Maternal attitude towards unborn child in crack cocaine using and non-crack cocaine using mothers

Dawn Louise Powell

Clark Atlanta University

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The overall objective of this descriptive research was to show that there was no significant difference between the maternal attitude towards the unborn child in crack cocaine using and non-crack cocaine using mothers. The population was comprised of a total of 30 subjects, 15 crack cocaine users and 15 non-crack cocaine users, who were patients at Maternity and Infant Health in the Metropolitan Cleveland, Ohio area. The results revealed that there is statistical significance between the attitudes of crack cocaine using and non-crack cocaine using mothers. This statistical significance revealed that pregnant women that abuse crack cocaine during pregnancy have the same attitude towards their unborn child as pregnant women who do not abuse crack cocaine during pregnancy.
This study was an attempt to provide a clear understanding about crack cocaine addiction, the effects the addiction has on an unborn child and school age children and how pregnant women feel towards themselves and their unborn baby.
MATERNA L ATTITUDE TOWARDS UNBORN CHILD IN
CRACK COCAINE USING AND NON-CRACK COCAINE USING MOTHERS

A THESIS
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK

BY
DAWN LOUISE POWELL

DEPARTMENT OF SOCIAL WORK

ATLANTA, GEORGIA
MAY 1994

\[ R = 14 \quad \tau = 56 \]
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I CAN DO ALL THINGS THROUGH CHRIST WHICH STRENGTHENS ME.

Philippians 4:13
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CHAPTER I

INTRODUCTION

Crack cocaine use has increased dramatically during the past decade among many segments of the population of the United States, including women of child bearing age. Concerns have arisen regarding potentially adverse effects of its use during pregnancy on the fetus and neonate.

Pregnancy is a time of strong and changing emotions, ranging from positive to negative. With the realization that she will soon have a baby particularly if it is her first, the woman must adapt to a dramatic shift in her lifestyle.¹ For the pregnant woman in the first trimester, her task is to work through her ambivalence toward being pregnant. During the second trimester, the woman begins to resolve some of these conflicts. Fetal movements can be felt, confirming the presence of the child. The woman’s mood becomes more introspective as, in her effort to adapt, she dreams of her child, its future looks and personality. This fantasizing serves an important function in the expectant mother’s psychological acceptance of her child. Also, in the second trimester, pregnancy brings a sense of dependence that increases throughout the

child bearing cycle, often causing the woman to become moody and fearful for her hard-won independence. She needs assurance that this is a normal part of pregnancy and does not denote any lasting personality change.2

By the third trimester, the pregnant woman's anxiety centers around thoughts about herself as a mother and about the newborn. Such thoughts as "Will I be a good mother?", "Will I be able to love my baby?", "Will my baby be perfect?", and "Am I capable of producing a perfect baby?" 3 Unfortunately, many crack addicted women are in a high state of denial while pregnant and will remain so throughout the entire pregnancy.4 Crack cocaine is highly addictive and debilitating. Few mothers overcome their addiction. Crack cocaine does something to the maternal instinct and all they can think about is getting crack cocaine.

In order to address the issue of pregnant women who abuse crack cocaine and to get a better understanding of crack cocaine addiction, it is necessary to review historical antecedents to the problem of the drug. Cocaine is a stimulant derived from the leaves of the coca plant. Coca leaves has been chewed by South American people for


thousands of years. The coca plant was often believed to be of divine origin. From the 1860's until the advent of amphetamines in the 1930's, cocaine was often used in patent medicines, liqueurs and soft drinks. This led to many reports of cocaine toxicity and addiction. The first cocaine epidemic lasted about 35 years. This problem eventually led to cocaine being made illegal in 1914 under the Harrison Narcotic Act. This official act was so effective in discouraging the use of cocaine that the drug faded into obscurity until recently.5

Between the 1920's and the 1970's, cocaine was not widespread and for the most part was restricted to artists, jazz musicians and the avant garde. The stimulant for most of the population were amphetamines which were legally prescribed by physicians as diet pills and "pep pills." With the resurgence of widespread, illicit drug use in the 1960's, cocaine gained a new respectability as the "champagne" of drugs.6

According to the United States Government in 1990, the general public and the medical community felt that cocaine was generally safe and non-addicting, especially when snorted. However, that was no longer the claim. The use of "crack," a highly purified form of cocaine that is smoked,


6Ibid., 101.
appeared to be reaching epidemic proportions in the United States. Crack is freebase cocaine that the user purchases in vials containing several pellets ("rocks") which are smoked on a water pipe or within a cigarette. Smoked cocaine, either crack or freebase, produces an immediate euphoria (the "rush"), which is soon followed by a dysphoric withdrawal ("the crash"). According to crack abusers, it has been reported that an intense craving for more crack cocaine quickly develops. This craving is uncontrollable and the user will lie, steal or commit acts of violence to obtain more of the drug. This craving can happen within days to weeks with continual use of crack cocaine. Crack is the most addicting form of our most addicting drug cocaine.  

There has been a dynamic increase in the number of women abusing crack cocaine. The status and aura surrounding crack cocaine have made it particularly attractive to women from all backgrounds and socioeconomic groups. Although we are unaware of any scientific literature looking specifically at female crack abusers, it is widely accepted that their numbers are increasing and that the majority of these women are all of child bearing age.

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years. They often become pregnant and continue to use drugs during pregnancy.8

This type of abuse might have deleterious effects on a new group of victims, the fetus and the newborn. Crack cocaine, which until recently was not classified as dangerous or addicting, must now be acknowledged as potentially dangerous to the fetus and newborn especially when the cocaine abuse has been chronic. Up to now, we have had a limited knowledge of the extent of the problems related to crack cocaine use during pregnancy and their effects on the unborn fetus. It is not known to what extent women use intoxicants during pregnancy, or if they change their consumptions as a result of becoming pregnant. Class instructors for drug treatment have found that the crack cocaine addicted women under treatment are like all mothers. They truly want to have a healthy baby. Unfortunately, the desire for a healthy baby is complicated by a powerful addiction and overwhelming odds against recovery.9

Statement Of the Problem

To learn that the craving for a drug can override even essential maternal concerns for the well-being of an unborn

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child is a frightening and tragic phenomenon. Mothers who continue to abuse crack cocaine run an increased risk of abandonment, neglect and abuse. Addiction to crack cocaine may substantially impair a mother’s ability to provide even minimal care to her baby. Moreover, the mothers addicted to crack cocaine may well have a variety of other difficulties, such as poverty, lack of family and social support systems and psychosocial problems that interfere with effective parenting.

