

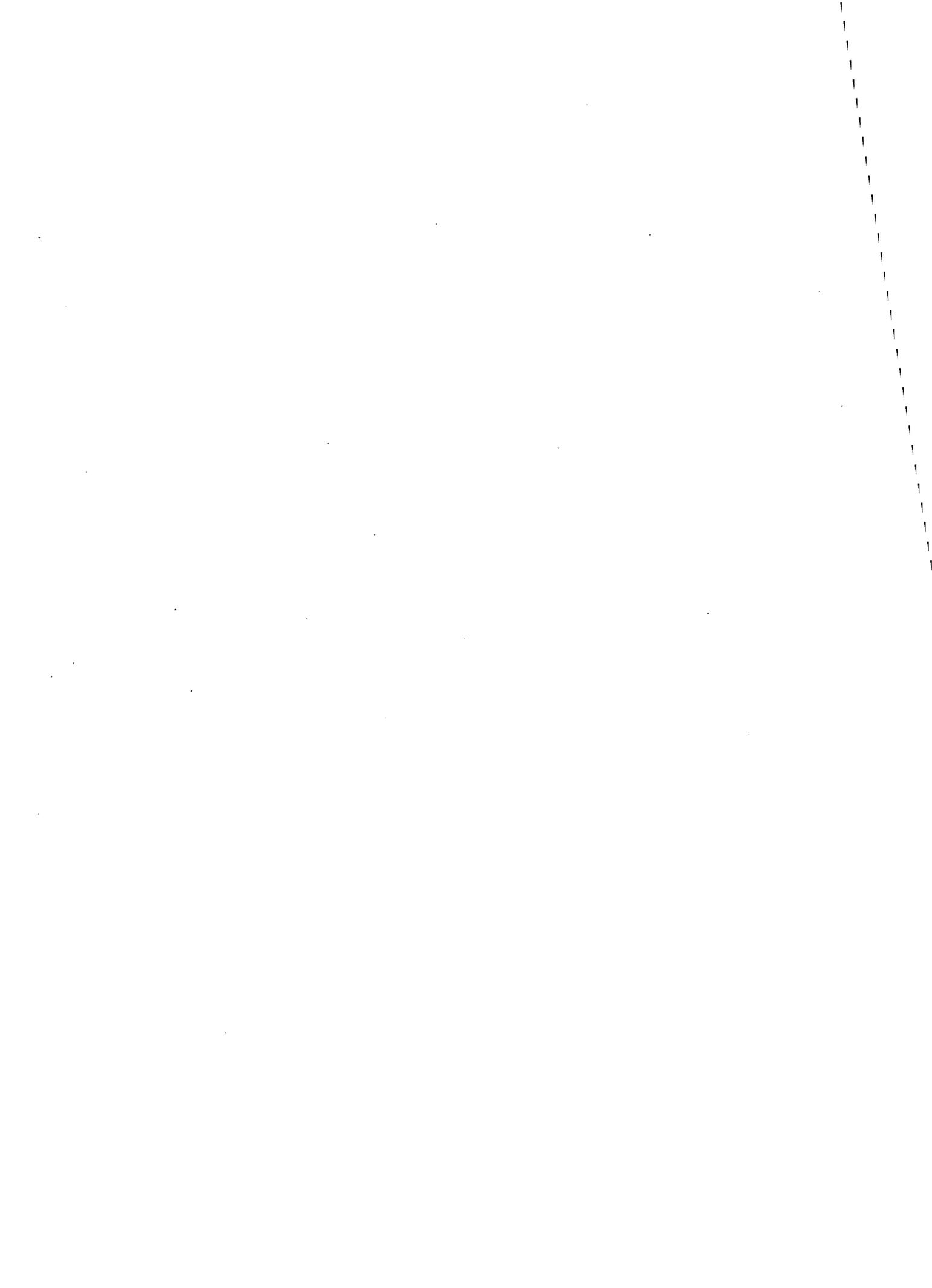
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THE EFFECT OF FIRST PREGNANCY ON SELECTED ASPECTS OF THE  
MARITAL RELATIONSHIP

*The University of North Carolina at Greensboro*

PH.D. 1985

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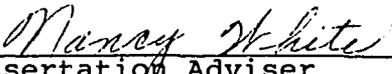
by

Rebecca Burdette Saunders

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in Partial Fulfillment  
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Marital adjustment during the first pregnancy was explored initially by comparing couples in early pregnancy to those in late pregnancy on interpersonal conflict, marital satisfaction, and time spent apart. The second approach was to determine whether preferences the couples held for gender roles had an impact on the same three aspects of the marital relationship.

Couples were recruited from local health agencies where women received prenatal care. The sample consisted of 100 white couples, 48 of whom were in early pregnancy and 52 in late pregnancy. Each couple provided demographic data and completed a questionnaire which included the Attitudes toward Women Scale (Spence & Helmreich, 1978), a scale developed by Braiker and Kelley (1979) measuring conflict in close relationships, the Kansas Marital Satisfaction Scale (Schumm et al., 1983), and a set of questions developed by the investigator about time spent on various activities. The early and late groups were comparable on demographic characteristics.

T test comparisons of the early and late pregnancy groups showed that wives but not husbands in late pregnancy reported more interpersonal conflict than those in early pregnancy, a difference which was statistically different but small. There were no differences in marital satisfaction or

time spent apart between the early and late group. Additionally, the couples were categorized according to gender role preferences (both traditional, both non-traditional, and mixed). Simple ANOVA revealed that these three groups did not differ on conflict or marital satisfaction.

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CHAPTER I  
INTRODUCTION

Pregnancy is a self-limiting physiological state, but it has an immense and lasting impact which reaches far beyond the boundaries of female biological change. The attention of scholars from many disciplines has been drawn to this uniquely female experience, and as the social and behavioral sciences have grown, more recognition has been given to the broader implications of pregnancy not only for women but also for other family members. This study was developed in response to the realization that relatively little is yet known or understood about the influence of pregnancy on marital relationships.

The belief that pregnancy is a period of blissful anticipation for married couples is quickly challenged when the large and diverse body of pregnancy literature is surveyed. Psychological literature in particular is replete with reports of studies that have been done on expectant mothers, and studies on expectant fathers have multiplied in recent years. Although these studies generally have not investigated the impact of the pregnancy on the couple as a dyad, they have provided valuable information about the

effect of pregnancy on the individuals. Both men and women have been found to experience personal stress, related to internal psychological and emotional changes as well as to external changes related to life circumstances. To suppose that the individuals could be so distinctly affected by the pregnancy experience but that the marriage relationship would remain unaffected is illogical.

Conviction that pregnancy is not always a benevolent and peaceful life event was confirmed by a study which revealed incidents of conjugal violence during pregnancy (Gelles, 1979). Although the number of couples who experience such severe crisis during pregnancy is difficult to estimate, the fact that violence sometimes occurs heightens the concern of professionals who work with expectant couples. There appears to be an urgent need to identify couples who are experiencing problems in adapting to pregnancy and to determine the origins of their difficulties.

The importance of understanding what happens to marital relationships when the first child is expected should not be undervalued. Pregnancy is typically one of the earliest marital experiences which initiates opportunities for couples to explore their beliefs and feelings about roles and responsibilities. Recent societal developments including the rise of consumerism in health care, the prepared childbirth

movement, and the advent of family-oriented obstetrical care have merged to alter expectations that men and women now hold for the course of pregnancy. Particularly in respect to the husband's involvement in the events of pregnancy, there is frequently pressure from the woman for her partner to change his behavior (May, 1979).

Identifying how a couple adapts to the psychological and sociological changes precipitated by the pregnancy would contribute to the ability to predict how couples would adjust to parenting and other significant marital events. When married individuals experience difficulty in adjusting to the demands of pregnancy, an observant and knowledgeable professional would have an opportunity to assist the couple in describing and analyzing what is happening. Counseling could be made available to couples who need assistance in making a smoother transition from childlessness into parenthood. Effective coping with this crucial period of the marital years would then likely provide confidence for couples as they faced future major life transitions.

#### The Research Problem

A search for more information about marital adjustment during pregnancy revealed that the adaptation of the husband and wife as a dyad to the pregnancy is a virtually unexplored phenomenon. Much more interest has been apparent in

understanding how new parents adjust to the actual presence of their infants than to events prior to childbirth. The material that is available about prenatal marital adjustment is sketchy and too often based on limited or weak empirical evidence (see, for example, Colman & Colman, 1971; or Shereshefsky & Yarrow , 1973).

One of the key criticisms that has been leveled against the existing body of research on expectant parents is that the individualistic paradigm has typically been used (LaRossa & LaRossa, 1981). That approach was criticized on three points. First, the individualistic view stresses attitudes, beliefs, feelings, and other mental phenomena to such an extent that interaction patterns in a couple relationship are often ignored. Second, this approach takes a static view and often fails to consider reciprocal relations between variables being considered and other aspects of the person's life. Finally, the individualistic perspective tends to be more concerned with promoting personal coping mechanisms rather than addressing relevant sociohistorical issues that impact on couple relationships.

Although the individualistic approach has value and is appreciated for its contributions to understanding adaptation to pregnancy, it has proved inadequate in explaining what happens within the marital relationship. Movement toward a

more comprehensive understanding of how couples jointly prepare for the birth of a child is possible if relationships between interaction variables and attitudes variables can be empirically examined (LaRossa & LaRossa, 1981). Specific variables which would enable those linkages to be made were sought in the existing pregnancy literature.

#### Variables Selected for Study

Lamb (1978) recognized the scarcity of information concerning family adaptation to pregnancy and noted that little is understood regarding how couples feel and how pregnancy affects or changes the structure of marital relationships. He as well as Gelles (1979) speculated that pregnancy precipitates significant role changes for which couples may be poorly prepared. A study by LaRossa (1977) provided data to suggest that the transition into new roles during pregnancy resulted in a shifting balance of power within the marriage. Consequently, varying types of conflict developed that needed to be resolved. May (1979) found that couples either directly or indirectly negotiated with each other throughout pregnancy to resolve differences in individual perceptions of what attitudes and behaviors were acceptable as the changes in roles were anticipated and experienced.

### Gender Role Preference

In recent sociological studies, one of the most productive means of understanding the dynamics of male-female relations has been the focus on gender roles (Scanzoni & Szinovacz, 1980). Gender roles may be conceptualized in a variety of ways, but the focus of this study was on the subjective orientations that men and women held in regard to their roles. Built on theoretical underpinnings from Holter (1970) and Blalock and Wilkins (1979), Scanzoni and Litton-Fox (1980) developed the idea of sex-role preferences, stating that individuals vary in the degree they "prefer the sets of rewards and costs that flow from current patterns of gender stratification and division of labor" (p. 744).

Evidence is mounting that Americans are changing their gender role preferences regarding the sharp division of labor (Scanzoni, 1975). An increasing number of men and women are indicating that they desire more opportunities and responsibilities in both the home and the workplace. Typically, however, men continue to be more traditional than women (Sexton, 1979), and less well educated people continue to be more traditional than the better educated (Sidel, 1978).

Preferences individuals hold for gender roles have been found to influence other facets of marital adjustment such as

fertility control and maternal employment (Scanzoni, 1978). Thus, logic would prevail in the assumption that these preferences, especially whether the individuals have similar or disparate ideas, would also influence the couple's relationship during pregnancy.

A sound theoretical basis for developing a study of gender role preference and the relationship to marital adjustment during pregnancy is found in symbolic interaction. Because this framework incorporates both exchange and role theories, it has a broad and inclusive perspective (Burr, Leigh, Day, & Constantine, 1979). Its heavy reliance on individual perceptions and other mental phenomena makes interactionist theory especially useful in studying the ongoing process of dyadic adaptation.

