DELAYED PARENTHOOD:
ITS PROBLEMS AND COPING STRATEGIES

by

Joy Alexander
B.A., The University of British Columbia, 1968

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS

in

THE FACULTY OF GRADUATE STUDIES
(Department of Counselling Psychology)

We accept this thesis as conforming
to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA

December, 1984
© Joy Alexander, 1984
In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the head of my department or by his or her representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Department of Counseling Psychology

The University of British Columbia
1956 Main Mall
Vancouver, Canada
V6T 1Y3

Date 5/2/85
ABSTRACT

This research involved the study of fifteen women who had their first child after the age of 30. By the use of an hour and half long unstructured interview it was discovered how these women experienced delayed motherhood, what problems they had and their coping strategies. From the transcripts of the interviews, the material was analyzed into 16 topics. From these 16 topics, 8 specific recommendations were developed to help women who delay having children in the transition to parenthood. The research concluded that although there are problems for women who delay having children, most women are content with their decision. They have developed strategies to cope with the problems they face.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>ii</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>v</td>
</tr>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>vi</td>
</tr>
<tr>
<td>CHAPTER ONE - Scope and Focus of the Study</td>
<td>1</td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Justification of the Study</td>
<td>2</td>
</tr>
<tr>
<td>Presuppositions</td>
<td>4</td>
</tr>
<tr>
<td>CHAPTER TWO - Related Literature</td>
<td>7</td>
</tr>
<tr>
<td>Introduction</td>
<td>7</td>
</tr>
<tr>
<td>Transition to Parenthood</td>
<td>7</td>
</tr>
<tr>
<td>Home Versus Career Research</td>
<td>16</td>
</tr>
<tr>
<td>Dual Family Careers</td>
<td>20</td>
</tr>
<tr>
<td>Delayed Parenting</td>
<td>23</td>
</tr>
<tr>
<td>Summary</td>
<td>26</td>
</tr>
<tr>
<td>CHAPTER THREE - Methodology</td>
<td>28</td>
</tr>
<tr>
<td>Procedure</td>
<td>28</td>
</tr>
<tr>
<td>Subjects</td>
<td>28</td>
</tr>
<tr>
<td>Limitations</td>
<td>29</td>
</tr>
<tr>
<td>Instrumentation</td>
<td>30</td>
</tr>
<tr>
<td>Data Collection</td>
<td>32</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>32</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 1 - Demographic Information 35
Table 2 - Themes and Respondent Who Spoke on Them 37
ACKNOWLEDGMENTS

I would like to express my sincere appreciation to Dr. John Banmen and Jennifer House for their encouragement and support throughout the writing of this research.
CHAPTER ONE

Scope and Focus of the Study

Introduction

There are few events that have more impact on a family than the birth of a child. Unlike previous generations of 20th century parents who had their children in their early 20's, many of today's mothers and fathers tend to be older. According to Statistics Canada, the number of first time mothers at the age of 30 was 3,504 in 1975. By 1980, the number had reached 5,404, a 54% increase during which the general population grew only 4%. These mothers tend to be, on the average, better educated and high achievers (Procacini, 1983). This would seem to be supported by the obvious fact that these mothers have had eight to twelve years longer to educate themselves and to establish a career.

Until recently, doctors have encouraged women to begin their families before 30 for medical safety. Popular wisdom held that childbearing should be accomplished between 22 and 30. At earlier or later ages it was believed biomedical risks increased (Rindfuss & Bumpass, 1980). These women then, who start their families in their 30's have delayed having children for as long as was considered safely
possible. It would seem then, that these women have interests other than motherhood to which they are focusing their attention. These interests may be career, educational, financial or personal. Whatever the reasons for delaying motherhood, the trend has far-reaching effects on women, their children and the dynamics of a family as a whole. It is essential that therapists dealing with women and families have a firm grasp and understanding of these dynamics.

The purpose of this study primarily is to explore the experience of delaying motherhood until 30 for women to find out what the problems (if any) are and how the women cope with them. Secondly, the purpose is to identify recurring themes and patterns that occur in this experience.

**Justification of the Study**

The trend to delay first births is a fairly recent phenomenon. It is one of the changes that has long-term effects on the lifecycle of a family (Rodgers, 1983). However, as Wilkie (1983) reports, almost all the research on birth timing concerns early first births. Much less is known about the effects of delayed first births and parenthood. The research that has been done is of a quantitative, rather
than a qualitative nature.

Procacini (1983) reports that women who wait until thirty to have their children experience added stress and anxiety. He has conducted many burnout workshops for professionals and has noticed a similarity in symptoms of anxiety between these professionals and parents. Parents, he feels, are reacting to their demanding role as parents. He states that many older mothers are less resilient to the realities of child rearing. After the initial euphoria of birth subsides, many older women feel an increasing need to be on their own which, in turn, stirs up guilt for being neglectful parents. If the pressures continue, they may reach a stage of chronic disenchantment and a growing lack of desire to continue child rearing.

Other professionals have also witnessed examples of parent burnout. Wideman (McQuaig, 1983) states that there are twice as many women a week coming into the C.M. Hinks Treatment Centre than ten years ago. He feels this is due to a romanticized view of parenthood held by older mothers.

What is needed is an in-depth look at the experience of delayed motherhood from the mother's point of view. By understanding the experience for the women, the counsellor will have a better understanding of the family experience as a whole. By discovering the problems that these women have, and their means of coping, counsellors will be better equipped to
help. Moreover, as Menaghan (1982) reports, by focusing attention largely on conditions that are possibly harmful, social science has left knowledge about coping to clinical workers. This has understandably resulted in a distinct tendency to regard coping as an individual defense, when in fact, there are coping modes. By focusing on the coping strategies of these women, patterns will appear that may aid counselling programmes.

**Presuppositions**

The approach to this research will be a case study approach. A case study is a "study of a bounded system emphasizing the unity and wholeness of that system but confining the attention to those aspects that are relevant to the research problems at the time" (Stake, 1980, p. 1).

In keeping with the understanding that researchers inevitably influence the form and content of their findings, the presuppositions of the researcher should be outlined.

The researcher's presuppositions are based on observations made while conducting two mothers' groups - one in a Kerrisdale residential setting and the other at the downtown core location of the Y.W.C.A. The presuppositions are:
1. Although many women who delay the motherhood experience adjustment problems, most of them are essentially content with their decision;

2. Many of these women discover coping strategies that are worth sharing with others in the same situation;

3. Women feel a "loss of youth" around 30. This aging feeling is intensified by having children at this time;

4. There is a radical alteration of self-concept when women have children later in life, from a capable working person to a middle-aged housewife;

5. Once one has children, the decision is irreversible - so women who wait are content with the decision;

6. There is a great deal of "ego" involved in raising children when you are older. Women who have been successful at career or educational pursuits find the "irrationality" of raising children particularly frustrating. Unlike many work situations, they cannot control all the variables;

7. The conflict of home versus career is not as prevalent as the media presents it. The conflict is based more on family time versus own time; and

8. Financial security plays a major role in the satisfaction of women delaying motherhood.

The justification of this study was, therefore, based on the assumption that this increasing trend to have children later in life will have long-term, far-reaching effects on the family as a whole, in terms of the life-cycle, parenting attitudes and marital relationships. By looking at delayed motherhood from the woman's point of view, an understanding of how she views the experience, what problems she faces, and her means of coping can be obtained. This understanding will help family counsellors in their programme.
The following review of the literature indicates that the birth of the first child has long been seen as extremely significant in a woman's life.
CHAPTER TWO

Related Literature

Introduction

Delayed motherhood has been increasing for more than a decade. Research dealing specifically with women over thirty having children, however, is relatively scarce. It is appropriate then to look first at the research concerning the transition to parenthood in more general terms.

Transition to Parenthood

Becoming a parent is one of the most important events marking the transition to adulthood (Rossi, 1968). It is a significant, irrevocable, and sometime difficult role transition with far-ranging implications for family organization, the marital relationship and many other fundamental aspects of everyday life (McLaughlin & Micklin, 1983). The transition to parenthood research was first looked at as a crisis situation. In 1957, the research of Le Masters based on a non-probability sample of 46 middle-class couples, whose first child had been born within the previous five years, indicated that this birth had precipitated an extensive or severe crisis for 83%. The crisis was such that it forced
a reorganization of the family as a social system, status positions shifted, values reoriented, and need were met through new channels. The research also suggested that this crisis occurred even when the pregnancies were wanted, whether the marriage was rated as "good" or "poor" and to couples who had an average or above average personality adjustment. It was suggested that the couples appeared to have a "romanticized" view of parenthood. The researcher concluded that a look at the eight families who did not view the transition as a crisis, and others with similar reactions, should be analyzed to determine what factors made the transition to parenthood easier for them.

Dyer's data (1963), from much the same kind of sample (32 middle-class couples whose firstborn was not over two years old), led to similar conclusions. Fifty-three percent experienced extensive or severe crisis (a sharp decisive change for which old patterns are inadequate); another 38% experienced moderate crisis. A Likert-type scale was used to measure the crisis dimension. Significant negative relationships were observed between degree of crisis and (1) marital adjustment, (2) number of years married, and (3) having planned for parenthood. The university educated husbands were significantly more likely to have reported difficulties than those with less education. The study
concluded that research of families that experienced greater and lesser crisis is needed to ascertain what facilitates easier transition.

Using a probability sample taken from birth records, Hobbs (1965) investigated the transition to parenthood of 53 couples. Babies were between 3 and 18 weeks. None of the couples reported a severe crisis reaction, 86% reported a slight crisis and 13% reported a moderate crisis reaction. There was no correlation found between the score of the husband and that of his wife. None of the variables which Dyer found to be associated with difficulties in becoming a parent were confirmed by the study. The researcher concluded that more precise instrumentation for indexing the advent of the first child was needed with larger samples than Le Masters and Dyer used. Further, the researcher acknowledged a difficulty in comparing the work with that of Le Masters and Dyer because of the discrepancies in the age of the child.

Hobbs (1966) later studied 27 similar couples using two methods of instrumentation, the checklist and a relatively unstructured interview. While the interview provided a considerably broader range of scores, significant correlations were found between the scores using the two instruments. The research findings replicated much of Hobbs' original work, finding that the addition of the first child is a period of adjustment which is somewhat stressful, but not a crisis
situation. The researcher also concluded that the parents' difficulty in adjusting to the first child is not significantly correlated to the baby's age. The difficulty scores of the parents and marital adjustment scores (using the Lack-Wallace Adjustment Scale, 1959) were not significantly related on the checklist but were in the interview.

Jacoby (1968) reports on Beauchamp's comparison of the highly structured methods of measuring crisis. Data were reported for 27 married student couples. In all cases the father was a student, the marriage was unbroken, the parents of the husband and wife respondents had middle-class occupations, and the firstborn was between five months and six years (mean age was two years, four months). The extent to which the arrival of the child created problems for Beauchamp's respondents was determined in two ways: (1) a semi-structured interview with both parents (approximating Le Masters' approach); (2) a structured questionnaire of 36 items administered to the husband and wife separately (duplicating Hobbs' and Dyer's approach). Eighteen couples were interviewed and the questionnaire was administered to 19 couples. In view of the major discrepancy between Le Masters and Hobbs, Beauchamp was surprised to find that roughly similar results (in a position between the two extremes) were yielded by these two different techniques.
In reviewing the literature on transition to parenthood to date, Jacoby (1969) suggests that the reasons for the contradictions in the literature are:

1. lack of a standardized method for what constitutes a crisis; and
2. the relatively small samples studied in the research of Le Masters and Dyer do not include all classes (the lower class apparently is better equipped to make the transition).

Jacoby (1969) further states that future research needs to look at the positive, as well as the negative, aspects of the transition.

With this viewpoint in mind, Russell (1974) used a random sample of urban couples with Hobbs' crisis checklist, a gratification checklist and the Lock-Wallace (1959) Short Form to measure marital adjustment. She found that the factors affecting crisis for women were:

1. marital adjustment;
2. whether the pregnancy was planned (this factor was stronger for women who had been working);
3. length of marriage; and,
4. health of mother.

The factors affecting the gratification were:

1. saliency of mother role;
2. marital adjustment; and
3. education (inverse effect).

The researcher suggests that the inverse relationship between
education and gratification is because with more education, people discover alternative routes to self-fulfillment and put less importance on their roles as parents.

The data of Russell's research further suggest that the age and timing of parenthood in the marital career of a woman may be related to the level of gratification she initially receives from the parental role. It may be that young women need time to adjust to their marriage or mature as persons before becoming parents, while older women, for reasons of stamina or patience, enjoy their children more if they do not delay parenthood too long after marriage. It is also possible that older marries delayed having children because of an ambivalence about parenthood.

