

EMOTIONAL DISTURBANCE IN PLANNED VERSUS UNPLANNED
COLOURED CHILDREN AND THEIR MOTHERS

Submitted in partial fulfilment of the
requirements for the Degree of M.Sc. in Clinical Psychology

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" The most deadly of all sins is
the mutilation of a child's spirit ".

Erik Erikson
The Young Man Luther, 1958.

" Maximum welfare, not maximum population
is our human objective ".

Arnold Toynbee
Man and Hunger, 1963.

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A B S T R A C T

Twenty-nine planned and seventy-six unplanned Coloured children were compared on the Junior Eysenck Personality Inventory, the Purpose In Life test and the Rutter Teachers' Questionnaire for emotional disturbance. Their mothers were also compared on the Eysenck Personality Inventory for neuroticism and the Maryland Parent Attitude Survey. The Purpose In Life test showed the planned children to have significantly more meaning in their lives. No significant differences between planned and unplanned children were obtained on the other two questionnaires. Mothers of unplanned children were found to be significantly more neurotic than mothers of planned children. No differences in maternal attitudes of rejection and protection were found. Differences in the family size and educational attainment of the mothers were significant in the expected direction. It was finally postulated that the greater the adversity of circumstance of the family, the more negative the effects of unplanned status will be on emotional adjustment.

S U M M A R Y

INTRODUCTION

The population explosion, with its dire effects on the environment, is in many parts of the world threatening to make dangerous inroads on the quality of human life. In almost all of the industrialized nations a bigger population is likely to mean more urban sprawl, more air and water pollution, more traffic congestion and overcrowding in schools and recreation areas, with concomitant consequences on physical and mental health. Keller et al. (1970) have contended that the population explosion serves to retard economic development in the developing nations and plays a contributing role in "locking" the poor into their poverty in the developed nations.

On a personal level, the forced arrival of an unwanted, unloved child may create serious psychological consequences for all concerned. Redman and Lieberman (1973) have asserted that "unwanted pregnancy at any age is inimical to physical, mental and social well-being for parents and children".

Although a number of authors have argued that unwanted and unplanned children suffer adverse psychological consequences (e.g. Blau, 1964; Horder, 1972; and Waggoner and Waggoner, 1968), much of this has been speculative and proper empirical studies are either absent or methodically poor.

After a thorough review of the literature, Pohlman (1969) discovered little evidence to support the notion that unwanted conceptions have undesirable effects. However he pointed out that "on the whole this is a matter of lack of research and a lack of either positive or negative findings rather than an accumulation of negative results". On a more theoretical level, similar views were expressed by David (1971).

After examining 120 Swedes at the age of 21, who were born after their mothers had been refused abortions, Forssman and Thuwe (1966) concluded that they were "worse off in every respect" compared to a control series of wanted children. This study, however, represents an extreme case. Singer et al. (1974) have found that also in non-extreme circumstances a sample of White unplanned children have higher neuroticism score than a comparative sample of planned children.

The aim of the present study is an investigation of the emotional adjustment of planned versus unplanned Coloured children and that of their mothers. The psychological well-being of the mother is extremely important in this respect, because of the close emotional interaction between mother and child, and also since the mother's psychological state might indeed be a factor in having planned or unplanned children.

It could also be argued that mothers might be less accepting of unplanned children. The study in addition wishes to determine whether there are differences in the family size of planned and unplanned families and in the educational attainment of the respective mothers.

HYPOTHESES

1. Unplanned children will be significantly more emotionally disturbed than planned children.
2. The mothers of unplanned children will be significantly more neurotic and rejecting than the mothers of planned children.
3. Unplanned children will belong to significantly larger families than planned children.
4. The mothers of unplanned children will have a significantly lower educational attainment than the mothers of planned children.

SUBJECTS

The sample consisted of twenty-nine planned and seventy-six unplanned Coloured children who were living with both their natural parents. The children were all Std. pupils at two co-educational Cape Town schools that were selected on the basis of being representative of lower and middle socio-economic class children.

ASSESSMENT TOOLS

Tests administered were:-

1. The Junior Eysenck Personality Inventory (Eysenck, 1965).
2. The Rutter Teachers' Questionnaire (Rutter, 1967).
3. The Purpose In Life test (Crumbaugh and Maholick, 1969).
4. The Eysenck Personality Inventory (Eysenck and Eysenck, 1964).
5. The Maryland Parent Attitude Survey (Pumroy, 1966).

PROCEDURE

The J.E.P.I. and the P.I.L. test were administered to the children during school hours. The class teachers, who came into daily contact with the children, were asked to complete Rutter Teachers' Questionnaires on the subjects, who had been in their classes for the past six months. Each mother was subsequently interviewed at home. The mothers were asked whether the child under investigation had been planned by both parents.

The mothers who replied in the negative were then questioned as to whether the child had been wanted at conception or early pregnancy, and also at birth. All the mothers in the sample informed that the child had been wanted at birth. The E.P.I. and the Protective and Rejecting scales of the M.P.A.S. were administered to the mothers at home.

RESULTS

No significant differences in the emotional adjustment of planned and unplanned children were found on the neuroticism scale of the J.E.P.I. and the Rutter Teachers' Questionnaire. Planned children scored significantly higher than unplanned children on the P.I.L. test ($F = 3.782, P < .05$).

The mothers of the unplanned children were found to be significantly more neurotic than the mothers of the planned children on the E.P.I. ($F = 4.284, P < .05$). The differences in the means of the Rejecting and Protective scales of the M.P.A.S. were not significant.

The difference in the mean size of the families of planned and unplanned children was significant at the 1% level. The mothers of planned children had a significantly higher educational attainment than the mothers of unplanned children ($F = 6.857, P < .01$).

DISCUSSION

The results fail to support the hypothesis that unplanned children have a greater degree of emotional disturbance than planned children. The significant difference in the means of planned and unplanned children on the Purpose In Life test suggest however that planned children seem to experience a greater sense of meaning and purpose in life than unplanned children.

The above-quoted finding reinforces the notion that unplanned children may suffer from more specific negative psychological consequences than those measured by the Junior Eysenck Personality Inventory and the Rutter Teachers' Questionnaire in the present study. In addition, the assessment of the childrens' planned or unplanned status involved retrospective reports from the mother. A number of authors (e.g. Westoff et al., 1963 and Zemlick and Watson, 1953) have reported evidence to suggest that unwanted feelings contain a hostile component and are therefore often repressed by parents. Pohlman (1967) has concluded that a child "wanted" for "unhealthy" reasons may suffer undesirable consequences, sometimes quite similar to the consequences of being frankly "unwanted".

The hypothesis that the mothers of unplanned children will be significantly more neurotic than the mothers of planned children, was upheld by the results.

The findings of the present study, in line with the results from various other studies, suggest that the mental health consequences for mothers of unplanned children seem to be worse when they are living in adverse social or other circumstances.

There was no support for the hypothesis that the mothers of unplanned children are more rejecting and less protective towards their children. This would tie in with the fact that the mothers, without exception, reported that the child under investigation was wanted at birth, if not earlier in the pregnancy.

There appears to be a significantly higher incidence of unplanned and unwanted pregnancies among the lower social classes. This was clearly illustrated by a survey of 1,022 White married women under 50 living in Johannesburg (Badenhorst, 1963). The finding of the present study, that the unplanned children come from significantly larger families, ties in well with the above-quoted finding of Badenhorst. There appears to be a reasonably logical link between these findings. It would seem understandable that the arrival of an unplanned child in a large family, especially in a lower income family, could have more adverse effects than its arrival in a smaller family.

The hypothesis that the mothers of unplanned children will have a significantly lower educational attainment, was upheld by the results. A significant positive correlation was obtained between planned status of the child under investigation in the study and educational attainment of the mother.

A smaller family size and a greater knowledge of contraception was also found to be significantly associated with a higher educational attainment by the mother. These findings are concordant with generally accepted expectations and strongly suggest that education plays an important role in having a planned family of small size.

CONCLUSIONS

The study offered only limited support for the suggestion that unplanned children are psychologically worse off, insofar as they appear to have a lesser sense of purpose in life than planned children. It is finally argued that, for both mothers and children, the greater degree of emotional disturbance associated with unplanned children as compared to planned children would probably be related to the degree of adversity in which the family finds itself.

C H A P T E R I : I N T R O D U C T I O N

- 1.1 STATEMENT AND DEFINITION OF THE PROBLEM
- 1.2 THE SIGNIFICANCE OF THE MOTHER-CHILD RELATIONSHIP
- 1.3 UNWANTED AND UNPLANNED CHILDREN

1.1 STATEMENT AND DEFINITION OF THE PROBLEM

The population explosion, with its dire effects on the environment, has already made dangerous inroads on the quality of human life. The Ehrlichs in their recent book Population, Resources and Environment have sounded the following alarm: "No geological event in a billion years - not the emergence of mighty mountain ranges, nor the submergence of entire subcontinents, nor the occurrence of periodic glacial ages - has posed a threat to terrestrial life comparable to that of human overpopulation" (Ehrlich and Ehrlich, 1970 p. 1). Even making allowances for the dramatic language used by the authors, the outlook is grim.

Keller, Sims, Henry and Crawford (1970) have contended that the population explosion serves to retard economic development in the developing nations and plays a contributing role in "locking" the poor into their poverty in the developed nations. In almost all the industrialized nations, a bigger population is likely to mean more urban sprawl, more air and water pollution, more traffic congestion and overcrowding in schools and recreational areas with concomitant consequences on mental health.

In South Africa the large and growing number of unskilled workers annually entering the labour market are already proving difficult to absorb. The high rate of growth in certain sectors of the population is also placing an undue burden on the provision of educational, health and social services.

The fact that the highest population growth is taking place in the poorest non-white sectors of the population (Bureau of Census and Statistics, 1971) could be considered to some extent as contributing to racial tension.

Population density has been shown by Thiessen and Rodgers (1961) to affect endocrine function in rodents. Similarly, in a controlled series, Calhoun (1962) has found that the behaviour repertory of the domesticated Norway rat breaks down dramatically under the social pressures generated by population density. Consequences of observed pathology were most apparent among the females. Many were unable to carry pregnancy to full term or to survive delivery of their litters if they did. Among males, sexual deviation and cannibalism were common.

On a personal level, the forced arrival of an unwanted, unloved child may create serious psychological consequences for all concerned - the unwanted child, the unloving mother, the fragmented family, and ultimately the society that created the crisis in the first place.

