth educators at the onset of their contacts with clients. Specific interventions tailored to the individual and documented to have occurred, in turn, may influence outcome. This prescriptive use of the scales is still in the future and should not be used until the predictive elements are established.

In conclusion, a carefully designed series of steps could increase the reliability and validity of the scales, document their predictability and perhaps ultimately lead to their prescriptive use. In the most optimistic forecast, however, it should be noted that

because of the multivariate nature of causation, this will only be one of many means used to assess the expectant couple or soon-to-be-expectant couple.

APPENDIX A
SELECTED ARTICLES UTILIZED IN ITEM
GENERATION OF DOMAIN SCALES

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APPENDIX B
RESEARCH FLOW SHEET--BELIEFS AND
PERCEPTIONS ABOUT CHILDBEARING

Doctoral Dissertation

I.

Task:

Develop a valid, reliable tool to measure Beliefs and Perceptions about Childbearing in the following domains:

1. Fear of the Childbirth Process.
2. Childbearing Health Locus of Control.
3. Personal Values About Childbearing and Childrearing.
4. Father's Role and Responses in Childbearing.
5. Social Compliance and Active Versus Passive Involvement in Childbearing.

Procedure:

1. Develop items.
2. Expert panel to determine content validity with domains.
3. 30 subject pilot to rule out the weakest items (FORTAP program).
4. Obtain \pm 400 subject sample.
5. FORTAP Item Analysis to reduce item pool to 20 items/domain (scale).

II.

1. Establish normative data on Utah Pregnant Women.
2. Establish normative data on male partners of Utah Pregnant Women. (Fuchs, 1981)

1. Obtain a representative sample of 250 pregnant couples distributed numerically by number of births in their county of residence.
2. Obtain frequencies and measures of central tendency on demographic and health behavior and childbearing variable domain scores.
3. FORTAP analysis of scales.
4. Factor analysis of scales.
5. Correlate all appropriate variables.
6. Regression analysis.

Post-Doctoral Research

III.

Determine relationships between domain scores and selected outcome of pregnancy variables.

Further research studies of a prospective nature to correlate tool scores with pregnancy outcome variables.

IV.

Determine changeability of adverse outcomes through specified interventions.

Where significant relationships are found, utilize the instrument and those significant outcome variables in experimental designs with specific health education/service interventions.

V.

Identify at-risk individuals and make available an intervention program.

Utilize the instrument as a health screening device prior to and/or at the onset of pregnancy.

APPENDIX C
CONTENT VALIDATION MATERIALS

General Information and Instructions for

Validators

Information:

Joyce Cameron RN, at the University of Utah is conducting a research study about men and women's beliefs and perceptions toward childbearing. In the study, a questionnaire will be given to approximately 400 men and women in the Wasatch Front area. The results will be analyzed to reduce the number of items by half. A short form of the questionnaire will then be given to approximately 250 expectant couples throughout Utah. Eventually, the development of the refined questionnaire will be used to help couples prior to pregnancy and/or during early pregnancy to identify their needs and interests relative to health education for childbearing. The items were constructed based on information in the literature and the researcher's clinical experience. In the final instrument the items of the five scales (domains) will be mixed together.

You are being asked to provide content validation for the item in five different scales (domains). That is, you are being asked to consider two major questions concerning each of the five scales with their individual items:

1. In relation to each item is this particular item relevant to the scale (domain) being evaluated, i.e., is the item a representative measure of the domain?

2. In relation to the total scale (domain) is the substance or

content of the items in the given scale representative of all the possible items which could be included in that scale, e.g., are there statements which should be added to more completely cover the topic represented by the scale?

Specific instructions for answering these two questions are contained on the front sheet of each of the five scales. Responses to question 1 about individual items will be recorded on a computer code sheet and on the front sheet. Responses to question 2 will be recorded only on the front sheet.

I would very much appreciate your completing your validation within a maximum of 3 to 5 days. Please place the completed materials in the enclosed stamped and addressed envelope and mail them back to me. Thank you very much for your willingness to help me in this study.

Joyce Cameron

Validator Instructions for Scale (Domain):

Fear of the Childbirth Process

This domain comes from the pervasive cultural beliefs carried throughout the centuries and strengthened by the realities of personal experiences and the varying incidence of maternal and infant mortality and morbidity that childbirth:

1. Is a life threatening event to either or both the mother and child.
2. Can permanently or temporarily damage either or both mother and child.
3. Is an unpleasant experience.
4. Is a frightening experience.
5. Is a painful experience.

The scale is scored in the direction of fear, i.e., the greater the number of circled items the individual also circles, the greater their fear based on agreeing with the statements within any one of the five areas of belief and/or perception leading to fear of the childbirth process. Conversely, a low score based on the individual circling more of the uncircled items would mean less fear. The five area headings will not appear in the final instrument and it does not matter if there is crossover between them.

Your task is as follows:

1. Read each item and rank it on the computer code sheet on a 1 to 5 scale (A through E) in relation to how relevant it is to the domain fear of the childbirth process with its elements of life threat, damage, unpleasantness and pain. If the item is relevant

circle A. Use B, C, and D for shadings in between these two possibilities. Use numbers 1 to 42 on the code sheet to record your judgments.

2. After you have completed the task in number 1, go back over the items and select any you would like to comment on which provided problems for you. List the item number (as it is numbered on the questionnaire) on the attached sheet, then comment, and make any suggested change in wording, etc.

3. Next, consider the total mix of items in the whole scale. Can you think of any items that should be added to more completely cover the topic represented by the scale (domain)? Turn the attached sheet over, answer the question typed at the top and then make any suggested additions.

4. You are now ready to evaluate the next scale. Please turn to the front sheet of that scale for instructions.

Fear of the Childbirth Process

A life threatening even to either or both mother and child

(Scored direction: life threatening)

- | | | | |
|----|---|-------|----------|
| 1. | The labor and delivery process is a life threatening event for the baby. | AGREE | DISAGREE |
| 2. | To go through labor and delivery safely, a woman needs the best obstetrician specialist care available. | AGREE | DISAGREE |
| 3. | Any competent maternity health care provider can help a woman go through labor and delivery safely. | AGREE | DISAGREE |
| 4. | Few babies die during childbirth in our modern society. | AGREE | DISAGREE |
| 5. | Childbirth is a safe experience for the mother. | AGREE | DISAGREE |
| 6. | Childbirth is a normal physiological event rather than a medical condition. | AGREE | DISAGREE |
| 7. | The labor and delivery process is the most extreme physical stress a woman has in her life. | AGREE | DISAGREE |
| 8. | There is a medium chance of something going wrong during childbirth. | AGREE | DISAGREE |

Can damage either or both mother and child

(Scored direction: damage)

- | | | | |
|-----|---|-------|----------|
| 9. | Medical intervention is usually necessary to prevent damage to the mother or baby during birth. | AGREE | DISAGREE |
| 11. | It is unusual for damage to the mother or baby to occur during normal childbirth. | AGREE | DISAGREE |
| 12. | The human body is designed to give birth without problems for the mother and baby. | AGREE | DISAGREE |
| 13. | There are often breakdowns in the body's ability to birth a child. | AGREE | DISAGREE |

- | | | | |
|-----|---|-------|----------|
| 14. | The baby is likely to suffer some damage during the process of childbirth. | AGREE | DISAGREE |
| 15. | It is unusual for the mother to suffer damage during the process of childbirth. | AGREE | DISAGREE |
| 16. | Labor for many women can be a damaging and an alarming experience. | AGREE | DISAGREE |
| 17. | A woman's body is weakened by each successive pregnancy. | AGREE | DISAGREE |

Is an unpleasant experience

(Scored direction: unpleasant)

- | | | | |
|-----|--|-------|----------|
| 18. | Labor and delivery is essentially a very unpleasant experience. | AGREE | DISAGREE |
| 19. | I look forward to experiencing the process of childbirth. | AGREE | DISAGREE |
| 20. | Most women I know dread going through childbirth. | AGREE | DISAGREE |
| 21. | Labor and delivery is a necessary evil in order to have a child. | AGREE | DISAGREE |
| 22. | Childbirth is an experience to be endured. | AGREE | DISAGREE |
| 23. | Giving birth can be very pleasant. | AGREE | DISAGREE |
| 24. | The birth experience is an enjoyable time in a woman's life. | AGREE | DISAGREE |
| 25. | Labor is a period of progress and exhilaration. | AGREE | DISAGREE |
| 26. | Being in labor is being in a very helpless condition. | AGREE | DISAGREE |

Is a frightening experience

(Scored direction: frightening)

- | | | | |
|-----|---|-------|----------|
| 27. | Childbirth without fear is an unrealistic idea. | AGREE | DISAGREE |
|-----|---|-------|----------|

- | | | | |
|-----|---|-------|----------|
| 28. | Most women are really frightened at the thought of going through labor and delivery. | AGREE | DISAGREE |
| 29. | Childbirth should not be a frightening experience for a modern woman. | AGREE | DISAGREE |
| 30. | If women knew more about the process of labor and delivery they would not be afraid. | AGREE | DISAGREE |
| 31. | One of the greatest fears a woman has during childbirth is losing control of herself. | AGREE | DISAGREE |
| 32. | Most women want to have control over their labor situation. | AGREE | DISAGREE |
| 33. | Fear of the unknown is the most difficult part of labor and delivery. | AGREE | DISAGREE |
| 34. | Knowing details about labor and delivery creates rather than reduces anxiety in pregnant women. | AGREE | DISAGREE |

Is a painful experience

(Scored direction: painful)

- | | | | |
|-----|---|-------|----------|
| 35. | I wish there was some way to have childbirth without any discomfort at all. | AGREE | DISAGREE |
| 36. | My female family members say that labor is difficult and painful. | AGREE | DISAGREE |
| 37. | The discomfort of labor contractions is short and endurable. | AGREE | DISAGREE |
| 38. | The sensations of normal labor contractions are quite bearable if you work with them. | AGREE | DISAGREE |
| 39. | A lot of pain in childbirth cannot be avoided. | AGREE | DISAGREE |
| 40. | Only a few women can cope with the pain of labor without considerable medication. | AGREE | DISAGREE |
| 41. | When I think about it I worry about the pain of labor. | AGREE | DISAGREE |
| 42. | I think I could handle the discomforts of normal labor without much medication. | AGREE | DISAGREE |

Validator's Response Sheet--Fear of the
Childbirth Process Scale

Task #2: Problem Items I would like to comment on and/or suggest
changes in wording:

Item Number

Questionnaire

Comments/Suggestions

Please turn this sheet over to record Task #3.

Task #3

- A. The items in the scale adequately cover the topic represented by the scale domain. (Circle one only)

1

2

3

4

5

The content is not representative of all possible items relevant to the domain

The content is representative of all possible items relevant to the domain

- B. Suggested additions (new items):

Validator Instructions for Scale (Domain):

Childbearing Health Locus of Control

This domain comes from the work of Rotter who developed the concept of locus of control as one element of his social learning theory. Basically, locus of control means that the individual has a generalized expectancy that events and/or outcomes are either under personal control (termed internal) or environmental control (termed external). Subsequent work by several others resulted in health specific scales to measure locus of control along the continuum from an internal to an external orientation toward health. At this point several researchers determined that externality could be divided into two distinct subsets, (a) belief in powerful others, and (b) belief in fate/chance as the factors influencing events and/or outcomes.

The present scale is a more specific example of health locus of control utilizing the three subsets of internality, powerful others-externality, and fate/chance externality. The scale is scored toward externality, that is, the more circled items that the individual also circles, the greater their belief that childbearing events and/or outcomes are under the influence of powerful others and/or fate/chance. Conversely, a low score based on the individuals circling more of the uncircled items would mean that individual held the belief that childbearing events and/or outcomes are influenced by his/her personal behavior. According to the literature extremes at either end of the locus of control scale are undesirable in terms of healthy functioning. Your task is as follows:

1. Read each item and rank it on the computer code sheet on a

1 to 5 scale (A through E) in relation to how relevant it is to the domain Childbearing Health Locus of Control with its statements relating to what influences events and/or outcomes of childbearing, (a) personal behavior, (b) powerful others, or (c) fate/chance. If the item is relevant circle E; if it irrelevant circle A. Use B, C, and D for shadings in between these two possibilities. Use numbers 51 to 90 on the code sheet to record your judgments.

2. After you have completed the task in number 1, go back over the items and select any you would like to comment on which provided problems for you. List the item number (as it is numbered on the questionnaire) on the attached sheet, then comment, and make any suggested change in wording, etc.

3. Next, consider the total mix of items in the whole scale. Can you think of any items that should be added to more completely cover the topic represented by the scale (domain)? Turn the attached sheet over, answer the questions typed at the top and then make any suggested additions.

4. You are now ready to evaluate the next scale. Please turn to the front sheet of that scale for instructions.

Childbearing Health Locus of Control

Internality Items

- | | | | |
|-----|--|-------|----------|
| 1. | I can do many things to relieve or reduce common discomforts during pregnancy. | AGREE | DISAGREE |
| 2. | A woman can avoid many complications during pregnancy by what she does to take care of herself. | AGREE | DISAGREE |
| 3. | I can protect my unborn baby by carefully questioning my doctor or midwife about possible risks of any herb or medication prescribed during pregnancy. | AGREE | DISAGREE |
| 4. | If I prepare myself to work actively with the labor and delivery process I will have an easier and safer childbirth. | AGREE | DISAGREE |
| 5. | I can reduce painful sensations during labor by what I do whenever they occur. | AGREE | DISAGREE |
| 6. | I can influence my baby's health and wellbeing by not wanting pain medication during normal labor. | AGREE | DISAGREE |
| 7. | I can be a successful parent of a young baby if I learn as much as possible about what to do. | AGREE | DISAGREE |
| 8. | The more information I have about caring for a new baby, the easier my experience will be. | AGREE | DISAGREE |
| 9. | I can protect the health of my young infants by what I do in caring for them. | AGREE | DISAGREE |
| 10. | I can do many things to obtain a healthy outcome for myself (my wife) and baby during childbearing. | AGREE | DISAGREE |
| 11. | The things I do during childbearing can create a positive experience for myself and my partner. | AGREE | DISAGREE |
| 12. | Even though it is hard work, I can get what I want out of my childbearing experiences if I plan carefully. | AGREE | DISAGREE |
| 13. | If I commit myself to active participation during the childbearing period I will have a much better experience. | AGREE | DISAGREE |

14. My personal health practices are the most important means of influencing my health. AGREE DISAGREE

Powerful Others Items

15. A woman's family is an important element in whether or not she is healthy during her pregnancy. AGREE DISAGREE
16. I basically trust the competence of physicians during pregnancy and would follow their advice without question. AGREE DISAGREE
17. The best way to have a good outcome of pregnancy is to go to the most specialized doctor available. AGREE DISAGREE
18. In order to have a good labor and delivery experience I need to go along with the desires of those in charge of care. AGREE DISAGREE
19. Just being in the hospital for childbirth would make me feel safe. AGREE DISAGREE
20. It is best if I just follow whatever my doctor's or midwife's usual practices are in labor and delivery. AGREE DISAGREE
21. Babies would be better off in the first few weeks of life if their care was directed by a knowledgeable older woman who had raised children. AGREE DISAGREE
22. My doctor has the major responsibility for keeping my newborn baby healthy. AGREE DISAGREE
23. I depend on the experts to tell me anything I need to know about caring for my baby. AGREE DISAGREE
24. The woman and her partner are definitely submissive to the doctor's wishes during childbearing. AGREE DISAGREE
25. During the childbearing period I should do what my doctor or midwife tells me to do regardless of how I feel about it. AGREE DISAGREE
26. It is safest to leave the decisions about maternity care to the professionals. AGREE DISAGREE

27. The most important decision I need to make about my health care is to choose the right doctor. AGREE DISAGREE

Fate/Chance Items

28. Pregnancy is a nine month illness and I can't do anything about that. AGREE DISAGREE
29. A woman's pregnancy experience is controlled by chance rather than by what she does. AGREE DISAGREE
30. There isn't much anyone can do about babies health until after they are born. AGREE DISAGREE
31. It doesn't make any real difference in outcome which decisions I make about options and choices in childbirth. AGREE DISAGREE
32. No matter what I do the labor and delivery experience is largely a matter of chance. AGREE DISAGREE
33. The labor and delivery process is predetermined and I can't do anything to influence how it will proceed. AGREE DISAGREE
34. A baby's growth and development is largely due to factors beyond anyone's control. AGREE DISAGREE
35. A baby's behavior during the first few months of life is just a matter of inherited personality. AGREE DISAGREE
36. Being a successful parent is largely a matter of being lucky. AGREE DISAGREE
37. If a woman is fated to have complications with childbearing it will be no matter what anyone does. AGREE DISAGREE
38. There is nothing I can do to reduce discomforts during childbearing because they are bound to happen. AGREE DISAGREE
39. It is just good luck if I have an easy time during childbearing. AGREE DISAGREE
40. My state of health is largely a result of chance. AGREE DISAGREE

Validators Response Sheet--ChildbearingHealth Locus of Control Scale

Task #2: Problem Items I would like to comment on and/or suggest
changes in wording:

Item Number

Questionnaire

Comments/Suggestions

Please turn this sheet over to record Task #3.

Task #3

- A. The items in the scale adequately cover the topic represented by the scale domain. (Circle one only)

1

2

3

4

5

The content is not representative of all possible items relevant to the domain

The content is representative of all possible items relevant to the domain

- B. Suggested additions (new items);

Validator Instructions for Scale (Domain):

Personal Values About Childbearing and

Childrearing

This domain is based on the perceived relationship between pregnancy, childbirth and parenting and one's self development and self-fulfillment as a person as measured by:

1. The desire to be a parent.
2. The personal meaning and value of childbearing and child-rearing.
3. Enjoyment of babies and children.
4. The perceived effect of children on a marriage.
5. The perceived risks and responsibilities of parenting.

The scale is scored in the direction of low value of childbearing and childrearing, e.g., (no desire, not valued, no enjoyment, adverse effects and increased risks). That is, the more circled items the individual also circles, the less personal value they place on childbearing and childrearing based on agreeing with the statements within any one of the five areas of belief and/or perception leading to low value. Conversely, a low score based on that individual circling more of the uncircled items would mean a higher personal value placed on childbearing and childrearing. The five area headings will not appear in the final instrument and it does not matter if there is crossover between them.

Your task is as follows:

1. Read each item and rank it on the computer code sheet on a 1 to 5 scale (A through E) in relation to how relevant it is to the

domain Personal Values About Childbearing and Childrearing with its statements relating to beliefs and perceptions reflecting those values. If the item is relevant circle E; if it is irrelevant circle A. Use B, C, and D for shadings in between these two possibilities. Use numbers 101 to 142 on the code sheet to record your judgments.

2. After you have completed the task in number 1, go back over the items and select any you would like to comment on which provided problems for you. List the item number (as it is numbered on the questionnaire) on the attached sheet, then comment, and make any suggested change in wording, etc.

3. Next, consider the total mix of items in the whole scale. Can you think of any items that should be added to more completely cover the topic represented by the scale (domain)? Turn the attached sheet over, answer the question typed at the top and then make any suggested additions.

4. You are now ready to evaluate the next scale. Please turn to the front sheet of that scale for instructions.

Personal Values About Childbearing and
Childrearing

Desire to be a parent

(Scored direction: no desire)

- | | | |
|--|-------|----------|
| 1. I feel ambivalent about being a parent. | AGREE | DISAGREE |
| 2. I enjoy (would enjoy) being a parent. | AGREE | DISAGREE |
| 3. I really have no desire to be a parent. | AGREE | DISAGREE |
| 4. Being a mother (father) is one of my most important personal goals. | AGREE | DISAGREE |

Personal meaning and value of childbearing and childrearing

(Scored direction: not valued)

- | | | |
|---|-------|----------|
| 5. It is more important to me to have a successful career than to be a parent. | AGREE | DISAGREE |
| 6. The value of being a parent is over-rated. | AGREE | DISAGREE |
| 7. You are more of a man if you have fathered a child and more of a woman if you have mothered a child. | AGREE | DISAGREE |
| 8. There isn't much status in being a housewife and a mother. | AGREE | DISAGREE |
| 9. Being a parent does not help you to become a more mature person. | AGREE | DISAGREE |
| 10. Being a parent makes me (would make me) feel trapped. | AGREE | DISAGREE |
| 11. Having a child gives me (would give me) a sense of continuity and immortality. | AGREE | DISAGREE |
| 12. Having a baby of your own makes you complete as a woman (man). | AGREE | DISAGREE |
| 13. Being a parent is worthwhile because it is part of God's plan. | AGREE | DISAGREE |
| 14. Childbearing and parenting is an opportunity for increased personal growth. | AGREE | DISAGREE |

- | | |
|---|----------------|
| 15. Having a child is important to me because it would make my own parents happy. | AGREE DISAGREE |
| 16. One value to having children is that they will care for you when you are old. | AGREE DISAGREE |

Enjoyment of babies and children

(Scored direction: no enjoyment)

- | | |
|--|----------------|
| 17. I have warm feelings when I see a new baby. | AGREE DISAGREE |
| 18. There is a lot of satisfaction in seeing a baby grow and develop with your help. | AGREE DISAGREE |
| 19. I've looked forward to having my own baby ever since I was a small child. | AGREE DISAGREE |
| 20. I like to cuddle little babies. | AGREE DISAGREE |
| 21. I prefer to be with friends who don't have children. | AGREE DISAGREE |
| 22. I feel a sense of uneasiness about routine care-taking of an infant. | AGREE DISAGREE |
| 23. I really don't enjoy being around children. | AGREE DISAGREE |
| 24. I don't think young infants are very interesting or have much personality. | AGREE DISAGREE |
| 25. Taking care of babies' messes is disagreeable. | AGREE DISAGREE |

Perceived effect of children on a marriage

(Scored direction: adverse effect)

- | | |
|--|----------------|
| 26. I don't like the way a baby can tie a couple down. | AGREE DISAGREE |
| 27. Childbearing can put a lot of stress on a marriage. | AGREE DISAGREE |
| 28. Children would interfere with my relationship with my spouse. | AGREE DISAGREE |
| 29. The childbearing, childrearing experience enhances a couples relationship. | AGREE DISAGREE |

- | | | |
|---|-------|----------|
| 30. As a parent, my spouse would not be as attractive to me. | AGREE | DISAGREE |
| 31. A baby in the family makes it a better functioning unit. | AGREE | DISAGREE |
| 32. Husband and wife relationships become more tender because of pregnancy. | AGREE | DISAGREE |
| 33. Having a baby strengthens a marriage. | AGREE | DISAGREE |
| 34. Having a baby can break a weak marriage. | AGREE | DISAGREE |

Perceived risks and responsibilities of parenting

(Scored direction: increased risks)

- | | | |
|--|-------|----------|
| 35. I would enjoy coping with the challenges and experiences of being a parent. | AGREE | DISAGREE |
| 36. Raising children to be responsible adults is worth all the effort. | AGREE | DISAGREE |
| 37. I am willing to accept the 20 or more years of responsibility that childrearing entails. | AGREE | DISAGREE |
| 38. I am willing to work at becoming a more effective parent. | AGREE | DISAGREE |
| 39. I don't want my life disturbed by the confusion, mess and noise of raising children. | AGREE | DISAGREE |
| 40. Children are not worth the wear and tear on you physically and emotionally. | AGREE | DISAGREE |
| 41. I don't want the exhaustion and worry of caring for a young baby. | AGREE | DISAGREE |
| 42. There is too much of an emotional risk in raising children and not knowing how they will turn out. | | |

Validator's Response Sheet--PersonalValues About Childbearing andChildrearing Scale

Task #2: Problem Items I would like to comment on and/or suggest
changes in wording:

Item Number

(Questionnaire)

Comments/Suggestions

Please turn this sheet over to record Task #3.

Task #3

- A. The items in the scale adequately cover the topic represented by the scale domain. (Circle one only)

1

2

3

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5

The content is
not representative
of all possible
items relevant
to the domain

The content is
representative
of all possible
items relevant
to the domain

- B. Suggested additions (new items):

Validator Instructions for Scale (Domain):

Father's Role and Response in

Childbearing

This domain is based on the way in which men and women perceive the role and responses of the father in relation to childbearing and childrearing as measured by the:

1. Desirability of father involvement, support, agreement/congruence, and acceptance/love.
2. Need for/importance of father involvement, support, agreement/congruence, and acceptance/love.
3. Perceived ability of the father to be involved, give support, be in agreement/congruence, and feel acceptance/love.
4. Perceived ability of the mother to function successfully in the physical absence of the father and/or in the absence of his involvement, support, agreement/congruence and acceptance/love.

The scale is scored in the direction of minimal role and value of involvement, support, agreement/congruence, and acceptance/love and negative/stressful response of the father to the childbearing-childrearing experience. That is, the more circled items the individual also circles, the less role and value, and the greater negative/stressful response is perceived based on agreeing with the statements of belief and/or perception leading to minimal role and adverse response. Conversely, a low score based on that individual circling more of the uncircled items would mean a more vital role and positive response is perceived for the father.

Your task is as follows:

1. Read each item and rank it on the computer code sheet on a 1 to 5 scale (A through E) in relation to how relevant it is to the domain Father's Role and Responses in Childbearing and Childrearing with statements relating to beliefs and perceptions reflecting the role and responses. If the item is relevant, circle E; if it is irrelevant circle A. Use B, C, and D for shadings in between these two possibilities. Use numbers 151 to 190 on the code sheet to record your judgments.

2. After you have completed the task in number 1, go back over the items and select any you would like to comment on which provided problems for you. List the item number (as it is numbered on the questionnaire) on the attached sheet, then comment, and make any suggested change in wording, etc.

3. Next, consider the total mix of items in the whole scale. Can you think of any items that should be added to more completely cover the topic represented by the scale (domain)? Turn the attached sheet over, answer the question typed at the top and then make any suggested additions.

