

FAMILY FORMATION: FACTORS INFLUENCING MARRIED  
WOMEN TO HAVE CHILDREN

A DISSERTATION

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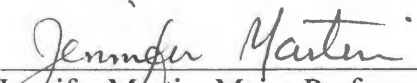
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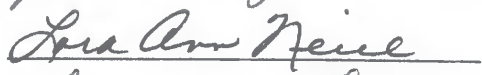

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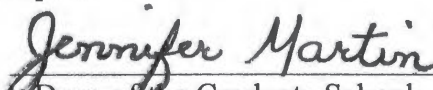
I am submitting herewith a dissertation written by Jean Elizabeth Foster entitled "Family Formation: Factors Influencing Married Women to Have Children." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Family Studies.

  
Jennifer Martin, Major Professor

We have read this dissertation  
and recommend its acceptance:

  
  
  
Chair

Accepted:

  
Dean of the Graduate School

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## DEDICATION

To my children,  
Cpl. Randall Clayton Anderson (USMC),  
Amy Elizabeth Anderson, and  
Kathleen Marie Anderson,  
for your understanding, patience, and support throughout this journey.

You pulled together in such an amazing way when our lives took a major and unexpected turn. You are fine young people and I am inordinately proud of you. You allowed me countless hours of late night venting, “grounded” me when I tried to procrastinate, and helped me be focused. You forgave me when I spent too much time on this and too little time on you.

Clay, Amy, and Kate,  
I love you more than you know.

To my parents,  
P.A. and Tippy Foster.

Your love, encouragement, support, and generosity of time made this possible. You were always there to fill the gaps when I couldn’t be there for my children. You tirelessly gave your time, talents, energy, and love to us, and that made all of this possible.

From my earliest memories, you taught me that education would help me reach all other goals in my life. Thank you for creating the wonderful childhood that sparked my interest in Family Studies.

I love you, and thank you, from the bottom of my heart.

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## ABSTRACT

JEAN ELIZABETH FOSTER

FAMILY FORMATION: FACTORS INFLUENCING MARRIED

WOMEN TO HAVE CHILDREN

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This qualitative study analyzed the factors that influence married women to have children. The participants were 20 married females who were the mother of one or more children. All were Caucasian and lived in the North Central Texas area. The women were in two age groups, ages 35-50 and 70+.

The women were interviewed concerning the influences on their fertility decisions and family formation. The data were analyzed using a constant comparative method. The findings indicate that the women in this study were primarily influenced by personal needs and desires to have a child as well as being influenced by their family of origin. Many of the children were a result of unplanned pregnancies or pregnancies that were planned by default.

The results of this study may be valuable to demographers who plan help plan the infrastructure of our communities. They may help counselors and therapists as they work with clients, particularly employed women who are attempting to make fertility decisions. They may also be valuable to educators who are attempting to develop curricula for family life education courses.

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## CHAPTER I

### INTRODUCTION

Historically, the number of children added to a family has been more a result of nature, happenstance, and cultural environment than personal choice. Individual freedom to choose to have (or not have) a child while continuing in a sexual relationship is a relatively new concept. While ancient peoples did have methods of birth control (“Of women born,” 1999), it was not until the introduction of the birth control pill in the 1950s that women had an inexpensive, easily obtainable, generally reliable method of preventing pregnancy. These contraceptive methods allowed individuals to have more control over their fertility decisions.

Cultural environment might more readily be described as the macrosystem referred to in Bronfenbrenner’s Ecological Systems Model (Bronfenbrenner, 1979). The macrosystem may impose restrictions upon persons making fertility decisions through the effect of resources, values, and culture of the larger society.

Economic resources have impacted fertility rates in the United States, as shown by Census Bureau fertility rate information during the depression of the 1920s and the economic wealth of the 1950s (“U.S. fertility trends,” 2001). The values and practices of the larger culture may also influence fertility decisions. Contraceptive use rose quickly after its introduction in the 1950s. By the 1960s, some 10 million women were using oral contraceptives (“Of women born,” 1999). This was a radical social change, and it was in

this atmosphere of social change that the makeup of the American family began changing again (Reed, 1995).

“Two common measures of fertility are the crude birth rate and the total fertility rate . . . The total fertility rate and crude birth rate followed similar paths prior to World War II and then diverged” (“U.S. fertility trends,” 2001). As the crude birth rate dropped, the total fertility rate increased during the baby boom post-war years of the early and mid 1950s (“U.S. fertility trends”, 2001).

The crude birth rate refers to the number of births in a given year per 1,000 people in the total population at midyear. It is a useful general measure of fertility since it does not take into account the age structure of the population. The crude rate in the United States began to fall during the 1920s and reached its lowest level during the depression years. The crude birth rate began to rise again after the depression, and then rose dramatically to approximately 25 births per 1,000 people during the post-World War II baby boom. After these prosperous post-war years, and in conjunction with the availability of reliable birth control, the rate began a decline. By 2001, the crude birth rate had dramatically decreased to the level of 14.5 births per 1,000 in the United States, a 54% decline since the post-war years (“U.S. fertility trends,” 2001).

The total fertility rate is a cumulative measure of separate fertility rates for women of different ages in a given year. Women born between 1931 and 1935 were in their 20s at the height of the baby boom. These women averaged 3.2 children per woman. The total fertility rate reached a peak of 3.8 births per woman of child-bearing age in 1957.

The literature shows that many factors influence fertility decisions, and attitudes in the United States toward marriage and family have changed dramatically in the last several decades. These attitude changes have had an impact on family formation behavior (Axinn & Thornton, 1996; Paginni & Rindfuss, 1993). The literature states that some of the influences affecting family formation in married couples include parental marital dissolution and a decline in the commitment to marriage (Trent & South, 1992); parental attitude about marriage (Axinn & Thornton, 1996); mother's educational level (Blossfield & Huinink, 1991); availability of birth control methods and less demand for children (McClesky, 1995); and societal expectations, including more tolerance for childlessness and divorce (McCarthy, 1995). Fertility decisions are influenced by parental (particularly maternal) preferences for family size. Children also tend to replicate their family of origin formation since parents influence their children by their own happiness or unhappiness with their family size and shape (Axinn, Clarkberg, & Thornton, 1994). There are ethnic and cultural differences in perceived scheduling of life events, such as age at first birth and marital or non-marital births (East, 1998). As changes in these cultural attitudes affect behavior, family size and structure are influenced (Sensibaugh & Yarab, 1997).

The growing body of literature about family formation is generally focused on behaviors of groups or cohorts, rather than individuals. There is less information about what influences personal fertility decisions.

## Statement of the Problem

While research in the 1990s tended to reflect the macrosystem influences on fertility decisions, little research has been done in the last three decades concerning the microsystem level of personal, individual determinants involved in making decisions about family formation. What influences married women to have children? How are completed family formations chosen?

The growing body of literature about family formation is general. Current information in the field reflects only the influences that researchers have chosen to study. The literature does not indicate that the parents themselves have been asked to state their reasoning or thought processes in planning their families. It is possible that different influences will be identified by individual parents.

In order to understand family formation, more information about the values and influences involved in fertility decisions is needed. As these values and influences are identified, counselors and marriage and family therapists may find the information helpful in working with clients. Working women who are facing fertility decisions and choices may find this data valuable as they make these decisions. Family life educators may find this information beneficial in planning various curricula and programs. In addition, these types of data may be useful in population prediction and in understanding other demographic issues.

Qualitative research attempts to form an understanding of a phenomenon about which there is little knowledge or about which the knowledge is contradictory or incomplete. Family formation in the United States is changing. While a growing body of

literature deals with specific influences on family formation, these studied influences have been predetermined by the researchers. No studies which deal specifically with the factors identified by individuals have been located.

### Research Questions

The research questions examined in this study were “What influences married women to have children?” and “How are completed family formations chosen?” More specific information on the influences on the family formation process is needed in order to explore the changes being seen in family formation in the United States (Corijin, Liefbroer, & de Jong Gierveld, 1996).

### Theoretical Perspectives

When attempting to explain why people act in the way that they do, particularly in fertility decisions, a “commonsense” view seems to be shared by a large proportion of society. Attribution theory focuses on the human need to explain why people behave the way they do; it helps explain past events and predict future ones (Gedeon & Rubin, 1999). “A commonsense attribution theory is a proposal about the likely structure of reasoning that, at a subconscious level, determines how most people in a society account for why things happen as they do” (Thomas, 2000, p. 88). Because fertility decisions have not been thoroughly studied, society may use commonsense to attribute causation to factors that do not, in fact, influence family formation. Moving beyond commonsense theory offers the possibility for examining the underlying beliefs concerning decisions to have children and whether or not they may be inconsistent with the actual research evidence (Thomas, 2000).

The factors influencing married women to have children must be considered within the framework of the environment of the marriage relationship and the environment of the larger culture. Ecological theory states that environments do not determine human behavior but do pose limitations and constraints as well as possibilities and opportunities. Both physical and social settings influence behavior in marriage. Ecological theory states that a behavior setting is composed of both the typical ways that people act (standing patterns of behavior) and the milieu (the physical things and the time boundaries involved) (Thomas, 2000).

Activities within the microsystems of the family of origin and the woman's marriage may both affect fertility decisions. Bronfenbrenner's (1979) model includes the effect of various microsystems of the family, including the family of origin and the marriage. The macrosystems of religion, culture, and the larger society also influence human behaviors. The perceptions created by these systems dominate and guide behaviors (Thomas, 2000). An ecological perspective allowed the researcher to view the responses within the framework of the microsystems of the family of origin and the individual marriage as well as the framework of the larger macrosystems of religion, culture, and the historical time frame of the childbearing years of each participant. The chronosystem of time may also impact fertility decisions. Childbearing, for most women, is possible over a decades-long period of time; and influences that were a consideration in an earlier decade may fade or be enhanced over time.

### Assumptions

The following assumptions guided the study:

1. Individuals are capable of making rational choices among fertility behaviors.
2. There are both positive and negative expectations in having a(nother) child.

### Definition of Terms

Key terms to be used in this study are:

1. Family formation: The number of children in a family and the spacing between them.
2. Completed family: A family in which the number of children currently in the family are all that are planned to be added through birth, adoption, or any other means.
3. Intact married couples: A husband and wife currently living together in a legal marriage.
4. Fertility decision: The choice, based on individual values, to have a(nother) child.

### Delimitations

In order to study completed family formation, this qualitative study was delimited to married women who identified themselves as having one or more children and who fell into one of two specific age ranges (35-50 and 70+). These limitations allowed patterns and themes to emerge throughout the data. Using two groups of ages permitted the researcher to see differences in patterns and themes with a generational perspective.

## Summary

Attitudes in the United States toward marriage and family have changed dramatically in the last several decades. These attitude changes have had an impact on family formation behavior. The growing body of literature about family formation is generally focused on cohort behavior rather than the influences on individuals' fertility decisions.

