



Unwed pregnant women and locus of control : a descriptive study
by Marilee Daughn Smith

A thesis submitted in partial fulfillment of the requirements for the degree of MASTER OF NURSING
Montana State University

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Abstract:

This study is concerned with describing unwed pregnant women by their locus of control. Locus of control is the extent to which persons perceive contingency relationships between their actions and their outcomes. Locus of control is considered a continuum concept with internal control on one side and external control on the other. An internal locus of control relates to the belief that the person is directly responsible for behavior and its consequences. An external locus of control relates to the belief that behavior and its consequences are regulated by fate, luck, chance, powerful others or other exterior influences. Twenty unwed pregnant women completed Rotter's Internal-external Locus of Control Scale during their third trimester of pregnancy, 11 of the 20 completed the Rotter Scale again in their early postpartum period. Eight demographic questions relating to possible accumulative and episodic antecedents of locus of control were completed by the participants during their third trimester of pregnancy. Analysis of the data revealed the unwed pregnant women in this study were internal as a group with a mean locus of control score of 9. The group's mean score remained stable between the two periods of measurement. The increasing numbers of unwed pregnant women and their related health problems demonstrate the need for health care providers to gain insight into this important dimension of the unwed pregnant woman's personality in order to better meet her needs.

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UNWED PREGNANT WOMEN AND LOCUS OF CONTROL: A DESCRIPTIVE STUDY

BY

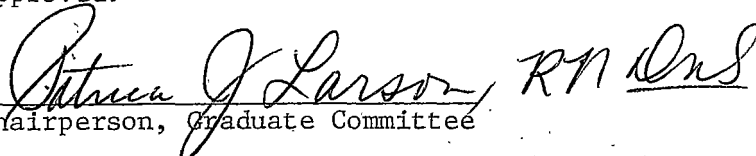
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A thesis submitted in partial fulfillment
of the requirements for the degree

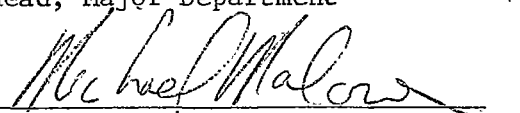
of

MASTER OF NURSING

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MONTANA STATE UNIVERSITY
Bozeman, Montana

June, 1981

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Abstract

This study is concerned with describing unwed pregnant women by their locus of control. Locus of control is the extent to which persons perceive contingency relationships between their actions and their outcomes. Locus of control is considered a continuum concept with internal control on one side and external control on the other. An internal locus of control relates to the belief that the person is directly responsible for behavior and its consequences. An external locus of control relates to the belief that behavior and its consequences are regulated by fate, luck, chance, powerful others or other exterior influences. Twenty unwed pregnant women completed Rotter's Internal-external Locus of Control Scale during their third trimester of pregnancy, 11 of the 20 completed the Rotter Scale again in their early postpartum period. Eight demographic questions relating to possible accumulative and episodic antecedents of locus of control were completed by the participants during their third trimester of pregnancy. Analysis of the data revealed the unwed pregnant women in this study were internal as a group with a mean locus of control score of 9. The group's mean score remained stable between the two periods of measurement. The increasing numbers of unwed pregnant women and their related health problems demonstrate the need for health care providers to gain insight into this important dimension of the unwed pregnant woman's personality in order to better meet her needs.

CHAPTER I

INTRODUCTION

Statement of the Problem

The major concern of this study is to describe the unwed pregnant woman in terms of her locus of control. The unwed pregnant woman has been described in previous research according to her physiological, psychological, and sociological needs. (American College of Obstetricians and Gynecologists, 1980; Mercer, 1980), the author has found no research describing her locus of control.

Beliefs about the locus or origin of control for behavior and its consequences relate to the concept known as internal-external locus of control, or the degree to which individuals perceive the origin of control to be within or outside themselves. Locus of control is the extent to which persons perceive contingency relationships between their actions and their outcomes. Locus of control orientation is considered a continuum concept with internal or inner control on one end, and external or outer control on the opposite end. Internality or an internal locus of control relates to the belief that the person is directly responsible for their own behavior and its consequences. Externality or an external locus of control

relates to the belief that behavior and its consequences are regulated by fate, luck, chance, powerful others, or other exterior influences (Rotter, 1966).