Steffensmeir (1982) interviewed 54 married couples whose first child was between three and five months old and classified his data in terms of (1) parental responsibility, (2) parental gratification, and (3) marital intimacy. He found support for four of his five hypothesis:

1. perceived role conflict will have a positive effect on the degree of difficulty of the transition to parenthood;

2. role clarity will have a negative effect on the difficulty of transition. Higher educated people have less role clarity;

3. anticipatory socialization will have a negative effect on the degree of difficulty of the transition to parenthood; and

4. education will have a positive effect on the degree
of difficulty - evidence supported this for women but not as strongly for men.

The researcher's fifth hypothesis, that women would find a greater degree of difficulty in the transition than men (women bearing the larger burden of responsibility) was unsupported. The researcher surmised that women have a greater degree of role clarity and anticipatory socialization and a greater degree of selective perception.

McLaughlin and Micklin (1983) have reported that the discrepancy between the two schools of thought, those that see the transition to parenthood as a crisis (Dyer, 1963; Le Master, 1957) and others that see the first birth as no more than a slight temporary disruption to family life (Beauchamp, 1968; Feldman, 1971; Hobbs, 1965, 1968; Hobbs & Cole, 1976; Meyerowitz & Feldman, 1966; Russell, 1974) lies in the timing of the first birth. They found among equally educated women from equivalent socio-economic backgrounds that the occurrence of a first birth by age 18 results in a decrease in perceived personal efficacy. After age eighteen (the mean age of this second group was 20.6), neither the timing of the first birth nor the occurrence of that birth appears to effect personal efficacy. The researchers hypothesize (based on Rotler, 1966) that the higher levels of completed fertility and shorter spacing of second child can be linked to poor contraceptive practice which, in turn, may reflect a lack of perceived
control over the future and environment. Moreover, lower levels of occupational attainment and earning may be consequences of the failure to capitalize on opportunities or recognize the importance of achievement. The common variable linking these outcomes may be low level of perceived personal efficacy.

Although marital satisfaction has figured in much of the crisis-based literature on the transition to parenthood, it is also discussed in the transition to parenthood research in longitudinal terms. In a study of the effect that having a child has on marital satisfaction, Ryder (1973) collected pre-test and post-test scores using the Locke-Wallace (1959) Marital Adjustment Scale. His work seems to concur with others (Christensen, 1968; Feldman, 1971; Feldman & Rogoff, 1968; Luckey & Bain, 1970; Meyerowitz & Feldman, 1966; Rossi, 1968; Russell, 1974) that many couples, particularly wives, experience a decrease in marital satisfaction upon the arrival of the first child. Waldron and Routh (1981) in their work tried to show that this decrease in marital satisfaction was linked to sex role characteristics. They used the Locke-Wallace Marital Adjustment Scale and the Bem Sex Role Inventory to try to find a correlation between the two. They were unable to do this but felt this did not mean a relationship did not exist. For example, if it were the case that the wives' marital satisfaction after the birth of the
baby depended on how much the husband helped around the house with traditionally "female" duties, this might not be related to their husband's femininity scores on the Bem questionnaire. The items on the femininity scale include, more general feminine characteristics, such as yielding, flatterability, soft-spokenness and gullibility; not more specific items such as, 'does the laundry,' 'changes diapers' or 'makes meals.' They conclude further research is necessary to find out the reasons for the decrease in marital satisfaction experienced with the transition to parenthood.

Belsky, Spanier and Rovine (1983) studied 72 volunteer families in a longitudinal investigation. The couples were interviewed and administered individual questionnaires at the last trimester of pregnancy and the third and ninth months postpartum. The results show marital quality declines following the transition to parenthood and this decline continues as additional children are added. The researcher offers little thought for the reasons or causes behind this decrease in satisfaction.

In summary, then, the research on the transition to parenthood although fairly extensive is also contradictory and inconclusive. There seems to be consensus that the transition represents a period of adjustment but whether this adjustment constitutes a crisis is debatable. Factors that aid or hinder
this transition are not clearly understood - some couples appear to "weather the transition" more easily than others, but all appear to report some decrease in marital satisfaction with it.

Home Versus Career Research

The second area in the literature that has an impact on delayed parenthood is that of home versus career. Many of the women who delay motherhood until thirty will choose to continue working full-time or part-time, while others will discontinue their career and become full-time homemakers. As women consider the pressures of the past (to stay at home and be a constant visible force) and the emerging concept to achieve employment outside the home, they are faced with a demanding choice (Robinson, Rotler, Wilson, 1983).

It is relevant, therefore, to include this area in the literature review. Here again, however, very little of the research focuses specifically on women over thirty, so the following is a review of the literature in more general terms.

Nye (1963) investigated satisfaction between employed versus non-employed women in seven major areas of life: income, housing, recreation, children, marriage, community, and one's daily work. The research (based on interviews with 2,300 mothers residing in small towns in the State of
Washington) showed that women employed full-time find more satisfaction in their work than non-employed women find in their housework, that housewives were less satisfied with their community, but that housewives' marriages were better adjusted. The data suggest only a slight tendency to greater overall satisfaction for women with jobs outside the home.

Ferree (1976) studied 135 married, predominantly middle-class women in the Boston area and found full-time housewives, with children, but not preschool age, were more likely to be dissatisfied with the way they were spending their lives (26% versus 14% of the employed women), felt that they did not have a fair opportunity in life (47% versus 38%), and wanted their daughters to be different (35% versus 22%).

Wright (1978) states that the difficulties found by Ferree were based on a limited sample and were not very sharp. He tried to replicate the findings using large national surveys. He failed to do so. He was unable to substantiate that housewives were comparatively dissatisfied with their lives. The data showed that both work and housekeeping roles have costs and benefits associated with them.

Houseknecht and Macke (1981) found in a sample of 663 women of high level graduate degrees support for a role theory interpretation. They propose that it is not simply a matter of whether or not a woman works, but the extent to which that behaviour violates role expectations. Females with high level
degrees are expected to make use of their training and pursue their careers. Further, it is not the employed status per se that is important in determining marital adjustment, but such factors as, having a supportive husband and freedom from child rearing responsibilities.

Behrman (1980) looked at 78 couples who were making plans to have a child to discover how and why the women would choose one of three routes: (1) to remain full-time in the labour force, (2) to become a full-time homemaker, or (3) to work part-time. She found there were three mitigating groups of factors – situational, attitudinal, and personality. The couples were, for the most part, homogeneous in terms of age, religion, marital status, and occupation. The two differing situational factors between the three choices were education and income. The women with the higher degree of education were more likely to continue to work full-time. Many full-time career women reported the need for the income, however, their income did not vary significantly from women who became full-time homemakers. Behrman concludes that when considering the effects of income, standard of living, attitude towards wife's earnings, intensity of beliefs about a child's needs, and the degree of sacrifice the couple is willing to make, all need to be taken into account.

When looking at the attitudinal factors affecting the
choice of women, Behrman concluded that attitudes towards sex roles and the child are important – the less traditional viewpoint being held by career women. Women who stayed at home felt that a child needed the full-time care of their mother.

Behrman does not show that the personalities of the women in the three groups differed significantly. This differs from previous researcher who had reported personality variables. Behrman concludes that this may be because her research is done before the choice is made, the choice itself may affect personality.

Behrman concludes that there appears to be a need for more part-time opportunities for women. Further, that many of these women are basing their decisions on assumptions of the effect of child care on their children, but not enough research has been done in this area. More research is also needed on the husband's role – from his point of view as well as hers.

In summary, the research on home versus career, to date, appears to conclude that neither avenue is significantly better than the other.
Dual Career Families

The third area of the literature research which is relevant to this paper is the literature concerning dual career families with children. The responsibilities of motherhood added to career responsibilities makes for a very busy complex lifestyle. Society often presumes the incompatibility of professional role with the roles of wife and mother (Bem & Bem, 1972). There is often a cultural mandate that the woman is the chief caretaker of the family and the man is the economic provider. The woman who combines a professional career with family responsibilities is under stress because she participates in two activity systems where the allocation of time is a problem and the conflict in values is always present – her commitment to her career versus her responsibilities to her family (Coser & Rokoff, 1974).

Lieber (1980) questioned thirty professional women – teachers, lawyers, psychologists, social workers, and others – to determine how they cope with their multiple roles of wife, mother, and professional. By means of a questionnaire consisting of 16 open-ended questions, she discovered a woman could not engage in a really satisfying career and handle her other roles adequately without competent household help and a husband with a positive attitude towards her career. Even so,
the dual career woman often appeared harassed and torn, her roles were not integrated.

In her work, Swartz (1980) indicates that factors associated with career and family conflict in dual career situations are set deeply with the personal history of the individual and common experience of the culture. These factors are resilient and will not yield easily to simple remedies. Schwartz offers seven specific strategies to be employed to hasten these changes and ease the tension women experience as they attempt to fulfill career and family commitments. They are:

1. incorporate into parenting programmes the opportunity for participants to examine their own attitudes and behaviour for its potential or actual effect, implicit or explicit on daughters' sense of competence;

2. scrutinize the practices of institutions for sex role stereotyping;

3. develop educational programmes that are designed to promulgate positive attitudes towards married women's careers;

4. establish self-help groups in which women who have themselves successfully combined career and family activities and exemplify both femininity and competence can provide positive role models for other women;

5. provide competent trained counsellors who can assist girls and women in analyzing and evaluating their situations;

6. provide mental health therapists who are themselves positive role models; and

7. provide youth programmes to help young people
understand realistic life patterns and develop attitudes and skills necessary to combine career with family successfully.

Sorenson (1983) concluded (based on data from Wisconsin Longitudinal Study of Social and Psychological Factors in Aspiration and Achievement) that women who marry late are less likely to leave the labour force at any time. However, women who did decide to leave were less likely to return at a later date, as do women who marry younger and leave the labour force.

Lee (1983) reports that dual career marriages are no longer new, they may be the biggest movement of this century, but little attention has been given to the reactive depression suffered by some women who have temporarily disrupted their careers to have a baby and then prepare to return to work. He labels this as a mid-career crisis. Mid-career mothers may feel a great deal of conflict and confusion in returning. Lee reports that depressed women with this problem are appearing in clinician's offices more often. Lee reports that this situation is exacerbated by:

1. physiological problems of reproduction;
2. the bonding between mother and child;
3. society's expectations of today's woman to be a successful career person and a wonderful mother - perhaps it is too high a standard to achieve;
4. the women becoming a social isolate;
5. the magnitude of the decision to have children - it
is irrevocable and women feel pressured by the biological time clock; and

6. husbands' investment in work, his involvement in parenthood is seen as "extra."

The researcher concludes that to safely "weather the storm" women must:

1. learn separating - have the capacity to bond but also let go;

2. have good child care;

3. have positive beliefs about the effect of her return to work on the child:

4. have flexibility in standards, i.e. housework;

5. have positive feedback from significant others not the least of which is the child; and

6. have peer support.

In summary, the researchers of dual career families, to date, seems to indicate there are many problems associated with the situation, but they offer many suggestions for easing the situation are also offered.

Delayed Parenting

As has been stated, the literature dealing specifically with delayed parenthood is scarce and can be divided roughly into why women delay having children and the consequences of delaying.

The reasons for delaying motherhood are fairly unanimously agreed upon. The decreased risk of unwanted
pregnancies and birth has made it easier for couples to delay parenthood. For the majority, delaying motherhood is an outgrowth of a wish to have a period of personal freedom for personal development and to ensure a stable marriage and to be financially secure (Wilkie, 1981).

Rindfuss (1983) examines at a number of variables (father's occupation, race, number of siblings, religion, where one grew up, smoking, whether respondent had a miscarriage before first birth, education) and concluded that education was the major determinant in delaying parenthood. The others affected the decision as they impacted on education.

Women who delay childbirth are likely to have fewer children (Bumpass, 1978). They are likely to have increased their range and skills and interests (Miller & Newman, 1978). The family finances are in better shape and late bearers are better able to handle the competing demands of work and parenthood. The greatest demands of work life generally occur during the early phase of career development, the same time that early bearers face the greatest demands of childbearing and rearing (Elder, 1977).

Delayed parenthood also affects roles in the family due to greater age differences between parents and children. Very little research has been done on how parental age affects
child rearing. Wilkie (1981) reports that a review of the inventory of Marriage and Family Literature, since 1975, found only two non-medical articles dealing with parental age as an independent variable. Sears (1957) reported older mothers (not necessarily over 30) are less likely to use physical punishment or ridicule. Further, they encourage verbalization and discourage dependency (Seth & Khanna, 1978).

Fable and Wikler (1979) report that women who are "up against the clock" to have children are finding their marital relationships in trouble. The researchers show these women need to have flexible job demands, flexible attitudes towards work and believe in and have access to child care to enjoy motherhood.