#### Marital Satisfaction

Although preference for gender roles was the primary attitude variable selected for study in this research, the level of satisfaction that the individuals reported in their marital relationship throughout pregnancy was also considered important. Marital satisfaction has in recent years taken a prominent place in the empirical study of marriage and family relations. Lewis and Spanier (1979) asserted that marital adjustment can be defined as a subjective evaluation of a married couple's relationship. The range of evaluation

reflects a continuum of characteristics of marital interaction and functioning. A high degree of satisfaction in the marital relationship, therefore, is associated with positive marital adjustment. A change in marital satisfaction from early to late pregnancy would then be reflective of adjustments made in the marriage during those months.

### Interpersonal Conflict

In response to the LaRossa's (1981) suggestion that investigators refrain from studying only attitudes, family literature was further searched to determine what interaction variables could be appropriately linked with attitudes of the expectant couples. Sprey (1969) presented a convincing argument that understanding the dynamics of husband-wife interaction can be enhanced through a conflict perspective. The conflict framework does not accept the tenet that family stability is incompatible with the presence of conflict. Rather, the family is better understood as a unit in which the actors are concerned primarily with the furthering of their own individual interests. As a result, the conjugal dyad is conceptualized as a system in which confrontation is inevitable. Empirical evidence is available which demonstrates that the majority of couples experience conflict in their marital relationships (Braiker & Kelley, 1979), and

couples who are expecting the first child are no exception (LaRossa, 1977; May, 1979).

Scanzoni and Szinovacz (1980) present a model that is helpful in anticipating how couples may approach the conflict experienced during a first-time pregnancy. Strongly traditional couples have been conditioned for years to prepare them for appropriate behavior in their marital roles. These roles are prescribed and complementary. Each individual is prepared to hear what the partner says and respond as expected with no disagreement or discussion. Couples who share strongly nontraditional gender roles will also be attuned to hear and respond to what the other is saying, regardless of how unconventional it may seem. For nontraditional couples, however, nothing is closed to debate and negotiation, and there may be more difficulty getting problems resolved than in marriages where both individuals hold traditional roles. In marriages that have one spouse who is strongly traditional and another who is the opposite, the individuals will have lower levels of mutual empathy. The traditional partner will not be likely to have a great deal of respect and appreciation for what the nontraditional partner is trying to communicate. For couples who have opposing preferences for gender roles, then, conflict resolution would be more difficult than for couples who have similar views.

### Time Spent Apart

One other interaction variable was selected for study in response to May's (1977) observation regarding how expectant couples deal with conflict related to the husband's degree of involvement in the events of pregnancy. Among the strategies used by men who wish to have less active involvement in pregnancy is the attempt to become more involved in other activities which would take his attention and time away from the spouse and the pregnancy. Men may, for example, work overtime at their jobs, begin a new hobby, decide to return to school, or increase their commitments to other social activities. Knowledge of the amount of time couples were spending apart might thus be a reliable indicator of how they were dealing with interpersonal conflict during the pregnancy.

Based on the previous observations about gender role preferences and interpersonal conflict, couples would be expected to handle conflict differently. Nontraditional couples may be expected to deal with their problems openly and actively try to negotiate a solution. Little avoidance by spending time apart would be expected. Traditional couples, although they may have a great deal of mutual empathy, are likely to try to resolve conflict through regulation of behavior (Sprey, 1979). The option of

negotiating on an issue is not considered likely when roles and responsibilities are highly structured (Scanzoni & Szinovacz, 1980). Spending time apart, then, may be one means of dealing with conflict when couples are in traditionally defined relationships. Even greater amounts of avoidance, however, would be expected in couples who had divergent preferences for gender roles, because the more traditional partner would be unwilling to consider discussion or negotiation of issues raised by the nontraditional partner.

#### Statement of the Research Questions

This study was developed to contribute to the understanding of how married couples adapt when they are expecting the birth of the first child. Two research questions were explored: (1) To what extent does pregnancy influence marital satisfaction, interpersonal conflict, and time spent apart?, and (2) Are preferences the couples hold for gender roles related to the reported amounts of marital satisfaction, interpersonal conflict, and time spent apart?

#### Definitions

Clarification of terminology related to gender role preference is necessary. In agreement with Scanzoni and Szinovacz (1980), gender role preferences were viewed on a

continuum, with either partner located on any of its points. Three categories of couples were established.

More traditional couples - those relationships in which both partners indicate a preference for role differentiation between husband and wife. More traditional couples have been found to want the rewards and costs associated with divisions of labor in home and society that are regulated by gender (Holter, 1970).

Less traditional couples - those relationships in which both partners indicate a preference for role interchangeability between husband and wife. Less traditional couples, unlike more traditional couples, prefer less differentiated gender role behaviors. More egalitarian views of role responsibilities and behaviors prevail.

Mixed couples - those relationships in which one partner is relatively more traditional, but the other is relatively less traditional in preferences for gender roles.

#### Assumptions

Application of the theoretical perspective known as symbolic interaction to the current study required that three major assumptions be made. Those assumptions were that (1) individual gender role preferences can be identified and measured, (2) pregnancy initiates changes in role

expectations for both parents, and (3) role strain will be evidenced by changes in the interpersonal relationship.

#### Statement of Hypotheses

The following directional hypotheses were tested:

1. All couples will report more interpersonal conflict, less marital satisfaction, and more time spent apart in late pregnancy than in early pregnancy.

2. More traditional couples will report the least amount of interpersonal conflict and the most marital satisfaction among the three groups, but more time spent apart than less traditional couples.

3. Less traditional couples will report more interpersonal conflict, but less time spent apart and less marital satisfaction than more traditional couples.

4. Mixed couples will report the greatest amount of interpersonal conflict, the most time spent apart, and the least amount of marital satisfaction among the three groups.

CHAPTER II  
REVIEW OF LITERATURE

Adaptation to pregnancy has typically been studied in an individualistic framework and not from a broader, more sociologic view in which the couple is considered dyadically. A knowledge of what happens to the expectant mother and father, however, could provide important clues about what might occur in the couple relationship during pregnancy. One of the most evident changes that individuals face throughout those nine months is the transition into new roles. The application of Symbolic Interaction Theory to this life event may help to unravel some of the mysteries of how a couple goes about making the necessary adjustments.

The review of literature is divided into three sections. First, literature pertaining to individual adaptation of women and men to pregnancy is reviewed. Second, the small core of work which has considered the expectant parents jointly is examined. Finally, the symbolic interaction perspective and its pertinence to marital adjustment during pregnancy are considered.

Individual Adaptation to Pregnancy

An individualistic approach to a given issue focuses on the response of the person to that situation. Attitudes,

beliefs, feelings, and coping mechanisms exemplify the types of information which are solicited in studies which are oriented toward the individual (LaRossa & LaRossa, 1981). Although recognition may be given to the fact that the person does not exist in isolation, the dynamic interrelationships between that person and others are typically not examined. What has been written about the effect of pregnancy has been almost exclusively oriented toward the individual. Nevertheless, an understanding of how pregnancy affects women and men personally may lead to a more comprehensive view of couple adaptation.

#### Women and Pregnancy

How women adapt to pregnancy is far from being completely understood. The biological changes which occur are complex and often unclear. Consequently, the relationships between physiological and psychological changes, although assumed to exist, are poorly defined. Because psychoanalytic theory assumes that growth, neurophysiologic, and psychological development are intrinsically interwoven processes, it has frequently been employed to study adaptation of women to pregnancy. Benedek (1970), for example, discussed the importance of a woman's personality organization in her acceptance of and adjustment to the physical changes of pregnancy, and Bardwick (1971)

noted possible correlations between biological variables and specific maternal and nurturant qualities.

Most of the psychological studies of pregnant women have been designed to identify variables that are predictive of their adjustment to pregnancy or motherhood. (See, for example, Grimm & Venet, 1966; Klatskin & Eron, 1970; and Zemlick & Watson, 1953). These studies have been criticized because the response to pregnancy is considered important only to the extent that it is predictive of "adjustment" (Leifer, 1980). Difficulties in responding to the pregnancy have been attributed to the mother herself, and social meanings attached to pregnancy have been ignored.

Leifer (1980) tried to view pregnant women more holistically when she interviewed a dozen women throughout the pregnancy and early postpartum. She focused, however, primarily on the psychological effects of pregnancy and confirmed in her study that the widely recognized "normal" pattern of emotional changes does occur. In general, women were found to be ambivalent about the pregnancy, to be preoccupied with self, to develop a heightened sense of dependency, and to display marked emotional lability. Additionally, anxieties related to body image, the maintenance of close relationships, the health of the fetus and many other topics were not unusual.

Like Leifer, Ballou (1978) also interviewed women periodically throughout pregnancy. She found that an object-relational psychological perspective was particularly helpful in understanding the processes of adaptation to pregnancy. In particular she demonstrated the importance of women reworking relationships with their own mothers, with their husbands, and with the unborn fetus to achieve a new sense of self and others. Ballou explained that childbearing makes demands on women to draw on personal psychological resources to come to terms with the imminent need to nurture the infant.

Psychological studies such as the ones mentioned above suggest that pregnancy activates intense and conflicted feelings that must be reorganized. In many respects, pregnancy is viewed as a psychological crisis for women. Caplan (1957), in fact, described pregnancy as a biologically determined crisis. Bibring (1959) also conceived of pregnancy as a period of crisis and disequilibrium but believed that the experience was an essential part of growth which preceded and prepared maturational integration.

Although psychological studies have dominated the literature that concerns the impact of pregnancy, other work has been done to identify social factors which can influence a woman's response to pregnancy. Several factors have been

found to have impact on adjustment to pregnancy. Two groups--Poffenberger, Poffenberger, and Landis (1952) and Sears, Maccoby, and Levine (1957)-- noted that socioeconomic conditions have a profound impact on the manner in which the pregnancy progresses. Likewise, the presence of a supportive social network has been recognized as essential for women (Caplan, 1957; Gladieux, 1978). Conflicted role expectations, particularly with respect to the fact that pregnant women are expected to be passive but are simultaneously rejected by others for being so, also produce stress (Taylor & Langer, 1977).

In summary, the adaptation of women to pregnancy is generally considered to be primarily a psychological process, and many have utilized psychoanalytic theory to explain why women were or were not able to adjust satisfactorily to the pregnant state. Some studies have addressed the social context in which women adapt to pregnancy, but the focus has been on how those external factors impact on the woman alone. There has not been a tendency to explore how the woman interacts with family members and the larger social environment. If expectant mothers are to be understood, they clearly must be studied in a broader framework than has been typical of past research.

### Men and Pregnancy

The body of literature pertaining to men's experience of impending fatherhood is small and far from being definitive. Until the 1960s little attention was given in the social sciences to the role of the father in the family, but as interest grew in the father's influence on child development, the scope of study on men as fathers enlarged (Fein, 1978). Men's interaction with newborn infants has in the recent past become the focus of more research, and now, in the quickening pursuit of understanding more completely men's experiences as fathers, that interest has expanded to incorporate expectant fathers.

Like studies of expectant mothers, the expectant father studies have been divergent in purpose and design. Many of the early works focused on pathological or very unusual experiences. Freeman (1951), for example, looked at pregnancy as the cause of mental illness in men, and Hartman and Nicolay (1966) studied sexually deviant behavior in expectant fathers. Other studies were concerned with men who experienced physical symptoms that seemed to imitate or correlate with their wives' progress through pregnancy (Liebenberg, 1973; Trethowan & Conlon, 1965). Called the "couvade syndrome", these symptoms have been considered manifestations of emotional difficulties related to the

pregnancy that could be explained in psychoanalytic terms.

