Abstract

Alaska has one of the highest rates of homebirth in the U.S. with a rate above 1.5% while the U.S. average is around 1% (MacDorman et al. 2011). Much of the previous research on homebirth focuses on the perspective of women, either as providers or as mothers who chose homebirth. There are no studies documenting the attitudes of Americans in general toward homebirth. Previous research on the attitudes of practicing midwives towards homebirth suggests that experience and exposure lead to more favorable perceptions; midwives who had experience attending homebirth or exposure in their education to homebirth had more positive attitudes than midwives who had no experience attending a homebirth and/or who weren't exposed to homebirth in their formal training (Vedam et al. 2010). The aim of this study is to measure undergraduate students' perceptions of homebirth. I will investigate whether there are gender differences in perceptions of homebirth and if having prior knowledge or experience of homebirth changes perceptions of homebirth.

Specific Aims

Using a self-report survey I will measure perceptions of homebirth in a sample of undergraduate students at UAA. This study will investigate two specific research questions. The first question is whether there are gender differences in perception of homebirth. The second question is whether those differences are minimized by having prior experience or knowledge of homebirth. These findings will contribute to the knowledge of homebirth perceptions in Alaska, specifically for community activists as well as policy makers.

Introduction

In the United States expectant parents exercise their right to choose where and how their children are born. Between one and two percent of expectant parents chose planned homebirth depending on the state (Cheyney 2008). Between 2004 and 2008 homebirths in the United States increased twenty percent. While that leaves the total number of U.S. women choosing homebirth below two percent, it is a significant increase (MacDorman et al. 2011). Alaska is among the five states with the highest homebirth rates at one and a half percent or above (MacDorman et al. 2011).

The literature on homebirth suggests that education on pregnancy, labor and previous knowledge of homebirth are key variables in determining which parents choose homebirths (Boucher et al. 2009). Educational attainment is also an important variable, with one study showing that more than half of the respondents who chose homebirth had at least a college degree with many women having advanced professional degrees (Boucher et al. 2009). Research on the attitudes of midwives towards homebirth suggests that prior exposure through their formal education as a midwife (not all midwives perform homebirths or are educated in homebirth) or through attending a homebirth increases the likelihood of having a more positive attitude towards homebirth (Vedam et al. 2010). Research on the attitudes of women who have experienced homebirth overwhelmingly report positive birth experiences (Janssen 2009).

Regardless of the research that suggests homebirth is a safe alternative for low risk pregnancies (Cheyney 2008) and the overwhelmingly positive reports by families who have chosen homebirths, professional organizations still lobby against homebirth. The American College of Obstetricians and Gynecologists issued a policy statement

against homebirth in 2007, followed by the American Medical Association supporting this statement in 2008 (MacDorman et al, 2011). However, the World Health Organization, the American College of Nurse-Midwives, the American Public Health Association and the National Perinatal Association all support homebirth for low-risk pregnancies (MacDorman et al. 2011).

Alaska has historically been a pro-homebirth state, currently the state funds homebirth through Medicaid or Denali Kid Care. While the majority of families choosing homebirth are white, homebirth has a long history in the state of Alaska, particularly among Native families (Mulcahy 2001).

The purpose of the current study is measure undergraduate students' perception of planned homebirth to determine if there are gender differences in relation to perception of homebirth and if having prior knowledge or experience of homebirth changes perceptions of homebirth. This information could be beneficial to homebirth advocates, particularly the Alaska Birth Network, who could initiate a community campaign to bring awareness to the community regarding the safety of homebirth and the prevalence of it in our state and community. The community outreach could include men if this research finds that prior knowledge of homebirth shapes opinions about it for men as well as for women.

Method

Sampling & Participants

For this project I will use convenience sampling to recruit approximately 100 undergraduate students over the age of 18. The participants will be recruited from women studies, political science, and psychology classes. I have informally contacted professors in the psychology, political science and women studies departments and have tentative

support to survey their students. If my proposal is approved I will formally re-contact those professors and make arrangements to come into class and give a brief overview of the project, hand out the informed consent form, and distribute and collect the survey.