Pearlin and Schooler (1982), when looking at stress, found that the transition to parenthood was third only to divorce and widowhood in the amount of change it affected. The researchers found coping modes for this transition in terms of age, education, and income. They found a positive correlation between age and non-punitive methods, positive comparisons and selective ignoring in parenting skills. They found a negative correlation between age and self-reliance. The older parents were more likely to seek advice. In terms of education, they found a positive relationship with non-punitive methods and positive comparisons in parenting. There was a negative correlation between education and self-reliance.
and selective ignoring. In terms of income, there was a positive relationship between positive comparisons and non-punitive methods in parenting. There was a negative correlation between income and self-reliance. Since women who delay having children are often better educated and in a higher income bracket, these results are particularly interesting to this research.

Kern (1982) interviewed fifty-five women who had a child after thirty-five (not necessarily their first). She found 50% of these women were successful in completing labour and delivery unmedicated. An overwhelming number of the women were positive about their decision to parent at a later stage of their life, citing personal and economic stability, maturity, increased patience, family cohesion, and appreciation of the infant as decisively advantageous.

Summary

On the basis of this literature review, it was concluded very little research has been done specifically on beginning parenthood after thirty. Moreover, the research that has been done has discrepancies. Is it a good experience, as indicated by Kern (1982), or one that causes many problems, as Fable and Wikler (1979) and Procacini (1983) indicate? If there are problems, how do the women cope with them? It is the purpose
of this paper to find out the answers to these questions.

The following chapter outlines the methodology that was used in this study.
CHAPTER THREE

Methodology

Procedures

The present research is designed to explore the experience of beginning motherhood after 30 and address the following questions:

1. How does the 30 year or older experience motherhood?
2. What (if any) are the problems the woman encounters?
3. How does the woman cope with the problem?
4. Are there patterns in the experience and coping strategies?

The case study approach is used, that is "the study of a bounded system emphasizing the unity and wholeness of the system but continuing the attention to those aspects that are relevant to the research" (Stake, 1980, p. 1).

Subjects

It was proposed to interview 20 women. volunteers were sought from post-natal classes in the Dunbar/Kerrisdale area. Fifteen volunteers were obtained who met the following criteria:
1. women between the ages 30-40 who have had their first child after they turned 30;
2. the women must be married at least three years before the child is born; and
3. the women must be born in Canada or in the U.S. to eliminate cultural dynamics that would require a separate study.

Limitations

The results of the study may be limited to a very specific socio-economic group and to women who take part in post-natal classes. Any relationship to other women of age 30 having children must be considered in this light. However, since many women who work until 30 before having children may put themselves in a higher economic sphere, this factor may not restrict the findings that much.

The very nature of the study is limited to the women's perspective. It is not intended to look at the same situation from the father's point of view or the child's. These perspectives would necessitate further studies.

Further, the study is limited in the way all case studies are limited (Shontz, 1965). He states that a case study serves several unique functions. These functions derive directly from those characteristics that make it methodologically weak. The lack of controlled conditions, carefully obtained objective measures of behaviour and
scientific rigor have limited the case study as a research tool. Yet the naturalistic and uncontrolled characteristics also have made the case study a unique source of information that compliments experimental research.

**Instrumentation**

1. **Questionnaire (See Appendix A)**
   
   This was designed to obtain demographic information from the women. Each subject filled out one of these questionnaires at the beginning of the interview.

2. **The Interview (See Appendix B)**
   
   A guided hour and one-half long interview was used to collect the data. All the interviews were conducted by one female researcher. The orientation, as outlined in Appendix B, allowed the subject to tell her experience of having children from her own frame of reference. While the subject was talking, the interviewer used counselling skills to help the subject expand and elaborate on her thoughts and feelings. If the subject, in telling her experience, told only of problems, then the interviewer attempted to draw out the joys (if any) also. The joys may provide keys for coping strategies. If, on the other hand, the subject told mostly of the joys of delayed
parenthood, then the interviewer drew out the possible problems. The interviewer also kept a mental checklist of the areas the subject covered. If, when the subject had completed her story, certain areas were not covered, the interviewer asked more specific questions (as outlined in Appendix B). If, during the interviews, an area was uncovered that was not outlined, it was included in subsequent interviews as is appropriate in case studies (Stake, 1980).

This procedure allowed for an unique opportunity to conduct what appears to the subject to be nothing more than a friendly visit, but which is, because of the transition they are experiencing, a contextually structured interview. As Rapoport (1977) notes "Pregnancy and childbirth are times when people tend to be especially open with information about their feelings and often are eager to talk about their experience and concerns" (p. 151).

A tape recorder was used to allow the interviewer to concentrate on what the women were saying, rather than taking notes.

For purposes of summary and possible insight, the interviews concluded with two very specific
questions. By these means, then, the interview provided data on the experience of motherhood after 30, its problems and coping strategies.

Data Collection

Interviews were held at a number of locations, depending upon ease of child care arrangements. These locations included, U.B.C. counselling psychology offices, the researcher's home, the home of the subject, or the offices of the subjects. The interview proceeded as follows:

1. Statement of Aim;
2. Anonymity of Data Assured;
3. Consent Form (see Appendix C);
4. Collection of Demographic Material;
5. Interview Questions; and
6. Debriefing - allowing time for questions.

Data Analysis

Each interview was taped, transcribed, and analyzed. From the over five hundred pages of transcribed interviews, common themes or topics appeared and a picture of the experience, its problems, and coping strategies was drawn.

Because one cannot easily sort through qualitative research, a colour code was used for the topics. The
researcher read through the entire transcript and coded the topics using a colour code. Then each theme was broken down, when applicable, into problems and coping strategies using a number code. A second researcher (the author of two published research projects in E.S.L.) went through the same process to gain greater validity. When there was a discrepancy between the two, a discussion took place and agreement reached as to where the data should be placed.

This case study analysis suggests lines of thought, urges re-examination of contemporary theory, reveals areas of behaviour in which our knowledge is sparse, and stimulates hypotheses for further research (Hess & Handel, 1959).

The following chapter presents the results of this investigation, in terms of the sixteen themes that appeared.
CHAPTER FOUR

Results

Introduction

It has been stated that pregnancy and childbirth are times when people tend to be especially open with information about their feelings and are often eager to talk about their experiences, and so it was in these interviews. All fifteen respondents found it easy to begin to talk when the simple preliminary opener was made by the interviewer.

Before looking at the analysis of the tapes and to provide a framework for the topics and patterns that are discussed, Table 1 provide a profile of each respondent taken from the demographic questionnaire that was completed before the interview. It includes their age, education, years of marriage, number of children, total family income, and age of husband. All the children in this sample were pre-school age, except for Respondent 8 whose child was 10 and Respondent 15 who had one child of school age. The occupation of the women is listed with parenthesis to indicate former occupation, or whether it is full- or part-time employment.
<table>
<thead>
<tr>
<th>Respondent</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>35</td>
<td>34</td>
<td>36</td>
<td>37</td>
<td>33</td>
<td>33</td>
<td>35</td>
<td>40</td>
<td>32</td>
<td>36</td>
<td>36</td>
<td>31</td>
<td>37</td>
<td>39</td>
<td>37</td>
</tr>
<tr>
<td>Education</td>
<td>5 yr.</td>
<td>4 yr.</td>
<td>5 yr.</td>
<td>5 yr.</td>
<td>4 yr.</td>
<td>2 yr.</td>
<td>4 yr.</td>
<td>4 yr.</td>
<td>7 yr.</td>
<td>4 yr.</td>
<td>4 yr.</td>
<td>4 yr.</td>
<td>5 yr.</td>
<td>7 yr.</td>
<td>7 yr.</td>
</tr>
<tr>
<td>Occupation*</td>
<td>Hm.</td>
<td>Hm.</td>
<td>Hm.</td>
<td>Hm.</td>
<td>S.W.</td>
<td>Hm.</td>
<td>C.</td>
<td>C.</td>
<td>P.O.</td>
<td>P.O.</td>
<td>C.</td>
<td>C.</td>
<td>S.B.</td>
<td>Hm.</td>
<td>P.</td>
</tr>
<tr>
<td>Yrs. of Marriage</td>
<td>9</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>16</td>
<td>6</td>
<td>3</td>
<td>14</td>
<td>5</td>
<td>14</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>No. of Children</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Income ($,000's)</td>
<td>30-40</td>
<td>30-40</td>
<td>50+</td>
<td>40-50</td>
<td>40-50</td>
<td>50+</td>
<td>40-50</td>
<td>50+</td>
<td>50+</td>
<td>50+</td>
<td>50+</td>
<td>40-50</td>
<td>50+</td>
<td>50+</td>
<td></td>
</tr>
<tr>
<td>Age of Husband</td>
<td>34</td>
<td>36</td>
<td>45</td>
<td>36</td>
<td>33</td>
<td>33</td>
<td>36</td>
<td>41</td>
<td>35</td>
<td>38</td>
<td>40</td>
<td>32</td>
<td>38</td>
<td>40</td>
<td>41</td>
</tr>
</tbody>
</table>

* 
Hm. Homemaker  
S.W. Social Worker (f-t) Full-time  
C. Counsellor (p-t) Part-time  
P.O. Probation Officer  
T. Teacher  
N. Nurse  
S.B. Stockbroker  
P. Professor
Topics

One method of presenting data in qualitative research is to present the entire transcript and then comment on it as was done by Fabe and Wikler (1983). However, it was felt that there were many identifying remarks in the transcripts and to present them in their entirety would jeopardize confidentiality. It was also felt that by the analytical process, described previously, many of the topics that appeared should be presented in separate sections. At the same time, however, it is beneficial to quote liberally from the transcripts in order to get the true flavour of the respondents' point of view. Therefore, separate topics are presented, with quotes from the respondents and a summation from the researcher.

There were sixteen topics that appeared in the transcripts. Not all respondents spoke on each topic, either because it did not apply to them (for example, "Children by Previous Marriages") or they did not wish to talk about that area (as for example, Family). Table 2 presents the sixteen topics and indicates which respondents spoke on it.
<table>
<thead>
<tr>
<th>Reasons for Waiting</th>
<th>all 15 respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husbands</td>
<td>all 15 respondents</td>
</tr>
<tr>
<td>Self-concept</td>
<td>all 15 respondents</td>
</tr>
<tr>
<td>Support</td>
<td>all, except respondent 14</td>
</tr>
<tr>
<td>Career</td>
<td>all 15 respondents</td>
</tr>
<tr>
<td>Having another child</td>
<td></td>
</tr>
<tr>
<td>Children from previous marriages</td>
<td>respondent 14 and 3</td>
</tr>
<tr>
<td>Family</td>
<td>all, except respondent 2 and 14</td>
</tr>
<tr>
<td>Children themselves</td>
<td>all, except respondent 1, 2, and 5</td>
</tr>
<tr>
<td>Fatigue</td>
<td>all, except respondent 8</td>
</tr>
<tr>
<td>Finances</td>
<td>all, except respondent 2, 5, and 8</td>
</tr>
<tr>
<td>Outside help</td>
<td>all 15 respondents</td>
</tr>
<tr>
<td>Roles</td>
<td>respondents 5, 7, 12, 11, and 15</td>
</tr>
<tr>
<td>Control</td>
<td>respondents 3, 4, 11, 5, 6, 7, and 9</td>
</tr>
<tr>
<td>Education</td>
<td>respondents 7, 9, 12, 14, 10, and 11</td>
</tr>
<tr>
<td>Advice</td>
<td>all 15 respondents</td>
</tr>
</tbody>
</table>

37
Reasons for Delaying Motherhood

Of the fifteen respondents, eleven indicated that having children after 30 was completely planned throughout and desired. Many of the reasons given for this were those discussed by Wright (1980). The women wanted to have their own career under control, be financially secure, be able to accept responsibility and have done "their own thing." The following highlight the answers:

Respondent 1

"I definitely had organized this, as a matter of fact I probably would have waited longer because we wanted to be very organized and settled in our own ways, my husband and I. We had a great time, we did not want any stressful situations when we had kids, so we tried to avoid all that stress by getting all the things done we wanted to do first."

Respondent 3

"My perscription was always that I was going to live my life a bit before I settled down.... I was slow to accept responsibility, I didn't want it until I really wanted it...for my husband it was very important that we had a house.... I would have waited longer, except for
the fear of mongoloidism."

Respondent 6

"Waiting gave me time to work on who I was and experience a lot of things in life that I probably wouldn't have if I had children right away...actually working on who I was, you know, as a woman and as an individual, as my own person."