Research on the internal-external locus of control by Rotter (1966) has shown a direct relationship between the degree to which clients see themselves as the origin of control and rated favorable outcomes. Results indicate people are handicapped by an external locus of control orientation. Individuals with an internal locus of control orientation believe they can control their own destiny and are likely to be more alert to those aspects of the environment which provides useful information for future behavior. These individuals place greater value on skills and achievement and are generally more concerned with abilities and failures. In addition these individuals will take steps to improve environmental conditions and tend to be resistive to subtle attempts of influence (Rotter, 1966, p. 25).

Unwed pregnant women appear to allow things to happen to themselves and demonstrate little control over the direction of their lives. The researcher has worked with unwed pregnant women for over twelve years and has been concerned with many unwed women's apparent lack of long and short term goals. Their attendance patterns to prenatal classes and medical appointments tend to be inconsistent;

they frequently do not keep prenatal appointments and are often late. They tend to have difficulty planning for employment, continued education or child care after delivery.

Unwed pregnant women have been often described by fellow health care providers as non-goal-directed, lacking self-confidence, having a low self esteem and not demonstrating personal control in their decisions or demonstrating concern or awareness of the outcomes of their decisions.

The liberalization of health care programs and policies essentially allows a sexually active unwed woman to prevent pregnancy, thus giving her the power to make decisions regarding her reproductive future. To the bewilderment of many health workers, the unwed birth rates have continued to increase. Nationally in 1978, 26.2 births per 1000 women were to unmarried women (Health United States, 1980). In 1979, approximately one million or 10% of all teenage women became pregnant (American College of Obstetricians and Gynecologists, 1980). These statistics challenge the earlier beliefs about unwed births that arose from studies before contraceptive services were liberalized, indicating that most of the girls had not wanted to become pregnant and that the mere availability of abortion and contraception would reverse the rates of unwed births. If health care workers are to have a desired impact on unwed birth rates we must have

a better understanding of the traits of unwed mothers and why pregnancy occurs in order to better meet their needs and help them establish long terms goals.

Statement Of The Purpose

The purpose of this study is to describe the unwed pregnant woman in terms of her locus of control orientation at two stages in her pregnancy, the third trimester and the early postpartum period. This will provide health care providers preliminary insight into this important dimension of the unwed pregnant woman's personality to better meet her needs.

Definition Of Terms

Locus of control. The terms used in this study relating to locus of control have been defined as follows from Rotter's work (1966). Locus of control is the extent to which persons perceive contingency relationships between their actions and their outcomes; in other words, the degree to which an individual perceives the origin of control to be within or outside herself. Locus of control is considered a continuum with internal or inner control on one end and external or outer control on the opposite end.

Internality. Relates to the belief that the person is directly responsible for behavior and its consequences and can have effect and impact on the person's environment.

Externality. Relates to the belief that behavior and its consequences are regulated by fate, luck, chance, powerful others or other exterior influences.

Unwed pregnant woman. A woman who is not married both at the time of conception and at the time of delivery.

Adolescent. A person between the age of 13 and 19, inclusively,

Lamaze. A method by which an expectant mother is prepared for childbirth by psychological and physical conditioning, using four basic tools: education, exercises for physical conditioning and relaxation, breathing techniques and coaching. Also referred to as the psychoprophylactic methods of childbirth.

Two stages in the course of pregnancy. The two stages in which the locus of control was measured; ~~the third trimester of~~ pregnancy and the early postpartum period of three to five days after the birth of the baby.

Scope Of The Study

Chapter II presents a conceptual framework based on a review of literature concerning both the locus of control and the current research describing the unwed pregnant woman. Chapter III describes the method of research including descriptions of the sample and setting, the instrument used, data collection and data analysis. Chapter IV presents and discusses the findings of the study and Chapter V gives a summary of the study including implications,

limitations and suggestions for further research.

CHAPTER II

REVIEW OF LITERATURE AND CONCEPTUAL FRAMEWORK

This chapter includes the review of literature from which the conceptual framework for this study was developed. A discussion of literature pertaining to the unwed pregnant woman and the locus of control is presented followed by a paradigmed description of the conceptual framework used in this study.

Unwed Pregnant Women

This section pertaining to the descriptive research of unwed pregnant women will first present general information regarding unwed pregnancy; second, discuss the adolescent pregnant woman from the physiological, psychological, social and parenting risks and third, present what little is specifically known about the older unwed pregnant woman.

Unwed Pregnant Women - An Overview

Unwed births present a serious health and sociological problem. In 1975, in the U.S., out of wedlock births numbered 447,900 or 14% of the total births (Alan Guttmacher Institute, 1976). In 1979 in Montana the unwed birth rate was 11.3% and in Yellowstone County, where this study was completed, the rate was 10.7% of total live births (Montana Vital Statistics, 1979).