Many of the studies involving expectant fathers have, by interview or questionnaire, elicited information about attitudes, beliefs, and behaviors during only the final trimester of pregnancy. Fein (1976), for example, first interviewed 21 middle-income couples about a month before the birth of the child. He found that general anxiety and infant-related anxiety was higher before birth than later for most men. He suggested that late pregnancy may well be a time of crisis for some men. Hott (1972, 1979) also identified emotional crises for men late in pregnancy. She speculated that anxiety in her 60 subjects was partially related to incongruencies with the self-image as father. Wapner (1976) gave 128 first-time expectant fathers a questionnaire on their attitudes, feelings, and behaviors in the last trimester of pregnancy. A major concern of these men centered around the issue of being responsible and financially providing for a young family. These and other studies have enhanced understanding of male entrance into parenthood, but the picture has remained fragmented and incomplete. Relatively few studies have attempted to look at expectant fathers holistically and throughout the pregnancy.

The few investigations which did have a more holistic perspective in their research design frequently had other

inadequacies. Heinowitz (1977) took a phenomenological perspective in his intensive interviews of four first-time fathers. Scanty data analysis yielded only one finding, which was that the subjective experiences of expectant fathers was highly variable. Bittman and Zalk (1978) collected extensive data from 120 expectant fathers. The quantity and complexity of the data, in addition to the fact that very loose selection criteria were used in obtaining the sample, made the findings difficult to explain. A generalized summary that men have their own emotional needs that are often neglected in pregnancy was not particularly insightful.

One exception to the criticism related to inadequate data analysis is a study of expectant fathers which utilized both a longitudinal and cross-sectional research design (May, 1979). Nine men were interviewed two to four times during the pregnancy, and 11 men were interviewed only once. The qualitative data were analyzed for the purpose of describing how men managed their detachment or involvement in the pregnancy. "Involvement" referred to being "drawn in as a participant", while "detachment" meant the opposite, "to be disunited, to stand apart separately" (May, 1979, p. 7). The man's perception of his relationship to the pregnancy or to his partner was analyzed, and May was able to identify

factors that seemed to determine a man's style as well as the extent of his involvement in the events of pregnancy.

In summary, it has not been unusual for studies of expectant fathers to dwell on difficulties and atypical reactions. Only a few studies have attempted to determine how normal men adjust to their wives' pregnancies. The small body of research which has been concerned with a more comprehensive view of events has tended to perpetuate the individualistic interpretation. The larger sociological view of the couple's adaptation to pregnancy has generally received less attention.

#### Dyadic Adaptation to Pregnancy.

A limited number of studies have given recognition to the potential impact of pregnancy on marital relationships, but too often data analysis has pertained to only one unit of the marital dyad. Leifer (1980) and Oakley (1980), for example, interviewed couples but limited their discussions of the effects of pregnancy only to women. In contrast, Fein (1976) and May (1979), who also interviewed couples, focused on how the pregnancy affected men.

Other studies about the effect of pregnancy on marital relationships have contributed little to the understanding of dynamic processes because of methodological limitations. Colman and Colman (1971), for example, emphasized that

expectant couples need to form emotional alliances, to be sensitive to each other's needs, and to communicate clearly about experiences and desires. The Colmans, however, provided only scant information about how their data were collected. Apparently qualitative data were informally accumulated until the authors had developed a sense of understanding of marital adaptation in pregnancy. This reference, widely used and frequently cited by health professionals for several years, actually has limited value because of the lack of structure and control in the basic research design.

Grossman, Eichler, and Winickoff (1980) reported on a complex study of married couples who were expecting a child, but not necessarily the first. The clinical psychologists who developed the study believed they could demonstrate that married couples as a dyad experienced a maturational crisis in the process of becoming parents. A sample of 84 expectant couples were evaluated by a variety of techniques in the first trimester of pregnancy and then 2 and 12 months postpartum. At each of those contacts both men and women were given a battery of instruments, but none of the tests was given at all three points in the longitudinal study. Although only weak empirical evidence was produced, the authors concluded that pregnancy was indeed a crisis, especially for first-time mothers.

Another study of the psychological aspects of a first pregnancy was reported by Shereshesky and Yarrow (1973). In a large interdisciplinary project, 60 expectant couples were studied longitudinally. Women were divided into groups, one which received counseling and another which did not. All women were interviewed three times each by the social worker and the psychiatrist. A clinical psychologist administered a battery of tests one time early in pregnancy. The counseled group additionally was engaged in a process of casework counseling on a biweekly schedule throughout the pregnancy until birth. Only husbands of control group members were interviewed, and generally only once. The couples were apparently not seen jointly at any point during the study. Data collected by the research team were used to rate both individual and joint adaptation to pregnancy.

The methodological problems in the Shereshesky and Yarrow (1973) report are numerous. Primary consideration should be given to how biased reports on marital adjustment would be with so much data being collected from women and so little from their husbands. Nevertheless, findings in the study regarding conflict in the marital relationship are applicable to the present research. In the sample, which was drawn from an urban prepaid group medical practice organization, wide variation in marital adjustment at the

time of the first pregnancy was found. Adjustment ranged from families who were severely troubled to those who seemed to be strong and stable.

Families in conflict included two quite different patterns and processes: (1) those involved in transitory differences that were essentially related to the early adjustment phase of the marriage, and (2) those involved in serious marital disharmony which was thought to be of long-term duration. Transitory problems included issues such as achieving a balance in comfortable dependence on each other and room for independence, or acceptance of assertions of individuality versus movement towards identification as a family unit. Serious marital disharmony was found in 21 per cent of the families in the initial phase of the study. In some of these families, sexual infidelity of the husband was reported.

Shereshefsky and Yarrow (1973) concluded that normally during the pregnancy, there was much that was exciting and gratifying to counterbalance the pregnancy-engendered uncertainties and anxieties. In most of their sample, the researchers noted, the emergence of pregnancy-related common goals gave new depth to the husband-wife relationship.

Another project which concerned dyadic marital adjustment during pregnancy was methodologically less

complex than others. LaRossa (1977) used qualitative methods to systematically interview 16 first-time expectant couples periodically throughout the pregnancy. Unfortunately, this research was less a study on the effect of pregnancy than an attempt to provide support for a conflict approach to family studies. Pregnancy was simply a convenient showcase for LaRossa to demonstrate how an alteration in the organization of the marital system, especially when changing roles create shifts in the balance of power, influences the types of conflict that occur in the couple relationship. One value of this study, however, was the focus on adaptation to the first pregnancy as an ongoing process that involves both the expectant mother and the expectant father. The sense of dynamic movement in the adaptive experience had been difficult to achieve with the quantitative methods that had previously been used.

Although she was interested primarily in the experience of the expectant father, May (1977) too was able to capture the sense of ongoing change in the marital relationship. She, like LaRossa (1977), also used a qualitative design in the development of her study. Because she believed that a man's experience of pregnancy evolved in relation to the woman and that his development of self-identity as an expectant father was accomplished through interaction with

his wife, she decided to interview both husbands and wives. Nine couples were interviewed two to four times during the pregnancy, but 11 other couples were interviewed at only one point during the pregnancy.

May considered the joint interviews productive especially in that they raised the issue of the degree of involvement of men in the events of pregnancy. She observed that, in general, women expected men to have greater emotional and physical investment in the pregnancy than the men themselves expected to give. She suggested that both men and women use different strategies to move them toward their respective goals. "Eventually, couples reach a compromise between their differing expectations, but the negotiation period can be stressful for both" (May, 1979, p. 133). This picture of reciprocal action is helpful in the analysis of dyadic marital adjustment when the first child is expected.

In summary, little is understood about the process of adjustment required by married couples who expect the first child. Some evidence exists that this period may create a state of crisis as couples anticipate becoming new parents for the first time, but the exact origins of the crisis and the means of resolving it remain unclear. One of the key variables which is repeatedly mentioned in existing literature is the change in role structure of the marital

dyad. Certainly the ability to develop parental identity would seem vital to the ability of carrying out the tasks required after the child is born. Role changes, however, seem to involve more than simple mental acceptance of the parental role. A process of give and take, of using strategies to achieve personal goals, and of ongoing interaction seems to characterize the adaptation that couples experience as they await the birth of the first child.

Part of the adjustment in roles concerns what are acceptable gender role behaviors within a couple's given marital framework. Oakley (1980) noted that whereas women used to withdraw from the paid labor force when they married, now women typically wait until they are pregnant to quit. Withdrawal from the work force and subsequent enactment of the traditional maternal role may be difficult for some women and their spouses.

Lamb (1978) speculated that most couples, regardless of the original egalitarianism or traditionality of their relationship, make the same shift toward more rigidly defined traditional roles during pregnancy. Couples who already hold traditional values for family structure and functioning would have had a lifetime of opportunities to observe and learn the expected role behaviors. Egalitarian couples, however, have no such reference group since role interchangability is a

relatively recent social development. For that reason, Lamb believed that egalitarian couples, being less familiar with the appropriate role behaviors, would consequently experience more marital stress during pregnancy than those who already had aligned themselves in traditional role patterns.

Theoretical support for the speculation that gender role orientation of couples has an impact on their adjustment to the demands of pregnancy can be found in the perspective known as "Symbolic Interaction". A review of basic concepts and propositions of this conceptual approach is presented in the following section.

#### Symbolic Interaction Theory

The boundaries of symbolic interaction theory are rather imprecise and include other viewpoints, including exchange theory and role theory (Burr, Leigh, Day, & Constantine, 1979). Basic assumptions of this approach have been extensively discussed elsewhere (Burr et al., 1979), and will not be presented here. Nevertheless, the framework's heavy reliance on individual perceptions and other mental phenomena should be emphasized.

The concept of role is central to symbolic interactionism. Roles are the "integrated sets of social norms that constitute other roles", and "social norms are beliefs or expectations that people ought or ought not behave

in certain ways: (Burr et al., 1979, p. 54). Roles are viewed as both structural and processual. They are considered structural or static because they are repeated in various social settings and because shared interpersonal expectations can be identified. Roles are also considered dynamic, however, because the mental expectations are about interactional processes.

Four variables related to the concept of role are pertinent to the study being reported here. These terms are summarized below, with all page references from Burr et al. (1979).

1. Role strain - the "felt difficulty in fulfilling role obligations" (p. 57).

2. Quality of role enactment - "how well a person performs a role relative to the expectations for the role (p. 58).

3. Consensus on role expectations - "how much the role expectations of two or more individuals agree or disagree" (p. 59).

4. Clarity of role expectations - "how ambiguous or hazy versus how identifiable the expectations are" for roles (p. 60).

Theoretical propositions regarding role strain were summarized and clearly stated by Burr et al. (1979). Several

of these propositions are presented below because of their applicability to the current report.

1. "The more individuals perceive consensus in the expectations about a role they occupy, the less their role strain" (p. 79). As the married couple anticipates the birth of their first child, both the husband and the wife will harbor a set of expectations about how the other will behave as an expectant parent. If the couple has dissimilar expectations for each other, more role strain will be experienced by the individuals. May (1979), for example, observed that expectant mothers frequently believed that their husbands should be more interested and involved in the events of pregnancy than men themselves desired. In such situations involving lack of consensus about how the other fulfills the role of expectant parent, a greater degree of role strain would be expected than if a couple were in agreement.

2. "The greater the perceived clarity of role expectations, the less the role strain" (p. 80). Marital roles have for many years been viewed as complementary with clear division of labor between the sexes (Scanzoni & Scinovacz, 1980). Couples who continue to subscribe to the traditional family form will have received wide exposure to role models who would demonstrate how those roles should be

implemented. Couples who hold more egalitarian preferences for the husband-wife roles, however, will not typically have had opportunities to see how these expectations can be carried out during the transition from childlessness to parenthood. Since there is less clarity about appropriate behaviors, egalitarian couples would likely experience greater role strain than those with more traditional views about roles.