Respondent 7

"I never intended to get married. I never intended to have children, it was not in my plans and it was just like the proverbial saying goes, I had a time clock go off in my head and I really did have strong feelings that I wanted a family."

Respondent 9

"I could have waited until 50 really, but I knew I couldn't wait that long, and I wouldn't have the energy to do it later, so the biological time clock...you know, I guess that's something I worried about...if I didn't have one that I might regret it one day."
Respondent 10

"I married late and having realized that we had a very good relationship, which seems to be getting better, I thought it was a very natural thing to get pregnant."

Respondent 11

"My husband and I had completed our education and we wanted to travel, we were having a very good life, we had done a lot of things. I find my job incredibly fulfilling and then all of a sudden, I realized that I was getting to a point in my life that I had to make a decision as to whether or not I wanted children.... I discussed it with my husband and we decided we had everything we wanted, we had a house, we had done all the travelling we wanted, made a lot of purchases and I felt I wanted something more."

Respondent 12

"Well the reason I waited until thirty of course there's this big number thirty and you hear all the statistics on the danger of birth deformities increasing after the age of 30, particularly mongoloidism. Thirty is the biggy. But, also, it was five years for me from
the date I was married. When I was married, everybody asked when are you going to have children. I said five years from now, give me a call. I will be having a child. I'm that kind of person, if you ask me when my second child is coming along, I will tell you in a year and a half. The books say that three years is the ideal time between children. So for me, it was five years from the time I was married that I decided it was time and I had waited until that age because I felt my marriage could survive, my career would be in a state that I could take the time off. I waited first for financial security and then emotional security.

Respondent 13

"I had done all I had wanted to do with regards to what I thought being single was all about and accomplished as much as I could. The next stage of my life, I was ready for and that was the whole family routine.

Respondent 14

"I was a late bloomer.... I was definitely influenced by the '60s and the whole idea of doing your
own thing. When I finished university, I spent many years just travelling around.

Respondent 15

"We feel that thirty was as long as could safely put off having kids so we travelled and started saving money, so we could afford a home without worrying about my income.

Of the four respondents who waited until 30 to have children, but not by choice, three had conception problems. Two of the women had previous miscarriages and the third thought she was unable to have a child and adopted one before having her own. The fourth respondent simply did not meet a man she wanted to marry until later in life. The following highlight these four situations:

Respondent 2

"I desperately wanted to have a child when I was younger, but I had three miscarriages and a stillborn. So, I am of fate, not of choice."

Respondent 4

"Actually, we didn't put in for adoption for a long
time because things just sort of went along. I was happy with what I was doing. And then as time closed in and I knew that I was getting to the point where you know, nor or never, then we thought we had better do something, so we put in for adoption.

Respondent 5

"If I had been married at 22, I would have had children at 22, I wouldn't have waited until I was over 30. But that was just my circumstance, you know I didn't meet anybody for a long time."

Respondent 8

"We lost one pregnancy a few years before."

Whether the woman chose to wait or circumstances forced her to wait until 30 does not appear to alter the problems that she encounters, but it does appear to affect her coping strategies through attitudinal differences. For example, Respondent 2, who had three miscarriages and a stillborn, reports "feeling tired" and having "five pounds extra baggage and a few wrinkles on my tummy" but because they represent a happy solution to her situation, she reports, "I'm quite happy to see those wrinkles," and Respondent 4 reports that having
two little girls so close together can get very hectic at times, but "we are so delighted to have them, we know we are lucky that there are all sorts of people trying to adopt."

Relationship with Husband

Of the fifteen respondents, seven talked about their relationship with their husbands in terms of time. There seemed to be endless hours to talk together before children. With the advent of youngsters, the added responsibilities cut into "together time" drastically. Two of the respondents saw this as simply an unavoidable situation that did not particularly trouble them:

Respondent 1

"We don't feel deprived (for him) because all our friends are in the same boat."

Respondent 2

"It has stolen time from our togetherness. It's got to come from somewhere. I don't think it has a negative effect. I can't see that at all. It has deepened our relationship because of this special understanding. We spend more time at home with the kids."
For the others, the solution to lost time was basically to recapture it through hiring a babysitter or calling upon a support system. This is probably more easily accomplished within this higher economic sample, but does seem to keep their relationships going smoothly or at least more smoothly. The following highlight this:

**Respondent 2**

"We got away to Hawaii and things sort of worked out."

**Respondent 5**

"We haven't had much time alone - we go out and take her with us, but just he and I being alone doesn't happen very often. This past weekend we left her with friends for the weekend, that was excellent...we'll have to return the favour."

**Respondent 6**

"We also make special time - you know, we can afford to get babysitters when we go and do things or if we need time out, we've got our support systems, like"
grandparents.... We've been very lucky that way, and I mean there are times when it is not perfect, you know, you just feel you have to get away and then you do something about it, you need to have that time again, to be together, to re-establish common ground.

When this time together was not found, it caused problems. One respondent indicated that there was a gradual drifting apart, which was hard to stop.

Respondent 7

"My husband and I have come closer to separating than we ever did before kids. I got a babysitter the other night, on the spur of the moment, and when I told my husband I wanted to go out to dinner, he wondered what we would ever talk about...we haven't devoted much time to our relationship."

For others, time was expressed as a shared concern for a common interest, the child. The following highlights this:

Respondent 11

We realized we were going to survive this experience together and I think G...and I are alot closer and we
kind of go in together at night and look at the baby when we've got him to sleep and we both look at him and it's...well, we are a family now."

Obviously with the advent of a child, the time a woman has to spend with her husband is curtailed. As indicated by these transcripts, this can be seen as an unavoidable situation, one that a person has to live with or it can be seen as a situation that must be corrected as much as possible. The women who took corrective measures to adjust their time with their husband were those who, in other parts of the transcripts, indicated that their husbands were "supportive" and "understanding." It appears that when time is particularly sought, that can be called "together time," its benefits are felt in many areas of family life. When the time was not found, when it was not a priority to find the time, the women often spoke of their husbands as "non-supportive" and "not understanding what its like to be home with children all day."

Nine of the fifteen respondents spoke of their husbands in terms of roles. Coping was not so much a matter of whether the responsibility of parenthood was shared equally, partly or fell primarily on the woman's shoulders, but whether individual role expectations were met. For example:
"We had decided that I would quit when I had children. It was understood between the two of us because we came from those sorts of families where mothers stayed home and that's what we felt was important."

The respondent's use of the pronoun "we" indicates a mutual agreement on what her role is to be. This mutual agreement is reflected in the whole tenor of her interview. She and her husband have mutually-agreed upon expectations of their roles, that are being met, and are, therefore, satisfied.

Other respondents also saw their roles as primarily the child care person and were happy when their husbands "helped" them. The following highlight this:

"I think it's (relationship with husband) changed, but I don't think it has changed for the worse. It's really like we have certain things he does and certain things I do. It was never like that before, we always used to share everything, but now I do most of the stuff for L..., just because I want to and it doesn't bother
him if he is not with her as often as I am, that's just motherhood. He likes to play with her, pick her up and stuff, but he doesn't feel the same way as I do, and I think most men are the same, so I get her ready in the morning and I do the feeding and that is okay, but he does the groceries and the garden, that kind of thing it just sort of evolved...so nobody's exhausted."

Respondent 6

"My husband is an excellent father, he gives a lot of time to S.... We discussed how we were going to do things. He is not a macho sort of fellow. He is a family man. He really wants to be with us. I count my blessings...he is domestic and capable. He helps with a lot of things that many men don't do."

Respondent 15

"I have the principle part of the responsibility for the children, but my husband is very keen on his kids and he tries to be there as much as possible. It's also great that he doesn't see me as sitting home doing nothing all day, so when he comes home at night and I'm exhausted, he's willing to help with dishes, tidying up and everything."
Only one of the fifteen respondents reported having what amounts to a 50/50 shared responsibility of their children and home. This appears to have been brought about by role expectations but was greatly facilitated by the flexibility of the jobs that both husband and wife had.

Respondent 12

"...and in the afternoon, the six year old goes to kindergarten and my husband and I split up the afternoons with our younger child. I do three afternoons a week and he does two afternoons a week in terms of child care...this is a terrific programme we have and I keep thinking that I have to write an article about this because it really works. Breakfast and lunch just sort are your own thing, but the evening meal we really like to have a sit down meal. We do one week on and one week off. We started off with the traditional way, one cooks, one cleans up, but that didn't work because I'm that kind of cook that when I sit down to eat the kitchen is clean. When he sits down to eat after he has been cooking, the kitchen is a shambles. So the person who is cooking for a week does the grocery shopping, makes the meals and cleans up. I think it is all based on goodwill. We don't fight about it. If
something happens, and I am invited out and it's my night to cook, we just trade - it's based on a willingness to get along."

When their role expectations were not met, the women coped in a variety of ways. Respondent 2 sought the advice of a counsellor who helped her and her husband to communicate better. She felt she had total responsibility of her children and her husband was not there at all. Now, she reports after the counselling sessions:

**Respondent 2**

""He will come home now at six, he used to work until eight or nine, but now he will make an effort to get home at six and stay home until nine.... He will take them to the airport to see the planes, or to the beach or shopping...it's much better."

Two of the respondents who felt their role expectations weren't being met issued "ultimatums" to their husbands. Both felt that if their husbands didn't change, they would leave and were capable of raising the children on their own.

**Respondent 3**

"I just decided that it wasn't going to work, if he
(husband) was going to be nattering at me all the time, that I was going to mother D... as I thought I needed to mother him. If my husband didn't like it, he could move on. At first, I tried to keep everybody happy and then I realized I was destroying myself. I felt strong enough that if I had to raise him on my own, I would."

Respondent 12

"I find a lot of men, that once a child comes along, they expect a woman's role to change, in other words, become like their mother was. There is a great deal of pressure to stay home and quit the job and stay at home and fulfill the role of wife and mother, you know, a woman who stays at home and cooks and does that sort of thing. I feel that it should be 50/50 the whole way, but my husband feels it is my responsibility. He has to change."

When asked how she thought this was going to work out, Respondent 12 indicated she was willing to have her husband leave and get in full-time help (which was not acceptable with her husband there because it cut into their privacy). Unlike Respondent 14, who had successfully worked out a 50/50 situation with her husband, the jobs in this latter case are
not nearly as flexible in terms of rearranging hours.

For others who found that they had the primary care role against their role expectations, their means of coping with it was one of resignation.

Respondent 9

"Regardless how supportive the husband is, the child care still rests with the mother."

Respondent 4

"D... still doesn't feel the same responsibility. I mean, if he babysits, you know, that's a big deal, when I'm with them, I'm just a mother. I get really resentful...there's no point belabouring it with him."

In summary, of the 15 respondents, seven were content with their roles in relationship to their husband. Six of these respondents were in what can be classed "traditional" roles, that is, they were the chief caretaker of the child, whether they worked outside the home or not. They were satisfied with this arrangement. The seventh case was Respondent 14 who was content with what she perceived as a 50/50 situation, an equal sharing of child care responsibilities. Eight of the respondents indicated
discontent with their roles as chief child caretaker. They felt that even when they were at home, the child care should be a shared situation, at least after "five o'clock."

The final area that respondents talked about in terms of their husbands was the financial area. Five of the fifteen respondents talked about their feelings of powerlessness vis a vis their husbands, because they did not have a source of income. The following highlights this:

Respondent 2

"I feel funny buying my husband a gift with his money.... I felt things weren't in my hands anymore. I have no control. I have gone through different periods when I felt I don't have any control, because I don't have any financial control."

Respondent 3

"I kind of feel that I'm not pulling my own weight...he (husband) wouldn't have minded help during the recession."

Respondent 9

"I like having my own money. My husband is not
tight or restrictive, but it's nice to have your own chequebook."

Respondent 12

"I'd never let any man (referring to husband) look after my money. I'd never trust him."

To cope with this feeling of needing some sort of financial independence, one woman's husband "slipped her something extra" over and above the housekeeping money, the other women went back to work, either full-time or part-time. All of them, though, needed to feel in some way that they had some control over some part of the money after having had their own source of income.

**Self-Concept**

Of the fifteen respondents, six spoke of the change in their self-concept since having children in terms of discovering their true capabilities. These women felt that children had stretched them to use their full potential and at the same time was a great leveler. The following highlight this:
Respondent 3

"It (having children) strengthened my image of myself. I got through it and stuck by my own convictions. I learned to be more patient than I ever thought I could be."

Respondent 5

"I became aware of myself as a person, how much I have to give to people, my family, my work. I didn't think I could do it all, but I guess you just do things and I'm a stronger person for it. I am much, much more organized."