In order to understand the process of making fertility decisions, more information about the values and influences involved in the decisions is needed. As these values and influences are identified, counselors and marriage and family therapists should find this information helpful in working with clients. Family life educators may find the information helpful as they develop curricula and plan programs, particularly for young adolescents. The knowledge gained may be useful in population and demographic studies.

## CHAPTER II

### REVIEW OF THE LITERATURE

This chapter provides a brief overview of family formation patterns throughout the world and in the United States in particular. Demographics, statistics, and trends about family formation are noted. Factors that have traditionally influenced the decision to have children are discussed. Personal factors involved in these decisions are also examined.

#### Demographics of Family Formation

More women in the United States began using oral contraceptives during the 1960s (“Of women born,” 1999), and it was in this atmosphere of social change that the makeup of the American family began changing (Reed, 1995). Between 1970 and 1995, the average size family in the United States dropped from 3.6 to 3.2 children. Also during this time frame, families headed by married couples younger than 35 declined from 28% to 22% of the population; and the proportion of these families with children younger than 18 fell from 77% to 70%. The average number of people in a family in 1970 was 3.58. By 1997, that number was down to 3.19 (Bryson & Casper, 1997). American families were getting smaller, and couples were waiting until later in life to have children. The trend of smaller families in the United States has continued, as evidenced by the falling birth rate. The birth rate has continued its decline and dropped from 14.7 to 14.5 births per 1,000 population between 2000 and 2001. The teen birth rate has also been declining

since 1991. The birth rate in this age group (15 – 17 years of age) was down by a more than a third in the last decade. The birth rate during that time period for Black teens also declined by nearly one-half (National Center for Health Statistics, 2002).

Family formation is affected by the choice of unmarried women to have children. Births to unmarried women reached a record high of more than 1.3 million and accounted for 33.5% of all births in 2001. The birth rate among unmarried women of childbearing age (15-44) declined from 45.2 per 1,000 in 2000 to 45.0 in 2001 (National Center for Health Statistics, 2002).

#### Factors Traditionally Influencing Family Formation

Throughout history and geography, the size and makeup of families were often the result of one or more of the following influences of the macrosystem of the larger society: (a) lack of reliable birth control, (b) religious beliefs, and (c) societal expectations. There is little evidence in the literature that fertility decisions have historically been a matter of personal preference.

Using an ecological theory model, fertility decisions can be viewed as being based on standing patterns of behavior or as issues created by physical and/or temporal boundaries (Thomas, 2000). Bronfenbrenner's ecological model uses a series of five structures of the ecological environment. These structures are the microsystem, mesosystem, exosystem, macrosystem, and chronosystem, (Bronfenbrenner, 1979, 1994); they interact with one another to explain human behavior. He stated that these systems of family and society dominate and guide our behaviors (Bronfenbrenner, 1979). Other systems also have an effect on human behavior. "At the most basic interactional level is

the microsystem, which is the pattern of activities, roles, and interpersonal relations experienced by the individual in a given setting. The macrosystem includes the cultural variables that influence the individual” (Corcoran, 1999). Bronfenbrenner's definitions helped to guide decisions about the themes belonging to each system. Fertility decisions may be influenced by both the microsystem of family and the macrosystem of society, as well as individual attitudes and personal desires. The influences seem to indicate that fertility decisions may form a continuum from truly unintended, through planned by default, to intended and, finally, deliberately planned births (Zabin, 1999). This review of the literature will first examine the influences of the macrosystem of the larger society. It will then examine the influences of the smaller microsystem of the family.

#### *Lack of Reliable Birth Control*

In the context of the cultural macrosystem, the introduction of the birth control pill in the 1950s gave women in America an inexpensive, easily obtainable, generally reliable method of preventing pregnancy (McClesky, 1995). Many developing countries face the issue of not being able to regularly access birth control methods (McCarthy, 1995), and 1 in 6 women worldwide do not have access to effective contraceptives (Marble, 1995). This lack of reliable birth control has a major impact on family formation outside of the United States. While making use of the available contraceptive methods has served to lower the birth rate in many underdeveloped countries, family formation is still more a circumstance than a decision (Unger & Molina, 1997). In many Latin and Asian countries, the average family size has dropped from 6 to 3 children in the last 25 years, but this drop is not indicative of numbers worldwide (Marble, 1995). In Russia, the

birth rate has fallen to 1.4 births per woman. Since birth control is not easily obtained in Russia, abortion has become the primary fertility regulation method for many Russian women. In 1992, the Russian abortion rate was 98 per 1,000 women ages 15-49 (Hollander, 1997).

For those persons choosing birth control and using it properly, family formation becomes more of a decision than a happenstance. A sexually active woman who wants to limit her family to two children will need contraceptive protection for about 20 years between the ages of 20 and 45 (Marble, 1995). In order to maintain this level of contraceptive protection, she must continue to make this decision over her child-bearing years. Effort is required by persons wishing to limit their family size. To that extent, birth control remains a factor in family formation.

### *Religious Beliefs*

Throughout history, most major religious groups have spoken to the issue of birth control and family formation, thereby influencing fertility decisions through the macrosystem of the larger society. Buddhism, with its emphasis on reincarnation, has opposed some methods of birth control as the taking of life. The Muslim religion in general allows birth control, with the exception of sterilization, which is viewed as mutilation. Some fundamentalist Islamic groups view all birth control as unacceptable. Judaism has had no appreciable tenets against the use of birth control, although children within marriage are highly valued ("Birth control," 2001). Christianity has also taken various stances on the issue of birth control, family size, and family formation.

The Roman Catholic Church has provided the main opposition to the birth control movement, approving only the “rhythm method.” Augustine (AD 354–430) concluded that the male semen contained both the new life and transmitted Adam's original sin from generation to generation and that any form of birth control would thwart God's intended plan. Though birth control in various forms has been debated in the Catholic Church for hundreds of years, Pope Paul in 1968 restated the traditional view against birth control for practicing Catholics. Other forms of Christianity have also dictated issues about family formation, although not to the extent of the Catholic Church. (“Birth control,” 2001)

The Mormon church has, in years past, urged members not to use artificial birth control, though it was not specifically forbidden.

We seriously regret that there should exist a sentiment or feeling among many members of the Church to curtail the birth of their children. We have been commanded to multiply and replenish the earth that we may have joy and rejoicing in our posterity.

Where husband and wife enjoy health and vigour and are free from impurities that would be entailed upon their posterity, it is contrary to the teachings of the Church artificially to curtail or prevent the birth of children. We believe that those who practice birth control will reap disappointment by and by. (McKay, Brown, & Tanner, 1969)

This instruction against birth control continued into the 1970s. President N. Eldon Tanner at the General Conference in 1973 said,

It is of great concern to all who understand this glorious concept that Satan and his cohorts are using scientific arguments and nefarious propaganda to lure women away from their primary responsibilities as wives, mothers, and homemakers. We hear so much about emancipation, independence, sexual liberation, birth control, abortion, and other insidious propaganda belittling the role of motherhood, all of which is Satan's way of destroying woman, the home and the family--the basic unit of society (“Birth control,” 2003).

Even as late as 1995, the General Conference endorsed the following statement by Elder J. Ballard Washburn:

Thus we see that in marriage, a husband and wife enter into an order of the priesthood called the new and everlasting covenant of marriage. This covenant includes a willingness to have children and to teach them the gospel. Many problems of the world today are brought about when parents do not accept the

responsibilities of this covenant. It is contradictory to this covenant to prevent the birth of children if the parents are in good health (Washburn, 1995).

Protestantism, prior to the 1900s, was generally opposed to birth control in any form. Such leaders as Martin Luther, John Calvin, and John Wesley stated their opposition to birth control in any form, including “natural family planning” (Babecka, 2003). In recent years, some Evangelical Christian groups have also espoused the belief that birth control is not a Biblical concept. For instance, Quiverfull.com offers a forum for persons to express their opinions on this subject (“Quiver Full,” 2003).

### *Societal Expectations*

One of the first surveys used to explore the fertility decisions of married couples was the Indianapolis Study conducted in 1941 by Whelpton and Kiser (1943). This survey began to explore how socioeconomic and psychological factors influenced decisions about the number of children desired by married couples. The data were collected in 1941, under the sponsorship of the Council of Social Agencies. Participants were described as

White couples from Indianapolis who were neither Catholic nor Jewish, had been residents of a large city most of the time since marriage, and had been married in the years 1927-1929. The wife was under 30 and the husband under 40 at the time of marriage, and both had finished the eighth grade. Of the 2,089 couples meeting the requirements for inclusion in the study, 1,648 were interviewed . . . Data were acquired from 860 fecund couples (Ridley, 1941).

In Whelpton and Kiser’s study (as cited by Kiser, 1979), there was a positive relationship between economic security and fertility. In addition, sex preference was a factor in the decision to have a next child and the timing of that decision.

Until the advent of reliable, easily obtainable birth control, it was assumed by the larger society that all married couples in America would have children and that all persons willingly having children would be married. The typical family consisted of parents and more than one child.

Women born between 1931 and 1935, who were in their 20s at the height of the baby boom, averaged 3.2 children per woman, making them the most prolific recent generation of American women. In the 1960s, fertility rates resumed their decline and have remained at relatively low levels (“U.S. fertility trends,” 2001).

Attitudinal trends in the United States have shown a marked move toward the increased acceptance of various family and gender role behaviors. Divorce is more widely accepted, as is the idea of children being reared by a single, possibly never married, parent (Trent & South, 1992). The number of single person households rose from less than 13% in 1960 to almost twice that in 1990. In 1960, 9% of White children were not living with two parents. By 1990, the figure had risen to 21%. Thirty-three percent of Black children were not living with two parents in 1960; 30 years later, 62% were not. By several estimates, the average child born in the U.S. today will spend at least part of his or her childhood in a single parent home (Ellwood, 1993).

Bearing children is still seen as the norm for women in the United States. In the United States there tends to be a “motherhood mandate” (an expectation that all women will have children) in that voluntarily childfree women are seen as leading the least rewarding lives when compared with mothers of two or more (Muller & Yoder, 1997). While some assumptions and societal expectations concerning family formation have changed in the United States, fertility decisions throughout the world are often led by

societal beliefs and customs in family formation decisions (McCarthy, 1995; Townes, James, & Beach, 1982).

### Additional Influences on Family Formation Decisions

What determines childbearing behavior at the personal level? Ecological factors and sociodemographic data indicate that there are additional influences created by the microsystem of the family in the fertility decision-making process. These influences include the following: (a) gender preference of parents, (b) socioeconomic status, (c) maternal educational level, (d) gender, (e) ethnicity (f) presence of stepchildren , and (g) composition and values of the family of origin.