4. You are now ready to evaluate the next scale. Please turn to the front sheet of that scale for instructions.

Father's Role and Response

Desirability, need for/importance, ability to father to be involved, supportive, be in agreement/congruence, give acceptance/love; ability of mother to function successfully in absence of above or father's physical absence

(Scored direction: unable, undesirable, not important)

- | | | |
|---|-------|----------|
| 1. A woman doesn't want her husband to remind her about her health habits and practices during pregnancy. | AGREE | DISAGREE |
| 2. A woman wants her husband to be as involved in the childbearing experience as she is. | AGREE | DISAGREE |
| 3. A woman can cope well with her pregnancy despite a lack of support from her husband. | AGREE | DISAGREE |
| 4. A woman prefers the support of her mother during childbearing to that of her husband. | AGREE | DISAGREE |
| 5. A woman wants her husband to agree with her labor and delivery plans. | AGREE | DISAGREE |
| 6. A woman hopes her husband's reaction to her pregnancy will be similar to hers. | AGREE | DISAGREE |
| 7. A positive marital relationship leads to calmer reactions in a woman's adjustments during pregnancy. | AGREE | DISAGREE |
| 8. Women do not want to be held close and cuddled by their husbands during their pregnancy. | AGREE | DISAGREE |
| 9. The expectant fathers involvement is not an essential factor in a positive childbirth experience for the woman. | AGREE | DISAGREE |
| 10. Sharing the birth experience with her husband enables a woman to receive comfort and encouragement from his presence. | AGREE | DISAGREE |
| 11. The best emotional support is from a woman's husband, even if his only activity during labor is to hold her hand. | AGREE | DISAGREE |

12. Support from her husband is not an essential factor in a woman's ability to successfully control painful sensations during labor. AGREE DISAGREE
13. It is not important that a couple agree about what should be done during the childbearing experience. AGREE DISAGREE
14. If a wife wants her husband to be with her during delivery he should be with her. AGREE DISAGREE
15. Feeling cared for and loved is not important to a woman's physical wellbeing during pregnancy. AGREE DISAGREE
16. It is important to a pregnant woman to be reassured of her husband's love and acceptance despite her changing body shape. AGREE DISAGREE
17. Expectant fathers have the ability to become involved in the childbearing process if they are just willing to be. AGREE DISAGREE
18. Men just aren't able to get involved in every little detail of a woman's pregnancy. AGREE DISAGREE
19. The expectant father is a very able source of support during labor. AGREE DISAGREE
20. Pregnancy is a crisis period for the man and this can affect his ability to give support to his expectant wife. AGREE DISAGREE
21. An expectant father is not always able to assume the role his wife wants him to take during childbirth. AGREE DISAGREE
22. If she wants him to, a father can generally take time off from his job to help his wife when she has a new baby. AGREE DISAGREE
23. A new father is not as able as a new mother to accept and love his newborn baby. AGREE DISAGREE
24. The least important factor in being a successful father is the love and understanding of his wife. AGREE DISAGREE
25. The absence of the unexpectant father will not affect the successful functioning of a woman during her labor. AGREE DISAGREE

- | | | | |
|-----|--|-------|----------|
| 26. | A woman needs the sustaining presence of her husband in order to function successfully during labor. | AGREE | DISAGREE |
| 27. | A husband's support has a lot to do with whether his wife does well during her labor and delivery. | AGREE | DISAGREE |
| 28. | A woman could not go through labor as successfully without her husband's support. | AGREE | DISAGREE |
| 29. | The active involvement of the expectant father will make it easier for a woman to carry out controlled breathing as she works with her labor contractions. | AGREE | DISAGREE |
| 30. | As long as a man is physically present during labor and delivery, it doesn't matter whether or not he is actively involved in helping his wife. | AGREE | DISAGREE |
| 31. | If she is committed to a particular approach to labor, a woman will be successful whether or not her husband agrees with it. | AGREE | DISAGREE |
| 32. | Feeling loved and accepted is not a critical factor in a woman's ability to work successfully with her labor and delivery. | AGREE | DISAGREE |
| 33. | It is the father's right to attend the birth of his child. | AGREE | DISAGREE |
| 34. | A woman needs her husband's support and protection during pregnancy because she is more vulnerable physically and emotionally. | AGREE | DISAGREE |
| 35. | The expectant father is not an important person during the childbearing period. | AGREE | DISAGREE |
| 36. | Pregnancy is not physically stressful for an expectant father. | AGREE | DISAGREE |
| 37. | Expectant fathers have a lot of fears and concerns during childbearing. | AGREE | DISAGREE |
| 38. | Expectant fathers have increased nurturing emotions and dependency needs during pregnancy. | AGREE | DISAGREE |
| 39. | An expectant father is a valuable member of the health team and is capable of functioning well under the stress of labor. | AGREE | DISAGREE |

40. Fathers do not have more positive, loving feelings toward their newborns when they are present at the delivery than when they are not present.

AGREE DISAGREE

Validator's Response Sheet--Father's Role
and Responses in Childbearing and
Childrearing Scale

Task #2. Problem Items I would like to comment on and/or suggest changes in wording:

Item Number

(Questionnaire)

Comments/Suggestions

Please turn this sheet over to record Task #3.

Task #3:

- A. The items in the scale adequately cover the topic represented by the scale domain. (Circle one only)

1

2

3

4

5

The content is
not representative
of all possible
items relevant
to the domain

The content is
representative
of all possible
items relevant
to the domain

- B. Suggested additions (new items):

Validator Instructions for Scale (Domain):

Social Compliance and Active vs. Passive

Involvement in Childbearing

There were a number of items which did not fit conceptually into any of the four domains previously described. However, they appeared in the literature and also seemed appropriate from the researcher's clinical experience. Perusal of the items indicated that they appeared to fall into a domain which could be tentatively titled social compliance and active vs. passive involvement.

The scale is scored in the direction of compliance and passive involvement. That is, the more circled items the individual also circles, the more their beliefs and perceptions reflect compliance and passive involvement in relation to childbearing and child-rearing. Conversely, a low score based on that individual's circling more of the uncircled items would mean beliefs and perceptions reflecting non-compliance and active involvement.

Your task is as follows:

1. Read each item and rank it on the computer code sheet on a 1 to 5 scale (A through E) in relation to how relevant it is to the domain Social Compliance and Active vs. Passive Involvement in Childbearing and Childrearing with statements relating to beliefs and perceptions reflecting compliance and involvement. If the item is relevant circle E; if it is irrelevant circle A. Use B, C, and D for shadings in between these two possibilities. Use numbers 201 to 235 on the code sheet to record your judgments.

2. After you have completed the task in number 1, go back over the items and select any you would like to comment on which provided problems for you. List the item number (as it is numbered on the questionnaire) on the attached sheet, then comment, make any suggested change in wording, etc.

3. Next, consider the total mix of items in the whole scale. Can you think of any items that should be added to more completely cover the topic represented by the scale (domain)? Turn the attached sheet over, answer the question typed at the top and then make any suggested additions.

4. You are now ready to evaluate the next scale. Please turn to the front sheet of that scale for instructions.

Social Compliance and Active vs. Passive

Involvement

(Scored direction: compliance and passive involvement)

Active involvement and non-compliance

- | | | |
|--|-------|----------|
| 1. A father should be intimately involved in the childbearing/childrearing process. | AGREE | DISAGREE |
| 2. A woman can look particularly attractive when she is pregnant. | AGREE | DISAGREE |
| 3. Pregnancy should not interfere with a couples sexual relations. | AGREE | DISAGREE |
| 4. Women who are pregnant tend to have a beautiful serene look about them. | AGREE | DISAGREE |
| 5. I feel confident in being able to protect my own interests during childbearing. | AGREE | DISAGREE |
| 6. I would prefer to manage my own health care and use professional help only to assist me when needed. | AGREE | DISAGREE |
| 7. It is important to me to participate actively in the process of childbirth. | AGREE | DISAGREE |
| 8. It is desirable to have some sense of control over the childbirth situation. | AGREE | DISAGREE |
| 9. In childbirth there are different approaches to care that are more a matter of preference than necessity. | AGREE | DISAGREE |
| 10. I am (my wife is) as capable as any other woman of birthing a child with minimal medical intervention. | AGREE | DISAGREE |
| 11. There are a number of safe but different approaches to managing labor that a woman can choose to use. | AGREE | DISAGREE |
| 12. It is important to question your doctor/midwife until you understand their advice and then decide whether or not to follow it. | AGREE | DISAGREE |
| 13. I want to select my own options and choices about how labor and delivery are managed. | AGREE | DISAGREE |

- | | |
|---|----------------|
| 14. It is important to make sure that your doctor/ midwife will really let you have the agreed upon options you have discussed for labor and delivery. | AGREE DISAGREE |
| 15. Choosing a licensed health care provider should be primarily based on mutual agreement concern- ing approaches to childbirth care. | AGREE DISAGREE |
| 16. I would prefer not to be dependent on anyone during labor. | AGREE DISAGREE |
| 17. Old fashioned remedies are still better than the things doctors prescribe. | AGREE DISAGREE |
| 18. I would prefer to be actively involved in my (my wife's) pregnancy care. | AGREE DISAGREE |

Passive involvement and social compliance

- | | |
|--|----------------|
| 19. A father is really not important to an infant or a very young child. | AGREE DISAGREE |
| 20. Teaching women about their bodies and self care is not very likely to improve their health during pregnancy. | AGREE DISAGREE |
| 21. The processes of pregnancy and childbirth are too complicated for me to understand. | AGREE DISAGREE |
| 22. In my opinion, a woman's health habits are not that vital in having a healthy baby. | AGREE DISAGREE |
| 23. I feel somewhat helpless to modify my (my wife's) physical health during pregnancy. | AGREE DISAGREE |
| 24. Teaching people how to give some of their own care during pregnancy may cause more harm than good. | AGREE DISAGREE |
| 25. Traditional approaches to managing labor are safest. | AGREE DISAGREE |
| 26. Taking vitamin and mineral supplements will solve the problem of poor eating habits. | AGREE DISAGREE |
| 27. Women need a lot of medical help for a diffi- cult experience like childbirth. | AGREE DISAGREE |

- | | | | |
|-----|--|-------|----------|
| 28. | I try to do exactly what the doctor/midwife tells me to do, without question. | AGREE | DISAGREE |
| 29. | Since it is the doctor's/midwife's responsibility to manage the birth, it is not necessary for me to know much about it. | AGREE | DISAGREE |
| 30. | A woman in labor doesn't have much choice except to follow the usual hospital routines. | AGREE | DISAGREE |
| 31. | I see myself as more of a follower than as an independent person. | AGREE | DISAGREE |
| 32. | I trust my doctor/midwife to only give me safe medications/herbs during my pregnancy. | AGREE | DISAGREE |
| 33. | For the safest outcome when you are in labor, you should do exactly what the hospital personnel tell you to do. | AGREE | DISAGREE |
| 34. | A woman's doctor/midwife has the major responsibility for keeping a woman healthy during her pregnancy. | AGREE | DISAGREE |
| 35. | Once you go through childbirth you are different for the rest of your life. | AGREE | DISAGREE |

Validator Response Sheet--Social Compliance
and Active vs. Passive Involvement in
Childbearing and Childrearing
Scale

Task #2. Problem Item I would like to comment on and/or suggest
changes in wording:

Item Number

(Questionnaire)

Comments/Suggestions

Please turn this sheet over to record Task #3.

Task #3.

- A. The items in the scale adequate cover the topic presented by the scale domain. (Circle one only)

1

2

3

4

5

The content is
not representative
of all possible
items relevant to
the domain

The content is
representative
of all possible
items relevant
to the domain

- B. Suggested additions (new items):

APPENDIX D
PRETEST MATERIALS

Consent Form

Information:

Joyce Cameron RN, at the University of Utah is conducting a research study about men and women's beliefs and perceptions toward childbearing. In the study, a questionnaire will be given to approximately 400 men and women in the Wasatch Front area. The results will be analyzed to reduce the number of items by half. A short form of the questionnaire will then be given to approximately 250 expectant couples throughout Utah. Eventually, the development of the refined questionnaire will be used to help couples prior to pregnancy and/or during early pregnancy to identify their needs and interests relative to health education and childbearing.

You are being asked to help us by pretesting the initial questionnaire before it is taken by 400 subjects. This questionnaire will take less than 30 minutes maximum of your time. Your responses are strictly confidential and you will not be identified in any way. You will note that the answer sheets are coded and will be kept separate from this consent form. There are no risks. The benefits involve assisting us to develop a valid, reliable questionnaire that will help health professionals assist expectant couples to identify their health education needs and interests during childbearing.

Consent:

I have read the information above and desire to participate in this study. I give permission for use of my answers in the development of this questionnaire. I understand that I will not be identified in any way and that I am free to withdraw my consent and to discontinue completion of this questionnaire at any time.

Date

Signature

INSTRUCTION SHEET--PRETEST

A. Answer the Items on the Questionnaire

1. Read each item and decide whether you agree or disagree with it.
2. Record your answer on the computer code sheet provided.
 - a. If you agree, fill in the circle marked A T .
 - b. If you disagree, fill in the circle marked B F .
3. Answer the general data questions at the back of the questionnaire.

B. Evaluate the Questionnaire

After you have answered the questions, please give me your impressions of the questionnaire as follows:

1. How difficult was it for you to understand the questions as they are worded? (Circle one)

| | | | | | | |
|----------------------------|---|---|-------------------------|---|---|------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Not difficult at all | | | Moderately difficult | | | Extremely difficult |

2. Please list the numbers of the questions, if any, that you believe need to be rewritten in order to be more understandable.
3. Please make any comments or suggestions which you feel would help in improving this instrument before it is given to 400 men and women:

Beliefs and Perceptions About
Childbearing and Childrearing

| | A | B |
|---|-------|----------|
| | (T) | (F) |
| 1. Childbirth should not be a frightening experience for a modern woman. | AGREE | DISAGREE |
| 2. I can do many things to relieve or reduce common discomforts during pregnancy. | AGREE | DISAGREE |
| 3. A woman can avoid many complications during pregnancy by what she does to take care of herself. | AGREE | DISAGREE |
| 4. I have mixed feelings about being a parent. | AGREE | DISAGREE |
| 5. A woman doesn't want her husband to remind her about her health habits and practices during pregnancy. | AGREE | DISAGREE |
| 6. A woman wants her husband to be as involved in the childbearing experience as she is. | AGREE | DISAGREE |
| 7. A father should be intimately involved in the childbearing/childrearing process. | AGREE | DISAGREE |
| 8. The labor and delivery process is a life-threatening event for the baby. | AGREE | DISAGREE |
| 9. I can protect my unborn baby by carefully questioning my doctor or midwife about possible risks of any herb or medication prescribed during pregnancy. | AGREE | DISAGREE |
| 10. I enjoy (would enjoy) being a parent. | AGREE | DISAGREE |
| 11. A woman can cope well with her pregnancy despite a lack of emotional support from her husband. | AGREE | DISAGREE |
| 12. A woman can look particularly attractive when she is pregnant. | AGREE | DISAGREE |
| 13. Pregnancy should not interfere with a couples sexual relations. | AGREE | DISAGREE |

| | A | B |
|--|-------|----------|
| | (T) | (F) |
| 14. To go through labor and delivery safely, a woman needs the best obstetrician specialist care available. | AGREE | DISAGREE |
| 15. I can protect the health of my young infants by what I do in caring for them. | AGREE | DISAGREE |
| 16. If I can prepare myself to work actively with the labor and delivery process I will have an easier and safer childbirth. | AGREE | DISAGREE |
| 17. I really have no desire to be a parent. | AGREE | DISAGREE |
| 18. A woman prefers the support of her mother during childbearing to that of her husband. | AGREE | DISAGREE |
| 19. Women who are pregnant can have a beautiful, serene look about them. | AGREE | DISAGREE |
| 20. I feel confident in being able to protect my own interests during childbearing. | AGREE | DISAGREE |
| 21. Any competent maternity health care provider can help a woman go through labor and delivery safely. | AGREE | DISAGREE |
| 22. Few babies die during childbirth in our modern society. | AGREE | DISAGREE |
| 23. I can reduce painful sensations during labor by what I do whenever they occur. | AGREE | DISAGREE |
| 24. I can positively influence my baby's health and wellbeing by not wanting pain medication during normal labor. | AGREE | DISAGREE |
| 25. I can be a successful parent of a young baby if I learn as much as possible about what to do. | AGREE | DISAGREE |
| 26. Being a mother (father) is one of my most important personal goals. | AGREE | DISAGREE |
| 27. Having a baby of your own makes you complete as a woman (man). | AGREE | DISAGREE |

| | A | B |
|---|-------|----------|
| | (T) | (F) |
| 28. A woman wants her husband to participate in developing plans for her labor and delivery. | AGREE | DISAGREE |
| 29. I would prefer to manage my own health care and use professional help only to assist me when needed. | AGREE | DISAGREE |
| 30. A woman hopes her husband's reaction to her pregnancy will be similar to hers. | AGREE | DISAGREE |
| 31. A positive marital relationship leads to a calmer reaction in a woman's adjustments during pregnancy. | AGREE | DISAGREE |
| 32. Being a parent makes me (would make me) feel trapped. | AGREE | DISAGREE |
| 33. The more information I have about caring for a new baby, the easier my experience will be. | AGREE | DISAGREE |
| 34. I can do many things to obtain a healthy outcome for myself (my wife) and baby during childbearing. | AGREE | DISAGREE |
| 35. Childbirth is a safe experience for the mother. | AGREE | DISAGREE |
| 36. The human body is designed to give birth without complications for the mother and baby. | AGREE | DISAGREE |
| 37. It is more important to me to have a successful career than to be a parent. | AGREE | DISAGREE |
| 38. The things I do during childbearing can create a positive experience for myself and my partner. | AGREE | DISAGREE |
| 39. Women do not want to be held close and cuddled by their husbands during their pregnancy. | AGREE | DISAGREE |
| 40. The expectant fathers involvement is not an essential factor in a positive childbirth experience for the woman. | AGREE | DISAGREE |
| 41. The value of being a parent is over-rated. | AGREE | DISAGREE |

| | A | B |
|--|-------|----------|
| | (T) | (F) |
| 42. You are more of a man if you have fathered a child and more of a woman if you have mothered a child. | AGREE | DISAGREE |
| 43. Sharing the birth experience with her husband enables a woman to receive comfort and encouragement from his presence. | AGREE | DISAGREE |
| 44. It is important to me to participate actively in the process of childbirth. | AGREE | DISAGREE |
| 45. It is desirable to have some sense of control over the childbirth situation. | AGREE | DISAGREE |
| 46. There isn't much social status in being a mother. | AGREE | DISAGREE |
| 47. Even though it is hard work, I can get what I want out of my childbearing experiences if I plan carefully. | AGREE | DISAGREE |
| 48. Babies would be better off in the first few weeks of life if their care was directed by a knowledgeable older woman who had raised children. | AGREE | DISAGREE |
| 49. I don't think young infants have much personality. | AGREE | DISAGREE |
| 50. The best emotional support is from a woman's husband, even if his only activity during labor is to hold her hand. | AGREE | DISAGREE |
| 51. It is not important that a couple agree about what should be done during the childbearing experience. | AGREE | DISAGREE |
| 52. In childbirth there are different approaches to care that are more a matter of preference than necessity. | AGREE | DISAGREE |
| 53. Without a medical or obstetrical illness, I am (my wife is) as capable as any other woman of birthing a child with minimal medical intervention. | AGREE | DISAGREE |

| | A | B |
|--|-------|----------|
| | (T) | (F) |
| 54. If I commit myself to active participation during the childbearing period, I will have a much better experience. | AGREE | DISAGREE |
| 55. My doctor has the major responsibility for keeping my newborn baby healthy. | AGREE | DISAGREE |
| 56. Childbirth is a normal physical process rather than a medical condition. | AGREE | DISAGREE |
| 57. Being a parent does not help you to become a more mature person. | AGREE | DISAGREE |
| 58. Having a child gives me (would give me) a sense of living on after I am dead. | AGREE | DISAGREE |
| 59. I like to cuddle little babies. | AGREE | DISAGREE |
| 60. If a wife wants her husband to be with her during delivery he should be with her. | AGREE | DISAGREE |
| 61. An expectant father is not always able to assume the role his wife wants him to take during childbirth. | AGREE | DISAGREE |
| 62. The labor and delivery process is the most extreme physical stress a woman usually has in her life. | AGREE | DISAGREE |
| 63. There is a moderate chance of something going wrong during childbirth. | AGREE | DISAGREE |
| 64. My personal health practices are my most important means of influencing my health. | AGREE | DISAGREE |
| 65. Just being in the hospital for childbirth would make me feel safe. | AGREE | DISAGREE |
| 66. I really don't enjoy being around children. | AGREE | DISAGREE |
| 67. There is a lot of satisfaction in seeing a baby grow and develop with your help. | AGREE | DISAGREE |
| 68. I've looked forward to having my own baby ever since I was a small child. | AGREE | DISAGREE |

| | A | B |
|---|-------|----------|
| | (T) | (F) |
| 69. Medical treatment is usually necessary to prevent damage to the mother or baby during birth. | AGREE | DISAGREE |
| 70. Giving birth can be very pleasant. | AGREE | DISAGREE |
| 71. Labor is an exciting experience. | AGREE | DISAGREE |
| 72. A woman's family is an important influence in whether or not she carries out good health practices during her pregnancy. | AGREE | DISAGREE |
| 73. It is best if I just follow whatever my doctor's or midwife's usual practices are in labor and delivery. | AGREE | DISAGREE |
| 74. Being a parent is worthwhile because it is part of God's plan. | AGREE | DISAGREE |
| 75. Support from her husband is not an essential factor in a woman's ability to successfully control painful sensations during labor. | AGREE | DISAGREE |
| 76. Pregnancy is often a difficult period for the man and this can affect his ability to give support to his expectant wife. | AGREE | DISAGREE |
| 77. It is the father's right to attend the birth of his child. | AGREE | DISAGREE |
| 78. There are a number of safe but different approaches to managing labor that a woman can choose to use. | AGREE | DISAGREE |
| 79. A father is really not important to an infant or a very young child. | AGREE | DISAGREE |
| 80. It is unusual for damage to the mother or baby to occur during normal childbirth. | AGREE | DISAGREE |
| 81. Most women I know dread doing through childbirth. | AGREE | DISAGREE |
| 82. I basically trust the competence of physicians during pregnancy and would follow their advice without question. | AGREE | DISAGREE |

| | A | B |
|--|-------|----------|
| | (T) | (F) |
| 83. I prefer to be with friends who don't have children. | AGREE | DISAGREE |
| 84. I feel a sense of distaste about routine care-taking of an infant. | AGREE | DISAGREE |
| 85. Feeling cared for and loved does not affect a woman's physical wellbeing during pregnancy. | AGREE | DISAGREE |
| 86. The expectant father is a very able source of support during labor. | AGREE | DISAGREE |
| 87. It is important to question your doctor/midwife until you understand their advice and concern and then decide whether or not to follow it. | AGREE | DISAGREE |
| 88. Teaching women about their bodies and self care is not very likely to improve their health during pregnancy. | AGREE | DISAGREE |
| 89. I would prefer to be actively involved in my (my wife's) pregnancy care. | AGREE | DISAGREE |
| 90. Old fashioned remedies are still better than the things doctors prescribe. | AGREE | DISAGREE |
| 91. There are often breakdowns in the body's ability to birth a child. | AGREE | DISAGREE |
| 92. Childbirth is an experience to be endured. | AGREE | DISAGREE |
| 93. The best way to have a good outcome of pregnancy is to go to the most specialized doctor available. | AGREE | DISAGREE |
| 94. I have warm feelings when I see a new baby. | AGREE | DISAGREE |
| 95. Childbearing and parenting is an opportunity for increased personal growth. | AGREE | DISAGREE |
| 96. Labor and delivery is essentially a very unpleasant experience. | AGREE | DISAGREE |
| 97. In order to have a good labor and delivery experience I need to go along with the desires of those in charge of care. | AGREE | DISAGREE |

| | A | B |
|---|-------|----------|
| | (T) | (F) |
| 98. Pregnancy is a nine month illness and I can't do anything about that. | AGREE | DISAGREE |
| 99. Having a child is important to me because it would make my own parents happy. | AGREE | DISAGREE |
| 100. It is important to a pregnant woman to be reassured of her husband's love and acceptance despite her changing body shape. | AGREE | DISAGREE |
| 101. Expectant father's have the ability to become involved in the childbearing process if they are just willing to be. | AGREE | DISAGREE |
| 102. I would prefer not to be dependent on anyone during labor. | AGREE | DISAGREE |
| 103. The processes of pregnancy and childbirth are too complicated for me to understand. | AGREE | DISAGREE |
| 104. Choosing a licensed health care provider should be primarily based on mutual agreement concerning approaches to childbirth care. | AGREE | DISAGREE |
| 105. Men just aren't able to get involved in every detail of a woman's pregnancy. | AGREE | DISAGREE |
| 106. One value to having children is that they will care for you when you are old. | AGREE | DISAGREE |
| 107. The most important decision I need to make about my health care is to choose the right doctor. | AGREE | DISAGREE |
| 108. Taking care of babies' messes is disagreeable enough to make me not want to be a parent. | AGREE | DISAGREE |
| 109. The baby is likely to suffer some physical damage during the process of childbirth. | AGREE | DISAGREE |
| 110. Labor and delivery is a necessary evil in order to have a child. | AGREE | DISAGREE |
| 111. I don't like the way a baby can tie a couple down. | AGREE | DISAGREE |

| | A | B |
|---|-------|----------|
| | Ⓓ | Ⓕ |
| 112. I would enjoy coping with the challenges and experiences of being a parent. | AGREE | DISAGREE |
| 113. If she wants him to, a father can generally take time off from his job to help his wife when she has a new baby. | AGREE | DISAGREE |
| 114. Feeling loved and accepted is not a critical factor in a woman's ability to work successfully with her labor and delivery. | AGREE | DISAGREE |
| 115. I want to select my own options and choices about how labor and delivery are managed. | AGREE | DISAGREE |
| 116. It is important to make sure that your doctor/midwife will really let you have agreed upon options for labor and delivery. | AGREE | DISAGREE |
| 117. Labor for many women can be an alarming experience. | AGREE | DISAGREE |
| 118. The birth experience can be an enjoyable time in a woman's life. | AGREE | DISAGREE |
| 119. In my opinion, a woman's health habits are not that vital in having a healthy baby. | AGREE | DISAGREE |
| 120. Once you go through childbirth you are different for the rest of your life. | AGREE | DISAGREE |
| 121. A new father is not as able as a new mother to accept and love his newborn baby. | AGREE | DISAGREE |
| 122. If she is committed to a particular approach to labor, a woman will be successful whether or not her husband agrees with it. | AGREE | DISAGREE |
| 123. Childbearing can put a lot of stress on a marriage. | AGREE | DISAGREE |
| 124. Raising children to be responsible adults is worth all the effort. | AGREE | DISAGREE |
| 125. I depend on the experts to tell me most of what I need to know about caring for my baby. | AGREE | DISAGREE |

| | A | B |
|---|-------|----------|
| | (T) | (F) |
| 126. A baby's growth and development is largely due to factors beyond anyone's control. | AGREE | DISAGREE |
| 127. It is safest to leave the decisions about maternity care to the professionals. | AGREE | DISAGREE |
| 128. A woman's body is weakened by each successive pregnancy. | AGREE | DISAGREE |
| 129. I look forward to experiencing the process of childbirth. | AGREE | DISAGREE |
| 130. The woman and her partner are mostly submissive to the doctor's wishes during childbearing. | AGREE | DISAGREE |
| 131. Children would interfere with my relationship with my spouse. | AGREE | DISAGREE |
| 132. I am willing to work at becoming a more effective parent. | AGREE | DISAGREE |
| 133. The least important factor in being a successful father is the love and understanding of his wife. | AGREE | DISAGREE |
| 134. Childbirth without fear is an unrealistic idea. | AGREE | DISAGREE |
| 135. Knowing details about labor and delivery creates rather than reduces anxiety in pregnant women. | AGREE | DISAGREE |
| 136. It is unusual for the mother to suffer physical damage during the process of childbirth. | AGREE | DISAGREE |
| 137. During the childbearing period I should do what my doctor or midwife tells me to do regardless of how I feel about it. | AGREE | DISAGREE |
| 138. No matter what I do, the labor and delivery experience is largely a matter of chance. | AGREE | DISAGREE |
| 139. Having a baby can break a weak marriage. | AGREE | DISAGREE |
| 140. There is too much of an emotional risk in raising children and not knowing how they will turn out. | AGREE | DISAGREE |

| | A | B |
|--|-------|----------|
| | (T) | (F) |
| 141. The absence of the expectant father will not affect the successful functioning of a woman during her labor. | AGREE | DISAGREE |
| 142. Pregnancy is not physically stressful for an expectant father. | AGREE | DISAGREE |
| 143. A woman in labor doesn't have much choice except to follow the usual hospital routines. | AGREE | DISAGREE |
| 144. A woman's doctor/midwife has the major responsibility for keeping a woman healthy during her pregnancy. | AGREE | DISAGREE |
| 145. Fear of the unknown is the most difficult part of labor and delivery. | AGREE | DISAGREE |
| 146. I wish there was some way to have childbirth without any discomfort at all. | AGREE | DISAGREE |
| 147. A woman's pregnancy experience is controlled by chance rather than by what she does. | AGREE | DISAGREE |
| 148. Being a successful parent is largely a matter of being lucky. | AGREE | DISAGREE |
| 149. The childbearing, childrearing experience enhances a couples relationship. | AGREE | DISAGREE |
| 150. A woman needs the sustaining presence of her husband in order to function successfully during labor. | AGREE | DISAGREE |
| 151. Having a baby strengthens a marriage. | AGREE | DISAGREE |
| 152. A husband's support has a lot to do with whether his wife does well during her labor and delivery. | AGREE | DISAGREE |
| 153. I feel somewhat helpless to modify my (my wife's) physical health during pregnancy. | AGREE | DISAGREE |
| 154. I see myself more as a follower than as an independent person. | AGREE | DISAGREE |
| 155. Most women are really frightened at the thought of going through labor and delivery. | AGREE | DISAGREE |