Significance and Purpose of the Study

In recent years researchers and health professionals in many different countries have discussed how this aspect of perinatal substance abuse should influence the advice given to women who are planning pregnancy or have become pregnant. The most accepted standpoint held by both groups is that any woman who is trying to become or has become pregnant should totally abstain from illegal abuse. Up to now, we have had a limited knowledge of the extent of the problems related to the effect of crack cocaine use during pregnancy. It is not known to what extent women use intoxicants during pregnancy, or if they change their consumptions as a result of becoming pregnant. Given such knowledge we could make our efforts to provide information and advice to pregnant women more goal oriented and in this way to limit the intake of intoxicants during pregnancy.
The purpose of this study is to examine the attitude and self-esteem of pregnant women towards their unborn baby, those women that do and do not abuse crack cocaine. This study seeks to contribute to the existing body of knowledge on crack cocaine use in relationship to pregnant women that expose their unborn babies to this substance. It is hoped that through the findings of this study, a better understanding will be obtained of how crack cocaine effects the fetus and to provide guidelines for future research in the area of crack cocaine.
CHAPTER TWO

REVIEW OF LITERATURE

This review of the literature will summarize the findings of research to date on women's crack/cocaine use during pregnancy. The presentation of these topics are intended to provide the reader with an understanding of crack cocaine use during pregnancy in general and its relevancy to medical complications in the mother and infant.

Many women who use crack/cocaine intermittently or recreationally may stop or lessen their use during pregnancy out of guilt or concern for the fetus.¹ Unfortunately, such steps may come too late since pregnancy is often diagnosed well into the early months, when fetal organ development has already begun to occur. This could lead to long term effects of prenatal crack/cocaine exposure which will take into account the interactions between the biological exposure factor and the social and environmental conditions in which the baby is exposed.²


Effects of Crack Cocaine On The Unborn Fetus

The high rate of crack/cocaine use among pregnant women has generated urgent concern about how their infants will be affected by exposure to crack/cocaine during the critical period of early gestation. In a study of neurobehavioral syndromes in crack/cocaine exposed new born infants, the effect of fetal crack/cocaine exposure on newborn cry characteristics were studied in 80 exposed infants and 80 control. The hypothesis was that excitable cry characteristics were related to the direct effects of crack/cocaine while depressed cry characteristics were related to the indirect effects of crack/cocaine secondary to low birth weight. Indirect effects of crack/cocaine secondary to low birth weight resulted in cries a longer latency, fewer utterances, lower amplitude, and more dysponation. Crack/cocaine-exposed infants had a lower birth weight, shorter length, and smaller head circumference than the unexposed controls.

In another study on newborn infants cry characteristics, there was a comparison of nine mothers who used crack/cocaine during pregnancy and the cry

3Douglas J. Besharov, "The Children of Crack Will We Protect Them?" Public Welfare (Fall 1989), 7-11.


characteristics of infants of nine non crack/cocaine using control mothers. The data show that the fundamental frequencies in the cries of crack/cocaine exposed newborns was higher than those in the control babies. Differences in duration and vibrato and lack of harmonic structure were more prevalent in the cries of crack/cocaine exposed newborns than in those of controls.6

Several studies have attempted to determine if crack/cocaine exposed infants show a true abstinence syndrome similar to oblate withdrawal.7 In one study there were reported signs of mild withdrawal (irritability, crying, and vigorous rocking) in 10% of exposed infants. This study is supported by three findings that showed higher scores on abstinence scales, indicative of withdrawal in exposed babies. The crack/cocaine infants had lower scores on 19 of the 21 items on the abstinence scale.8 Low abstinence scores indicative of hypo-responsiveness were found in a study of infants with echo encephalographic findings of cranial abnormalities.9


There are several explorations that account for exatable and depressed behavioral patterns in crack/cocaine exposed infants. First, a study by Chasnoff, Burns, Schnoll and Burns examined the effects of pregnant mothers crack/cocaine use on newborns. The study found that infants of crack/cocaine using women demonstrated depressed interactive abilities and significantly impaired organizational abilities. More symptoms displayed of crack/cocaine exposed infants, as identified by Moon (1986) are jitterness, hyperactivity, irritability, vomiting, and diarrhea.\textsuperscript{10}

Babies whose mothers use crack/cocaine during pregnancy may have a higher risk of brain damage and neurological disorders than other babies. In the developing fetus, crack/cocaine may interfere with normal development of the brain. It may cause the formation of lesions in the brain that can cause a stroke or cerebral hemorrhage. Some infants exposed to crack/cocaine in utero may suffer from a neurological syndrome that disappears soon after birth, but others may die from sudden infant death syndrome (SIDS).\textsuperscript{11}

In a study conducted at South Florida University it was designed to investigate the effects of in-utero


crack/cocaine exposure on neonatal outcome and to analyze neuromotor and neurobehavioral variables that contributed to the identification and connect classification of crack cocaine exposure in preterm neonates. The Dubowitz Neurological Assessment of the preterm and full term newborn infant was used for blind assessments of neurobehavioral and neuromotor responses in the neonates when they were medically stable and ready for discharge from neurological intensive care unit. Significant effects were found in the autonomic items assessing shanties and tremors as well as in supplementary item tremors in the quiet, alert state. While controlling for conceptual age at the time of testing, the autonomic cluster was found to be significantly different in the crack/cocaine-exposed group.12

In a study alone by the National Institute on drug abuse compared neonatal/outcome for the children of 23 women who conceived while they were crack/cocaine users but were abstinent by the end of the first trimester and 52 women who used crack/cocaine throughout their pregnancy. Cessation of using crack/cocaine in the first trimester increased the proportion of pregnancies that progressed to term and reduced the number of infants with growth impairment. Infants exposed to crack/cocaine throughout pregnancy had a

12Elizabeth M. Bryant-Hill, "Factors Associated With the Birthweight of Infants of Adolescent Mothers," (Ph.D diss., South Florida University, 1993), 137.
clinically apparent decrease in mean birth weight, length, and head circumference.\textsuperscript{13}

Research with animals has shown that crack/cocaine use has adverse effects on pregnancy outcomes. In human studies, women who used crack/cocaine during pregnancy had a higher incidence of premature delivery, intrauterine growth retardation and abruptio placenta (premature separation of the placenta from the womb which can cause shock and death to the mother and the fetus).\textsuperscript{14}

**Pregnant Women And Drug Use**

Approximately 760 mothers who used crack/cocaine during pregnancy and 760 control mothers and their infants were evaluated. Crack/cocaine was linked to both premature delivery and low birth weight. Maternal use of crack/cocaine throughout pregnancy raised the risk of low infant birth weight by a factor of 4 to 5. The authors conclude that crack/cocaine is an important risk factor for low birth weight in the Black population of this region, and this relationship probably holds for other urban areas as well.


