

## A Comparison of Primiparous and Multiparous Mothers on Maternal Role Strain and Maternal Role Attainment

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### Introduction

In all societies, one of the most fundamental human relationships is that between mother and infant. The birth of an infant has long been acknowledged as a significant event in the life cycle of a family. Although the birth of a child is most often a joyful event, adaptation to parenthood does not always proceed smoothly. When a new member is added to a family it is not just an assimilation process into an established fixed, social organization (Rubin, 1964). Following delivery, new mothers simultaneously undergo complex physiological and psychosocial processes. In addition to physical recovery from pregnancy, women must master new role behaviors, develop a sensitive awareness of their infant's needs and patterns of expressing those needs, and establish an emotional linkage to their infant (Walker, Crain and Tompson, 1986b). The social space of primiparous and multiparous women differs after delivery. Unlike the primipara, the multipara, who is a mother already, must disengage from the child or children in her care in order to be a mother to another child. The presence of sons and

daughters in the woman's life space when she delivers a new baby exerts demands which are unknown to the primiparous woman (Richardson, 1983b). Rubin (1967) describes this problem of "poly-progeny" as a particularly difficult one for the woman about to have a second child; replacing one baby with another is especially troublesome. The woman after delivery complicates both her own and her child's life in terms of the socialization process. The physical and psychological changes following delivery make the woman's participation in her child's care more difficult.

For the purpose of helping mothers, nurses must provide support, guidance, and education to primiparous and multiparous women equally. All too often, however, health professionals concentrate on primiparous women because they are first-time mothers and they do not have previous experience as a mother. Many researchers studying maternal role strain and maternal role attainment have focused on primiparas (Mercer, 1985, 1986a, 1986b; Lee, 1992). Only a few authors have studied a mother's interaction with her other children after the birth of a new baby (Richardson, 1983a).

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Even though a multiparous woman has experience in rearing children, the woman has to reorganizes and reorders her interpersonal relationships and environment so that her time and energy can be adjusted to include her new responsibility. Rubin (1984) stressed that a mother forms a distinct identity with each child she bears. Thus, parity is an important factor in maternal role strain and maternal role attainment.

These findings suggest that there is a need to know more about a mother's experiences with children after delivery. Also, little has been studied about how parity influences maternal role strain and maternal role attainment.

The purpose of this study was to compare maternal role strain and maternal role attainment at 4 months postbirth between primiparas and multiparas. Specifically, this study sought to determine : (1) who will show more a positive evaluation of oneself as a mother between primiparous and multiparous women, and (2) who will have more maternal role strain between primiparous and multiparous women.

The results of these findings may enable nurses to determine how much the number of children effects a mother's behavior, and emphasize that multiparous women also need help from health care professionals as much as do primiparous women.

## Literaturc Review

### 1) Maternal Parity and Role Attainment

Burr, Holl, Nye, and Reiss(1979) said that anticipatory socialization effects role enactment or role attainment in a theory of role enactment. Hott (1980) investigated pre- and postpartum attitudes toward self and the ideal of 47 primiparous women who chose the psychoprophylactic(Lamaze) method of child birth. Osgood Semantic Differential ratings revealed that women perceived statistically significant pre-post increases on "self( $t=2.21$ ,  $p=.04$ )" and "ideal self( $t=2.81$ ,  $p=.007$ )". Rutledge and Pridham(1987) examined the effect of prenatal

preparation and a mother's early postpartum experience on her perception of competence for infant care with primiparous and multiparous mothers at 6 weeks after delivery. Mothers with more in-hospital preparation had higher perceptions of competence for infant care. With prenatal preparation being the covariate, mothers with more in hospital preparation had significantly greater perceived competence for infant care( $F(3,124)=3.521$ ,  $p=.017$ ). To test the influence of parity on maternal role attainment , Walker et al. (1986a) studied 64 normal primiparous and 58 multiparous women. Using a Semantic Differential Scale for maternal identity and the Pharis Self-Confidence Scale for role performance, subjects were tested at 1 to 3 days and 4 to 6 weeks postpartum. A  $2 \times 2$  analysis of variance of maternal identity resulted in a significant effect for parity,  $F(1,120)=4.06$ ,  $p<.05$ . Multiparas showed more positive attitudes toward themselves as mothers than primiparas. A  $2 \times 2$  analysis of variance of maternal role performance resulted in a significant effect for parity,  $F(1,120)=63.46$ ,  $p<.001$ . with multiparas reporting greater self confidence than primiparas.