| | A | B |
|---|-------|----------|
| | (T) | (F) |
| 156. There isn't much anyone can do about babies health until after they are born. | AGREE | DISAGREE |
| 157. As a parent, my spouse would not be as attractive to me. | AGREE | DISAGREE |
| 158. A baby in the family makes it a better functioning unit. | AGREE | DISAGREE |
| 159. A woman could not go through labor as successfully without her husband's support. | AGREE | DISAGREE |
| 160. Teaching people how to give some of their own care during pregnancy may cause more harm than good. | AGREE | DISAGREE |
| 161. I trust my doctor/midwife to only give me safe medications/herbs during my pregnancy. | AGREE | DISAGREE |
| 162. If women knew more about the process of labor and delivery they would not be afraid. | AGREE | DISAGREE |
| 163. It doesn't make any real difference in outcome which decisions I make about options and choices in childbirth. | AGREE | DISAGREE |
| 164. Husband and wife relationships become closer because of pregnancy. | AGREE | DISAGREE |
| 165. I don't want the exhaustion and worry of caring for a young baby. | AGREE | DISAGREE |
| 166. The active involvement of the expectant father will make it easier for a woman to carry out controlled breathing as she works with her labor contractions. | AGREE | DISAGREE |
| 167. One of the greatest fears a woman has during childbirth is losing control of herself. | AGREE | DISAGREE |
| 168. It is just good luck if I have an easy time during childbearing. | AGREE | DISAGREE |
| 169. I am willing to accept the 20 or more years of responsibility that is involved in childrearing. | AGREE | DISAGREE |

| | A | B |
|--|-------|----------|
| | (T) | (F) |
| 170. As long as a man is physically present during labor and delivery, it doesn't matter whether or not he is actively involved in helping his wife. | AGREE | DISAGREE |
| 171. Traditional approaches to managing labor are safest. | AGREE | DISAGREE |
| 172. Taking vitamin and mineral supplements will solve the problem of poor eating habits. | AGREE | DISAGREE |
| 173. Most women want to have some control over what is done during their labor. | AGREE | DISAGREE |
| 174. I don't want my life disturbed by the confusion, mess and noise of raising children. | AGREE | DISAGREE |
| 175. A woman needs her husband's support and protection during pregnancy because she is more vulnerable physically and emotionally. | AGREE | DISAGREE |
| 176. The labor and delivery process is predetermined and I can't do anything to influence how it will proceed. | AGREE | DISAGREE |
| 177. The expectant father is not an important person during the childbearing period. | AGREE | DISAGREE |
| 178. Women need a lot of medical help for a difficult experience like childbirth. | AGREE | DISAGREE |
| 179. My female family members say that labor is difficult and painful. | AGREE | DISAGREE |
| 180. A baby's behavior during the first few months of life is just a matter of inherited personality. | AGREE | DISAGREE |
| 181. Children are not worth the wear and tear on you physically and emotionally. | AGREE | DISAGREE |
| 182. Expectant fathers have a lot of fears and concerns during childbearing. | AGREE | DISAGREE |
| 183. I try to do exactly what the doctor/midwife tells me to do. | AGREE | DISAGREE |

| | A | B |
|--|-------|----------|
| | (T) | (F) |
| 184. The discomfort of labor contractions is short and endurable. | AGREE | DISAGREE |
| 185. My state of health is largely a result of chance. | AGREE | DISAGREE |
| 186. The sensations of normal labor contractions are quite bearable if you work with them. | AGREE | DISAGREE |
| 187. Expectant fathers have increased dependency needs during pregnancy. | AGREE | DISAGREE |
| 188. Since it is the doctor's/midwife's responsibility to manage the birth it is not necessary for me to know much about it. | AGREE | DISAGREE |
| 189. A lot of pain in childbirth cannot be avoided. | AGREE | DISAGREE |
| 190. An expectant father is a valuable member of the health team and is capable of functioning well under the stress of labor. | AGREE | DISAGREE |
| 191. There is nothing I can do to reduce discomforts during childbearing because they are bound to happen. | AGREE | DISAGREE |
| 192. Only a few women can cope with the pain of labor without considerable medication. | AGREE | DISAGREE |
| 193. For the safest outcome when you are in labor, you should do exactly what the hospital personnel tell you to do. | AGREE | DISAGREE |
| 194. Fathers have more positive, loving feelings toward their newborns when they are present at the delivery than when they are not present. | AGREE | DISAGREE |
| 195. If a woman is fated to have complications with childbearing it will be no matter what anyone does. | AGREE | DISAGREE |
| 196. When I think about it I worry about the pain of labor. | AGREE | DISAGREE |
| 197. I think I could handle the discomforts of normal labor without much medication. | AGREE | DISAGREE |

As a consumer of health care, I believe I should have the right to:

198. Information about my health and any tests or laboratory work performed on me. AGREE DISAGREE
199. To refuse any procedures, treatments or medications. AGREE DISAGREE
200. To participate with my doctor in making decisions about my health care. AGREE DISAGREE

The following questions are to be answered directly on these sheets of paper. The computer code sheet is not used.

Record the numer of times in the past seven days you have taken:

201. Non-prescription (over-the-counter) drugs:
 none _____ or number of times _____
202. Prescription drugs
 none _____ or number of times _____
203. Social drugs (alcohol, barbiturates, marijuana, etc.)
 none _____ or number of times _____
204. Record the number of cigarettes you have smoked in the last 24 hours:
 none _____ or number of cigarettes _____
205. Record the number of times in the past seven days you have done vigorous physical exercise (jogging, swimming, skiing, bicycling, racquet sports, etc.) for at least 15 minutes or longer without stopping.
 none _____ or number of times _____
206. Record the number of times in the past seven days you have consciously taken action to reduce the effects of day to day stresses on your body such as (breathing, relaxation techniques, exercise, laugh or joke around, talking it out, rocking chair).
 None _____ or number of times _____
207. Record the number of days in the past seven days during which you feel that overall you ate a nutritious, balanced diet.
 none _____ or number of days _____

208. When you drive, how often do you use a safety belt?
(circle one)

| | | | | | | |
|-----------------|---|---|--------------------------|---|-------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| All the time | | | About 1/2 of the time | | Never | |

209: What is your age? _____

210. What is your marital status?

Single _____ Widow/er _____
Married _____ Separated _____ Divorced _____

211. What is your sex? Male _____ Female _____

212. What is your race/ethnic background?

| | |
|-----------------------|------------------------------|
| Caucasian _____ | Hispanic _____ |
| Black _____ | Polynesian _____ |
| Asian _____ | Other (please specify) _____ |
| American Indian _____ | |

213. How many children do you have? None _____

None _____ or

Number of children _____

214. What is the yearly income for your family from all sources?

\$ _____/year

215. What is your highest level of education? (check one only)

_____ 0-6 grades; ungraded school
_____ 7-9 grades, Junior High School
_____ 10-11 grades, some High School
_____ Graduate, High School
_____ At least one year College
_____ 2-3 years college
_____ Graduate, four year college
_____ Post Graduate, College _____ years

216. What is your occupation? (check one only)

- Student in High School, Trade School
- Laborer, farm worker
- Other service worker
- Domestic worker
- Operator
- Craftsman
- Salesman
- Clerical
- Proprietor, manager, business or agriculture
- Professional, including college student

Thank you very much for answering this questionnaire. Please return it as requested.

Joyce Cameron

APPENDIX E
INITIAL INSTRUMENT

Consent Form

Information:

Joyce Cameron RN, at the University of Utah is conducting a research study about men and women's beliefs and perceptions toward childbearing. In the study, an initial questionnaire will be given to approximately 400 men and women in the Wasatch Front area. The results will be analyzed to reduce the number of items by half. A short form of the questionnaire will then be given to approximately 250 expectant couples throughout Utah. Eventually, the development of the refined questionnaire will be used to help couples prior to pregnancy and/or during early pregnancy to identify their needs and interests relative to health education for childbearing.

You are being asked to help us by filling out the initial questionnaire. This questionnaire will take less than 30 minutes maximum of your time. Your responses are strictly confidential and you will not be identified in any way. You will note that the answer sheets are coded and will be kept separate from this consent form. There are no risks. The benefits involve assisting us to develop a valid, reliable questionnaire that will help health professionals assist expectant couples to identify their health education needs and interests during childbearing.

Consent:

I have read the information above and desire to participate in this study. I give permission for use of my answers in the development of this questionnaire. I understand that I will not be identified in any way and that I am free to withdraw my consent and to discontinue completion of this questionnaire at any time.

Signature

Date

INSTRUCTION SHEET

Read and Sign the Consent Form

1. READ EACH STATEMENT AND DECIDE WHETHER YOU AGREE OR DISAGREE WITH IT.
2. RECORD YOUR RESPONSE ON THE COMPUTER CODE SHEET PROVIDED. USE A PENCIL.
 - a. IF YOU AGREE, FILL IN THE CIRCLE MARKED A .
 - b. IF YOU DISAGREE, FILL IN THE CIRCLE MARKED B .
 - c. DO NOT WRITE YOUR NAME ON ANY OF THE FORMS.
3. THERE ARE NO "RIGHT" ANSWERS. INDIVIDUALS WILL RESPOND DIFFERENTLY ACCORDING TO THEIR OWN BACKGROUNDS AND BELIEFS.
4. THE FIRST 175 ITEMS ARE RECORDED ON THE CODING SHEET. THE LAST 16 ITEMS ARE RECORDED DIRECTLY ON THE QUESTIONNAIRE AND NOT ON THE COMPUTER CODE SHEET. PLEASE DO NOT WRITE ON ANY OTHER PORTION OF THIS QUESTIONNAIRE.
5. WE APPRECIATE YOUR WILLINGNESS TO FILL IN THIS QUESTIONNAIRE COMPLETELY. EACH ITEM MUST BE FILLED IN TO BE MOST USEFUL.
6. PLEASE RETURN THESE FORMS TO THE DESIGNATED PERSON.

THANK YOU!

Beliefs and Perceptions About
Childbearing and Childrearing

| | A | B |
|--|-------|----------|
| | (T) | (F) |
| 1. Medical treatment is often necessary to prevent damage to the mother or baby during birth. | AGREE | DISAGREE |
| 2. Being a successful parent is largely a matter of being lucky. | AGREE | DISAGREE |
| 3. In order to have a good labor and delivery experience I need to go along with the desires of those in charge of care. | AGREE | DISAGREE |
| 4. The labor and delivery experience is largely a matter of chance. | AGREE | DISAGREE |
| 5. I have mixed feelings about being a parent. | AGREE | DISAGREE |
| 6. The expectant father should provide support to his wife during labor. | AGREE | DISAGREE |
| 7. I see myself more as a follower than as an initiator. | AGREE | DISAGREE |
| 8. A lot of pain in childbirth cannot be avoided. | AGREE | DISAGREE |
| 9. I like to cuddle little babies. | AGREE | DISAGREE |
| 10. The most important decision I need to make about my health care is to choose the right doctor. | AGREE | DISAGREE |
| 11. The labor and delivery process is a life threatening event for the baby. | AGREE | DISAGREE |
| 12. One value to having children is that they will care for you when you are old. | AGREE | DISAGREE |
| 13. Expectant fathers have a lot of fears and concerns during childbearing. | AGREE | DISAGREE |
| 14. Women want to be held close and cuddled by their husbands during their pregnancy. | AGREE | DISAGREE |

| | A | B |
|---|-------|----------|
| | (T) | (F) |
| 15. I would prefer to manage my own health care and use professional help only to assist me when needed. | AGREE | DISAGREE |
| 16. A woman's doctor/midwife is responsible for keeping a woman healthy during her pregnancy. | AGREE | DISAGREE |
| 17. It is important to a pregnant woman to be reassured of her husband's love and acceptance despite her changing body shape. | AGREE | DISAGREE |
| 18. A woman's body is weakened by each successive pregnancy. | AGREE | DISAGREE |
| 19. I can protect the health of my unborn baby by what I do during pregnancy. | AGREE | DISAGREE |
| 20. Having a child gives me (would give me) a sense of living on after I am dead. | AGREE | DISAGREE |
| 21. The childbearing, childrearing experience enhances a couples relationship. | AGREE | DISAGREE |
| 22. A woman doesn't want her husband to remind her about her health habits and practices during pregnancy. | AGREE | DISAGREE |
| 23. Labor for many women is an alarming experience. | AGREE | DISAGREE |
| 24. I basically trust the competence of physicians during pregnancy and would follow their advice without question. | AGREE | DISAGREE |
| 25. If I commit myself to active participation during childbirth I will have a much easier experience. | AGREE | DISAGREE |
| 26. A husband's support has a lot to do with whether his wife does well during her labor and delivery. | AGREE | DISAGREE |
| 27. A woman can cope well with her pregnancy despite a lack of emotional support from her husband. | AGREE | DISAGREE |

| | A | B |
|---|-------|----------|
| | (T) | (F) |
| 28. A woman in labor doesn't have much choice except to follow the usual hospital routines. | AGREE | DISAGREE |
| 29. Giving birth is a very pleasant experience. | AGREE | DISAGREE |
| 30. Pregnancy should not interfere with a couples sexual relations. | AGREE | DISAGREE |
| 31. I would prefer to be actively involved in my (my wife's) pregnancy care. | AGREE | DISAGREE |
| 32. The woman and her partner are mostly submissive to the doctor's wishes during child-bearing. | AGREE | DISAGREE |
| 33. Since it is the doctor's/midwife's responsibility to manage the birth, it is not necessary for me to know details about it. | AGREE | DISAGREE |
| 34. The discomfort of labor contractions is endurable. | AGREE | DISAGREE |
| 35. It is best if I just follow whatever my doctor's or midwife's usual practices are in labor and delivery. | AGREE | DISAGREE |
| 36. The expectant fathers involvement is not an essential factor in a positive childbirth experience for the woman. | AGREE | DISAGREE |
| 37. Once you go through childbirth you are different for the rest of your life. | AGREE | DISAGREE |
| 38. Being a mother (father) is one of my most important personal goals. | AGREE | DISAGREE |
| 39. I think I could handle the discomforts of normal labor without medications. | AGREE | DISAGREE |
| 40. When I think about it I worry about the pain of labor. | AGREE | DISAGREE |
| 41. Children create a lot of wear and tear on you physically and emotionally. | AGREE | DISAGREE |

| | A | B |
|--|-------|----------|
| | (T) | (F) |
| 42. It is desirable for a couple to have some control over the childbirth situation. | AGREE | DISAGREE |
| 43. Most women I know dread going through childbirth. | AGREE | DISAGREE |
| 44. Few women can cope with the pain of labor without medication. | AGREE | DISAGREE |
| 45. I can create a positive childbearing experience for myself and my partner by what I think and do. | AGREE | DISAGREE |
| 46. A woman's family is an important influence in whether or not she carries out good health practices during pregnancy. | AGREE | DISAGREE |
| 47. Having a baby can break a weak marriage. | AGREE | DISAGREE |
| 48. Feeling loved and accepted is not a critical factor in a woman's ability to work successfully with her labor and delivery. | AGREE | DISAGREE |
| 49. A woman needs her husband to participate in developing plans for her labor and delivery. | AGREE | DISAGREE |
| 50. There is a lot of exhaustion and worry in caring for a young baby. | AGREE | DISAGREE |
| 51. There are a number of equally safe but different approaches to managing labor that a woman can choose to use. | AGREE | DISAGREE |
| 52. I would prefer not to be dependent on anyone during labor. | AGREE | DISAGREE |
| 53. Most women want to have some control over what is done during their labor. | AGREE | DISAGREE |
| 54. I can protect my unborn baby by considering the risks before taking any herb or medication prescribed during pregnancy. | AGREE | DISAGREE |
| 55. There are often breakdowns in the body's ability to birth a child. | AGREE | DISAGREE |

| | A | B |
|---|-------|----------|
| | (T) | (F) |
| 56. You are more of a man if you have fathered a child and more of a woman if you have mothered a child. | AGREE | DISAGREE |
| 57. It is important to question your doctor/midwife until you understand their advice and concern and then decide whether or not to follow it. | AGREE | DISAGREE |
| 58. I don't really feel comfortable about participating in the processes of pregnancy and childbirth. | AGREE | DISAGREE |
| 59. Any competent maternity health care provider can help a woman go through labor and delivery safely. | AGREE | DISAGREE |
| 60. The baby may suffer physical damage during the process of childbirth. | AGREE | DISAGREE |
| 61. There isn't much social status in being a mother. | AGREE | DISAGREE |
| 62. Traditional approaches to managing labor are safest. | AGREE | DISAGREE |
| 63. There is nothing I can personally do to reduce pain during birth. | AGREE | DISAGREE |
| 64. I don't want my life disturbed by the confusion, mess and noise of raising children. | AGREE | DISAGREE |
| 65. Without a medical or obstetrical problem I am (my wife is) as capable as any other woman of birthing a child with minimal medical intervention. | AGREE | DISAGREE |
| 66. It is unusual for the mother to suffer physical damage during the process of normal childbirth. | AGREE | DISAGREE |
| 67. The way to have a good outcome of pregnancy is to go to the most specialized doctor available. | AGREE | DISAGREE |
| 68. I prefer to be with friends when they leave their children home. | AGREE | DISAGREE |

| | A | B |
|---|-------|----------|
| | (T) | (F) |
| 69. The birth experience is an enjoyable time in a woman's life. | AGREE | DISAGREE |
| 70. Teaching people how to give some of their own care during pregnancy may cause more harm than good. | AGREE | DISAGREE |
| 71. The sensations of labor contractions are bearable if you work with them. | AGREE | DISAGREE |
| 72. One of the greatest fears a woman has during childbirth is losing control of herself. | AGREE | DISAGREE |
| 73. I can reduce or eliminate painful sensations during labor by what I do whenever they occur. | AGREE | DISAGREE |
| 74. Most of the common discomforts during pregnancy just have to be endured as there really isn't anything much to relieve them. | AGREE | DISAGREE |
| 75. Husband and wife relationships become closer because of pregnancy. | AGREE | DISAGREE |
| 76. Some women are just fated to have complications with childbearing. | AGREE | DISAGREE |
| 77. Expectant fathers also have increased needs during pregnancy. | AGREE | DISAGREE |
| 78. Expectant fathers should become involved in the childbearing process. | AGREE | DISAGREE |
| 79. I look forward to experiencing the process of childbirth. | AGREE | DISAGREE |
| 80. It is best to leave the decisions about maternity care to the professionals. | AGREE | DISAGREE |
| 81. I enjoy (would enjoy) being a parent. | AGREE | DISAGREE |
| 82. Fathers have more positive, loving feelings toward their newborns when they are present at the delivery than when they are not present. | AGREE | DISAGREE |
| 83. A woman hopes her husband's reaction to her pregnancy will be similar to hers. | AGREE | DISAGREE |

| | A | B |
|--|-------|----------|
| | (T) | (F) |
| 84. Having a baby strengthens a marriage. | AGREE | DISAGREE |
| 85. If she is committed to a particular approach to labor, a woman will be successful whether or not her husband agrees with it. | AGREE | DISAGREE |
| 86. In childbirth there are different approaches to care that are more a matter of preference than necessity. | AGREE | DISAGREE |
| 87. Fear of the unknown is the most difficult part of labor and delivery. | AGREE | DISAGREE |
| 88. Labor is essentially an unpleasant experience. | AGREE | DISAGREE |
| 89. Women who are prepared to work actively with the labor and delivery process will have an easier childbirth. | AGREE | DISAGREE |
| 90. I don't think young infants have much personality. | AGREE | DISAGREE |
| 91. For the safest outcome when you are in labor, you should do exactly what the hospital personnel tell you to do. | AGREE | DISAGREE |
| 92. Women who are pregnant have a beautiful, serene look about them. | AGREE | DISAGREE |
| 93. For the safest labor and delivery a woman should go to an obstetrician. | AGREE | DISAGREE |
| 94. I really don't enjoy being around young children. | AGREE | DISAGREE |
| 95. If a wife wants her husband to be with her during delivery he should be with her. | AGREE | DISAGREE |
| 96. I try to do exactly what the doctor/midwife tells me to do regarding my (my wife's) care. | AGREE | DISAGREE |
| 97. Knowing a lot of details about labor and delivery creates anxiety in pregnant women. | AGREE | DISAGREE |
| 98. I don't like the way a baby can tie a couple down. | AGREE | DISAGREE |

| | A | B |
|--|-------|----------|
| | (T) | (F) |
| 99. Teaching women about their bodies and self care is not very likely to improve their health during pregnancy. | AGREE | DISAGREE |
| 100. Childbirth is an experience to be endured. | AGREE | DISAGREE |
| 101. An expectant father is not always able to assume the role his wife wants him to take during childbirth. | AGREE | DISAGREE |
| 102. I feel somewhat helpless to modify my (my wife's) physical health during pregnancy. | AGREE | DISAGREE |
| 103. My female family members say that labor is difficult and painful. | AGREE | DISAGREE |
| 104. I depend on the experts to tell me most of what I need to know about caring for my baby. | AGREE | DISAGREE |
| 105. In general, being a parent makes me (would make me) feel trapped. | AGREE | DISAGREE |
| 106. A woman could not go through labor as successfully without her husband's support. | AGREE | DISAGREE |
| 107. I want to select my own options and choices about how labor and delivery are managed. | AGREE | DISAGREE |
| 108. Choosing a health care provider should be primarily based on mutual agreement concerning approaches to childbirth care. | AGREE | DISAGREE |
| 109. A woman can avoid most complications of pregnancy by what she does to take care of herself. | AGREE | DISAGREE |
| 110. My doctor is responsible for keeping my newborn baby healthy. | AGREE | DISAGREE |
| 111. I enjoy (would enjoy) coping with the challenges and experiences of being a parent. | AGREE | DISAGREE |
| 112. A woman looks particularly attractive when she is pregnant. | AGREE | DISAGREE |
| 113. If women knew more about the process of labor and delivery they would not be so afraid. | AGREE | DISAGREE |

| | A | B |
|---|-------|----------|
| | (T) | (F) |
| 114. The human body is designed to give birth without complications for the mother and baby. | AGREE | DISAGREE |
| 115. My personal health practices are the best means of influencing the outcome of pregnancy. | AGREE | DISAGREE |
| 116. It is unusual for damage to the mother or baby to occur during childbirth. | AGREE | DISAGREE |
| 117. It is more important to me to have a successful career than to be a successful parent. | AGREE | DISAGREE |
| 118. It is important to me to participate actively in the process of childbirth. | AGREE | DISAGREE |
| 119. A woman receives comfort and encouragement from her husband's presence during the childbirth experience. | AGREE | DISAGREE |
| 120. I wish there was some way to have childbirth without any discomfort at all. | AGREE | DISAGREE |
| 121. I can't do anything to influence the labor and delivery process. | AGREE | DISAGREE |
| 122. Being a good parent is worthwhile because it is part of God's plan. | AGREE | DISAGREE |
| 123. I have little desire to be a parent. | AGREE | DISAGREE |
| 124. A new father is not as able as a new mother to feel love for his newborn baby. | AGREE | DISAGREE |
| 125. Women need a lot of medical help for a difficult experience like childbirth. | AGREE | DISAGREE |
| 126. A woman's pregnancy experience is more controlled by chance than by what she does. | AGREE | DISAGREE |
| 127. Childbirth without fear is an unrealistic idea. | AGREE | DISAGREE |
| 128. A baby's behavior during the first few months of life is mostly due to inherited personality. | AGREE | DISAGREE |
| 129. Raising children has many benefits. | AGREE | DISAGREE |

| | A | B |
|---|-------|----------|
| | (T) | (F) |
| 130. A woman needs her husband's support and protection during pregnancy because she is more vulnerable physically and emotionally. | AGREE | DISAGREE |
| 131. Men just aren't able to get involved in every detail of a woman's pregnancy. | AGREE | DISAGREE |
| 132. I feel confident in being able to protect my own interests during childbearing. | AGREE | DISAGREE |
| 133. A couple should agree about health care decisions made during the childbearing experience. | AGREE | DISAGREE |
| 134. Childbirth is a safe experience for the mother. | AGREE | DISAGREE |
| 135. Having a child is important to me because it would make my own parents happy. | AGREE | DISAGREE |
| 136. Old fashioned remedies are often better than the things doctors prescribe. | AGREE | DISAGREE |
| 137. Labor and delivery is a necessary evil in order to have a child. | AGREE | DISAGREE |
| 138. The decisions I make about options and choices in childbirth don't really make any difference in my health. | AGREE | DISAGREE |
| 139. I trust my doctor/midwife to only give me safe medications/herbs during my pregnancy. | AGREE | DISAGREE |
| 140. The absence of the expectant father will not affect the successful functioning of a woman during her labor. | AGREE | DISAGREE |
| 141. Most women are really frightened at the thought of going through labor and delivery. | AGREE | DISAGREE |
| 142. A woman needs the sustaining presence of her husband in order to function successfully during labor. | AGREE | DISAGREE |
| 143. Pregnancy is a nine month illness no matter what you do. | AGREE | DISAGREE |
| 144. I do not (would not) enjoy routine caretaking of an infant. | AGREE | DISAGREE |

| | A | B |
|---|-------|----------|
| | (T) | (F) |
| 145. A baby in the family makes it a better functioning unit. | AGREE | DISAGREE |
| 146. It is good luck if I have an easy time during childbearing. | AGREE | DISAGREE |
| 147. If he wants to, a father can generally take time off from his job to help his wife when she has a new baby. | AGREE | DISAGREE |
| 148. Taking vitamin and mineral supplements will solve the problems of poor eating habits. | AGREE | DISAGREE |
| 149. The value of being a parent is over-rated. | AGREE | DISAGREE |
| 150. Just being in the hospital for childbirth would make me feel safe. | AGREE | DISAGREE |
| 151. Labor is an exciting experience. | AGREE | DISAGREE |
| 152. Even though it is difficult to arrange, I can have the kind of childbearing experience I want. | AGREE | DISAGREE |
| 153. Taking care of babies' messes is disagreeable. | AGREE | DISAGREE |
| 154. Having a baby of your own makes you complete as a woman (man). | AGREE | DISAGREE |
| 155. The labor and delivery process is one of the most extreme physical stresses a woman has in her life. | AGREE | DISAGREE |
| 156. During the childbearing period I should do what my doctor or midwife tells me to do regardless of my personal preferences. | AGREE | DISAGREE |
| 157. There is a moderate chance of something going wrong during childbirth. | AGREE | DISAGREE |
| 158. I have warm feelings when I see a new baby. | AGREE | DISAGREE |
| 159. A baby's growth and development is largely due to factors beyond the parents control. | AGREE | DISAGREE |

| | A | B |
|---|-------|----------|
| | (T) | (F) |
| 160. It is important to make sure that your doctor/ midwife will really let you have agreed upon options for labor and delivery. | AGREE | DISAGREE |
| 161. As long as a man is physically present during labor and delivery, it doesn't matter whether or not he is actively involved in helping his wife. | AGREE | DISAGREE |
| 162. It is the father's right to attend the birth of his child. | AGREE | DISAGREE |
| 163. Children interfere (would interfere) with my relationship with my spouse. | AGREE | DISAGREE |
| 164. Being a parent does not help you to become a more mature person. | AGREE | DISAGREE |
| 165. Support from her husband is not an essential factor in a woman's ability to successfully control painful sensations during labor. | AGREE | DISAGREE |
| 166. I am willing to accept the 20 or more years of responsibility that is involved in child- rearing. | AGREE | DISAGREE |
| 167. Pregnancy is not physically stressful for an expectant father. | AGREE | DISAGREE |
| 168. I am willing to work at becoming a more effec- tive parent. | AGREE | DISAGREE |
| 169. I've looked forward to having my own baby ever since I was a small child. | AGREE | DISAGREE |
| 170. The greatest personal growth in life occurs by being a parent. | AGREE | DISAGREE |
| 171. Being in labor is being in a very helpless condition. | AGREE | DISAGREE |
| 172. Women who have more information about child care have an easier experience. | AGREE | DISAGREE |

As a consumer of health care, I believe I should have the right to:

173. Information about my health and any tests or laboratory work performed on me. AGREE DISAGREE
174. To refuse any procedures, treatments or medications. AGREE DISAGREE
175. To participate with my doctor in making decisions about my health care. AGREE DISAGREE

The following questions are to be answered directly on these sheets of paper. The computer code sheet is not used.