In his presidential address to the American Psychological Association, Miller (1969) has pointed out that the psychologist has the capacity as yet unrealized, to contribute significantly to the diagnosis of personal and social problems.

The most urgent problems of our world to-day are the problems we have made for ourselves. These are human problems whose solutions will require us to change our behaviour and our social institutions.

Psychologists and family planning specialists have in the past generally tended to ignore the psychosocial aspects of family planning behaviour and especially the possible etiological and epidemiological significance of chance and planned births. Instead they have restricted their attention mainly to socio-economic variables, demographic and fertility values, reproductive physiology and contraceptive techniques.

In this light Stycos (1963) has commented that in demography, "psychological, social and cultural factors have been all but ignored as objects of scientific inquiry. It is probably fair to say, even now, that we know more about what people expect, want and do with respect to planting wheat or purchasing TV sets than with respect to having babies".

Psychologists traditionally do not play key roles in leadership and technical assistance in the area of family planning. In part this is because of the historical accident that demographers were interested in whatever influenced population growth and hence became the first and the most influential group of social scientists in the study and alteration of birth planning (Pohlman, 1966). In part however it also seems to reflect a suspicion that psychology has little to add. There seems to be some feeling that the distinctive contributions of psychologists are not too relevant in the practical business of struggling with the world's population problems. Even if this were true, the study of the influences of psychological variables on birth planning would seem justifiable. Such a study might constitute an "academic" topic in its own right, and might in addition contribute to the practical work of helping individuals and possibly subgroups with their birth planning.

A cursory overview of applied psychological research in family planning behaviour prompted David (1972) to suggest that we are still at the stage of delineating research questions, identifying pertinent variables, and formulating specific hypotheses.

Stephan (1962) has testified that family planning is a very complex system of behaviour and that the measurement of these attitudes is an integral part

of the problem of measuring and explaining the entire system of family behaviour.

A recurring impediment to research on family planning, particularly to evidence which bears on the hypothesis that unwanted conceptions tend to have undesirable consequences, is the vagueness and remoteness of the independent variable of unwanted conception. It is extremely difficult for even the researcher to define this concept (Pohlman, 1965 b), and often hard for the parent to weight his or her ambivalence and know whether a conception was or was not wanted.

Lieberman (1964) has argued against the tendency to assume an absolute correlation between planned status of a child and wantedness. Planning and wantedness are not always related and a relationship between the terms may change through time.

Some reasons for wanting a child may be less desirable than others from the viewpoint of the mental health of the child. Rutherford, Banks and Coburn (1962), for example, describe their clinical experience with a certain type of couple by saying, "often what the couple really wanted was a child as a solution for a sick human relationship and not a child per se" (p401).

Examples of some reasons for wanting a child which seem generally unhealthy include: to get financial support (state grants etc.); to force a marriage; to hold a husband who may be threatening to leave; to cement a faltering marriage; to fill strong dependency needs.

Pohlman (1969) believes that the line between "healthy" and "unhealthy" motives is often thin. Children are usually wanted for a cluster of reasons, and when an "unhealthy" reason or two is combined with a good supply of "healthy" reasons there is probably little cause for concern. In some cases however it appears that the primary motive is an unhealthy one.

A child "wanted" for "unhealthy" reasons may suffer undesirable consequences, sometimes quite similar to the consequences of being "unwanted". Sloman (1948) provides case study evidence of this.

There seems in the literature to be extensive agreement that the term "unplanned conception" does not necessarily mean that the conception was "unwanted". There seems to be a greater danger of confusion between the terms "accidental conception" and "unwanted conception".

Demographers (e.g. Freedman et al., 1959) have used the term "accidental" to describe a conception which takes place while contraception is being practiced.

According to this definition, a woman who definitely does not want a conception, but has one while not practising contraception, has not had an "accidental" conception although she may have had an "unwanted" one. Similarly, a woman who wants to conceive after a few more months and is using contraception to postpone conception until that time, may have had an "accidental" conception which many would hesitate to call "unwanted". Confusion may be more effectively reduced by restricting the term "accidental" to conceptions which were not overtly planned by both parents, irrespective of the use of contraception.

Pohlman (1969) believes that a certain amount of ambivalence is present for almost all parents, as they think about any given conception.

So puzzling is ambivalence in this context that Lehfeldt (1959) has coined the expression "willful exposure to unwanted pregnancy". He stresses that the ambivalence is sometimes conscious, but sometimes is not. Ambivalent parents will sometimes practise contraception; on other occasions they will expose themselves to "unwanted" pregnancies without contraception. Sometimes, though they practise contraception, their errors in using contraceptives are an expression of the half of their ambivalent feelings which lean towards wanting children. As a consequence of the ambivalence, Lehfeldt concludes "..... it sometimes remains doubtful whether pregnancy is wanted or unwanted".

Zemlick and Watson (1953), in a longitudinal study of 15 normal women, found a significant and "marked" increase in acceptance of pregnancy and motherhood between pregnancy and a month after each birth. Very few changes occurred in the opposite direction; Thomson (1942) found only 2 out of 100 primiparae who planned pregnancy but later felt it was unwanted.

Although these and other studies (e.g. Badenhorst, 1963; Sears, Macoby and Levin, 1957), show that many women shift toward more acceptance of pregnancy, caution must be exercised in interpreting such evidence. A number of these studies have been restricted to primiparae who do not constitute a representative sample of mothers in a given population. Hence most primiparae who "reject pregnancy" may want a child eventually, but not immediately. Such "rejection" may be more amenable to change than the rejection felt by women who have all the children they wish before unwanted conceptions arrive.

In addition, "acceptance" of pregnancy does not necessarily mean becoming glad that the pregnancy occurred. "Accepting" parents may still feel, consciously, that they wished the pregnancy had not occurred.

Pohlman (1968) believes that logically, the major explanation for any permanent changes from rejection to acceptance of pregnancy, among large groups of women, must be rationalization.

Rainwater (1960) has emphasized that the "natural" thing to do is not to plan births. He points out that there is a pervasive and often unconscious tendency, especially among working class couples, to trust to nature and perhaps the religious forces behind nature to work things out for the best. Ambivalent persons may hope that fate will somehow make the painful decision about another child for them.

Polgar (1963) noted, in the sample of Negro women he studied, a frequent pattern of resignation to pregnancy. It was almost as if pregnancy was something beyond their control, in the hands of fate (cited in Pohlman, 1969).

Thus the definition of such terms as "wanted" and "unwanted" becomes complex and somewhat arbitrary. It seems that a very intricate ambivalence is often involved and that there may be no actual decision as to whether a particular child is wanted or not.

1.2 THE SIGNIFICANCE OF THE MOTHER-CHILD RELATIONSHIP

The mother as a social stimulus provides sensory stimulation to the infant through visual, tactual and auditory media i.e. through handling, cuddling, talking and playing with the child as well as through being visually present. The mother in addition acts as a mediator of environmental stimuli by bringing the infant in contact with the environment and by buffering or heightening the intensity of the stimuli.

Numerous psychologists have testified to the significance of adequate care and nurturance as well as the adverse consequences of maternal deprivation and rejection on the psychosocial and intellectual development of the child.

Spitz and Wolf, for example, observed the behaviour of young children who spent the first year in institutions where nurturance was inadequate and inconsistent. During the second half of the first year, 15 per cent of the infants began to develop an unusual sequence of behaviour. At first they cried continually, but after several months the crying subsided and was followed by indifferent behaviour towards adults. "The children would lie or sit with wide open, expressionless eyes, frozen unmovable faces, and a far away expression as if in a daze, apparently not perceiving what went on in their environment". (1946, p. 314).

In a related study, Spitz (1945) observed additional groups of institutionalized children during the first year of life and again after an interval of two years. He noted that children who spent their first year in a deprived institutional setting showed marked deterioration in their cognitive development during the last four months of their first year. In contrast children from normal families as well as those raised in a more stimulating and nurturant institutional setting, showed no deterioration in their cognitive development.

Michael Rutter, a child psychiatrist, has conducted extensive reviews of the literature on parent-child separation and maternal deprivation (Rutter 1971 and 1972). He believes that where warmth in the family is lacking, the child is more likely to develop deviant behaviour, particularly of an antisocial type. Rutter has further found that although the presence of a deviant parental model and inefficient discipline may contribute to delinquency and antisocial behaviour, the lack of a stable, persistent relationship has an even greater importance to the psychosocial development of the child.

Peterson et al. (1959) have reported that the parents of children who displayed adjustment difficulties were judged to be less well adjusted and sociable, less democratic, and experienced more disciplinary contention than the parents of children with no manifest problems.

In this connexion, Sears et al. (1957) have confirmed the significance of parental acceptance for the child's future personality development and adjustment.

An impressive array of researches (e.g. Altman, 1958; Bowlby, 1969; Rosenthal et al. 1959; and Yarrow, 1963) have emphasized the special importance of a warm and stable mother-child relationship.

Dorothy Rogers (1969) has reported that maternal nurturance was found to reduce pessimism, dependency, anxiety and hostility and to facilitate the development of conscience in a study of 31 male children aged 5 to 16. Similarly, Becker (1964) has found that high levels of responsibility in children are related to warmth and nurturant attitudes, especially from the mother. McCarthy and Booth (1970) have found that rejection by the mother may lead to dwarfism, inertia and solitariness in the child, amongst other physiological and behavioural disturbances.

Besides maternal deprivation, the mental health of the mother also seems to have an adverse influence on the psychological wellbeing of the child. Buck and Laughton, in a sample of subscribers to a Canadian Health Insurance Scheme, found that the frequency of emotional and physical illnesses and accidents to children correlated with psychoneurosis in the mother but not the father (cited in Wolff and Acton, 1968).

On the primate level, similar results have been reported in studies of disturbed mother-infant relationships in monkeys. Harlow and Zimmerman (1959) found that new born monkeys developed emotional attachment to surrogate cloth monkeys and little or none to wire dummies, regardless of which provided milk. In fright inducing situations, the infants were repeatedly observed to cling to the cloth effigies for protection. Even after two years of separation, the attachment to the cloth monkeys persisted. In a later study (Harlow and Harlow, 1966) some of these disturbed females could only be impregnated after much difficulty and further revealed themselves to be extremely poor, neglectful and even cruel mothers. It seems that while contact with surrogate mothers is an important aspect of "mothering", it is not sufficient to produce adaptive development.