Another study showed that women who stopped using crack/cocaine in the first trimester of pregnancy did not have increased risk of fetal growth retardation on pre-term delivery. Early intervention by way of community education efforts may help prevent the adverse effects of maternal crack/cocaine use.\textsuperscript{16}

Health damaging lifestyle behaviors during pregnancy contribute to morbidity, mortality, and health problems. In particular, the use of crack/cocaine during pregnancy have been associated with increased risks for perinatal morbidity and morbidity. Research has examined the idea that women who want their pregnancies exhibit different health behaviors during pregnancy than do other women, but evidence from these studies warrants further inquiry.\textsuperscript{17}

The purpose of this research was to ascertain the relationship between wanting to be pregnant and drug use during pregnancy and the relationship between attitudes toward pregnancy and drug use during pregnancy.

It was demonstrated that a pregnancy that is wanted at early and late pregnancy was significantly related to each


other. Attitude toward pregnancy at early and late pregnancy was significantly related. Drug use at early and late pregnancy was also significantly related. A significant relationship was found between wanting to be pregnant and drug use at early pregnancy but not at late pregnancy. In a study used to explore several issues including parenting, child abuse, and social support, with regards to any linkages with crack/cocaine in pregnant women. Twenty-five women were identified as substance users by either self-report, a positive urine toxicology, or documentation on their case report. Fifty-five women served as controls. Demographically the two groups of women were equivalent.

Important differences were found in three areas regarding child abuse: (1) The crack/cocaine users scored significantly higher on a child abuse potential scale than did the non-users; (2) The mean score of the crack/cocaine users scored significantly higher on a distress factor scale than did non-users; (3) Women identified on crack/cocaine abusers and who were socially isolated scored extremely high on the child abuse potential scale. Half of the crack/cocaine users fell into this at-risk category.

Two important similarities were found: (1) The users and non-users scored similarly on two parenting style

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scales: democratic and authoritarian. The stereotyped view of the addicted mother as an authoritarian figure was not supported. (2) The two groups had similar (and high) scores on the four prenatal attachment scales: affection for the baby, acceptance of the pregnancy, identification with the role of mother, and preparation for the baby.  

Attitude Of Pregnant Women Towards Their Unborn

A study was employed to conduct a phenomenological inquiry describing the structure of the experience of being pregnant and using drugs. The purpose of the study was to explore the nature of women's experience and perception of the interaction, relationship, and intersection of contextual phenomena of lifestyle, pregnancy, and substance abuse through transcript analysis of the first audio-taped interview, major and minor themes describing the phenomena emerged. There was a pervasive lack of connectedness and positive meaning of one's pregnancy manifested in the experience of bringing a child into the world not wholly welcomed.

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In a related study, a mother's perception of the physiological impact of perinatal crack/cocaine use on their babies. The purpose of this study was to examine whether mothers perceived that crack/cocaine abuse affected their babies physiologically. Findings indicated that many of the mothers did not perceive crack/cocaine use to have physiological effects on their babies.21

In a study composed of 416 women (mean age 29 years) who were interviewed on their use of alcohol, tobacco, and legally prescribed and illegal drugs in connection with the pregnancy. There was no correlation between socio-economic level and the use of intoxicants by the pregnant women and the use of such substances by other significant persons in their environment.22

Crack Cocaine Exposed Children

Because many babies exposed to crack/cocaine before birth have chronic health problems and have had difficulty bonding, many experts say they will face many problems in childhood. "These children must be considered at high risk for developmental and learning disabilities," says Ira J.

21Debra A. Benjamin, "Mother's Perception of the Physiological Impact of Perinatal Cocaine Use on Their Babies," (Ph.D diss., University of California, Los Angeles, 1992), 64.

Chasnoff, who has conducted extensive studies of babies whose mothers used crack/cocaine during pregnancy.\textsuperscript{23}

In a study formulated at the Ohio State University, research was gathered to examine the psychological, behavioral, and developmental consequences of prenatal crack/cocaine exposure for a sample of foster children aged one to three years.\textsuperscript{24} Significant results indicated that more children who had been prenatally exposed to crack/cocaine were born prematurely, with low birth weights, after little or no prenatal care, and currently experienced more chronic medical problems. These children also performed lower than those in the control group in the area of conceptual development, but excelled in areas of expression of feelings and peer interaction. Although few significant differences were found between the two groups in areas of development, the entire foster care sample performed below the normative population in most areas of development. Significantly more physically violent behavior patterns were seen among the children who had been exposed to crack/cocaine. No group differences were found with respect to quality of the home environment,


\textsuperscript{24}Kimberly Yoltor, "Psychosocial, Behavioral and Developmental Actions of Prenatal Cocaine Exposure: A study of One to Three-Year-Old Children," (Ph.D diss., The Ohio State University, 1992), 344.
temperament, play behaviors, or adaptive behaviors. Effects related to race and gender included behavioral variables. Significant correlational relationships were found among several variables.

The first wave of crack babies is just approaching school age, and educators are frustrated and bewildered by their behavior. They operate only on an instinctual level. They eat and sleep. Something has been left out. Sometimes withdrawn, these children may have trouble playing or even talking with other kids. Some have tremors or periods where they seem to tune out the world.


Overview of Major Theoretical Framework

The theoretical framework is based on research literature in the area of attitudes of pregnant women towards their unborn child. The specific theoretical approach is psychosocial. In this approach the focus is on the internal experiences that are a product of interactions among the following: (1) Somatic system which is a necessary process for the functioning of the biological organism; (2) Ego system in which processes are central to thinking and reasoning; and (3) Societal system which is the process that integrates a person in society.
In the psychosocial perspective, people are viewed within an optimistic framework. Human nature is considered to be essentially good. People are seen as committed to their own development and the satisfaction of their goals and aspirations of others are acknowledged and accommodated. Human nature is also considered to be free, free not in an absolute way but free in a non-deterministic way. This perception of freedom does not deny that people are greatly shaped by their genetic endowment, marked by their early history, influenced by their developmental course, and conditioned by their significant environments.

The psychosocial approach has been defined as the form of psychotherapeutic practice in which the bio-psycho-social knowledge of human and societal behavior; skills in relating to individuals, families, groups and communities; and competence in mobilizing available resources are combined in the medium of individual and familial relationships to help people alter their behavior or situation. This will contribute to the attainment of satisfying, fulfilling human functioning within the framework of their own values and goals and the available resources of society.\(^26\) This theoretical framework will help to explain a range of variables regarding crack/cocaine abusers vs. non-crack

cocaine abusers personal assessment of self and their attitude related to the unborn baby.