Record the number of times in the past seven days you have taken:

176. Non-prescription (over-the-counter) drugs:
 none _____ or number of times _____
177. Prescription drugs
 none _____ or number of times _____
178. Social drugs (alcohol, barbiturates, marijuana, etc.):
 none _____ or number of times _____
179. Record the number of cigarettes you have smoked in the last 24 hours:
 none _____ or number of cigarettes _____
180. Record the number of times in the past seven days you have done vigorous physical exercise (jogging, swimming, skiing, bicycling, racquet sports, etc.) for at least 15 minutes or longer without stopping.
 none _____ or number of times _____
181. Record the number of times in the past seven days you have consciously taken action to reduce the effects of day to day stresses on your body such as (breathing, relaxation techniques, exercise, laugh or joke around, talking it out, rocking chair).
 none _____ or number of times _____
182. Record the number of days in the past seven days during which you feel that overall you ate a nutritious, balanced diet.
 none _____ or number of days _____

183. When you drive, how often do you use a safety belt?
(circle one)

| | | | | | | |
|-----------------|---|---|--------------------------|---|-------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| All the time | | | About 1/2 of the time | | Never | |

184. What is your age?

185. What is your marital status?

| | |
|---------------|--------------------------------|
| Single _____ | Widow/er _____ |
| Married _____ | Separated _____ Divorced _____ |

186. What is your sex? Male _____ Female _____

187. What is your race/ethnic background?

| | |
|-----------------------|------------------------------|
| Caucasian _____ | Hispanic _____ |
| Black _____ | Polynesian _____ |
| Asian _____ | Other (please specify) _____ |
| American Indian _____ | |

188. How many children do you have?

none _____ or number of children _____

189. What is the yearly income for your family from all sources?

\$ _____/year

190. What is your highest level of education? (circle one only)

Elementary: 1 2 3 4 5 6

Junior High/High School: 7 8 9 10 11 12

College: 13 14 15 16

Post Graduate: 17 18 19 20

191. What is your occupation? (check one only)

- Student in High School, Trade School
- Laborer, farm worker
- Other service worker
- Domestic worker
- Operator
- Craftsman
- Clerical
- Proprietor, manager, business or agriculture
- Professional, including college student
- Other: List _____

Thank you very much for answering this questionnaire. Please return it as requested.

Joyce Cameron

APPENDIX F
FINAL INSTRUMENT

Consent Form

Information:

Joyce Cameron, RN, at the University of Utah is conducting a research study about men and women's beliefs and perceptions about childbearing. In the study, a questionnaire was given to approximately 400 men and women in the Wasatch Front area. The results were analyzed to reduce the number of items by half. The refined, short form of the questionnaire is now being given to approximately 250 expectant couples throughout Utah. Eventually, the refined questionnaire will be used to help couples prior to pregnancy or during early pregnancy to identify their needs and interests relative to health education for childbearing.

You are being asked to help us by filling out the short form of the questionnaire. This questionnaire will take less than 15 minutes maximum of your time. Your responses are strictly confidential and you will not be identified in any way. You will note that the answer sheets are coded and will be kept separate from this consent form. There are no risks. The benefits involve assisting us to develop a valid, reliable questionnaire that will help health professionals assist expectant couples to identify their health education needs and interests during childbearing.

Consent:

I have read the information above and desire to participate in this study. I give permission for inclusion of my answers in the further development and use of this questionnaire. I understand that I will not be identified in any way and that I am free to withdraw my consent and to discontinue completion of this questionnaire at any time.

Signature

Date

INSTRUCTION SHEET

Read and Sign the Consent Form

1. READ EACH STATEMENT AND DECIDE WHETHER YOU AGREE OR DISAGREE WITH IT.
2. RECORD YOUR RESPONSE ON THE COMPUTER CODE SHEET PROVIDED. USE A PENCIL.
 - a. IF YOU AGREE, FILL IN THE CIRCLE MARKED A .
 - b. IF YOU DISAGREE, FILL IN THE CIRCLE MARKED B .
 - c. DO NOT WRITE YOUR NAME ON ANY OF THE FORMS.
3. THERE ARE NO "RIGHT" ANSWERS. INDIVIDUALS WILL RESPOND DIFFERENTLY ACCORDING TO THEIR OWN BACKGROUNDS AND BELIEFS.
4. THE FIRST 104 ITEMS ARE RECORDED ON THE CODING SHEET. THE LAST 34 ITEMS ARE RECORDED DIRECTLY ON THE QUESTIONNAIRE AND NOT ON THE COMPUTER CODE SHEET. PLEASE DO NOT WRITE ON ANY OTHER PORTION OF THIS QUESTIONNAIRE.
5. WE APPRECIATE YOUR WILLINGNESS TO FILL IN THIS QUESTIONNAIRE COMPLETELY. EACH ITEM MUST BE FILLED IN TO BE MOST USEFUL.
6. PLEASE RETURN THESE FORMS TO THE DESIGNATED PERSON.

THANK YOU!

Beliefs and Perceptions About
Childbearing and Childrearing

| | A | B |
|---|-------|----------|
| | Ⓓ | Ⓕ |
| 1. Women who are prepared to work actively with the labor and delivery process will have an easier childbirth. | AGREE | DISAGREE |
| 2. For the safest outcome when you are in labor, you should do exactly what the hospital personnel tell you to do. | AGREE | DISAGREE |
| 3. Childbirth is an experience to be endured. | AGREE | DISAGREE |
| 4. Support from her husband is not an essential factor in a woman's ability to successfully control painful sensations during labor. | AGREE | DISAGREE |
| 5. Husband and wife relationships become closer because of pregnancy. | AGREE | DISAGREE |
| 6. It is unusual for damage to the mother or baby to occur during childbirth. | AGREE | DISAGREE |
| 7. A woman in labor doesn't have much choice except to follow the usual hospital routines. | AGREE | DISAGREE |
| 8. I feel somewhat helpless to modify my (my wife's) physical health during pregnancy. | AGREE | DISAGREE |
| 9. A woman needs the sustaining presence of her husband in order to function successfully during labor. | AGREE | DISAGREE |
| 10. Fathers have more positive, loving feelings toward their newborns when they are present at the delivery than when they are not present. | AGREE | DISAGREE |
| 11. Most of the common discomforts during pregnancy just have to be endured as there really isn't much to relieve them. | AGREE | DISAGREE |
| 12. The woman and her partner are mostly submissive during childbearing. | AGREE | DISAGREE |

| | A | B |
|---|-------|----------|
| | (T) | (F) |
| 13. When I think about it I worry about the pain of labor. | AGREE | DISAGREE |
| 14. A baby in the family makes it a better functioning unit. | AGREE | DISAGREE |
| 15. I don't really feel comfortable about participating in the processes of pregnancy and childbirth. | AGREE | DISAGREE |
| 16. Without a medical or obstetrical problem I am (my wife is) as capable as any other woman of birthing a child with minimal medical intervention. | AGREE | DISAGREE |
| 17. A woman can avoid most complications of pregnancy by what she does to take care of herself. | AGREE | DISAGREE |
| 18. The greatest personal growth in life occurs by being a parent. | AGREE | DISAGREE |
| 19. Having a child gives me (would give me) a sense of living on after I am dead. | AGREE | DISAGREE |
| 20. Labor is essentially an unpleasant experience. | AGREE | DISAGREE |
| 21. Having a baby strengthens a marriage. | AGREE | DISAGREE |
| 22. My personal health practices are the best means of influencing the outcome of pregnancy. | AGREE | DISAGREE |
| 23. Feeling loved and accepted is not a critical factor in a woman's ability to work successfully with her labor and delivery. | AGREE | DISAGREE |
| 24. A couple should agree about health care decisions made during the childbearing experience. | AGREE | DISAGREE |
| 25. It is important to question your doctor/midwife until you understand their advice and concern and then decide whether or not to follow it. | AGREE | DISAGREE |
| 26. The absence of the expectant father will not affect the successful functioning of a woman during her labor. | AGREE | DISAGREE |

| | A | B |
|--|-------|----------|
| | (T) | (F) |
| 27. Even though it is difficult to arrange, I can have the kind of childbearing experience I want. | AGREE | DISAGREE |
| 28. A woman could not go through labor as successfully without her husband's support. | AGREE | DISAGREE |
| 29. I can reduce or eliminate painful sensations during labor by what I do whenever they occur. | AGREE | DISAGREE |
| 30. Being a mother (father) is one of my most important personal goals. | AGREE | DISAGREE |
| 31. The labor and delivery process is one of the most extreme physical stresses a woman has in her life. | AGREE | DISAGREE |
| 32. If I commit myself to active participation during childbirth I will have a much easier experience. | AGREE | DISAGREE |
| 33. It is best if I just follow whatever my doctor's or midwife's usual practices are in labor and delivery. | AGREE | DISAGREE |
| 34. I don't like the way a baby can tie a couple down. | AGREE | DISAGREE |
| 35. The expectant father's involvement is not an essential factor in a positive childbirth experience for the woman. | AGREE | DISAGREE |
| 36. Most women want to be held close and cuddled by their husbands during their pregnancy. | AGREE | DISAGREE |
| 37. Childbirth without fear is an unrealistic idea. | AGREE | DISAGREE |
| 38. My female family members say that labor is difficult and painful. | AGREE | DISAGREE |
| 39. Women need a lot of medical help for a difficult experience like childbirth. | AGREE | DISAGREE |
| 40. I feel confident in being able to protect my own interests during childbearing. | AGREE | DISAGREE |

| | A | B |
|--|-------|----------|
| | Ⓓ | Ⓕ |
| 41. If she is committed to a particular approach to labor, a woman will be successful whether or not her husband agrees with it. | AGREE | DISAGREE |
| 42. I do not (would not) enjoy routine caretaking of an infant. | AGREE | DISAGREE |
| 43. Having a baby of your own makes you complete as a woman (man). | AGREE | DISAGREE |
| 44. Giving birth is a very pleasant experience. | AGREE | DISAGREE |
| 45. Most women are really frightened at the thought of going through labor and delivery. | AGREE | DISAGREE |
| 46. Traditional approaches to managing labor are safest. | AGREE | DISAGREE |
| 47. I see myself more as a follower than as an initiator. | AGREE | DISAGREE |
| 48. Choosing a health care provider should be primarily based on mutual agreement concerning approaches to childbirth care. | AGREE | DISAGREE |
| 49. I basically trust the competence of physicians during pregnancy and would follow their advice without question. | AGREE | DISAGREE |
| 50. Some women are just fated to have complications with childbearing. | AGREE | DISAGREE |
| 51. Childbirth is a safe experience for the mother. | AGREE | DISAGREE |
| 52. I think I could handle the discomforts of normal labor without medication. | AGREE | DISAGREE |
| 53. For the safest labor and delivery a woman should go to an obstetrician. | AGREE | DISAGREE |
| 54. I've looked forward to having my own baby ever since I was a small child. | AGREE | DISAGREE |
| 55. It is best to leave the decisions about maternity care to the professionals. | AGREE | DISAGREE |

| | A | B |
|---|-------|----------|
| | (T) | (F) |
| 56. During the childbearing period I should do what my doctor or midwife tells me to do regardless of my personal preferences. | AGREE | DISAGREE |
| 57. There is nothing I can personally do to reduce pain during birth. | AGREE | DISAGREE |
| 58. I try to do exactly what the doctor/midwife tells me to do regarding my (my wife's) care. | AGREE | DISAGREE |
| 59. It is important to me to participate actively in the process of childbirth. | AGREE | DISAGREE |
| 60. As long as a man is physically present during labor and delivery, it doesn't matter whether or not he is actively involved in helping his wife. | AGREE | DISAGREE |
| 61. Expectant fathers have a lot of fears and concerns during childbearing. | AGREE | DISAGREE |
| 62. I would prefer to manage my own health care and use professional help only to assist me when needed. | AGREE | DISAGREE |
| 63. Labor and delivery is a necessary evil in order to have a child. | AGREE | DISAGREE |
| 64. Pregnancy is not physically stressful for an expectant father. | AGREE | DISAGREE |
| 65. A woman needs her husband to participate in developing plans for her labor and delivery. | AGREE | DISAGREE |
| 66. It is good luck if I have an easy time during childbearing. | AGREE | DISAGREE |
| 67. I have mixed feelings about being a parent. | AGREE | DISAGREE |
| 68. There isn't much social status in being a mother. | AGREE | DISAGREE |
| 69. In order to have a good labor and delivery experience I need to go along with the desires of those in charge of care. | AGREE | DISAGREE |
| 70. A baby's growth and development is largely due to factors beyond the parents control. | AGREE | DISAGREE |

| | A | B |
|--|-------|----------|
| | Ⓓ | Ⓕ |
| 71. If a wife wants her husband to be with her during delivery he should be with her. | AGREE | DISAGREE |
| 72. Men just aren't able to get involved in every detail of a woman's pregnancy. | AGREE | DISAGREE |
| 73. It is unusual for the mother to suffer physical damage during the process of normal childbirth. | AGREE | DISAGREE |
| 74. Few women can cope with the pain of labor without medication. | AGREE | DISAGREE |
| 75. A woman's doctor/midwife is responsible for keeping a woman healthy during her pregnancy. | AGREE | DISAGREE |
| 76. Labor is an exciting experience. | AGREE | DISAGREE |
| 77. A woman doesn't want her husband to remind her about her health habits and practices during pregnancy. | AGREE | DISAGREE |
| 78. Expectant fathers should become involved in the childbearing process. | AGREE | DISAGREE |
| 79. Expectant fathers also have increased needs during pregnancy. | AGREE | DISAGREE |
| 80. I can't do anything to influence the labor and delivery process. | AGREE | DISAGREE |
| 81. I depend on the experts to tell me most of what I need to know about caring for my baby. | AGREE | DISAGREE |
| 82. I trust my doctor/midwife to only give me safe medications/herbs during my pregnancy. | AGREE | DISAGREE |
| 83. Being a good parent is worthwhile because it is part of God's plan. | AGREE | DISAGREE |
| 84. A husband's support has a lot to do with whether his wife does well during her labor and pregnancy. | AGREE | DISAGREE |
| 85. The value of being a parent is over-rated. | AGREE | DISAGREE |

| | A | B |
|--|-------|----------|
| | Ⓓ | Ⓕ |
| 86. There are a number of equally safe but different approaches to managing labor that a woman can choose to use. | AGREE | DISAGREE |
| 87. Being in labor is being in a very helpless condition. | AGREE | DISAGREE |
| 88. There are often breakdowns in the body's ability to birth a baby. | AGREE | DISAGREE |
| 89. A woman needs her husband's support and protection during pregnancy because she is more vulnerable physically and emotionally. | AGREE | DISAGREE |
| 90. The labor and delivery process is a life threatening event for the baby. | AGREE | DISAGREE |
| 91. I want to select my own options and choices about how labor and delivery are managed. | AGREE | DISAGREE |
| 92. Most women I know dread going through childbirth. | AGREE | DISAGREE |
| 93. Since it is the doctor's/midwife's responsibility to manage the birth, it is not necessary for me to know details about it. | AGREE | DISAGREE |
| 94. The expectant father should provide support to his wife during labor. | AGREE | DISAGREE |
| 95. Just being in the hospital for childbirth would make me feel safe. | AGREE | DISAGREE |
| 96. I wish there was some way to have childbirth without any discomfort at all. | AGREE | DISAGREE |
| 97. It is important to a pregnant woman to be reassured of her husband's love and acceptance despite her changing body shape. | AGREE | DISAGREE |
| 98. It is the father's right to attend the birth of his child. | AGREE | DISAGREE |
| 99. Teaching people how to give some of their own care during pregnancy may cause more harm than good. | AGREE | DISAGREE |

- | | | |
|---|-------|----------|
| | A | B |
| | Ⓙ | ⓕ |
| 100. Being a parent does not help you to become a more mature person. | AGREE | DISAGREE |

As a consumer of health care, I believe I currently have the right to:

- | | | |
|--|-------|----------|
| | A | B |
| | Ⓙ | ⓕ |
| 101. Information about my health and any tests or laboratory work performed on me. | AGREE | DISAGREE |
| 102. Refuse any procedures, treatments or medications. | AGREE | DISAGREE |
| 103. Participate with my doctor in making decisions about my health care. | AGREE | DISAGREE |
| 104. Hold my baby after delivery, any time I want to, providing he/she is essentially healthy. | AGREE | DISAGREE |

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED DIRECTLY ON THESE SHEETS OF PAPER. THE COMPUTER CODE SHEET IS NOT USED.

105. Please indicate your degree of confidence, at this point in time, in your ability to cope effectively with the labor and delivery experience. (Circle one only.)

| | | | | | |
|----------------------------------|---|------------------------|---|----------------------------------|---|
| None or Minimal Confidence | | Moderate Confidence | | A Great Deal of Confidence | |
| 1 | 2 | 3 | 4 | 5 | |
| | | | | 6 | |
| | | | | | 7 |

106. So far, this pregnancy has been (check one only):

- a. Easier than I expected _____,
- b. What I expected _____, or
- c. Harder than I expected _____.

107. Date this questionnaire was filled out:

Day _____ Month _____ Year _____

108. Date your baby is due: Day _____ Month _____ Year _____

109. Number of previous fullterm pregnancies:
 none _____ number _____
110. Number of previous premature deliveries (baby weighed less than 5½ lbs.):
 none _____ number _____
111. Number of previous miscarriages or abortions.
 none _____ number _____
112. Was this pregnancy planned?
 Yes _____ No _____
113. Do you currently own an infant safety seat?
 Yes _____ No _____
 If no, do you plan to obtain and use one?
 Yes _____ No _____
114. In what month of pregnancy did you begin prenatal care?
 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___
 7th ___ 8th ___ 9th ___ None ___
115. Record the number of scheduled prenatal visits so far in this pregnancy which you have missed and did not reschedule and attend within two weeks of the original appointment.
 none _____ or number of visits _____
116. Record the number of days in the last seven days during which you took the exact number of iron and/or vitamin pills prescribed by your health care provider.
 No pills prescribed _____ or
 Number of days taken as prescribed _____
117. Record the number of prenatal classes you have attended during this pregnancy (check one):
 none and do not plan to attend _____
 none yet but plan to attend _____
 _____ attended out of _____ held to date.

118. Record the number of books you have read during this pregnancy on the subject of childbearing and/or parenting:
 none _____ or number read _____
119. Record the number of times during the last seven days that you have practiced breathing and/or relaxation techniques for childbirth, outside of childbirth classes.
 none _____ or number of times _____
120. Where do you plan to deliver your baby? (Check one only?)
- a. Home birth _____
 - b. Birth Center (out of hospital) _____
 - c. Birthing Room (in hospital) _____
 - d. Delivery Room (in hospital) _____
 - e. Cesarean Birth (in hospital) _____
121. Who is your health care provider for this pregnancy? (Check one only.)
- a. Obstetrician _____
 - b. Family Practice Physician _____
 - c. General Practitioner _____
 - d. Certified Nurse-Midwife _____
 - e. Lay (domiciliary) Midwife _____
 - f. Naturopath _____
 - g. Other _____ please list
 - h. None
122. List any known complications of pregnancy or other medical problems with this pregnancy:
- none _____
1. _____
 2. _____
 3. _____

Record the number of times in the past seven days you have taken:

123. Non-prescription (over the counter) drugs:
 none _____ or number of times _____
124. Prescription drugs:
 none _____ or number of times _____
125. Social drugs (alcohol, barbiturates, marijuana, etc.):
 none _____ or number of times _____

126. Record the number of cigarettes you have smoked in the last 24 hours:

none _____ or number of cigarettes _____

127. Record the number of times in the past seven days you have done vigorous physical exercise (jogging, swimming, skiing, bicycling, racquet sports, et.c) for at least 15 minutes or longer without stopping:

none _____ or number of times _____

128. Record the number of times in the past seven days you have consciously taken action to reduce the effects of day to day stresses on your body such as breathing, relaxation techniques, exercise, laugh or joke around, talking it out, rocking chair.

none _____ or number of times _____

129. Record the number of days in the past seven days during which you feel that overall you ate a nutritious, balanced diet.

none _____ or number of days _____

130. When you drive, how often do you use a safety belt? (Circle one.)

| | | | | | | |
|-----------------|---|---|--------------------------|---|---|-------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| All the time | | | About 1/2 of the time | | | Never |

131. What is your age? _____

132. What is your marital status?

| | |
|----------------|-----------------|
| single _____ | widow/er _____ |
| married _____ | separated _____ |
| divorced _____ | |

133. What is your sex? Male _____ Female _____

134. What is your race/ethnic background?

| | |
|-----------------------|------------------------------|
| Caucasian _____ | Hispanic _____ |
| Black _____ | Polynesian _____ |
| Asian _____ | Other (please specify) _____ |
| American Indian _____ | |

135. How many children do you have?

none _____ or number of children _____

136. What is the yearly income for your family from all sources?

\$_____/year

137. What is your highest level of education? (Circle one only.)

Elementary: 1 2 3 4 5 6
 Junior High/High School: 7 8 9 10 11 12
 College: 13 14 15 16
 Post Graduate: 17 18 19 30

138. What is your occupation? (Check one only.)

- Student in High School, Trade School
 Laborer, farm worker
 Other service worker
 Domestic worker
 Operator
 Craftsman
 Salesman
 Clerical
 Proprietor, manager, business or agriculture
 Professional, include college student
 Homemaker
 Other: list _____

Thank you very much for answering this questionnaire. Please return it as requested.

 Joyce Cameron

APPENDIX G
DISTRIBUTION OF EXPECTANT COUPLES BY
AREA OF UTAH RESIDENCE

Table 38
 Distribution of Expectant Couples by
 Area of Utah Residence

| District and County | 1979 Utah Resident Live ^a Births Provisional | % of Total Utah Births | Number Required by % of 250 | Actual Number of Couples Sought Obtained | |
|---------------------|---|------------------------|-----------------------------|--|-----|
| Total | 41,078 | 100% | 250 | 255 | 254 |
| District 1 | 2,611 | 6.4 | 16.0 | 16 | 16 |
| Box Elder | 877 | 2.1 | 5.3 | 5 | 5 |
| Cache | 1,670 | 4.1 | 10.3 | 10 | 10 |
| Rich | 64 | 0.16 | .4 | 1 | 1 |
| District 2 | 7,646 | 18.6 | 47.0 | 47 | 47 |
| Davis | 3,946 | 9.6 | 23.9 | 24 | 24 |
| Morgan | 113 | .27 | .68 | 1 | 1 |
| Weber | 3,587 | 8.7 | 21.8 | 22 | 22 |
| District 3 | 8,295 | 20.2 | 50.5 | 50 | 50 |
| Summit | 218 | .53 | 1.3 | 1 | 1 |
| Utah | 7,861 | 19.1 | 47.8 | 48 | 48 |
| Wasatch | 216 | .53 | 1.3 | 1 | 1 |
| District 4 | 1,259 | 3.1 | 7.8 | 9 | 9 |
| Juab | 162 | .39 | 1.0 | 1 | 1 |
| Millard | 233 | .57 | 1.4 | 1 | 1 |
| Piute | 22 | .05 | .1 | 1 | 1 |
| Sanpete | 372 | .91 | 2.3 | 2 | 2 |
| Sevier | 424 | 1.0 | 2.5 | 3 | 3 |
| Wayne | 46 | .11 | .3 | 1 | 1 |
| District 5 | 1,554 | 3.8 | 9.5 | 11 | 11 |
| Beaver | 131 | .32 | .8 | 1 | 1 |
| Garfield | 87 | .21 | .6 | 1 | 1 |
| Iron | 493 | 1.2 | 3.0 | 3 | 3 |
| Kane | 97 | .24 | .6 | 1 | 1 |
| Washington | 746 | 1.8 | 4.5 | 5 | 5 |
| District 6 | 1,038 | 2.5 | 6.2 | 8 | 7 |
| Daggett | 17 | .04 | .1 | 1 | 0 |
| Duchesne | 402 | .98 | 2.5 | 3 | 3 |
| Uintah | 619 | 1.5 | 3.8 | 4 | 4 |
| District 7 | 1,530 | 3.7 | 9.3 | 10 | 10 |
| Carbon | 585 | 1.4 | 3.5 | 4 | 4 |
| Emery | 385 | .94 | 2.4 | 3 | 3 |
| Grand | 198 | .48 | 1.2 | 1 | 1 |
| San Jose | 362 | .88 | 2.2 | 2 | 2 |
| District 8 | 17,145 | 41.7 | 104.3 | 104 | 104 |
| Salt Lake | 16,488 | 40.1 | 100.3 | 100 | 100 |
| Tooele | 657 | 1.6 | 4.0 | 4 | 4 |

^aUtah Quarterly Vital Statistics Report, 3, July 1980.