On the basis of many years of research in this field, Bowlby (1969) has gone as far as to suggest that individuals suffering from any type of psychiatric disorder always show an impairment of the capacity for affectional bonding and that frequently it is a disturbance of bonding in childhood which has caused the later psychiatric disorder.

Bowlby's assertion has been somewhat reinforced by Yarrow (1963) who has concluded that the literature indicated "with an impressive consistency" that

deviant circumstances in early maternal care tend to correlate with subsequent problems in the interpersonal, social and intellectual functioning of the child .

1.3 UNWANTED AND UNPLANNED CHILDREN

A review of some of the research on maternal deprivation clearly indicates the possible adverse consequences that may result from a poor and unstable mother-child relationship. The data cited so far is not incompatible with the notion that unwanted children may be equally adversely affected as a consequence of maternal deprivation and rejection. The seriousness of the problem is magnified by the relatively high incidences of unwanted and unplanned children which have been reported in a number of countries and cultures.

The Commission on Population Growth and the American Future in 1972 found that of all births to recently married couples between 1965 to 1970, " 15% were reported by the parents as never having been wanted". It was further reported that an additional 29% of the children were born before their parents wanted them. Thus within a 5 year period, a total of 44% of all births to married couples in the U.S.A. were unplanned.

In an earlier American study, Whelpton, Campbell and Patterson (1966) classified 17% of all White couples in their large national probability sample as having "excess fertility" - the wife admitted that the couple's most recent conception was unwanted by one

or both parents. Amongst Blacks, 31% of all couples and 48% living on Southern farms had "excess fertility". A later study indicates that unwanted rates were still twice as high for Blacks as for Whites in the 1966 to 1970 period.

Freedman et al. (1959) have reported that over half of all families with 5 or 6 or more children who participated in their study had one or more unwanted children. This finding was later confirmed by Whelpton et al. (1966) who in addition reported that unwanted conceptions were more frequent amongst older couples as well as parents of lower educational and socio-economic status.

A survey conducted by Cartwright (1970) showed that a rising percentage of children born to English mothers with two or more children were the outcome of unwanted pregnancies.

From a sample of 1500 women in two different London hospitals, Fraser and Watson (1968) found that approximately half the pregnancies occurring were "basically unplanned". They also reported a positive relationship between the incidence of unplanned pregnancy and family size. By the time the fourth pregnancy had occurred, at least 4 out of every 5 mothers admitted that their pregnancies were unplanned.

Peel (1970 and 1972) reported the results of his follow-up survey of 350 families in a large English city. Each couple was interviewed at 5 year intervals in the period between 1960 to 1970. It was found that although the number of unplanned pregnancies in the second 5 year period decreased significantly as compared with the first five year period of his survey, they still accounted for a third of the total (Peel, 1972).

The results from three large-scale studies conducted amongst Coloured South Africans are concordant with those reported in the above-mentioned American and British surveys. The reported incidences of unwanted and unplanned pregnancies amongst Coloureds as well as low socio-economic Whites generally exceed the figures provided by the overseas studies.

In an unpublished survey, the Family Planning Officer of the Western Cape Region reported that 50,8% of the Coloured women attending ante-natal clinics in 1970 in the Cape Town area described their pregnancies as unwanted (Kemp, 1974). Likewise, Davey and Robertson (1973) found in their sample of over 200 Coloured women selected from patients attending ante-natal clinics at Groote Schuur Hospital that "over 75% of the subjects said they were not trying to become pregnant and that their pregnancies were unplanned and unintended".

In a third survey, conducted recently amongst a large group of Coloured women at the Tygerberg Hospital family

planning clinic near Cape Town, 76% of the sample informed the interviewers that their pregnancies were unplanned. At the same time 51% of the low socio-economic White respondents in the survey admitted to having an unplanned pregnancy (Van Niekerk, 1974).

While many researchers (e.g. Blau, 1964; Hordern, 1972; Pohlman, 1965a and 1969; Waggoner and Waggoner, 1968) have advanced hypotheses suggesting that unwanted children manifest severe behavioural and emotional maladjustment and that the parents of these children are more rejecting than the parents of wanted children, there is a paucity of well-controlled studies in the area which transcend the stage of speculation.

For instance, Cummings, Bayley and Rietl (1966) have asserted that parents who have an unplanned child may bear a burden of anxiety, depression and conflict in modulating hostility which would serve to produce tendencies towards the rejection of the child. In a similar vein, Zilboorg has argued that a mother's unconscious hostility towards an unwanted child "..... has its rather mysterious way of conveying itself to the child and of provoking a considerable number of undesirable and at times directly pathological reactions" (1957, p. 308).

It has been suggested by Lieberman (1964) that one of the

most effective mental health approaches may be the prevention of unwanted conceptions. Redman and Lieberman (1973) have contended that "unwanted pregnancy at any age is inimical to physical, mental and social wellbeing for parents and children".

In a study that was confounded by problems of sampling and lack of controls, Kvaraceus (1945) investigated the prenatal and early developmental history of over 100 delinquent children. He found that 84% of the parents (usually the mother) described their pregnancies as having been "accidental". Although he recognized the methodological shortcomings of his study, the author assumed that the incidence of unplanned pregnancies was probably a higher proportion than would have been attained among comparable nondelinquent groups.

There is some evidence to suggest that unregulated fertility may sometimes have a detrimental effect on the physical health of the child. In the 1960's medical attention began to be focussed on a problem often overlooked in the past. Kempe et al. (1962) referred to this as "the battered - child syndrome". Fontana (1964) has described the syndrome as follows:

"Behind 'closed doors' a countless number of helpless young children and infants are being abused, neglected, and often 'battered' by parents These children are beaten with a variety of instruments, ranging from bare fists to baseball bats; others are being burned over open flames, gas burners and cigarette lighters. Some children are strangled, others are suffocated by pillows or plastic bags; and some are being drowned".

In a study recently carried out at South Africa's first child abuse unit in Johannesburg, it was found that 70 per cent of the children in the sample were unplanned (Irwin, 1975). Although the study lacked a control group, the senior psychiatrist at the unit felt that the evidence was strong enough to suggest that unplanned pregnancies, even in marriage, are a potential danger to family health.

Singer, Stern and Van der Spuy (1974) reported two studies which assessed the prevalence of emotional disturbance in planned versus unplanned white school children. In the first study unplanned children scored significantly higher on neuroticism and on emotional disturbance on the Rutter Parents' Questionnaire for the total sample, and also for the lower class sample but not for the upper class sample.

In the second study the unplanned children also showed significantly greater emotional disturbance than the controls on the Rutter Parents' Questionnaire. Their mothers tended to score consistently higher on neuroticism, but not significantly so. No differences in maternal attitudes of rejection and protection were found.

Forssman and Thuwe (1966) examined 120 Swedes at the age of 21 who were born after their mothers had been refused abortions, and compared them with a control series of wanted children. The investigators found that 60 per cent of the unwanted children had an insecure childhood, as against only 28 per cent of the control children. The criteria used by the authors for their assessment included:

- (1) Placement in a foster home,
- (2) Parents divorced before the child was 15, and
- (3) A report to childrens' aid bureaus about unsatisfactory conditions at home.

It was also found that 28 per cent of the unwanted children had received psychiatric care of some kind as opposed to 15 per cent of the control group. In terms of delinquency, 18 per cent of the unwanted

children versus 8 per cent of the wanted children were registered with local child welfare boards. While 40 per cent of the control subjects had proceeded to receive some form of higher education, the corresponding incidence for the unwanted children was only 14 per cent.

The results from a similar type of study were reported by Dytrych et al. (1974). These investigators compared 200 children, born to women in Czechoslovakia who twice requested and were denied abortion, with an equal number of matched controls over a 10 year period. The children unwanted at conception were found to have a significantly higher incidence of illness and hospitalization, and during the preschool years were "significantly naughtier" than the controls, according to assessments made by the mothers. While both groups of children had the same capabilities, inasmuch as they obtained similar results on tests of intelligence, the unwanted children obtained significantly poorer grades at school. The unwanted children were also reported to have significantly worse integration in their peer group than the control series of wanted children.

An interesting discovery made by the authors was that the unfavourable effects were more pronounced in unwanted boys than girls. It is felt that future studies in the area should take cognizance of the possibility of a higher risk situation for boys.

While Dytrych et al. feel that the differences between their subject and control groups "are not dramatic, but nevertheless clear", Forssman and Thuwe have concluded that unwanted children "are worse off in every respect". It should however be recognized that both studies represent an extreme case inasmuch as all the mothers' of the children in the experimental groups originally applied for therapeutic abortions which were refused..

A number of research studies have not shown unplanned and unwanted children to be in a greater risk situation than control series of planned and wanted children. Medinnus (1963), for example, found no consistent evidence of a relationship between:

- (1) Parents' attitudes toward certain discipline and child-rearing practices, and
- (2) Parents' acceptance of the child.

Medinnus believes that the former probably arises from a number of sources, only one of which is parents' acceptance of the child.

After a comprehensive review of the literature, Pohlman (1969) discovered little evidence to support the notion that unwanted conceptions have undesirable effects. He pointed out however that "on the whole this is a matter of lack of research and a lack of either negative or positive findings rather than an accumulation of negative results". On a more theoretical level, similar views were expressed by David (1971).

In conclusion, it appears that existing research in the area of psychological aspects of unregulated fertility is surrounded by confusion. Researches have experienced difficulty in defining the independent variables under consideration. The validity of many of the reported studies is further restricted by methodological inadequacies. While the results of many of the well-controlled studies suggest that unwanted and unplanned conceptions have undesirable consequences, other studies of an equally adequate nature have failed to sustain the notion that unplanned pregnancies are always bad or that a planned pregnancy more often produces a psychologically healthy child.

It should be noted that much of the research has been conducted in different countries and social-cultural environments. A possible explanation for the conflicting results obtained by methodologically sound studies is that the psychological effects of planned or unplanned status may differ from one social-cultural environment to another.

Few well-controlled studies in the area have been carried out in South Africa, particularly amongst the Coloured population whose birth-rate is extremely high by Western standards. Existing research consists mainly of survey-type studies which have not attempted to investigate possible psychological consequences of unregulated fertility. There is thus a strong need for further clearly delineated studies of the mental health consequences of unwanted and unplanned pregnancies within varying social-cultural environments.