3. "The greater the diversification of a person's roles, the less consensus the person will perceive in the expectations about their roles" (p. 80). Egalitarian couples hold the view that gender role behaviors are interchangeable while traditional couples prefer differentiated sex-role behaviors (Scanzoni & Szinovacz, 1980). Clearly, roles that are interchangeable would also be highly diversified. Thus, couples who hold egalitarian preferences for gender roles would be likely to experience greater disagreement about how each of them should carry out the expectant parent role.

4. "The greater the reward individuals perceive from their role enactments, the weaker the positive relationship between the amount of activity and role strain" (p. 82). Although this proposition has not been adequately tested, it has inherent rationality. Men and women who are expecting their first child could be expected to mentally weigh both

the tangible and intangible costs against the rewards of having a child. As long as perceived rewards outweighed costs, individuals would experience less role strain. Certainly traditional and egalitarian couples could be expected to weigh costs and rewards differently. Since individuals with egalitarian preferences highly value role interchangeability with respect to paid work and family work roles (Pleck, 1983), the presence of a child may seriously threaten the ability to act on those preferences.

5. "The more individuals think their roles are incompatible, the greater their role strain" (p. 82). An expectant parent, typically the mother, who holds egalitarian preferences for gender roles may have much difficulty in continuing existing role behaviors such as in the paid labor force, and in assuming the new role of dependent and less active expectant parent. The greater amount of incompatibility these individuals perceive, the greater the amount of role strain they will experience.

The above overview of symbolic interaction provided a logical theoretical basis for the development of the hypotheses related to gender role preferences that were tested in this study. The emphasis placed on role expectations and role enactments blended with what other researchers have discussed about dyadic marital adjustment in

pregnancy. Furthermore, the concept of role strain and the behavior changes it may generate were directly related to the speculations made by Lamb (1979).

#### Summary

The review of literature has generated two basic research concerns. The first concern was whether there is empirical evidence to support the belief that pregnancy is a disruptive and stressful period for the married couple. If crisis is present, basic alterations in the marital relationship should be measurable. The second question related to the preferences couples hold for gender roles and the effect these have on the marital relationship. In the marital dyad, both individuals may hold similar preferences for the degree of egalitarianism or traditionality in their husband-wife roles, or there could be marked differences between what each of the individuals prefers. Accurate assessment of gender role preferences could then be the basis for evaluating other aspects of the interpersonal relationship. In this way the suggestion made by the LaRossas (1981) that relationships between interaction variables (as, for example, interpersonal conflict or the amount of time spent apart) and attitude variables (gender role preferences or marital satisfaction, for example) could be implemented.

## CHAPTER III

## PROCEDURES

How married couples adapt to the first pregnancy is a poorly understood phenomenon. The work which has previously been done on the impact of pregnancy has been primarily concerned with individual response and adjustment. Both men and women are believed to experience stress as they attempt to clarify and then adjust to not only their personal role perceptions but also to expectations held by the spouse.

One purpose of this investigation was to determine the extent of pregnancy's influence on selected aspects of the marital relationship. Marital satisfaction, interpersonal conflict, and how much time the couple spent apart were thought to be reasonable indicators of the amounts of stress experienced by the expectant parents. If satisfaction with the marriage relationship decreased, if the couples reported more conflict between themselves as the pregnancy progressed, and if they tended to spend more time apart, there would be empirical evidence of the stressfulness of pregnancy on the marriage relationship.

A second purpose of the study was to investigate the impact of gender role preferences on the aspects of the interpersonal relationship which had been selected for study.

Differences between couples who had more traditional gender role preferences and those who held either less traditional preferences, or whose preferences were mixed, were expected to be present. The speculation offered by Lamb (1978) that couples with more egalitarian relationships would be positively related to the difficulty they encountered in adjusting to pregnancy would thus be tested.

#### Research Design

This research was based on a quasi-experimental method known as a cohort design (Cook & Campbell, 1979). Two groups of couples, some who had just begun pregnancy, and others who were nearing the end of pregnancy, were compared on selected aspects of the marital relationship. In effect, this design allowed simultaneous comparison of two groups in which one had been exposed to a "treatment" (the events of pregnancy) and another had not.

Several steps were taken to strengthen the internal validity of the design. First, selection criteria were established to insure that the two groups would be comparable on as many characteristics besides the stage of pregnancy as was possible. Second, data were collected from both groups simultaneously prior to their completing classes related to pregnancy or birth, in order that historical factors would be better controlled. Finally, all participants were given

identical questionnaires, and no couple was tested more than once.

#### Selection and Description of Participants

The two groups of couples, one in early pregnancy and the other in late pregnancy, were recruited from regional health agencies where women received prenatal care. Contact with a nurse in each of twelve obstetrician's offices, two hospitals, and one community health clinic was initiated by phone. Appointments were made for the investigator to go to the agency to explain the study and enlist their assistance in obtaining participants. All except one agency agreed to assist with the project, and nurses in the other agency invited the researcher to come there to do her own recruitment.

The nurses were subsequently asked to give all married women who were expecting the first child a letter of introduction (see Appendix A). The letter briefly described the study and asked for the mother's permission to be contacted by the investigator. A total of 300 letters was left in the agencies, and stamped envelopes were supplied to facilitate the prompt return of signed letters to the investigator.

No participants were recruited from six offices due to a reported variety of staffing problems and other reasons.

Nurses in three of those offices stated that none of the mothers they approached were interested in participating. Nevertheless, a total of 152 mothers signed the letter of interest, agreeing to be contacted.

Upon receipt of the letters, the investigator telephoned the expectant mothers to explain the study and to ascertain if the couple met the selection criteria. Four limitations were placed on the sample by the researcher:

1. The child expected from this pregnancy was the first for both husband and wife. Individuals who previously had been through pregnancy and birth were believed to have already developed styles and patterns of coping with related events. Second and subsequent pregnancies would not be expected to have consequences similar to those encountered by first-time expectant parents (Lamb, 1978).

2. The couple was married at the time they were contacted. Although a few unmarried couples expressed a willingness to participate in the study, they were not included. It was believed that differences in their relationships unrelated to the pregnancy might confuse the findings of this study.

3. Both the husband and wife agreed to participate in the study. The desire to compare responses of couples precluded the participation of only one spouse. Only a few

wives expressed the desire to participate in the study when their husbands did not.

4. Gestational age of the fetus was less than or equal to 13 weeks to be included in the early pregnancy group, or was 27 weeks or more to be a part of the late pregnancy group. Human gestation lasts approximately 40 weeks and is typically divided into trimesters for descriptive purposes. In this study, couples still in the first trimester were compared with those in the third trimester.

All expectant mothers were urged to discuss the opportunity to participate in this study with their husbands so that they too would have the opportunity to consent or refuse. Of the 152 couples contacted, 114 agreed to participate, and appointments were made to meet the couples. Twenty couples were met in their homes, 82 were met at the beginning of their childbirth classes, and 12 were met elsewhere for collection of the data.

#### Research Instruments

The questionnaire completed by each of the participants was actually a compilation of six instruments (see Appendix B). After the instruments were originally selected and compiled, the questionnaire was pretested. Five expectant couples were asked to complete the questionnaire and afterwards to provide feedback about the experience.

Responses and suggestions of the couples were used to revise the forms modestly. Additionally, the previously planned interviews on recent topics of conflict in the marriage relationship were deleted after the pretest revealed their unproductiveness.

The modified questionnaire was divided into distinct sections so that participants would have less difficulty completing it. Part I asked for demographic and background information and was utilized not only for descriptive purposes but also for comparison of the two groups. Part II was the Attitudes toward Women Scale (Spence & Helmreich, 1978), which elicited information about individual attitudes and preferences for gender roles. Part III was a scale developed by Scanzoni and Szinovacz (1980), which also indicated preferences for family gender roles. This scale was included for additional comparisons which extended beyond the intent of this study. It was therefore not utilized in the data analysis. Part IV requested the individuals to rate various aspects of their marital relationship. Only a portion of this scale, which was developed by Braiker and Kelley (1979), was utilized in this study to measure conflict. Part V was a form developed by the investigator which asked participants to estimate the amount of time they spent on various activities. Part VI, the final section of

the questionnaire, was the Kansas Marital Satisfaction Scale (Schumm, Scanlon, Crow, Green, & Buckler, 1983). A more comprehensive discussion on each part of the questionnaire is provided below.

#### Part I - Background Information

One way to insure comparability of the groups being tested in the cohort design is to analyze information pertaining to demographic variables (Cook & Campbell, 1979). Information regarding age, education, employment, occupation, length of marriage, and maternal health was requested in this part of the questionnaire. Data on education and occupation were utilized to compile a ranking on social position developed by Hollingshead (Miller, 1977).

The two-factor Hollingshead index measures positions that individuals occupy in the social status structure. Knowledge of the subject's education and occupation is required and fits into the stated formula. The responses to the seven-point education and occupation scales are weighted, with occupation given a weight of 7 and education given a weight of 4. The scores obtained by multiplying these figures are added to produce the Index of Social Position Score. Finally, in the Hollingshead scheme, scores are fit into one of the five social class categories which have been established. Class I is the highest social class, containing

individuals who have a high level of education and an executive or professional occupation.

Hollingshead and others have made extensive studies of the reliability of scoring with this system and have established statistical validity of the index on over one hundred variables (see Miller, 1977, for references). Use of this system of classifying participants was believed to promote a more comprehensive comparison of individuals in the early and late pregnancy groups than would the use of single variables.

#### Part II - Attitudes toward Women Scale

Gender role preferences have in the past been measured with a variety of research instruments. Although two tools used in this study investigated role preferences, only the Attitude toward Women Scale (AWS) was used in the data analysis. The AWS (Spence & Helmreich, 1978) contained statements which described the rights, roles, and privileges women ought to have or be permitted. Respondents indicated their agreement with each statement on a four-point scale ranging from "strongly agree" to "strongly disagree". Items were scored 0 to 3, with low scores indicating a preference for more egalitarian gender roles. Possible scores ranged from 0 to 45.

The 15-item version of the AWS used in this study is a

modification of the original tool, which was longer. The Cronbach alpha of the 15-item form has been reported at .89 in a sample of college students (Spence & Helmreich, 1978). Construct validity has been repeatedly confirmed through testing of several different groups.

#### Part III - Gender Role Preference Scale

The gender role preference (GRP) scale developed by Scanzoni and Szinovacz (1980) generated information regarding respondents' preferences for specific family roles for men and women. The instrument consisted of 24 statements to which individuals could indicate their agreement or disagreement using a 5-point Likert-type scale. Total scores were obtained by summing the responses to the items. Scores potentially ranged for 0 to 96, with the higher scores indicating more traditional tastes.

Statements used in the GRP scale were quite similar to those used in the AWS, but no correlation between the two instruments has been established. The investigator included the instrument in the present study for future use that extended beyond the purpose of the present study. Thus the GRP scale was not utilized in the data analysis.

#### Part IV - Conflict Scale

Information about attitudes, feelings, and behaviors that couples experience in a close relationship was obtained

by using the 25-item questionnaire developed by Braiker and Kelley (1979). In the original study, data were collected from husbands and wives through self-administered questionnaires. All questions required the respondents to estimate on a 9-point scale the degree or extent of a particular attitude, feeling, or behavior that the couples had experienced in their close relationship. A principal-components factor analysis with orthogonal rotations was performed separately on each of the questionnaire responses, permitting the identification of the major dimensions or factors underlying the questionnaire items. Subsequently, four factor scales were developed on love, ambivalence, maintenance, and conflict. Factor analysis revealed that the conflict factor was independent of the remaining three factors.