#### *Gender Preference of Parents*

Early family formation researchers focused on gender preferences and ideal family size (Clare & Kiser, 1951; Dinitz, Dynes, & Clark, 1954). Strong gender preferences were evident, and the ideal family size was 3 to 4 children. Subjects in these studies showed an overwhelming preference for boys if the marriage produced only one child and a strong preference for first-born boys in families with more than one child. Studies as late as 1997 reflected a strong preference for a male child if families could have only one child. The percentage of respondents with a first-born-male preference had declined from 92% in 1954 to 56% in 1994 (Sensibaugh & Yarab, 1997). These preferences, coupled with biotechnological advances, created concern among those who studied demographic trends. It was feared that, if couples were able to create families with gender preferences intact, the balance between the sexes would be tipped, thus creating catastrophic effects for future generations (Largey, 1972). Further research

revealed that most couples preferred balanced families, with at least one child of each sex (Rent & Rent, 1977). Little research has focused on composition preferences for completed families.

### *Socioeconomic Status*

Socioeconomic status of parents tends to reflect and influence family formation ideals. Because of limited opportunities, adolescents living in poverty may use early childbearing as a means of moving into an adult role (Trent, 1994). The National Survey of Families and Households (NSFH), a national survey of 13,017 adults interviewed between March 1987 and May 1988, collected life-history information including the respondent's family living arrangements in childhood; departures and returns to the parental home; and histories of marriage, cohabitation, education, fertility, and employment. Using data from this survey, it was found that higher socioeconomic status indicated a higher approval rate of marriage by adolescents, but also a higher rate of tolerance of nonmarital fertility (Trent & South, 1992).

Census fertility rate information during the depression of the 1920s and the economic wealth of the 1950s shows that economic factors have impacted fertility rates in the United States over the last several decades. Birth rates were at record lows during the depression years and reached a peak during the late 1950s. These numbers have continued to decline since that time ("U.S. fertility trends," 2001).

### *Maternal Educational Level*

Maternal educational level is associated with family formation. For women, leaving school without a high school diploma is strongly associated with early family

formation. Using data from the Panel Study of Income Dynamics (PSID), Turner (1995) focused on young women who had children while still in high school. The PSID is a longitudinal study that began in 1968 with a representative sample of households and is ongoing. Individuals who were living in selected households in 1968 are interviewed annually, and data are also collected on any new household formed by a member of the original household. Turner used data from 3,055 White or Black women who headed a household, alone or with a man, in 1985 and were aged 25-65 at that time. While young women who left high school without graduating tended to have babies earlier than their graduating class members, about one-half of them did not begin their family formations until almost two years after leaving school (Turner, 1995).

The National Longitudinal Study of Young Women (NLSYW) began in 1968. The cohort consists of 5,159 women ages 14 to 24. Using data from the NLSYW, Francesconi (2002) found that increased schooling for mothers substantially decreased the expected number of children and that women with higher earnings potential showed less preference for children than those women whose earning potential was less.

### *Gender Attitudes*

Gender role attitudes apparently also affect attitudes concerning family formation. Using data from the NSFH, Kaufmann (2000) reported that egalitarian men are more likely to intend to have a child and less likely to divorce than more traditional men.

It is possible that egalitarian women consider family formation decisions more often since egalitarian women are less likely to intend to have a child and to actually have a child than more traditional women (Kaufmann, 2000). A woman's intention to have

additional children is seen as one of the most important predictors of childbearing (Unger & Molina, 1997).

### *Ethnicity*

Ethnic and cultural differences are evident in perceived scheduling of life events, such as age at first birth and marital or non-marital births (East, 1998). As changes in cultural attitudes affect behavior, family size and structure are influenced (Sensibaugh & Yarab, 1997). In a study of low-income families, Radecki (1991) found that 74% of first pregnancies for both Black and White women were unintended, while only 50% of first pregnancies for Hispanic women were unintended.

Trent's (1994) study of 1979 data showed considerable differences in adolescents' fertility expectations by race/ethnicity. Blacks were more likely than Hispanics to expect adolescent and nonmarital fertility. Both Blacks and Hispanics were more likely than Whites to expect that same behavior. Hispanic youth expected more children than the others (2.77 on average), and they were the least likely to expect childlessness. The percentage of children in the U.S. who are White, non-Hispanic has decreased from 74% in 1980 to 65% in 1999; but the percentage of Black, non-Hispanic children has remained fairly stable during this time period ("America's Children," 2000).

Using data from the NSFH, Trent and South (1992) stated that Blacks were less likely than Whites to agree that it is better to marry, that marriage lasts a lifetime, or that children are better off with their natural parents. Blacks were also more likely than Whites to disapprove of divorce when children were involved. Hispanics held a much

more traditional attitude toward marriage and divorce than did either Blacks or Whites (Trent & South, 1992).

In 1990, Hispanic women ages 15-44 in the U.S. had 107.7 live births per 1,000 women, compared with 67.1 live births per 1,000 among non-Hispanics of the same age group. While Hispanics comprised only 9% of the 15 - 44 population in the U.S., they accounted for 12.5% of all births. In addition, Hispanic mothers, particularly those who preferred to speak Spanish, were 10.9 times more likely to desire a greater number of sons (Unger & Molina, 1997). According to the 2000 Census, the number of Hispanic children has increased faster than that of any other racial and ethnic group, growing from 9% of the child population in 1980 to 16% in 1999. It is projected that, by 2020, more than 20% of the children in America will be Hispanic ("America's Children," 2001). "Much of the growth in the percentage of Hispanic children is due to the relatively high fertility of Hispanic women" ("America's Children," 2001). If son preference is present, Hispanics may have larger families in an effort to produce more sons. Hispanic mothers are twice as likely to give birth to a fourth (or higher order) child (Unger & Molina, 1997).

Black/White differences in family formation are evident in several studies. African Americans have been comparatively slow to marry and have a high marital dissolution rate (Heaton & Jacobson, 1994). In Trent's (1994) study of 1979 data, Black and White adolescents did not show a difference in family size expectations. Newer data reveal that Blacks are more likely than Whites to become parents (Heaton & Jacobson, 1994). In a study of low-income women in Los Angeles County, Radecki (1991) found

that “Black women initiate premarital intercourse at an earlier age than White women and are less likely to use contraception” (p. 494). Black women tended to have more exposure to risks of premarital pregnancy. Black women were also less likely than White women to marry, and their marriages were more likely to dissolve. They were less likely to remarry if they divorced (Radecki, 1991).

### *Presence of Stepchildren*

The effect of stepchildren on fertility decisions remains unclear because most previous studies have not differentiated between biological children and stepchildren (Stewart, 2002). Since both partners in a remarriage come into the union with a fertility history, the desire (or lack thereof) for shared children may influence the family formation decisions of the remarried couple. Using data from the NSFH, Stewart (2002) concluded that the presence of stepchildren is an important predictor of couples’ fertility intentions and behavior. The presence of children from a previous union decreases the likelihood that couples will have shared biological children.

### *Composition and Values of Family of Origin*

Children tend to replicate their family of origin formation. Parents influence their children by their own happiness or unhappiness with their family size and shape (Axinn et al., 1994). Some changes in family formation may be the result of influences present in childhood and adolescence. These influences may have changed over recent decades. In the late 1970s, Townes, Wood, Beach, and Campbell (1979) questioned 740 adolescent males and females to explore their values associated with birth planning.

These adolescents stated three values that they considered most important when making decisions concerning childbearing: (a) liking children, (b) being aware of the impact on educational attainment, and (c) wanting to be a parent. Of least importance to these adolescents were pressures from home to have children and having a child in order to feel grown up.

In later studies, influences on childbearing decisions included parental marital dissolution creating a decline in the commitment to marriage. Trent and South (1992) used the NSFH to consider five questionnaire items that reflected attitudes toward marriage, divorce, and unmarried motherhood. The explanatory variables were current sociodemographic status (age, sex, and race/ethnicity), parental background (marital status, number of children, father's socioeconomic index, and mother's education), and childhood family structure (exposure to parental divorce, living arrangements at age 16, and the presence or absence of the biological father). Trent and South's 1992 analysis of the NSFH indicated that the survey supports the idea that

. . .the effects of parental background and childhood family structure are nonetheless discernible in this sample of adults, whose average age is 43. It seems likely that these marital and familial attitudes are shaped rather early in life, and remain at least somewhat stable throughout the lifecourse (Trent & South, 1992, p. 437).

Axinn and Thornton (1996) stated that parental divorce may affect children's attitudes toward childbearing. Children from non-intact families tend to remain single longer, place less value on marriage, and are more cautious about marriage in general. It is not clear whether the divorce itself has this impact or if the subsequent living situations are more influential in childbearing attitudes (Trent & South, 1992). Since children of

divorce tend to be less supportive of marriage, they may also be less enthusiastic about childbearing. It was assumed that they would feel that having children would increase the costs of divorce, thereby creating even more negative outcomes.

The National Longitudinal Study of Youth is a nationally representative sample of 12,686 young men and women who were 14-22 years old when they were first surveyed in 1979. These individuals were interviewed annually through 1994. Using data from this survey Trent (1994) noted that adolescents expected on average to have 2.49 children in their lifetimes. Those living with both biological parents were the most traditional in their outlooks concerning childbirth within marriage.

Parental attitudes about marriage and marital dissolution can have an effect on adult children's family formation behavior. Using data from an 18-year intergenerational panel study, Axinn and Thornton (1996) studied the intergenerational influences on attitudes toward family formation. The women studied were selected through a probability sample of 1961 birth records in the Detroit metropolitan area. Approximately equal numbers of White women who had given birth to a first, second, or fourth child were chosen for interview in the winter of 1962, and in five subsequent years. The children born in 1961 were interviewed in 1980, at age 18. The study differentiated between marital dissolutions produced by widowhood and those produced by divorce, as well as divorces followed by remarriage and those that were not. The study also examined a wide range of family attitudes, including those concerning premarital sex, cohabitation, marriage, childbearing, and divorce. The study included measures of parents' attitudes as the mechanism that might link parental behaviors to adult children's

attitudes. The researchers concluded that children of mothers who divorce and do not subsequently remarry prefer significantly smaller families than children of mothers who never divorced. Maternal remarriage seems to mitigate this effect. Children with mothers who were widowed wanted slightly larger families than children from families with continuously married mothers. The researchers also discovered that mothers' childbearing behaviors tended to influence their children's preferences. The parent's childbearing behavior did not have as strong an influence on the child's childbearing behavior as the expressed desires of the parents for that child (Axinn et al., 1994).

The National Survey of Children (NSC) is a three-wave longitudinal study of 1,423 children. The purpose of Wave 1 was to assess the well-being of American children. Wave 2 focused on the effects of marital conflict and disruption on children. Wave 3 examined the social, psychological, and economic well-being of sample members as they became young adults. Starrels and Holm (2000) examined adolescents' plans for family formation using data from the NSC. They found similar results concerning the modeling behavior versus defining behavior of mothers. Children tended to replicate the behavior they saw modeled rather than any instructions by mothers that were in conflict with the modeled behavior. O'Conner (1997) also noted this modeling behavior: "Daughters of teenage mothers are at a greater risk than other women of giving birth while in their teens and early 20s" (p. 244). Trent (1994) reported that "living with fathers significantly affects family size expectations: It lowers the overall number of children expected" (p. 6).