C H A P T E R I I : T H E P R E S E N T S T U D Y

2.1 AIMS AND HYPOTHESES

2.2 METHOD

(a) Subjects

(b) Instruments

(i) The Junior Eysenck Personality Inventory

(ii) The Rutter Teachers' Questionnaire

(iii) The Purpose In Life Test

(iv) The Eysenck Personality Inventory

(v) The Maryland Parent Attitude Survey

(c) Procedure

2.1 AIMS AND HYPOTHESES

The aim of the present study is primarily an investigation of the emotional adjustment of planned versus unplanned children and that of their mothers in a Coloured population. The psychological well-being of the mother is extremely important in this respect, because of the close emotional interaction between mother and child, and also since the mother's psychological state might indeed be a factor in having planned or unplanned children. It could also be argued that mothers might be less accepting, and more rejecting of unplanned children.

The study also wishes to determine whether there are differences in the family size of the planned and unplanned children as well as differences in the educational attainment of the respective mothers.

A number of researches, for example, Eysenck and Eysenck (1964) and Hollingshead and Redlich (1958), have found a greater incidence of mental illness in lower socio-economic groups. The present study also wishes to clarify whether there are differences in the emotional adjustment of the middle versus lower class children and their mothers.

In addition, a descriptive analysis of the results will be undertaken.

Consequently, the following hypotheses were generated:-

1. Unplanned children will be significantly more emotionally disturbed than planned children, as measured by the Junior Eysenck Personality Inventory and the Rutter Teachers' Questionnaire.
2. Unplanned children will experience significantly less purpose and meaning in life than planned children, as measured by the Purpose In Life Test. It is assumed that families where births are planned will be better organized and induce more purpose in the lives of the children than families where births are unplanned.
3. The mothers of unplanned children will be significantly more neurotic than the mothers of planned children, as measured by the Eysenck Personality Inventory.
4. The mothers of unplanned children will be significantly more rejecting and less protective than the mothers of planned children, as measured by the Maryland Parent Attitude Survey.

5. Unplanned children will belong to significantly larger families than planned children.
6. The mothers of unplanned children will have a significantly lower educational attainment than the mothers of planned children.
7. Lower socio-economic class children will be significantly more emotionally disturbed than middle socio-economic class children, as measured by the Junior Eysenck Personality Inventory and the Rutter Teachers' Questionnaire.
8. The mothers of lower socio-economic class children will be significantly more neurotic than the mothers of middle socio-economic class children, as measured by the Eysenck Personality Inventory.

2.2 METHOD

(a) Subjects

The present sample originally consisted of 128 Standard VI Coloured children attending two different Cape Town co-educational schools. The schools were selected on the basis of being representative of both middle and lower socio-economic class children.

Subjects who were not the natural children of both parents (9), whose mothers were pregnant or intended to increase their family size (7), or whose teachers had not been in contact with them for the required period of time (2), were eliminated from the sample. Five children whose mothers refused to grant personal interviews were also excluded from the study.

The following social class scale was used:

S O C I A L C L A S S S C A L E
UNIVERSITY OF CAPE TOWN CHILD GUIDANCE CLINIC

Rate according to father's profession. If retired, rate according to what employment used to be. If widowed or divorced rate according to what father used to do.

CLASS I: Traditional aristocracy, millionaires, cabinet ministers, chancellors and principals of Universities, managing directors or chairmen of boards of nationwide or international companies.

CLASS II: Professionals, salaried executives, owners of large firms, operators of moderate sized enterprises, students of universities and colleges, prosperous farmers and land-owners.

CLASS III: Small businessmen, small farmers, clerical workers, white collar workers, semi-professionals.

CLASS IV: Skilled workers, qualified tradesmen, apprentices.

CLASS V: Semi-skilled workers.

CLASS VI: Unskilled workers, permanently unemployed, poor whites.

Since social classes I and II were unrepresented in the sample, the term, "middle class" was used to refer to subjects represented by categories III and IV and the term "lower class" to refer to subjects represented by categories V and VI.

Total number of children in the sample:	105
Total number of planned children:	29
Total number of unplanned children:	76
Total number of middle class children:	69
Total number of lower class children:	36
Total number of boys:	44
Total number of girls:	61

(b) Instruments

(i) The Junior Eysenck Personality Inventory

The Junior Eysenck Personality Inventory was designed to measure the two major personality variables of neuroticism and extraversion - introversion in children. The J.E.P.I. is a development of the Maudsley Personality Inventory (Eysenck, 1959) and the Eysenck Personality Inventory (Eysenck and Eysenck, 1964) for adults, and like the latter, also contains a lie scale for the detection of faking.

While split-half reliabilities have been found to be satisfactory, test - retest, reliabilities averaging between .7 and .8 have been obtained for the various age categories, using samples of 1,056 boys and 1,074 girls (Eysenck, 1965). Although there is little data available to support any claim for the J.E.P.I.'s use other than as an instrument for experimentation, Eysenck (1965) has reported the use of the Inventory with 229 London child guidance clinic children who as a group were found to be very significantly above the standardized sample with respect to neuroticism.

The J.E.P.I. was chosen to be used in the study in preference to other well known childrens questionnaires, such as the California Test of Personality, that are characterized by inadequate age-group differentiation.

(ii) The Rutter Teachers' Questionnaire

Since school teachers have the opportunity both to observe and compare large groups of children and because of the practical significance of the child's behaviour at school, assessments completed by teachers are particularly useful devices. Most existing questionnaires in this category are however disadvantaged by factors such as a lack of recently completed validation data and unsuitability for use with preadolescent children.

Rutter (1967) devised the Teachers' Questionnaire for use with children in the middle age range, to distinguish between neurotic and antisocial behaviour and to be easy and quick to complete. While satisfactory retest and interrater reliability coefficients have been obtained for the older form of the Teachers' Questionnaire, these are still unavailable for the later improved version of the test, but would be expected to be at least as good.

A limitation of the Rutter Teachers' Questionnaire is that it serves primarily as a symptom count and is consequently unable to properly identify children with monosymptomatic disturbances. Thus a child with only

a single symptom that nevertheless has a paralysing effect on his life, may still obtain a very low score for emotional disturbance. This would suggest that the usefulness of the Rutter Teachers' Questionnaire is restricted to the experimental setting and that the instrument is not validated for diagnostic screening.

(iii) The Purpose In Life Test

The Purpose In Life Test is an attitude scale designed to measure the degree to which the subject experiences a sense of meaning and purpose in life. The scale is intended to be a measure of Victor Frankl's basic concept, "existential vacuum" (Crumbaugh and Maholick, 1969).

Frankl's method of psychotherapy, logotherapy, is an application of the principles of existential philosophy to clinical practice. His basic contention is that a new type of neurosis is increasingly seen to-day which arises largely as a response to a complete emptiness of purpose in life (Frankl, 1965). He further feels that an emptiness of purpose in life may often lead to psychopathology, depending upon the degree of involvement of other dynamic factors.

The Purpose In Life scale has proved useful in the individual counseling of students, in vocational and rehabilitation work, and in treatment of both in-and-out patient neurotics (Crumbaugh and Maholick, 1969). Split-half reliabilities of .81 and .85 have been obtained for both patient and non-patient groups (Crumbaugh, 1968).

Both construct and criterion validity of the P.I.L. have been assessed. Crumbaugh (1968) predicted correctly, from the standpoint of construct validity, the order of the means of four "normal" populations. Prediction of the order of means for psychiatric populations was less accurate, but did show the expected drop from neurotics to alcoholics, through to non-schizophrenic psychotics. Scores of combined normal versus psychiatric groups yielded a very significant difference. Correlation between P.I.L. scores and therapists' ratings of the degree of purpose and meaning in life demonstrated by the patient are concordant with the level of criterion validity which can usually be obtained from a single measure of a complex trait.

A correlation of only .13 between P.I.L. scores and the educational and income level of a group of normal subjects (Crumbaugh, 1968), suggests that the low socio-economic status of many of the subjects in the present study will not be a biasing factor.

(iv) The Eysenck Personality Inventory

The Eysenck Personality Inventory was designed to measure neuroticism or emotionality and extraversion-introversion as two independent dimensions of personality. The lie scale of the inventory serves to eliminate subjects who attempt to project themselves in a favourable light to such an extent as to make the validity of their scores questionable (Gibson, 1962).

The E.P.I. is a development of the Maudsley Personality Inventory (Eysenck, 1959) and has been carefully reworded to make the items understandable by subjects of low intelligence and / or education (Eysenck and Eysenck, 1964).

The test-retest reliability of the E.P.I. is reported to be usually in excess of .85 after the duration of a few months. It has in addition been found that the acquiescence response set plays a very small and insignificant role only (Eysenck and Eysenck, 1964).

Correlations with sex are not large because items giving large sex differences were eliminated during the construction of the inventory. Women however tend to score higher than men on neuroticism, but lower on extraversion.

Eysenck and Eysenck (1964) have found a general tendency for working class groups to be characterized by higher neuroticism scores than middle class groups.

(v) The Maryland Parent Attitude Survey

It was felt that an instrument for measuring parents' attitudes towards child rearing would be particularly advantageous for exploring mother-child interaction. Although scales such as the Parental Attitude Research Instrument (Schaefer and Bell, 1958) enjoy extensive use, their validities have been undermined by a failure to control the response set of subjects.

Pumroy (1966) has proposed the use of the Maryland Parent Attitude Survey which controls for social desirability in a manner similar to the method used in the Edwards Personal Preference Schedule (Edwards, 1954). The M.P.A.S. presents the subject with pairs of illogical alternatives about handling children of which the subject has to choose one which generally appears to be as acceptable or as unacceptable as its alternative. The M.P.A.S. consists of four categories for measuring parental attitudes: Disciplinarian, Indulgent, Protective and Rejecting.

Whereas satisfactory test-retest reliability for the M.P.A.S. has been made available (Pumroy, 1966), only very limited material on its validity has been reported. Van der Spuy et al. (in press) recently performed a study with a British sample in an attempt

to obtain a thorough assessment of the validity of the M.P.A.S. The investigators concluded that while the M.P.A.S. appears to have sufficient validity in indicating group trends to be retained as a research instrument, validity for purposes of individual clinical decisions appears to be inadequate. Van der Spuy et al. further stated that clearer interpretations are more likely to emerge when the age ranges of the children are similar and data is analyzed separately by sex.

The M.P.A.S. is characterized by a tendency to force the respondent into making difficult and frustrating decisions as there are only two available response choices. Since this factor serves to disrupt rapport and because questions had to be administered orally to most mothers owing to low educational attainment, the scale administered was restricted only to those items which contributed to the Rejecting and Protective dimensions.

