Predictors of the Parenting Decision of Unmarried Pregnant Women in Institutional Settings in South Korea

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Abstract

This study aimed to understand predictive factors of the parenting decision of unmarried pregnant women. The participants were 115 unmarried pregnant women in 15 unmarried mother-child facilities nationwide. The data were collected using structured questionnaires from January to April 2015. Average scores, standard deviation, t-test, and bi-normal logistic regression analysis was used for data analysis using SPSS 20.0. The results confirmed the following predictive factors of the parenting decision in cases where the unmarried pregnant women a) did not experience subjective financial plight, b) had more than two pregnancies, c) received agreement from the baby's father on childbirth, d) kept in touch with the baby's father, e) received friends' approval, and f) experienced high antenatal depression. These results will be able to provide primary data for developing and applying practical nursing interventions for unmarried pregnant women who decide to raise their children.

Keywords: Parenting, Unmarried pregnant women, Social support, Antenatal depression, South Korea

1. Introduction

Recently, South Korean society has seen an increase in single-parent households, such as single-mother households, as family structures are transforming because of low birth rates, high divorce rates, and ageing [1]. Along with this change, an amendment was made that allowed single mothers to register their children in their own family register [2], and a single-parent household support law was legislated [3], resulting in more cases of unmarried expectant mothers deciding to raise their children [1]. Until the early 2000s, the ratio of unmarried pregnant women who chose to foster their children and lived in mother-child facilities nationwide had been 9.6%. This figure has shown a steady increase; in 2005, the ratio went up to 31.3%, and it has increased to 66.3% in 2011 [4]. However, the rate is still low compared to the US, where there are relatively more unmarried expectant mothers and this ratio is 85% [1].

It is reported that predictive factors for unmarried pregnant women's parenting decision are social support and economic assistance [5]. In particular, social support plays a crucial role in influencing unmarried expectant mothers' choice to raise their children rather than opting for an abortion or adoption [3]. Social support is an environmental element that can ease the

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shock derived from the general living situation, process of pregnancy, and delivery [5]. The support of the baby's father and the women's family are included in the scope of social support, and they affect the decisions made during the course of pregnancy, parenting, or adoption [4].

Further, economic assistance is an essential factor influencing the parenting decision [4]. In a previous study, 37.7% of the mothers responded that they wished to nurture their children if they were provided with financial aid, albeit they had already resolved to put their babies up for adoption. This implies the necessity of economic support for unmarried pregnant women on a national level [4][8]. Studies also show that unmarried pregnant women residing in intuitional settings presented low self-esteem and poor body image [10]. During the entire course of pregnancy, they consistently suffer from depression due to the unwanted pregnancy and stress stemming from making decisions about the babies' future [8]. Therefore, there is a need to examine whether unmarried pregnant women's child-care decision is affected by antenatal depression.

Despite this, studies on unmarried pregnant women's parenting decision have been conducted abroad, but similar researches can hardly be found in the domestic arena. Therefore, this study aimed to investigate factors foretelling the child-care decision of unmarried expectant mothers living in mother-child facilities, and utilize the research outcome to yield primary data for suggesting detailed nursing intervention to assist these women's child rearing.

2. Research method

2.1. Research design

This is a descriptive survey research designed to explore general obstetric characteristics, social support, antenatal depression, and predictors of the parenting decision through a comparison of two groups of unmarried expectant mothers who either decided to give their children for adoption (adoption decision group) or bring up their children by themselves (parenting decision group).

2.2. Research participants and data collection

The participants were 115 unmarried pregnant women residing in 15 unmarried motherchild shelters nationwide, from January to April 2015. The purpose of the research was explained to them, and they gave consent to participate. The survey questionnaires and envelopes for returning the responses were sent to 14 facilities by post, and 96 responses were collected. One facility in 'D' city was visited by a researcher in person; 41 surveys were distributed and all of them were collected on the same day. For statistical analysis, 115 out of 137 responses were used and 22 incomplete responses were excluded.

2.3. Research instruments

2.3.1. Social support

An instrument devised by Moon [11] based on unmarried pregnant women's ages and other variables were used to measure social support. This instrument contains, 16 items rated on a 5-point scale ranging from "highly unlikely" (1) to "highly likely" (5). Scores for each item under social support varied from 16 to 80; higher scores indicated more support.