Suggested Contributing Factors

Research data suggests many factors that contribute both to early pregnancy and unwed pregnancy. Earlier physiological maturation followed by earlier sexual activity, the environment of a broken home or a lower socioeconomic class, a cultural norm of marriage at an earlier age, or the experiencing of a great number of stressors within a short time all seem contributory (American College of Obstetricians and Gynecologists, 1980). The American College of Obstetricians and Gynecologists (1980) interpretation of research findings about unwed coital behavior suggests that sexually active unwed females may be described on the basis of several shared traits and placed in several groups. The first group is comprised of young women who tend to be dependent, passive, low in self-esteem, communicate poorly with parents, and lack success in school and goals for further education. They may engage in intercourse because they are lonely and lack the self-confidence to say "no". The second group are sexually active, apparently because they are rebelling against traditional values. Their parents might be overly domineering or nontraditionalists themselves. Women in this group tend to take risks, they may be heavy users of drugs and alcohol. Often their rebellious behavior is a reaction against the fear of being rejected by parents

and peers. The third group of women suffer deprivation and indignities imposed by racism or poverty and often live in communities where fatalistic, despairing attitudes are wide spread. Early intercourse may be a result of the stress such an environment imposes on families and peer group pressure for sexual involvement may be strong. The sexual behavior of this group may be based on values that arise from the social and economic conditions in which an adolescent matures. The fourth group of women have adopted a contemporary lifestyle in which casual intercourse or single intercourse is acceptable (American College of Obstetricians and Gynecologists, 1980).

The Personal Crises of Unwed Pregnancy

An unwed pregnant woman faces many crises both while she is pregnant and after the delivery. Mercer (1980) identifies seven main crises faced by these women. All of these crises involve the unwed pregnant woman and extend into either the single parenthood state or the lengthy emotional post-delivery period of adjustment for those who relinquish. First, whatever the cause of an unwed pregnancy, an initial family crisis develops with the unwed woman's family, with the significant others in her life and within herself. The crisis can vary from minor to overwhelming and generally begins with

the acknowledgement of the pregnancy and extends well into the post-delivery period of parenting or relinquishing. Secondly, there is a redefinition of roles and responsibilities within the unwed woman's life. This is especially complex for the woman living at home. Third, there is a growth and developmental crisis both in the life of the pregnant adolescent and in the life of the young adult unwed pregnant woman. Fourth, child rearing decisions are a major concern for the unwed pregnant woman. She must decide how to care for the baby. Her options are generally keeping, relinquishing, or placing in a foster home, or with extended family. All aspects offer difficult ramifications. Fifth, temporary or chronic financial insecurity is a problem shared by many unwed pregnant women. Public assistance funds are insufficient. Inadequate education or skills may make it very difficult to find well-paying, meaningful jobs. Unwed parents may be discriminated against in employment possibilities. Sixth, an unwed pregnant woman often feels lonely and socially isolated. She does not seem to fit with married friends or with single childless friends. This extends into the post-delivery period. If she relinquishes she feels the isolation also. She has experienced a crisis and a grief that her family and peers cannot totally understand. Seventh, she tends to be stereotyped and feel the

social stigma of being an unwed parent. Even with the increasing numbers of unwed mothers, there continues to be a stereotyping and stigma attached.

The Unwed Pregnant Adolescent

Physiological Risks

Research reports are variable and are not always in agreement concerning physiological complications of teenage pregnancy. The lack of socioeconomic representativeness of the population and the lack of consistency in the ages chosen for comparison of younger and older women probably account to some extent for the conflicting data. However, upon looking carefully at various reports, some apparent risks due to physiological immaturity emerge.

The young girl is physiologically, anatomically, and immunologically different from the mature woman; the younger the girl, the greater the differences. For example, urinary tract infections in a young girl may manifest as systemic complaints, toxemia or acid base disturbances (Mercer, 1980).