In the present study, individuals responded to each of the 25 items that were placed on 9-point scales. Higher scores indicated a greater amount of agreement with the given statement. The five questions related to conflict (3, 5, 12, 24, and 25) were used in this study to measure interpersonal conflict. Scores potentially ranged from 5 to 45.

#### Part V - Estimate of Time Questions

One strategy men have used to permit less involvement with their wives in the events of pregnancy is to become more

consumed by activities that take their attention away from the spouse (May, 1979). Men may work longer hours, begin a new hobby, return to school, or increase his commitments to other social activities. The questionnaire requesting estimates of time spent on the various activities was developed by the researcher to determine whether the predicted pattern was evident. Individuals were asked to limit their calculations to a typical 7-day week during the past month. Estimates were requested for hours spent in employment-related activities, activities done alone, activities done with others excluding the spouse, activities done with others including the spouse, and activities done alone with the spouse.

#### Part VI - Marital Satisfaction Scale

The Kansas Marital Satisfaction Scale (KMS) has three items to which individuals respond by circling one of seven numbers on the scale (Schumm, Scanlon, Crow, Green, & Buckler, 1983). Possible scores ranged from 3 to 21, with higher scores indicating a greater perception of satisfaction in the marital relationship. Internal consistency reliability and validity of the KMS was tested by Mitchell, Newell, and Schumm (1983). Cronbach alphas for the scale were .89 and .93 for husbands and wives, respectively. Test-retest reliability of the KMS was evaluated in a testing

of mothers over a 10-week period. Reliability was considered substantial with an  $r$  of .71.

#### Data Collection

When the investigator met the couple the purpose of the study was briefly reviewed. Couples were asked to separate from each other so that comparison and collaboration on the questionnaire would be avoided. The investigator's interaction with the couples after they began the questionnaire was limited to clarifying directions when occasional questions were asked. Almost all participants completed the entire questionnaire in 25 minutes or less. After the questionnaire was returned, the investigator made herself available to answer questions related to the study and to discuss the experiences of couples as they desired. Many participants seemed eager to describe their unique situations with a health professional, and topics ranged from the physiological changes experienced by women to problems with in-laws giving unwanted advice, and even adjustments made in sexual intimacy during pregnancy. Although these spontaneous conversations were not recorded nor analyzed for the present study, they did suggest that many couples may have a need to discuss their experiences with a professional in a nonstructured, nonthreatening situation.

### Analysis of Data

Items on background information were coded and scores on the various parts of the questionnaire were totaled. All information was entered into the VAX 11/780 computer system for analysis. Data were analyzed with the statistical package known as SAS, The Statistical Analysis System (Ray, 1982).

Background information was carefully analyzed to establish comparability of the early and late pregnancy groups. Statistical procedures used included t tests, chi square, and correlation measures. Likewise, dependent variables of conflict and marital satisfaction were initially investigated with descriptive statistics, and then comparisons of early to late pregnancy changes were made with t tests. Data regarding estimates of time were treated only by descriptive methods.

Establishment of three groups of couples based on gender role preference was problematic, yet categorization was vital to the use of this independent variable. The chief difficulty involved using scores from the individual measure on the Attitudes toward Women Scale to derive a couple measure. Careful reading of the literature where labels such as "traditional", "egalitarian", and "mixed" had been used failed to provide useful guidelines regarding handling of

empirical data for couples. The terms were typically utilized in the theoretical sense.

In a similar dilemma involving another problem, Spence and Helmreich (1978) needed to combine two scores to classify individuals on masculinity and femininity. The technique used to combine the scores was a median split method in which norms for the two scales were first established. Subsequently, individuals were classified by means of a 2 by 2 table according to their position above or below the median on the two scales. Scores on the median were incorporated into the upper groups. Although this classification scheme has deficiencies which will be discussed in Chapter V, the approach was considered a viable option and thus was used in the present study.

The initial step of classification was to determine the median scores on the AWS for men and women. In order to create more distinctly different groups, individuals with scores that happened to fall on the median were omitted. All remaining couples were placed in one of three categories: (1) more traditional couples, in which both husband and wife scores on the AWS were above the median; (2) less traditional couples, in which both husband and wife scores on the AWS were below the median; and (3) mixed couples, in which one spouse had a score below the median, and the other spouse had a score above the median.

After the three categories of couples with different preferences for gender roles had been established, the variables which were thought to be reliable indicators of the marital relationship were studied. Analysis of variance was utilized to investigate the association between gender role preference categories and the variables of conflict and marital satisfaction. Because the data obtained from the questionnaire regarding time spent on various activities (Part V) did not meet the statistical assumptions on which analysis of variance was developed, it was examined in a strictly descriptive manner.

One final procedure was utilized to investigate the effect of gender roles. First, the absolute differences between husband and wife scores on interpersonal conflict was computed. Next, a mean difference score for the three groups was established. Finally, an analysis of variance for the three gender role preference groups was then performed on the absolute difference in conflict scores.

CHAPTER IV  
ANALYSIS OF DATA

The purpose of this study was to determine whether pregnancy had an influence on marital satisfaction, interpersonal conflict, and time spent apart for first-time expectant parents. Furthermore, the study investigated whether the preferences that couples hold for gender roles are related to reported amounts of marital satisfaction, interpersonal conflict, and time spent apart during the months preceding the birth of the first child.

Analysis of the data first included a close inspection of the cohort groups for comparability on demographic features. After similarity of the early and late pregnancy groups was confirmed, investigation of the aspects of the marital relationship which had been selected for study continued. Pregnancy was not found to have a profound impact on marital satisfaction, interpersonal conflict, and time spent apart. Preferences couples held for gender roles remained consistent from early to late pregnancy and appeared to have little impact on the marital relationship. Differences between couples who were classified as more traditional, less traditional, and mixed were negligible.

### The Sample Group

A total of 114 couples, 52 in early pregnancy and 62 in late pregnancy, met the stated criteria for inclusion in the study and completed the questionnaires. Data from 13 black couples, 4 in early pregnancy and 9 in late pregnancy, was subsequently deleted to avoid the possibility of a disproportionately small section of the sample introducing variability unrelated to the study. Data from one other couple was found to be incomplete and was therefore not included. The final sample group for this study, then, was 100 white couples, 48 of whom were in early pregnancy and 52 in late pregnancy.

### Background variables

Analysis of the demographic data was important because the cohort design is based on the assurance that the two groups being compared are similar. Information from all respondents was obtained on age, education, employment, occupation, and length of marriage. Women were also asked to indicate their health status during the pregnancy. Statistical comparisons were done to determine possible differences between couples in early pregnancy and those in late pregnancy.

#### Age

A wide spread of ages was represented in the sample.

Men ranged from 18 to 40 years, while women were 17 to 36 years of age. In general, men were found to be slightly older than women in both the early and late groups (Table 1). Mean age for both men and women declined only slightly from early to late pregnancy groups.

Table 1  
Comparison of Men and Women for Age

		Stage of Pregnancy	
		Early (n=48)	Late (n=52)
<u>Men</u>	Mean	28.9 yrs.	28.5 yrs.
	SD	4.2	5.7
	Std Error	.60	.79
<u>Women</u>	Mean	27.4 yrs.	26.7 yrs.
	SD	4.1	4.9
	Std Error	.59	.68

### Employment

Virtually all men in both sample groups were employed full-time. In the early group, two men indicated that they worked part-time, and both were also currently enrolled as full-time students in a college program. Not all women were employed, however. In early pregnancy 96% (n = 48) of the women were employed, but in late pregnancy only 73% (n = 52)

were still working. Several women explained that they had previously been employed, but as the end of their pregnancy approached, they had chosen to relinquish their jobs to prepare for the birth of the child.

### Social position

Utilizing the two-factor index described by Hollingshead (Miller, 1977), the men and women in the early and late pregnancy groups were compared on social position. In this classification system, scale scores on education and occupation are weighted to produce a social position score, which is in turn placed in one of five possible social class designations. A low social position score corresponds to lower class ranking.

Except for the lowest social position (Class V), which included people with little education and occupations which required little or no skill, all categories were represented in the sample for both sexes (Table 2). The distribution of participants within the Hollingshead classes, however, was found to be uneven. To permit statistical comparison of the early and late groups, the Hollingshead Classes I and II were combined into one group, and the remaining three classes were placed in a second group. This procedure created two social positions, one being the upper classes, and the other being lower classes. The resulting cell sizes are indicated in Table 3.

Table 2

Distribution of Men and Women for Social Position (N=184)\*

Class	Stage of Pregnancy			
	Early		Late	
	Men	Women	Men	Women
I	11 (23%)	2 (2%)	8 (15%)	13 (8%)
II	22 (46%)	24 (52%)	9 (17%)	16 (39%)
III	9 (19%)	20 (44%)	17 (33%)	17 (45%)
IV	6 (12%)	1 (2%)	15 (29%)	3 (8%)
V	0	0	3 (6%)	0
n =	48	46	52	38

\*Sixteen women were not employed and could not be classified.

Table 3

Adjusted Distribution of Men and Women for Social Position  
(N=184)\*

Social Position	Stage of Pregnancy			
	Early		Late	
	Men	Women	Men	Women
Upper	33 (69%)	25 (54%)	17 (33%)	18 (47%)
Lower	15 (31%)	21 (46%)	35 (67%)	20 (53%)
n =	48	47	52	49

\*Sixteen women were not working and could not be classified.

No difference was found between women in the early and late pregnancy groups for social position [ $\chi^2$  (1, N = 100) = 0.146, p = .702]. A statistically significant difference was, however, found between the two groups of men [ $\chi^2$  (1, N = 100) = 12.981, p = .000]. As noted in Table 3, there was almost a complete reversal in the ratios of men in the upper classes to those in the lower classes from early to late pregnancy. This reversal is undoubtedly related to the fact that many of the couples in the early group were recruited from classes on pregnancy taught at physician's offices.

Early pregnancy classes are a relatively new option of prenatal care in the region where the data was collected. Couples who attended early classes were typically white, well-educated young adults who were eager to become better informed about the experiences of pregnancy. In contrast, the popular childbirth preparation classes that are conducted later in pregnancy are typically attended by couples from more diverse socioeconomic conditions.

#### Length of marriage

A comparison of the two groups of couples for length of marriage revealed that those in early pregnancy had been married somewhat longer than those in late pregnancy (Table 4). Couples in early pregnancy, on the average, had been married about four years, while those in late pregnancy

indicated marriages of almost three year's duration. The differences found between the groups were due to the considerable variation in the length of marriage in both groups. Couples had been married from only one month to over 11 years.

Table 4  
Comparison of Couples on Length of Marriage

Stage of Pregnancy	Months of Marriage	
Early (n=48)	Mean	48.1
	SD	35.4
	Std Error	5.11
Late (n=52)	Mean	35.3
	SD	31.9
	Std Error	4.42

#### Maternal Health

Women in general enjoyed good health during pregnancy. Only 14% of the women in the early pregnancy group and 25% in the late pregnancy group claimed to have experienced an acute illness, chronic medical condition, or a complication of pregnancy (Table 5). A larger number of women experiencing

health difficulties during the later stage of pregnancy would be expected. The remainder of the respondents indicated either no difficulties at all or only common discomforts of pregnancy.

Table 5  
Comparison of Groups on Maternal Health

Stage of Pregnancy	Health Category*	
	"A"	"B"
Early (n=48)	41 (85%)	7 (15%)
Late (n=52)	39 (75%)	13 (25%)

\*Category "A" = no difficulties or only common discomforts.  
Category "B" = acute illness, chronic medical condition, or complication of pregnancy.