Design and Methods

The survey will first collect demographic information including year of birth, level of education and gender. Participants will then be asked two questions assessing prior exposure to homebirth, the last portion of the survey will consist of twelve questions measuring perceptions of planned homebirth. The questions regarding perception towards homebirth were adapted from Vedam et al. (2010) Provider Attitudes to Planned Homebirth (PAPHB) scale. The participants will score each question using a 5-point Likert scale indicating their level of agreement or disagreement. Responses range from (1) strongly disagree to (5) strongly agree, with (3) as a neutral midpoint. Items indicative of negative opinions are revere-scored so that high scores are associated with more positive attitudes.

Procedure

I will set up a date with the professors to come into the classroom and give an overview of the project and distribute the informed consent paperwork and survey. I will step out of the class room briefly so I do not influence the participants and step back in to collect the survey. I will suggest that professors schedule this for the beginning of class because the amount of time needed to complete the survey will vary depending on class size and level of voluntary participation.

Analysis

The survey is scored on a 5-point Likert scale with a high score indicating a very positive perception of homebirth and a low score indicating a negative perception of homebirth. I will transfer the data from the paper surveys into SPSS. I will then use descriptive statistics to compare male and female mean scores of opinion on homebirth and test the following hypotheses:

1. There is a relationship between gender and positive perceptions of homebirth.
2. There is a relationship between prior exposure and perception of homebirth.

Anticipated Results

Previous research suggests that exposure to homebirth increases the likelihood a respondent will report positive perceptions of homebirth (Vedam et al. 2010). Education attainment also has a positive correlation with positive perceptions and use of homebirth (Boucher et al. 2009). I anticipate that I will find respondents who have had exposure to homebirth, through education, experience, or knowing someone who has had one will have a higher positive perception than those who have had no such exposure. I also anticipate that women will have more exposure to homebirth and therefore will have higher positive perceptions than men.

Future Research

If the findings are in line with the anticipated results than this study will indicate that exposure to homebirth increases positive perceptions of the practice regardless of gender. Further research could determine if differences in male and female perception of homebirth is minimized controlling for individual differences such as personality types. Further research could also sample undergraduate students with the intent of resampling

them in 5-10 years to see if their positive perceptions of homebirth translated into action (i.e. choosing homebirth for themselves).

Budget

Expenditure	Estimated Cost	Total
SPSS analytical software student edition	$85	$85
Poster for Undergraduate Research and Discovery Symposium	$58.60	$58.60
100 copies of survey	$.10 x 100 pages	$10
TOTAL		$153.60

Budget Justification

For this project I will photocopy 100 surveys to distribute to students. I will then take the data from the paper surveys and enter it into SPSS analytic software. SPSS student version is currently $85 at the UAA campus bookstore. With SPSS I will use descriptive statistics to test my hypotheses. For the Undergraduate Research and Discovery Symposium I contacted General Support Services at UAA for the cost of printing and laminating a 24"x36" poster and was quoted $58.60. The total amount of money I am requesting for this project is $153.60.

References

Boucher, D., Bennett, C., McFarlin, B., & Freeze, R. (2009). Staying home to give birth: Why women in the United States choose home birth. *Journal of Midwifery & Women's Health, 54*(2), 119-126.

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Janssen, P. A., Henderson, A. D. and Vedam, S. (2009), The Experience of Planned Home Birth: Views of the First 500 Women. *Birth*, 36: 297–304.

MacDorman, M. F., Declercq, E. and Mathews, T. J. (2011), United States Home Births Increase 20 Percent from 2004 to 2008. *Birth*, 38: 185–190.

Mulcahy, J. B., (2001). *Birth and rebirth on an Alaskan Island: the life of an Alutiiq healer.* University of Georgia Press.

Vedam, S., Aaker, J., & Stoll, K. (2010). Assessing certified nurse-midwives' attitudes towards planned home birth. *Journal of Midwifery & Women's Health, 55*(2), 133-142.

Project Timeline

December 19: Finalize IRB proposal and email faculty advisor for review

December 28: Submit IRB proposal

January 16: Follow up with professors to schedule classroom visit to distribute informed consent and surveys in January

January 21-February 1: Visit classrooms and collect surveys

February 1-15: Enter survey data into SPSS

February 15-March 1: Analyze results

March 1 – March 15: Write up results and contact General Support Services to print poster

March 18-March 31: Finish written report

April 2: Submit finished report to faculty advisor for review