Respondent 6

"I was pretty idealistic in some ways about raising kids. You know, I used to think I would never yell and I wouldn't, for example, one time I'll never forget, I was riding the ferry from Nanaimo coming over to Vancouver and I was in the washroom hearing this woman talk to her kids. 'If you do that I'm going to wring your neck,' and I thought that was terrible, you could say that to your kids, you know. I just thought 'where is this woman at?' And really, I mean, it is just so unfair to make
judgments on parents until you are a parent. I'm more realistic."

Respondent 8

"I had always thought of myself as a pacifist and not a fighter, only verbally. I suddenly realized that with no problem at all, I could tear another human being apart, if he hurt my kid."

Respondent 13

"I just thought kids were kids. It shows how ignorant I was without them. I just thought kids were kids and just did their things. I didn't realize all the responsibility and that has been a real eye-opener. So I think it (self-concept) has expanded, if anything, I feel more capable."

Respondent 11

"It has brought out something in me that I never had before, a real concern over a little life that has been given to me."

Nine of the fifteen respondents spoke of their self-concept in terms of physical attractiveness and physical body
image. Seven of the nine thought that their bodies and personal appearance were not as good as before children. For some, this was a temporary, unavoidable phenomenon. For example:

**Respondent 3**

"There is nothing so unglamorous as having a baby, as far as I can see. My hair doesn't get washed, I don't have time for personal appearances. You get the idea it is going on forever, that you are never going to have ten minutes to yourself again. Whereas, now I know, as the children get older, that it is going to get better."

**Respondent 4**

"I don't spend time on myself and I know it will only be a short time.... I feel I did my thing and I want, especially when they are young, to really devote my time to them."

**Respondent 7**

"I'm overweight. I just don't have time to exercise. I don't spend as much money on myself for clothes, but that's just the way it is."
Although these women are not complaining about their lack of personal attractiveness, there is an air of resignation in their interviews on this topic. On the other hand, the women who shared the feeling that their personal appearance was not as good, but were taking steps to rectify the situation, primarily through exercise, were much more optimistic and "up" in this area of the interview. For example:

Respondent 1

"I think the reason I'm a little overweight is I'm having such a good time. I exercise so I have the energy to get through the day, no matter what happens. I think exercise has a lot to do with it, with my self-concept...the days I don't get out by quarter to nine for exercise I'm a basket case."

Respondent 6

"I walk around the seawall at least once a week with my child. It's hard work, but it's harder staying home.... We go for a walk every night after dinner.... I have disco tapes so I exercise. I try to get in half an hour a day."
Respondent 14

"I used to see myself as slim, attractive, and now I see myself as a matron and that bothers me, so I exercise."

Respondent 10

"My self-concept took a nasty blow. I gained a lot of weight. I didn't feel good about the way I looked, until I could get back exercising."

Respondent 15

"Running every day is essential for me. It helped me get back in shape after childbirth, even though you are never quite the same.

Two of the women felt that exercise had kept their bodies from changing at all after children.

Respondent 5

"I was back at exercise class about a week after the baby. My body hasn't changed at all."
Respondent 9

"I go to a lot of exercise classes so physically I don't feel any different."

Three of the respondents spoke of their self-concept in terms of how others saw them. When significant others in the woman's life, particularly the husband, supported the woman, her self-concept was much higher and conversely if these people were not supportive, the respondent's self-concept was lowered. For example:

Respondent 1

"My self-concept wouldn't have been as good if I didn't have this group. I hate to keep referring to my group, but I think I would have had a very different self-concept because I felt very important as a teacher. I thought I was really helping humanity. So my group decided we should treat this (having children) as our job now, and we are trying to do the best job we can.... We really help each other by saying we could do anything we wanted and this is what we have chosen to do and do a really good job at it."

"I didn't feel I was pushed aside, put in the house at the bottom of the totem pole and wasn't bringing in
any money, you know, was worthless or anything. I thought it was a very important job...it was understood that I would be home...my parents said they knew raising children happened only once, they are little babies and they are gone before you know it. They wanted me to stay home very much."

Respondent 12

"It (physical self-concept) has deteriotated.... I don't feel I'm as attractive as I was.... I'm not getting the feedback from other people...from my husband."

Respondent 15

"You know, I know I don't look the same as I did before kids, I've tried and it's impossible. Some things are irreversible. But, when my husband tells me I look great, that he has yet to meet anyone else that appeals as much after all these years, I don't really mind."

In summary, fourteen of the respondents reported a better self-image. They felt they had been challenged by the role of parenting and had expanded themselves, they were "more patient," "more capable," and "more understanding."

Many acknowledged a temporary setback in physical
attractiveness. However, as in the section on "reasons for delaying" there is a feeling of being in control of the situation. The women have taken an analytical approach to the situation. They are able to state the problem of negative self-concept in terms of "being overweight," "being tired," or "looking sloppy" and are taking steps to rectify it — primarily through exercise.

Support Groups

Fourteen of the fifteen respondents spoke in terms of support groups. All fourteen had some sort of outside support group besides family on which they relied. The key to the effectiveness of the support in this sample appears to be the regularity of the meetings. Those women who meet regularly with other women, who felt they had people they could readily share their feelings with, spoke with more enthusiasm and contentment of their roles. When the meetings were more haphazard, or by chance, the women still acknowledged the support, but in less positive terms. It would appear also that the make-up of a neighbourhood is a factor. When the neighbours are retired or work full-time, there is not an easy opportunity for motherhood networking. The following highlight this:
Respondent 3

"There are a lot of older people, the only people with kids are across the road, they are both lawyers, they haven't any free time...the weekends are great.

Respondent 5

"We use our friends like family. We really count on them to be there. They took our child while we had a weekend away."

Respondent 6

"I sit down and talk with my girlfriends – like I was talking today with a friend who dropped in with her three year old and baby. She was fit to be tied. You know, you can only listen, but that's what she needed.... When I get frustrated, I talk to my girlfriends...we all talk together.

Respondent 7

"My friend had a baby at the same time. We rent a video and order in a pizza. We arrange our social events to accommodate the children."

"A support group for me would be the Y.W.C.A. I
went there to exercise class...another is a friend. We meet once a week - sometimes we just get together or go sailing or to Stanley Park. We talk about the problems we are having with our children or just sort of share. This is a big support."

Respondent 8

"Our friends...most of us don't really live close so that contact would be infrequent...their (women at home) scope of conversation is pretty narrow.... I find I depend on my pediatrician. He's a very good man."

Respondent 9

"We don't have too many friends that are at home full-time. So when I was at home, I was a bit of an isolate."

Respondent 10

"I'm in a mothers' support group that meets once a week. When I was in the hospital, the public health nurse mentioned there was a drop in group in my neighbourhood...it's a fantastic support group...it was a place to discuss a multitude of problems...you talk and
you come away laughing...you need some sort of support group...it's a myth about super mommy."

Respondent 13

"I am reaching out more to women. I really don't have many friendships anymore and in an effort to get into the female thing, I even took up bridge."

Respondent 5

"You know if I didn't see my three or four close friends that I meet with for coffee, I wouldn't enjoy what I'm doing nearly as much. We meet at least once a week with the kids and just chat. I always come away laughing, feeling up, in fact, you know, I think we sometimes even meet more than once a week - it's that good."

Two of the respondents had unique support systems. The first is a very organized group of mothers who have set out to make their roles as mothers the "best possible." The group they have organized is well thought out and dynamic. In order to understand how the group works and feel a sense of worth it gives to the respondent, her description of the group is reproduced in its entirety (with her permission) in Appendix 66.
E. Although the group probably has a high income average, many of the ideas that are presented do no necessarily reflect a need for large financial outlay.

The second case is that of the mother of the Downe Syndrome baby. She reports, that right at the hospital, a social worker referred her to Pilot Parents for handicapped children and from there to a group specifically for Downe Syndrome babies and their parents. The social worker came to the house every two weeks and explained the services in the community. Right away, the mother had "all sorts of people wanting to share their experiences." The respondent is coping well with her special situation and the support groups in the community have been a significant factor.

**Careers and/or Homemaking**

All fifteen respondents had full-time professional jobs before they had children. Seven of the respondents had subsequently become full-time homemakers, five were still working full-time and three were now working part-time.

Of the seven who had chosen to stay home, six reported that they had had enough of their jobs (which in five cases was teaching) and that they were ready for a change. Three of the respondents in this group had worked part-time when their first child was born, but felt they could not when the second
child came. They all felt they would eventually go back to work, but at something different from their previous occupation. Their state is a temporary one to which they want to devote their full energies at the moment. The one problem caused by the loss of an outside job was seen as lack of intellectual stimulation and this could be obtained through university courses or groups with speakers. The following highlight this:

Respondent 1

"This is my job...this baby is only a baby for a little while, so I'll stay home...my children come first. I make no bones about this.... I would never get involved in a career until they are underway."

Respondent 3

"...it's flexible. I don't see it as forever. I was ready for a change anyway. The biggest problem is intellectual stimulation.... I think I'll take some courses.

Respondent 4

"I taught for 10 years...ready for a change."
Respondent 6

"I would like to go to Langara and take Interior Decorating...but right now, it's nice to be home with the kids."

Of the three respondents who are working part-time, all felt they have the best of both worlds. They have jobs and employers that allow for flexibility of hours. They have an opportunity to keep their careers going, but still have time with their children. The couple is able to keep up some of the "luxuries" they want, and the woman is able to keep her financial independence. Further, these women indicate they are not interested in getting ahead in their jobs, which may necessitate full-time work. They like where they are. The following highlight this situation"

Respondent 7

"It is an opportunity to keep my career on-going, probably helps me to be a good parent. I'm fresh at work and I'm fresh at home. My tolerance stretches a lot farther...my job is easy. I'm in a nice comfortable rut and it is a nice place to be, considering my priorities have shifted and they are focused at home.... I tailor-
make this job.... I've seen women settle into marriage and let the husband take on the breadwinning capacity...they have nothing to fall back on if something happens to that relationship. I'm not anticipating anything happening, but you just never know...you need some personal security."

Respondent 11

"It (part-time work) is being looked at very favourable...this way I don't take my job home."

Respondent 14

"My husband and I have worked out a great arrangement to share kids and jobs."

Of the five respondents who were working full-time, none of them reported being satisfied. They felt they had three roles: wife, mother, and career. They couldn't keep all three going, something "had to give." In two cases, the job suffered; in two, the children; and in the fifth, the relationship with the husband. In many cases there was a great deal of guilt associated with full-time employment, because the role of parenting still falls primarily on the woman's shoulders. The following highlight this:
Respondent 5

"Everyone you talk to is working part-time, but they just don't go for it here.... That leaves me frustrated. I want to work. I don't want to stay at home 7 days a week. I don't want to do that but I want more time with my child...primarily, I want to work for financial reasons.... We could survive, but we would be surviving, we wouldn't be maintaining...we talk alot about guilt, you know, you have to go back to work. I have an incredible babysitter, but it's not the same."

Respondent 9

"If something happens to my husband (with the divorce rate), I can take care of myself.... I'm a role model for my daughter. I don't think she is going to be able to be taken care of by a man all her life...we want to maintain a lifestyle that requires me to work.... I can't enjoy being at home full-time...I think I will enjoy her when she goes to school.... I have deliberately maximized my time at home...before, I probably would have worked late...my employer is flexible. If she is sick, he will allow me to be away...there is always that guilt, you should be home all day, which I don't believe...it
would be okay, if I had a baby who cooed all day, but I don't."

Respondent 12

"A year in an adult's life when it goes maybe a wrinkle or a grey hair to show for it, but in a baby, there is such a change.... We expect too much of ourselves. You are not getting any joy filling all those bases...quite often a woman chooses to eliminate the husband---something has to give...you can't have it all, a wonderful career, a wonderful marriage, and a wonderful child...somebody and something is going to get shortchanged.... You feel tremendous guilt when you leave your child each day...you have to choose because you can't have it all."

Respondent 10

"I have a lot of guilt coming back,,,even last week when my child had the measles, do I stay at home and let my co-workers down because if you have chosen to work, you have a responsibility to your place of employment. You can't just say 'I'm a mother.'"
Respondent 8

"The day care is abominable (the researcher asked if she had considered quitting work),... I just couldn't be home."

In summary, the women in this sample who stay at home on a full-time basis are happy which their decision. They were ready for a change in career, they obtain intellectual stimulation from sources other than career and see their situation as temporary. They plan to get back to work at some later time. For the women in this sample who have chosen to work full time, there is an indication they are unable to fill all of their roles well, whereas part-time workers feel they have "the best of all possible worlds."