Definitions and Terms

Abstinence - abstaining from some or all food, liquor, etc.

Addiction - to give oneself up to some strong habit: usually in the passive.

Attitude - the posture of the body in connection with an action, mood, etc. A way of acting, thinking, or feeling; one's disposition.

Cocaine - a stimulant obtained from dried coca leaves.

"Crack" - a highly purified form of cocaine that is smoked.

Echo - to reverberate, to repeat.

Encephalographic - vivid visual graphs of the brain.

Neurobehavioral - dealing with the nervous system and its effect on behavior.

Pregnancy - having an offspring developing in the uterus.

Self esteem - belief in oneself; self respect. Undue pride in oneself; conceit.

Syndrome - a set of symptoms characterizing a disease or condition.

STATEMENT OF THE HYPOTHESES

Null Hypothesis I: There is no statistically significant difference in the attitude of pregnant women towards their unborn baby, among those that abuse crack cocaine and those that do not abuse crack cocaine during pregnancy.
Null Hypothesis II: There is no statistically significant difference in the self-esteem of pregnant women among those that abuse crack cocaine and those pregnant women who do not abuse crack cocaine during pregnancy.
CHAPTER THREE

METHODOLOGY

Research Design

The research design employed in this study is a Descriptive Research Design. In using the Descriptive Research Design, pregnant women's attitude toward their unborn baby that abuse crack cocaine and pregnant women's attitude towards their unborn baby that do not abuse crack cocaine will be determined. A descriptive design is primarily used to summarize information contained within the data. The characteristics of the population contains descriptive data about the subjects age, race, marital status, educational level, religious preference and length of employment.

Sampling

A judgmental sample of fifteen pregnant women that abused crack cocaine during pregnancy and fifteen pregnant women that do not abuse crack cocaine, willing to respond to the research questionnaire, was taken from the general population in the Maternity and Infant Health clinic located in Cleveland, Ohio. The questionnaire was administered to pregnant women. The researcher employed the Hudson's Scale of Self-Esteem. The reliability on the Hudson Scale reportedly has a mean alpha of .93, indicating excellent internal consistency and construct validity. The questionnaire in its entirety consisted of 41 items. Six
items on demographics, fifteen items from Hudson's Scale and twenty original items developed by the author.

Setting

Maternity and Infant Health Care strives to enhance the quality of life through the provision of health services to women, infants, children and adolescents with emphasis on comprehensive perinatal care. They aim to reduce infant mortality and morbidity and unwanted teen pregnancy, especially repeat pregnancies, through fostering independence and personal empowerment of individuals and families.

The program also specializes in infant services by providing all medical care for babies from birth up to one year old. Their child and adolescent services provide immunizations, regular check-ups, hearing and speech development.

Data Collection

A questionnaire survey was employed by the author to thirty subjects. The author provided a brief introductory letter stating the purpose of the study and subject participation (see Appendix A). In this brief introduction, each client was assured of their rights and confidentiality as well as anonymity. Afterward, the client was asked to answer the items on the questionnaire (see Appendix B)
honestly and adequately as to how the items apply to each subject.

**Data Analysis**

The data analysis was conducted using the *Statistical Package For The Social Science (SPSSPC+)*.\(^1\) Cross tabulation was conducted on marital status, race, age, level of education, length of employment and religion. The T-test was utilized to measure self-esteem and maternal attitude.

CHAPTER IV

FINDINGS

Frequency Distributions

Frequency Distributions were utilized to demonstrate percentages of responses. (See Tables I, II, and III.)

TABLE I

Demographic Data

1. What is your age?
   - 3.3% 10-15
   - 13.3% 16-20
   - 30.0% 21-25
   - 30.0% 26-30
   - 23.3% over 30
   Mean: 3.567 Std. Dev. 1.104

2. What is your race?
   - 73.3% African American
   - 3.3% Hispanic
   - 16.7% White
   - 6.7% Other
   Mean: 1.567 Std. Dev. 1.006

3. What is your marital status?
   - 16.7% Married
   - 76.7% Single
   - 6.7% Divorced
   - 0.00% Separated
   - 0.00% Widowed
   Mean: 1.900 Std. Dev. .481

4. What is your educational level?
   - 43.3% High school level (9-12)
   - 46.7% High school graduate
   - 0.00% Bachelor Degree
   - 0.00% Bachelor plus 1 or more years of post graduate
   - 10.0% Other
   Mean: 1.867 Std. Dev. 1.167
## TABLE I (Cont’d)

### DEMOGRAPHIC DATA

5. What is your religious preference?
   - 60.0% Baptist
   - 6.7% Catholic
   - 3.3% Methodist
   - 3.3% Islamic
   - 26.7% Other
   
   **Mean:** 2.300  
   **Std. Dev.:** 1.784

6. What is your length of employment at current job?
   - 60.0% Unemployed
   - 3.3% 0-6 months
   - 10.0% 6 months - 1 year
   - 20.0% 1 year and over
   - 6.7% other
   