However, Walz and Rich(1983) reported that most multiparous mothers felt a need to re-acquaint themselves with old skills and to develop new skills in preparing to care for another child. The mothers were comfortable in caring for an older child, but in the presence of their new infant they felt awkward and clumsy.

### 2) Maternal Parity and Role Strain

The basic nuclear family structure consists of a series of dyadic relationships. Dyadic family relationships have been divided into three classifications ; parent-parent, parent-child, and child-child relationships. For a couple in a marriage with no children their relationship is considered as one. However, relationships multiply more rapidly than does the number of family members. With the addition of one child the number of relationships triples to three. When a second child is added the

number of relationships increases to six. With each additional child the expansion of relationships continues, placing a sometimes overwhelming burden on the mother (Kirkpatrick, 1963, cited Walz and Rich, 1983).

Some researchers have found that multiparas experience more difficulty than primiparas in adjusting to maternal role (Dunn and Kendrick, 1980, Richardson, 1983b). Walz and Rich (1983) said that multiparous mothers expended large amounts of energy as they diligently sought to incorporate their new baby into their life space and the life space of their first child. Richardson (1983a, 1983b) reported that because multiparous women felt a high proportion of unsatisfactory relationships with their children, the women viewed relationships with their children as unstable. The multiparous women described 252 specific changes affecting relationships shared with their children. Of the 252 specific changes identified, 159 (63%) were viewed as worrisome changes and 93 (37%) were thought to be good changes. Jenkins (1976) observed behaviors of the mother of two children. The result revealed that the mother experienced conflicts in three areas. These conflicts were: (1), her ability to physically care for two children at the same time; (2), her feelings of betrayal and guilt as she anticipated her first child's reaction to his sibling and; (3), her ability to love two children equally.

### 3) The Influence of Variables on Role Strain and Role Attainment

There is evidence for the influence and importance of age (Bacon, 1974; Curry, 1983) and social support for maternal role attainment.

Kemp, Sibley, and Pond (1990) evaluated the relationship between maternal age and maternal role attainment. They found that there was no significant difference in the means of study groups on maternal role attainment ( $t = -1.78$ ,  $df = 50$ ,  $p > .05$ ). Mercer (1985) studied the process of maternal role attainment in three age groups (15 to 19 years, 20 to 29 years, and 30 to 42 years) in various test periods

over the first year of motherhood. Mercer reported that the age groups did not differ significantly on four maternal role attainment behaviors in any of the test periods. But older women's means were consistently higher than teenagers' means in maternal behaviors at each test period. Also, there were no significant differences in role strain by age group during any of the test periods. Role strain did not decrease over the year, but showed a slight increase for all age groups from 8 months to 12 months. Mercer (1986b) studied 60 mothers aged 15-19 years, 138 mothers aged 20-29 years, and 90 mothers aged 30-42 years. She found that the older the age group, the more competent the maternal behaviors. However, the 30 year old group did not score significantly higher ( $X = 38.25$ ,  $SD = 3.02$ ) than the 20 year old group ( $X = 37.19$ ,  $SD = 4.54$ ), although both means were significantly higher than the teenage mean ( $X = 33.79$ ,  $SD = 6.07$ ),  $F(2,248) = 14.93$ ,  $p = .0001$ . Mercer suggested that although the teenagers demonstrated considerable growth in the mothering role over one year, they were hampered by psychosocial maturity in cueing into their infant's needs and in responding consistently to their infants (Mercer, 1981, 1986a). Walker et al. (1986b) investigated maternal role attainment separately for 64 primiparous and 60 multiparous mothers. They found that self confidence was related to maternal age in primiparous mothers ( $r = .27$ ,  $p < .05$ ) and in multiparous mothers ( $r = .25$ ,  $p < .05$ ).