(c) Procedure

The Junior Eysenck Personality Inventory and the Purpose In Life Test, both translated into colloquial Afrikaans, were administered to all the children during class periods. Children whose home language, was English were provided with questionnaires in that language medium.

Each mother was subsequently interviewed at home. Questions referred to the size and spacing of the family, contraception, and attendance at family planning clinics (see Appendix A). The occupation of the spouse, which had already been provided by the child, was verified.

The mothers were asked whether the child under investigation had been planned by both parents. Those mothers who replied in the negative were then questioned as to whether the child had been wanted during pregnancy. Mothers who again replied in the negative were then asked whether the child had been wanted at birth. All the mothers informed that the child under investigation had been wanted at birth, irrespective of whether the child was planned or unplanned.

The mothers were then asked to complete the Eysenck Personality Inventory and the Protective and Rejecting scales of the Maryland Parent Attitude Survey. The questions were administered orally to those mothers who were unable to comply with the instructions because of low educational qualifications.

The class teachers who came into regular contact with the children, were asked to complete Rutter Teachers' Questionnaires on all the subjects who had been in their own classes for the past six months.

CHAPTER III:

RESULTS

KEY:-

The following symbols are used throughout the results and discussion of results.

M.S.	refers to the mean square deviation
D.F.	refers to the degree of freedom
F Ratio	refers to the statistic arrived at by the analysis of variance technique
A	denotes the planned - unplanned variable
A1	refers to planned children
A2	refers to unplanned children
B	denotes the social class variable
B1	refers to lower class children
B2	refers to middle class children
C	denotes gender
C1	refers to boys
C2	refers to girls
F.P.	refers to family planning
F.P.C.	refers to family planning clinics
*	indicates the .05 level of significance, and
**	indicates the .01 level of significance in all statistical tables.

Almost all of the data in the present study was analyzed with the two-way analysis of variance. This procedure facilitates studying the effects of two independent variables (planned or unplanned status and low or middle social class) on a single criterion. In addition, the investigator is enabled to study possible interaction between the row and column variables (Roscoe, 1969).

TABLE 1

Neuroticism scale of the J.E.P.I. : Analysis of Variance

Source	M.S.	D.F.	F Ratio
A (Planned - unplanned)	43.334	1	1.947
B (Lower - middle) social class	65.797	1	2.969*
AB	11.942	1	.539
Error Term	22.159	101	

*($P < .05$)

The results from the analysis indicate that as a group, the unplanned children are not significantly more emotionally disturbed than the planned children are on the neuroticism scale of the Junior Eysenck Personality (Hypothesis 1). A separate analysis of the social class variable indicates that the lower class children are significantly more neurotic than the middle class children ($F = 2.969$, $P < .05$).

While the results fail to support the first hypothesis, they serve to uphold the hypothesis that lower socio-economic class children will be significantly more emotionally disturbed than middle socio-economic class children.

TABLE 2

Rutter Teachers' Questionnaire : Analysis of Variance

Source	M.S.	D.F.	F Ratio
A (Planned - unplanned)	9.136	1	.559
B (Lower - middle) social class	4.709	1	.288
AB	.149	1	.092
Error Term	16.341	101	

The results from the analysis indicate insignificant differences in the scores of planned and unplanned children on the Rutter Teachers' Questionnaire. The first hypothesis is therefore totally rejected. Likewise, the differences in the scores of lower and middle class children are also insignificant. (Table 2).

TABLE 3

Rutter Teachers' Questionnaire : Analysis of Variance

Source	M.S.	D.F.	F Ratio
B (Lower - middle) social class	.349	1	.023
C (Boys - girls)	41.149	1	2.778
BC	75.265	1	5.082**
Error Term	14.810	101	

** ($P < .01$)

A further analysis reveals that there is a significant interaction between the variables of social class and sex of the child (Table 3 : $F = 5.082$, $P < .01$).

TABLE 4

Rutter Teachers' Questionnaire : Simple Main Effects

Source	M.S.	D.F.	F Ratio
B at C1	27.432	1	1.852
B at C2	53.095	1	3.585*
C at B1	1.922	1	.129
C at B2	169.762	1	11.462**
Error Term	14.810	101	

* ($P < .05$)

** ($P < .01$)

Table 4 refers to tests for simple main effects, analysis of which was especially indicated by the significant BC interaction in Table 3.

Table 4 indicates that lower class girls have significantly higher emotional disturbance scores on the Rutter Teachers' Questionnaire than middle class girls. (B at C2, $P < .05$).

In addition, middle class boys are significantly more emotionally disturbed than middle class girls on the same test (C at B2, $P < .01$).

TABLE 5
Purpose In Life Test : Analysis of Variance

SOURCE	M.S.	D.F.	F Ratio
A (Planned - unplanned)	1186.0	1	3.782*
B (Lower - middle) social class	149.719	1	.462
AB	102.02	1	.315
Error Term	324.087	101	

* ($P < .05$)

The results indicate that the mean of the planned children is significantly greater than that of the unplanned children on the Purpose In Life Test ($F = 3.782$, $P < .05$). The second hypothesis is therefore upheld by the results.

The difference in the scores of lower and middle class children on the Purpose In Life Test is insignificant (Table 5).

TABLE 6
Neuroticism scale of the E.P.I. : Analysis of Variance

Source	M.S.	D.F.	F Ratio
A (Planned - unplanned)	125.507	1	4.284*
B (Lower - middle) social class	153.47	1	5.321**
AB	49.728	1	1.724
Error Term	28.842	101	

* (P < .05)

** (P < .01)

The results from Table 6 indicate that the mothers of the unplanned children are significantly more neurotic than mothers of the planned children (F = 4.284, P < .05). The third hypothesis is therefore upheld by the results.

The difference between the middle and lower social class mothers is in the predicted direction and is significant at the 1% level. The hypothesis that lower class mothers will be significantly more neurotic than middle class mothers is therefore also upheld by the results.

TABLE 7

Protective scale of the M.P.A.S. : Analysis of Variance

Source	M.S.	D.F.	F Ratio
A (Planned - unplanned)	8.445	1	1.764
B (Lower - middle) social class	1.265	1	.264
AB	5.867	1	1.226
Error Term	4.786	101	

TABLE 8

Rejecting scale of the M.P.A.S. : Analysis of Variance

Source	M.S.	D.F.	F Ratio
A (Planned - unplanned)	8.445	1	1.764
B (Lower - middle) social class	1.263	1	.264
AB	5.867	1	1.225
Error Term	4.785	101	

The results from the analysis indicate that the differences in the means of the mothers of planned and unplanned children, on both the Rejecting and Protective scales of the M.P.A.S., are insignificant. Similarly, an analysis of the social class variable reveals no significant differences in the child rearing attitudes of lower and middle class mothers (Tables 7 and 8).

The hypothesis that the mothers of unplanned children will be significantly more rejecting and less protective than the mothers of planned children was therefore not upheld by the results.

TABLE 9

Protective scale of the M.P.A.S. : Analysis of Variance

Source	M.S.	D.F.	F Ratio
B (Lower - middle) social class	3.043	1	.654
C (Boys - girls)	22.847	1	4.194**
BC	2.761	1	.593
Error Term	4.648	101	

** (P < .01)

TABLE 10

Rejecting scale of the M.P.A.S. : Analysis of Variance

Source	M.S.	D.F.	F Ratio
B (Lower - middle) social class	3.045	1	.655
C (Boys - girls)	22.848	1	4.915**
BC	2.759	1	.593
Error Term	4.648	101	

** (P < .01)

An investigation of the sex variable reveals that the mothers are significantly more protective towards girls and reciprocally, significantly more rejecting towards boys, irrespective of social class or planned - unplanned status (Tables 9 and 10).

TABLE 11
Family size : Analysis of Variance

Source	M.S.	D.F.	F Ratio
A (Planned - unplanned)	47.052	1	6.457**
B (Lower - middle) social class	29.019	1	3.983*
AB	.034	1	.068
Error Term	7.286	101	

* ($P < .05$)

** ($P < .01$)

The results from Table 11 indicate that the families of the unplanned children are significantly larger than those of the planned children ($F = 6.457$, $P < .01$). The fifth hypothesis is therefore upheld by the results.

A separate analysis of the social class variable reveals that the families of lower class children are significantly larger than those of the middle class children, irrespective of planned or unplanned status ($F = 3.983$, $P < .05$).

TABLE 12

Education of Mothers : Analysis of Variance

Source	M.S.	D.F.	F Ratio
A (Planned - unplanned)	35.895	1	6.857**
B (Lower - middle) social class	8.175	1	1.562
AB	2.686	1	.513
Error Term	5.235	101	

** ($P < .01$)

The results from the analysis indicate that as a group, the mothers of the planned children have a significantly higher educational attainment than mothers of the unplanned children. The sixth hypothesis is therefore accepted at the 1% level.

The difference in educational attainment between lower and middle class mothers is insignificant (Table 12).

TABLE 13
Level of Significance of Correlations

Variable	Variable	r	Level of Significance
Neuroticism of mother	social class	.228	0.025
Neuroticism of mother	family size	-.011	not significant
Neuroticism of mother	education of mother	-.223	0.025
Rejecting score on M.P.A.S.	happy with sex of child	-.198	0.025
Family size	social class	.335	0.005
Education of mother	family size	-.247	0.01
Education of mother	contraceptives known	.395	0.005
Planned status	neuroticism of mother	-.195	0.025
Planned status	education of mother	.247	0.01
Planned status	family size	-.370	0.005
Planned status	social class	-.306	0.005
Planned status	discusses FP with spouse	.361	0.005
Discusses FP with spouse	family size	-.334	0.005
Discusses FP with spouse	attends FPC	.215	0.025
Actual family size	ideal family size	.346	0.005

In the following chapter, the relationship of these results to the hypotheses is discussed.

C H A P T E R IV: DISCUSSION AND CONCLUSIONS

In this, the final chapter, the implications of the results presented in the previous chapter are examined and possible future research directions are suggested.

The first hypothesis, that unplanned children are significantly more emotionally disturbed than planned children, was not upheld by the results. The differences in the means of planned and unplanned children on both the neuroticism scale of the Junior Eysenck Personality Inventory and the Rutter Teachers' Questionnaire were insignificant.

Planned children however were found to have significantly higher scores than unplanned children on the Purpose In Life test, thereby upholding the second hypothesis. Planned children therefore seem to experience a greater sense of meaning and purpose in life.