APPENDIX H
ITEM HISTORY

Table 39

Item History: Fear of the Childbirth Process

| Item and Its Development | Item Numbers ^a | Score Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Score Direction ^b N=30 Subjects ^d | | | General Population Score Direction ^b N=382 Subjects ^d | | | Utah Primigravid ^b Couples Score Direction ^b | | | | | |
|--|---------------------------|------------------------------|--|---|---|---|----|------|---|-----------------------------------|-----|--|-------------------------------------|----------------|-----|----|----------------|
| | | | | N | % | R ^d | N | % | R ^d | Males N=253 Subjects ^d | | | Females N=254 Subjects ^d | | | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| The labor and delivery process is a life threatening event for the baby. | 1 8 11 90 | Agree | 5.00 | - | - | 13 | 42 | .45 | 162 | 45 | .33 | 119 | 47 | .40 | 103 | 41 | .41 |
| To go through labor and delivery safely, a woman needs the best obstetrician specialist care available. (pre-test) | 2 14 93 53 | Agree | 4.13 | 2 | - | 6 | 19 | .58 | 223 | 62 | .33 | 183 | 72 | .08 | 174 | 69 | .17 |
| For the safest labor and delivery a woman should go to an obstetrician. | | | | | | | | | | | | | | | | | |
| Any competent maternity health care provider can help a woman go through labor and delivery safely. | 3 21 59 -- | Disagree | 4.38 | 3 | - | 10 | 32 | .52 | 152 | 40 | .07 | - | - | - | - | - | - |
| Few babies die during childbirth in our modern society. | 4 22 -- -- | Disagree | 4.38 | - | | 11 | 36 | -.03 | - | - | - | - | - | - | - | - | - |

Table 39--Continued

| Item and Its Development | Item Numbers ^a | Score Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre-dators testors | | Pretest Score Direction ^b N=30 Subjects | | | General Population Score Direction ^b N=382 Subjects | | | Utah Primigravid ^b Couples Score Direction ^b | | | | | |
|--|---------------------------|------------------------------|--|--|---|--|----|----------------|--|----|----------------|--|----|----------------|------------------------|----|----------------|
| | | | | N | % | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | |
| | | | | | | N | % | R ^d | N | % | R ^d | N | % | R ^d | N | % | R ^d |
| Childbirth is a safe experience for the mother. | 5 35 134 51 | Disagree | 5.00 | - | | 9 | 29 | .59 | 112 | 31 | .39 | 124 | 49 | .42 | 105 | 41 | .49 |
| Childbirth is a normal physiological event rather than a medical condition. (validation) | 6 56 -- -- | Disagree | 4.50 | 2 | - | 0 | 0 | .0 | - | - | - | - | - | - | - | - | - |
| Childbirth is a normal physical process rather than a medical condition. | | | | | | | | | | | | | | | | | |
| The labor and delivery process is the most extreme physical stress a woman has in her life. (validation) | 7 62 155 31 | Agree | 4.13 | - | - | 27 | 87 | .25 | 296 | 82 | .32 | 235 | 93 | .25 | 226 | 89 | .31 |
| The labor and delivery process is the most extreme physical stress a woman usually has in her life. | | | | | | | | | | | | | | | | | |
| The labor and delivery process is one of the most extreme physical stresses a woman has in her life. | | | | | | | | | | | | | | | | | |

Table 39--Continued

| Item and Its Development | Item Numbers ^a | Score Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Score Direction ^b N=30 Subjects ^d | | | General Population Score Direction ^b N=382 Subjects ^d | | | Utah Primigravid ^b Couples Score Direction ^b | | | | | |
|---|---------------------------|------------------------------|--|---|---|---|----|-----|---|-----------------------------------|-----|--|-------------------------------------|----------------|-----|----|----------------|
| | | | | N | % | R ^d | N | % | R ^d | Males N=253 Subjects ^d | | | Females N=254 Subjects ^d | | | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| There is a medium chance of something going wrong during childbirth. (validation) | 8 63 157 -- | Agree | 3.38 | 5 | - | 26 | 84 | .35 | 319 | 84 | .28 | - | - | - | - | - | - |
| There is a moderate chance of something going wrong during childbirth. | | | | | | | | | | | | | | | | | |
| Medical intervention is usually necessary to prevent damage to the mother or baby during childbirth. (validation) | 9 69 1 -- | Agree | 4.88 | - | - | 7 | 23 | .51 | 308 | 81 | .27 | - | - | - | - | - | - |
| Medical treatment is usually necessary to prevent damage to the mother or baby during birth. (pretest) | | | | | | | | | | | | | | | | | |
| Medical treatment is often necessary to prevent damage to the mother or baby during birth. | | | | | | | | | | | | | | | | | |
| It is unusual for damage to the mother or baby to occur during normal childbirth. (pretest) | 11 80 116 6 | Disagree | 5.00 | - | - | 7 | 23 | .51 | 112 | 31 | .36 | 106 | 42 | .40 | 106 | 42 | .38 |
| It is unusual for damage to the mother or baby to occur during childbirth. | | | | | | | | | | | | | | | | | |

Table 39--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Scored Direction ^b N=30 Subjects | | | General Population Scored Direction ^b N=382 Subjects | | | Utah Primigravid ^b Couples Scored Direction ^b | | | | | |
|---|---------------------------|-------------------------------|--|---|-------------|---|----|----------------|---|----|----------------|---|----|----------------|------------------------|----|----------------|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| The human body is designed to give birth without problems for the mother and baby. (validation) | 12 36 114 -- | Disagree | 4.25 | - | - | 4 | 13 | .38 | 68 | 18 | .27 | - | - | - | - | - | - |
| The human body is designed to give birth without complications for the mother and baby. | | | | | | | | | | | | | | | | | |
| There are often breakdowns in the body's ability to birth a child. | 13 91 55 88 | Agree | 3.75 | 3 | 2 | 16 | 52 | .61 | 232 | 64 | .35 | 111 | 44 | .43 | 103 | 41 | .45 |
| The baby is likely to suffer some danger during the process of childbirth. (validation) | 14 109 60 -- | Agree | 4.75 | - | - | 2 | 7 | .36 | 357 | 94 | .15 | - | - | - | - | - | - |
| The baby is likely to suffer some physical damage during the process of childbirth. (pretest) | | | | | | | | | | | | | | | | | |
| The baby may suffer physical damage during the process of childbirth. | | | | | | | | | | | | | | | | | |

Table 39--Continued

| Item and Its Development | Item Numbers ^b | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Scored Direction ^b | | | General Population Scored Direction ^b | | | Utah Primigravid Couples Scored Direction ^b | | | | | |
|--|---------------------------|-------------------------------|--|---|-------------|---------------------------------------|----|----------------|--|----|----------------|--|----|----------------|---------------|----|----------------|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 | | | Females N=254 | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| It is unusual for the mother to suffer damage during the process of childbirth. (validation) | 15 136 66 73 | Disagree | 4.88 | - | - | 5 | 16 | .63 | 109 | 30 | .30 | 99 | 39 | .41 | 82 | 32 | .38 |
| It is unusual for the mother to suffer physical damage during the process of childbirth. (pretest) | | | | | | | | | | | | | | | | | |
| It is unusual for the mother to suffer physical damage during the process of normal childbirth. | | | | | | | | | | | | | | | | | |
| Labor for many women can be a damaging and an alarming experience. (validation) | 16 117 23 -- | Agree | 4.63 | 3 | | 29 | 94 | .20 | 315 | 83 | .23 | - | - | - | - | - | - |
| Labor for many women can be an alarming experience. (pretest) | | | | | | | | | | | | | | | | | |
| Labor for many women is an alarming experience. | | | | | | | | | | | | | | | | | |
| A woman's body is weakened by each successive pregnancy. | 17 128 18 -- | Agree | 4.25 | - | | 12 | 39 | .16 | 154 | 40 | .27 | - | - | - | - | - | - |

Table 39--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Scored Direction ^b N=30 Subjects | | | General Population Scored Direction ^b N=382 Subjects | | | Utah Primigravid ^b Couples Scored Direction | | | | | |
|---|---------------------------|-------------------------------|--|---|-------------|---|----|----------------|---|----|----------------|--|----|-----|---------------------|----|-----|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N= Subjects | | | Females N= Subjects | | |
| Labor and delivery is essentially a very unpleasant experience. (pretest) Labor is essentially an unpleasant experience. | 18 96 88 20 | Agree | 4.75 | - | - | 7 | 23 | .66 | 158 | 44 | .51 | 140 | 55 | .47 | 98 | 39 | .52 |
| I look forward to experiencing the process of childbirth. | 19 129 79 -- | Disagree | 4.0 | - | - | 22 | 71 | -.29 | 80 | 21 | .26 | - | - | - | - | - | - |
| Most women I know dread going through childbirth. | 20 81 43 92 | Agree | 4.5 | - | - | 14 | 45 | .14 | 117 | 32 | .37 | 108 | 43 | .44 | 122 | 44 | .32 |
| Labor and delivery is a necessary evil in order to have a child. | 21 110 137 63 | Agree | 4.25 | 2 | - | 8 | 26 | .47 | 124 | 34 | .46 | 106 | 42 | .47 | 77 | 30 | .42 |
| Childbirth is an experience to be endured. | 22 92 100 3 | Agree | 3.38 | 4 | - | 10 | 32 | .62 | 177 | 49 | .46 | 143 | 49 | .22 | 114 | 45 | .45 |
| Giving birth can be very pleasant. (pretest) Giving birth is a very pleasant experience. | 23 70 29 44 | Disagree | 4.88 | - | - | 5 | 16 | .26 | 145 | 40 | .44 | 95 | 38 | .35 | 77 | 30 | .41 |

Table 39--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Scored Direction ^b N=30 Subjects N % R ^d | | | General Population Scored Direction ^b N=382 Subjects N % R ^d | | | Utah Primigravid ^b Couples Scored Direction ^b Males N=253 Subjects N % R ^d Females N=254 Subjects N % R ^d | | | | | |
|--|---------------------------|-------------------------------|--|---|--|--|----|----------------|--|----|----------------|---|----|----------------|-----|----|----------------|
| | | | | | | N | % | R ^d | N | % | R ^d | N | % | R ^d | N | % | R ^d |
| The birth experience is an enjoyable time in a woman's life. (validation) | 24 118 69 -- | Disagree | 4.63 | 2 | | 3 | 10 | .58 | 59 | 16 | .35 | - | - | - | - | - | - |
| The birth experience can be an enjoyable time in a woman's life. (pre-test) | | | | | | | | | | | | | | | | | |
| The birth experience is an enjoyable time in a woman's life. | | | | | | | | | | | | | | | | | |
| Labor is a period of progress and exhilaration. (validation) | 25 -- -- -- | Disagree | 4.13 | 3 | | - | - | - | - | - | - | - | - | - | - | - | - |
| Being in labor is being in a very helpless condition. | 26 -- 171 87 | Agree | 5.0 | - | | not included | | | 132 | 37 | .41 | 81 | 32 | .39 | 91 | 36 | .60 |
| Childbirth without fear is an unrealistic idea. | 27 134 127 37 | Agree | 4.25 | - | | 12 | 39 | .52 | 144 | 38 | .43 | 131 | 52 | .36 | 111 | 44 | .43 |
| Most women are really frightened at the thought of going through labor and delivery. | 28 155 141 45 | Agree | 4.25 | - | | 21 | 68 | .41 | 254 | 70 | .45 | 204 | 81 | .31 | 211 | 83 | .33 |

Table 39--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Scored Direction ^b N=30 Subjects ^d | | | General Population Scored Direction ^b N=382 Subjects ^d | | | Utah Primigravid ^b Couples Scored Direction | | | | | |
|---|---------------------------|-------------------------------|--|---|---|--|----|-----|--|-----------------------------------|------|--|-------------------------------------|----------------|---|---|----------------|
| | | | | N | % | R ^d | N | % | R ^d | Males N=253 Subjects ^d | | | Females N=254 Subjects ^d | | | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| Childbirth should not be a frightening experience for a modern woman. | 29 1 -- -- | Disagree | 4.25 | - | - | 0 | 0 | 0 | - | - | - | - | - | - | - | - | - |
| If women knew more about the process of labor and delivery, they would not be afraid. (pretest) | 30 162 113 -- | Disagree | 4.88 | - | - | 5 | 16 | .32 | 29 | 8 | .26 | - | - | - | - | - | - |
| If women knew more about the process of labor and delivery, they would not be as afraid. | | | | | | | | | | | | | | | | | |
| One of the greatest fears a woman has during childbirth is losing control of herself. | 31 167 72 -- | Agree | 4.50 | 2 | - | 18 | 58 | .12 | 177 | 46 | -.01 | - | - | - | - | - | - |
| Most women want to have control over their labor situation. (validation) | 32 173 53 -- | Disagree | 4.13 | 4 | - | 2 | 7 | .23 | 15 | 4 | .11 | - | - | - | - | - | - |
| Most women want to have some control over what is done during their labor. | | | | | | | | | | | | | | | | | |
| Fear of the unknown is the most difficult part of labor and delivery. | 33 145 87 -- | Agree | 4.38 | 2 | - | 24 | 77 | .18 | 37 | 10 | .11 | - | - | - | - | - | - |

Table 39 --Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Scored Direction ^b N=30 Subjects | | | General Population Scored Direction ^b N=382 Subjects | | | Utah Primigravid Couples Scored Direction ^b | | | | | |
|---|---------------------------|-------------------------------|--|---|---|---|----|-----|---|----------------------|-----|--|------------------------|----------------|-----|----|----------------|
| | | | | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| Knowing details about labor and delivery creates rather than reduces anxiety in pregnant women. (pretest) | 34 135 97 -- | Agree | 4.0 | 2 | - | 3 | 10 | .44 | 47 | 12 | .28 | - | - | - | - | - | - |
| Knowing a lot of details about labor and delivery creates anxiety in pregnant women. | | | | | | | | | | | | | | | | | |
| I wish there was some way to have childbirth without any discomfort at all. | 35 146 120 96 | Agree | 4.25 | 2 | - | 20 | 65 | .34 | 242 | 67 | .32 | 183 | 72 | .36 | 162 | 64 | .47 |
| My female family members say that labor is difficult and painful. | 36 179 103 38 | Agree | 3.75 | 2 | - | 21 | 68 | .54 | 198 | 55 | .31 | 160 | 63 | .44 | 150 | 39 | .38 |
| The discomfort of labor contractions is short and endurable. (pretest) | 37 184 34 -- | Disagree | 4.88 | - | - | 10 | 32 | .57 | 32 | 8 | .21 | - | - | - | - | - | - |
| The discomfort of labor contractions is endurable. | | | | | | | | | | | | | | | | | |

Table 39--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Scored Direction ^b N=30 Subjects | | | General Population Scored Direction ^b N=382 Subjects | | | Utah Primigravid ^b Couples Scored Direction | | | | | |
|--|---------------------------|-------------------------------|--|---|-------------|---|----|----------------|---|----|----------------|--|----|----------------|------------------------|----|----------------|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| The sensations of normal labor contractions are quite bearable if you work with them. (pre-test) | 38 186 71 -- | Disagree | 4.50 | - | - | 3 | 10 | .55 | 13 | 3 | .17 | - | - | - | - | - | - |
| The sensations of labor contractions are bearable if you work with them. | | | | | | | | | | | | | | | | | |
| A lot of pain in childbirth cannot be avoided. | 39 189 8 -- | Agree | 5.00 | - | - | 10 | 32 | .61 | 105 | 28 | .28 | - | - | - | - | - | - |
| Only a few women can cope with the pain of labor without considerable medication. (pretest). | 40 192 44 74 | Agree | 4.50 | - | - | 4 | 13 | .53 | 160 | 44 | .43 | 122 | 44 | .38 | 107 | 42 | .45 |
| Few women can cope with the pain of labor without medication. | | | | | | | | | | | | | | | | | |
| When I think about it, I worry about the pain of labor. | 41 196 40 13 | Agree | 4.63 | - | - | 14 | 45 | .75 | 157 | 43 | .43 | 140 | 55 | .44 | 171 | 67 | .50 |
| I think I could handle the discomforts of normal labor without much medication. | 42 197 39 52 | Disagree | 4.88 | - | - | 5 | 16 | .39 | 136 | 38 | .41 | 103 | 41 | .32 | 100 | 39 | .46 |

Table 39 --Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Scored Direction ^b N=30 Subjects ^d | | | General Population Scored Direction ^b N=382 Subjects ^d | | | Utah Primigravid Couples Scored Direction ^b | | | | | |
|-------------------------------------|---------------------------|-------------------------------|--|---|---|--|----|-----|--|-----------------------------------|-----|--|-------------------------------------|-----|------|----|-----|
| | | | | N | % | R ^d | N | % | R ^d | Males N=253 Subjects ^d | | | Females N=254 Subjects ^d | | | | |
| | | | | | | | | | | | | | | | | | |
| Labor is an exciting experience. | -- 71 151 76 | Disagree | -- | - | - | 12 | 39 | .34 | 74 | 20 | .37 | 54 | 21 | .28 | 52 | 20 | .37 |
| Total Domain Data: | | | | | | Pretest | | | General Population Initial Final | | | Utah Primigravid Couples Males Females | | | | | |
| N of domain items | | | | | | 40 | | | 38 21 | | | 21 | | | 21 | | |
| Mean N of items in scored direction | | | | | | 13.65 | | | 15.44 9.56 | | | 10.74 | | | 9.97 | | |
| Standard deviation | | | | | | 6.75 | | | 5.02 3.89 | | | 3.65 | | | 4.11 | | |
| Alpha coefficient | | | | | | .87 | | | .74 .72 | | | .68 | | | .76 | | |

^aFirst - validation, second - pretest, third - initial questionnaire, fourth - final instrument.

^bScored direction - toward fear.

^c1 to 5 - relevant.

^dPoint-biserial correlations with total scale score.

Table 40

Item History: Childbearing Health Locus of Control

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Scored Direction ^b N=30 Subjects | | | General Population Scored Direction ^b N=382 Subjects | | | Utah Primigravid Couples Scored Direction ^b | | | | | | |
|--|---------------------------|-------------------------------|--|---|-------------|---|---|----------------|---|---|----------------|--|----|-----|------------------------|----|-----|---|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | | |
| | | | | | | | | | | | | | | | | | | |
| <u>Internality:</u> I can do many things to relieve or reduce common discomforts during pregnancy. | 1 2 -- -- | Disagree | 5.00 | - | | 0 | 0 | 0 | - | - | - | - | - | - | - | - | - | - |
| A woman can avoid many complications during pregnancy by what she does to take care of herself. (pretest) A woman can avoid most complications of pregnancy by what she does to take care of herself. | 2 3 109 17 | Disagree | 5.00 | - | | 0 | 0 | 0 | 28 | 7 | .17 | 28 | 11 | .15 | 29 | 11 | .11 | |

Table 40--Continued

| Item and Its Development | Item Numbers ^a | Score Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Score Direction ^b N=30 Subjects | | | General Population Score Direction ^b N=382 Subjects | | | Utah Primigravid Couples Score Direction ^b | | | | | | |
|--|---------------------------|------------------------------|--|---|---|--|---|----------------|--|---|----------------|---|---|------------------------|---|---|---|---|
| | | | | N | % | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | Females N=254 Subjects | | | | |
| | | | | | | | | | | | | | | | | | | |
| I can protect my unborn baby by carefully questioning my doctor or midwife about possible risks of any herb or medication prescribed during pregnancy. (pretest) | 3 9 54 -- | Disagree | 4.50 | - | 3 | 0 | 0 | 0 | 6 | 2 | .18 | - | - | - | - | - | - | - |
| I can protect my unborn baby by considering the risks before taking any herb or medication prescribed during pregnancy. | | | | | | | | | | | | | | | | | | |
| If I prepare myself to work actively with the labor and delivery process I will have an easier and safer childbirth. (pretest) | 4 16 89 -- | Disagree | 4.88 | - | - | 0 | 0 | 0 | 17 | 5 | .26 | - | - | - | - | - | - | - |
| Women who are prepared to work actively with the labor and delivery process will have an easier childbirth. | | | | | | | | | | | | | | | | | | |

Table 40--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators ^c Mean Rank | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Scored Direction ^b N=30 Subjects | | | General Population Scored Direction ^b N=382 Subjects | | | Utah Primigravid ^b Couples Scored Direction | | | | | | |
|---|---------------------------|-------------------------------|--|---|---|---|---|----------------|---|----|----------------|--|---|---|------------------------|---|---|---|
| | | | | N | % | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | | |
| | | | | | | | | | | | | | | | | | | |
| The more information I have about caring for a new baby, the easier my experience will be. (pretest) Women who have more information about child care have an easier experience. | 8 33 172 -- | Disagree | 4.00 | - | - | 1 | 3 | -.17 | 40 | 11 | .30 | - | - | - | - | - | - | - |
| I can protect the health of my young infants by what I do in caring for them. (pretest) I can protect the health of my unborn baby by what I do during pregnancy. | 9 15 19 -- | Disagree | 4.50 | - | - | 0 | 0 | 0 | 8 | 2 | .18 | - | - | - | - | - | - | - |
| I can do many things to obtain a healthy outcome for myself (my wife) during childbearing. | 10 34 -- -- | Disagree | 4.88 | - | - | 0 | 0 | 0 | - | - | - | - | - | - | - | - | - | - |
| The things I do during childbearing can create a positive experience for myself and my partner. (pretest) I can create a positive experience for myself and my partner by what I think and do. | 11 38 45 -- | Disagree | 4.88 | - | - | 1 | 7 | .31 | 9 | 2 | .20 | - | - | - | - | - | - | - |

Table 40--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validation Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Scored Direction ^b N=30 Subjects ^d | | | General Population Scored Direction ^b N=382 Subjects ^d | | | Utah Primigravid ^b Couples Scored Direction ^b | | | | | |
|---|---------------------------|-------------------------------|---|--|---|--|----|------|--|-----------------------------------|-----|---|-------------------------------------|-----|----|----|-----|
| | | | | N | % | R | N | % | R | Males N=253 Subjects ^d | | | Females N=254 Subjects ^d | | | | |
| | | | | | | | | | | | | | | | | | |
| I can reduce painful sensations during labor by what I do whenever they occur. (pretest) | 5 23 73 29 | Disagree | 4.88 | - | 3 | 6 | 19 | .69 | 52 | 14 | .27 | 52 | 21 | .31 | 35 | 14 | .33 |
| I can reduce or eliminate painful sensations during labor by what I do whenever they occur. | | | | | | | | | | | | | | | | | |
| I can influence my baby's health and wellbeing by not wanting pain medication during normal labor. (validation) | 6 24 -- -- | Disagree | 4.13 | - | - | 6 | 19 | .48 | - | - | - | - | - | - | - | - | - |
| I can positively influence my baby's health and wellbeing by not wanting pain medication during normal labor. | | | | | | | | | | | | | | | | | |
| I can be a successful parent of a young baby if I learn as much as possible about what to do. | 7 25 -- -- | Disagree | 3.88 | 3 | 3 | 1 | 3 | -.07 | - | - | - | - | - | - | - | - | - |

Table 40--Continued

| Item and Its Development | Item Numbers ^a | Score Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Score Direction ^b N=30 Subjects ^d | | | General Population Score Direction ^b N=382 Subjects ^d | | | Utah Primigravid ^b Couples Score Direction ^b | | | | | |
|---|---------------------------|------------------------------|--|---|-------------|---|---|----------------|---|----|----------------|--|----|----------------|-------------------------------------|----|----------------|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects ^d | | | Females N=254 Subjects ^d | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| Even though it is hard work, I can get what I want out of my child-bearing experiences if I plan carefully. (pretest) | 12 47 152 27 | Disagree | 4.38 | - | - | 1 | 3 | .22 | 62 | 16 | .33 | 47 | 19 | .28 | 37 | 15 | .30 |
| Even though it is difficult to arrange, I can have the kind of child-bearing experience I want. | | | | | | | | | | | | | | | | | |
| If I commit myself to active participation during the childbearing period I will have a much better experience. (pretest) | 13 54 25 32 | Disagree | 4.88 | - | - | 1 | 3 | .17 | 40 | 11 | .21 | 24 | 10 | .17 | 11 | 4 | .14 |
| If I commit myself to active participation during childbirth I will have a much easier experience. | | | | | | | | | | | | | | | | | |

Table 40--Continued

| Item and Its Development | Item Numbers ^a | Score Direction ^b | Validation Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Score Direction ^b N=30 Subjects | | | General Population Score Direction ^b N=382 Subjects | | | Utah Primigravid Couples Score Direction ^b | | | | | |
|--|---------------------------|------------------------------|---|---|-------------|--|----|----------------|--|----|----------------|---|----|----------------|------------------------|---|----------------|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| My personal health practices are the most important means of influencing my health. (validation) | 14 64 115 22 | Disagree | 4.63 | - | - | 0 | 0 | 0 | 16 | 4 | .22 | 29 | 11 | .10 | 10 | 4 | .20 |
| My personal health practices are my most important means of influencing my health. (pretest) | | | | | | | | | | | | | | | | | |
| My personal health practices are the best means of influencing the outcome of pregnancy. | | | | | | | | | | | | | | | | | |
| <u>Powerful Others:</u> | | | | | | | | | | | | | | | | | |
| A woman's family is an important element in whether or not she is healthy during her pregnancy. (validation) | 15 72 46 -- | Agree | 4.63 | - | - | 27 | 87 | -.08 | 345 | 90 | .01 | - | - | - | - | - | - |
| A woman's family is an important influence in whether or not she carries out good health practices during her pregnancy. (pretest) | | | | | | | | | | | | | | | | | |
| A woman's family is an important influence in whether or not she carries out good health practices during pregnancy. | | | | | | | | | | | | | | | | | |

Table 40--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from | | Pretest Scored Direction ^b | | | General Population Scored Direction ^b | | | Utah Primigravid _b Couples Scored Direction | | | | | |
|--|---------------------------|-------------------------------|--|--------------------------------------|-------------|---------------------------------------|----|----------------|--|----|----------------|--|----|----------------|------------------------|----|----------------|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| I basically trust the competence of physicians during pregnancy and would follow their advice without question. | 16 82 24 49 | Agree | 5.00 | - | - | 10 | 32 | .55 | 185 | 48 | .51 | 140 | 55 | .53 | 143 | 56 | .53 |
| The best way to have a good outcome of pregnancy is to go to the most specialized doctor available. | 17 93 67 -- | Agree | 3.88 | - | - | 5 | 16 | .45 | 52 | 14 | .39 | - | - | - | - | - | - |
| In order to have a good labor and delivery experience I need to go along with the desires of those in charge of care. | 18 97 3 69 | Agree | 4.25 | - | - | 10 | 32 | .86 | 182 | 48 | .46 | 167 | 66 | .57 | 144 | 57 | .61 |
| Just being in the hospital for childbirth would make me feel safe. | 19 65 150 95 | Agree | 4.38 | - | - | 12 | 39 | .63 | 245 | 64 | .36 | 180 | 71 | .33 | 192 | 76 | .33 |
| It is best if I just follow whatever my doctor's or midwife's usual practices are in labor and delivery. | 20 73 35 33 | Agree | 4.38 | - | - | 12 | 39 | .63 | 212 | 56 | .55 | 166 | 66 | .50 | 147 | 58 | .65 |
| Babies would be better off in the first few weeks of life if their care was directed by a knowledgeable older woman who had raised children. | 21 48 -- -- | Agree | 4.25 | - | - | 2 | 7 | -.07 | - | - | - | - | - | - | - | - | - |

Table 40--Continued

| Item and Its Development | Item Numbers ^a | Score Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Score Direction ^b N=30 Subjects | | | General Population Score Direction ^b N=382 Subjects | | | Utah Primigravid ^b Couples Score Direction ^b | | | | | |
|--|---------------------------|------------------------------|--|---|---|--|----|----------------|--|----|----------------|--|----|----------------|------------------------|----|----------------|
| | | | | | | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| My doctor has the major responsibility for keeping my newborn baby healthy. (pretest) | 22 55 110 -- | Agree | 4.63 | - | - | 1 | 3 | -.12 | 26 | 7 | .30 | - | - | - | - | - | - |
| My doctor is responsible for keeping my newborn baby healthy. | | | | | | | | | | | | | | | | | |
| I depend on the experts to tell me anything I need to know about caring for my baby. (validation) | 23 125 104 81 | Agree | 4.00 | - | - | 10 | 32 | .53 | 175 | 46 | .41 | 140 | 55 | .26 | 116 | 46 | .42 |
| I depend on the experts to tell me most of what I need to know about caring for my baby. | | | | | | | | | | | | | | | | | |
| The woman and her partner are definitely submissive to the doctor's wishes during childbearing. (validation) | 24 130 32 12 | Agree | 5.00 | - | - | 3 | 10 | .25 | 108 | 28 | .54 | 181 | 72 | .46 | 157 | 62 | .51 |
| The woman and her partner are mostly submissive to the doctor's wishes during childbearing. | | | | | | | | | | | | | | | | | |

Table 40--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Scored Direction ^b N=30 Subjects | | | General Population Scored Direction ^b N=382 Subjects | | | Utah Primigravid Couples Scored Direction ^b | | | | | |
|--|---------------------------|-------------------------------|--|---|-------------|---|----|----------------|---|----|----------------|--|----|----------------|------------------------|----|----------------|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| During the childbearing period I should do what my doctor or midwife tells me to do regardless of how I feel about it. (pretest) | 25 137 156 56 | Agree | 5.00 | - | - | 3 | 10 | .25 | 108 | 28 | .54 | 84 | 33 | .53 | 58 | 23 | .48 |
| During the childbearing period I should do what my doctor or midwife tells me to do regardless of my personal preferences. | | | | | | | | | | | | | | | | | |
| It is safest to leave the decision about maternity care to the professionals. (pretest) | 26 127 80 55 | Agree | 5.00 | - | - | 5 | 16 | .62 | 138 | 36 | .51 | 136 | 54 | .61 | 114 | 45 | .66 |
| It is best to leave the decisions about maternity care to the professionals. | | | | | | | | | | | | | | | | | |
| The most important decision I need to make about my health care is to choose the right doctor. | 27 107 10 -- | Agree | 3.75 | - | - | 14 | 45 | .45 | 163 | 43 | .24 | - | - | - | - | - | - |

