

A COMPARISON OF THE IMPACT OF PLANNED VS. UNPLANNED
FIRST BIRTHS ON THE MARITAL DYAD

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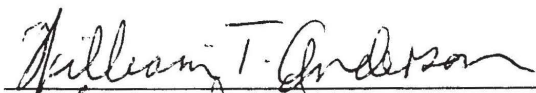
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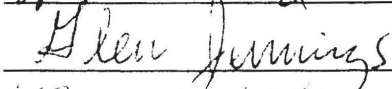
I am submitting herewith a dissertation written by Melissa R. Rich entitled "A Comparison of the Impact of Planned vs. Unplanned First Births on the Marital Dyad." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Marriage and Family Counseling.



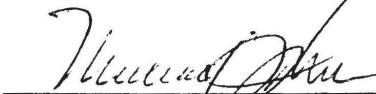
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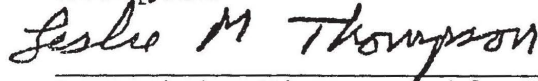



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Accepted



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DEDICATION

This dissertation is lovingly dedicated to my husband Ed. Without his emotional and financial support this study would not have been possible. Also to my sons, David and Joshua, who at times almost made it impossible! I love you all.

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ABSTRACT

A COMPARISON OF THE IMPACT OF PLANNED VS. UNPLANNED FIRST BIRTHS ON THE MARITAL DYAD

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Doctoral dissertation, December 1995

The purpose of this study was to determine whether there is a significant difference in the degree of marital satisfaction experienced by couples who plan the birth of their first child compared with couples who do not. This study administered the Marital Satisfaction Inventory to two groups of couples at two intervals: once prior to the birth of their child, and once again at approximately three months after the birth had occurred.

Four local area hospitals were used to enlist subjects into the study. Two groups of couples were formed; 49 couples who planned the birth of their first child and 40 couples who did not. The Marital Satisfaction Inventory was the instrument used to assess the couple's level of marital satisfaction. This instrument was administered to each couple twice; once before the birth of their baby and once again 3 to 6 months after the baby's arrival. Means were obtained for

husbands, wives, and couples in each group. The data were then analyzed by covariance.

Demographic information was collected on both groups of couples in the areas of age, race, level of education, religious preference, length of marriage and income level. This data employed descriptive statistics for analysis.

The data obtained showed that all three hypotheses were supported. In other words, there was no statistically significant difference in the amount of marital satisfaction experienced between couples who plan and couples who do not plan the birth of their first child.

TABLE OF CONTENTS

DEDICATION.....	iii
ACKNOWLEDGEMENTS.....	iv
ABSTRACT.....	v
LIST OF TABLES.....	vi
CHAPTER	
I. INTRODUCTION.....	1
Statement of Problem.....	4
Statement of Purpose.....	5
Hypotheses.....	8
Definitions.....	9
Assumptions.....	10
Delimitations.....	10
Summary.....	11
II. REVIEW OF LITERATURE.....	13
Introduction.....	13
Theoretical Framework.....	14
Impact of the Birth of a Child on a Marital Dyad.....	18
Factors Influencing a Couple's Decision to Have Children.....	18
Planned vs. Unplanned Births.....	22
Factors Affecting Marital Satisfaction in the Marital Dyad After the Birth of the First Child.....	27
Summary.....	34
III. METHODOLOGY.....	36
Subjects.....	36
Protection of Human Subjects.....	37
Instrument.....	38
Design.....	41
Procedure.....	41
Analysis of Data.....	43
Summary.....	43

IV.	RESULTS.....	45
	Demographic Data.....	47
	Data on Couples.....	49
	Data on Husbands.....	53
	Data on Wives.....	55
	Summary.....	55
V.	DISCUSSION.....	58
	Summary.....	58
	Discussion.....	58
	Implications.....	61
	Recommendations for Future Research.....	62
	REFERENCES.....	64
	APPENDECES	
	A. Demographic Information.....	70
	B. Script.....	72
	C. Marital Satisfaction Inventory.....	74