The above-mentioned finding reinforces the notion that unplanned children may suffer from more specific negative psychological consequences than those measured by the neuroticism scale of the J.E.P.I. and the total scale of the Rutter Teachers' Questionnaire in the present study. The use of the neurotic and antisocial scales of the Rutter Questionnaire could probably have indicated more specifically the types of emotional disturbance manifested by unplanned children.

The use of these two scales for statistical treatment was however rendered impractical by the very low subscores obtained by most of the children. This was probably due to the fact that only a few questions contribute to the neurotic and antisocial dimensions and also because the teachers were possibly not familiar with the behavioural idiosyncracies of all the children under their supervision.

It should also be remembered that the assessment of the children' planned or unplanned status involved retrospective report from the mothers (the mean age of the total group was 14, 46 years). In addition, the classification of the children may have been complicated by a tendency for the mothers to rationalize after unplanned conception, as that the control group of mothers who declared "planned" conceptions may have contained an unknown proportion misclassified.

Pohlman (1965a) believes that unwanted feelings may be perceived by the parent as having a certain hostile component. Such feelings produce guilt and must often be repressed and rationalized with a false intellectual fabric, according to Pohlman. In the case of physically deformed or mentally subnormal children, such feelings may be greatly exaggerated.

The Family Growth in Metropolitan America Study (Westoff et al., 1963) found some bias towards the reporting of

pregnancies as planned in a 1960 interview which had three years earlier been reported as unplanned. Since the pregnancies in question involved children who were already between six months and several years old in the earlier interview, one would expect that much of the hiding of unwanted feeling which would take place had already occurred by the first interview.

Zemlick and Watson (1953), in a longitudinal study of 15 normal women, found a significant and "marked" increase in acceptance of pregnancy and motherhood, between the time of pregnancy and about a month after birth. After studying case histories, Abbe (1958) implied a somewhat similar conclusion.

While the overwhelming majority of changes are toward more acceptance of pregnancy, there is some evidence of changes in the other direction. Koya (1963) noted the experience of some Japanese women who stopped contraception in order to conceive, but then changed their minds and got induced abortions (cited in Pohlman, 1969). Starting with a sample of 500 problem children, all of whom were classified as rejected by parents at the time of the study, Sloman (1948) discovered that 62 had been definitely planned and wanted. A number of the children were assessed by Sloman as having been rejected for not being of the hoped for gender.

It has been suggested by Foote (1956) that many parents regard their children as pets, with unhealthy consequences. Pohlman (1967) has concluded that a child

"wanted" for "unhealthy" reasons may suffer undesirable consequences, sometimes quite similar to the consequences of being frankly "unwanted". It is possible that some of the children in the present sample were also planned by their parents for "unhealthy" reasons. This factor may account to some extent for the insignificant differences in the means of planned and unplanned children on the neuroticism scale of the Junior Eysenck Personality Inventory and the Rutter Teachers' Questionnaire.

The third hypothesis, that the mothers of unplanned children will be significantly more neurotic than the mothers of planned children, was upheld by the results. Similarly, a significant negative correlation was obtained between the planned status of the child and the neuroticism score of the mother. This suggests that high neuroticism scores of mothers are associated with having unplanned children.

A number of research studies have found that marital adjustment increases according to the ability of couples to control fertility in line with their desires. Burgess and Wallin (1953) and Udry (1966) have concluded that disproportionately low marital adjustment goes along with having children that are not wanted.

The present study has also noted a significant association between high neuroticism scores of mothers on the one hand

and low socio-economic status and low educational attainment on the other hand. While no significant relationship was found between the neuroticism scores of mothers and family size in the present study, the authors of a large Swedish study (Kaij et al, 1967 and Nilsson et al, 1967) have reported neurotic symptoms in mothers which seemed to become worse with increasing parity. An unplanned pregnancy was found to be associated with significantly more morbidity in the mother than a planned pregnancy.

The findings of the present study, in line with the results from various other studies, suggest that the mental health consequences for mothers of unplanned children seem to be worse when they are living in adverse social or other circumstances.

Whatever the outcome of further research might be, the conclusion that the lack of successful family planning causes greater emotional disturbance in either mothers or children should be guarded against. Cause and effect would be extremely difficult to disentangle. There may be a deeper underlying factor contributing to both greater emotional disturbance and the inability to implement family planning successfully. The arguments for cause and effects in this study must therefore be regarded as speculative.

There was no support whatsoever in the present findings

for the hypothesis that the mothers of unplanned children are more rejecting and less protective towards their children. This would tie in with the fact that the mothers, without exception, reported that the child under investigation was wanted at birth, even if not earlier in the pregnancy.

A significant negative correlation was found between the mother's Rejecting score on the M.P.A.S. and her happiness with the gender of the child. This finding suggests that high Rejecting scores are associated with not having a child of the desired gender. Sloman (1948) has noted a fairly high incidence of planned children attending child guidance clinics who had experienced parental rejection for not being of the hoped for sex.

An interesting finding of the present study was that mothers are significantly more protective towards girls, and reciprocally, significantly more rejecting towards boys, irrespective of planned - unplanned status or social class. The finding is in the generally accepted direction and indicates that mothers are more protective towards girls, possibly because of same sex identification. The fact that in Western culture girls are usually regarded as being in greater need of protection than boys might also account for the above-quoted finding.

It was also noted in the present study that middle class boys are significantly more emotionally disturbed than middle class girls, as measured by the Rutter Teachers' Questionnaire. On the one hand it could be argued that the greater degree of rejection experienced by boys underlies the greater emotional disturbance that they manifest. On the other hand, numerous researches (for example Rutter, Tizard and Whitmore, 1972) have found boys to be more vulnerable than girls to emotional disturbance in almost any adverse circumstances.

The hypothesis that unplanned children will belong to significantly larger families than planned children was upheld by the results. A significant negative correlation was also obtained between the planned status of the child and family size. This suggests that unplanned children are strongly associated with families which have large numbers of children.

The above-mentioned findings have serious implications for the psychological well-being of parents and children alike. Douglas and Blomfield (1958) have reported that the proportion of English mothers rated as efficient was lower as family size was higher. Hare and Shaw (1965a and 1965b) have found that for mothers, and to a lesser extent for fathers, the rates of various indices of ill-health increased progressively with the number of their children. Since mothers are

more intensively involved in child rearing, the above reported associations may partially be explained in terms of maternal health being impaired by the strain of caring for a large family.

While few studies have investigated the relationship between maternal care and family size, the 1962 British National Food-Survey found malnutrition to be associated with increasing family size above three. Similarly, Grant (1964) concluded that the rate of child growth decreased as family size increased.

Polgar and Hiday (1974) investigated the effect of additional birth on low-income urban families in America. Using criteria such as current income, ownership of bank accounts and insurance, they found strong evidence to suggest that the arrival of an additional child markedly interferes with a family's ability to improve its economic status.

An additional finding of the present study was that lower social class families are significantly larger than middle class families. Likewise, a large family size was found to be significantly associated with lower socio-economic class status. Unplanned status of the child under investigation was also found to be significantly associated with lower socio-economic class status.

There appears to be a significantly higher incidence of unplanned and unwanted pregnancies among the lower social classes. This was clearly illustrated by a survey of

1,022 white married women under 50 living in Johannesburg (Badenhorst, 1963). The present study has noted that lower socio-economic class boys are significantly more emotionally disturbed on the Rutter Teachers' Questionnaire than middle class boys. Singer et al. (1974) likewise found that the association between unplanned children and higher neuroticism is greater for the White lower than the middle social classes. These findings, together with the observation made by Badenhorst, have serious implications. It would appear that the lower social classes are worse off in two respects : the consequences of being unplanned are apparently worse for them than for the middle classes, and in addition they have to cope with more unplanned pregnancies.

The finding of the present study, that the unplanned children come from significantly larger families, ties in well with the above-quoted finding of Badenhorst. There appears to be a reasonably logical link between all these findings. It would seem understandable that the arrival of an unplanned child in a large family, especially in a lower income family, could have more adverse effects than its arrival in a smaller family.

The hypothesis that the mothers of unplanned children will have a significantly lower educational attainment than the mothers of planned children was confirmed. A significant positive correlation was obtained between planned status of the child under investigation in the

study and educational attainment of the mother. A smaller family size and a greater knowledge of contraception was also found to be significantly associated with a higher educational attainment by the mother.

The above-mentioned findings are concordant with generally accepted expectations and strongly suggest that education plays a significant role in having a planned family of small size. Rainwater (1960 and 1965) has mentioned that some couples are less willing than others to take responsibility for rational planning in many aspects of their lives, including the number and spacing of their children. He and other researchers have found that such couples are more common among the less-educated than the better-educated.

Large-scale American surveys (e.g. Freedman et al., 1959 and Whelpton et al., 1966) have reported a tendency for middle class educated Negroes to have family sizes concordant with the norms for middle class Whites. Among South African Coloureds, Steyn (1961) found that more than 80 per cent of the upper class couples in her sample expressed favourable attitudes towards birth control, whereas almost 90 per cent of the lower class couples did not believe in family planning. The majority of these couples felt they had no control over the size of their families. The number of children a woman had was ascribed to the will of God, to be accepted as a gift from him.

De Wet (1969) reported the results of a family planning survey amongst Coloured South Africans. She noted that a significant proportion of female respondents admitted that they deliberately avoided discussing family planning with their spouses because of the very negative response usually evoked by the topic. Hagood (1939) found likewise that there is little discussion of sex problems between husbands and wives among tenant farmers of the deep South and that these couples have no objective terminology in which they can be discussed.

A significant association was found in the present study between the incidence of respondents discussing family planning topics with their spouses on the one hand and their having a small family and a planned child in the present study on the other hand. A significant positive correlation was also noted between the incidences of mothers discussing family planning topics and having attended family planning clinics. These findings collectively seem to suggest that communication between couples about family planning plays an important role in regulating fertility and avoiding unplanned conceptions. A fairly low, but statistically significant, positive correlation between actual and ideal family size ($r = .346$) testifies to the large proportion of unplanned conceptions amongst respondents in the present study.

The hypothesis that lower socio-economic class children will be significantly more emotionally disturbed than

middle socio-economic class children was upheld by the results. Lower class children scored significantly higher than middle class children on the neuroticism scale of the J.E.P.I. In addition, lower class girls were found to have significantly higher emotional disturbance scores on the Rutter Teachers Questionnaire than middle class girls.