Physiological changes of adolescence correlate more closely with menarche than with the individual chronological age. Mothers below the age of 15 deliver 2.2 times the number of premature infants compared to mothers in the 20

to 24 year old range; whereas mothers ages 15 to 17 deliver 1.5 times more premature infants and mothers 18 to 19 deliver 1.3 times more premature infants (Donnelly, 1977, p. 185). Two postulations are made about the etiology of the higher incidence of lower-birth-weight infants among the younger women. It has been suggested that an incomplete development of the myometrium may contribute to premature delivery (Donnelly, 1977). The uterus may be structurally or functionally less proficient since it has had fewer cycles of exposure to ovarian hormones. If the uterine vasculature is less well developed at the lower gynecological age, the ability to accommodate the increased uterine blood flow during pregnancy could be affected (Zlatnik, 1977). Secondly, low birth weight may be due to inadequate nutrition. The teenager is growing at a rapid rate. If food intake does not meet the woman's and the infant's growth needs, either intrauterine growth retardation or premature labor could result (Mercer, 1980).

Although peak skeletal growth occurs before menarche, some individuals grow considerably taller after menarche. Studies suggest that growth of the pelvis is not complete by age 16. Thus, there seems to be a higher incidence of contracted pelvises in pregnant teenagers 16 and under with subsequent cesarean section births. There is also the

possibility that high estrogen levels of pregnancy may limit long bone growth (Bochner, 1962).

Anemia is a persistent and widely distributed problem among pregnant teenagers. The high rate of anemia may be influenced by general poor eating habits of many teenagers. When pregnancy is imposed on an already poorly nourished adolescent she has a low nutritional reserve for her own growth and development. Particularly rapid growth occurs at three periods in life; during fetal growth in utero and between 8 to 10 and 14 to 16 years of age. The need for iron is greatly increased during these periods. Thus, the young pregnant adolescent is placed in double jeopardy for iron deficiency anemia (Mercer, 1980).

The teenager's cervix and genitalia may be more vulnerable to laceration. Studies have suggested thus far that the immature girl is more vulnerable to cervical laceration, presumably because it is more tightly closed, small and hypoplastic than older cervixis (Mercer, 1980).

Adolescence and a first pregnancy have been identified as two period when there is very active metaplasia in the cervical epithelium, a fact which suggests sensitivity of the dividing epithelial cells to any mutagen in the environment, particularly herpes simplex virus type 2. The potential for development of cancer is increased on this basis. The sexually

active pregnant adolescent may be doubly vulnerable to herpes simplex type 2. In addition, Hein (1977) found a prevalence rate for early neoplastic changes of 35 per 1000 in 12 to 16 year old sexually active girls. Out of 403 Pap smears, 168 showed evidence of inflammation or cytologic atypia. In 14 of the smears there was evidence of early neoplastic change in the cervical epithelium.

Vaginal infections have been reported as the most frequently observed problem in teenage pregnancy. The high rates of venereal disease add to this potential for pregnancy related infections. The adolescent often has mixed infections of monilia and trichomonas, requiring additional treatment. Possible complications of gonorrhea include potential scarring of the fallopian tubes leading to infertility or ectopic pregnancy (Mercer, 1980).

Toxemia of pregnancy has been a complication in teenage pregnancy with a reported rate of observation from 4.3 to 23.5%. Most of the studies of teenage pregnancy report a higher incidence of toxemia in teens (Mercer, 1980).

Psychological Risks

Psychologically, adolescents face five important developmental tasks necessary to gain a sense of identity, intimacy, and reach some degree of emotional maturity as an adult.

These five tasks are: 1) integration of her personality for future responsibility, 2) emancipation from her parents and family, 3) creation of satisfactory relations with the opposite sex, 4) acceptance of a new body image after the rapid physical changes of this period and 5) a decision about the vocation she follows (Johnson, 1979). For some, the tasks are very difficult and result in frustrating, stressful experiences. Research suggest that psychological needs could be contributory to untimely pregnancies. The mental disequilibrium usually accompanying any pregnancy, when imposed on the psychologically immature person can be frightening and may have very negative as well as stressful effects (Mercer, 1980).

Mercer (1980) has found psychologically, the adolescent's ego may be immature and have difficulty dealing with the usual emotions resulting from the changes of pregnancy. Inability of the young woman to identify with and not separate from her mother poses additional problems. In addition, the status of the adolescent's cognitive development and the range of understanding is not complete, especially in early adolescence. Young people tend to think in present terms and find it difficult to consider the future or to foresee cause and effect in behavior. Adolescents tend to be self-centered and believe that the ordinary rules of life

do not apply to them.