Table 40--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Scored Direction ^b N=30 Subjects R ^d | | | General Population Scored Direction ^b N=382 Subjects R ^d | | | Utah Primigravid ^b Couples Scored Direction ^b | | | | | |
|---|---------------------------|-------------------------------|--|---|---|--|----|----------------|--|---|----------------|---|----|---------------------------------------|----|----|-----|
| | | | | N | % | N | % | R ^d | N | % | R ^d | Males N=253 Subjects R ^d | | Females N=254 Subjects R ^d | | | |
| <u>Fate/Chance:</u> Pregnancy is a nine month illness and I can't do anything about that. (pretest) Pregnancy is a nine month illness no matter what you do. | 28 98 143 -- | Agree | 4.63 | | | 3 | 10 | .28 | 22 | 6 | .27 | - | - | - | - | - | - |
| A woman's pregnancy experience is controlled by chance rather than by what she does. (pre-test) A woman's pregnancy experience is more controlled by chance than by what she does. | 29 147 126 -- | Agree | 4.75 | - | - | 1 | 3 | -.02 | 15 | 4 | .34 | - | - | - | - | - | - |
| There is nothing I can personally do to reduce pain during birth. | -- -- 63 57 | | -- | - | - | - | - | - | 20 | 5 | .23 | 33 | 13 | .40 | 24 | 10 | .37 |
| There isn't much anyone can do about babies health until after they are born. | 30 156 -- -- | Agree | 5.00 | - | - | 0 | 0 | 0 | - | - | - | - | - | - | - | - | - |

Table 40--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Scored Direction ^b N=30 Subjects | | | General Population Scored Direction ^b N=382 Subjects | | | Utah Primigravid Couples Scored Direction ^b | | | | | |
|--|---------------------------|-------------------------------|--|---|-------------|---|----|----------------|---|----|----------------|--|----|----------------|------------------------|----|----------------|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| It doesn't make any real difference in outcome which decisions I make about options and choices in childbirth. (pretest) | 31 163 138 -- | Agree | 3.88 | - | - | 1 | 3 | .31 | 18 | 5 | .22 | - | - | - | - | - | - |
| The decisions I make about options and choices in childbirth don't really make any difference in my health. | | | | | | | | | | | | | | | | | |
| No matter what I do the labor and delivery experience is largely a matter of chance. (pretest) | 32 138 4 -- | Agree | 4.75 | - | - | 3 | 10 | .25 | 40 | 11 | .19 | - | - | - | - | - | - |
| The labor and delivery experience is largely a matter of chance. | | | | | | | | | | | | | | | | | |
| The labor and delivery process is predetermined and I can't do anything to influence how it will proceed. (pretest) | 33 176 121 80 | Agree | 4.13 | - | - | 2 | 7 | .42 | 22 | 5 | .34 | 32 | 13 | .31 | 24 | 10 | .38 |
| I can't do anything to influence the labor and delivery process. | | | | | | | | | | | | | | | | | |

Table 40--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- dators Pre- testers | | Pretest Scored Direction ^b | | | General Population Scored Direction ^b | | | Utah Primigravid ^b Couples Scored Direction ^b | | | | | |
|--|---------------------------|-------------------------------|--|---|---|---------------------------------------|---|----------------|--|----|----------------|---|----|----------------|---------------------------------------|----|----------------|
| | | | | | | N=30 Subjects R ^d | | | N=382 Subjects R ^d | | | Males N=253 Subjects R ^d | | | Females N=254 Subjects R ^d | | |
| | | | | | | N | % | R ^d | N | % | R ^d | N | % | R ^d | N | % | R ^d |
| A baby's growth and development is largely due to factors beyond anyone's control. (pretest) | 34 126 159 70 | Agree | 4.75 | - | - | 2 | 7 | .28 | 42 | 11 | .30 | 45 | 18 | .21 | 34 | 13 | .31 |
| A baby's growth and development is largely due to factors beyond the parents control. | | | | | | | | | | | | | | | | | |
| A baby's behavior during the first few months of life is just a matter of inherited personality. (pretest) | 35 180 128 -- | Agree | 3.88 | - | - | 2 | 7 | .24 | 75 | 20 | .26 | - | - | - | - | - | - |
| A baby's behavior during the first few months of life is mostly due to inherited personality. | | | | | | | | | | | | | | | | | |
| Being a successful parent is largely a matter of being lucky. | 36 148 2 -- | Agree | 4.38 | - | - | 0 | 0 | 0 | 6 | 2 | .05 | - | - | - | - | - | - |
| If a woman is fated to have complications with childbearing it will be no matter what anyone does. (pretest) | 37 195 76 50 | Agree | 4.50 | - | - | 2 | 7 | .31 | 131 | 34 | .31 | 118 | 47 | .37 | 111 | 44 | .40 |
| Some women are just fated to have complications with childbearing. | | | | | | | | | | | | | | | | | |

Table 40--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Scored Direction ^b N=30 Subjects | | | General Population Scored Direction ^b N=382 Subjects | | | Utah Primigravid Couples Scored Direction ^b | | | | | |
|---|---------------------------|-------------------------------|--|---|-------------|---|----|-----|---|----|-----|--|----|-----|------------------------|----|-----|
| | | | | Validators | Pre-testors | N | % | R | N | % | R | Males N=253 Subjects | | | Females N=254 Subjects | | |
| | | | | | | | | | | | | N | % | R | N | % | R |
| There is nothing I can do to reduce discomforts during childbearing because they are bound to happen. (pretest) Most of the common discomforts during pregnancy just have to be endured as there really isn't anything much to relieve them. | 38 191 74 11 | Agree | 5.00 | - | - | 2 | 7 | .38 | 153 | 40 | .39 | 131 | 52 | .40 | 136 | 54 | .21 |
| It is just good luck if I have an easy time during childbearing. (pretest) It is good luck if I have an easy time during childbearing. | 34 168 146 66 | Agree | 4.75 | - | - | 6 | 19 | .63 | 66 | 17 | .46 | 74 | 29 | .33 | 71 | 28 | .37 |
| My state of health is largely a result of chance. | 40 185 -- -- | Agree | 4.50 | - | - | 1 | 3 | .03 | - | - | - | - | - | - | - | - | - |

Table 40--Continued

| Total Domain Data: | Pretest | General Population | | Utah Primigravid Couples | |
|--|---------|--------------------|-------|--------------------------|---------|
| | | Initial | Final | Males | Females |
| 1. Internality -- | | | | | |
| N of domain items | 14 | 10 | 5 | 6 | 6 |
| Mean number of items in scored direction | -- | .73 | -- | .78 | .53 |
| Standard deviation | -- | 1.10 | -- | 1.07 | .74 |
| Alpha coefficient | -- | .51 | -- | .50 | .40 |
| 2. Externality -- Powerful Others -- | | | | | |
| N of domain items | 13 | 12 | 8 | 8 | 8 |
| Mean number of items in scored direction | -- | 5.43 | -- | 4.72 | 4.22 |
| Standard deviation | -- | 2.58 | -- | 2.23 | 2.27 |
| Alpha coefficient | -- | .70 | -- | .72 | .74 |
| 3. Externality -- Fate/Chance -- | | | | | |
| N of domain items | 13 | 12 | 6 | 6 | 6 |
| Mean number of items in scored direction | -- | 1.60 | -- | 1.71 | 1.58 |
| Standard deviation | -- | 1.50 | -- | 1.29 | 1.21 |
| Alpha coefficient | -- | .50 | -- | .42 | .39 |
| 4. Combined Data | | | | | |
| N of domain items | 40 | 34 | 20 | 20 | 20 |
| Mean number of items in scored direction | 5.48 | 7.76 | 5.60 | 7.21 | 6.32 |
| Standard deviation | 3.79 | 3.82 | 3.12 | 3.09 | 3.17 |
| Alpha coefficient | .78 | .73 | .71 | .66 | .71 |

^aFirst - validation, second - pretest, third - initial questionnaire, fourth - final instrument.

^bScored direction - toward externality.

^c1 to 5 scale, 5 = relevant.

^dPoint-biserial correlations with total scale score.

Table 41

Item History: Personal Values About Childbearing and Childrearing

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Scored Direction ^b | | | General Population Scored Direction ^b | | | Utah Primigravid ^b Couples Scored Direction ^b | | | | | |
|---|---------------------------|-------------------------------|--|---|---|---------------------------------------|----|-----|--|----|-----|---|----|-----|-------------------------------------|----|-----|
| | | | | | | N=30 Subjects ^d | | | N=382 Subjects ^d | | | Males N=253 Subjects ^d | | | Females N=254 Subjects ^d | | |
| | | | | | | N | % | R | N | % | R | N | % | R | N | % | R |
| I feel ambivalent about being a parent. (validation) | 1 4 5 67 | Agree | 4.50 | - | - | 17 | 55 | .43 | 194 | 59 | .41 | 125 | 49 | .50 | 139 | 55 | .52 |
| I have mixed feelings about being a parent. | | | | | | | | | | | | | | | | | |
| I enjoy (would enjoy) being a parent. | 2 10 81 -- | Disagree | 5.00 | - | - | 1 | 3 | .34 | 28 | 7 | .62 | - | - | - | - | - | - |
| I really have no desire to be a parent. (pre-test) | 3 17 123 -- | Agree | 4.88 | - | - | 2 | 7 | .50 | 32 | 8 | .62 | - | - | - | - | - | - |
| I have little desire to be a parent. | | | | | | | | | | | | | | | | | |
| Being a mother (father) is one of my most important personal goals. | 4 26 38 30 | Disagree | 4.88 | - | - | 12 | 39 | .74 | 108 | 28 | .64 | 31 | 12 | .50 | 22 | 9 | .45 |
| It is more important to me to have a successful career than to be a parent. | 5 37 117 | Agree | 5.00 | - | 2 | 11 | 36 | .71 | 37 | 10 | .51 | - | - | - | - | - | - |

Table 41--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance To Domain N=8 Validators ^c Mean Rank ^c | Numbers of Comments/Suggestions from Two or More: Vali- Pre- dators testors | | Pretest Scored Direction ^b N=30 Subjects ^d | | | General Population Scored Direction ^b N=382 Subjects ^d | | | Utah Primigravid ^b Couples Scored Direction ^b | | | | | |
|--|---------------------------|-------------------------------|---|---|---|--|----|-----|--|-----------------------------------|-----|---|----|-----|----|----|-----|
| | | | | N | % | R ^d | N | % | R ^d | Males N=253 Subjects ^d | | Females N=254 Subjects ^d | | | | | |
| | | | | | | | | | | | | | | | | | |
| The value of being a parent is over-rated. | 6 41 149 85 | Agree | 4.50 | - | - | 7 | 23 | .23 | 87 | 23 | .59 | 19 | 8 | .45 | 20 | 8 | .28 |
| You are more of a man if you have fathered a child and more of a woman if you have mothered a child. | 7 42 56 -- | Disagree | 4.00 | 4 | 2 | 23 | 74 | .28 | 321 | 84 | .32 | - | - | - | - | - | - |
| There isn't much status in being a housewife and a mother. (validation) There isn't much social status in being a mother. | 8 46 61 68 | Agree | 3.88 | 2 | - | 10 | 32 | .17 | 94 | 25 | .32 | 44 | 17 | .43 | 48 | 19 | .39 |
| Being a parent does not help you to become a more mature person. | 9 57 164 100 | Agree | 3.50 | - | 3 | 11 | 36 | .34 | 171 | 45 | .48 | 67 | 26 | .52 | 93 | 37 | .44 |
| Being a parent makes me (would make me) feel trapped. (pretest) In general, being a parent makes me (would make me) feel trapped. | 10 32 105 -- | Agree | 4.88 | - | 2 | 9 | 29 | .67 | 56 | 15 | .60 | - | - | - | - | - | - |

Table 41--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Scored Direction ^b N=30 Subjects ^d | | | General Population Scored Direction ^b N=382 Subjects ^d | | | Utah Primigravid ^b Couples Scored Direction ^b | | | | | |
|---|---------------------------|-------------------------------|--|---|---|--|----|----------------|--|----|----------------|---|----|----------------|-------------------------------------|----|----------------|
| | | | | N | % | N | % | R ^d | N | % | R ^d | Males N=253 Subjects ^d | | | Females N=254 Subjects ^d | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| Having a child gives me (would give me) a sense of continuity and immortality. (validation) | 11 58 20 19 | Disagree | 4.25 | 3 | - | 18 | 53 | .50 | 206 | 54 | .35 | 83 | 33 | .53 | 84 | 33 | .50 |
| Having a child gives me (would give me) a sense of living on after I am dead. | | | | | | | | | | | | | | | | | |
| Having a baby of your own makes you complete as a woman (man). | 12 27 154 43 | Disagree | 4.38 | - | - | 22 | 71 | .53 | 285 | 75 | .42 | 135 | 53 | .51 | 123 | 48 | .57 |
| Being a parent is worthwhile because it is part of God's plan. | 13 74 122 83 | Disagree | 3.75 | 2 | - | 10 | 32 | .61 | 90 | 24 | .49 | 29 | 11 | .47 | 28 | 11 | .53 |
| Childbearing and parenting is an opportunity for increased personal growth. (pretest) | 14 95 170 18 | Disagree | 4.88 | - | - | 0 | 0 | 0 | 194 | 51 | .57 | 40 | 16 | .63 | 41 | 16 | .66 |
| The greatest personal growth in life occurs by being a parent. | | | | | | | | | | | | | | | | | |
| Having a child is important to me because it would make my own parents happy. | 15 99 135 -- | Disagree | 3.75 | - | - | 23 | 90 | .28 | 285 | 75 | .35 | - | - | - | - | - | - |

Table 41--Continued

| Item and Its Development | Item Numbers ^a | Score Direction ^b | Validator Evaluation of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Score Direction ^b N=30 Subjects | | | General Population Score Direction ^b N=382 Subjects | | | Utah Primigravid ^b Couples Score Direction | | | | | |
|--|---------------------------|------------------------------|--|---|-------------|--|----|----------------|--|----|----------------|---|----|-----|------------------------|----|-----|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | |
| One value to having children is that they will care for you when you are old. | 16 106 12 -- | Disagree | 3.38 | - | - | 26 | 84 | .28 | 306 | 80 | .26 | - | - | - | - | - | - |
| I have warm feelings when I see a new baby. | 17 94 158 -- | Disagree | 4.63 | - | - | 3 | 10 | .61 | 46 | 12 | .41 | - | - | - | - | - | - |
| There is a lot of satisfaction in seeing a baby grow and develop with your help. | 18 67 -- -- | Disagree | 4.88 | - | - | 0 | 0 | 0 | - | - | - | - | - | - | - | - | - |
| I've looked forward to having my own baby ever since I was a small child. | 19 68 169 54 | Disagree | 4.75 | - | - | 20 | 65 | .46 | 179 | 47 | .54 | 122 | 48 | .46 | 56 | 22 | .55 |
| I like to cuddle little babies. | 20 59 9 -- | Disagree | 4.63 | - | - | 5 | 16 | .59 | 53 | 14 | .42 | - | - | - | - | - | - |
| I prefer to be with friends who don't have children. (pretest) I prefer to be with friends when they leave their children home. | 21 83 68 -- | Agree | 4.25 | - | - | 7 | 23 | .61 | 162 | 42 | .41 | - | - | - | - | - | - |

Table 41--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Scored Direction ^b N=30 Subjects R ^d | | | General Population Scored Direction ^b N=382 Subjects R ^d | | | Utah Primigravid ^b Couples Scored Direction | | | | | |
|---|---------------------------|-------------------------------|--|---|---|--|----|----------------|--|----|----------------|--|----|---------------------------------------|----|---|-----|
| | | | | N | % | N | % | R ^d | N | % | R ^d | Males N=253 Subjects R ^d | | Females N=254 Subjects R ^d | | | |
| I feel a sense of uneasiness about routine caretaking of an infant. (validation) | 22 84 144 42 | Agree | 4.38 | 2 | - | 5 | 16 | .76 | 80 | 21 | .56 | 39 | 15 | .36 | 14 | 6 | .24 |
| I feel a sense of distaste about routine caretaking of an infant. (pretest) | | | | | | | | | | | | | | | | | |
| I do not (would not) enjoy routine caretaking of an infant. | | | | | | | | | | | | | | | | | |
| I really don't enjoy being around children. (pretest) | 23 66 94 -- | Agree | 4.63 | - | - | 3 | 10 | .64 | 44 | 12 | .58 | - | - | - | - | - | - |
| I really don't enjoy being around young children. | | | | | | | | | | | | | | | | | |
| I don't think young infants are very interesting or have much personality. (validation) | 24 49 90 -- | Agree | 4.50 | - | - | 4 | 13 | .27 | 32 | 8 | .31 | - | - | - | - | - | - |
| I don't think young infants have much personality. | | | | | | | | | | | | | | | | | |

Table 41--Continued

| Item and Its Development | Item Numbers ^a | Score Direction ^b | Validator Evaluation of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Score Direction ^b | | | General Population Score Direction ^b | | | Utah Primigravid Couples Score Direction ^b | | | | | |
|--|---------------------------|------------------------------|--|---|-------------|--------------------------------------|----|----------------|---|----|----------------|---|---|----------------|------------------------|---|----------------|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| Taking care of babies' messes is disagreeable. (validation) | 25 108 153 -- | Agree | 3.38 | 2 | - | 1 | 3 | .34 | 186 | 49 | .35 | - | - | - | - | - | - |
| Taking care of babies' messes is disagreeable enough to make me not want to be a parent. (pretest) | | | | | | | | | | | | | | | | | |
| Taking care of babies' messes is disagreeable. | | | | | | | | | | | | | | | | | |
| I don't like the way a baby can tie a couple down. | 26 111 98 34 | Agree | 5.00 | - | - | 10 | 32 | .78 | 87 | 23 | .56 | - | - | - | - | - | - |
| Childbearing can put a lot of stress on a marriage. | 27 123 -- -- | Agree | 4.75 | - | - | 27 | 87 | -.01 | - | - | - | - | - | - | - | - | - |
| Children would interfere with my relationship with my spouse. (pretest) | 28 131 163 -- | Agree | 4.88 | - | 3 | 6 | 19 | .52 | 77 | 20 | .53 | - | - | - | - | - | - |
| Children interfere (would interfere) with my relationship with my spouse. | | | | | | | | | | | | | | | | | |
| The childbearing, child-rearing experience enhances a couple's relationship. | 29 149 21 -- | Disagree | 5.00 | - | 3 | 4 | 13 | .31 | 75 | 20 | .47 | - | - | - | - | - | - |

Table 41--Continued

| Item and Its Development | Item Numbers ^a | Score Direction ^b | Validator Evaluation of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Score Direction ^b N=30 Subjects | | | General Population Score Direction ^b N=382 Subjects | | | Utah Primigravid Couples Score Direction ^b | | | | | |
|---|---------------------------|------------------------------|--|---|-------------|--|----|----------------|--|----|----------------|---|----|----------------|------------------------|----|----------------|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| As a parent, my spouse would not be as attractive to me. | 30 157 -- -- | Agree | 4.13 | - | - | 0 | 0 | 0 | - | - | - | - | - | - | - | - | - |
| A baby in the family makes it a better functioning unit. | 31 158 145 14 | Disagree | 4.38 | 2 | 2 | 16 | 52 | .52 | 203 | 53 | .60 | 76 | 30 | .69 | 96 | 38 | .63 |
| Husband and wife relationships become more tender because of pregnancy. (validation) | 32 164 75 5 | Disagree | 4.75 | 2 | 3 | 11 | 36 | .40 | 114 | 30 | .48 | 26 | 10 | .33 | 37 | 15 | .33 |
| Husband and wife relationships become closer because of pregnancy. | | | | | | | | | | | | | | | | | |
| Having a baby strengthens a marriage. | 33 151 84 21 | Disagree | 4.75 | - | 6 | 15 | 48 | .48 | 183 | 50 | .53 | 56 | 22 | .58 | 78 | 31 | .63 |
| Having a baby can break a weak marriage. | 34 139 47 -- | Agree | 4.75 | - | - | 25 | 81 | .32 | 306 | 80 | .23 | - | - | - | - | - | - |
| I would enjoy coping with the challenges and experiences of being a parent. (pretest) | 35 124 129 -- | Disagree | 5.00 | - | - | 3 | 10 | .54 | 48 | 13 | .59 | - | - | - | - | - | - |
| I enjoy (would enjoy) coping with the challenges and experiences of being a parent. | | | | | | | | | | | | | | | | | |

Table 41--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Scored Direction ^b N=30 Subjects ^d | | | General Population Scored Direction ^b N=382 Subjects ^d | | | Utah Primigravid, Couples Scored Direction ^b | | | | | |
|--|---------------------------|-------------------------------|--|---|---|--|----|----------------|--|----|----------------|---|---|----------------|-------------------------------------|---|----------------|
| | | | | | | N | % | R ^d | N | % | R ^d | Males N=253 Subjects ^d | | | Females N=254 Subjects ^d | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| Raising children to be responsible adults is worth all the effort. (pretest) | 36 124 129 -- | Disagree | 5.00 | - | - | 2 | 7 | .49 | 27 | 7 | .38 | - | - | - | - | - | - |
| Raising children has many benefits. | | | | | | | | | | | | | | | | | |
| I am willing to accept the 20 or more years of responsibility that childrearing entails. (pretest) | 37 169 166 -- | Disagree | 4.88 | - | - | 6 | 19 | .48 | 38 | 10 | .53 | - | - | - | - | - | - |
| I am willing to accept the 20 or more years of responsibility that is involved in childrearing. | | | | | | | | | | | | | | | | | |
| I am willing to work at becoming a more effective parent. | 38 132 168 -- | Disagree | 5.00 | - | - | 1 | 3 | .49 | 13 | 3 | .37 | - | - | - | - | - | - |
| I don't want my life disturbed by the confusion, mess and noise of raising children. | 39 174 64 -- | Agree | 4.88 | - | - | 6 | 19 | .53 | 36 | 9 | .62 | - | - | - | - | - | - |

Table 41--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Scored Direction ^b | | | General Population Scored Direction ^b | | | Utah Primigravid ^b Couples Scored Direction ^b | | | | | |
|--|---------------------------|-------------------------------|--|---|---|---------------------------------------|----|----------------|--|----|----------------|---|---|----------------|------------------------|---|----------------|
| | | | | | | N=30 Subjects | | | N=382 Subjects | | | Males N=253 Subjects | | | Females N=254 Subjects | | |
| | | | | | | N | % | R ^d | N | % | R ^d | N | % | R ^d | N | % | R ^d |
| Children are not worth the wear and tear on you physically and emotionally. (pretest) | 40 181 41 -- | Agree | 4.50 | - | - | 1 | 3 | .39 | 339 | 89 | .16 | - | - | - | - | - | - |
| Children create a lot of wear and tear on you physically and emotionally. | | | | | | | | | | | | | | | | | |
| I don't want the exhaustion and worry of caring for a young baby. (pretest) | 41 165 50 -- | Agree | 5.00 | - | - | 6 | 19 | .65 | 321 | 84 | .21 | - | - | - | - | - | - |
| There is a lot of exhaustion and worry in caring for a young baby. | | | | | | | | | | | | | | | | | |
| There is too much of an emotional risk in raising children and not knowing how they will turn out. | 42 140 -- -- | Agree | 4.38 | - | - | 3 | 10 | .01 | - | - | - | - | - | - | - | - | - |

Table 41 --Continued

| Total Domain Data: | Pretest | General Population | | Utah Primigravid Couples | |
|-------------------------------------|---------|--------------------|-------|--------------------------|---------|
| | | Initial | Final | Males | Females |
| N of domain items | 42 | 38 | 15 | 15 | 15 |
| Mean N of items in scored direction | 12.81 | 13.46 | 5.96 | 3.66 | 3.56 |
| Standard deviation | 7.14 | 6.85 | 3.77 | 2.99 | 2.88 |
| Alpha coefficient | .90 | .89 | .83 | .78 | .76 |

^aFirst - validation, second - pretest, third - initial questionnaire, fourth - final instrument.

^bScored direction - toward minimal value.

^c1 to 5 scale, 5 = relevant.

^dPoint-biserial correlations with total scale score.