Cutrona and Troutman (1986) reported maternal depression did not have a significant correlation with social support, but mothers who received a high degree of social support had a low stress level at 3 months after delivery. So, social support appeared to exert a protective function against depression. Crinic, Greenberg, Robinson, and Ragozin (1984) investigated 105 mothers who had a 1 month old baby and found that mothers who perceived satisfaction with intimate support ( $r = .07$ ,  $p < .01$ ) and community support ( $r = .03$ ,  $p < .01$ ) generally had positive relationships and reported satisfaction with parenting. Durrett, Richards, Otaki, Pennebaker,

and Nyquist(1986) examined 30 American and Japanese mothers who had a 3-4 month old baby and found that if mothers perceived more support from their husbands, they positioned their child more( $r=.32, p<.003$ ), gave their child more kisses ( $r=.21, p<.05$ ), and spent more time with their babies( $r=-.30, p<.007$ ).

### Hypotheses

The hypotheses tested in this study were :

1. There is no difference in maternal role attainment between primiparas and multiparas.
  - 1) There is no difference between the two groups in the reported perception of maternal role performance.
  - 2) There is no difference between the two groups in the reported perception of maternal identity.
  - 3) There is no difference between the two groups in the reported perception of interaction with their baby.
2. There is no difference in maternal role strain between primiparas and multiparas.
3. For mothers with equivalent maternal age and husband's support, there is no difference in maternal role attainment between primiparas and multiparas.
  - 1) There is no difference between the two groups in the reported perception of maternal role performance when maternal age and husband's support are controlled.
  - 2) There is no difference between the two groups in the reported perception of maternal identity when maternal age and husband's support are controlled.
  - 3) There is no difference between the two groups in the reported perception of interaction with their baby when maternal age and husband's support are controlled.
4. For mothers with equivalent maternal age and husband's support, there is no difference in maternal role strain between primiparas and multiparas.

### Methods

#### Subjects

All subject women met the criteria of having a live born infant who was of 38 weeks or more gestation without a birth anomaly or severe disease. The time of measurement was at 4 months following birth. Mercer(1986 a) said that 4 months following birth is a turning point of adaptation in mothering. Almost two-thirds of the women reported that they were comfortable with the maternal role and felt it had become internalized as part of their identity at the 4 month point. Subjects were identified primarily through 5 Community Health Centers in Taejeon. Questionnaires were mailed to approximately 300 mothers who gave their consent by telephone. Data were collected from 210 mothers(70%).

#### Instruments

**Maternal role attainment** was defined as an interactional and developmental process occurring over a period of time during which the mother becomes attached to her infant, acquires competence in the caretaking tasks involved in the role, and expresses pleasure and gratification in the role. Maternal role attainment was operationalized by three measures : maternal role performance (Parenting Sense of Competence Scale)(Gibaud-Wallston, 1977) ; maternal identity(Semantic Differential Scale-Myself as Mother)(Osgood, cited in Walker et al., 1986a) ; and maternal interaction.

**Perceived maternal role performance** was assessed using a 12-item index, slightly modified from the Parenting Sense of Competence Scale(Gibaud-Wallstone, 1977). The items were scored from 1 to 4 with the highest number representing the greatest perception of maternal ability. The alpha reliability coefficient was .83.

**Perceived maternal identity** was assessed by a Semantic Differential Scale, Myself as Mother (SD-Self)(Osgood, cited in Walker et al., 1986a). The SD-Self consists of 12 bipolar adjective pairs embedded within a 24-item, 5-point Semantic Dif-

ferential Scale. The Cronbach alpha reliability coefficient of the sample reported here was .85.

Perceived maternal interaction was developed specifically for use in this study. The scale consists of 13 items reflecting the degree of mother-infant interaction during care giving activity: how much the mother stimulates, verbalizes, and smiles when her baby is feeding, bathing, playing, and changing cloths. The items were scored from 1 to 4 with the highest number representing the greatest interaction with the baby. The alpha reliability coefficient was .79.

Maternal role strain was defined as the "felt difficulty in fulfilling role obligations". Maternal role strain was measured using a 20-item index slightly modified from Hobbs's Scale(cited in Chung, 1985). The items were scored from 1 to 4 with the highest number representing the greatest sense of comfort. The alpha reliability coefficient was .84.