LIST OF TABLES

Table

1.	Statistics.....	24
2.	Marital Satisfaction Inventory - Profile Scales.....	46
3.	Demographics of Planned Pregnancy Group.....	48
4.	Demographics of Unplanned Pregnancy Group.....	50
5.	Descriptive Table - Pre, Post, and Adjusted Post-test Means for Couples.....	51
6.	ANCOVA Summary Table for Couples.....	52
7.	Descriptive Table - Pre, Post, and Adjusted Post-test Means for Husbands.....	53
8.	ANCOVA Summary Table for Husbands.....	54
9.	Descriptive Table - Pre, Post, and Adjusted Post-test Means for Wives.....	56
10.	ANCOVA Summary Table for Wives.....	57

CHAPTER I

INTRODUCTION

The marital dyad experiences a variety of stressors throughout the family life cycle; one that appears to be particularly problematic is the birth of the first child and the accompanying accommodations and assimilations the couple must reach. The necessary adjustments can be stressful even when the birth is a planned and longed-for event. When the birth is unplanned and unexpected, making the necessary lifestyle changes can be considerably more traumatic.

When the birth of a baby is planned the couple will typically announce their news proudly to family and friends and receive excited congratulations, questions, and comments. There exists a multitude of books, tapes, videos, and classes to help prepare the couple for the anticipated addition to their lives. A couple faced with an unplanned pregnancy, on the other hand, must first choose between several difficult options: keep the baby, obtain an abortion, or give birth to the baby and subsequently place him or her up for adoption (Ryan & Dunn, 1988). If the couple does choose to keep and raise the baby themselves,

they are faced with all the adjustments a planned pregnancy couple must make as well as necessary attitude changes unique to their situation.

In the area of marriage and family living there are a variety of predictable stages that families traverse: marriage, the birth of children, living with adolescents and coping with grown children (Combrinck-Graham, 1985). Many researchers view the birth of the first child as having a tremendous impact not only on the couple involved but on the extended family of each half of the couple as well (Barnett & Balak, 1986; Cummings & Cummings, 1983; Lane, Wilcoxon, & Cecil, 1988; Nathanson, Baird, & Jemail, 1986). The couple itself is faced with a myriad of bewildering changes in different areas: communication, household chores, intimacy, and normal routines to name a few (Belsky & Isabella, 1985; Rexroat & Shehan, 1987).

The birth of a baby in a couple's life, whether planned or unplanned, can be a traumatic event. Russell (1974) found that, although planning the birth of the baby did not remove any of the surrounding difficult adjustments, it did make things easier:

Apparently becoming a parent is made less stressful by planning the baby's conception and by conceiving after marriage rather than before. Making a shared, conscious choice can be seen as a form of public

commitment which can function to reduce dissonance about the baby. (p. 300)

In the same vein, Kurdek (1991) reports that unplanned parenthood interferes with the completion of vocational and psychological tasks, especially in the early stages of the family life cycle. The author states that such interference may lead to resentment of marital and family obligations.

Most individuals typically experience crises at normative life cycle events (Combrinck-Graham, 1985; Glick, 1986; Olson, Russell, & Sprenkle, 1980; Wilcoxon, 1985) and at that point they are more likely to seek out counseling to help deal with their particular situation. If couples experiencing an unplanned pregnancy have a significant drop in their amount of marital satisfaction, as compared to couples experiencing a planned pregnancy, this could be very useful information for marriage and family therapists.

One of the goals of this study was to determine whether couples who do not plan the birth of their first child have a greater degree of difficulty in adjusting to the normal stressors accompanying the birth of a baby than couples who do plan their child's birth. If the degree of stress is greater in unplanned first

births than in planned first births, it will be helpful to have information as to how unplanned pregnancy parents react to this major life event.

This study compared the marital satisfaction of couples who planned the birth of their first child and couples who did not, by administering the Marital Satisfaction Inventory (Snyder, 1981) to each couple once before and once after the birth of their baby.