Group Comparisons on Dependent Variables

Except for the social class of the husbands, only marginal differences were noted between the early and late pregnancy groups; data analysis continued. Questions related to how the early and late groups differed on the three dependent variables, interpersonal conflict, marital satisfaction, and time spent apart, were answered in the initial analysis. The same dependent variables were then analyzed on the basis of gender role preference indicated by the couples.

### Interpersonal Conflict

Five questions (3, 5, 12, 24, and 25) of the Braiker-Kelley Scale, which was Part IV of the questionnaire, were used to determine the individual's assessment of conflict in the marital relationship. Since more conflict was expected in late pregnancy, a one-tail  $t$  test was used to compare the groups. Table 6 provides evidence that men in late pregnancy as a group perceived similar amounts to those in early pregnancy. Women, however, did report more conflict in late pregnancy, and for them the difference between the groups was statistically significant. Finally, a correlation of .54 ( $n = 100$ ) was found between overall scores for men and scores for women.

Table 6  
Conflict Scores (Range 5-45) for Men and Women

		Stage of Pregnancy	
		Early (n=48)	Late (n=52)
<u>Men</u>	Mean	18.73	17.98 (p=.3074)
	SD	7.10	7.72
	Std Error	1.02	1.07
<u>Women</u>	Mean	18.02	20.87 (p=.0453)*
	SD	7.63	9.00
	Std Error	1.10	1.25

\*Significant at the .05 level for one-tail  $t$  test.

Because of the high interspouse correlation and the fact that responses to questions on conflict were an actual report on activity in the relationship and not on an individual psychological attribute, the decision was made to average the husband's and wife score to obtain a conflict score for each couple. A joint score was desired in order to assess whether as a group couples in late pregnancy experienced more conflict than those couples in early pregnancy. Data in Table 7 demonstrate that the two groups reported similar amounts of conflict, with the late group indicating only slightly more. A t test showed no statistically significant difference between the two sample groups ( $p = .2273$ ).

Table 7

Average Conflict Scores (Range 5-45) for Couples  
in Pregnancy Groups

Stage of Pregnancy	Average Conflict Score	
Early (n=48)	Mean	18.38
	SD	6.38
	Std Error	.92
Late (n=52)	Mean	19.42
	SD	7.48
	Std Error	1.04

### Marital Satisfaction

Individuals were able to indicate their level of satisfaction with their marriage by responding to questions in Part VI of the questionnaire, the Kansas Marital Satisfaction Scale. Because an individual's feelings of satisfaction reflect covert feelings and not a direct report on activity in the relationship, no attempt was made to compute a couple score. Husbands' and wives' scores were, however, positively associated ( $r = .43$ ,  $n = 100$ ). The responses of men and women were analyzed separately with a one-tail  $t$  test for early and late pregnancy (Table 8). Men were generally somewhat less satisfied with aspects of their marriages than were women, but no statistically significant differences were found.

Table 8

Marital Satisfaction Scores (Range 3-21) for Men and Women

		Stage of Pregnancy	
		Early (n=48)	Late (n=52)
<u>Men</u>	Mean	17.96	18.52 (p=.1680)
	SD	2.63	3.13
	Std Error	.38	.43
<u>Women</u>	Mean	19.13	18.87 (p=.3180)
	SD	2.56	2.88
	Std Error	.37	.40

### Time Spent Apart

The amount of time marital partners spent apart from each other was computed by summing the responses on Part V of the questionnaire which referred to activities done alone or those done with others, excluding the spouse. Median hours and the interquartile ranges for each group are presented in Table 9. Estimates of time spent apart were extremely close for all groups.

Table 9  
Time Spent Apart for Men and Women

		Stage of Pregnancy	
		Early (n=48)	Late (n=52)
<u>Men</u>	Median Hours	32.5	32.0
	Interquartile Range	(24,42)	(23,42)
<u>Women</u>	Median Hours	31.5	31.0
	Interquartile Range	(25,43)	(22,42)

### Development of Independent Variable "Gender Role Preference"

All men and women completed Parts II and III of the questionnaire, both of which elicited information about individual preferences for gender roles. Only Part II,

however, the Attitude toward Women Scale (AWS) was used for this study. Scores for men and women in the two groups are presented in Table 10.

Table 10  
Scores on Attitudes Toward Women Scale (Range 0-45)

		Stage of Pregnancy	
		Early (n=48)	Late (n=52)
<u>Men</u>	Mean	12.90	15.40
	SD	5.63	8.24
	Std Error	.81	1.14
<u>Women</u>	Mean	11.17	13.65
	SD	6.55	8.54
	Std Error	.95	1.18

The potential range of scores on the AWS was 0 to 45, with higher numbers indicating more traditional preferences. Mean scores for all groups of this sample were in the lower third of the possible range, indicating that gender role preferences (GRP) tended toward the less traditional side of the continuum. Comparison of GRP scores between the early and late pregnancy groups revealed a slight shift toward more traditional preferences ( $p = .08$  for men and  $p = .11$  for

women). This shift may be related to the reversal seen earlier in the distribution of couples in the upper and lower social positions, since better educated, upper middle class couples have in recent years consistently demonstrated preferences for less traditional gender roles (Scanzoni & Litton-Fox, 1980).

Individual scores were used in gathering the data on GRP, but a method of combining the scores was necessary to continue analysis of the impact of differing GRPs on conflict and satisfaction in the marital relationship during pregnancy. An approach similar to the median split design described by Braiker and Kelley (1979, p. 35) in a comparable situation was adapted. First, median scores for both men and women were obtained for a normative reference. The median score for men in this sample was 14, while the median score for women was 12. As the split suggests, there was a highly positive association ( $r = .69$ ,  $N = 100$ ) between the scores for husbands and wives on GRP.

Next, couples were classified by means of a 2 by 2 table according to their position above or below the medians. The four cells and the numbers of couples who were classified in that group are shown in Table 11. Scores which fell on the median were eliminated, and this procedure excluded ten couples from the data analysis.

Table 11

Schema for Classifying Couples on Gender Role Preferences (GRP) by a Median Split (N=90)

		Husband's GRP Score	
		<14	>14
Wife's GRP Score	< 12	Less Traditional (n=37)	Mixed (n=8)
	> 12	Mixed (n=10)	More Traditional (n=35)

Couples whose scores were both above the normative medians were considered more traditional, and those couples whose scores were both below the median were considered less traditional. All remaining scores were combined into another group. Because this third group contained scores in which one spouse's score was more traditional and the other's was considered less traditional, the category was labeled "mixed". The resulting three groups of couples were then utilized to study two dependent variables, conflict and marital satisfaction, with an analysis of variance. The third variable, time spent apart, was not subjected to further study since the data obtained from the questionnaire did not meet the statistical assumptions on which analysis of variance was developed.

Gender Role Preference and Conflict

Dyadic conflict scores, which had earlier been computed by averaging husband and wife scores, were analyzed for the three GRP groups. While the more traditional group did report the least conflict ( $M = 18.61$ ), mean scores for the other two groups were similar (less traditional group  $M = 19.46$ , mixed group  $M = 19.28$ ). An analysis of variance was performed, but no statistically significant difference was found between the group means (Table 12).

Table 12

ANOVA for Gender Role Preference and Couple Conflict

Source	df	SS	MS	F
Model	2	13.92	6.96	0.14 (n.s.)
Error	87	4239.36	48.73	
Total	89	4253.28		

As an alternative approach to determining the influence of gender role preferences, the disparity between the husband's and wife scores on conflict was computed for each couple. Mean scores on the disparity measure were similar for the three GRP groups: more traditional ( $M = 6.06$ ), less traditional ( $M = 6.41$ ), and mixed ( $M = 6.45$ ). The closeness

of these scores was expected since a high positive correlation ( $r = .54$ ,  $n = 100$ ) on overall scores for men and women had earlier been discovered. An analysis of variance on mean scores of the absolute difference between individual conflict scores for couples in the three GRP groups continued to demonstrate no significant differences (Table 13).

Table 13

ANOVA for Gender Role Preference and Disparity in Conflict Scores

Source	df	SS	MS	F
Model	2	2.81	1.40	0.06 (n.s.)
Error	87	1993.25	22.91	
Total	89	1996.06		

#### Gender Role Preference and Marital Satisfaction

Marital satisfaction was investigated for individuals in each of the three groups based on gender role preference. Mean scores for each of the groups on marital satisfaction are reported in Table 14. No statistically significant difference was found in the analysis of variance of mean scores for either men or women (Table 15).

Table 14

Mean Scores for Marital Satisfaction (Range 3-21) in Gender Role Preference Groups

Group	n	Women's Score	Men's Score
More Traditional	37	19.00	18.08
Mixed	18	18.72	18.50
Less Traditional	35	19.26	18.17

Table 15

ANOVA for Gender Role Preference and Marital Satisfaction

Spouse	ANOVA Table				
	Source	df	SS	MS	F
Men	Model	2	2.19	1.09	0.12(n.s)
	Error	87	794.23	9.13	
	Total	89	796.40		
Women	Model	2	3.53	1.76	0.24(n.s)
	Error	87	638.30	7.34	
	Total	89	641.82		

CHAPTER V  
DISCUSSION OF RESULTS

The traditional method of investigating the impact of pregnancy has been to question the meaning of that experience for individual men and women. Relatively little consideration has been given to how the dyadic marital relationship is adjusted during those months of preparation for parenthood. Qualitative studies done by LaRossa (1977) and May (1979), however, lend strong support to the assumption that there is a dynamic process of adjustment, particularly as individuals explore the changes in roles which occur. This study was developed to quantitatively investigate the linkages between selected attitude and interaction variables which would be likely to provide empirical evidence of the ongoing process. Two research questions were asked: (1) To what extent does pregnancy influence marital satisfaction, interpersonal conflict, and time spent apart, and (2) Are the preferences the couples hold for gender roles related to the reported amounts of marital satisfaction, interpersonal conflict, and time spent apart? This discussion of the results includes a review of the outcomes of the four hypotheses tested in this study and a critique of the research.

### Test of Hypotheses

The four hypotheses which were tested are discussed below.

1. All couples will report more interpersonal conflict, less marital satisfaction, and more time spent apart in late pregnancy than in early pregnancy. The hypothesis was rejected. Couples in both early and late pregnancy reported similar amounts on all three variables selected for study. An exception was found only when differences for men and women were tested separately. That comparison revealed a significantly larger amount of conflict reported by women in the late pregnancy group.

2. More traditional couples will report the least amount of interpersonal conflict and the most marital satisfaction among the three groups, but more time spent apart than less traditional couples. The hypothesis was rejected. No differences were found between the groups which had been established on preferences for gender roles.

3. Less traditional couples will report more interpersonal conflict, but less time spent apart, and less marital satisfaction than more traditional couples. This hypothesis was also rejected when no differences were found between the groups of expectant couples.

4. Mixed couples will report the greatest amount of interpersonal conflict, the most time spent apart, and the

least amount of marital satisfaction among the three groups. This hypothesis, as were the previous two related to the influence of gender role preferences, was rejected.

#### Critique of the Research

When projected findings fail to be confirmed in a given research project, reasons for that discrepancy need to be explored. Four aspects of this study which were scrutinized included (1) the representativeness of the sample, (2) the strength of the research design, (3) the ability of the instruments to detect changes being investigated, and (4) the appropriateness of the analysis techniques. Each of these aspects of the research project is considered in this section.

#### Sample

One of the risks of utilizing self-administered questionnaires in a survey of a sample is that people who choose to answer questions may not be representative of the population of interest (Scheaffer, Mendenhall, & Ott, 1979). The population of interest in this study, of course, was married couples who were expecting their first child, and couples voluntarily chose to participate. Self-selection into a sample group is known to introduce bias that is difficult to control. Fundamental differences between couples who choose to participate in the study and others who

do not may be present and unrecognized.