Over two-thirds of the 30 teenage mothers in one study (Balrkian, 1971) had intense dependency needs. Over one-half had poor tolerance for work, school, and frustration. One half had poor judgment and marginal adjustments. Three psychodynamic patterns were predominant in the study. First, the girl's relationship to her mother was a dependent-independent struggle with the girl displaying competitiveness with the mother. Second, the girl's relationship to her father or her reaction to his absence reflected an unresolved oedipal conflict. Third, the girl's need to prove herself with peers was intense. Most of the teens in the study had weak egos.

Another study indicated that pregnancy may actually be in conflict with the young girl's personal value system and threaten her ideal image and future role identity. In interviews with 200 unwed mothers, ages 12 to 42, Friedman (1972) observed a deficiency in ego functioning. All lacked a reality oriented awareness of and concern for their sexual lives. The researcher concluded that the adolescent mother is handicapped by conflicts in her life goals and a deficient ego.

Rubin (1975) identified four maternal tasks during pregnancy which may be viewed as psychological tasks. First,

the pregnant woman seeks to insure a safe passage through pregnancy and the childbirth experience for both herself and her child. Second, she finds acceptance for her child by persons most meaningful to her. Third, she must incorporate the idea of a child into her self-system. Fourth, she must give of herself to the unborn child. Generally, these tasks are more difficult for the adolescent to accomplish because of her psychological status.

Sociological Risks

The sociological risks for the pregnant adolescent have an impact as great as or greater than other kinds of risks. The pregnant adolescent is more likely to have additional children while she is still an adolescent, which in turn increases the physiological risks for both herself and her future children (Currie, 1972). She will have difficulty pursuing her education and without an education she is at an increased risk for dependence on others, making it difficult for her to achieve independence or to maintain an optimal standard of living and health care. If the youthful mother marries, she is at an increased risk for divorce and is faced with the additional adult task of assuming the role of wife, a task for which she is ill prepared.

Teenage marriages frequently have many problems. While

divorce rates are high across all age groups, teenage marriages are more likely to end in divorce than marriages occurring among older persons. Teenage American women who marry between 14 and 17 have a 72% chance of divorce, those who marry at 18 or 19 have a 46% chance (Mercer, 1980). Often teens who marry are already pregnant. Feelings of entrapment and resentment of the loss of either adolescence, education or social position have been observed among premaritally pregnant married couples. Premaritally pregnant couples were found to have substantially less earning power and to possess fewer assets than other couples at the end of five years. Husbands had less education and there was only a fifty-fifty chance that the man would complete high school. Mercer believes these disadvantages can lead to decreased self-esteem. Mercer's study (1980) indicated that the single mother fared better contraceptively, educationally, and usually vocationally if they remained single (Mercer, 1980). Social mores have sufficiently relaxed within the last decade so that the social stigma is not as great for the unwed mother or for her child as it once was. With this acceptance or tolerance by society more young mothers are electing to retain custody of their infants.

Adolescent Parenting Risks

Johnson (1979) describes parenting as an adult role

requiring adult skills and maturity for its successful negotiation. The adolescent who opts to assume the parenting role, either by choice or default, relinquishes the usual social opportunity of experimentation and role play in safe setting that permits the dependent and independent stage normal for this age. Further, Johnson believes, the abrupt break in the continuity of her development which the adolescent mother faces when she must move from a child's dependent role in which she receives care to the independent parent role in which she gives care, is profound and often traumatic. If she chooses to marry she assumes an additional adult role that also requires much role adjustment.

Young adolescents may be handicapped in assuming adult roles because their cognitive abilities may not have reached the stage of conceptualizing and abstract problem solving. The young adolescent may be very egocentric and unable to view situations from another person's perspective. Whether the adolescent can provide nurturant, empathic and growth-inducing physical care for an infant depends upon her level of cognitive, emotional and social maturity. Additionally, the psychological adjustment to pregnancy and impending motherhood may intensify the disequilibrium the adolescent is already experiencing in evolving her adult identity (Johnson, 1979).

Delissovoy (1973) studied 48 teenage couples during

their first three years of parenthood. He found the young parents as a whole to be rather intolerant. They were impatient, insensitive, irritable, and likely to use physical punishment with their children. The severe frustrations experienced by the young parents were attributed to their inexperience, unrealistic expectations of child development, lack of economic resources and a general disappointment in their lives.

Most new mothers find their mothering roles include hard and frustrating work. They express positive, negative and ambivalent feelings about the role. Studies have indicated that younger mothers tolerate their frustrations with an infant less easily than the older mothers (Mercer, 1980).