Reliability measured at the stage of instrument development was Cronbach's α =.93, and for this study, the scales of social, family, and friends support were .96, .97, and .96 respectively.

2.3.2 Antenatal depression:

The Korean version of the Edinburgh Postnatal Depression Scale (EPDS), adapted and amended by Han et al. [13], and originally designed by Cox et al. [12], was employed to measure antenatal depression. This instrument comprised of 10 questions asking how the expectant mothers' emotional status had been in the previous week; if they felt depressed, anxious, and had suicidal ideation. Scores were rated on a 4-point Likert scale, ranging from "highly likely" (0) to "highly unlikely" (3). The total possible score ranged from 0 to 30; higher scores implied higher levels of antenatal depression. Reliability measured at the stage of instrument development was Cronbach's α =.87, and for this study, Cronbach's α =.82.

2.4. Data analysis

The data obtained were analyzed using the SPSS (IBM, Statistics version 2.0) software. First, the Chi-Squaretest was adopted to investigate the differences in demographic and obstetric characteristics between the adoption decision group and parenting decision group. Next, a t-test was employed to compare the two groups in terms of social support and antenatal depression. To define the predictors of the parenting decision, bi-normal logistic regression analysis was conducted.

3. Results

3.1. Comparison of the groups based on general characteristics

Among the participants, 59.1% were in the adoption decision group, and 40.9% were in the parenting decision group. Significant differences were uncovered in some of criteria under the category of general characteristics, such as subjective economic poverty, start of prenatal consultations, the agreement of the baby's father on childbirth, and keeping in touch with the baby's father. In other words, fewer participants in the parenting decision group answered 'Agree' to a question about subjective economic poverty than the adoption decision group (χ^2 =8.561, p=.014), and more participants in the parenting decision group reported that they had begun prenatal consultation four months after pregnancy (χ^2 =10.863, p=.001). Further, more cases of having the agreement of the baby's father on childbirth (χ^2 =13.038, p=<.001) and keeping in touch with the baby's father (χ^2 =8.129, p=.004) were reported in the adoption decision group than parenting decision group [Table 1].

		T 1	Adoption Decision Group	Parenting Decision Group		
Characteristics	Categories	Total	(n=68,	(n=47,	χ^2	р
			59.1%)	40.9%)		
		n (%)				
Age (in years)						
	10-19	33(28.7)	19(27.9)	14(29.8)	.058	.971
	20-29	70(60.9)	42(61.8)	28(59.6)		
	≥30	12(10.4)	7(10.3)	5(10.6)		
Was studying v pregn						
	No	79(68.7)	49(72.1)	30(63.8)	.875	.350
	Yes	36(31.3)	19(27.9)	17(36.2)		
Subjective econ-	omic poverty					
	Agree	46(40.0)	33(48.5)	13(27.7)	8.561	.014
	Neutral	44(38.3)	26(38.2)	18(38.3)		
	Disagree	25(21.7)	9(13.2)	16(34.0)		
Start of pr Consultations						
	<4	53(46.1)	40(58.8)	13(27.7)	10.863	.001
	≥4	62(53.9)	28(41.2)	34(72.3)		
Pregnancy	history					
	1	81(70.4)	50(73.5)	31(66.0)	.765	.382
	≥2	34(29.6)	18(26.5)	16(34.0)		
Agreement of the on child						
	No	42(36.5)	34(50.0)	8(17.0)	13.038	<.001
	Yes	73(63.5)	34(50.0)	39(83.0)		
Keeping in tou baby's f						
	No	31(27.0)	25(36.8)	6(12.8)	8.129	.004
	Yes	84(73.0)	43(63.2)	41(87.2)		

 Table 1. General characteristics of subjects and comparison of adoption decision and parenting decision groups based on general characteristics (N=115)

3.2. Comparison of the groups based on social support and antenatal depression

The participants' average social support score was 112.39 (\pm 24.18). Average points for each variable were 55.55 (\pm 12.94) for family's support, and 56.83 (\pm 12.94) friends' support respectively. Meanwhile, they scored 12.77 (\pm 5.60) for antenatal depression. No notable differences between the two groups were found while studying discrepancies in social support and antenatal depression scores [Table 2].