   **Mean:** 2100  
   **Std. Dev.:** 1.470
<table>
<thead>
<tr>
<th>Table II: The Respondents Level of Self Esteem</th>
</tr>
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<tbody>
<tr>
<td>7. I feel that I am a beautiful person.</td>
</tr>
<tr>
<td>0.00% Rarely or none of the time.</td>
</tr>
<tr>
<td>13.3% A little of the time.</td>
</tr>
<tr>
<td>30.0% Some of the time.</td>
</tr>
<tr>
<td>33.3% A good part of the time.</td>
</tr>
<tr>
<td>23.3% Most of the time.</td>
</tr>
<tr>
<td>Mean: 3.667 Std. Dev.: 0.994</td>
</tr>
<tr>
<td>8. I feel that I am a very competent person.</td>
</tr>
<tr>
<td>6.9% Rarely of none of the time.</td>
</tr>
<tr>
<td>24.1% A little of the time.</td>
</tr>
<tr>
<td>31.0% Some of the time.</td>
</tr>
<tr>
<td>17.2% A good part of the time.</td>
</tr>
<tr>
<td>20.7% Most of the time.</td>
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<tr>
<td>Mean: 3.207 Std. Dev.: 1.236</td>
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<tr>
<td>9. I feel ugly.</td>
</tr>
<tr>
<td>56.7% Rarely or none of the time.</td>
</tr>
<tr>
<td>23.3% A little of the time.</td>
</tr>
<tr>
<td>16.7% Some of the time.</td>
</tr>
<tr>
<td>3.3% A good part of the time.</td>
</tr>
<tr>
<td>0.00% Most of the time.</td>
</tr>
<tr>
<td>Mean: 1.667 Std. Dev.: 0.884</td>
</tr>
<tr>
<td>10. I think I am a rather nice person.</td>
</tr>
<tr>
<td>0.00% Rarely or none of the time.</td>
</tr>
<tr>
<td>6.7% A little of the time.</td>
</tr>
<tr>
<td>33.3% Some of the time.</td>
</tr>
<tr>
<td>20.0% A good part of the time.</td>
</tr>
<tr>
<td>40.0% Most of the time.</td>
</tr>
<tr>
<td>Mean: 3.933 Std. Dev.: 1.015</td>
</tr>
<tr>
<td>11. I feel that I am a very likeable person.</td>
</tr>
<tr>
<td>0.00% Rarely or none of the time.</td>
</tr>
<tr>
<td>6.7% A little of the time.</td>
</tr>
<tr>
<td>23.3% Some of the time.</td>
</tr>
<tr>
<td>23.3% A good part of the time.</td>
</tr>
<tr>
<td>46.7% Most of the time.</td>
</tr>
<tr>
<td>Mean: 4.100 Std. Dev.: 0.995</td>
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<tr>
<td>12. I feel that I need more self-confidence.</td>
</tr>
<tr>
<td>17.2% Rarely or none of the time.</td>
</tr>
<tr>
<td>13.8% A little of the time.</td>
</tr>
<tr>
<td>44.8% Some of the time.</td>
</tr>
<tr>
<td>10.3% A good part of the time.</td>
</tr>
<tr>
<td>13.8% Most of the time.</td>
</tr>
<tr>
<td>Mean: 2.897 Std. Dev.: 1.235</td>
</tr>
</tbody>
</table>
TABLE II (Cont’d)

THE RESPONDENTS LEVEL OF SELF ESTEEM

13. I feel that if I could be more like other people I would.
   53.3% Rarely or none of the time.
   26.7% A little of the time.
   10.0% Some of the time.
   6.7% A good part of the time.
   3.3% Most of the time.
   Mean: 1.800
   Std. Dev. 1.095

14. My friends think very highly of me.
   6.9% Rarely or none of the time.
   6.9% A little of the time.
   27.6% Some of the time.
   34.5% A good part of the time.
   24.1% Most of the time.
   Mean: 3.621
   Std. Dev. 1.147
<table>
<thead>
<tr>
<th>Respondent's Attitude</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Mean</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I love my unborn baby.</td>
<td>80.0%</td>
<td>3.3%</td>
<td>0.00%</td>
<td>16.7%</td>
<td>1.533</td>
<td>1.137</td>
</tr>
<tr>
<td>I feel better using crack/cocaine during pregnancy.</td>
<td>3.3%</td>
<td>0.00%</td>
<td>46.7%</td>
<td>50.0%</td>
<td>3.433</td>
<td>0.679</td>
</tr>
<tr>
<td>It is vital not to abuse crack/cocaine during pregnancy.</td>
<td>66.7%</td>
<td>13.3%</td>
<td>6.7%</td>
<td>13.3%</td>
<td>1.667</td>
<td>1.093</td>
</tr>
<tr>
<td>This pregnancy was a surprise.</td>
<td>46.7%</td>
<td>26.7%</td>
<td>13.3%</td>
<td>13.3%</td>
<td>1.933</td>
<td>1.081</td>
</tr>
<tr>
<td>I hate my unborn baby.</td>
<td>3.3%</td>
<td>6.0%</td>
<td>40.0%</td>
<td>56.7%</td>
<td>3.500</td>
<td>0.682</td>
</tr>
<tr>
<td>I want nothing but the best for my unborn baby.</td>
<td>75.9%</td>
<td>13.8%</td>
<td>3.4%</td>
<td>6.9%</td>
<td>1.414</td>
<td>0.867</td>
</tr>
</tbody>
</table>
### TABLE III (Cont.d)

**RESPONDENTS ATTITUDE TOWARDS THEIR UNBORN BABY AND THEMSELVES BEING PREGNANT**

21. I feel that if a woman stops abusing crack cocaine during pregnancy there is no harm to the unborn baby.
   - **31.0%** Strongly agree with the statement.
   - **27.6%** Agree with the statement.
   - **24.1%** Disagree with the statement.

22. A well balanced diet is important during pregnancy.
   - **75.9%** Strongly agree with the statement.
   - **6.9%** Agree with the statement.
   - **6.9%** Disagree with the statement.
   - **10.3%** Strongly disagree with the statement.
   - **Mean:** 1.517  **Std. Dev.** 1.022

23. Drug treatment is important for pregnant women who abuse crack cocaine.
   - **67.9%** Strongly agree with the statement.
   - **10.7%** Agree with the statement.
   - **7.1%** Disagree with the statement.
   - **14.3%** Strongly disagree with the statement.
   - **Mean:** 1.679  **Std. Dev.** 1.124

24. Using crack cocaine sometimes will not harm an unborn baby.
   - **10.3%** Strongly agree with the statement.
   - **6.9%** Agree with the statement.
   - **27.6%** Disagree with the statement.
   - **55.2%** Strongly disagree with the statement.
   - **Mean:** 3.276  **Std. Dev.** .996

25. Social services should get involved when pregnant women have a drug problem.
   - **36.7%** Strongly agree with the statement.
   - **40.0%** Agree with the statement.
   - **0.00%** Disagree with the statement.
   - **23.3%** Strongly disagree with the statement.
   - **Mean:** 2.100  **Std. Dev.** 1.155

26. This was a planned pregnancy.
   - **6.9%** Strongly agree with the statement.
   - **27.6%** Agree with the statement.
   - **31.0%** Disagree with the statement.
   - **34.5%** Strongly disagree with the statement.
   - **Mean:** 2.931  **Std. Dev.** .961
TABLE III (Cont.d)

RESPONDENTS ATTITUDE TOWARDS THEIR UNBORN BABY AND THEMSELVES BEING PREGNANT

27. I feel that I have a good support system to help with the pregnancy.
   
   53.3% Strongly agree with the statement.
   23.3% Agree with the statement.
   16.7% Disagree with the statement.
   6.7% Strongly disagree with the statement.
   
   Mean: 1.767  Std. Dev. .971

28. I feel I have bonded well with my unborn child.
   
   62.1% Strongly agree with the statement.
   27.6% Agree with the statement.
   3.4% Disagree with the statement.
   6.9% Strongly disagree with the statement.
   