Crumidy and Jacobziner (1966) studied 100 unmarried primigravidas under 21 years of age for 18 months to determine whether intensified social work would be of benefit to the group. All of the mothers kept their infants. Many of the subjects were hostile and ambivalent about their babies. The majority were unhappy in their roles as unwed mothers. Although the young woman's attitude toward child care was similar to that of her parents, the young mothers were very interested in receiving help with emotional problems, education and employment. The young mother under 16 played with her infant as if he were a live doll and was content to

have her mother assume responsibility for his care. This study found that with individual, highly intense care, the young mothers were helped in job findings, work and personality development, all of which increased their self-confidence.

Support and recognition from her own mother seems to be an important factor in the teenage mother's response to the mothering role. Bibring (1965) observed that a woman's unresolved relationship with her mother, whether it reflects excessive submissiveness or defiance, can create disturbances in the early mother-child relationship. To be a healthy, happy mother, the woman must evolve from her earlier child-like relationship to her own mother and become coequal with her mother as a mother.

A positive relationship with her mate appears to enhance a teenager's self-esteem and to contribute to her sense of female identity in the mothering role. A favorable relationship with the father of the child was a significant factor in the successful adaptation of 18 to 28 year old mothers to the maternal role in one study (Mercer, 1980).

The Older Unwed Pregnant Woman

It is important to bear in mind that there is very little research done in the field of the older unwed mother. Much of the information on this topic is expert opinion rather than research

findings and provable data.

Half of the unwed births in 1975 were to women over 19 years of age. In other words, 7% of all live births in 1975, or 223,950 births, were to the older unwed woman (ACOG, 1980).

Numerous studies have indicated a sporadic use of contraceptives among older sexually active unwed women. Some have speculated that this is because of the guilt caused by preplanned preparation for sexual activities while others believe it may be directly related to the unresolved tasks of adolescence such as the formation of a firm identity, the development of the capacity for intimacy and the formation of stable affectional bonds. These unresolved tasks of adolescence must be accomplished before the individual can progress in development and focus on life work. In addition, the problems are complicated by concurrent maturational tasks of emancipation from parents, vocational selection, and the forging of a new independent value system. On the other hand, as the women's liberation movement has progressed and the concepts of equality and personal choice increased more unwed women are planning pregnancies. There has been little research on increased physiological risks for the older unwed woman. Because of their increase in psychological and sociological problems, experts tend to place the older unwed in a high risk category. Physiological problems would be more related to psychological and

sociological problems than they would be to age, as in the adolescent. While there is little research in the psychological and sociological risk area, the research found was described in the preceding section (Johnson, 1979; Mercer, 1980).

Summary

The literature on the unwed pregnant women, based on expert opinion and research, demonstrated that these women have unique physiological, psychological, social and parenting needs. These women, adolescent and older alike, are believed to face seven personal crises relative to their pregnancy: their own family adjustment; redefinition of roles and responsibilities; growth and development; childrearing decisions; financial stresses; social isolation; and social stigma.

The psychological and sociological literature review on the important issues related to the unwed pregnant woman is in accordance with the researchers own impression that the unwed pregnant woman is easily influenced by outside factors. The question that arises is: are these women external or internal in their locus of control?

Internal-External Locus of Control

The section pertaining to locus of control will present the concept of internal-external locus of control, the antecedents of the locus of control and pertinent related concepts.

Internal-External Locus of Control Concept

The concept of internal versus external control of reinforcement developed by Julian Rotter in his social learning theory developed in 1954. Many researchers refer to locus of control as the major or central concept in social learning theory (Rotter, 1975). According to Rotter's (1975, p.58) social learning theory, the general formula for potential behavior to occur in any specific situation is a function of the expectancy that the behavior will lead to a particular reinforcement in that situation, the value of that reinforcement, and the psychological situation. The review of literature will focus on the concept of internal-external locus of control. Rotter's major research regarding locus of control was undertaken in the early 1960's with one of his major works, the Internal-External Locus of Control Scale, being published in 1966.

Internal-external locus of control refers to the extent to which persons perceive contingency relationships between their actions and their outcomes. People who believe they have some control over their destinies are called internals; they believe that at least some control resides within themselves. Conversely, externals believe that their outcomes are determined by agents or factors extrinsic to themselves; for example, by fate, luck, chance, powerful others or the unpredictable. A perception of

casual relationship need not be all or more, but can vary in degree.