While living in a mother-only family does not change the number of children expected, adolescents living in a mother-only family are 1.2 times as likely to expect a child outside of marriage as those living with both biological parents. Individuals who grew up living with their mothers and stepfathers are “more likely to expect early fertility and are 1.4 times as likely to expect adolescent childbearing” (Trent, 1994, p. 6).

### Summary

The literature examining family formation and fertility decisions covers many possible influences from both the macrosystem and the microsystem. Some of the reported influences on family formation decisions have been birth control, religious beliefs, societal expectations, gender preference of parents, maternal educational level, gender, socioeconomic status, ethnicity, the presence of stepchildren, and the family of origin.

## CHAPTER III

### METHODOLOGY

Since this research study used a qualitative approach to explore the stated reasons for family formation, a grounded theory approach was used to allow concepts to be inductively derived from the study of the phenomenon (Huberman & Miles, 1998; Miller & Fredericks, 1999). In this approach, “one does not begin with a theory, then prove it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge” (Miller & Fredericks, 1999, p. 7).

This chapter discusses the population and sample of the study, interview procedures, and the instrumentation used during the study. The collection and treatment of data are also outlined. The chapter concludes with a summary.

#### Population and Sample

Twenty females were recruited to participate in a semi-structured interview. The participants were married and the mother of one or more children. They were recruited in equal numbers from two age groups: women in the 35-50 year age range and those in the 70+ year age range. Participants in the younger age group averaged 42.6 years of age and had an average of 2.4 children. On average, there were 2.8 children in their family of origin and 2.5 children in their husband’s family of origin. Participants in the older age group averaged 77.1 years in age and had an average of 2.8 children. On average, there were 3.1 children in their family of origin and 3.8 children in their husband’s family of

origin. Using two groups of ages allowed the researcher to examine differences in themes and sub-themes with a generational perspective.

The participants were recruited from the general population in a city in North Central Texas and its surrounding rural areas. A convenience method was used to gain participants. The researcher approached friends, acquaintances, and other people with whom she had contact and explained the need for research participants. The researcher also distributed flyers requesting study participants at offices of local physicians and in child care facilities (Appendix A). Participants expressed their interest through telephone calls to the researcher who determined eligibility and willingness to participate. A telephone script was used (Appendix B). If the respondent continued to meet eligibility criteria, the first script was used. If at any point during the telephone call a criterion was not met, the researcher shifted to the second script to terminate the call. If respondents met eligibility criteria, the researcher scheduled an appointment for the interview at a time and place convenient for the participant. The interviews were conducted in a one-on-one setting.

### Pilot Study

A pilot study with two participants was conducted. The researcher identified one participant from each of the specified age groups and conducted interviews with them. Pilot study participants were debriefed concerning their view of the study and asked for modifications that they believed would allow for a better research design. The pilot study allowed the researcher to test the efficacy of the oral gathering of demographic information and the interview guide and to make modifications if they were deemed

necessary. Both of the pilot study participants stated that the interview questions and the procedures were clear and that the interview went smoothly. Neither of the pilot study participants suggested modifications; therefore, their interviews were included in the study.

### Interview Procedures

Each interview began with a review of the purpose of the study, assurance of confidentiality, and an explanation of how the data would be handled. Participants signed a Consent Form (Appendix C). Each participant was given a copy of the interview questions to read. The researcher then orally gathered the demographic information before beginning the audio recording (Appendix D).

Semi-structured interviews were conducted using an Interview Guide (Appendix E) containing six open-ended interview questions. Participants were asked for their permission to start the audio recording. The interview began with two broad questions:

1. Tell me about the point in your relationship when you decided to have children.
2. Tell me about your decision-making process for having children.

Discussions on each continued until the participants indicated that they had nothing further to add. Interviews were conducted in as nearly identical manner as possible and lasted between one and two hours.

### Protection of Human Subjects

Protection of the participants was a primary concern. The use of a signed consent form (Appendix C) and compliance with guidelines set out by the Texas Woman's University Institutional Review Board formed the basis for the protection of the

participants. The consent form included an explanation of the study, the potential risks or discomforts, the potential benefits to the respondent and to others, and the length of time the interview was expected to take. Participants were made aware that they were a part of a dissertation research project that would be published. Participants also signed consent forms for taking part in the interviews and for being audio recorded (Appendix C).

Participants were assured that they could stop the interview at any time, for any reason, with no consequences; and they were informed that no payment in cash or kind would be made by the researcher or by Texas Woman's University. Participants were given the researcher's name and a phone number where she could be reached in the event of questions arising as a result of participation in the study.

Confidentiality was guarded through the use of pseudonyms on tapes and transcriptions. The tapes and other data will be kept in a locked cabinet in the researcher's office and will be destroyed within one year of the publication date of the research.

#### Instrumentation

A semi-structured interview guide was used to conduct the interviews (Appendix E). The guide began with a general question about the factors involved in the decision to have children. From this broad question, more specific questions attempted to clarify the ideas of the participants concerning their family formation. The interview guide questions were modified according to the responses gained from the preceding questions.

### Collection of Data

This study used a qualitative approach to identify factors stated by married women to have influenced their completed family formation. The logic of grounded theory guided the collection and analysis of data. In grounded theory, the data are gathered, coded, and analyzed simultaneously in order to create theory that is continually modified and expanded in response to the data as it is collected and analyzed (Miller & Fredericks, 1999).

Interviews were tape-recorded for later transcription. Following transcription, the researcher gathered, coded, and analyzed the data using color-coding as themes and sub-themes emerged. This loop was continued until saturation was reached and no new themes or sub-themes were emerging.

### Treatment of Data

Data were analyzed using the constant comparative method (data collection and analysis occurring simultaneously) (Huberman & Miles, 1998). The researcher listened to audio recordings twice before transcription. The transcription began during the third playing, with the tapes being rewound and replayed as often as necessary to obtain all of the copy. Two copies were made of each transcription--a working copy and an original to be filed for safekeeping. Following the transcription of the interviews, the researcher read the materials in their entirety in order to gain an overall feel for the information. Then the responses to the first question on the Interview Guide for each participant were read twice. The third reading allowed themes and sub-themes emerging to be individually color coded. The same process was conducted for each of the following

questions on the Interview Guide. As themes and influences emerged, similar ones were grouped and color-coded. Themes were allowed to continue over several questions if appropriate. Each theme's notations were read at least twice in their entirety. Once the primary list of themes emerged, the researcher re-analyzed for other, less obvious themes and sub-themes, continuing the color-coding system.

### Summary

Participants were recruited through convenience sampling and were self-identified as being a wife and mother and having a completed family. Using interviews, the researcher attempted to discover themes and sub-themes that emerged concerning values that influence fertility decisions.

## CHAPTER IV

### FINDINGS

The purpose of this study was to explore the factors that influence married women to have children. Interview questions were developed to facilitate and encourage responses to the following questions:

1. What influences married women to have children?
2. How are completed family formations chosen?

The findings were developed based upon analysis of the data and consideration of the principles of grounded theory. Grounded theory uses the constant comparative method, comparing interview to interview, and allowing themes and factors to emerge (Dick, 2003). Coding these themes allows the researcher to then search for other, less obvious, themes and factors. The data are sorted, falling into the various themes and factors, which allows the researcher to create a structure for the interpretation of the analyzed data.

#### Participants

Semi-structured interviews were conducted with 20 participants, 10 in each age group, 35 – 50 and 70+. All interviews were conducted in person, and all participants agreed to audiotaping of the interviews. Interviews were conducted in locations chosen by the participants. Twelve participants were interviewed in their homes, 1 in a restaurant, 1 in the interviewee's place of business, 4 in the researcher's place of

business, and 2 in the researcher's home. All participants were female, Caucasian, married, and the mother of at least one child.

The first group, represented by women in the 35 to 50 years age range, had a total of 24 living children. The average age of the participants in this group was 42.6 years; the average number of children was 2.4. The second age group, consisting of women aged 70 and above, had 28 living children. The average age of the participants in the second age group was 77.1 years, and the average number of children in the family was 2.8. A brief summary of the demographic data is presented in Appendix F.

### Themes

When considering the influences on the fertility decisions of the participants, three themes emerged: (a) influence of others, (b) personal reasons, and (3) unplanned or planned by default. Appendix G shows the themes that emerged during the data analysis.

#### *Theme #1: Influence of Others.*

The influence of others as a reason to have children emerged as a theme, harking back to Bronfenbrenner's macrosystem influences. This influence was found through interviews as participants noted the influence of the larger society or the influence of family members. While only four participants spoke of being influenced by the societal norm, those who did speak of the cultural experience expressed the idea that there was no choice, that everyone just had children. Marie, age 82, and the mother of three said,

Right away, because I was 25 when we married and at that time, women were having their children, probably, a good bit earlier.

Despite some research that indicates a motherhood mandate in the United States

(Muller & Yoder, 1997), only four of the participants (two in each age category)

mentioned societal expectations as a reason to have children. Kelley (age 49) said,

I think just that kind of natural process of, that thought of, you get married, you have a family. I think it was just kind of, uh, taken for granted? . . . I think just that kind of natural process of, that thought of, you get married, you have a family.

When asked about the point in her relationship when she decided to have children,

Marlene, age 74, noted a different attitude in times past. She said,

I think, in my day, I just expected to have them.

#### *Theme #2: Personal Reasons.*

The second theme to emerge was the personal reasons for family formation of the women interviewed. The influences of the microsystem of marriage were evident as women described their personal reasons for wanting to have children. Four sub-themes were evident: (a) personal desire for children, (b) medical issues and age concerns, (c) financial issues, and (d) sibling relationships.

*Personal desire for children.* The first sub-theme within personal reasons was a personal, emotional desire for children. These needs and desires were mentioned by 9 of the women in the younger age group, while 8 of the older group spoke of personal needs and desires when planning their families. Participants in both age groups spoke of their excitement about having children and how children made a family complete. Children were seen as enriching lives; pregnancies were referred to as “thrilling”. Dorothy, the 77-year-old mother of two sons, said,

When I was young, I liked to be with people who had children, who had babies. If you had a baby, you had me there with them. I’d do dishes and iron and

everything else for the people so I could be there with the babies and that I, uh, always had wanted children.

Janet, a 39-year-old mother of two daughters and a son, stated:

I think women, or most women, need that. I think they need that feeling of being a mother and nurturing. I don't know; I've never really talked to, you know, I've never done a research about it or anything. But I think that most women need that. Um, I don't think you can get it any other way.

