What kind of women receive maternity services from county health departments in Florida? Do these women want to bear children in addition to those they have? This study indicates that many of the women wish to limit the number of their offspring and to space their pregnancies. Can these desires be used to achieve this result? Further investigation is needed to answer this question.

CHILDBEARING ASPIRATIONS OF PUBLIC HEALTH MATERNITY PATIENTS


Frequent occurrence of pregnancies has, over the years, become one of the “trademarks” of the women who attend public health maternity clinics. Discussion of the subject leads to the impression that there appears to be little or no desire among public health maternity patients to limit the number of their offspring. Some public health workers, though cognizant of this phenomenon of frequent pregnancies, express a viewpoint of resignation toward it suggesting that such is inevitable. Others are more optimistic, feeling that public health maternity patients are concerned with regulation of pregnancy.

What are the childbearing aspirations of women who receive maternity services from public health departments? In 1962, the Bureau of Maternal and Child Health, Florida State Board of Health, undertook to investigate this question.

The study had two major purposes. The first was to provide a description of patients receiving maternity services in selected Florida county health departments and, second, to determine whether or not these patients expressed a desire to bear additional children.

Twenty-nine of Florida’s 67 counties elected to participate in the study. This group of 29 counties contains approximately 67 per cent of Florida’s population.

A simple 13-item questionnaire was developed for use in the study. The interviewers, who were public health nurses working in the 29 counties, were instructed to ask the questions exactly as they appeared on the questionnaire so as to minimize the possibility of asking leading questions. During the month of May, 1962, public health nurses interviewed 2,623 women who attended public health maternity clinics in the study area. Interviews were conducted as part of the nurse-patient conference. Though some nurses appeared reluctant at first to broach this topic for fear of causing embarrassment to the patients, they soon found that many women were quite eager to discuss the subject and that reluctance among the patients was negligible.

Before the data are presented, their limitations should be pointed out. The first limitation is that the study group was not selected at random throughout
the state, therefore, whatever conclusions are drawn must be confined to the study group.

As to the first major purpose of the study, which was to describe the patients receiving maternity services in selected Florida county health departments, the data show that the median age was 24 years. Respondents ranged in age from 12 to 49 years. There were 2,028 (77.3 per cent) classed as prenatal patients; 575 (21.9 per cent) were classed as postpartum; 20 (0.8 per cent) were unspecified as to stage of pregnancy. Respondents who reported being married numbered 1,927 (73.5 per cent); 510 (19.5 per cent) reported being single; 147 (5.6 per cent) separated; 29 (1.1 per cent) divorced; 10 (0.3 per cent) widowed. As to racial characteristics, the respondent group was predominantly Negro—1,676 (63.9 per cent); 917 (35.0 per cent) were white, and 30 (1.1 per cent) were unspecified as to race.

Among the respondent group, 2,112 (80.5 per cent) reported having one or more living children. The total number of living children reported by this group is 7,099, and the median number of living children for those reporting one or more living children is 2.9. Fifty-five respondents reported having ten or more living children, and there were 49 respondents between 11 and 20 years of age who reported having three living children. Generally speaking, then, the "typical" public health maternity patient in the study group was a Negro about 24 years old, married, had two or three living children, and was pregnant with another.

Now we come to the second major purpose, i.e., to determine whether or not these patients expressed a desire to bear additional children. Respondents were asked, "Do you want to have any more babies?" If they said "yes," they were asked, "How many more babies do you want to have?" Then, "Do you want to have another baby next year?" If the reply was "no," "How many years would you like to wait before you have another baby?" The data showed that 1,876 (71.5 per cent) of the respondents reported that they want no more children. There were 534 (20.4 per cent) who indicated desire to have additional children; 213 (8.1 per cent) were undecided as to whether or not they wanted additional children. Among the 534 women who expressed desire to have more children, 49 (9.0 per cent) said that they would like to have another baby "next year" (from time of interview); 492 (91.0 per cent) said that they would not like to have another baby next year. When these 534 women were questioned as to the number of years they would prefer to wait before having another baby, 493 (92.3 per cent) expressed desire to wait two or more years before having another baby. Among the total respondent group, there were 261 (9.9 per cent) who reported having no living children; of these, 239 (91.6 per cent) said they prefer to wait two or more years before having another baby. There were 832 (35.1 per cent) respondents who reported having four or more living children; among this group, 14 (2.3 per cent) reported wanting to have additional children.

When comparisons of racial groups were made, Negro respondents consistently expressed a desire to have fewer additional children than did the white respondents. Seventy per cent of the Negro respondents said they wanted no more children as opposed to 29 per cent of the white group. The difference was found to be significant (X²=151, df 2, p. 01). This difference, of course, may be due to factors other than race, but the data were not analyzed beyond this point. Among the women who indicated a desire to have additional children no significant difference was found between white and Negro respondents when asked if they would like to have

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another baby next year—91.4 per cent of the white group and 90.3 per cent of the Negro group indicated negative responses to the question.

Immediacy of pregnancy or recency of childbirth seemed to influence responses of the study group with regard to whether or not additional babies are desired. A group of 125 nonpregnant women similar in sociocultural status to the study group and who were nonmaternity public health patients was interviewed. Comparison of study and control groups with regard to whether or not additional babies are desired shows that responses are not independent of the condition of pregnancy or recency of childbirth \( (X^2=12.98, \text{df} 1, \text{p} \ 0.01) \). Both groups, however, varied significantly from theoretical distribution with regard to whether or not additional babies are desired. No significant difference was found between study and control groups with respect to preferred years wait before having another child. This would suggest that, regardless of the condition of pregnancy or recency of childbirth, women who expressed desire to have more children preferred to wait at least two years before having another child.

Within the limitations of the study, these conclusions are drawn:

Nearly two-thirds of the patients receiving public health maternity services in the study area are Negro. Nearly three-fourths of the respondents are reportedly married. More than 80 per cent of the respondents have one or more living children. More than 70 per cent reported not wanting to have any more children. It was found that these responses were not independent of the condition of pregnancy or recency of childbirth. More than 90 per cent of the respondents who expressed desire to have additional children said they preferred to wait two or more years before having another baby. These responses were found to be independent of the condition of pregnancy or recency of childbirth.

It is felt that this study accomplished the intended purposes and holds particular significance for the geographic area in which the study was conducted. The data point rather strikingly to phenomena regarded as being of immediate concern to the public health and within the realm of official public health responsibility. It is also felt that the stereotyped phrase, “these women don’t care how many babies they have,” lends itself to serious question. There is need to determine whether or not the apparent desires of these women to limit the number of their offspring can be utilized to effect that circumstance. Implied is a need for study regarding the development of effective child-spacing programs which will be socially and culturally acceptable to the societal groups among which public health maternity patients are found.

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