   Mean: 1.552  Std. Dev. .870

29. I feel depressed since the pregnancy.
   
   20.0% Strongly agree with the statement.
   30.0% Agree with the statement.
   26.7% Disagree with the statement.
   23.3% Strongly disagree with the statement.
   
   Mean: 2.533  Std. Dev. 1.074

30. I feel the baby’s father is supportive.
   
   56.7% Strongly agree with the statement.
   10.0% Agree with the statement.
   20.0% Disagree with the statement.
   13.3% Strongly disagree with the statement.
   
   Mean: 1.900  Std. Dev. 1.155

31. I feel that I receive a lot of support with this pregnancy.
   
   63.3% Strongly agree with the statement.
   20.0% Agree with the statement.
   10.0% Disagree with the statement.
   6.7% Strongly disagree with the statement.
   
   Mean: 1.600  Std. Dev. .932

32. I feel that most people act different towards me since the pregnancy.
   
   16.7% Strongly agree with the statement.
   23.3% Agree with the statement.
   26.7% Disagree with the statement.
   33.3% Strongly disagree with the statement.
   
   Mean: 2.767  Std. Dev. 1.104
TABLE III (Cont.d)

RESPONDENTS ATTITUDE TOWARDS THEIR UNBORN BABY AND THEMSELVES BEING PREGNANT

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Mean</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>33. I feel that I am going to be a good mother.</td>
<td>46.7%</td>
<td></td>
<td>26.7%</td>
<td>13.3%</td>
<td>13.3%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly disagree</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26.7%</td>
<td></td>
<td>13.3%</td>
<td>13.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean: 1.933</td>
<td></td>
<td>Std. Dev. 1.081</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. I do not feel attached emotionally to my unborn child.</td>
<td>3.3%</td>
<td></td>
<td>0.00%</td>
<td>46.7%</td>
<td>50.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly disagree</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.3%</td>
<td></td>
<td>0.00%</td>
<td>46.7%</td>
<td>50.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean: 3.433</td>
<td></td>
<td>Std. Dev. .679</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Do you use crack cocaine?</td>
<td>50%</td>
<td></td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean: 1.500</td>
<td></td>
<td>Std. Dev. .5085</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Frequency Distribution Findings

There were thirty subjects that answered the forty-one item questionnaire. Of the thirty subjects, three percent were between the ages of ten and fifteen, thirteen percent were between the ages of sixteen and twenty, thirty percent were between the ages of twenty-one and twenty-five, while another thirty percent were between the ages of twenty-six and thirty. Twenty-three percent were reported as being over thirty years old.

Of the thirty subjects, seventy three percent were African American, three percent were Hispanic and sixteen percent were white. Six percent of the subjects reported other. In terms of marital status, sixteen percent were married and seventy-six percent of the subjects were divorced.

In the area of education, forty-three percent of the subjects had an educational level of ninth through twelfth grade. Forty-six percent of the subjects had an educational level of high school graduate. Ten percent reported other for their level of education.

For their religious preference, sixty percent of the subjects were Baptist. Six percent were Catholic, three percent were Methodist and three percent reported Islamic. Twenty-six percent reported other for their religious preference.
Of the thirty subjects, sixty percent were unemployed. Three percent have been employed for six months while ten percent have been employed from six months to one year. Twenty percent have been employed for one year or more. Six percent reported other.

Out of the thirty subjects, thirteen percent indicated that they felt they were beautiful persons a little of the time. Thirty percent indicated that they feel they are beautiful some of the time, and thirty-three percent indicated they are beautiful a good part of the time. Twenty percent of the subjects feel beautiful most of the time.

Concerning the thirty subjects, six percent rarely felt they were competent. Twenty-four percent felt they were competent a little of the time, and thirty-one percent felt competent some of the time. Seventeen percent indicated they were competent a good part of the time and twenty percent indicated being competent most of the time.

Concerning the item on if a subject felt ugly, fifty-six percent reported rarely or none of the time. Twenty-three percent reported a little of the time, sixteen percent reported some of the time while twenty percent reported most of the time.

Related to the statement about the subjects thinking they are likeable people, six percent indicated some of the
time, while twenty percent indicated a good part of the
time. Forty percent indicated most of the time.

Out of the thirty subjects, seventeen per cent felt
that they needed more self confidence rarely. Thirteen
percent indicated they need more self confidence a little of
the time and forty-four percent indicated the need for more
self confidence some of the time. Ten percent reported a
good part of the time while thirteen percent reported most
of the time.

Fifty percent of the subjects rarely felt that if they
could be more like other people they would have it made,
twenty-six percent of the subjects felt a little of the time
they would have it made if they were more like other people.
Ten percent indicated some of the time. Six percent
indicated a good part of the time while three percent
indicated most of the time.

The findings from the frequency distributions indicated
that six percent of the subjects rarely thought their
friends thought highly of them. Six percent also reported a
little of the time, thirty-four percent indicated a good
part of the time while twenty-four percent indicated most of
the time.

Concerning the thirty subjects, eighty percent
indicates they love their unborn baby. Three percent agreed
with the statement while sixteen percent strongly agreed
with the statement.
In relation to the question of the subjects feeling better using crack cocaine while pregnant, three percent strongly agreed with the statement while forty-six percent disagreed with the statement. Fifty percent strongly disagree with the idea of feeling better while using crack cocaine during pregnancy.

Forty-six percent strongly agreed that their pregnancy was a surprise. Twenty-six percent agreed they were surprised about their pregnancy. Thirteen percent both strongly disagreed and agreed with the statement of their pregnancy being a surprise.

Concerning the statement, "I hate my unborn child," only three percent strongly agreed with that. Forty percent disagreed with the statement while fifty percent strongly disagreed with the statement.

Seventy-five percent strongly agreed they wanted nothing but the best for their unborn child while thirteen percent agreed. Three percent disagreed with the statement while six percent strongly disagreed.

Out of the thirty subjects, thirty-one percent strongly felt that if a woman stopped abusing crack cocaine during pregnancy that there is no harm to the unborn baby. Twenty-seven percent agreed, twenty-four disagreed while seventeen strongly disagreed with the statement.
A well balanced diet is important during pregnancy was strongly agreed to by seventy-five percent of the subjects. Six percent agreed and six percent disagreed with the statement. Ten percent strongly disagreed with the statement.

Out of the thirty subjects, sixty-seven percent strongly agreed that drug treatment is important for pregnant women who abuse crack cocaine. Ten percent agreed with the statement while seven percent disagreed. Fourteen percent strongly disagreed with the statement.

Concerning the thirty subjects, ten percent strongly agreed that using crack cocaine sometimes will not harm an unborn baby. Six percent agreed with the statement. Twenty-seven percent disagreed while fifty-five percent strongly disagreed with the statement.