In practically every significant study of human beings there will be some people who refuse to cooperate in a given research project, but a study is not automatically invalidated for that reason (Simon, 1978). What matters most is whether the reason for nonresponse or the characteristics of the nonrespondents are related in any way to the information that the researcher desires to collect. Although the sample for this study was heterogeneous with respect to several demographic features such as age, education, occupation, and length of marriage, the sample was homogeneous with respect to preferences for gender roles. Mean scores for the groups indicated that men and women in early and late pregnancy held predominantly nontraditional views of roles. A sample more diverse on this variable would greatly enhance the analysis of the impact of different views of roles on a marriage relationship during pregnancy. The sample could also have been more representative on the variable of marital adjustment. The possibility exists that those couples who had already experienced difficulty in their marital adjustment prior to or earlier in the pregnancy were also the ones who declined to participate in the study.

The potential difficulty in attracting a wide range of couples who differed in gender role preferences and the

degree of conjugal adjustment was recognized early in the development of the study; therefore, an explanation of the study over the telephone by the investigator was planned. Recruitment by phone is not as effective as in person, but it is an improvement over recruitment by letter (Simon, 1978). The letter of introduction which was presented to expectant mothers, however, did mention that the marriage relationship was of interest to the investigator. That alone may have been enough to discourage some from considering participation.

A fear of invasion of privacy was evident for some couples contacted by phone. After one expectant mother had given her permission to be telephoned, the investigator called and explained the study to the women. She expressed interest in participating but said her husband was reluctant to do so. He did agree to discuss his concerns with the investigator. This expectant father stated that he thought the experiences of pregnancy were very private and that he did not wish to share them with anyone but his wife. Four other couples also refused to participate because of stated reluctance to give information about the marital relationship. The number of other potential participants who perceived participation in the study as a threatening experience could not be determined.

At least two strategies recommended by Simon (1978) would be appropriate in the attempt to recruit a sample that was more representative of the greater population of expectant parents. First, the rate of response may be increased by persuading the potential respondents to answer. If, for example, married pregnant women could have been contacted initially, not by letter, but by the investigator or a trained assistant, they may have been persuaded to at least discuss participation with their husbands. Another option would be to recruit through the physicians. The influence of a powerful authoritative figure like the physician has been utilized by others in similar studies (LaRossa, 1977; Shereshefsky & Yarrow, 1973).

The second technique suggested by Simon (1978) is to offer gifts or payment to the respondents. In the present study, the participants could only be promised that they would receive a summary of the findings of the study. Funding which would have permitted payment of either the nurse recruiters, expectant couples, or both may have made a difference in attracting a sample that was more representative of the range of gender role preferences and degrees in marital adjustment.

### Design

The cohort design utilized in this research was chosen

because it was a legitimate option in which all respondents could be tested once within a given time frame. All quasi-experimental designs, however, suffer from the fact that comparisons depend on nonequivalent groups (Cook & Campbell, 1979). Although selection criteria and data collection methods were developed to decrease the known threats to internal validity in this study, the possibility exists that the early and late pregnancy groups were fundamentally different on other characteristics that were not measured.

A longitudinal design would be appropriate in a study of expectant parents. The primary advantage of longitudinal designs is that respondents are observed sequentially and thus serve as their own controls, a mechanism which is not present in the cross-sectional, cohort design (Simon, 1978). Problems associated with long-view studies, including possible loss of subjects, the extended data collection period, and the effects of testing, would need to be weighed against the potential benefits of such a design.

A longitudinal study may also be helpful in resolving one additional concern. In the directions on the questionnaires given to respondents in this study, individuals were asked to provide information on interpersonal conflict, time spent apart, and marital satisfaction for the past month during the pregnancy.

Limiting the report to the requested time frame may have been difficult for some respondents. In a longitudinal design, multiple testing on the same factors would undoubtedly permit revisions in the frames of reference.

Huston and Robins (1982) observed that the repeated-measures approach is rarely employed in the study of interpersonal relationships. Repeated measures, however, especially on subjective conditions, permits the investigator to tease out the various components of variability found in the scores. Measured fluctuations could provide valuable information regarding the actual stability of the condition being measured.

#### Instruments

The instruments chosen for use in the study were selected, of course, for their ability to measure adequately the attitude and interaction variables selected for study. Except for the questionnaire on time spent apart, the tools had been reported as statistically reliable. Because the predicted hypotheses could not be confirmed, however, it is appropriate to ask if other measures might have more successfully captured the change that was expected to occur.

For the measure of relationship properties such as conflict or time spent apart, the method chosen for this study was a retrospective summary rating provided by the

respondents. Huston and Robins (1982) pointed out that this method of testing creates several sources of unreliability which include (1) ambiguity in the definitions of categories, (2) respondent inattentiveness or distractability, (3) errors in mental arithmetic, and (4) variation in assessment conditions. Potential threats to construct validity include (1) respondent's reactivity, (2) respondent's inattentiveness or distractability, (3) memory distortions affecting recall of events, (4) task substitution, and (5) questionnaire response artifacts. Although steps were taken to reduce many of these threats to reliability and validity, their actual influence cannot be determined.

Alternate methods of obtaining data on the constructs being measured are possible, but choices are inevitably based not only on empirical considerations but also on practical considerations such as the resources available to the investigator. Future investigations of dyadic adjustment during pregnancy could well employ alternate measurement techniques. Questionnaires, for example, might be developed in such a manner that the respondent could provide data about a wider range and detail of events. Other approaches would involve data collection at the event level through frequent telephone reporting, through videotaping or filming live interactions between the couples, or by event-by-event

tallying with a counter. Huston and Robins (1982) believed that relationship properties are best measured by one of the methods in which aggregating data is obtained at the event level.

Gender role preference and marital satisfaction were considered attitude variables. Huston and Robins (1982) described these subjective conditions as the "relatively stable attitudes toward and beliefs about the partner and the relationship held by each member of the dyad" (p. 916). The method chosen to measure these variables in the present study was a summary index of the subjective conditions based on questionnaire responses provided by each participant. This method of measurement has potential sources of unreliability and invalidity which have been enumerated by Huston and Robins (1982).

Sources of unreliability may be (1) ambiguity in the definition of categories, (2) variations in assessment conditions, and (3) inadequate within-person sampling. Threats to construct validity include (1) the respondent's reactivity, (2) lumping conceptually distinct constructs together, and (3) questionnaire response artifacts (Huston & Robins, 1982). The extent to which these threats actually operated is difficult to calculate.

Two suggestions regarding alternative methods of

measuring subjective conditions have been discussed (Huston & Robins, 1982). First, the most straightforward method, which is also the least subject to bias, is to ask the participants to provide a rating or characterization of the subjective condition of interest. The second suggestion involves the analysis of written materials that were originally unintended for research purposes. Advantages of using diaries, letters, and biographies, for example, may outweigh the numerous limitations to their use.

### Analysis

Simple comparisons of men and women in early and late pregnancy presented no difficulties in this study. More problematic, however, was the fact that comparisons between couples were desired on the independent variable gender role preference, and on the dependent variables marital satisfaction, interpersonal conflict, and time spent apart. Because it was the couple that was actually being studied and not the individuals, the literature on the variables chosen was carefully reviewed for information regarding the process of obtaining joint scores. This problem, however, appeared to be poorly addressed.

The technique used in the present study to classify couples on gender role preference was a modification of the median split procedure described by Spence and Helmreich

(1978). In that study, the analysts found the normative median score for both measures being used. They subsequently developed a 2 by 2 classification table in which individuals were grouped according to scores that were below the median or on and above the median.

A number of deficiencies of the median-split classification scheme have been recognized (Spence & Helmreich, 1978). The first drawback is that this technique promotes the loss of useful data on individual variability when individuals (or, as in the case of the present study, couples) are classified into broad categories. In situations that involve using such a classification technique for predictive purposes, accuracy can be improved by using more refined categorizations such as four-way splits of both measures based on quartiles.

The second drawback of the median-split technique is related to the scores which fall at or near the median. When the range of the scale is small or when scores tend to cluster at the median, a shift of even one point in an individual's score can result in a shift of category assignment. The distribution of individuals in the categories can thus be significantly affected by the placement scheme used for median scores.

categories as possible in the current study, the individuals with scores that fell on the median were excluded from the analysis. Although this maneuver decreased the sample size by 10%, the move seemed justified. In larger samples, removal of other scores close to the median would further enhance the attempt to create groups that were distinctly different.

Obtaining a measure for the couple on the remaining variables was also difficult, and decisions were based primarily on logic. The measure of interpersonal conflict, for example, was recognized as a report on actual activity that occurred in the relationship. To obtain a joint score, the husband and wife score was averaged. The loss of useful data on individual variability was recognized. Computation of the absolute difference between the couple's scores on conflict also failed to provide a useful measure. A different type of measure in which aggregate data could be obtained at the event level could potentially help resolve the problem.

Marital satisfaction was considered a subjective attitude. The researcher thus felt constrained from attempting to average or in some other way combine the scores. Likewise, reports of time spent apart were treated by only descriptive methods of analysis. Use of alternate

methods of measurement as were suggested in the previous section may resolve the problems related to reports of activities, but the problem of combining individual measures on subjective variables such as marital satisfaction remains problematic.

CHAPTER VI  
SUMMARY, CONCLUSIONS, RECOMMENDATIONS

Summary

One purpose of this investigation was to determine the extent of pregnancy's influence on selected aspects of the marital relationship for couples who were expecting the first child. Marital satisfaction, interpersonal conflict, and how much time the couple spent apart were thought to be reasonable indicators of the amounts of stress experienced by the expectant parents. If satisfaction with the marriage relationship decreased, if the couples reported more conflict between themselves as the pregnancy progressed, and if they tended to spend more time apart, there would be empirical evidence of the stressfulness of pregnancy on the marriage relationship.

A second purpose of the study was to investigate the impact of gender role preferences on the aspects of the interpersonal relationship which had been selected for study. Differences between couples who had more traditional gender role preferences and those who held either less traditional preferences, or whose preferences were mixed, were expected to be present.

Four hypotheses were tested in this study: (1) All

couples will report more interpersonal conflict, less marital satisfaction, and more time spent apart in late pregnancy rather than early pregnancy. (2) More traditional couples will report the least amount of interpersonal conflict and the most marital satisfaction among the three groups, but more time spent apart than less traditional couples. (3) Less traditional couples will report more interpersonal conflict, but less time spent apart and less marital satisfaction than more traditional couples. (4) Mixed couples will report the greatest amount of interpersonal conflict, the most time spent apart, and the least amount of marital satisfaction among the three groups.

#### Conclusions

Results cast considerable doubt on the view that the first pregnancy is a crisis for most couples. Wives but not husbands in late pregnancy reported more interpersonal conflict than those in early pregnancy, a difference which was statistically significant but small. There were no differences in marital satisfaction or time spent apart between the early and late groups. Addition of the variable for gender role preference failed to supply additional information. All four hypotheses were rejected.

Looking beyond sampling, design, and measurement considerations, the findings of this study suggest that the

adjustments demanded by pregnancy are ordinarily not detrimental to the marital relationship, even for less traditional couples or those divergent in gender role preferences. The societal importance attached to pregnancy and the active involvement of both husband and wife in the related events may be a positive, cohesive marital force for the majority of contemporary couples, counterbalancing any associated stress and outweighing any impact of role adjustment. Undeniably, certain categories of couples not included in the present sample may be more at risk for marital distress during pregnancy. Further research rather than speculation is advised in order to evaluate the impact of a normative life event such as first pregnancy on couples' relationships.