The final hypothesis was also upheld by the results. Lower socio-economic class mothers scored significantly higher on the neuroticism scale of the E.P.I. than middle socio-economic class mothers. These results from the present study are generally concordant with the findings of Hollingshead and Redlich (1958) who investigated the incidence of treated mental illness in an urbanized American community. The authors noted that the lowest socio-economic class group, particularly adults over 25 years of age, had a significantly greater incidence of diagnosed mental illness than its proportionate representation in the general population. Negroes were found to exhibit a similar pattern to Whites. Hollingshead and Redlich concluded that "a distinct inverse relationship does exist between social class and mental illness".

CONCLUSIONS

Although no significant differences in neuroticism between planned and unplanned children were found, planned children scored significantly higher on the Purpose In Life test. The mothers of unplanned children were found to be significantly more neurotic than the mothers of planned children. It is postulated that the greater the adversity of circumstance of the family, the more negative the effects of unplanned status will be on emotional adjustment.

Research in the area of psychological aspects of family planning, and particularly the significance of chance and planned conception, is still in its infancy. Since unplanned conceptions may become "wanted" by the time of birth, future studies should note the need for sophisticated devices to assess the relationship between being planned and being wanted more carefully. Social desirability could play an important role in influencing the mother's response to questions which deal with the wantedness of her child. Another important consideration is the gender of the child. In some families a boy may be more welcome - in others a girl.

While the experimental use of most questionnaires and interview schedules has been influenced by clinical practice, few have been developed primarily for family planning research and the assessment of concomitant attitudes.

For instance, what is required is an instrument which incorporates a scaled measurement of parental attitudes such as rejection, and still controls for social desirability response sets.

If unwanted and unplanned pregnancies could be shown indisputably to have adverse consequences for all concerned, a strong case would exist for altering the currently stringent legislation which governs accessibility to therapeutic abortion in our country. The freedom and responsibility of numerous women are still being undermined by a coercion to nurture an unwanted child or when obtainable, endure an often traumatic back-street abortion.

Thus while more research is sorely needed, existing evidence would suggest that unplanned conceptions probably have undesirable consequences for parents and children alike. In addition to possible psychological consequences, a strong case could be formulated for avoiding unplanned pregnancies in view of the dire economic, nutritional and consumption crises that the present generation on our planet is confronted by.

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A P P E N D I C E S

APPENDIX A

1. Neuroticism scale of the Junior Eysenck Personality Inventory.
2. Rutter Teachers' Questionnaire.
3. Purpose In Life Test.
4. Neuroticism scale of the Eysenck Personality Inventory.
5. Protective and Rejecting scales of the Maryland Parent Attitude Survey.
6. Interview with mother form.

NEUROTICISM SCALE OF THE JUNIOR EYSENCK PERSONALITY INVENTORY

VOORSKRIFTE

Hier volg nou 'n klompie vrae oor dinge waarmee jy elke dag te doen het en na elke vraag is daar 'n plekkie waar jy „ja” of „nee” kan antwoord. Probeer asseblief dink wat jy gewoonlik sal dink of doen voordat jy „ja” of „nee” antwoord.

As jy „ja” wil antwoord, maak dan 'n kruisie onder die JA kolom, en as jy „nee” wil antwoord, maak dan 'n kruisie onder die NEE kolom.

Werk taamlik vinnig en moenie te lank oor die vrae dink nie- antwoord net waaraan jy eerste dink. Dit behoort net 'n paar minute te neem om al die vrae te beantwoord. Maak asb. seker dat jy nie 'n vraag uitlaat nie.

Daar is nie so iets as 'n regte of 'n verkeerde antwoord nie, en dit is ook nie 'n toets om te sien hoe slim of hoe goed jy is in iets nie, maar net om te sien hoe jy om sekere dinge dink.

Blaai asseblief om en begin

- | | | | |
|-----|---|-----|-----|
| 1. | Het jy dikwels 'n goeie vriend nodig wat jou verstaan om jou op te beur? | ... | ... |
| 2. | Verander jou bui dikwels tussen goed en sleg? | ... | ... |
| 3. | Het jy soms so baie gedagtes dat jy nie aan die slaap kan raak nie? | ... | ... |
| 4. | Voel jy dikwels sommer net midmoedig vir geen goeie rede? | ... | ... |
| 5. | Is jy 'n persoon wat maklik geïrriteerd word? | ... | ... |
| 6. | Bekommer jy jou oor vreeslike dinge wat dalk kan gebeur? | ... | ... |
| 7. | Kry jy soms hartkloppens? Klop jou hart soms vinnig en hard? | ... | ... |
| 8. | Voel jy gou sleg as ander mense fout vind met jou of jou werk? | ... | ... |
| 9. | Voel jy dikwels moeg sonder enige goeie rede? | ... | ... |
| 10. | Laat party dinge jou senuweeagtig voel? | ... | ... |
| 11. | Kry jy naar gevoelens in jou maag? | ... | ... |
| 12. | Raak jy soms sommer gekvol vir alles? | ... | ... |
| 13. | Voel jy partykeer so onrustig dat jy nie lank in 'n stoel sit nie? | ... | ... |
| 14. | Kry jy baie slegte drome? | ... | ... |
| 15. | Word jou gevoelens dikwels maklik seergemaak? | ... | ... |
| 16. | Pla dit jou 'n land tyd wanneer jy voel dat jy 'n gek van jouself gemaak het? | ... | ... |
| 17. | Vind jy dit moeilik om nee as 'n antwoord te aanvaar? | ... | ... |
| 18. | Voel jy partykeer dat die lewe maar net nie al die moeite werd is nie? | ... | ... |
| 19. | 'Dagdroom' jy baie? | ... | ... |
| 20. | Ly jy aan slaaploosheid as gevolg van dinge waarvoor jy jou pla? | ... | ... |

JA

NEE

- | | | | |
|-----|---|-----|-----|
| 21. | Voel jy soms alleen? | ... | ... |
| 22. | Kom jy dikwels eers na 'n besluit nadat dit
blaar te laat is? | ... | ... |
| 23. | Voel jy partykeer baie opgeruimd en partykeer
baie teneergedruk sonder enige goeie rede? | ... | ... |
| 24. | Land jy dikwels in die moeilikheid omdat jy
dinge sê sonder om eers daarvoor te dink? | ... | ... |

GAAN ASSEBLIEF NA OM TE SIEN DAT JY AL DIE VRAE BEANTWOORD HET.

RUTTER TEACHERS QUESTIONNAIRE

SCALE B (2)

TO BE COMPLETED BY TEACHERS

Name of Child Boy/Girl School

Date of Birth Form

Below are a series of descriptions of behaviour often shown by children. After each statement are three columns:- "Doesn't Apply", "Applies Somewhat", and "Certainly Applies". If the child definitely shows the behaviour described by the statement, place a cross in the box under Column 2 "Certainly Applies". If the child shows the behaviour described by the statement but to a lesser degree or less often, place a cross in the box under Column 1 "Applies Somewhat". If as far as you are aware, the child does not show the behaviour, place a cross in the box under Column 0 "Doesn't Apply".

Please complete on basis of child's behaviour IN THE PAST 12 MONTHS

Put ONE cross against EACH statement. Thank you.

STATEMENT.

	0 Doesn't Apply	1 Applies Somewhat	2 Certainly Applies
1. Very restless, has difficulty staying seated for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Truants from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Squirmy, fidgety child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Often destroys or damages own or others' property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Frequently fights OR is frequently quarrelsome with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Not much liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Often worried, worries about many things..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	0 Does't Apply	1 Applies Somewhat	2 Certainly Applies
3. Tends to be on own, - rather solitary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Irritable, Touchy. Is quick to 'fly off the handle'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0. Often appears miserable, unhappy, tearful or distressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Has twitches, mannerisms, or tics of the face or body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Frequently sucks thumb or finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Frequently bites nails or fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tends to be absent from school for trivial reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is often disobedient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cannot settle to anything for more than a few moments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Tends to be fearful or afraid of new things or new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Fussy or over-particular child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Often tells lies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0. Has stolen things on one or more occassions in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Unresponsive, inert or apathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0
Doesn't
Apply

1
Applies
Somewhat

2
Certainly
Applies

Often complains of aches or pains

Has had tears on arrival at school OR
has refused to come into the building
in the past 12 months

Has a stutter or stammer

Resentful OR aggressive when corrected ...

Bullies other children

Is there anything else unusual about this child's behaviour? or are there any other
comments you would like to make?

.....
.....
.....
.....
.....
.....
.....

Signature: Mr /Mrs /Miss

Date

THANK YOU VERY MUCH FOR YOUR HELP

6. As ek kon kies, sou ek:
- | | | | | | | |
|--|---|---|----------|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Wens dat ek
nooit gebore
was nie | | | neutraal | nog nege lewens
net soos hierdie
een geniet | | |
7. Nadat ek afgetree het, sal ek:
- | | | | | | | |
|---|---|---|----------|---|---|---|
| 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| party van die opwindende
dinge doen wat ek altyd
wou gedoen het | | | neutraal | Vir die res
van my lewe net
rus en niks doen
nie | | |
8. In verband met lewensdoele bereik het ek:
- | | | | | | | |
|------------------------------|---|---|----------|----------------------------------|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| geen vordering
gemaak nie | | | neutraal | algehele
vervulling
bereik | | |
9. My lewe is :
- | | | | | | | |
|-------------------------------|---|---|----------|------------------------------------|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| leeg en vervul
met wanhoop | | | neutraal | propvol met
opwindende
dinge | | |
10. Indien ek vandag sou doodgaan, sou ek voel dat my lewe:
- | | | | | | | |
|---------------------|---|---|----------|-------------------------------|---|---|
| 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| die moeite werd was | | | neutraal | heeltemal
nutteloos
was | | |
11. Wanneer ek oor my lewe dink:
- | | | | | | | |
|-------------------------------------|---|---|----------|--|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| wonder ek soms
hoekom ek bestaan | | | neutraal | seen ek altyd
'n rede vir my
bestaan | | |
12. Soos ek die wêreld in vergelyking tot my lewe sien:
- | | | | | | | |
|----------------------------|---|---|----------|------------------------------------|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| verwar dit
my heeltemal | | | neutraal | pas dit betekenisvo
met my lewe | | |
13. Ek is 'n:
- | | | | | | | |
|---|---|---|----------|------------------------------------|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| baie onver-
antwoordelike
persoon | | | neutraal | baie verantwoorde-
like persoon | | |