Variables	Total	Adoption Decision Group (n=68)	Parenting Decision Group (n=47)	Т	Р
	M±SD	M±SD	M±SD		
Social support	112.39±24.18	110.32±25.16	115.38±22.61	-1.105	.272
Family	55.55±12.94	54.55±17.06	57.01±15.64	785	.434
Friends	56.83±12.94	55.77±14.43	58.37±12.16	-1.063	.290
Antenatal depression	12.77±5.60	12.24±5.58	13.53±5.59	-1.224	`.223

 Table 2. Comparison of adoption decision and parenting decision groups on social support and antenatal depression (N=115)

3.3. Predictors of the parenting decision in unmarried pregnant women

Results of bi-normal logistic regression analysis conducted to define predictive factors of the parenting decision of unmarried pregnant women are presented in [Table 3]. In terms of model-fit, the chi-square value was 43.197, and level of significance was below .001. Consequently, the null hypothesis—all coefficients excluding the constant value are 0—was rejected

Moving on to general characteristics of the participants, the possibility taking the decision of having the child was higher, when their level of subjective economic poverty was lower (AOR:7.07, 95%, CI:1.77-28.20, p=.006). Additionally, participants with more than two previous pregnancies were more likely to choose to raise their children (AOR:3.93, 95% CI:1.29-11.99, p=.016). In cases where the baby's father agreed on childbirth (AOR:4.19, 95%, CI:1.30-13.48, p=.016), and kept in touch with them (AOR:4.04, 95%, CI:1.06-15.44, p=.041), participants were more prone to decide to rear their children. Other factors like participants' age, whether they were studying when they got pregnant, and the timing of the first prenatal consultations did not influence the parenting decision. In the meantime, while family support did not impact the parenting decision, more support from friends led to higher possibility of child rearing (AOR:2.31, 95% CI:1.19-4.48, p=.013). Similarly, it was noted that the higher the level of antenatal depression, the greater the chances of deciding to parent (AOR:1.10, 95% CI:1.01-1.21, p=.048).

To sum up, confirmed predictors of unmarried expectant mothers' choice to raise their child were: not experiencing subjective economic difficulties, having more than two previous pregnancies, when the baby's father agreed on childbirth, keeping in touch with baby's father, receiving support from friends, and showing a high level of antenatal depression [Table 3].

Predictors Constant		Adjusted OR	95% CI (Lower, Upper)		Р	
		.001			<.001	
General Characteristics	Age (in years) (Reference: 10-19)					
	20-29	1.05	.308	3.554	.942	
	≥30	1.38	.205	9.332	.739	
	Was studying when she got pregnant (Reference: Yes)					
	No	2.48	.76	8.06	.132	
	Subjective economic poverty (Reference: Agree)					
	So-so	2.07	.67	6.39	.209	
	Disagree	7.07	1.77	28.20	.006	
	Start of prenatal Consultations (in months) (Reference: <4)					
	>4	.37	.13	1.04	.059	
	Pregnancy history (Reference: 1)					
	≥2	3.93	1.29	11.99	.016	
	Baby's father agreed on Childbirth (Reference: No)					
	Yes	4.19	1.30	13.48	.016	
	Keeping in touch with baby's father (Reference: No)					
	Yes	4.04	1.06	15.44	.041	
Family's support		2.31	.47	1.32	.364	
Friends' support		2.31	1.19	4.48	.013	
Antenatal depression -2 Log likelihood		1.10	1.01	1.21	.048	
		112.370				
	$\chi^2(p)$	43.197 (<.001)				
	Cox &Snelle R ² / Nagelkerke R ² Predicted group membership (%)		.31/.42			
		72	2.2			

Table 3. Predictors of the parenting decision in unmarried pregnant women (N=115)

5. Conclusions

The purpose of this study was to understand the predictive factors for unmarried pregnant women's parenting decision to raise their children in the South Korean context. The study confirmed predictive factors as follows: in cases where the unmarried expectant mothers a) are not under subjective economic hardships, b) have been pregnant more than twice, c) received agreement from the baby's father on childbirth, d) kept in touch with the baby's father, e) received support from friends, and e) underwent high levels of antenatal depression. The outcome can be employed as a fundamental resource for designing nursing intervention programs supporting unmarried expectant mothers' parenting.

Based on the results, the following are some proposals:

First, replication studies including more diverse variables are required to define other predictors of the parenting decision in unmarried pregnant women.

Second, programs for assisting unmarried pregnant women's parenting should developed

and applied, along with implementing studies to verify their effects.

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