Having Another Child

Of the ten respondents who spoke about having another child, nine spoke about it in terms of their age. There was concern that as the woman got older, she would have less energy, there was a danger of medical problems, and there was a desire to "normalize" their lives, as they weren't getting any younger. Six of the respondents acknowledged that they would use amniocentesis. One of the respondents felt because of her increased age she may die while her child was fairly
young, and therefore a sibling would be good as a continuing family unit. Only one of the respondents spoke of having another child in terms of financial outlay. However, unlike the others, this was to be her third and not her second child. The other unique case was the mother of the Downe Syndrome baby. She felt that the third child would take the pressure off her normal daughter vis a vis her handicapped brother. The following highlight this:

**Respondent 1**

"I'm 35 now...if I had another child, I would be 37 at least so I really have to think about it because I know people who have had them at 35 and are really tired...if we got into the financial situation where we couldn't get babysitting, I wouldn't have it...it (having another) takes time and money."

**Respondent 6**

"I'm very conscious that 35 is sort of a cut-off date and there were complications with my first."

**Respondent 7**

"If we are going to have more kids, we are going to have to do it soon because of my age...the limitations it
has put on my life. I have to consider if I want to do it again."

Respondent 11

"...to have a close relative if anything happened."

In summary, having children after 30 presents problems in terms of having as many children as one wants, while still feeling one has enough energy. The fear of medical abnormalities is reduced by the use of amniocentesis. Again, the analytical approach to the situation is presented by the women. They consider all the possibilities, medical, physical, and emotional. It is not a decision taken lightly.

Children by Previous Marriage

It would seem logical that if women marry later to older men, there is a greater possibility of there being children by previous marriages. In this sample, two of the women were married to men who had other children. In both cases, it acted as an irritant. In one case, the husband compared (unfavourably) his children in his second marriage with those in the first. In the second situation, the former wife made the situation unpleasant regarding the interaction of her children with the respondent's children. Neither women had
found a solution for the situation.

**Finances**

Five of the respondents spoke in terms of children and finances. They acknowledged that raising children today is expensive, that their pay cheques have to cover more. Child care, children's clothes, and children's programmes "eat up a lot of the money" that before went to the couple. However, perhaps because of the economic sample, this was not seen as too much of a hardship. The women simply cut down on certain purchases.

The other aspect of finances that three of the women spoke of (and this was mentioned under the section "husbands") was their feelings of loss of personal income. The following highlight this:

**Respondent 5**

"You have been a wage earner for so long and all of a sudden you are not...you think this is my job, I should be able to do it (so you don't want to hire a babysitter and spend money)."
Respondent 7

"I don't make much money.... I make half... I pay the babysitter because that is the arrangement I have with my husband.... I don't have extra money."

Respondent 14

"Keep your own money... if you are dependent on somebody else, you get screwed."

It is obviously an area of contention in relationships. In the cases where it was not an issue, the women still worked full-time or the husband and wife saw their roles as equal and shared the finances. The following highlight this:

Respondent 10

"G... has been very good. He recognizes I have given up half a paying job.... I'm still working full-time and more,,, fortunately G... realizes that... there was his and mine, now it's ours."

Respondent 15

"My husband and I have one account - when it runs out of money, we're both out of money."
Energy Level

Fourteen of the fifteen respondents spoke about fatigue and acknowledged that their age was a factor. Fatigue reflected on their attitude towards their children and towards their husband. One coping strategy mentioned was exercise. Those women who exercised seemed to feel the constraints of fatigue less. Since the fatigue was seen as psychological as well as physical a second means of coping was "to get away." Women who "got away from it all" for awhile were better able to deal with the motherhood role. Again, the socio-economic level of the sample probably makes this easier. The following highlight this:

Respondent 3

"You have less energy for children.... I was drained, you know, I would be up in the middle of the night and that just zonked me."

Respondent 4

"I can tell you, I'm really tired.... I'm not the equivalent of macho man...it accumulates and I have to do something about it...so I went to Whistler by myself."
Respondent 5

"I think it's harder on you raising your children when you are older...you don't have the same energy at all."

Respondent 7

"It takes so much time and energy, we are both quite tired, there's not enough energy to give to my husband."

Respondent 9

"If found it exhausting...you know carrying someone and I have to carry this child all day long."

Respondent 1

"I have a lot of energy, I think that's because I exercise."

Respondent 15

"I definitely don't have the energy I had when I was younger, but I would have even less if I didn't run. You know, I think I would also have less if I didn't have friends that helped me to laugh. A lot of the fatigue is
psychological and not physical."

Respondent 11

"Fatigue is a major problem, I don't have the energy. With fatigue comes patience. When I'm rested, I can handle anything."

In summary, fatigue was seen as a significant problem for this sample. It was a factor in dealing with their children, their husbands, and their careers. Exercise and time away proved beneficial but did not entirely solve the problem. A woman being over thirty is seen as unavoidably less energetic and more easily fatigued.

Family

Of the fourteen respondents who spoke about family ties since the birth of their child(ren), nine reported improved relationships, and five reported that relationships were not as good. It appears that it is a case of children accenting or strengthening feelings already there because of increased contact. One respondent put it very succinctly:
Respondent 5

"My mother...she was supposed to stay 10 days when the baby came, she only stayed two...my mother had never stayed with us before...they (family) should never come at that stage."

In the cases where they spoke of improved relationships, parents were seen as part of a support system for babysitting for moral support, or whatever. The parents were talked about in terms of "non-interferring," "non-meddling," and "very supportive." As one respondent put it:

Respondent 13

"We spend more time together, they've always been a wonderful couple, but not we do more together."

There is evidence also that parents act as role models. In one case, the mother and the mother-in-law of the respondent both stayed at home with their small children and encouraged the respondent to do likewise. The second case, the mother of the respondent had had her children late and subsequently divorced. The respondent acknowledged that this had influenced her decision to have children late. She also had contingency plans for a possible marriage breakdown. That
both respondents were influenced by their parents is highlighted in the following:

**Respondent 1**

"My husband and I came from families where our mothers were home...my parents actually said we want you to stay home. They gave us all sorts of support to do so."

**Respondent 3**

"My mother was 33 when she had her first child...my mothers divorced when I was 16.... I don't have alot of romantic ideas about men.... I always felt I could support myself if I needed...my mother - there is a kind of strength there."

One of the interesting points regarding family ties is the position of some of the full-time working women. Two of the four women who went back to work full-time felt that the best person to take care of their young child was their mother (the child's grandmother). They did not want to remain at home but were reluctant to leave their very young child with a hired babysitter.

One of the respondents (the oldest in the sample)
indicated that her parents were very old and not much influence in their lives. She spoke with regret that this was the case but realized it was an obvious possible result of her waiting until later to have children.

Children Themselves

Eight of the respondents spoke about the children themselves. Four of them spoke in terms of comparisons, where one child was seen as easier than the others. There was no pattern as to which child was more difficult - in two cases, it was the first child; in one case, the second (of two); and, in the fourth, the second of three. There is a note of helplessness when the respondents speak of the difficult child. The following highlight this:

Respondent 3

"You didn't know what was wrong with him and when he was first home, there were days when he didn't sleep...hardly at all...20 minutes here and there. My daughter is so much easier."

Respondent 14

"E... was easier, slept through the night.... Baby
C... wakes up every night. It's been very difficult."

Respondent 4

"A... cried all the time, with E... it was so much easier. I need sleep."

There is also a note of helplessness from the women who have only one child who is difficult.

Respondent 9

"Has it been good - yes and no. I had a child with colic...cried non-stop for four months. That was enough to give you a nervous breakdown."

Respondent 7

"She had a breathing problem, as well as colic...the first three months were very stressful."

Respondent 9

"I don't know what the experience would have been like, if I had a perfect child, that cooed all day. A... was awake all day until 11 o'clock."
The women cope with this by seeing it as a temporary situation. They acknowledge it is getting better as the child gets older. One felt that it would have been easier if the medical profession acknowledged that there were difficult children and not indicated that it was a result of "up-tight" parents. Another woman felt that she could only tolerate it if she went back to work and looked forward to the child going to school.

When the child was a problem it often reflected in the marriage. Three of the respondents indicated that the child being difficult had added stress on their relationship, that in two of the cases, divorce was contemplated but so far avoided. Two responded that she and her husband had "pulled-together" to get through the difficult time.

Respondent 3

"...my husband thought it was the way I was handling him."

Respondent 15

"I couldn't have managed with my husband. B... cried 20 hours out of 24. My husband came home early and left late so he could hold him while I slept."
In summary, this sample indicates very clearly that not all children are the same. Children from the same parents can be "very easy" or "very difficult." A difficult child affects the woman's perception of herself in terms of her ability to cope. A difficult child affects the marital relationship, either positively or adversely, depending on whether the child is a shared problem or one of the mother's making.

Outside Help

All fifteen respondents had some sort of paid outside help that they felt was essential. This ranged from full-time day care to relief help for a few hours a week. They spoke in glowing terms about the "joy of a few moments to get things done." The following highlight this:

Respondent 1

"I have a woman one day from 9 to 3. She takes care of children 2 to 3 years. We (friends) found out about her through a friend, three of us take out kids there for the day. That way, it's not too expensive."

Respondent 2

"She came to help me when I was pregnant with my second child and just stayed.... I figure it takes three
to look after 2 children, one for each child and one to do everything else."

Respondent 6

"I take her to a play group two mornings a week, that way I don't have the pressure of kids around me all day long."

Respondent 13

"I put an ad in the paper. I drop the kids off every Friday morning and do what I want to do."

Respondent 14

"I use a day-care co-op that I'm very pleased to have. It gives me a healthier perspective."

Problems arose when the help needed to be full-time over an extended period of time. One respondent spoke of the day care problems. Another spoke of the problem getting someone to come into her home regularly.

Respondent 8

"The day cares are terrible and we've tried
Respondent 12

"I've had incredible difficulties getting somebody to come in and I don't want to leave her with just anybody."

The women experiencing these problems coped by resigning themselves to poor day care. Where regular help was wanted in the home on a daily basis, the respondent was contemplating a live-in nanny.

In summary, the women in this sample are obviously in an income bracket to easily afford the outside help that they see as essential. Here again, their planning in delaying parenthood to become financially secure has benefited them. The problem, when there is one, is not in obtaining outside help but in obtaining "good" outside help. Both Respondent's 8 and 12 found it difficult to obtain satisfactory care for their children.

Education

Five of the respondents spoke of how much effort they put into their children in terms of education. They read all the books and endeavoured to give their children what the books
perscribed. They were conscious of being "role models" for their youngsters and were trying to encourage successful, motivated children. The following highlight this:

Respondent 7

"I want my daughter to see me studying, I think that's important. I want to be a good role model."

Respondent 12

"I've read all the books. I buy all the right toys, the room is done just right."

Respondent 13

"I have read it affects them down the line in developing relationships, lasting relationships, he knows his father and I are the prime caretakers in his life."

Respondent 11

"If she gets into high school and say isn't particularly bright, good at times, that's going to have a strong effect on me.... I'm trying so hard...the other night I was up the entire night because she was going on a field trip with her class. I didn't want anything to
happen to her.... I won't go shopping with her on Friday nights because I know that there are too many drunks on the road that night."

There was no specific problem in this area that the women talked about.

**Control**

Seven of the fifteen respondents spoke about a feeling of loss of control. For women used to getting things done, of controlling the situation, there was acknowledgment that one could not always control the variables with children. Coping strategies involved exercise, laughter, and getting away for awhile. The following highlight this:

**Respondent 3**

"I've learned to laugh a lot...like I thought if you do the prescribed thing, loving and understanding my child would be like this...well, he isn't...he is as difficult as any child. So many of us who have children late in life, I think, have been used to having or thinking we had control over our lives."
Respondent 4

"I had two gorgeous babies, but I just couldn't stop the waterworks when they were first born.... When I go to exercise class, I feel more in control.... I literally get nothing done somedays, except the laundry and tidying up the house."

Respondent 11

"My child was in control on our holidays."

Respondent 5

"My life is run by time.... I have to be at work at a certain time, I have to pick her up from babysitting at a certain time...yet, there are days I feel totally unorganized."

Respondent 6

"My biggest problem is it impedes my ability to get around...always going at her pace.... I finally reached my frustration point - picked her up yesterday. I couldn't stand examining barnacles anymore."
Respondent 9

"It is really quite devastating...if I want to go out to exercise class, I was used to just going.... I had a lot of things I was doing and all of a sudden, they just stopped. I found it too exhausting to get her going too."

In summary, the women in this sample saw one of their problems being lack of control over their time and activities. They found it a problem to always contend with the demands of their youngsters.

Roles

Although it has been mentioned under the section "Husband" it is worth having this section on "Roles" because many of the women spoke of their roles in terms of society's general expectations as well as their own and their husband's role expectations.

Since all the women were full-time employees before they had children, there appears to be many cases where they expected things to remain "equal" at home. Many expressed surprise and concern that when the child came, their roles were automatically changed - even if they continued to work full-time. For example:
Respondent 7

"Our roles have changed - not quite as equal as it was.... I'm responsible for most of the baby care."