Social Service should get involved when pregnant women have a drug problem was strongly agreed by thirty-six percent of the subjects. Forty percent agreed with the statement while twenty-three percent strongly disagreed with the statement.

Six percent of the subjects strongly agreed that this was a planned pregnancy while twenty-seven percent agreed that it was planned. Thirty-one percent disagreed and twenty-three percent strongly disagreed with the statement.

Out of the thirty subjects, fifty percent strongly agreed that they had a good support system to help them with
the pregnancy. Twenty-three agreed while sixteen percent disagreed with the statement. Six percent strongly disagreed with the statement.

Sixty-two percent of the subjects strongly agreed that they have bonded well with their unborn child. Twenty-seven percent agreed with the statement while three percent disagreed with the statement. Six percent strongly disagreed with the statement.

In regards to the statement of feeling depressed since being pregnant, twenty percent strongly agreed. Thirty percent agreed while twenty-six percent disagreed. Twenty-three percent strongly disagreed with the statement.

In feeling that the baby’s father is supportive, fifty-six percent strongly agreed. Ten percent agreed with the statement while twenty percent disagreed. Thirteen percent strongly disagreed with the statement.

When given the statement if the subjects received a lot of support with the pregnancy sixty-three percent strongly agreed. Twenty subjects agreed with the statement. Ten percent disagreed with the statement while six percent strongly disagreed.

Out of the thirty subjects, sixteen percent strongly agreed that most people act different towards them since the pregnancy. Twenty-three percent agreed. Twenty-six percent disagreed with the statement while thirty-three percent strongly disagreed.
Related to the statement about the subjects feeling they will be a good mother, forty-six percent strongly agreed. Twenty-six percent agreed with the statement. Thirteen percent disagreed with the statement while thirteen percent strongly disagreed.

Related to the statement of not feeling emotionally attached to their unborn child, three percent strongly agreed. Forty-six percent disagreed with the statement while fifty percent strongly disagreed.

When asked if the subjects used crack cocaine, the frequency distribution demonstrated that fifty percent use crack cocaine while fifty percent do not.
T-test of the Dependent and Independent Variables

The independent variables of the use of crack cocaine and the dependent variables of the subjects self-esteem and their attitude towards their unborn child were correlated to determine the significance of the variables. (See Tables IV through V.)
<table>
<thead>
<tr>
<th>Variable</th>
<th>T value</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. I feel that I am a beautiful person.</td>
<td>-10.93</td>
</tr>
<tr>
<td>8. I feel that I am a very competent person.</td>
<td>2.66*</td>
</tr>
<tr>
<td>9. I feel ugly.</td>
<td>-.82</td>
</tr>
<tr>
<td>10. I think I am a rather nice person.</td>
<td>-11.16</td>
</tr>
<tr>
<td>11. I feel that I am a very likeable person.</td>
<td>-12.15</td>
</tr>
<tr>
<td>12. I feel that I need more self confidence.</td>
<td>2.75*</td>
</tr>
<tr>
<td>13. I feel that I could be more like other people I would have it made.</td>
<td>-1.33</td>
</tr>
<tr>
<td>14. My friends think very highly of me.</td>
<td>-9.17</td>
</tr>
</tbody>
</table>

*p< .05
df = 29
### TABLE V

**T-TEST OF THE DEPENDENT AND INDEPENDENT VARIABLES**

<table>
<thead>
<tr>
<th>Variable</th>
<th>T Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you use crack cocaine?</td>
<td></td>
</tr>
<tr>
<td>15. I love my unborn baby.</td>
<td>-.14</td>
</tr>
<tr>
<td>16. I feel better using crack cocaine during pregnancy.</td>
<td>-13.49</td>
</tr>
<tr>
<td>17. It is vital not to abuse crack cocaine during pregnancy.</td>
<td>-.78</td>
</tr>
<tr>
<td>18. This pregnancy was a surprise.</td>
<td>-1.99</td>
</tr>
<tr>
<td>20. I want nothing but the best for my unborn baby.</td>
<td>.50*</td>
</tr>
<tr>
<td>21. I feel that if a woman stops abusing crack cocaine during pregnancy there is no harm to the unborn baby.</td>
<td>3.63*</td>
</tr>
<tr>
<td>22. A well balanced diet is important during pregnancy.</td>
<td>-.15</td>
</tr>
<tr>
<td>23. Drug treatment is important for pregnant women who abuse crack cocaine.</td>
<td>-1.00</td>
</tr>
<tr>
<td>24. Using crack cocaine sometimes will not harm an unborn baby.</td>
<td>-8.96</td>
</tr>
<tr>
<td>25. Social Services should get involved when pregnant women have a drug problem.</td>
<td>2.34*</td>
</tr>
<tr>
<td>26. This was a planned pregnancy.</td>
<td>-6.43</td>
</tr>
<tr>
<td>27. I feel that I have a good support system to help with the pregnancy.</td>
<td>-1.25</td>
</tr>
<tr>
<td>28. I feel I have bonded well with my unborn child.</td>
<td>-.34</td>
</tr>
</tbody>
</table>

*p < .05

\[ df = 29 \]
<table>
<thead>
<tr>
<th>Variable</th>
<th>T Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. I feel depressed since the pregnancy.</td>
<td>5.31*</td>
</tr>
<tr>
<td>30. I feel the baby's father is supportive.</td>
<td>-1.59</td>
</tr>
<tr>
<td>31. I feel that I receive a lot of support with this pregnancy.</td>
<td>-.45</td>
</tr>
<tr>
<td>32. I feel that most people act different towards me since the pregnancy.</td>
<td>-5.92</td>
</tr>
<tr>
<td>33. I feel that I am going to be a good mother.</td>
<td>1.06*</td>
</tr>
<tr>
<td>34. I do not feel attached emotionally to my unborn child.</td>
<td>-8.32</td>
</tr>
</tbody>
</table>

* p < .05
df = 29
T-test Findings

The findings of the T-test on the self-esteem of pregnant women indicated that there was no significance among the subjects feeling that they are beautiful people, feeling ugly, thinking they are rather nice people, feeling they are likeable people, feeling that if they could be more like other people they would have it made and thinking that their friends think very highly of them.

The findings of the T-test on the self esteem of pregnant women indicated that there was significance among feelings of competency and feeling the need for more self confidence.

The findings of the T-test in relationship to the attitude of pregnant women toward their unborn baby indicated that there was no significance among the subjects love for their unborn baby, the idea of feelings better using crack cocaine during pregnancy, knowing that it is not vital to abuse crack cocaine during pregnancy, and that their pregnancy was a surprise.