Perception of support was operationalized with support from the husband. The mother's perception of physical support received from her husband was measured using a 13-item index reflecting the degree of help and satisfaction she received from her husband regarding care giving activities and house activities. The mother's perception of emotional support she received from her husband was measured using an 8-item index slightly modified from the Taylor Inventory(cited in Durrett et al., 1986). The scale consists of antipodal behaviors concerning the extent to which the mother feels her husband (1)praises her, (2) assists her, (3)takes pride in her, (4)cooperates with her, (5)enjoys her company, (6)respects her, (7)is sensitive to her accomplishments, and (8) accepts her. The items were scored from 1 to 4 with the highest number representing the greatest perception of help from the husband. The alpha reliability coefficient was .89.

#### Data Analysis

Response categories were coded and entered into a computer, where they were analyzed using the

Statistical Package for Social Sciences (SPSS<sup>®</sup>). Relationships of demographic variables to independent variables were tested using the t-test. Independent variables were analyzed for association with parity using the t-test and covariate analysis.

## Results

### 1) Characteristics of Subjects

All mothers(N=210) were married. Their ages ranged from 20 to 40 years with a mean age of 28.0 years. Education ranged from 6 to 18 years with a mean of 13.2 years. There were 105 male infants (50.0%) and 105 female infants (50.0%). Primiparas numbered 132(62.7%) and multiparas numbered 78 (37.3%). The t-test was used to test for differences in demographic variables between the two groups. There were significant differences between the two groups in family number, age, and months married, but educational status showed no significant difference between the two groups <Table 1>.

<Table 1> Comparison of Demographic Variables by Parity

Variable	Primiparas (N=132)		Multiparas (N=78)		t	p
	X	SD	X	SD		
Family						
Number	3.85	1.39	4.56	1.13	-3.79	.000*
Age	27.17	2.66	29.37	2.95	-5.55	.000*
Months						
Married	19.50	10.42	54.75	19.77	-16.91	.000*
Years						
Education	13.05	2.20	12.75	2.41	.91	.364

### 2) Tests of hypotheses

Hypotheses 1 and 2. Hypothesis 1, which stated that there would be no difference in maternal role attainment between primiparous mothers and multiparous mothers, was partially accepted. Similarities and differences in maternal role attainment between the two groups were investigated using a pooled, two-tailed t-test. Using maternal role perform-

ance as the dependent variable, a significant difference was not found between the two groups ( $t=1.02$ ,  $p=.311$ ). Maternal role performance scores for primiparous mothers were ; mean=36.66, SD=5.18 ; and for multiparous mothers, scores were ; mean=35.91, SD=5.33 (Table 2). The hypothesis concerning the relationship of parity with maternal identity did not show a difference ( $t=1.83$ ,  $p=.069$ ). Using perceived maternal interaction as the dependent variable, a significant difference was found between the two groups ( $t=3.02$ ,  $p=.003$ ). The mean score of primiparous mothers (mean=45.50, SD=4.89) was higher than the mean score of multiparous mothers (mean=43.20, SD=6.01).

(Table 2) Comparison of Maternal Role Attainment and Maternal Role Strain By Parity

Variable	Primiparas (N=132)		Multiparas (N=78)		t-value	p
	X	SD	X	SD		
Maternal Role Performance	36.66	5.18	35.91	5.33	1.02	.311
Maternal Identity	45.25	6.89	43.50	6.47	1.83	.069
Maternal Interaction	45.50	4.89	43.20	6.01	3.02	.003*
Maternal Role Strain	45.37	10.02	51.06	9.59	-4.04	.000*

Hypothesis 2, which stated that there would be no difference in maternal role strain between primiparous mothers and multiparous mothers, was rejected. Table 2 shows the result between primiparous and multiparous mothers in relation to perceived maternal role strain, with higher mean scores for multiparous mothers. Parity had a significant effect on maternal role strain ( $t= -4.04$ ,  $p=.000$ ) (Table 2).