Diane is 38 and has three children. Despite the fact that her pre-marriage pregnancy caused her considerable mental anguish ("which is a major, major; it bothered me then and I would not wish; it truly bothered me."), Diane spoke of all three pregnancies with pleasure and excitement.

I wanted kids. No, I wanted a baby. I wanted that to call my own, because it's just I, I think, it was just a natural thing. I wanted that baby. That baby, to me, was just a, it was truly, truly, truly a gift. It was a great thing that I achieved. It was! To me, it was, I loved being pregnant. It was the funnest thing in the world, for me to watch my belly grow. It was. I loved being pregnant. I would just sit there for hours; put my hand on my stomach, and watch. It would roll; I loved it. It was just a neat thing.

Lana is 38 years old and the mother of four children, ranging in age from 6 to 17. The two oldest children are from a previous marriage, while the two younger ones are the product of her current marriage. Lana brought up the concept of having grown children, something that was not mentioned by any of the other participants.

I always wanted to have kids. I mean, like always. I always wanted to stay home and have kids. I think I also wanted grown kids to be like my kids and then continue as friends and everything.

A very common part of the expression of personal needs was the idea that children were just a given, that no decision would ever be necessary or desired. Children were seen as a necessary part of life. Trish has two children, a 15-year-old daughter and a

7-year-old son. She said:

Oh, I always planned to have kids; always planned you know, in fact, to have three or four kids, so it was a definite. I always felt like I'd have kids. So, it wasn't, I don't know that it was. I never really thought of it as anything other than I just always knew that I'd have kids. I love my kids and I like my kids. So, I don't know. I don't know . . . But it does feel like a need; a need and a want and, possibly somewhat selfish, I guess. Maybe the first thought is more on the selfish end. I mean, I always planned on having kids. They bring you a lot, a lot, of joy. We were inseparable; we did everything. And I liked that. I like that companionship. Maybe that was another thing. You know, there's just a different kind of love. It's not like the love you have for your husband or the love you have for anybody else. So, I like that feeling that a child brings you, and I think only a child can.

Personal needs and desires also limited the number of children in some families.

A participant in the 70+ group, Rachel (age 71) has two sons. She said,

No, I didn't want any more. I guess you can just put that down. I didn't want any more.

Kelly, age 49, said,

We both had dreams and goals that we wanted to hit besides family.

*Medical issues and age concerns.* Some women mentioned specific medical issues that pushed them into having children within a certain time frame. Dana, age 40, said,

OK. Me and Don had been married for about two years and he was in school and I had gone to the doctor for my annual physical. And the doctor said I had endometriosis. So, he asked me if I had planned to have a family and I said, "Yes." He said, "Well, I'm just saying that I wouldn't put it off too long." So I went home and told Don we were going to have a baby. I would say that the only thing that really affected was the whole endometriosis thing. I probably would not have tried to get pregnant until Don had been out of school and been established in a job. I probably would have waited.

Ella, 80, had some medical issues that precipitated her need to have children as quickly as feasible. Her fiancé was sent to North Africa during World War II. When he returned home on temporary duty, they were married and began the discussion of when to have children.

He was to go back in a month. And, after we married, we sat down and discussed it and decided now was the time to go ahead and have our family which I then could work in my hometown and have the child while he was even overseas . . . As it was, the war in Europe ended and they sent him back to the base; sent him back where we were living and told him to stay there because they thought the war would be over . . . So, therefore, within about three months I was pregnant and expecting our son.

Some women spoke of their age as a factor in the decision to have a child. Four of the participants mentioned their age (in years) as the reason for deciding to have a child at that particular time. The following are representative comments:

We both felt that, at our age, now was the time to have our children. I was 23, going on 24, and he was 28, going on 29, and we felt the decision was now. (Ella, age 80)

You know, I think that there is, it's just like having to decide at such an older age than normal to have children, there's that fear. (Nancy, age 43)

*Financial issues.* The 70+ group seemed more concerned about financial issues than did the younger participants, with five of the participants in the former age group speaking to financial concerns. The concern may be a reflection of the economy during their childhood years since most were growing up during the depression. It may also reflect the economy and uncertain financial times of the United States immediately following World War II. Participants in this age group had recently lived through the difficulties of a massive war effort and were very aware of the financial difficulties

experienced during the previous decades. One participant (Marlene, age 74) stated,

One thing, in the 50s, things were not as good as they are now financially and it was really just more difficult.

Dorothy is the 80-year-old mother of two sons. She said,

Weldon was afraid we couldn't afford them. Two was all we could afford, the biggest issue was supporting them.

Still another (Nina, age 75) is the mother of four. She said,

We didn't want to start a family until we, you know, kind of got our feet on the ground.

By contrast, only four of the younger age group participants even mentioned financial issues, and only one of those specifically mentioned the actual cost of having children. Other participants mentioned cost only as a side note to being responsible enough to have children.

*Sibling relationships.* Almost half of the combined participants expressed concern over or interest in sibling relationships for their children. While 5 of the participants in the younger age group saw this as a reason to have children (or more children), only 4 of the participants of the older age group noted this concern. The participants who expressed this concern were interested in spacing the children so that they would appreciate and enjoy one another, both as children and as adults. Many saw siblings as a protection against loneliness and isolation as adults. Ella is the 80-year-old mother of one son and one daughter. She said,

And I saw what it did to one child because, when the mother or father or both of them died, then that child had absolutely no one to lean on, cry on their shoulder, or anything . . . So, I knew I wanted at least two, which I told my husband after our son was born. He came into the room and he said, "Honey, I'm going to tell

you, we are not going to have any more children.” I said, “Why?” And he said, “Because you just don’t know what you went through!” I said, “Yes, I do. And I’m sorry, but we are going to have two or more regardless.” Which we did.

Dorothy, age 77, stated,

Well, I just didn’t want the gap to get any bigger between them. You know, I wanted them to be a big joy to each other. (laughs) That was a foolish thing.

Among the younger age group, sibling relationships were a larger issue. Fully one-half of these participants expressed some need or concern about having an only child or having more than one child so that the children would be close throughout their lives.

Nancy, having married for the first time at age 37, became a mother in her early 40s. She is now 43. When asked why she was considering having another child, she stated,

In times of good or bad, that’s who you turn to, is your family. And, with Jake and I being older, Clint’s going to turn to people he doesn’t know as well because they were grown when he entered their lives. I mean, I definitely think that there’s an advantage to him having a sibling, whether it’s learning to share or learning more about, you know, the reality of life. But have some companionship, especially when he’s older. I think that’s even more important than just having a little playmate.

Kelly, the 49-year-old mother of a son and daughter, had a different reason for feeling that her first child needed a sibling:

At some point before I got pregnant with Dustin, we realized that we were probably being hard on Kim because she was an only child. And so, you know, first of all, our first child (and then only child) and the expectations were for this perfect kid. And, we were being tough on her. And, umm, it wasn’t fair to her. And we realized that we didn’t want to (since we obviously had plans changed and had her younger than older) we didn’t want huge age spans or to be raising kids all our lives. So, we looked at ‘OK, you know, do we want these options? You know, do we want to go for another child?’ For that, having Dustin was a very conscious decision with where we were at in our lives. Because when we decided to have kids, it took me two months, um, his was a conscious decision for

a lot of reasons, including feeling like, for Kim's sake, umm, she needed a sibling to take the pressure off. I consider her the biggest factor at that point for Dustin. She needed a brother or a sister. She needed a sibling.

*Family of origin.* Dana is a 40 -year-old mother of three who was an only child.

She was determined not to have an only child:

Well, I didn't want to have an only child, because with me being an only child, I felt like I missed out on that whole having brothers and sisters. Like, you know, at school I would see my friends and their brother would do this for them or that. Of course, I didn't think about the picking on. Yeah, I didn't think about that part of it. And all my close friends came from big families and I'd go to their house and it would be chaotic and I'd think, "Hey! The chaos is good! I like this!" Course, I didn't think about being the parent controlling the chaos.

Research indicates that children tend to replicate their family of origin formation and that parents influence their children by their own happiness or unhappiness with their family size and shape (Axinn et al., 1994). According to the participants in this study, the family of origin had a much greater influence on the decision to have children than did the influence of society at large. Participants spoke of their happy childhoods and their desire to replicate the family in which they grew up. Many of the participants stated that they were influenced by their family of origin.

Janet (age 39) said,

Because I had a good childhood. You know, there was five of us and I, I liked a family. You know? Didn't have to be a huge family, but I knew that I wanted kids. I knew that having, being a mother was going to be an important part of me.

Others in this age group had similar comments:

I think because I grew up in a happy household. I mean, my parents obviously impacted greatly. They obviously influenced me greatly because, like I said, I came from a good, stable home. (Nancy, age 43)

I think it that had a lot do with my mom. My mom and dad were always (my

father is the only one still living) but very, very good parents. They were there for us. We always had our meals at home; we didn't go out. I remember twice going out to eat and it was pizza. And I remembered it was a big thing. But it was a very wholesome; my mom and dad were there for us. And I wanted to do that. It was, she made it fun. I didn't see the stressful sides of parenting; she didn't show us that. She really didn't. She was very good at that. She made simple things, like doing chores, fun. She was very good at that. And I think that had a big, I saw a lot of different things with other families. I think, too, we kind of grew up in a different era than what we see now . . . My aunt, which is my mother's sister, had nine children. My other aunt had three and just different ones around us; we would always get together. And they would get together; my aunts would get together once a week to play cards. And all the cousins would come over. So I would see that all the time, so I was always around a lot of kids. We were very close growing up. And there was always just a closeness. And at that time, it was like, the moms would visit one another, you know, and it was, it was just, it was right. It was definitely a natural drawing; it was very nurturing to me and it was a comfort zone, I guess you could say, for me to have children. Having children is like, when you grow up, that's what you want to be . . . I wanted to be a mom. I really did. (Diane, age 38)

I was an only child and, really and truly, I wanted a big family. Lots of kids. Lots of kids. (Dana, age 40)

Among the older age group, the comments were similar. The family of origin was a major factor in the decision to have children. Marie (age 82) said,

Well, just having grown up in a family with lots of siblings, I couldn't imagine a family without children. And, so, we planned from the get-go that we would have children. All my brothers and sisters, who were mostly older than I, had children and, uh, maybe I was a copycat.

Gladys is 73 and the mother of three children. She stated,

Well, my answer actually I suppose, goes all the way back to since I was the youngest of my family. I always said I was going to have four children and I love children and Mom took care of everybody in the neighborhood. And I definitely wanted children. My mom and my dad were so in love with each other and they were so close. We had such a close knit family.

For others, though, the family of origin influenced them to have fewer children.

Francis (age 76) spoke of her husband's feelings. He was one of 11 children and felt that

a large family could be a detriment.