#### Recommendations

Further research on the marital adjustment of couples who expect the first child is essential to clarify what and how adaptation to pregnancy occurs. In light of the present study, the following suggestions are made:

1. Obtaining a large and heterogeneous sample in which there is a wide range of variability in features such as race, social class, age, maternal health, gender role preferences, and basic marital adjustment would improve the ability to generalize findings.

2. Alternate methods of measuring the selected variables such as interpersonal conflict, time spent apart, and marital satisfaction should be considered.

3. Other variables which characterize close relationships (love, ambivalence, and maintenance, for example) could be added to the design and analyses for broader understanding of the aspects of adjustment demanded by pregnancy.

4. A longitudinal design in which the same couples would be followed from early pregnancy to birth could produce much information that was less difficult to interpret than data produced in a cross-sectional design.

5. The addition of a qualitative method of data collection such as interviews may further enrich the data produced and facilitate understanding of the dyadic adjustment process during pregnancy.

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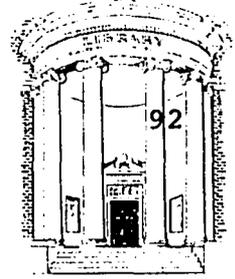
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Appendix A  
Letter of Introduction

Appendix B  
Research Questionnaire

THE UNIVERSITY OF NORTH CAROLINA  
AT GREENSBORO



School of Home Economics

June 1, 1984

Dear Mother-to-be:

Is this your first baby? If so, you may be interested in being a part of a study that I am doing concerning married couples who are expecting their first child.

After many years of experience as a maternity nurse, I am at The University of North Carolina at Greensboro completing work on a doctoral degree in family relations. I am looking for couples who are willing to meet with me one time during their pregnancy to provide information about their marriage relationship. Most of the data I am requesting would be obtained by questionnaires which you and your husband would complete separately. All of the information provided will be kept strictly confidential.

Your participation in this endeavor is entirely voluntary. Please be assured that your right to refuse to answer a question or to withdraw from the study will be respected at all times.

I would like the opportunity to give you more information. Just sign your name below, and I will telephone you to answer questions or to explain more fully what is involved. If you agree to participate, we would then make arrangements for an appointment that would last no longer than an hour. Please give your phone number and indicate what time of the day or evening would be best for me to telephone. Then return this letter to your nurse, and I will be in touch with you soon. Thank you!

Sincerely,

*Rebecca B. Saunders*

Rebecca B. Saunders, R.N.  
Doctoral Candidate

*J. Nancy White*

J. Nancy White, Ph.D.  
Committee Chairman

---

(Name)

(Phone number)

(Best time to phone)

GREENSBORO, NORTH CAROLINA / 27412-5001

THE UNIVERSITY OF NORTH CAROLINA is composed of the sixteen public senior institutions in North Carolina

## QUESTIONNAIRE FOR EXPECTANT PARENTS

Thank you for agreeing to participate in this study of couples who are expecting their first baby. All information you provide is absolutely confidential. Your responses to the questions will not be discussed with you or your spouse after this interview. Likewise, your answers will remain anonymous, and at no time will your identity be revealed. This questionnaire will be grouped with many others to be analyzed statistically.

I encourage you to be as accurate as possible in providing answers to the questions. If the instructions are not clear, please ask me, and I'll explain them. I hope you enjoy this experience and find it interesting!

This study should be completed by the end of 1984, and the findings will be available at that time. A summary of the results will be mailed to each couple who has participated in the study. Your assistance is greatly appreciated.

ID # \_\_\_\_\_

Please answer the following questions by providing the appropriate information in the blanks.

1. How old are you? \_\_\_\_\_
2. What level of education have you completed?
  - \_\_\_\_\_ Less than 7th grade
  - \_\_\_\_\_ Completed 7th, 8th, or 9th grade
  - \_\_\_\_\_ Completed 10th or 11th grade but did not graduate from high school
  - \_\_\_\_\_ Graduated from high school
  - \_\_\_\_\_ Completed at least one year of college or technical training
  - \_\_\_\_\_ Graduated from a 4-year college program
  - \_\_\_\_\_ Received a graduate degree
3. Date of marriage to present spouse: \_\_\_\_\_  
Month Day Year
4. Are you employed?
  - \_\_\_\_\_ No, not looking for work
  - \_\_\_\_\_ Unemployed, but looking for work
  - \_\_\_\_\_ Part-time (20 hours or less)
  - \_\_\_\_\_ Full-time
5. What is your present occupation? Please be very specific.  
\_\_\_\_\_

6. (FOR WOMEN ONLY) How would you describe your health during the pregnancy so far? (You may check more than one category.)

- \_\_\_\_\_ Have experienced no difficulties.
- \_\_\_\_\_ Have experienced common discomforts such as breast tenderness, backache, heartburn, nausea and vomiting, constipation, leg cramps, fatigue, etc.
- \_\_\_\_\_ Have had an acute illness such as urinary tract infection, flu, vaginal infection, etc.
- \_\_\_\_\_ Have had a chronic medical condition such as diabetes, heart disease, severe anemia, etc.
- \_\_\_\_\_ Have had a pregnancy complication such as excessive vomiting, vaginal bleeding, toxemia (include high blood pressure), etc.



Part III

Below are listed some statements that describe different attitudes people have toward the roles of husband, wife, mother, and father. Again, there are no right or wrong answers. Please indicate your own opinion about each statement by checking whether you strongly agree, agree, have mixed feelings, disagree, or strongly disagree. You should respond to all of the statements about each of the roles.

The following statements refer to your opinions about a WIFE.

1. A married woman's most important task in life should be taking care of her husband.
2. A working wife should not try to get ahead in the same way that a man does.
3. A working wife should give up her job whenever it inconveniences her husband.
4. Having a job herself should be just as important as encouraging her husband in his job.
5. She should be able to make long-range plans for her occupation in the same way that her husband does for his.

	STRONGLY AGREE	AGREE	MIXED FEELINGS	DISAGREE	STRONGLY DISAGREE

The following statements refer to your opinions about a HUSBAND.

1. If the wife's job sometimes requires her to be away from home overnight, this should not bother him.
2. If his wife makes more money than he does, this should not bother him.
3. If his wife works, he should share equally in household chores such as cooking, cleaning, and washing.
4. A married man's chief responsibility should be his job.
5. The husband should be the head of the family.

	STRONGLY AGREE	AGREE	MIXED FEELINGS	DISAGREE	STRONGLY DISAGREE



The next set of questions refers to your feelings about your relationship with your husband or wife. After carefully reading each question, circle a number on the 9-point scale that comes closest to describing how you have felt in the past month during the pregnancy.

	<u>NOT AT</u> <u>ALL</u>	<u>A GREAT</u> <u>DEAL</u>
1. To what extent have you felt a sense of "belonging" with your spouse?	1 2 3 4 5 6 7 8 9	
2. To what extent have you revealed or disclosed very intimate things about yourself or your personal feelings to you spouse?	1 2 3 4 5 6 7 8 9	
3. How often have you and your spouse argued with each other?	1 2 3 4 5 6 7 8 9	
4. How much have you felt you are giving to the marriage relationship?	1 2 3 4 5 6 7 8 9	
5. To what extent have you tried to change things about your spouse that bothered you (for example, behaviors, attitudes, etc.)?	1 2 3 4 5 6 7 8 9	
6. How confused have you been about your feelings toward your spouse?	1 2 3 4 5 6 7 8 9	
7. To what extent do you love your spouse at this stage of the pregnancy?	1 2 3 4 5 6 7 8 9	
8. How much time have you and your spouse spent discussing and trying to work out problems between you?	1 2 3 4 5 6 7 8 9	
9. How much have you thought or worried about losing some of your independence by being involved with your spouse?	1 2 3 4 5 6 7 8 9	
10. To what extent have you felt that the things that happen to your spouse also affect and are important to you?	1 2 3 4 5 6 7 8 9	
11. How much time have you and your spouse talked about the quality of your relationship (for example, how good it is, how satisfying, how to improve it, etc.)?	1 2 3 4 5 6 7 8 9	
12. How often have you felt angry or resentful toward your spouse?	1 2 3 4 5 6 7 8 9	
13. To what extent have you felt that your relationship was special compared with others you have been in?	1 2 3 4 5 6 7 8 9	
14. To what extent have you tried to change your behavior to help solve certain problems between you and your spouse?	1 2 3 4 5 6 7 8 9	
15. How ambivalent or unsure have you felt about continuing in the relationship with your spouse?	1 2 3 4 5 6 7 8 9	
16. How committed have you felt toward your spouse?	1 2 3 4 5 6 7 8 9	
17. How close have you felt to your spouse?	1 2 3 4 5 6 7 8 9	
18. To what extent have you felt that your spouse demanded or required too much of your time and attention?	1 2 3 4 5 6 7 8 9	
19. How much have you needed your spouse at this stage of the pregnancy?	1 2 3 4 5 6 7 8 9	
20. To what extent have you felt "trapped" or pressured to continue in the marriage relationship?	1 2 3 4 5 6 7 8 9	
21. How sexually intimate have you been with your spouse?	1 2 3 4 5 6 7 8 9	
22. How much have you told your spouse what you wanted or needed from the marriage relationship?	1 2 3 4 5 6 7 8 9	
23. How attached have you felt to your spouse?	1 2 3 4 5 6 7 8 9	
24. When you and your spouse have argued, how serious were the problems or arguments?	1 2 3 4 5 6 7 8 9	
25. To what extent have you communicated negative feelings toward your spouse (for example, anger, dissatisfaction, frustration, etc.)?	1 2 3 4 5 6 7 8 9	

In the following set of questions you are asked to think about the amount of time you spend doing certain activities. Although it is probably impossible to give an exact answer, it is hoped that you will be able to provide a reasonable estimate of time.

Think about the past month during the pregnancy. How much time do you think you spent in a typical 7-day week doing the following activities?

Activities that are related to your paid employment, including office or plant hours, work brought home, and business-related travel or meals.

\_\_\_\_\_ hours per week

Activities that you do alone, such as jogging or other individual sports, hobbies, shopping, or home duties such as mowing the lawn, working on the car, cooking, cleaning, reading, watching television, etc. Your spouse may be at home but does not participate in the activity with you.

\_\_\_\_\_ hours per week

Activities that you do with friends, acquaintances, or family members without your spouse. You may include going out with the "boys" or "girls", attending classes, visiting parents or others, or similar activities.

\_\_\_\_\_ hours per week

Activities that you do with friends, acquaintances, or family members with your spouse. Time spent "going out" with others, visiting relatives, going to worship services, or attending classes together, for example, would be included.

\_\_\_\_\_ hours per week

Activities that you do with your spouse but without anyone else. Think about time you spend talking with each other, working or playing together, mealtimes, or being intimate. Do not include time spent asleep.

\_\_\_\_\_ hours per week

This group of questions refers to your feelings of satisfaction about aspects of your marriage relationship. Please carefully consider your answer and circle a number on the 7-point scale that comes closest to describing how you have felt in the past month during the pregnancy.

- |   | Extremely<br>Dissatisfied |   |   |   |   |   |   | Extremely<br>Satisfied |
|---|---------------------------|---|---|---|---|---|---|------------------------|
| 1. How satisfied are you with your husband/wife as a spouse?            | 1                         | 2 | 3 | 4 | 5 | 6 | 7 |                        |
| 2. How satisfied are you with your marriage?                            | 1                         | 2 | 3 | 4 | 5 | 6 | 7 |                        |
| 3. How satisfied are you with your relationship with your husband/wife? | 1                         | 2 | 3 | 4 | 5 | 6 | 7 |                        |