Table 42

Item History: Father's Role and Response in Childbearing

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Scored Direction ^b N=30 Subjects ^d | | | General Population Scored Direction ^b N=382 Subjects | | | Utah Primigravid ^b Couples Scored Direction ^b | | | | | |
|--|---------------------------|-------------------------------|--|---|---|--|----|------|---|-----------------------------------|-----|---|-------------------------------------|----------------|----|----|----------------|
| | | | | N | % | R ^d | N | % | R | Males N=253 Subjects ^d | | | Females N=254 Subjects ^d | | | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| A woman doesn't want her husband to remind her about her health habits and practices during pregnancy. | 1 5 22 77 | Agree | 4.25 | - | - | 9 | 29 | .17 | 92 | 24 | .28 | - | - | - | 39 | 15 | .19 |
| A woman wants her husband to be as involved in the childbearing experience as she is. | 2 6 -- -- | Disagree | 4.88 | - | | 3 | 10 | .05 | - | - | - | - | - | - | - | - | - |
| A woman can cope well with her pregnancy despite a lack of support from her husband. (validation) | 3 11 27 -- | Agree | 4.75 | - | 2 | 10 | 32 | .36 | 226 | 59 | .19 | - | - | - | - | - | - |
| A woman can cope well with her pregnancy despite a lack of emotional support from her husband. | | | | | | | | | | | | | | | | | |
| A woman prefers the support of her mother during childbearing to that of her husband. | 4 18 -- -- | Agree | 4.38 | - | - | 1 | 3 | -.15 | - | - | - | - | - | - | - | - | - |

Table 42--Continued

| Item and Its Development | Item Numbers ^a | Score Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Score Direction ^b N=30 Subjects ^d | | | General Population Score Direction ^b N=382 Subjects ^d | | | Utah Primigravid ^b Couples Score Direction ^b Males N=253 Subjects ^d Females N=254 Subjects ^d | | | | | |
|---|---------------------------|------------------------------|--|---|---|---|----|----------------|---|----|----------------|--|----|----------------|----|----|----------------|
| | | | | N | % | N | % | R ^d | N | % | R ^d | N | % | R ^d | N | % | R ^d |
| A woman wants her husband to agree with her labor and delivery plans. (validation) | 5 28 49 65 | Disagree | 4.50 | - | - | 3 | 10 | -.01 | 58 | 18 | .45 | 30 | 12 | .53 | 21 | 8 | .47 |
| A woman wants her husband to participate in developing plans for her labor and delivery. (pretest) | | | | | | | | | | | | | | | | | |
| A woman needs her husband to participate in developing plans for her labor and delivery. | | | | | | | | | | | | | | | | | |
| A woman hopes her husband's reaction to her pregnancy will be similar to hers. | 6 30 83 -- | Disagree | 4.63 | - | - | 1 | 3 | .43 | 30 | 8 | .16 | - | - | - | - | - | - |
| A positive marital relationship leads to calmer reactions in a woman's adjustment during pregnancy. | 7 31 -- -- | Disagree | 4.75 | - | - | 0 | 0 | 0 | - | - | - | - | - | - | - | - | - |
| Women do not want to be held close and cuddled by their husband's during their pregnancy. (pretest) | 8 39 14 36 | Agree Disagree | 4.63 | - | 2 | 4 | 13 | -.17 | 66 | 17 | .22 | 47 | 19 | .25 | 39 | 15 | .23 |
| Women want to be held close and cuddled during their pregnancy. | | | | | | | | | | | | | | | | | |

Table 42--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Scored Direction ^b N=30 Subjects | | | General Population Scored Direction ^b N=382 Subjects | | | Utah Primigravid Couples Scored Direction ^b | | | | | |
|--|---------------------------|-------------------------------|--|---|-------------|---|----|----------------|---|----|----------------|--|----|----------------|------------------------|----|----------------|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| The expectant fathers involvement is not an essential factor in a positive childbirth experience for the woman. | 9 40 36 35 | Agree | 5.00 | - | - | 6 | 19 | .25 | 101 | 26 | .44 | 49 | 19 | .60 | 46 | 18 | .48 |
| Sharing the birth experience with her husband enables a woman to receive comfort and encouragement from his presence. (pretest) A woman receives comfort and encouragement from her husbands presence during the childbirth experience. | 10 43 119 -- | Disagree | 4.75 | - | - | 2 | 7 | .10 | 18 | 5 | .40 | - | - | - | - | - | - |
| The best emotional support is from a woman's husband, even if his only activity during labor is to hold her hand. | 11 50 -- -- | Disagree | 4.00 | - | 2 | 3 | 10 | -.16 | - | - | - | - | - | - | - | - | - |
| Support from her husband is not an essential factor in a woman's ability to successfully control painful sensations during labor. | 12 75 165 4 | Agree | 4.13 | - | - | 13 | 42 | .51 | 185 | 48 | .53 | 59 | 22 | .46 | 39 | 15 | .46 |

Table 42--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Scored Direction ^b N=30 Subjects ^d | | | General Population Scored Direction ^b N=382 Subjects ^d | | | Utah Primigravid Couples Scored Direction ^b | | | | | |
|--|--------------------------------|-------------------------------|--|---|-------------|--|----|----------------|--|----|----------------|--|---|----------------|-------------------------------------|----|----------------|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects ^d | | | Females N=254 Subjects ^d | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| It is not important that a couple agree about what should be done during the child-bearing experience. (pretest) A couple should agree about health care decisions made during the childbearing experience. | 13 51 ----- 133 24 | Agree Disagree | 4.25 | - | - | 1 | 3 | .29 | 13 | 3 | .27 | 8 | 3 | .25 | 11 | 4 | .24 |
| If a wife wants her husband to be with her during delivery he should be with her. | 14 60 95 71 | Disagree | 4.00 | - | - | 7 | 23 | .35 | 71 | 19 | .29 | 19 | 8 | .33 | 28 | 11 | .22 |
| Feeling cared for and loved is not important to a woman's physical well being during pregnancy. (validation) Feeling cared for and loved does not affect a woman's physical well being during pregnancy. | 15 85 -- -- | Agree | 4.13 | - | - | 0 | 0 | 0 | - | - | - | - | - | - | - | - | - |
| It is important to a pregnant woman to be reassured of her husband's love and acceptance despite her changing body shape. | 16 100 17 97 | Disagree | 4.88 | - | - | 1 | 3 | -.25 | 6 | 2 | .22 | 0 | 0 | 0 | 1 | 39 | .10 |

Table 42 --Continued

| Item and Its Development | Item Numbers ^a | Score Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Score Direction ^b N=30 Subjects | | | General Population Score Direction ^b N=382 Subjects | | | Utah Primigravid ² Couples Score Direction ^b | | | | | |
|---|---------------------------|------------------------------|--|---|-------------|--|----|----------------|--|----|----------------|--|----|----------------|------------------------|----|----------------|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| Expectant fathers have the ability to become involved in the childbearing process if they are just willing to be. (pretest) | 17 101 78 78 | Disagree | 4.50 | - | - | 1 | 3 | .09 | 15 | 4 | .44 | 12 | 5 | .52 | 4 | 2 | .15 |
| Expectant fathers should become involved in the childbearing process. | | | | | | | | | | | | | | | | | |
| Men just aren't able to get involved in every little detail of a woman's pregnancy. (validation) | 18 105 131 72 | Agree | 4.13 | - | - | 12 | 42 | .39 | 190 | 50 | .30 | 132 | 52 | .34 | 127 | 50 | .27 |
| Men just aren't able to get involved in every detail of a woman's pregnancy. | | | | | | | | | | | | | | | | | |
| The expectant father is a very able source of support during labor. (pretest) | 19 86 6 94 | Disagree | 4.88 | - | - | 1 | 3 | .09 | 8 | 2 | .27 | 3 | 1 | .28 | 3 | 1 | .31 |
| The expectant father should provide support to his wife during labor. | | | | | | | | | | | | | | | | | |

Table 42--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Scored Direction ^b N=30 Subjects | | | General Population Scored Direction ^b N=382 Subjects | | | Utah Primigravid Couples Scored Direction ^b | | | | | |
|---|---------------------------|-------------------------------|--|---|-------------|---|----|----------------|---|----|----------------|--|---|----------------|------------------------|---|----------------|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| <p>Pregnancy is a crisis period for the man and this can affect his ability to give support to his expectant wife. (validation)</p> <p>Pregnancy is often a difficult period for the man and this can affect his ability to give support to his expectant wife.</p> | 20 76 -- -- | Agree | 3.50 | - | - | 28 | 90 | -.25 | - | - | - | - | - | - | - | - | - |
| An expectant father is not always able to assume the role his wife wants him to take during childbirth. | 21 61 101 -- | Agree | 4.50 | - | - | 28 | 90 | .19 | 360 | 94 | .08 | - | - | - | - | - | - |
| <p>If she wants him to, a father can generally take time off from his job to help his wife when she has a new baby. (pretest)</p> <p>If he wants to, a father can generally take time off from his job to help his wife when she has a new baby.</p> | 22 113 147 -- | Disagree | 4.38 | - | - | 12 | 39 | .40 | 122 | 32 | .16 | - | - | - | - | - | - |

Table 42--Continued

| Item and Its Development | Item Numbers ^a | Score Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Score Direction ^b N=30 Subjects | | | General Population Score Direction ^b N=382 Subjects | | | Utah Primigravid Couples Score Direction ^b | | | | | |
|---|---------------------------|------------------------------|--|---|-------------|--|----|----------------|--|----|----------------|---|----|----------------|------------------------|----|----------------|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| A new father is not as able as a new mother to accept and love his newborn baby. (pretest) | 23 121 124 -- | Agree | 4.50 | - | - | 3 | 10 | .43 | 46 | 12 | .17 | - | - | - | - | - | - |
| A new father is not as able as a new mother to feel love for his newborn baby. | | | | | | | | | | | | | | | | | |
| The least important factor in being a successful father is the love and understanding of his wife. | 24 133 -- -- | Agree | 3.63 | - | - | 2 | 7 | .10 | - | - | - | - | - | - | - | - | - |
| The absence of the expectant father will not affect the successful functioning of a woman during her labor. | 25 141 140 26 | Agree | 4.25 | - | - | 8 | 26 | .49 | 163 | 43 | .51 | 76 | 30 | .55 | 74 | 29 | .58 |
| A woman needs the sustaining presence of her husband in order to function successfully during labor. | 26 150 142 9 | Disagree | 4.00 | - | - | 11 | 36 | .53 | 240 | 63 | .53 | 103 | 41 | .58 | 83 | 33 | .54 |
| A husband's support has a lot to do with whether his wife does well during her labor and delivery. | 27 152 26 84 | Disagree | 4.63 | - | - | 4 | 13 | .50 | 55 | 14 | .50 | 21 | 8 | .40 | 31 | 12 | .46 |

Table 42--Continued

| Item and Its Development | Item Numbers ^a | Score Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Score Direction ^b N=30 Subjects | | | General Population Score Direction ^b N=382 Subjects | | | Utah Primigravid Couples Score Direction ^b | | | | | |
|--|---------------------------|------------------------------|--|---|---|--|----|-----|--|----------------------|-----|---|----|----------------|----|----------|----------------|
| | | | | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | Females N=254 Subjects | | Subjects | | Subjects | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| A woman could not go through labor as successfully without her husband's support. | 28 159 106 28 | Disagree | 4.13 | - | - | 7 | 23 | .25 | 156 | 41 | .46 | 88 | 35 | .47 | 72 | 28 | .49 |
| The active involvement of the expectant father will make it easier for a woman to carry out controlled breathing as she works with her labor contractions. | 29 166 -- -- | Disagree | 4.63 | - | - | 0 | 0 | 0 | - | - | - | - | - | - | - | - | - |
| A long as a man is physically present during labor and delivery, it doesn't matter whether or not he is actually involved in helping his wife. | 30 170 161 60 | Agree | 4.63 | - | - | 5 | 16 | .43 | 89 | 23 | .37 | 61 | 24 | .32 | 38 | 15 | .41 |
| If she is committed to a particular approach to labor, a woman will be successful whether or not her husband agrees with it. | 31 122 85 41 | Agree | 5.00 | - | - | 12 | 39 | .61 | 169 | 44 | .41 | 111 | 44 | .39 | 87 | 34 | .35 |
| Feeling loved and accepted is not a critical factor in a woman's ability to work successfully with her labor and delivery. | 32 114 48 23 | Agree | 4.63 | - | - | 6 | 19 | .43 | 64 | 17 | .42 | 21 | 8 | .32 | 21 | 8 | .40 |

Table 42--Continued

| Item and Its Development | Item Numbers ^a | Score Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Score Direction ^b N=30 Subjects | | | General Population Score Direction ^b N=382 Subjects | | | Utah Primigravid Couples Score Direction ^b | | | | | |
|--|---------------------------|------------------------------|--|---|-------------|--|----|----------------|--|----|----------------|---|----|----------------|------------------------|----|----------------|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| It is the father's right to attend the birth of his child. | 33 77 162 98 | Disagree | 4.00 | - | - | 4 | 13 | .55 | 25 | 7 | .21 | 6 | 2 | .27 | 5 | 2 | .27 |
| A woman needs her husband's support and protection during pregnancy because she is more vulnerable physically and emotionally. | 34 175 130 89 | Disagree | 4.63 | - | - | 5 | 16 | .55 | 40 | 11 | .24 | 9 | 4 | .27 | 11 | 4 | .19 |
| The expectant father is not an important person during the childbearing period. | 35 177 -- -- | Agree | 4.88 | - | - | 2 | 7 | .13 | - | - | - | - | - | - | - | - | - |
| Pregnancy is not physically stressful for an expectant father. | 36 142 167 64 | Agree | 4.38 | - | - | 8 | 26 | .47 | 103 | 27 | .34 | 71 | 28 | .39 | 61 | 24 | .35 |
| Expectant fathers have a lot of fears and concerns during childbearing. | 37 182 13 61 | Disagree | 4.88 | - | - | 6 | 19 | .33 | 48 | 13 | .23 | 4 | 16 | .20 | 34 | 13 | .19 |

Table 42--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Scored Direction ^b | | | General Population Scored Direction ^b | | | Utah Primigravid ^b Couples Scored Direction | | | | | |
|---|---------------------------|-------------------------------|--|---|---|---------------------------------------|----|----------------|--|----|----------------|--|----|----------------|---------------------------------------|----|----------------|
| | | | | | | N=30 Subjects R ^d | | | N=382 Subjects R ^d | | | Males N=253 Subjects R ^d | | | Females N=254 Subjects R ^d | | |
| | | | | | | N | % | R ^d | N | % | R ^d | N | % | R ^d | N | % | R ^d |
| Expectant fathers have nurturing emotions and dependency needs during pregnancy. (validation) | 38 187 77 79 | Disagree | 4.38 | - | - | 13 | 42 | .35 | 26 | 7 | .33 | 69 | 27 | .34 | 21 | 8 | .18 |
| Expectant fathers have increased dependency needs during pregnancy. (pretest) | | | | | | | | | | | | | | | | | |
| Expectant fathers also have increased needs during pregnancy. | | | | | | | | | | | | | | | | | |
| An expectant father is a valuable member of the health team and is capable of functioning well under the stress of labor. | 39 190 -- -- | Disagree | 4.88 | - | - | 1 | 3 | -.10 | - | - | - | - | - | - | - | - | - |
| Fathers do not have more positive, loving feelings toward their newborns when they are present at the delivery than when they are not present. (validation) | 40 194 82 10 | Agree Disagree | 4.13 | - | - | 8 | 26 | .18 | 135 | 35 | .35 | 67 | 26 | .43 | 45 | 18 | .34 |
| Fathers have more positive, loving feelings toward their newborns when they are present at the delivery than when they are not present. | | | | | | | | | | | | | | | | | |

Table 42--Continued

| Total Domain Data: | Pretest | General Population | | Utah Primigravid Couples | |
|-------------------------------------|---------|--------------------|-------|--------------------------|---------|
| | | Initial | Final | Males | Females |
| N of domain items | 40 | 30 | 24 | 24 | 24 |
| Mean N of items in scored direction | 8.13 | 7.67 | 5.86 | 4.62 | 3.70 |
| Standard deviation | 3.75 | 3.52 | 3.32 | 3.23 | 2.73 |
| Alpha Coefficient | .67 | .67 | .70 | .72 | .65 |

^aFirst - validation, second - pretest, third - initial questionnaire, fourth - final instrument.

^bScored direction - toward minimal role and negative response.

^c1 to 5 scale, 5 = relevant.

^dPoint-biserial correlations with total scale score.

Table 43

Item History: Social Compliance and Active Versus Passive Involvement^e

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Scored Direction ^b N=30 Subjects ^d | | | General Population Scored Direction ^b N=382 Subjects ^d | | | Utah Primigravid ^b Couples Scored Direction ^b | | | | | |
|--|---------------------------|-------------------------------|--|---|-------------|--|----|----------------|--|----|----------------|---|---|---|-------------------------------------|---|---|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects ^d | | | Females N=254 Subjects ^d | | |
| A father should be intimately involved in the childbearing/child-rearing process. | 1 7 -- -- | Disagree | 4.63 | - | - | 0 | 0 | 0 | - | - | - | - | - | - | - | - | - |
| A woman can look particularly attractive when she is pregnant. (pre-test) A woman looks particularly attractive when she is pregnant. | 2 12 112 -- | Disagree | 3.75 | - | - | 5 | 16 | .18 | 211 | 55 | .22 | - | - | - | - | - | - |
| Pregnancy should not interfere with a couple's sexual relations. | 3 13 30 -- | Disagree | 3.88 | - | 5 | 11 | 36 | .33 | 74 | 19 | .24 | - | - | - | - | - | - |

Table 43--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Scored Direction ^b N=30 Subjects ^d | | | General Population Scored Direction ^b N=382 Subjects ^d | | | Utah Primigravid ^b Couples Scored Direction ^b | | | | | |
|--|---------------------------|-------------------------------|--|---|-------------|--|----|----------------|--|----|----------------|---|----|-----|-------------------------------------|----|-----|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects ^d | | | Females N=254 Subjects ^d | | |
| Women who are pregnant tend to have a beautiful serene look about them. (validation) | 4 19 92 -- | Disagree | 3.00 | - | - | 1 | 3 | .01 | 200 | 52 | .16 | - | - | - | - | - | - |
| Women who are pregnant can have a beautiful serene look about them. (pretest) | | | | | | | | | | | | | | | | | |
| Women who are pregnant have a beautiful serene look about them. | | | | | | | | | | | | | | | | | |
| I feel confident in being able to protect my own interests during childbearing. | 5 20 132 40 | Disagree | 4.50 | - | 4 | 6 | 19 | .27 | 41 | 11 | .26 | 31 | 12 | .27 | 41 | 16 | .29 |
| I would prefer to manage my own health care and use professional help only to assist me when needed. | 6 29 15 62 | Disagree | 4.75 | - | 2 | 12 | 39 | .53 | 176 | 46 | .36 | 126 | 50 | .37 | 163 | 64 | .35 |
| It is important to me to participate actively in the process of childbirth. | 7 44 118 59 | Disagree | 5.00 | - | - | 2 | 7 | .42 | 28 | 8 | .34 | 25 | 10 | .38 | 16 | 6 | .33 |
| It is desirable to have some sense of control over the childbirth situation. (pretest) | 8 45 42 -- | Disagree | 5.00 | - | - | 1 | 3 | .40 | 5 | 1 | .20 | - | - | - | - | - | - |
| It is desirable for a couple to have some control over the childbirth situation. | | | | | | | | | | | | | | | | | |

Table 43--Continued

| Item and Its Development | Item Numbers ^a | Score Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Score Direction ^b N=30 Subjects | | | General Population Score Direction ^b N=382 Subjects | | | Utah Primigravid ^b Couples Score Direction ^b | | | | | |
|--|---------------------------|------------------------------|--|---|-------------|--|----|----------------|--|----|----------------|--|----|----------------|-------------------------|----|----------------|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N= 253 Subjects | | | Females N= 254 Subjects | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| In childbirth there are different approaches to care that are more a matter of preference than necessity. | 9 52 86 -- | Disagree | 5.00 | - | - | 4 | 13 | .40 | 46 | 12 | .19 | - | - | - | - | - | - |
| I am (my wife is) as capable as any other woman of birthing a child with minimal medical intervention. (validation) | 10 53 65 16 | Disagree | 5.00 | - | - | 5 | 16 | .42 | 93 | 24 | .35 | 44 | 17 | .30 | 46 | 18 | .32 |
| Without medical or obstetrical illness, I am (my wife is) as capable as any other woman of birthing a child with minimal medical intervention. (pretest) | | | | | | | | | | | | | | | | | |
| Without a medical or obstetrical problem I am (my wife is) as capable as any other woman of birthing a child with minimal medical intervention. | | | | | | | | | | | | | | | | | |

Table 43--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Scored Direction ^b N=30 Subjects R ^d | | | General Population Scored Direction ^b N=382 Subjects R ^d | | | Utah Primigravid Couples Scored Direction ^b | | | | | |
|---|---------------------------|-------------------------------|--|---|-------------|--|----|----------------|--|----|----------------|--|----|-----|---------------------------------------|----|-----|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects R ^d | | | Females N=254 Subjects R ^d | | |
| There are a number of safe but different approaches to managing labor that a woman can choose to use. (pre-test) There are a number of equally safe but different approaches to managing labor that a woman can choose to use. | 11 78 51 86 | Disagree | 4.38 | - | - | 0 | 0 | 0 | 21 | 7 | .32 | 26 | 10 | .34 | 22 | .9 | .29 |
| It is important to question your doctor/midwife until you understand their advice and then decide whether or not to follow it. (validation) It is important to question your doctor/midwife until you understand their advice and concern and then decide whether or not to follow it. | 12 87 57 25 | Disagree | 4.00 | 2 | 2 | 6 | 19 | .27 | 28 | 7 | .22 | 33 | 13 | .38 | 20 | 8 | .21 |
| I want to select my own options and choices about how labor and delivery are managed. | 13 115 107 91 | Disagree | 4.88 | - | - | 1 | 3 | .29 | 38 | 10 | .38 | 54 | 21 | .50 | 34 | 13 | .41 |

Table 43--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Scored Direction ^b | | | General Population Scored Direction ^b | | | Utah Primigravid Couples Scored Direction ^b | | | | | |
|--|---------------------------|-------------------------------|--|---|-------------|---------------------------------------|----|-----|--|----------|-----|--|----------------|----------------------|----|------------------------|----------------|
| | | | | Validators | Pre-testors | Subjects | N | % | R ^d | Subjects | N | % | R ^d | Males N=254 Subjects | | Females N=254 Subjects | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| It is important to make sure that your doctor/midwife will really let you have the agreed upon options you have discussed for labor and delivery. (validation) | 14 116 160 -- | Disagree | 4.50 | - | - | 2 | 7 | .46 | 18 | 5 | .16 | - | - | - | - | - | - |
| It is important to make sure that your doctor/midwife will really let you have agreed upon options for labor and delivery. | | | | | | | | | | | | | | | | | |
| Choosing a licensed health care provider should be primarily based on mutual agreement concerning approaches to childbirth care. (pretest) | 15 104 108 48 | Disagree | 4.38 | - | - | 2 | 7 | .17 | 23 | 6 | .24 | 18 | 7 | .22 | 13 | 5 | .04 |
| Choosing a health care provider should be primarily based on mutual agreement concerning approaches to childbirth care. | | | | | | | | | | | | | | | | | |
| I would prefer not to be dependent on anyone during labor. | 16 102 52 -- | Disagree | 4.38 | - | - | 21 | 68 | .11 | 28 | 73 | .16 | - | - | - | - | - | - |

Table 43--Continued

| Item and Its Development | Item Numbers ^a | Score Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Score Direction ^b N=30 Subjects ^d | | | General Population Score Direction ^b N=382 Subjects ^d | | | Utah Primigravid ^b Couples Score Direction | | | | | |
|---|---------------------------|------------------------------|--|---|---|---|----|------|---|----|------|---|----|-----|----------------|----|-----|
| | | | | N | % | R ^d | N | % | R ^d | N | % | R ^d | N | % | R ^d | | |
| Old fashioned remedies are still better than the things doctors prescribe. (pretest) | 17 90 136 -- | Disagree | 3.25 | - | 3 | 24 | 77 | .26 | 88 | 23 | -.01 | - | - | - | - | - | |
| Old fashioned remedies are often better than the things doctors prescribe. | | | | | | | | | | | | | | | | | |
| I would prefer to be actively involved in my (my wife's) pregnancy care. | 18 89 31 -- | Disagree | 4.75 | - | - | 1 | 3 | -.10 | 17 | 5 | .15 | - | - | - | - | - | |
| A father is really not important to an infant or a very young child. | 19 79 -- -- | Agree | 4.75 | - | - | 0 | 0 | 0 | - | - | - | - | - | - | - | - | |
| Teaching women about their bodies and self care is not very likely to improve their health during pregnancy | 20 88 99 -- | Agree | 4.75 | - | | 2 | 7 | -.07 | 33 | 9 | .23 | - | - | - | - | - | |
| The processes of pregnancy and childbirth are too complicated for me to understand. (pretest) | 21 103 58 15 | Agree | 4.50 | - | - | 0 | 0 | 0 | 65 | 17 | .32 | 54 | 21 | .35 | 38 | 15 | .38 |
| I don't really feel comfortable about participating in the processes of pregnancy and childbirth. | | | | | | | | | | | | | | | | | |

Table 43--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: Vali- Pre- dators testors | | Pretest Scored Direction ^b N=30 Subjects N % R ^d | | | General Population Scored Direction ^b N=382 Subjects N % R ^d | | | Utah Primigravid ^b Couples Scored Direction ^b Males N=254 Subjects N % R ^d Females N=254 Subjects N % R ^d | | | | | |
|---|---------------------------|-------------------------------|--|---|---|--|----|----------------|--|----|----------------|---|----|----------------|----|----|----------------|
| | | | | | | N | % | R ^d | N | % | R ^d | N | % | R ^d | N | % | R ^d |
| In my opinion, a woman's health habits are not that vital in having a healthy baby. | 22 119 -- -- | Agree | 4.50 | - | - | 0 | 0 | 0 | - | - | - | - | - | - | - | - | - |
| I feel somewhat helpless to modify my (my wife's) physical health during pregnancy. | 23 153 102 8 | Agree | 4.75 | - | - | 6 | 19 | .27 | 91 | 24 | .32 | 110 | 43 | .37 | 68 | 27 | .34 |
| Teaching people how to some of their own care during pregnancy may cause more harm than good. | 24 160 70 99 | Agree | 4.63 | - | - | 1 | 3 | -.10 | 33 | 9 | .26 | 29 | 11 | .24 | 20 | 8 | .31 |
| Traditional approaches to managing labor are safest. | 25 171 62 46 | Agree | 4.13 | 3 | 2 | 4 | 13 | .34 | 107 | 28 | .39 | 112 | 44 | .46 | 83 | 33 | .43 |
| Taking vitamin and mineral supplements will solve the problem of poor eating habits. | 26 172 148 -- | Agree | 4.38 | - | - | 1 | 3 | .34 | 17 | 5 | .19 | - | - | - | - | - | - |
| Women need a lot of medical help for a difficult experience like childbirth. | 27 178 125 39 | Agree | 4.38 | - | - | 2 | 7 | .25 | 106 | 28 | .45 | 76 | 30 | .41 | 65 | 26 | .48 |

Table 43--Continued

| Item and Its Development | Item Numbers ^a | Score Direction ^b | Validator Evaluation Of item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Score Direction ^b N=30 Subjects | | | General Population Score Direction ^b N=382 Subjects | | | Utah Primigravid ^b Couples Score Direction ^b | | | | | |
|--|---------------------------|------------------------------|--|---|-------------|--|----|----------------|--|----|----------------|--|----|----------------|------------------------|----|----------------|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 Subjects | | | Females N=254 Subjects | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| I try to do exactly what the doctor/midwife tells me to do, without question. (validation) | 28 183 96 58 | Agree | 4.75 | - | - | 21 | 68 | .49 | 302 | 79 | .34 | 212 | 84 | .27 | 235 | 93 | .27 |
| I try to do exactly what the doctor/midwife tells me to do. (pretest) | | | | | | | | | | | | | | | | | |
| I try to do exactly what the doctor/midwife tells me to do regarding my (my wife's) care. | | | | | | | | | | | | | | | | | |
| Since it is the doctor's/midwife's responsibility to manage the birth, it is not necessary for me to know much about it. (pretest) | 29 188 33 93 | Agree | 4.88 | - | - | 0 | 0 | 0 | 9 | 2 | .20 | 8 | 3 | .24 | 6 | 2 | .23 |
| Since it is the doctor's/midwife's responsibility to manage the birth, it is not necessary for me to know details about it. | | | | | | | | | | | | | | | | | |
| A woman in labor doesn't have much choice except to follow the usual hospital routines. | 30 143 28 7 | Agree | 4.50 | - | - | 9 | 29 | .71 | 140 | 37 | .44 | 90 | 36 | .50 | 83 | 33 | .53 |

Table 43--Continued

| Item and Its Development | Item Numbers ^a | Scored Direction ^b | Validator Evaluation Of Item Relevance to Domain N=8 Validators Mean Rank ^c | Numbers of Comments/Suggestions from two or more: | | Pretest Scored Direction ^b | | | General Population Scored Direction ^b | | | Utah Primigravid Couples Scored Direction ^b | | | | | |
|--|---------------------------|-------------------------------|--|---|-------------|---------------------------------------|----|----------------|--|----|----------------|--|----|----------------|---------------|----|----------------|
| | | | | Validators | Pre-testors | N | % | R ^d | N | % | R ^d | Males N=253 | | | Females N=254 | | |
| | | | | | | | | | | | | N | % | R ^d | N | % | R ^d |
| I see myself as more of a follower than as an independent person. (pretest) I see myself more as a follower than an initiator. | 31 154 7 47 | Agree | 4.50 | - | - | 2 | 7 | .21 | 102 | 28 | .25 | 87 | 34 | .37 | 125 | 49 | .51 |
| I trust my doctor/midwife to only give me safe medications/herbs during my pregnancy. | 32 161 139 82 | Agree | 4.63 | - | - | 17 | 55 | .57 | 297 | 78 | .27 | 209 | 83 | .30 | 225 | 89 | .32 |
| For the safest outcome when you are in labor, you should do exactly what the hospital personnel tell you to do. | 33 193 91 2 | Agree | 4.50 | - | - | 15 | 48 | .64 | 236 | 62 | .50 | 212 | 84 | .46 | 196 | 77 | .53 |
| A woman's doctor/midwife has the major responsibility for keeping a woman healthy during her pregnancy. (pretest) A woman's doctor/midwife is responsible for keeping a woman healthy during her pregnancy. | 34 144 16 75 | Agree | 5.00 | - | - | 4 | 13 | .31 | 70 | 18 | .25 | 53 | 21 | .28 | 42 | 17 | .28 |
| Once you go through childbirth you are different for the rest of your life. | 35 120 37 -- | Agree | 3.63 | - | 3 | 24 | 77 | .07 | 242 | 63 | .10 | - | - | - | - | - | - |

Table 43--Continued

| Total Domain Data: | Pretest | General Population | | Utah Primigravid Couples | |
|-------------------------------------|---------|--------------------|-------|--------------------------|---------|
| | | Initial | Final | Males | Females |
| N of domain items | 35 | 32 | 20 | 20 | 20 |
| Mean N of items in scored direction | 6.84 | 8.48 | 5.93 | 6.36 | 6.07 |
| Standard deviation | 3.27 | 3.12 | 2.53 | 2.78 | 2.60 |
| Alpha Coefficient | .68 | .56 | .60 | .63 | .63 |

^aFirst - validation, second - pretest, third - initial questionnaire, fourth - final instrument.