Research indicates people are handicapped by external locus of control orientations. The prevailing belief is that it is desirable to change people, especially those not doing well in our society, in the direction of internality. Internals engage in more instrumental goal-directed activity, whereas externals more often manifest emotional non-goal-directed responses (Robinson, 1973). In review of previous studies, Joe (1971) summarized that subjects who indicated less control of the world around them by scoring nearer the external end of the scale tended to be more anxious and aggressive, lacked self-confidence and were less trustful and more suspicious of others. Subjects who indicated more personal control of their world by scoring toward the internal end of the scale tended to spend more time on intellectual activities, showed more interest in academic pursuits and scored higher on intelligence and achievement tests (Joe, 1971, p. 638). Rotter (1966) believed that individuals with strong internal control would be more alert to aspects of the environment which might affect their future behavior, would try to improve their environmental conditions, would be more concerned about personal ability and would be more resistant to subtle attempts of influence. Lefcourt (1966) summarized that high external subjects portrayed themselves as less concerned about achievement and more anxious, while those

who were more internal indicated greater success expectancies in achievement situations.

Antecedents

Factors which affect the development of the internal-external control orientation may be broadly distinguished as either episodic or accumulative. Episodic factors are considered temporary while accumulative factors are more formative (Rotter, 1966).

Episodic Antecedents

Episodic antecedents are those important events that occur at a given point in time; e.g., the death of a loved one, an earthquake or other disasters. Such antecedents may cause temporary shifts, usually to externality. The effects of episodic changes will endure when internalizing or externalizing factors continue to present themselves.

Accumulative Antecedents

Accumulative antecedents refer to the continuous exposures that can affect the development of internal and external control orientations. Three important factors have been identified: 1) parental child-rearing practices, 2) prolonged incapacitating disability, and 3) social discrimination.

Parental Child-Rearing Practices

Chance's (1972) research shows that internals and externals were exposed to different child-rearing practices.

Internals come from warm democratic homes with a combination of nurturance, principled discipline, predictable standards and companionship. Externals tend to come from homes who use more physical punishment, deprivation of privileges, and overprotection. Externalizing parent practices seem most likely to be used by parents who are themselves external, and internalizing practices by those who are internal.

As a result of these studies on maternal antecedents of children's belief in external or internal control of reinforcements, Chance (1972, p. 168) hypothesized that a child with a close, positive mother-child relationship, an appetite for maternal approval, and a high expectancy of attaining it, would be more internal. Chance believes mothers who were more lenient regarding what level of accomplishment is rewardable and who were liberal with rewards, induced in the child an appetite for and an expectancy of further reward. This is in contrast to the mother who is more stringent about evaluating the child's level of accomplishment and less liberal with rewards, causing the child to devalue his own efforts and to regard them as mostly ineffective in controlling his world. Chance found in her studies that a child with an external locus of control achieved well and was in the process of being effectively socialized toward

his or her adult social role. Further it was identified that an individual's locus was fairly well determined by the grade school years.

Additional research by Robinson (1973) suggests that the development of locus of control orientation might be affected by the amount of direct control that can be affected by the infant. Researchers are finding that lower-class infants are not exposed to the same amount of parental reinforcement stimuli as middle-class infants (mother-child face to face type contact). In addition to this, lower social-economic groups tend to be more external. Robinson believes there is a slight movement towards internality with achievement of adulthood.

Social Discrimination

Battle and Rotter (1972) found in their studies an effect of the interaction of social class and ethnic group on internal-external locus of control scores. Negro and white school children were tested. In their study, the lower class Negro was more external than all other groups tested and was significantly more external than middle-class Negroes or whites. Middle class children, in general, were significantly more internal than lower-class children. Lower class Negroes with high I.Q.'s were more external than middle class whites with

lower I.Q.'s. The authors hypothesized that brighter lower class Negroes may develop extreme attitudes as a defense reaction to perceived reduced choices for cultural or material rewards.

Related Concepts

Whether one is intrinsic or extrinsic in how they view the nature of the causal relationship between one's own behavior and its consequences appears to affect a large segment of life. There appear to be several related concepts.

Alienation

The concept of alienation does seem related to the variable of internal-external control. The alienated individual feels unable to control his own destiny. He is a small cog in a big machine and at the mercy of forces too strong or too vague to control. Previous research has linked the concept of alienation as it refers to powerlessness to external control as a psychological variable (Rotter, 1966).

Helplessness

Helplessness is the psychological state that frequently results when events are uncontrollable. Events are perceived as uncontrollable when one either cannot do anything about it or when nothing one does matters. A person is helpless with respect to some outcome when the outcome occurs independently

of all his voluntary responses. Externality and helplessness have many characteristics in common and in many respects are intertwined in concept.