Statement of Problem

Previous research conducted on the impact of the first child on the marital dyad appears to have two main deficits that were addressed in this study: not asking the couple whether the birth of their baby was a planned or unplanned event; and, focusing only (or mainly) on the mother's reaction to the birth of the baby and paying little or no attention to the father.

The first issue was handled by the following method: only married couples who were expecting their first child were included in the study. The couples were asked if the pregnancy they were currently experiencing was a planned or unplanned event. They were then divided into two groups: one group of couples who planned the birth of their child and the other of couples who did not plan the birth of their child.

Both groups were administered the Marital Satisfaction Inventory (MSI) once prior to the birth of their child to establish a baseline score for each couple. The MSI was re-administered approximately three months after the birth of each couple's child. By comparing the scores of the couples at each interval, the study attempted to determine whether an unexpected birth tends to cause higher stress and greater dissatisfaction in the marital dyad.

The second issue (focusing on the mother's reaction to the birth and paying little or no attention to the father) was addressed by administering the MSI to both the husband and wife and averaging their scores to obtain a mean score for each couple

Statement of the Purpose

The purpose of this study was to determine whether there is a statistically significant difference in the degree of marital satisfaction experienced by couples who plan the birth of their first child and couples who do not. This study administered the Marital Satisfaction Inventory to both groups of couples at two intervals: once prior to the birth of their child, and once again at approximately three months after the birth had occurred.

A fair amount of research has been conducted examining the impact the birth of the first child has on the marital dyad (Adams, 1988; Belsky, 1985; Cowan, Cowan, Heming, Garrett, Coysh, Curtis-Boles, & Boles, 1985; Lewis, 1988a, 1988b; Lewis & Cooper, 1988; Russell, 1974; Tomlinson, 1987; Waldron & Routh, 1981; White & Kim, 1987). Few studies, however, compared planned vs. unplanned pregnancies (Feldman, 1981; Hass, 1974; Hilliard, Shank, & Redman 1982; Matajcek, David, Stupkova, Schuller, Dytrych, & Jelinkova, 1972).

If a desired, planned pregnancy has such an unsettling effect on the family system, an unplanned pregnancy has even more widespread and devastating consequences (Barnett & Balak, 1986; Hass, 1974; Hilliard, 1982). The majority of research conducted in this area--the specific effects of the first child on the marital relationship--did not indicate whether the couple had been asked if this was a planned birth. In most of the articles, however, the underlying assumption seemed to be that the birth was planned. Therefore, it was difficult to judge whether part of the stress surrounding the adjustment to the baby's birth came from attempting to cope with an unexpected new member of the family.

Most of the research that focused specifically on unplanned pregnancies dealt with the experiences of single women having children and the unique problems their situation entailed; deciding whether or not to keep the baby, coming to terms with their family-of-origin, developing an effective support system, continuing a relationship with the father of their child, making future plans for themselves and their child, and coping with emotional problems (Barnett & Balak, 1986; Cummings & Cummings, 1983; Nathanson et al., 1986; Shah & Zelnik, 1981)

Only a few studies dealt primarily with married couples facing unplanned pregnancies (Hilliard et al., 1982; Matejcek et al., 1972), and most of these studies focused primarily on the mother; her conscious attitudes toward the pregnancy, reasons for the unplanned pregnancy, and her feelings about the child. Very little, if any, attention was given to the father and his reactions to the situation.

Another area where much research has been done is that of comparing couples who have children with childless couples (Cowan et al., 1985; Feldman, 1981). In these studies the couples who were childless stated that this was a deliberate choice for them at that time. However,

the couples who had children were not asked if their choice had been deliberate as well.

A related area was research performed to determine how couples make the decision to have children (Townes, Beach, Campbell & Martin, 1977; Udry, 1983; White & Kim, 1987). Some of the factors that influenced the decisions were; costs and benefits, demographics, wife's education, remarriage, economics, number of previous children, and the couple's values and beliefs.