Hypotheses 3 and 4. An analysis of covariance (ANCOVA) was used to test hypothesis 3 which was ; for mothers with equivalent maternal age and husband's support, there would be no difference in

maternal role attainment between primiparas and multiparas (Table 3). With mother's age and husband's support being the covariates, parity did not have a significant effect on maternal role performance ( $F(3, 206)=.185$ ,  $p=.668$ ). Results also indicated that parity did not significantly affect maternal identity when mother's age and husband's support were the covariates,  $F(3, 206)=.029$ ,  $p=.864$ . However, parity had a significant influence on perceived maternal interaction when mother's age and husband's support were the covariates,  $F(3, 206)=6.566$ ,  $p=.011$ .

Hypothesis 4, which stated that there would be no difference in maternal role strain between primiparas and multiparas when mother's age and husband's support were the covariates, was rejected ( $F(3, 206)=.10.936$ ,  $p=.001$ ).

## Discussion

No significant differences were observed between primiparous and multiparous mothers in relation to the extent of perceived maternal role performance and perceived maternal identity. An analysis of covariance did not show a significant difference between the groups for maternal role performance and maternal identity with mother's age and husband's support being the covariates. This is inconsistent with the finding of Walker et al. (1986 a) who reported differences for perceived maternal role performance and perceived maternal identity between primiparous and multiparous mothers. The reason for the inconsistent finding may be that the time of measurement was different. Waker et al. (1986 a) measured at the end of the postpartum period, and this study measured at 4 months postbirth. Most primiparous mothers in this study felt comfortable with their maternal role performance and they felt the maternal role had become internalized as part of their identity at 4 months after delivery. Mercer (1986a) and Sander (cited in Walker, 1986a) reported that maternal behaviors may not be fully achieved until 4 months after delivery.

〈Table 3〉 Effect of Parity on Maternal Role Attainment and Maternal Role Strain, with Mother's Age and Husband's Support as Covariates

Variable	Source of Variance				
	SS	df	MS	F	P
<b>Maternal Role Performance</b>					
Covariates	187.632	2	93.816	3.490	.032*
Mother's age	.001	1	.001	.000	.995
Husband's Support	185.881	1	185.881	6.914	.009*
Parity	4.966	1	4.966	.185	.668
Residual	5537.897	206	26.883		
Total	5730.495	209	27.419		
<b>Maternal Identity</b>					
Covariates	1115.877	2	557.938	13.544	.000*
Mother's age	106.994	1	106.994	2.597	.109
Husband's support	1062.626	1	1062.626	25.795	.000*
Parity	1.205	1	1.205	.029	.864
Residual	8486.199	206	41.195		
Total	9603.281	209	45.949		
<b>Maternal Interaction</b>					
Covariates	304.714	2	152.357	5.493	.005*
Mother's age	.004	1	.004	.000	.991
Husband's support	301.793	1	301.793	10.881	.001*
Parity	182.111	1	182.111	6.566	.011*
Residual	5713.671	206	27.736		
Total	6200.495	209	29.667		
<b>Maternal Role Strain</b>					
Covariates	1244.745	2	622.373	6.535	.002*
Mother's age	79.761	1	79.761	.836	.362
Husband's support	1212.631	1	1212.631	12.713	.000*
Parity	1043.065	1	1043.065	10.936	.001*
Residual	19648.571	206	95.381		
Total	21936.381	209	104.959		

However, there was an association between parity and perceived maternal interaction. An analysis of covariance showed a significant difference between the groups for maternal interaction with mother's age and husband's support being the covariates. Primiparous mothers reported they have significantly

more interaction with their baby than multiparous mothers. There may be several reasons for this finding. It may be that primiparous mothers reported higher maternal interaction with infants than multiparous mothers due to the younger age of primiparous mothers. Bishop(1976) suggested that

maternal and child health nurses must know a mother's physical and emotional energy to assess her parenting capabilities and functioning. A mother's age is one factor which can be helpful in determining energy levels.

While this finding may be due to the effect of life change, Grubb(1980) reported multiparous women felt that they lacked sufficient time to meet all their responsibilities. Multiparous women frequently did not have enough time to adequately meet their own needs, like physical rest, sleep, relaxation, personal hygiene, careers, and body maintenance and appearance. Bee, Hammond, Eyres, Barnard and Snyder (1986) reported that life change was significant in interaction with the infant( $r = -.42, p < .05$ ).