Respondent 5

"You are a wife, full-time employee, and a mother - something has to suffer."

Respondent 12

"When a child comes along, they expect the woman to change.... I wasn't going to have a second-hand identity."

Problems with role expectations were less evident for women who remained at home full-time, and even here, there was frustration expressed:

Respondent 15

"Why should it be my responsibility to be up at 2 in the morning, I've put in a full day too, with the kids."

It is evident in this sample that there is frustration that the role of mother is seen as chief child caretaker and
that this job is a 24 hour one. One of the coping strategies was to get rid of the roles that neither valued, for example, housework, to allow for more time.

Respondent 3

"I'm a good mother, but not a good homemaker, so I get in help and work to pay for it."

Respondent 5

"We just don't do what we both don't value, housework. We pay someone to do it."

The evidence of this sample does not support the concept that the roles of mother and father have changed. They may be "changing" but there is still, in this sample at least, predominantly traditional concepts of roles. The woman is still seen as the chief caretaker.

Advice

This last section is one of the most revealing of this entire research. Probably because the women felt they weren't speaking directly about themselves, they gave some very insightful advice to other women who are considering having
Of the fifteen respondents, twelve said they would wait until thirty or older if they had to do it over again. Of the three who would have started earlier, two would have done so in order to have more children. They felt their energy was not sufficient, nor was there enough time before forty to have as many children as they wanted. One of these respondents had two children already and the other had three. The third respondent who would have started earlier is the woman who had a great deal of trouble conceiving. Since nearly 20% of the population has difficulty conceiving, and this figure increases with age, her viewpoint is relevant to many women.

The overwhelming feeling from reading the advice is that the women felt that children made an enormous difference in their lives and the change was one that a person should be fully prepared for. There were also precautions concerning finances, roles, and conflicting feelings. Each respondent's advice is worth noting:

Respondent 1

"Make sure you are very organized in your own mind because any problems you do have, I think, are going to get worse."
Respondent 2

"I have this horrible feeling things are not going to work out the way you plan. It can be an awful shock to find you can't have children when you are thirty...you are very resentful of all the precautions you took."

Respondent 3

"I can't give advice - all my theories are down the drain."

Respondent 4

"Take a year off and have fun, get it out of your system before you have kids...don't over-estimate your physical abilities...discuss with your husband what he thinks his role is. It isn't discussed and assumptions are made on both sides, quite different assumptions."

Respondent 5

"Be in really good shape...make sure you know what your priorities are. Make time for yourself, make time with your husband...make sure kids are what you really want, so that you can accept the things you have to give
Respondent 6

"You don't know what you are getting into until you've done it. It requires a lot of sacrifice...be home with them when they are younger to share their experiences."

Respondent 7

"Do it.... I wouldn't have missed this experience for the world. It changes your life, but it's a good change."

Respondent 8

"Be awfully damn sure you want to have kids, you do kids no favour if you don't really want them."

Respondent 9

"You should know what you want and not worry about others, if you want to go to work, you should and you shouldn't worry about people who figure you should stay at home."
"Don't expect to be "Super-Mom." Women expect a lot of themselves. It's totally unrealistic to just have a baby and turn around and have the house looking glamorous.... There is the expectation that you have the right cereal when he comes home from a bad day at school or the hockey game, and you are there with the hot chocolate and ask how did you do and you are this to all family members. And on top of this, you look stunning. A lot of it is coming through the media, but we are buying it."

In summary, the women in this group, although they are aware of all the benefits of waiting until 30 to have children, caution others to realize that having children is a great deal of work. They indicate there may be pressures to work or pressures to stay home. For those that choose to work, there will be guilt feelings about leaving your child.

They suggest that one should be as ready as possible for the change, do as many things as possible before the child comes so the child is not resented. There is an indication that there will be pressure to be "Super-Mom" and not to fall victim to this popularized notion.

The following chapter discusses the results of these separate topics and draws implications from them.
CHAPTER FIVE

Conclusions

Discussion of Results

The following pages present the results of the study and a discussion of each.

1. The decision to delay parenthood until 30 was planned and well thought out by most of the women in this sample.

For 80% of the women in this sample the decision to delay parenthood was thoroughly planned. This supports Wilkie's research (1983) when he found older mothers delayed parenthood as a result of planning for personal freedom and personal development, to ensure a stable marriage and to be financially secure.

The tone of the respondents, when they discussed their reasons for delaying parenthood, indicates a great deal of control and thought. There is a sense of step-by-step planning. This orderly approach to the situation may be responsible for the women taking an analytical approach to the problems they encounter in their motherhood roles. It may also represent an indication of inflexibility which may lead to problems later one. They have been able to programme their
lives up to this point and are therefore "in control." There may be problems later on if they are not able to continue programming for their children. They have obviously tried to plan for all contingencies and in that they may be open for greater disappointments.

2. Finding time alone with one's husband was a problem for these women. Coping strategies for this problem included simply accepting the situation as unavoidable or taking steps to correct it through hiring outside help.

The women in this sample found that having time alone with their husbands was difficult. When measures were taken to find "together time" the marriages seemed to be better and the wife saw the husband as supportive and understanding. The reverse occurred when time alone was desired but not found. It may be that in not finding the time with their husbands the women were unable to communicate their thoughts and feelings. A growing sense of alienation may occur which may be difficult to reverse. It would seem that since the women in this sample are in a higher economic bracket, obtaining babysitters should not be a problem. It would seem, rather, that the women who did not get outside help in order to have time alone with their husbands did not perceive the significance of this time.
3. For many women in this sample, their role expectations were quite different from their husbands. Coping strategies for this problem included, resignation, issuing ultimatums, and seeking professional counselling.

Eight of the women in this sample felt their role, as seen by their husband, was that of chief child caretaker. This was against their wishes. The evidence of these eight women supports Swartz's research (1980) that indicates "traditional factors" are resilient to change. These women had all worked full-time outside the home for a number of years and had what they saw as equal responsibilities. However, when the first child came along, their role expectations were quite different from their husbands. Older mothers appear to have false expectations of roles based on their childless years with their husbands.

4. There is a feeling of powerlessness for these women if they do not have some control over family finances. Coping strategies for this problem include, continuing to work either full- or part-time, having the husband slip the wife "something extra" or both partners recognizing the woman's contribution at home and making equal access to the finances.
All the women in this sample needed to feel in some way that they had control over part of the money in the family. It may be that after having their own source of income for so long that this is particularly necessary. Older mothers are accustomed to having their own source of income prior to the birth of the child and find it difficult to become dependent.

5. The self-concept of the women in this sample improved after having children. They experienced a temporary feeling of decreased physical attractiveness but were coping with this primarily through exercise.

This result contradicts the researcher's assumption that older mothers undergo a radical negative alteration of self-concept. The women in this sample felt challenged by their new role as a mother. The only woman who did not feel an improvement in her self-concept did not, primarily because her husband no longer found her attractive. It would seem that as long as significant others don't indicate that a woman is no longer physically attractive, older mothers are content with their self-concept.

6. Support groups are extremely important to these mothers. To be truly affective, a woman must have access to a support group on a regular basis.

Women in this sample, who met regularly with a support
group, had a more positive outlook on their motherhood role than did those who had little or no regular support system. This result supports Lee's research (1983). He indicated that women who do not have a support system, who become social isolates, have a difficult time adjusting to their roles as mothers.

7. Women in this sample who either became full-time homemakers or part-time employees outside the home were content. Those women who were working full-time found it difficult to cope with all their roles.

That the homemakers in this group were content with their role is in agreement with Wright (1978) and in disagreement with Ferree (1976).

All the women who chose to stay home full-time felt they would return, at some later date, to the workforce. This fact is interesting in view of Sorensen's research (1983). He indicates that older women who leave the job market do not usually return. If these older mothers indeed do not return to outside employment, their coping strategies in the situation would be of interest. For now, the women in this sample are more content in their decision to stay at home feeling they will return to their careers later. If these expectations are not met, they may find problems in accepting
their full-time motherhood role.

For the women in this sample who have chosen to work full-time, there is indication that they are similar to the women Leiber (1980) studied. They are unable to fill all their roles well and are often harassed, discontent, and guilt-ridden.

8. Having a first child after 30 has restricted the number of children that the women in this sample will have.

Several of the women in this sample would like to have had more children but felt they were too old or that they could adequately meet the needs of only one or two children. This supports the research of Bumpass who reports that older mothers have fewer children.

9. Children of previous marriages were a source of irritation in this sample. No coping strategies were offered.

10. In this sample, the women, by delaying parenthood, have helped put themselves in an economic situation that alleviated the financial problems associated with child rearing.

One of the reasons that the women in this sample listed as a reason for delaying parenthood was to gain greater
financial security. It would appear that their planning has succeeded in reducing or eliminating one potential problem area.

11. The women in this sample found a lack of energy to be a problem for them. Their coping strategies were to exercise and "get away for while" from their roles as mothers.

It appears that a lack of energy and fatigue were unavoidable to the women in this sample. They spoke of it as one of the major differences they saw in young versus older mothers. They were able, however, to counter this with exercise and time away. It may be that their higher economic situation makes these strategies easily available to them.

12. Difficult children impacted on the marriages in this sample, either positively or negatively, depending on whether the child was a shared problem or one of the mothers making.

Many women spoke of one child being more difficult than another. When their husband was supportive and jointly sought to deal with the child, the marriage did not suffer and in some cases actually seemed to improve.

13. Women in this sample made use of outside help extensively. Problems arose when the outside help
needed to be full-time. The one coping strategy for this was resignation.

Women in this sample are in an economic bracket to readily afford hiring outside help. However, two of the respondents found it difficult to obtain satisfactory full-time help. In these cases, it may be Behrman's research (1980) is applicable. She indicates that a woman's choice to work outside the home for monetary reasons must be seen in terms of her expectations of standard of living, her belief about her child's need, and the degree of sacrifice she is willing to make. Neither of the two women in this sample were willing to make alterations in their own lifestyle to provide different and perhaps better day care for their child.

14. The women in this sample are deeply concerned about doing all the "right things" for their children. Many of the women during the interviews indicated that they were reading the right books for child rearing, buying the right toys, and providing good role models. It may be that these women are high achievers trying very hard with their children. What happens if their children do not turn out well? After putting so much effort towards parenting, what happens if the results are poor? This may pose a problem for these women later.
15. A lack of control of time and activities was a problem for these women. Coping strategies involved exercise, laughter, and "getting away" for awhile.

It is possible that older mothers find this aspect of parenting particularly difficult because they have been accustomed to controlling events and being responsible for only themselves for many years. They may be inflexible to adjusting for another's demands. Again the higher economic bracket made outside help easily available.

16. Eighty percent of the women in this sample would wait until 30 again to have children.

The women in this sample felt that the advantages of a period of personal freedom, financial security, career development, and marital adjustment brought on by delaying parenthood were important to their contentment as mothers. Their satisfaction appears to contradict the findings of Procacini (1983) and Wideman (1983). Rather than feeling "burnout" or having overly romanticized views of parenthood, the women in this sample are happy with their decision.

17. The women in this sample found that having children required a large adjustment on their part.

From reading the section on "Advice" it is obvious that the women felt that having a child made a significant difference in their lives. They indicated it was not a
decision to be taken lightly. They felt that there was still a period of adjustment even when they had done such careful planning to reduce or eliminate problems.

Before leaving the results of this study and looking at their implications, it is necessary to examine interrelationships of the findings.

The data have been presented in separate topics for convenience in analyzing the experience. However, the various areas discussed are not separate, distinct areas within the woman's life, each area impacts and is impacted on by another. This interdependency is indicated when Respondent 1 had mutually agreed with her husband that she should remain at home, that her job to be at home was important. The fact that he saw her in a "job" alleviated financial inequalities and she felt no qualms about spending money to go to the tennis club to exercise. The exercise provided an opportunity to improve her physical image, to increase her stamina to fend off fatigue and the opportunity to meet with friends which formed her very strong support system. From that support system, she gained emotional and intellectual support. The fact that their finances were good allowed her to have outside help giving her "space" as she felt she still had control over some hours of her life.

In a second example, Respondent 12, who was working full-
time, felt pressured in trying to keep three roles going and was contemplating divorce. Her lack of time with her husband impacted on her self-concept as she wasn't getting any feedback from him as to her attractiveness. Further, the lack of support from her husband may be causing her to seek out more women friends to help her out.

In a third example, Respondent 6 talks about her family support system taking an active part in helping with her child. When they babysit, she is able to get away for a few days to gain a feeling of control or to have an opportunity to be with her husband. By having together time, they are able to discuss their problems and have a shared responsibility towards their son.