The findings of the T-test also indicated that there was no significance of hatred towards their unborn baby, wanting nothing but the best for their unborn child, the importance of a well balanced diet, the importance for pregnant women who abuse crack cocaine to get drug treatment, using crack cocaine sometimes will not harm an unborn baby, planned pregnancy, the feeling of a good
support system, bonding with their unborn child, supportiveness of the father, feeling people act different towards them since your pregnancy and not feeling attached emotionally to their unborn child.

The findings of the T-test of the attitude of pregnant women toward their unborn baby did indicate significance among the variables of the thinking that if a woman stopped abusing crack cocaine during pregnant that there will be no harm to the fetus, social services should get involved when pregnant women have a drug problem, feeling depressed since the pregnancy, and feeling that they will be a good mother.
CHAPTER FIVE

DISCUSSION OF THE FINDINGS

There is no significance in the maternal attitudes in crack cocaine using and non-using mothers towards their unborn child. According to the results of this study, this significance is very strong. That is, the attitude of crack cocaine users and non-users is the same towards their unborn child. The null hypotheses in this study indicated that there would be no significant difference in the attitude of pregnant women that abuse crack cocaine and those that do not abuse crack cocaine towards their unborn child. In this study the researcher failed to reject the null hypotheses.

Limitations Of the Study

The sample for this study was limited to thirty respondents. This is an inadequate number of respondents to generalize the findings to the entire population. However, this study lays the groundwork for future research on substance abuse among pregnant women. Another limitation of this study is the geographical region studied. The sample for this study was limited to pregnant women from Cleveland, Ohio. This was an inadequate area of study to generalize the findings to the entire population. Also, the geographic distribution of subjects is not representative of a true cross section of crack cocaine and non-using pregnant women in this area.

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Suggested Research Directions

There is a consistency with the existing body of data. In this study, the researcher failed to reject the null hypothesis because of variables of significant levels in terms of degree of freedom.

For future research direction, the author suggests that a more comprehensive approach be taken to all types of drugs in relation to pregnancy, and not just crack cocaine. All illegal substances should be studied in regards to maternal substance abuse. Specific studies have shown that pregnant women that abuse an illegal substance usually abuse more than just crack cocaine, especially when their abuse patterns are severe. The use of other illegal substances along with crack cocaine can be attributed to the physical and developmental problems developed by the fetus and the neonate.

Implications For Social Work Practice

Maternal crack cocaine abuse is considered to be a major social health problem in the United States. It is essential for social workers to increase their awareness of maternal drug use. Social workers should be able to help these women concentrate on their recovery because it is a treatable disease even though the substance abuse is often considered to be uncontrollable. Knowledge of crack cocaine and other illegal substances should empower all social
workers employed in health care agencies in providing responsible and competent care for mothers and their babies. Social workers can provide a support link between treatment programs and the home environment to ensure enhancement and continuity of care so that addicted women can have more positive pregnancy outcomes.
Too All Participants of this study:

I am a graduate student in the Clark Atlanta University School of Social Work. I am conducting a study on pregnant women’s attitude toward the unborn child. I would appreciate your cooperation in answering the attached questionnaire as part of this study. Any information that you provide will be kept confidential. The only people that will see the information provided will be connected to the Clark Atlanta University School of Social Work. Your anonymity will be maintained.

The data obtained by this study will be analyzed and placed into a research paper. The information requested in this study is important to the profession of Social Work in order to allow social work practitioners a better understanding of the views of pregnant women towards their unborn baby.

If you have any questions about this study, or if you would be interested in reading the results of this study, please feel free to contact me by telephone or letter.

Sincerely,

Ms. Dawn Louise Powell
Clark Atlanta University
School of Social Work
James P. Brawley Drive
Atlanta, Georgia 30314
Phone: (404) 880-8548
APPENDIX B

QUESTIONNAIRE

Part I. DEMOGRAPHIC DATA: Please complete the following items by circling your response.

1. What is your age?
   1. 10 - 15
   2. 16 - 20
   3. 21 - 25
   4. 26 - 30
   5. over 30

2. What is your race?
   1. African American
   2. Hispanic
   3. White
   4. Other (specify) ______

3. What is your marital status?
   1. Married
   2. Single
   3. Divorced
   4. Separated
   5. Widowed

4. What is your educational level?
   1. High School level (9-12)
   2. High school graduate
   3. Bachelor Degree
   4. Bachelor plus 1 or more years of post graduate
   5. Other (specify) ______

5. What is your religious preference?
   1. Baptist
   2. Catholic
   3. Methodist
   4. Islamic
   5. Other (specify) ______

6. What is your length of employment at current job?
   1. 0 - unemployed
   2. 0 - 6 months
   3. 6 months to 1 year
   4. 1 year and over
   5. other (specify) ______
Part II. This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

1 = Rarely or none of the time
2 = A little of the time
3 = Some of the time
4 = A good part of the time
5 = Most of the time

1. I feel that I am a beautiful person.
2. I feel that I am a very competent person.
3. I feel ugly
4. I think I am a rather nice person.
5. I feel that I am a very likeable person.
6. I feel that I need more self-confidence.
7. I feel that if I could be more like other people I would have it made.
8. My friends think very highly of me.

Part III. The following items are designed to assess your attitude of being pregnant and your attitude towards your unborn baby. Please circle your response to each item using the following:

1. Strongly agree with the statement
2. Agree with the statement
3. Disagree with the statement
4. Strongly disagree with the statement

Please begin.

1. I love my unborn baby. 1 2 3 4
2. I feel better using crack cocaine during pregnancy. 1 2 3 4
3. It is vital not to abuse crack cocaine during pregnancy. 1 2 3 4
4. This pregnancy was a surprise. 1 2 3 4
5. I hate my unborn baby.  
6. I want nothing but the best for my unborn baby.  
7. I feel that if a women stop abusing crack cocaine during pregnancy there is no harm to the unborn baby.  
8. A well balanced diet is important during pregnancy.  
9. Drug treatment is important for pregnant women who abuse crack cocaine.  
10. Using crack cocaine sometimes will not harm an unborn baby.  
11. Social services should get involved when pregnant women have a drug problem.  
12. This was a planned pregnancy.  
13. I feel that I have a good support system to help with the pregnancy.  
14. I feel I have bonded well with my unborn child.  
15. I feel depressed since the pregnancy.  
16. I feel the baby’s father is supportive.  
17. I feel that I receive a lot of support with this pregnancy.  
18. I feel that most people act different towards me since the pregnancy.  
19. I feel that I am going to be a good mother.  
20. I do not feel attached emotionally to my unborn child.
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