Another explanation may be related to a difference in husband's support. Primiparous mothers felt more support from husbands than multiparous mothers( $t = 3.28, p = .001$ ). Perceived husband's support scores for primiparous mothers were, mean=69.33, SD=11.64 and for multiparous mothers, mean=63.89, SD=11.63. Bishop(1976) said that nurses must know support systems available to mothers to assess their parenting capabilities and functioning. Many researchers(Adams, 1963 ; Fillmore & Taylor, 1976 ; Gibaud - Wallston, 1977 ; Hampson, 1988 ; Ruff, 1987) reported that the more a mother perceived support from her husband, the more apt she was to become involved with her infant.

Inconsistent with what was hypothesized, multiparous mothers experienced significantly more maternal role strain than primiparous mothers. With mother's age and husband's support being the covariates, multiparous mothers felt more maternal role strain than primiparous mothers. This may, in part, help explain why multiparous mothers have more roles than primiparous mothers. Other explanations may be that relationships multiply more rapidly than does the number of family members, or that although multiparous mothers felt more maternal strain than primiparous mothers, multiparous mothers received less support from

their husbands than primiparous mothers.

These findings support previous opinions(Jenkins, 1976 ; Walz and Rich, 1983) that multiparas felt more role strain than primiparas. Also, most health professionals tend to focus on primiparous mothers. These results indicate that researchers and maternal child health nurses need to pay more attention to multiparous mothers.

### Limitations and Implications

The implications and conclusions drawn from this study must be interpreted in light of the limitations inherent within the study.

Several significant limitations to this study were recognized. Data collection by mailing methods tends to be subjective. Also, the sample was obtained by a non-random procedure. Therefore, the results are not generalizable to the population as a whole. Another limitation was the selection of variables studied. Other variables are obviously related to maternal role attainment, and probably interacted with the variables measured in this study. Future research which investigates the impact of parity on maternal role strain and maternal role attainment should involve personal interviews. By observing mothers, valuable information could be obtained.

The findings of this study indicate that multiparous mothers perceive more maternal role strain than primiparous mothers. With mother's age and support from husbands being the covariates parity had a significant effect on maternal role strain. These findings suggest that multiparous mothers need more support than primiparous mothers in order to deal with more complicated tasks after delivery of a new baby. Health professionals should recognize that multiparous mothers need support.

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- 초 록 -

## 산후 4개월된 초산모와 경산모의 모성 역할 긴장 및 모성역할 획득정도 차이

이 해 경

어머니와 아기의 관계는 가장 기초적인 인자관계로서 아기의 탄생은 한 가족의 생활에 지대한 영향을 미치는 것으로 알려져 왔다.

아기 출산후 어머니들이 겪는 변화는 초산모와 경산모가 달라 새로 태어난 아기의 양육도 책임져며, 다른 자녀와의 관계도 유지해야하는 경산모는 초산모보다 더 많은 역할을 수행하여야 한다. Rubin(1967)은 이것을 다자손(poly-progeny)의 문제라고 서술하면서, 경산모의 어려움을 언급하였다. 그러나 사회에서나 간호현장에서는 처음 어머니가 된 초산모를 어떻게 도와야 하는가에 주로 관심을 갖고 있으며, 그동안 이루어진 연구도 초산모를 대상으로 하는 것들이 대부분이었다. 이에 본 연구에서는 산후 4개월된 초산모와 경산모의 모성역할 긴장과 모성역할 획득정도의 차이를 조사하였다.

연구결과 모성역할 획득 중 모성역할 수행과 모성 정체감은 초산모와 경산모에 따라 차이가 없었으나, 아기와 상호작용은 초산모가 경산모보다 더 많이 한다고 보고 하였다. 모성역할 긴장은 경산모가 초산모보다 더 느끼는 것으로 나타났으며, 어머니의 연령과 남편의 지지를 공변량 처리하여 보았을 때도 경산모가 초산모보다 모성역할 긴장을 더 느끼고 있었다.

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