^bScored direction - toward compliance and passive involvement.

^c1 to 5 scale, 5 = relevant.

^dPoint-biserial correlations with total scale score.

^eRetitled to Passive Compliance Versus Active Participation in Childbirth Care Decisions.

APPENDIX I
COMPARISON OF RESPONSES TO INDIVIDUAL ITEMS
BY A GENERAL POPULATION SAMPLE FROM SALT
LAKE AND WEBER COUNTIES AND UTAH
PRIMIGRAVID WOMEN

Table 44

Comparison of Responses to Individual Items in the Domain: Fear of the Childbirth Process,
 by a General Population Sample from Salt Lake and Weber
 Counties and Utah Pregnant Primigravid Women

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------|-------|---|---|-----------------|----------|-----------------|--|-----------------|----------|-----------------|
| Initial | Final | | Agree | | Disagree | | Agree | | Disagree | |
| | | | N | % ^b | N | % ^b | N | % ^b | N | % ^b |
| 11 | 90 | The labor and delivery process is a life threatening event for the baby. | 172 | 45 ^C | 207 | 54 | 103 | 41 ^C | 144 | 57 |
| 29 | 44 | Giving birth is a very pleasant experience. | 227 | 59 | 152 | 40 ^C | 172 | 68 | 77 | 30 ^C |
| 39 | 52 | I think I could handle the discomforts of normal labor and delivery without medication. | 233 | 61 | 142 | 37 ^C | 148 | 58 | 100 | 39 ^C |
| 40 | 13 | When I think about it, I worry about the pain of labor. | 164 | 43 ^C | 213 | 56 | 171 | 67 ^C | 79 | 31 |
| 43 | 92 | Most women I know dread going through childbirth. | 124 | 33 ^C | 257 | 67 | 112 | 44 ^C | 139 | 54 |

Table 44--Continued

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------------|----|---|---|-----------------|----------|-----------------|--|-----------------|----------|-----------------|
| | | | Agree | | Disagree | | Agree | | Disagree | |
| | | | Initial | Final | N | % ^b | N | % ^b | N | % ^b |
| 44 | 74 | Few women can cope with the pain of labor without medication. | 168 | 44 ^c | 211 | 55 | 107 | 42 ^c | 144 | 57 |
| 55 | 88 | There are often breakdowns in the body's ability to birth a child. | 246 | 64 ^c | 133 | 35 | 103 | 41 ^c | 147 | 58 |
| 66 | 73 | It is unusual for the mother to suffer physical damage during the process of normal childbirth. | 267 | 70 | 112 | 29 ^c | 168 | 66 | 82 | 32 ^c |
| 88 | 20 | Labor is essentially an unpleasant experience. | 164 | 43 ^c | 217 | 57 | 98 | 39 ^c | 150 | 59 |
| 93 | 53 | For the safest labor and delivery a woman should go to an obstetrician. | 231 | 61 ^c | 147 | 39 | 174 | 69 ^c | 77 | 30 |
| 100 | 3 | Childbirth is an experience to be endured. | 185 | 48 ^c | 194 | 51 | 114 | 45 ^c | 137 | 54 |
| 103 | 38 | My female family members say labor is difficult and painful. | 210 | 55 ^c | 169 | 44 | 150 | 59 ^c | 103 | 41 |

Table 44--Continued

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------------|-------|--|---|-----------------|----------|-----------------|--|-----------------|----------|-----------------|
| | | | Agree | | Disagree | | Agree | | Disagree | |
| | | | N | % ^b | N | % ^b | N | % ^b | N | % ^b |
| Initial | Final | | | | | | | | | |
| 116 | 6 | It is unusual for damage to the mother or baby to occur during childbirth. | 261 | 68 | 118 | 31 ^c | 145 | 57 | 106 | 42 ^c |
| 120 | 96 | I wish there was some way to have childbirth without any discomfort at all. | 253 | 66 ^c | 123 | 32 | 162 | 54 ^c | 89 | 35 |
| 127 | 37 | Childbirth without fear is an unrealistic idea. | 144 | 38 ^c | 237 | 62 | 111 | 44 ^c | 142 | 56 |
| 134 | 51 | Childbirth is a safe experience for the mother. | 261 | 68 | 117 | 31 ^c | 144 | 57 | 105 | 41 ^c |
| 137 | 63 | Labor and delivery is a necessary evil in order to have a child. | 128 | 34 ^c | 249 | 65 | 77 | 30 ^c | 175 | 69 |
| 141 | 45 | Most women are really frightened at the thought of going through labor and delivery. | 269 | 70 ^c | 112 | 29 | 211 | 83 ^c | 41 | 16 |
| 151 | 76 | Labor is an exciting experience. | 300 | 79 | 79 | 21 ^c | 196 | 77 | 52 | 20 ^c |

Table 44--Continued

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------|-------|--|---|-----------------|----------|----------------|--|-----------------|----------|----------------|
| Initial | Final | | Agree | | Disagree | | Agree | | Disagree | |
| | | | N | % ^b | N | % ^b | N | % ^b | N | % ^b |
| 155 | 31 | The labor and delivery process is one of the most extreme physical stresses a woman has in her life. | 312 | 82 ^c | 69 | 18 | 226 | 89 ^c | 25 | 10 |
| 171 | 87 | Being in labor is being in a very helpless condition. | 140 | 37 ^c | 239 | 63 | 91 | 36 ^c | 154 | 61 |

^aIndividual items may have fewer than 382 or 254 responses.

^bRounded percents.

^cIndicates scored direction for both groups of subjects, i.e., toward fear of the childbirth process.

Table 45

Comparison of Responses to Individual Items in the Domain: Childbearing Health Locus of Control, by a General Population from Salt Lake and Weber Counties and Utah Pregnant Primigravid Women

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------|-------|---|---|----------------|----------|-----------------|--|----------------|----------|-----------------|
| | | | Agree | | Disagree | | Agree | | Disagree | |
| Initial | Final | | N | % ^b | N | % ^b | N | % ^b | N | % ^b |
| 152 | 27 | <u>Internality:</u> Even though it is difficult to arrange, I can have the kind of childbearing experience I want. | 318 | 83 | 62 | 16 ^c | 212 | 83 | 37 | 15 ^c |
| 73 | 29 | I can reduce or eliminate painful sensations during labor by what I do whenever they occur. | 328 | 86 | 52 | 14 ^c | 212 | 83 | 35 | 14 ^c |
| 89 | 1 | Women who are prepared to work actively with the labor and delivery process will have an easier childbirth. | 364 | 95 | 17 | 5 ^c | 240 | 94 | 13 | 5 ^c |

Table 45--Continued

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------|-------|---|---|-----------------|----------|-----------------|--|-----------------|----------|-----------------|
| Initial | Final | | Agree | | Disagree | | Agree | | Disagree | |
| | | | N | % ^b | N | % ^b | N | % ^b | N | % ^b |
| 25 | 32 | If I commit myself to active participation during childbirth I will have a much easier experience. | 340 | 89 | 40 | 11 ^c | 240 | 94 | 11 | 4 ^c |
| 115 | 22 | My personal health practices are the best means of influencing the outcome of pregnancy. | 362 | 96 | 16 | 4 ^c | 239 | 94 | 10 | 4 ^c |
| 109 | 17 | A woman can avoid most complications of pregnancy by what she does to take care of herself. | 350 | 92 | 28 | 7 ^c | 222 | 87 | 29 | 11 ^c |
| 35 | 33 | <u>Externality: Powerful Others</u> It is best if I just follow whatever my doctor's or midwife's usual practices are in labor and delivery. | 212 | 56 ^c | 167 | 44 | 147 | 58 ^c | 106 | 42 |
| 80 | 55 | It is best to leave the decisions about maternity care to the professionals. | 138 | 36 ^c | 239 | 63 | 114 | 45 ^c | 139 | 55 |

Table 45--Continued

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------|-------|---|---|-----------------|----------|----------------|--|-----------------|----------|----------------|
| | | | Agree | | Disagree | | Agree | | Disagree | |
| Initial | Final | | N | % ^b | N | % ^b | N | % ^b | N | % ^b |
| 24 | 49 | I basically trust the competence of physicians during pregnancy and would follow their advice without question. | 185 | 48 ^C | 271 | 71 | 143 | 56 ^C | 108 | 43 |
| 156 | 56 | During the childbearing period I should do what my doctor or midwife tells me to regardless of my personal preferences. | 108 | 28 ^C | 271 | 71 | 58 | 23 ^C | 192 | 76 |
| 3 | 69 | In order to have a good labor and delivery experience I need to go along with the desires of those in charge of care. | 182 | 48 ^C | 197 | 52 | 144 | 57 ^C | 105 | 41 |
| 32 | 12 | The woman and her partner are mostly submissive to the doctor's wishes during childbearing. | 244 | 64 ^C | 137 | 36 | 157 | 62 ^C | 92 | 36 |
| 104 | 81 | I depend on experts to tell me most of what I need to know about caring for my body. | 175 | 46 ^C | 204 | 53 | 116 | 46 ^C | 136 | 54 |

Table 45--Continued

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------------|----|--|---|-----------------|----------|----------------|--|-----------------|----------|----------------|
| | | | Agree | | Disagree | | Agree | | Disagree | |
| | | | Initial | Final | N | % ^b | N | % ^b | N | % ^b |
| 150 | 95 | Just being in the hospital for childbirth would make me feel safe. | 245 | 64 ^c | 135 | 35 | 192 | 76 ^c | 60 | 24 |
| 146 | 66 | <u>Externality: Fate/Chance</u> It is good luck if I have an easy time during child-bearing. | 66 | 17 ^c | 314 | 82 | 71 | 28 ^c | 180 | 71 |
| 74 | 11 | Most of the common discomforts during pregnancy just have to be endured as there really isn't anything much to relieve them. | 153 | 40 ^c | 226 | 59 | 136 | 54 ^c | 115 | 45 |
| 76 | 50 | Some women are just fated to have complications with childbearing. | 131 | 34 ^c | 248 | 59 | 111 | 44 ^c | 139 | 55 |
| 159 | 70 | A baby's growth and development is largely due to factors beyond the parents control. | 42 | 11 ^c | 335 | 88 | 34 | 13 ^c | 219 | 86 |
| 121 | 80 | I can't do anything to influence the labor and delivery process. | 22 | 6 ^c | 360 | 94 | 24 | 9 ^c | 221 | 87 |

Table 45--Continued

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------|-------|---|---|----------------|----------|----------------|--|----------------|----------|----------------|
| Initial | Final | | Agree | | Disagree | | Agree | | Disagree | |
| | | | N | % ^b | N | % ^b | N | % ^b | N | % ^b |
| 63 | 57 | There is nothing I can personally do to reduce pain during birth. | 20 | 6 ^c | 359 | 94 | 24 | 9 ^c | 226 | 89 |

^aIndividual items may have fewer than 382 or 254 responses.

^bRounded percents.

^cIndicates scored direction for both groups of subjects, i.e., toward externality.

Table 46

Comparison of Responses to Individual Items in the Domain: Personal Values About
Childbearing and Childrearing, by a General Population Sample from Salt Lake
and Weber Counties and Utah Pregnant Primigravid Women

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------|-------|---|---|-----------------|----------|-----------------|--|-----------------|----------|-----------------|
| Initial | Final | | Agree | | Disagree | | Agree | | Disagree | |
| | | | N | % ^b | N | % ^b | N | % ^b | N | % ^b |
| 38 | 30 | Being a mother (father) is one of my most important personal goals. | 273 | 72 | 108 | 28 ^C | 228 | 90 | 22 | 9 ^C |
| 145 | 14 | A baby in the family makes it a better functioning unit. | 175 | 46 | 203 | 53 ^C | 152 | 60 | 96 | 38 ^C |
| 149 | 85 | The value of being a parent is over-rated. | 87 | 23 ^C | 291 | 76 | 20 | 8 ^C | 229 | 90 |
| 170 | 18 | The greatest personal growth in life occurs by being a parent. | 183 | 48 | 194 | 51 ^C | 208 | 82 | 41 | 16 ^C |
| 98 | 34 | I don't like the way a baby can tie a couple down. | 87 | 23 ^C | 292 | 76 | 26 | 10 ^C | 227 | 89 |

Table 46--Continued

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------------|-----|---|---|-----------------|----------|-----------------|--|-----------------|----------|-----------------|
| | | | Agree | | Disagree | | Agree | | Disagree | |
| | | | Initial | Final | N | % ^b | N | % ^b | N | % ^b |
| 144 | 42 | I do not (would not) enjoy routine caretaking of an infant. | 80 | 21 ^c | 300 | 79 | 14 | 6 ^c | 238 | 94 |
| 169 | 54 | I've looked forward to having my own baby ever since I was a small child. | 198 | 52 | 179 | 47 ^c | 197 | 78 | 56 | 22 ^c |
| 84 | 21 | Having a baby strengthens a marriage. | 195 | 51 | 183 | 48 ^c | 174 | 69 | 78 | 31 ^c |
| 5 | 67 | I have mixed feelings about being a parent. | 194 | 51 ^c | 186 | 49 | 139 | 55 ^c | 113 | 44 |
| 122 | 83 | Being a good parent is worthwhile because it is part of God's plan. | 288 | 75 | 90 | 24 ^c | 219 | 86 | 28 | 11 ^c |
| 75 | 5 | Husband and wife relationships become closer because of pregnancy. | 263 | 69 | 114 | 30 ^c | 214 | 84 | 37 | 15 ^c |
| 164 | 100 | Being a parent does not help you to become a more mature person. | 171 | 45 ^c | 209 | 55 | 93 | 37 ^c | 158 | 62 |

Table 46--Continued

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------|-------|---|---|-----------------|----------|-----------------|--|-----------------|----------|-----------------|
| Initial | Final | | Agree | | Disagree | | Agree | | Disagree | |
| | | | N | % ^b | N | % ^b | N | % ^b | N | % ^b |
| 154 | 43 | Having a baby of your own makes you complete as a woman (man). | 94 | 25 | 285 | 75 ^c | 129 | 51 | 123 | 48 ^c |
| 20 | 19 | Having a child gives me (would give me) a sense of living on after I am dead. | 174 | 46 | 206 | 54 ^c | 167 | 66 | 84 | 33 ^c |
| 61 | 68 | There isn't much social status in being a mother. | 94 | 25 ^c | 286 | 75 | 48 | 19 ^c | 205 | 81 |

^aIndividual items may have fewer than 382 or 254 responses.

^bRounded percents.

^cIndicates scored direction for both groups of subjects, i.e., toward low values.

Table 47

Comparison of Responses to Individual Items in the Domain: Father's Role and Responses in Childbearing, by a General Population Sample from Salt Lake and Weber Counties and Utah Pregnant Primigravid Women

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------|-------|---|---|-----------------|----------|-----------------|--|-----------------|----------|-----------------|
| Initial | Final | | Agree | | Disagree | | Agree | | Disagree | |
| | | | N | % ^b | N | % ^b | N | % ^b | N | % ^b |
| 142 | 9 | A woman needs the sustaining presence of her husband in order to function successfully during labor. | 141 | 37 | 240 | 63 ^c | 170 | 67 | 83 | 33 ^c |
| 165 | 4 | Support from her husband is not an essential factor in a woman's ability to successfully control painful sensations during labor. | 185 | 48 ^c | 194 | 51 | 39 | 15 ^c | 212 | 83 |
| 140 | 26 | The absence of the expectant father will not affect the successful functioning of a woman during her labor. | 163 | 43 ^c | 217 | 57 | 74 | 29 ^c | 177 | 70 |
| 106 | 28 | A woman could not go through labor as successfully without her husband's effort. | 222 | 58 | 156 | 41 ^c | 178 | 70 | 72 | 28 ^c |

Table 47--Continued

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------|-------|---|---|-----------------|----------|-----------------|--|-----------------|----------|-----------------|
| Initial | Final | | Agree | | Disagree | | Agree | | Disagree | |
| | | | N | % ^b | N | % ^b | N | % ^b | N | % ^b |
| 36 | 35 | The expectant father's involvement is not an essential factor in a positive childbirth experience for the woman. | 96 | 27 ^c | 264 | 73 | 46 | 18 ^c | 206 | 81 |
| 85 | 41 | If she is committed to a particular approach to labor, a woman will be successful whether or not her husband agrees to it. | 169 | 44 ^c | 211 | 55 | 87 | 34 ^c | 165 | 65 |
| 161 | 60 | As long as a man is physically present during labor and delivery, it doesn't matter whether or not he is actively involved in helping his wife. | 89 | 23 ^c | 291 | 76 | 38 | 15 ^c | 213 | 84 |
| 82 | 10 | Fathers have more positive, loving feelings toward their newborns when they are present at the delivery than when they are not present. | 245 | 64 | 135 | 35 ^c | 208 | 82 | 45 | 17 ^c |

Table 47--Continued

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------|-------|--|---|-----------------|----------|-----------------|--|-----------------|----------|-----------------|
| | | | Agree | | Disagree | | Agree | | Disagree | |
| Initial | Final | | N | % ^b | N | % ^b | N | % ^b | N | % ^b |
| 167 | 64 | Pregnancy is not physically stressful for an expectant father. | 103 | 27 ^C | 276 | 72 | 61 | 24 ^C | 191 | 75 |
| 131 | 72 | Men just aren't able to get involved in every detail of a woman's pregnancy. | 190 | 50 ^C | 180 | 50 | 127 | 50 ^C | 122 | 48 |
| 22 | 77 | A woman doesn't want her husband to remind her about her health habits and practices during pregnancy. | 92 | 24 ^C | 286 | 75 | 39 | 15 ^C | 213 | 84 |
| 26 | 84 | A husband's support has a lot to do with whether his wife does well during her labor and delivery. | 325 | 85 | 55 | 14 ^C | 221 | 87 | 31 | 12 ^C |
| 49 | 65 | A woman needs her husband to participate in developing plans for her labor and delivery. | 312 | 82 | 68 | 18 ^C | 230 | 91 | 21 | 8 ^C |

Table 47--Continued

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------|-------|--|---|-----------------|----------|-----------------|--|----------------|----------|-----------------|
| Initial | Final | | Agree | | Disagree | | Agree | | Disagree | |
| | | | N | % ^b | N | % ^b | N | % ^b | N | % ^b |
| 48 | 23 | Feeling loved and accepted is not a critical factor in a woman's ability to work successfully with her labor and delivery. | 64 | 17 ^c | 318 | 83 | 21 | 8 ^c | 230 | 91 |
| 95 | 71 | If a wife wants her husband to be with her during delivery he should be with her. | 310 | 81 | 71 | 19 ^c | 222 | 87 | 28 | 11 ^c |
| 130 | 89 | A woman needs her husband's support and protection during pregnancy because she is more vulnerable physically and emotionally. | 340 | 89 | 40 | 11 ^c | 235 | 93 | 11 | 4 ^c |
| 13 | 61 | Expectant fathers have a lot of fears and concerns during childbearing. | 332 | 87 | 47 | 13 ^c | 218 | 86 | 34 | 13 ^c |
| 14 | 36 | Women want to be held close and cuddled by their husbands during their pregnancy. | 314 | 82 | 66 | 17 ^c | 213 | 84 | 39 | 15 ^c |

Table 47--Continued

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------------|----|--|---|-------|----------|----------------|--|----------------|----------|----------------|
| | | | Agree | | Disagree | | Agree | | Disagree | |
| | | | Initial | Final | N | % ^b | N | % ^b | N | % ^b |
| 162 | 98 | It is the father's right to attend the birth of his child. | 355 | 93 | 25 | 7 ^c | 247 | 97 | 5 | 2 ^c |
| 77 | 79 | Expectant fathers also have increased needs during pregnancy. | 353 | 92 | 26 | 7 ^c | 255 | 89 | 21 | 8 ^c |
| 78 | 78 | Expectant fathers should become involved in the childbearing process. | 365 | 96 | 15 | 4 ^c | 244 | 96 | 4 | 2 ^c |
| 133 | 24 | A couple should agree about health care decisions made during the childbearing experience. | 368 | 96 | 13 | 3 ^c | 238 | 94 | 11 | 4 ^c |
| 6 | 94 | The expectant father should provide support to his wife during labor. | 373 | 98 | 8 | 2 ^c | 249 | 98 | 3 | 1 ^c |

Table 47--Continued

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------------|-------|---|---|----------------|----------|----------------|--|----------------|----------|----------------|
| | | | Agree | | Disagree | | Agree | | Disagree | |
| | | | N | % ^b | N | % ^b | N | % ^b | N | % ^b |
| Initial | Final | | | | | | | | | |
| 17 | 97 | It is important to a pregnant woman to be reassured of her husband's love and acceptance despite her changing body shape. | 375 | 98 | 6 | 2 ^c | 291 | 99 | 1 | 4 ^c |

^aIndividual items may have fewer than 382 or 254 responses.

^bRounded percents.

^cIndicates scored direction for both groups of subjects, i.e., toward minimal role and response.

Table 48.

Comparison of Responses to Individual Items in the Domain: Social Compliance and Active Versus Passive Involvement,^a by a General Population Sample from Salt Lake and Weber Counties and Utah Pregnant Primigravid Women

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------|-------|---|---|-----------------|----------|----------------|--|-----------------|----------|----------------|
| Initial | Final | | Agree | | Disagree | | Agree | | Disagree | |
| | | | N | % ^b | N | % ^b | N | % ^b | N | % ^b |
| 91 | 2 | For the safest outcome when you are in labor, you should do exactly what the hospital personnel tell you to do. | 236 | 62 ^C | 143 | 37 | 196 | 77 ^C | 57 | 22 |
| 125 | 39 | Women need a lot of medical help for a difficult experience like childbirth. | 106 | 28 ^C | 274 | 72 | 65 | 26 ^C | 186 | 73 |
| 28 | 7 | A woman in labor doesn't have much choice except to follow the usual hospital routines. | 140 | 37 ^C | 240 | 63 | 83 | 33 ^C | 168 | 66 |
| 62 | 46 | Traditional approaches to managing labor are safest. | 107 | 28 ^C | 269 | 70 | 83 | 33 ^C | 169 | 67 |

Table 48--Continued

| Numbers Used in Questionnaires: Initial Final | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---|----|---|---|-----------------|----------|-----------------|--|-----------------|----------|-----------------|
| | | | Agree | | Disagree | | Agree | | Disagree | |
| | | | N | % ^b | N | % ^b | N | % ^b | N | % ^b |
| 15 | 62 | I would prefer to manage my own health care and use professional help only to assist me when needed. | 204 | 53 | 176 | 46 ^c | 87 | 34 | 163 | 64 ^c |
| 65 | 16 | Without a medical or obstetrical problem I am (my wife is) as capable as any other woman of birthing a child with minimal medical intervention. | 287 | 75 | 93 | 24 ^c | 204 | 80 | 46 | 18 ^c |
| 96 | 58 | I try to do exactly what the doctor/midwife tells me to regarding my (my wife's) care. | 302 | 79 ^c | 71 | 19 | 235 | 93 ^c | 18 | 7 |
| 102 | 8 | I feel somewhat helpless to modify my (my wife's) physical health during pregnancy. | 91 | 24 ^c | 218 | 74 | 68 | 27 ^c | 182 | 72 |
| 139 | 82 | I trust my doctor/midwife to only give me safe medications/herbs during my pregnancy. | 297 | 78 ^c | 84 | 22 | 225 | 89 ^c | 26 | 10 |

Table 48--Continued

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------|-------|---|---|-----------------|----------|-----------------|--|-----------------|----------|-----------------|
| Initial | Final | | Agree | | Disagree | | Agree | | Disagree | |
| | | | N | % ^b | N | % ^b | N | % ^b | N | % ^b |
| 7 | 47 | I see myself more as a follower than as an initiator. | 102 | 27 ^c | 277 | 73 | 125 | 49 ^c | 127 | 50 |
| 58 | 15 | I don't really feel comfortable about participating in the processes of pregnancy and childbirth. | 65 | 17 ^c | 315 | 83 | 38 | 15 ^c | 212 | 83 |
| 132 | 40 | I feel confident in being able to protect my own interests during child-bearing. | 339 | 89 | 41 | 11 ^c | 211 | 83 | 41 | 16 ^c |
| 16 | 75 | A woman's doctor/midwife is responsible for keeping a woman healthy during her pregnancy. | 70 | 18 | 309 | 81 ^c | 42 | 17 | 209 | 82 ^c |
| 107 | 91 | I want to select my own options and choices about how labor and delivery are managed. | 341 | 89 | 38 | 10 ^c | 218 | 86 | 34 | 13 ^c |
| 118 | 59 | It is important to me to participate actively in the process of childbirth. | 351 | 92 | 29 | 8 ^c | 235 | 93 | 16 | 6 ^c |

Table 48--Continued

| Numbers Used in Questionnaires: Initial Final | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---|----|--|---|----------------|----------|----------------|--|----------------|----------|----------------|
| | | | Agree | | Disagree | | Agree | | Disagree | |
| | | | N | % ^b | N | % ^b | N | % ^b | N | % ^b |
| 51 | 86 | There are a number of equally safe but different approaches to managing labor that a woman can choose to use. | 357 | 94 | 21 | 6 ^c | 229 | 90 | 22 | 9 ^c |
| 79 | 99 | Teaching people how to give some of their own care during pregnancy may cause more harm than good. | 33 | 9 ^c | 346 | 91 | 20 | 8 ^c | 232 | 91 |
| 108 | 48 | Choosing a health care provider should be primarily based on mutual agreement concerning approaches to childbirth care. | 354 | 93 | 23 | 6 ^c | 238 | 94 | 13 | 5 ^c |
| 57 | 25 | It is important to question your doctor/midwife until you understand their advice and concern and then decide whether or not to follow it. | 351 | 92 | 28 | 7 ^c | 229 | 90 | 20 | 8 ^c |

Table 48--Continued

| Numbers Used in Questionnaires: | | Item | General Population N=382 ^a Subjects | | | | Utah Pregnant Primigravidas N=254 ^a Subjects | | | |
|---------------------------------|-------|--|---|----------------|----------|----------------|--|----------------|----------|----------------|
| Initial | Final | | Agree | | Disagree | | Agree | | Disagree | |
| | | | N | % ^b | N | % ^b | N | % ^b | N | % ^b |
| 33 | 93 | Since it is the doctor's/ midwife's responsibility to manage the birth, it is not necessary for me to know the details about it. | 9 | 2 ^c | 372 | 97 | 6 | 2 ^c | 246 | 97 |

^aIndividual items may have fewer than 382 or 254 responses.

^bRounded percents.

^cIndicates scored direction for both groups of subjects, i.e., toward compliance and passive involvement.

^dRetitled to Passive Compliance Versus Active Participation in Childbirth Care Decisions.

APPENDIX J
SELECTED ADDITIONAL SOURCES

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