They always lived on the farm. And his daddy had to be a good provider. If he hadn't, they never would have made it. 'Cause his momma never, ever worked; she had too many kids. She told me one time, "Any time he wants you to go somewhere, I don't care what you're doing or what you've got on, get up; and get in that car and go. I've either had one on my lap or I've had one in my belly ever since we've been married. There's one on the way all the time." She never did get to go anywhere, 'cause he went everywhere he wanted to go and she got to stay home and take care of kids all the time . . . And, so I think he saw that; that his momma was having a hard time trying to keep everything going. So, it more or less, was his real decision; believe this was all we needed.

### *Theme #3: Unplanned and Planned by Default*

A third theme appeared when participants stated that they had an unplanned birth of a child. To the extent that birth control must be monitored and maintained to avoid unwanted births, contraceptive birth control is still a factor in family formation.

Only 2 participants in the 70+ age group stated that they had a completely unplanned pregnancy, while 6 in the younger age group did. The "planned by default" factor was attributed to those women who indicated that they had not specifically planned a pregnancy, but had done nothing to deter pregnancy. A choice was made by making a choice not to use any type of physical or contraceptive birth control. Six in the younger group fell into this theme, while 8 in the older group did. Some attributed it to God's decision, as in the following statement made by Alma, a participant from the 70+ group:

Well, as I said before, it wasn't that I decided, but the Lord decided, after we had been married some three years, little more, that we should have a baby and we did.

Others acknowledged that they either did not have complete knowledge about birth control information or were not diligent in their use of the knowledge. Nina, the

75-year-old mother of four, told the story of her attempt at using the rhythm method.

So, we had a little house . . . and, so, that was when we decided to start a family. Except that we didn't really decide. We just began to be careless. We started to try, like, uh, the rhythm method and this, that, and the other. But, of course, I got it backwards. [laughs] I heard them talking about it at work . . . So, I heard some of those people talking and I thought, "Oh, I can do that!" You know? [laughs] No! So, that was my first child and, basically, he was probably the only one planned. Actually, he wasn't even planned. But in timing he was, because we had waited four years, you see. But the others, you know, we just didn't have childbirth down to a science then.

Well, we were very cautious in some ways, but I had never gone to a doctor to find out how to be cautious. We used rubbers, and then we did the, oh, the Norfoam. So we did that part of the time. Then finally we started, we were talking about this rhythm method, and then we got pregnant. And the, you know after that, I was so busy, that probably just didn't think about it like I should have been. Course, I guess I didn't care.

Another participant stated,

I don't guess we decided. We just had them. (Rachel, 71)

The 35 – 50 age group participants had six responses that fit into the "unplanned" theme. Two comments from this group were as follows:

Oh, it was definitely not planned. I was on birth control and he was . . . the morning I found out I was pregnant; he had made an appointment to go have a physical so that he could have a vasectomy. (Kristen, age 43)

There was no decision. We never thought about planning a family when we started our family. We were taking precautions, but I still got pregnant . . . We didn't plan David either. We're just not planning people. Not in family life; it just all happened. (Janet, age 39)

### *The Completed Family*

Medical reasons and age concerns were most often stated as reasons that participants did not have the children they desired. Marie, 82, when asked if she was satisfied with the number of children she had, said,

Actually, we had planned to have four children, but it wasn't easy producing those babies. I had had difficulties, so we decided after number two that we wouldn't have any more. And we had originally planned to have four children . . . We said we would have liked to have had the other child, but it was based almost solely on that fact . . . [commenting on her third pregnancy] It was a little bit scary right at first, but of all things, I breezed right through that one; not a minute's trouble after the first few months. Getting used; my body getting used to that but no difficulty.

Rena, the 85-year-old mother of two daughters, expressed regret that she had only been able to have two children. Trish is 41 and has a son and a daughter. She had hoped to have a third child and was more than regretful; she was angry at being unable to have another child.

I don't have closure yet. I still have anger; I deal with a lot of anger. You know, we've been trying for the last four years and no avail. So, probably at this point in my life, probably not for the most part. I don't see it changing at this point. I don't know. I don't, I don't know. I keep thinking I'm O.K. with it and then I won't be, and so it just kind of goes back and forth, back and forth. It's really frustrating at times, very irritating at times, and then sometimes I'm O.K. with it, I guess.

Many of the participants seemed either unwilling or unable to define their reasons for having chosen their completed family formation. When there was not a specific reason to limit family size, such as medical or age, many of the women appeared to just drift into the decision that they were finished bearing children. There were few comments that indicated a firm commitment to having a certain number of children. While there appeared to be some very specific reasons for these women to have children, there were fewer specific reasons to not have children. The completed family appeared to be more of a happenstance than a true decision.

## Summary

The twenty female participants in this study were divided into two age groups, ages 35-50 and 70+. The women were married and the mother of at least one child. The two groups of women were remarkably similar in their responses, despite the age differences.

Three themes appeared: (1) influences of others, (2) personal desires and needs, and (3) unplanned or planned by default. Few women could express the reason for their completed family formation. Most of the women indicated that their fertility decisions were influenced more by the personal microsystems of their lives than the macrosystems of the larger culture.

## CHAPTER V

### SUMMARY, DISCUSSION, AND CONCLUSIONS

The purpose of this study was to qualitatively examine, from an ecological viewpoint, the influences on married women to have children. Were women influenced by the ecological systems in their lives? Further, this study was an attempt to search for commonalities or differences concerning fertility decisions in two generations of women. This chapter will summarize the study, discuss the findings in relationship to previous work in the field, and relate the conclusions of the current study. The chapter will conclude with the limitations of the study.

#### Summary

Researchers have long been interested in the fertility decision making process, but have generally looked at macrosystem influences. As early as 1943, Whelpton and Kiser studied socioeconomic and psychological influences on fertility decisions. The study was based on the data set of the 1941 Indianapolis study of 860 fecund couples.

In 1997, Muller and Yoder found that the expectation that women will have children was still viewed by society as the norm for women in the United States. This motherhood mandate implies that women who are voluntarily childfree have a less satisfying life than those women who are mothers of two or more.

Another cultural variable that appears to guide fertility decisions is religion. Most major religions worldwide have developed a stance on birth control and family

formation. While they may not agree in all tenets, Buddhism, Islam, Judaism, and Christianity all have made a stand on the issue of birth control and family formation (“Birth control,” 2001). These formidable macrosystem forces have impacted women in their decision to have a child or children.

Early research (Clare & Kiser, 1951; Dinitz et al., 1954) also indicated a strong gender preference by parents. These studies showed an overwhelming preference for boys if the marriage produced only one child and a strong preference for first-born boys in families with more than one child. Studies as late as 1997 reflected a strong preference for a male child if families could have only one child (Rent & Rent, 1997). There are evidences that gender preference by parents is also affected by ethnicity. A strong preference for boys has been evident in Hispanics (Unger & Molina, 1997), particularly among mothers who prefer to speak Spanish. This finding may indicate a culturally influenced gender preference among more traditional Hispanic families.

Ethnicity appears to impact fertility decisions. Both Blacks and Hispanics are more likely than Whites to expect adolescent and non-marital fertility (Trent, 1994). Hispanic youths expect more children than either Black or White youth, and they are the least likely to expect childlessness (“America’s Children,” 2001).

Despite the macrosystem’s influence on fertility decisions, the advent of reliable birth control began to give women more control over their fertility decisions. They began to make decisions based on the more immediate needs as defined by the microsystem of their own lives and families.

By the late 1970s, researchers began to explore the microsystem influences, such as personal desire and the impact of educational goals (Townes et al., 1979). Women with limited education and lower wages are less likely to indicate a desire for children and less likely to actually have children (Francesconi, 2002). Women who are more egalitarian than traditional in their views of marriage are also less likely to indicate a desire for children (Kaufman, 2000). Because intent to have a child is seen as the primary indicator for childbearing (Unger & Molina, 1997), it appears that women are being more influenced by personal needs than by the outside influences of the macrosystem.

The presence of stepchildren is an important predictor of couples' fertility intentions and behavior since the presence of children from a previous union decreases the likelihood that couples will have shared biological children (Stewart, 2002). The family of origin also tends to influence fertility decisions. Adult children are influenced by the happiness or unhappiness of their parents' family size and shape (Axinn et al., 1994). Trent and South's work (1992) supports the idea that marital and familial attitudes are shaped rather early in life, and tend to remain stable throughout the lifecourse. Mothers' childbearing behaviors have an influence on the fertility decisions of their children, but not as great an influence as the expressed childbearing desires of the mothers (Axinn et al., 1994).

### *Research Questions*

The following research questions were examined through open-ended, semi-structured interview questions in this study.

1. What influences married women to have children?
2. How are completed family formations chosen?

### *Sample*

The twenty participants in this study were recruited from the general population in a city in North Central Texas and its surrounding rural areas. They were divided into two age groups, ages 35 – 50 and 70+. Respondents who met the eligibility criteria of being married, between the ages of 35 and 50 or over 70, and the mother of at least 1 child were interviewed in a one-on-one setting. A pilot study with 2 participants, 1 from each age group, was conducted. Pilot study participants were debriefed concerning their view of the study and asked for modifications that they believed would allow for a better research design. Neither of the pilot study participants suggested modifications.

### *Methodology*

Each interview began with a review of the purpose of the study, assurance of confidentiality, and an explanation of how the data would be handled. Semi-structured interviews were conducted using an Interview Guide (Appendix E) containing six open-ended interview questions. The interview began with two broad questions:

1. Tell me about the point in your relationship when you decided to have children.
2. Tell me about your decision-making process for having children.

Discussions on each question continued until the participants indicated that they had nothing further to add. Interviews were conducted in as nearly identical manner as possible and lasted between one and two hours. Interviews were tape-recorded and were later transcribed by the researcher, with confidentiality being guarded through the use of pseudonyms on tapes and transcriptions. Using a grounded theory approach, the data were gathered, coded, and analyzed simultaneously. As themes and influences emerged, similar ones were grouped and color-coded.

### *Findings*

Participants in the study discussed a variety of influences relating to their fertility decisions, and three themes emerged for these participants: (a) influence of others, (b) personal reasons, and (3) unplanned or planned by default. The influence of others reflected the influences of the larger society as well as the influence of the family of origin. Personal reasons included personal needs and desires, medical issues and age concerns, financial issues, and sibling relationships. The last theme was that of unplanned pregnancies or those which were planned by default as no attempts were made either to encourage or stop pregnancy and subsequent childbirth.

### *Discussion*

The research context in this study has been derived from excerpts of the responses provided by the participants. The context was the participants' identification of the influences on their fertility decisions. The female participants in this study were married and the mother of at least one child. Their comments, insights, and experiences were used to answer the initial research questions. While responding to the semi-structured

interview questions, participants in this study discussed a wide variety of influences on their fertility decisions. They provided evidence to support previous research, identifying the macrosystem influence of others and the microsystem of the marriage, as well as personal reasons as influences on fertility decisions. The motherhood mandate (Muller & Yoder, 1997) appeared to influence some of the women in this study. Several participants, particularly those in the older age category, remarked on the idea that women were supposed to have children and that having children created the family.