And so it goes. Each area is not distinct but an intricate part of each woman's life. It is possible, therefore, to adopt certain coping strategies in one area that may impact on other areas and have a much greater effect than initially realized. The following section deals with these strategies developing specific recommendations.

Implications for Theory and Practice

From reviewing the topics presented, a number of possible recommendations are revealed that, if acted upon, may improve a woman's transition to parenthood after 30. These
recommendations may be applied by the women themselves, in counselling programmes, or by society as a whole. These recommendations are:

1. Women should discuss their role expectations with their husbands before the arrival of children.

It is obvious that the husband plays an important role in the woman's successful transition to parenthood. It would seem that although the roles of husband and wife are changing, this particular sample still found their role expectations and that of their husbands to be quite different. It is suggested by this research that this should be a topic of discussion before the arrival of the child. For women who have been accustomed to being on an equal footing for several years before the arrival of the child, it is "a shock to the system" to find that many men still hold traditional ideas regarding the role of motherhood. When women have more modern ideas of their roles than their husbands, problems may erupt. Discussion of this area could be incorporated in pre-natal counselling.

2. Women should make time to be alone with their husbands.

The research of this sample indicates that when a husband and wife have time alone together, they have time to share feelings and thoughts that enhance the relationship. The husband is seen as supportive and understanding.
3. Women should take steps to locate a support group and meet with this group regularly.

This sample indicates that a support group is extremely important to their psychological well-being. It may be difficult to locate a convenient neighbourhood support group because of the fact that many women are working full-time, but it is important to seek one out. Moreover, it would seem, for this sample, contact with a support group should be made on a regular basis.

4. More part-time employment should be available to women.

From this sample, it appears that the role of full-time career mother is a difficult one to handle. The fact that the part-time workers found it easier to balance the demands on their time, felt financial independence and career stimulation seems to indicate that more part-time opportunities would be beneficial to women and their families. This may be particularly relevant to women who have delayed having children because of their previous work experience and role expectations.

5. Discuss children of previous marriages and their position in the second family before the second
family begins.

In this sample, those women who married men who had been previously married and had children by that marriage found his other children an area of discontent. Discussion of the relationship of the children of the previous marriage and the second marriage before the child is born may alleviate some of the problems. It would be foolish to ignore that other women have had problems in this area.

6. Discussion of financial control should take place before the child is born.

It was strongly felt in this sample that lack of financial control is a problem. It may be that part-time work will help here. However, for the woman who remains at home, an arrangement with her husband should be made that allows her to feel she has some control over the monetary situation. It is advisable to discuss the matter before the child is born, better still, before the woman gives up her full-time employment. This area too, may be incorporated in pre-natal counselling sessions.

7. Women who delay parenthood should exercise routinely to combat fatigue.

That women who delay parenthood experience fatigue was widely agreed upon in this sample. It was felt that exercise would help alleviate this. However, exercise was difficult to
keep up if it did not include other benefits. Those women who saw exercise as a part of a routine that allowed them an opportunity to be with a support group were more likely to continue with exercising than those women who just exercised. There had to be a greater incentive to exercising than simply getting in shape and reducing fatigue.

8. Women need to "get away" from the routine of motherhood to reduce fatigue and gain a sense of control of their time.

Women who have delayed having children are accustomed to being in control of their lives and find the demands of children difficult. By finding time just for themselves, this problem is reduce.

9. It must be accepted that certain children are more difficult than other.

For women who have difficult children, it may be that one coping strategy is to recognize the situation as temporary. However, it may also help if society as a whole recognizes that some children are more difficult and it is not a sign of failure on the part of the mother. A sense of failure is particularly hard on the high achieving women presented in this sample and could be lessened if it was recognized that some children are more difficult than others.
Having reviewed the lives of 15 women who delayed having their children, it would appear that they do not fit Procacini's (1983) picture of parent burnout, nor do they seem to have romantic ideas regarding parenthood that Wideman (McQuaig, 1983) describes.

Rather, they appear to be women, who for the most part, have chosen a route that they are happy with. They acknowledge that there are problems, but they have found many coping strategies to deal with them.

It may be that these women are used to seeking professional advice in many areas and want to make sure that they are doing all the best things for their child. They may seek out family counselling for small problems before they get out of control (as indicated by Respondent 2). It may be also that the women who report parent burnout are those trying to combine full-time work with motherhood, since this was the one area in this sample where the women acknowledged some real problems.

However, the fact that twelve out of fifteen women in this group would do exactly the same thing again, in regards to the timing of their first child, indicates a sense of satisfaction with their transition to parenthood.
Implications for Future Research

The first recommendation of future research would be the replication of this study to further validate the findings. Replication would benefit from a number of modifications that would enhance its effectiveness as a research tool. The first modification would be to do the same interview style with both the wife and the husband. In view of the impact that the husband had on the woman's transition to parenthood (in this sample), in terms of role expectations, finances, and self-concept, it would be enlightening to learn how the husband experiences delayed parenthood. The second modification would be the addition of the Locke-Wallace Adjustment Scale. Since the Locke-Wallace Adjustment Scale has been used in many research articles, its inclusion in this replicated study, for comparative purposes would be beneficial. The third modification of the study would be the inclusion of a scale to measure role expectations. Since the Bem Sex-Role Scale has limitations in view of today's changing values, future research would be responsible for developing a new scale. The fourth modification that would benefit the study would be the inclusion of a longitudinal aspect. In view of the implications, regarding strategic planning that women in this present study revealed, it is necessary to look at their experience of delayed parenthood 10 to 15 years after the
birth of their first child. Did their plans work out? Unfortunately, this was not thought of at the outset of this present study. Otherwise, agreement to a follow-up study could have been included in the consent form.

Other questions that should be addressed in the longitudinal aspect of the study are:

(1) If the woman became a full-time homemaker did she return to work? If not, how is she dealing with this change in plans?

(2) How are older mothers dealing with teenagers? What, if any, are their problems?

(3) How do marriages with delayed parenthood fare?

The second recommendation for future research would be the inclusion of "role expectation counselling" in either prenatal or pre-marital sessions. Role expectation counselling could be done with one group and then compared to a control group a year after the birth of the first child. This research would indicate whether role expectation counselling is effective in aiding the transition to parenthood.

In conclusion, it appears that this present study has answered many questions regarding delayed parenthood and indicated fruitful areas for further research.
BIBLIOGRAPHY


119


APPENDIX A

1. Age: ______

2. Education: __________________________
   __________________________
   __________________________

3. Occupation: __________________________

4. Year of Marriage: ____________

5. Number of Children: ______

   __________________________

7. Age when first child was born: ______

8. Income of Family: $10,000 - $20,000 ______
   $20,000 - $30,000 ______
   $30,000 - $40,000 ______
   $40,000 - $50,000 ______
   above ______

9. Age of husband: ______
APPENDIX B

I am interested in exploring the experience of beginning parenthood after 30. More and more women are waiting until 30 to have their first child. It's becoming a common situation today - unlike our mothers - and I want to know more about the experience, how women who have delayed parenthood feel about it, what it means to them, its problems and its joys. I wonder if you could tell me about your own experience beginning wherever you feel appropriate.

Areas:

The effect of the experience of delayed parenthood on:

1. relationships (parents, husband, friends, children);
2. self-concept;
3. financial situation; and
4. career.

Summary Questions

1. If you had it to do over, would you have children when you did or earlier or later in life?
2. What words of advice would you offer other women who have their children after 30?
A Study of Delayed Motherhood Consent Form

Joy Alexander, a graduate student of counselling psychology in Education under the supervision of Dr. John Banmen, Associate Professor is conducting a research study. This study is looking at the experience of delaying motherhood until after 30, its problems (if any) and the coping strategies that these mothers use.

Participants in this study will be interviewed by Joy Alexander for 1 1/2 hours, during which time they will fill out a short demographic questionnaire and answer questions concerning their experience of waiting until after 30 to have their children. The interview will be recorded on cassette tape. The tape will be kept confidential and will be destroyed at the completion of the study. The names and identifying characteristics of the participants will be kept confidential and will be changed on all written material having to do with this study.

Participants have the right to refuse to be involved with this study or to withdraw their participation at any time.

I, ____________________________________________, consent to participate in this study and have received a copy of this Consent Form.

(Signature)  (Date)
I: Interviewer
R: Respondent

R: There were at least 15 friends, or good acquaintances that I had, that were in the same situation, and that is how we started this MIT group, the Mothers in Training Group, that we have that is very, very special to all of us. We met for lunch right after our children were born and then that has kept us very, very motivated, and very, very interested in everything. And we were all in our thirties and we all had had our careers behind us and we were all in this together.

I: But your were friends before hand?
R: Just more or less acquaintances, all our children were born within three months....

I: You call yourself...
R: M.I.T.'s, Mothers in Training...
I: In training for...
R: Just being mothers, that's right. Because we had had all this training before and never had any training for children, really, little infants anyway.
I: So you meet...
R: ...co-op, I don't know do you want to talk about this or anything...
I: Of course.
R: We have a co-op babysitting system that we worked out. Every Tuesday morning. We have teams, there are 8 or us, and we have teams of two and everybody is in a team of two and we have a rotating system, very highly organized rotating system, and my partner and I have all 8 children on Tuesday morning between 9 and 2 and then the next Tuesday the other two mothers have the children, we get the Tuesday morning off, you see. So we rotate...
I: Just in the same time you are not on your own, you do have one other person with you...
R: ...absolutely...
I: ...somebody to have coffee with and talk with...
R: ...that's right, that's right.
I: What a good idea.
R: We have been doing it for 4 1/2 years.
I: Was that patterned after something or just something...
R: Well, everybody likes to take credit for starting the group and I like to take credit for it too. I went around to all the other groups that I knew that were doing things like and went to their play groups and listened to them and what they had to say and what worked and what didn't work. Some moms have one mom and all of
them, and I didn't like that, nobody wants to be alone with all those kids, and other moms have the whole group come to their house, and the while big coffee party sort of thing, and that didn't work. I went to one of those and all the mothers were sitting in one room and all the children in the other room and nobody was really supervising the children, because all the mothers wanted to talk. We have very strict rules, you know, they have to come with their play clothes, and their rain gear and everything and we take them definitely outdoors as much as possible. Then, we all had second children, so we alternate, so one Tuesday is Michael's playgroup and the next Tuesday is John's playgroup and the next one is Michael's and next one is John's, Michael's and John's all the way along. My partner is always the same time all the way along. I amy be babysitting two Tuesday mornings in a row, but then I get quite a bit off. So we have worked this all out. And then in the spring, from May and June, we always have outings that the whole group, all the mothers and all their children go out and every month we have scheduled meetings with the mothers, without children and we call in speakers. We have had all kinds of interesting speakers, nurses come in from the burn ward, how to prevent children's burns and what
to do if they have them. We have had psychology speakers come in because of Edna Nash. We took the STEP program, we all did that as a group together. We have had...oh we have people come and tell about childrens books, we have had ladies come in to show us childrens clothes. We have had sewing nights where we have all sewn the same pattern for overalls when they were little babies. We have had nights on how to make baby food, you know. We have done that together so that we have all pooled all our resources together and split them all up, you know. We have had fascinating things. We have topics...we have had moms topics, have childrens topics, we have had general problem solvings for discussions, how to solve problems you know after we take the course.

I: How often is this again?

R: Once a month we meet. But, then we see each other every Tuesday you see, we come to pick up our children, so we have coffee after that. We have often talked about having children in our 30's. We also cut out magazine articles, you know, anything of any interest to anyone else. We have a big file that we take with us, you know, a big filing system and we photostat things for other people that are interesting that we find in magazines or in papers, or anything like that. We are always sharing, it is a real sharing session. At the end of it, you
know, we do it by Roberts rules, you know, we have old business, new business, and the last topic is always sharing, what have you got to share? We swap books, we swap clothes, we swap information about stores, and who is having sales and second hand toy stores, and all kinds of things like that.

I: Sounds good...

R: Oh, it is really wonderful, really, really wonderful, really great group of girls.

I: It would really be a support...

R: Absolutely a support, and if we are tired, we just tell the other person or whatever, and we also know the other persons children well enough in their homes are very familiar to our children, that was the idea of the whole thing, that if say J. has to go and do something with the public health nurse, she knows that she can drop her kids here on the drop of a hat and I can do that to her or whoever else needs any support or anything like that or medical, some of these girls are nurses and we phone them in the middle of the night and bug them, you know. They have gone over diseases, the nurses have helped us out with all those things, they have straigtened us on all childhood diseases, given us little quick reference sheets, you know. Things like that and we have all tried
to pool our resources as much as possible and helped each other and be a great support system.