In his research, Seligman (1975) found that external individuals become helpless more easily than internals and felt that externality was one of three independent factors producing learned helplessness. From his research, he concludes that what produces self-esteem, a sense of competence and protection against depression, is not only the absolute quality of experience, but the perception that one's own actions controlled the experience. This seems very intertwined with the concept of internal control. To the degree that uncontrollable events occur either traumatic or positive, depression will be predisposed and ego strength undermined. To the degree that controllable events occur, a sense of mastery and resistance to depression will result.

Summary

In summary, the concept of locus of control is the extent to which persons perceive contingency relationships between their actions and their outcomes. It is the degree to which an individual perceives the origin of control to be within or outside herself. A series of studies provides strong support for the hypothesis that the individual who has a strong belief that he

can control his own destiny is likely to: 1) be more alert to those aspects of the environment which provide useful information for his future behavior, 2) take steps to improve his environmental condition, 3) place greater value on skill or achievement reinforcements and be generally more concerned with his ability, particularly his failures, and 4) be resistive to subtle attempts to influence him (Rotter, 1966).

Operational Framework

The basis of this study is Rotter's locus of control as it applies to the unwed pregnant woman. The antecedents associated with determination of an internal or external locus of control are operationalized in terms of the variables commonly associated with the unwed pregnant woman. They are further delineated as episodic (temporary) or accumulative (formative). Accumulative factors are represented by six variables and episodic by four variables.

Accumulative Variables

The first accumulative variable is the socioeconomic status of the participant. Battler and Rotter's research (1972) indicated a strong correlation between a low socioeconomic status and an external locus of control. In their studies, individuals in the low socioeconomic status tended to feel little control over their lives.

The second accumulative variable is the ethnic background of the participant. Battle and Rotter's (1972) studies have indicated minorities, especially Negroes and Native Americans, tend to be more external in their orientation. Battle and Rotter's research also indicated the combination of a low socioeconomic status and a minority ethnic grouping tended to increase the tendency towards an external locus of control more than each factor considered separately.

The third accumulative variable is the achievement level of the participant. Rotter's studies (1966) have indicated a correlation between an internal locus of control and a drive for achievement. The early studies suggest that people who are high on the need for achievement have some belief in their own ability or skill to determine the outcome of their efforts. The relationship is probably not linear, however, the following variables have been theorized by the researcher as being accumulative antecedents. They are viewed as accumulative variables because they involve the complexities of the psychological state even if the specific personality traits have not been determined. The research to date in locus of control has not addressed the state of pregnancy, let alone the unwed pregnant women. The researcher selected the variables of: keeping or not keeping the infant; continued relationship (in terms of who they lived with during pregnancy

and the main support person during labor); and choice of a support system for childbirth training. It is believed that these are representative of the accumulative antecedents associated with the unwed pregnant state.

Episodic Variables

Episodic antecedents are those important events that occur at a given point in time that may cause temporary shifts in locus of control orientation. Variables which are theorized by the researcher as being episodic antecedents are related to unwed pregnancy. Pregnancy is viewed by the researcher as an important event which may cause a temporary shift in locus of control orientation. Two stages in the pregnancy process are viewed as episodic variables. These two stages of pregnancy, the third trimester and the early postpartum period of three to five days after delivery, may influence a temporary shift in locus of control. During the third trimester of pregnancy most women have resolved the pregnancy itself but are apprehensive about labor and delivery. During the early postpartum period most women are involved with infant care and recovery from the birth process.

The temporary state of being unwed, the next variable, might influence an episodic shift in locus of control. The state of being unwed and pregnant might influence such items as family and peer relationships, future plans and the woman's self-concept.

The planned or unplanned aspect of the pregnancy might also temporarily alter a woman's locus of control. Her feelings of personal control over her present life and her future might be affected by this factor.

Summary

These variables are viewed as factors of the accumulative and episodic antecedents which possibly affect the development of the internal-external locus of control orientation of the unwed pregnant woman. An individual's locus of control may be a contributing factor in becoming an unwed pregnant woman. The researcher from prior experience and review of literature believes that unwed pregnant women have a tendency towards an external locus of control.

The operational framework for this study is based upon Rotter's locus of control concept, and is utilized to describe the unwed pregnant woman in terms of her locus of control. The following paradigm presents the operational framework for the study.