Women in this study appeared to be strongly influenced by their family of origin. This supports previous research that stated that children tend to replicate their family of origin formation (Axinn et al., 1994) and that these childbearing values are formed early in life (Trent & South, 1992).

Previous research did not indicate the strong influence of personal need and desire for children. This was a very common theme for the participants in this study. The participants noted a personal need and desire to have children. Several spoke of feeling empty prior to the birth of their first child. Others spoke of the need to have a second or third child.

The use, success, or failure of birth control for married women has not been well documented in the literature. Unplanned pregnancies and those planned by default were a major influence in the family formations of the women in this study, yet there is little literature on this topic. What literature does exist focuses on unmarried teen mothers rather than on those women who are making fertility decisions within the framework of marriage.

Little difference was seen between the responses of the two age groups when considering fertility decisions. Personal desire and influences within the context of the microsystem of the family were the most common sub-themes noted in this study. Lack of planning or planning by default was another factor that weighed heavily in the outcomes.

### *Influences of Others*

The macrosystem influence of others was a theme that emerged, though weakly. This influence was seen through the influence of the larger society. Contraceptives now provide easily obtainable, generally reliable methods of preventing pregnancy (McClesky, 1995) giving the expectation that the macrosystem of the larger culture may have less impact on the fertility decision-making process. It seems that the “motherhood mandate” (Muller & Yoder, 1997), expecting women in the United States to be mothers, has held a place even with the advent of reliable birth control. The influence of the larger society was quickly seen when participants spoke of always expecting to have children and of viewing motherhood as the next step after marriage.

### *Personal Reasons*

The influence of the macrosystem on fertility decisions seemed far less important to these women than the influences of the microsystem. A second theme that emerged was based on personal reasons and included five influences -- emotional desires to have a child, medical and age concerns, financial issues, sibling relationships, and the family of origin.

The personal desire for children emerged as one of the major influences on the fertility decisions of these women. Participants spoke of their need to have children, to be a mother. They talked about the joy of being pregnant and of having a child. Several participants indicated that the desire to have children was a desire they remembered, even from their childhood.

Both medical issues and age concerns were considerations for many of the women. Some were given medical advice to move forward with having a child; others were told to delay that decision for the time being.

Financial decisions also impacted the decision to have or not have a child. Many of the participants spoke of waiting until they were financially able to support another member of the family.

Many of the participants stated the desire for their children to have siblings. Some also expressed concern about the idea of having an only child. Others spoke of the benefit to their children of having extended family members as adults.

A very common influence throughout the microsystem theme was that of the influence of the family of origin. Participants spoke of the number of children in their family of origin as a reason for the number of children they produced. They stated that their parents and siblings wanted them to have children. Many of them talked about their happy childhoods and the respect and admiration they had for their own parents. This seems to substantiate earlier research that indicates that fertility decisions are heavily influenced by parents (Axinn et al., 1994).

### *Unplanned or Planned by Default*

A third theme that appeared was that of either unplanned pregnancies or those planned by default. Participants in the older age group had fewer totally unplanned pregnancies, possibly a result of living in an age when birth control was fairly unreliable and could not be considered a truly viable option. Many of these participants spoke of just allowing a pregnancy to happen. The participants in the younger age group seemed more surprised by accidental pregnancies.

### Conclusions

What influences married women to have children? Previous research and literature in this field indicates that women have been highly influenced by the expectation of society and that fertility decisions have been historically made mostly within the context of the macrosystem influences on their lives.

According to the interviews, the women in this study were vastly more influenced by the smaller microsystem in their lives than the overriding macrosystem of the larger culture. Personal desire and emotional need for children far outweighed what society dictated, personal financial issues, or even medical and age concerns. Personal desire appeared in the interviews as women spoke of the “thrill of pregnancy” (Participant Diane) or the idea that “most women need the feeling of being a mother and nurturing” (Participant Janet). One woman stated that having children was a great thing that she had achieved. Another said that children bring a feeling that no one else can. Many of the women spoke of the idea that families were not really families without children and that childbearing fulfilled a deep inner need and desire.

Medical issues and age concerns have had little attention in the literature, despite the fact that these items can have a profound effect on a woman's ability to bear children. In this study, medical and age concerns appeared to be closely linked to the personal desire to have children. Participants were willing to follow all medical advice in order to achieve the stated goal of having children.

The only difference evident in the two age groups was the influence of financial issues. Two participants in the older group mentioned money concerns as a reason that they either postponed childbearing or limited the number of children in their family. It is possible that these concerns are a result of the fact that women in this age group lived not only through the Great Depression, but also through the tough economic years of World War II.

Less evident in the interviews were the reasons that these participants ended their child-bearing. Only 2 of the 20 participants stated that they had deliberately stopped having children after a specific number. Few could explain how they knew that the family was complete. It appeared to be more a non-decision than an active decision to create a specific family formation. Several women spoke of reaching an age where they no longer wanted to have a baby and being glad that they had not become pregnant again. Few, however, stated that they took active measures to avoid pregnancy or childbearing.

The participants were reluctant to note an additional reason for completing their family. The factors that influenced them to have their first child were often the same ones that influenced them to have additional children. Those who had experienced medical concerns were still cognizant of those concerns on the birth of each subsequent child.

Those who commented about needing to be financially able to have a first child were still concerned about finances with subsequent children. Many appeared to simply slip into the completed family formation without having given much thought to ending their childbearing.

Easily the most common influence, personal desire, appeared as a factor in most of the interviews. Influence by society at large was very small in comparison, with only four of the sample population noting it as an influencing factor. The microsystem influence of the marriage appeared to be much more important than that of the macrosystem of the larger culture. These results seem to indicate that fertility decisions for this sample were more personal/psychological in nature, than societally influenced.

Many of the participants (n=16) acknowledged that they planned babies by default, by not using any type of birth control or natural family planning. It seemed to be not a plan as much as a default setting -- that by refusing to make a plan either to have a child or not, the women were not responsible for the ultimate family formation. As Dana (age 40) said,

But I don't have any firm decision about why I did what I did. It just sort of happened that way. Life happens.

#### Implications

Understanding the process of making fertility decisions could have positive effects for a variety of professionals, including demographers, counselors, therapists, and educators. Demographers have long been interested in fertility decisions and family formation patterns. The knowledge gained in this study may be useful in population and

demographic studies as demographers attempt to predict future patterns and societal needs.

It is difficult to help people make informed choices and decisions if there is no rhyme or reason for the choices. By understanding some of the most common influences on fertility decisions, counselors and therapists may have a better opportunity to help their clients. Counselors and therapists are often called upon to work with couples who must make fertility decisions. If the professionals are able to help the couples determine their priorities and reasons for considering the addition of a child, the couple may be better prepared to make this decision. Working women often struggle with the decision to have a child because of the impact on their careers and the economic impact to the family.

Family life educators and teachers may find results of this study helpful as they develop curricula and plan programs. It seems a logical first step to understand the motivations and influences behind fertility and family formation decisions. It is possible that this information may allow those educators help others understand the importance of fertility decisions versus fertility happenstance.

#### Limitations

This study was limited by the sample population in that all of the participants were Caucasian females, married, and living within a 100-mile geographic radius. Only one-half of the couple was interviewed.

The study did not address gender preference of the participants. It did not take into consideration other factors that might have had an influence, such as the educational level of the mothers, ethnic and economic factors, or the presence of stepchildren.

#### Implications for Further Research

This study was a consideration of two age groups of very similarly described women. As such, it was valuable for increasing understanding of a few of the influences on fertility decisions. Much broader work would be necessary in order to effectively consider what influences fertility decisions in American families today.

Other researchers may wish to consider a more diverse population. With a sample of different ethnicity, culture, or geographic region, the emerging themes could be very different. For example, researchers may wish to compare the influences identified by unmarried women who voluntarily gave birth with the themes that emerged in the current study.

Children are not created in a vacuum, and rarely does one partner in a marriage have complete control of the fertility decisions. Richness would be added to this area of research by interviewing the husbands individually. Interviewing of the couple together would add yet more layers, dimensions, and depth to this research.

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## APPENDICES

APPENDIX A  
FLYER REQUESTING PARTICIPANTS

## Study Participants Needed



Texas Woman's University graduate student in Family Studies is looking for participants to be involved in a study concerning the factors that influence married women to have children.

### Who can participate?

- married females
- between the ages of 35–50 *or* over the age of 70
- mothers of 1 or more children

Participants will be interviewed and data gathered for use in a published dissertation.

Participants will not be identified and all information will remain confidential.

If you are interested in participating, please contact



Jean Foster Anderson

[Researcher's phone]

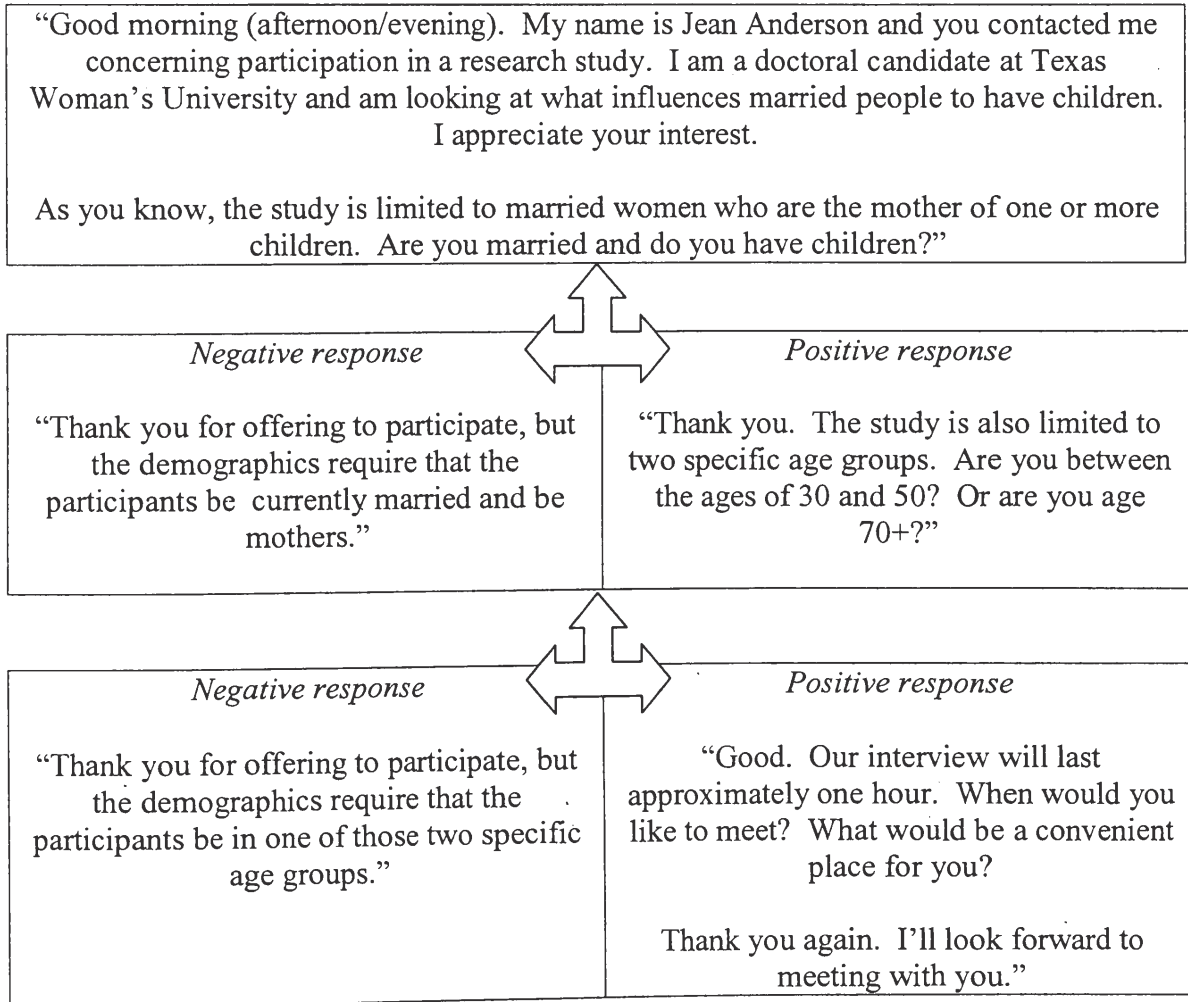
[Researcher's email]