14. In verband met 'n mens se vryheid om sy eie keuses te maak, glo ek 'n mens is:
- | | | | | | | |
|--|---|---|----------|--|---|---|
| 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| heeltemal vry om al sy lewens-keuses te maak | | | neutraal | heeltemal gebind deur die erflikheidsfaktore en die omgewing | | |
15. In verband met die dood is ek:
- | | | | | | | |
|----------------------------|---|---|----------|----------------------|---|---|
| 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| voorbereid en nie bang nie | | | neutraal | onvoorbereid en bang | | |
16. In verband met selfmoord, het ek:
- | | | | | | | |
|--|---|---|----------|----------------------------------|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| ernstig daaraan gedink as 'n oplossing | | | neutraal | nooit eintlik daaraan gedink nie | | |
17. Ek dink oor my vermoë om 'n betekenis, 'n doel of 'n roeping in die lewe te vind as:
- | | | | | | | |
|------------|---|---|----------|----------|---|---|
| 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| baie sterk | | | neutraal | byna nul | | |
18. My lewe is:
- | | | | | | | |
|------------------------------------|---|---|----------|---|---|---|
| 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| in my eie hande en binne my beheer | | | neutraal | nie in my eie hande nie en in die beheer van dinge buite my | | |
19. Om my daaglikse take te aanskou, is:
- | | | | | | | |
|------------------------------------|---|---|----------|--------------------------------|---|---|
| 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 'n bron van plesier en bevrediging | | | neutraal | 'n pynvolle en vervelende taak | | |
20. Ek het:
- | | | | | | | |
|---|---|---|----------|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| geen roeping of doel in die lewe ontdek nie | | | neutraal | duidelike doele en 'n bevredigende rigting in die lewe ontdek | | |

NEUROTICISM SCALE OF THE EYSENCK PERSONALITY INVENTORY

VOORSKRIFTE

Hier volg nou 'n klompie vrae oor dinge waarmee jy elke dag te doen het. Na elke vraag is daar 'n plekkie waar jy „ja” of „nee” kan antwoord. Probeer asseblief dink wat jy gewoonlik sal dink of doen voordat jy „ja” of „nee” antwoord.

As jy „ja” wil antwoord, maak dan 'n kruisie onder die JA kolom, en as jy „nee” wil antwoord, maak dan 'n kruisie onder die NEE kolom.

Werk taamlik vinnig en moenie te lank oor die vrae dink nie- antwoord net waaraan jy eerste dink. Dit behoort net 'n paar minute te neem om al die vrae te beantwoord. Maak asb. seker dat jy nie 'n vraag uitlaat nie.

Daar is nie so iets as 'n regte of 'n verkeerde antwoord nie, en dit is ook nie 'n toets om te sien hoe slim of hoe goed jy is in iets nie, maar net om te sien hoe jy oor sekere dinge dink.

Blaai asseblief om en begin.

	<u>JA</u>	<u>NEE</u>
1. Het jy dikwels 'n vriend nodig wat jou verstaan om jou op te beur?
2. Vind jy dit moeilik om nee as 'n antwoord te aanvaar?
3. Verander jou bui dikwels tussen goed en sleg?
4. Voel jy dikwels sommer net mismoedig vir geen goeie rede?
5. Voel jy skielik skaam wanneer jy met 'n aantreklike vreemdeling gêsels?
6. Raak jy dikwels bekommerd oor dinge wat jy nie moes gesê of gedoen het nie?
7. Word jou gevoelens dikwels seergemaak?
8. Is jy partykeer vol energie en andere tye ellendig?
9. 'Dagdroom' jy baie?
10. Word jy dikwels deur skuldgevoelens gepla?
11. Sou jy jouself as gespanne beskrywe?
12. Nadat jy iets belangriks gedoen het kry jy dikwels die gevoel dat jy beter kon gedoen het?
13. Het jy soms so baie gedagtes dat jy nie aan die slaap kan raak nie?
14. Kry jy soms hardkloppens? Klop jou hart soms vinnig en hard?
15. Kry jy soms bewerasies? Begin jy soms te bewe en te skud?
16. Is jy 'n persoon wat maklik gëirriteerd word?
17. Bekommer jy jou oor vreeslike dinge wat dalk kan gebeur?
18. Kry jy baie nagmerries?

Blaai asseblief om en voltooi.

	<u>JA</u>	<u>NEE</u>
19. Kry jy baie pyne?
20. Sou jy jouself as 'n senuweeagtige persoon beskryf?
21. Voel jy gou sleg as ander mense fout vind met jou of jou werk?
22. Kry jy gevoelens van minderwaardigheid?
23. Bekommer jy oor jou gesondheid?
24. Ly jy aan slaaploosheid?

GAAN ASSEBLIEF NA OM TE SIEN DAT JY AL DIE VRAE BEANTWOORD HET.

PROTECTIVE AND REJECTING SCALES OF THE MARYLAND PARENT ATTITUDE SURVEY

VOORSKRIFTE

Hier volg 15 paar sinne in verband met kinder grootmaak
Kies asseblief die een van elke paar wat jy dink jou mening,
die beste beskryf. Let op dat in party gevalle altwee ver-
klarings miskien jou mening beskryf, en in ander gevalle nie
een van hulle jou bevoelens beskryf nie. Kies in elk geval
die beste beskryf, of as jy nie weet watter een om te kies nie,
merk dan net die een waaraan jy eerste dink.

Plaas 'n sirkel om die nommer van die sin wat jy uit elke paar
kies.

Blaai asseblief om en begin.

- 1A Kinders behoort te leer om op hulle plek te bly.
- 1B Kinders behoort hul ouers te raadpleeg voordat hulle enige belangrike besluite neem.
- 2A Partykeer maak kinders hul ouers so kwaad dat die ouers huller humeur verloor.
- 2B Ouers behoort dinge vir hul kinders te doen.
- 3A Baie ouers wonder of dit die moeite werd is om 'n ouer te wees.
- 3B Kinders behoort hul ouers te raadpleeg voordat hulle enige besluite neem.
- 4A Ouers behoort 'n punt daarvan te maak om alles wat hul kinders dink, te weet.
- 4B Kinders bied nooit om aan enige werk in die huis te doen nie.
- 5A Die radio of platespeler hou kinders uit die pad uit.
- 5B 'n Kind het iemand nodig om sy besluite vir hom te neem.
- 6A Die meeste ouers is verlig wanner hul kinders bed toe gaan.
- 6B Ouers behoort gevaarlike dinge uit hul kinders se pad te hou.
- 7A Die radio of platespeler hou kinders uit die pad uit.
- 7B Ouers behoort om saam met hul kinders te wees wanneer hulle uitgaan.
- 8A Partykeer is kinders sommer moeilik.
- 8B Ouers behoort te sorg dat hul kinders nie slegte gewoontes van ander aanleer nie.
- 9A Dit lyk asof kinders groot plesier daaruit kry om nie na hul ouers te luister nie.
- 9B Ouers behoort hul kinders die hele tyd dop te hou sodat hulle nie seerkry nie.
- 10A Kinders doen baie dinge net om hul ouers uit te tart.
- 10B Kinders behoort beskerm te word teen ontstellende ondervindings.
- 11A Oor die algemeen hou goeie kinders hulle uit hul ouers se pad uit.
- 11B Kinders behoort hul probleme aan niemand behalwe hul ouers te vertel nie.

- 12A Kinders se natuurlike wreedheid behoort uit hulle uit gekry te word.
- 12B Kinders behoort skool toe en terug geneem te work om ongelukke te voorkom.
- 13A Kinders is dikwels in 'n mens se pad om die huis.
- 13B Sewe jarige kinders is not te jonk om hul vakansies weg van die familie deur te bring.
- 14A Dit is goeie dissipline om die dinge wat 'n kind regtig van hou, van hom ag weg te hou.
- 14B Ouers wat hoeveel 'n kind nodig het om te eet so dat hy gesond kan bly.
- 15A Ouers behoort nie toe te laat dat hulle deur hul kinders vasgepen word nie.
- 15B Kinders behoort afhanklik van hul ouers te wees.

GAAN ASSEBLIEF NA OM TE SIEN DAT JY AL DIE VRAE BEANTWOORD HET.

INTERVIEW WITH MOTHER

- 1. a) her age
- b) her educational standard
- c) her religion
- d) marital state
- e) if not married, is spouse father of all the children
if no, which children have a different father?
.....
- f) spouse's occupation (full description)

yes	no
-----	----

- 2. a) How many live children in the family?
- b) How many dead children, miscarriages and stillbirths
etc.?

- 3. a) Childrens' names:
- ages:
- sex:
- (Contd.) names:
- ages:
- sex:

- 4. a) Is mother thinking of having more children?
if yes, how many more?

yes	no
-----	----

- b) Is mother pregnant now?

yes	no
-----	----

- 5. Does mother belong to a familly planning clinic?

yes	no
-----	----

if no, has she ever belonged?

yes	no
-----	----

6. a) What contraceptive methods does mother know of?
-
- b) What contraceptive methods does she use?
-
- c) What contraceptive methods does her spouse use?
-

7. a) What does the mother think is the ideal or best number of children to have?
- b) What does she think is the ideal or best spacing?
-

8. Do mother and spouse ever discuss:

- | | | |
|---------------------------------|-----|----|
| a) number of children they want | yes | no |
| b) spacing of children | yes | no |
| c) contraception | yes | no |
| d) family planning in general | yes | no |

9. a) Has mother discussed facts of life with any of the children?

yes	no
-----	----

Ask specifically about(child in sample)

yes	no
-----	----

- b) What about her spouse? Has he discussed sex with any of the boys?

yes	no
-----	----

10. a) How does mother get on with(child in sample)
- | | | |
|--------------------------|-----|------|
| (i) a good relationship | (i) | (ii) |
| (ii) a poor relationship | | |

- b) How does mother's spouse get on with(child in sample)
- | | | |
|--------------------------|-----|------|
| (i) a good relationship | (i) | (ii) |
| (ii) a poor relationship | | |

11. Are mother and her spouse

(i) happy together

(i) (ii)

(ii) not so happy together

--	--

12. Have any of the unmarried daughters had a baby?

--	--

What about (child in sample)

--	--

13. Now complete the following table on page before returning to question 14.

14. This question applies to the child in the sample only

Was mother happy to have a boy/girl then, or would she and/or her spouse have preferred a child of the opposite sex?

(i) (ii)

(i) happy

--	--

(ii) preferred a child of the opposite sex

APPENDIX B

Correlation matrix computed between all possible variables.