APPENDIX B  
TELEPHONE SCRIPTS

## Telephone Script

For possible participant, responding to flyer



APPENDIX C  
CONSENT FORM

TEXAS WOMAN'S UNIVERSITY  
PARTICIPANT CONSENT TO PARTICIPATE IN RESEARCH

Title: FAMILY FORMATION: FACTORS INFLUENCING MARRIED WOMAN TO  
HAVE CHILDREN

Investigator: Ms. Jean Foster Anderson..... [Researcher's phone]  
Advisor: Jennifer Martin, Ph.D..... [Advisor's phone]

You are being asked to participate in a research study for Ms. Anderson's dissertation at Texas Woman's University. The purpose of this research is to determine the factors that influence married women to have children. The researcher will interview and collect first-hand reports from married women in two age groups (35-50 and 70+). For this study you will be interviewed regarding the factors that influenced you to have children. This interview will be a face-to-face interview with the researcher at a private location agreed upon by you and the investigator. The interview will last approximately one hour and will be audiotaped for transcription purposes only.

The investigation involves the risks of release of confidential information, improper release of data, and loss of privacy. Confidentiality will be protected to the extent that is allowed by law. The interview will take place in a private location agreed upon by you and the researcher. Codes, rather than names, will be used on the audiotapes, transcripts and in the final report. Only the researcher and the transcriber will have access to the audiotapes. You should not state your name, or any other individual's name, during the interview. If you inadvertently do state a name, this name will not be transcribed. The tapes will be stored in a locked filing cabinet for approximately one year until the interviews have been transcribed (no later than March 31, 2003), and then they will be erased. Transcripts will be stored in a locked filing cabinet for a maximum of five years (no later than March 31, 2007) and then they will be shredded. Computer data will be stored on disks in a locked filing cabinet for a maximum of five years (no later than March 31, 2007) and will then be permanently deleted. It is anticipated that the data will be published for dissertation, books, and/or journals. However, names or other identifying information will not be included in any publication.

Another risk is that of possible discomfort as a result of the questions being asked. If discomfort is experienced during the interview, you may stop answering questions at any time. If you feel as though you need to discuss your discomfort with a professional, the researcher will provide you with a list of names and phone numbers that you may use. Any costs incurred as a result of participation in this study will be your responsibility. Other possible risks would be loss of time and boredom. The interview will take approximately one hour and you may take a break (or breaks) during the interview as needed. You may also discontinue your participation in the study at any time without penalty.

The only direct benefit of this study to you is that at the completion of the study, a summary of the results will be mailed to you upon request.

If you have any questions about the research study you should ask the researchers: their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact Ms. Tracy Lindsay in the Office of Research & Grants Administration at 940-898-3377 or e-mail HSRC@TWU.EDU.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation in this study is completely voluntary and you may withdraw at any time without penalty. If you have any questions, please contact the investigators at the above phone number. You will be given a copy of this dated and signed consent form to keep.

---

Signature of Participant

---

Date

The above consent form was read, discussed, and signed in my presence. In my opinion, the person signing said consent form did so freely and with full knowledge of its contents.

---

Signature of Investigator

---

Date

-----

\_\_\_\_\_ Check here if you would like to receive a summary of the results of this study and list below the address to which this summary should be sent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Check here if you do not wish to receive a copy of the results of the study.

APPENDIX D  
DEMOGRAPHIC QUESTIONNAIRE

## DEMOGRAPHIC QUESTIONNAIRE

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Birth date: \_\_\_\_\_

First child date of birth: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Second child date of birth: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Third child date of birth: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Fourth child date of birth: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Place of residence during childrearing years:

Town/city/area of less than 5,000 \_\_\_\_\_

Town/city/area of 5,000 – 25,000 \_\_\_\_\_

Town/city of 25,000 – 100,000 \_\_\_\_\_

Town/city of over 100,000 \_\_\_\_\_

Wife's family of origin:

Number of siblings: \_\_\_\_\_ Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

Place in the family (oldest, youngest, etc.) \_\_\_\_\_

Husband's family of origin:

Number of siblings: \_\_\_\_\_ Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

Place in the family (oldest, youngest, etc.) \_\_\_\_\_

APPENDIX E  
INTERVIEW GUIDE

## INTERVIEW GUIDE

1. Your demographic information tells me that you have \_\_\_\_ children. Tell me about the point in your relationship when you decided to have children.
2. Tell me about your decision-making process for having children. What things did you think about as you were deciding to have children?
3. Did some event affect your decision? Tell me about it.
4. Did any certain people influence your decision? Who was that person(s)?  
How did he/she influence your decision?
5. Are you satisfied with the number of children you have? How did you know that was the “right” number of children? What did that feel like?
6. Do you plan to add more children to your family? Why?

## PROBES USED DURING INTERVIEW

1. Tell me more about that.
2. How did that affect you?
3. What would you do differently?
4. Is there anything else you would like to tell me?

APPENDIX F  
DEMOGRAPHIC INFORMATION

**Table 1: Demographic Information**

Age Group I 35 - 50											
Interview Number	1	2	3	4	5	6	7	8	9	10	A V
Name	Janet	Trish	Nancy	Leann	Kristen	Paige	Kelly	Diane	Dana	Lana	
Age	39	41	43	50	43	45	49	38	40	38	42.6
Number of children	3	2	1	2	2	2	2	3	3	4	2.4
Ages of children	20, 17, 4	15, 7	2	23, 18	22, 10	16, 11	27, 21	17, 15, 12	17, 15, 11	17, 15, 9, 7	
Mother - # of siblings	4	4	3	2	4	5	1	3	0	2	2.8
Place in Family of Origin	2nd	1st	2nd	1st	5th	6th	2nd	3rd	1st	2nd	
Father - # of siblings	1	1	1	3	5	2	3	3	2	4	2.5
Place in Family of Origin	2nd	1st	2nd	4th	1st	1st	1st	3rd	2nd	2nd	
Age Group II 70+											
Interview Number	1	2	3	4	5	6	7	8	9	10	A V
Name	Marie	Ella	Rena	Marlene	Gladys	Dorothy	Alma	Nina	Francis	Rachel	
Age	82	80	85	74	73	77	78	75	76	71	77.1
Number of children	3	2	2	4	3	2	3	4	3	2	2.8
Ages of children	55, 50, 42	55, 53	53, 49	52, 50, 48, 45	51, 49, 39	48, 43	55, 53, 50	54, 50, 48, 43	55, 53, 46	51, 45	
Mother - # of siblings	9	3	4	3	1	2	5	3	0	1	3.1
Place in Family of Origin	8th	2nd	3rd	1st	2nd	1st	6th	4th	1st	2nd	
Father - # of siblings	2	1	2	4	1	2	3	10	10	3	3.8
Place in Family of Origin	2nd	1st	3rd	5th	1st	1st	3rd	11th	3rd	1st	

## APPENDIX G

### THEMES

Themes	Theme 1: Influence of Others		Theme 2: Personal Reasons				Theme 3: Unplanned	
Influence	Family of Origin	Larger Society	Personal Desire	Medical Issues; Age Concerns	Financial Issues	Sibling Relationships	Unplanned	Planned by Default
Group I								
1	x	x	x				x	x
2			x	x				x
3	x		x			x		
4				x		x		x
5	x		x				x	
6			x	x	x	x		
7	x	x	x		x	x	x	x
8	x		x				x	x
9	x		x	x	x	x	x	x
10	x		x		x		x	
Group II								
1	x		x			x		
2		x		x		x	x	x
3	x		x	x				x
4	x	x			x		x	x
5	x		x			x		x
6			x	x	x	x		
7	x							x
8	x		x		x			x
9	x		x		x			x
10	x		x		x			x

APPENDIX H

HUMAN SUBJECTS REVIEW COMMITTEE LETTER OF PERMISSION TO  
CONDUCT THE STUDY

**TEXAS WOMAN'S  
UNIVERSITY**

INSTITUTIONAL REVIEW BOARD  
P.O. Box 425619  
Denton, TX 76204-5619  
Phone: (940) 898-3375  
Fax: (940) 898-3416  
e-mail: IRB@twu.edu

June 24, 2002

Ms. Jean Anderson

Dear Ms. Anderson:

*Re: Family Formation: Factors Influencing Married Women to Have Children*

The above referenced study has been reviewed by a committee of the Institutional Review Board (IRB) and appears to meet our requirements in regard to protection of individuals' rights.

If applicable, agency approval letters obtained should be submitted to the IRB upon receipt prior to any data collection at that agency. A copy of your newly approved consent form has been stamped as approved by the IRB and is attached, along with a copy of the annual/final report. Please use this consent form which has the most recent approval date stamp when obtaining consent from your participants. The signed consent forms and final report are to be filed with the Institutional Review Board at the completion of the study.

This approval is valid one year from the date of this letter. Furthermore, according to HHS regulations, another review by the IRB is required if your project changes. If you have any questions, please feel free to call the Institutional Review Board at the phone number listed above.

Sincerely,



Dr. Linda Rubin, Chair  
Institutional Review Board - Denton

enc.

cc Dr. Lora Ann Neill, Department of Family Sciences  
Dr. Jennifer Martin, Department of Family Sciences  
Graduate School