Hypotheses

This study examined the following hypotheses:

1. There will be no statistically significant difference in the level of marital satisfaction, as measured by the Marital Satisfaction Inventory, experienced by married couples who planned the birth of their first child and married couples who did not plan the birth of their first child.

2. There will be no statistically significant difference in the level of marital satisfaction, as measured by the Marital Satisfaction Inventory, experienced by husbands who planned the birth of their first child and husbands who did not plan the birth of their first child.

3. There will be no statistically significant difference in the level of marital satisfaction, as measured by the Marital Satisfaction Inventory, experienced by wives who planned the birth of their first child and wives who did not plan the birth of their first child.

For the above hypotheses, the comparison variables were planned vs. unplanned births. The outcome variable was the score obtained by the couples on the MSI.

Definitions

The terms listed below were defined as follows in the present study.

Married Couple--A couple who has been legally married for one year or longer. This would exclude common-law marriages and couples living together.

First Child--This is the first child for the husband and the wife. Couples with children from previous marriages and relationships would be excluded.

Planned Birth--These are births occurring to couples where both the husband and wife desired and expected the birth of the child at the time it occurred.

Unplanned Birth--These are births occurring to couples where both the husband and wife either: did not desire

to ever have children; or, did desire children eventually, but not at the present time.

Assumptions

The following assumptions were made in the present study.

1. The husbands and wives in each group will answer truthfully as to whether the expected birth was a planned or unplanned event.

2. The husbands and wives in each group will answer the questions on the MSI truthfully and accurately.

Delimitations

The following factors were delimitations in the present study.

1. Both groups will consist of couples who volunteer to participate in the study.

2. Because of the intervals used in the testing administration, maturation may affect the results of the study.

3. Because of the intervals used in the study there may be some attrition due to couples who move or drop out of the study.

4. Some individuals in the study may not state truthfully whether this was a planned or unplanned birth

for them because of fear of hurting or angering their spouse.

Summary

Families typically traverse a series of predictable stages throughout their life cycle: marriage, the birth of children, living with adolescents and coping with grown children. One stage that appears to be particularly stressful is the birth of the couple's first child. This event can have an impact on extended families and friends as well as the couple. The couple is faced with changes in several areas after the birth of the baby and these changes can adversely affect the satisfaction each partner has experienced in the marriage.

Even if a birth is desired and expected by the couple, they are still faced with a series of major adjustments. If the birth is unplanned, these adjustments can be considerably more traumatic. If couples who did not plan the birth of their first child are more vulnerable to the accompanying stressors involved, it would be beneficial to have this group of at-risk individuals identified.

This study compared the marital satisfaction of two groups of couples: those who planned the birth of their first child and those who did not. This was accomplished

by administering the Marital Satisfaction Inventory to each couple once before, and once after, the birth of their baby.

If couples who do not plan the birth of their first child experience significantly lower rates of marital satisfaction than couples who do plan the births of their first child, it would be helpful to alert marriage and family therapists to the particular needs of this population.

CHAPTER II

REVIEW OF LITERATURE

Introduction

Although the trends in marriage and child bearing have changed dramatically during the past few decades, most Americans still operate within some form of the traditional family life cycle. The control of pregnancy has markedly restructured our society and has caused changes in other areas as well; birth rates, sexual mores, employment patterns, gender roles, and relationship styles (Glick, 1986). Choices regarding reproduction and parenthood are more numerous and difficult than they have been in the past. Individuals entering young adulthood must now decide; (a) whether or not to have children, (b) when to have their first child, (c) how many children to have, and (d) how far apart in years to have their children (Gormly, Gormly, & Weiss, 1987).

When faced with a pregnancy, a couple has a variety of options in dealing with the situation. As Hass (1974) states:

Various actions can be considered by couples in response to pregnancy: raising the child together

or by one parent; continuing the pregnancy but placing the child with friends, relatives, in foster or adoption care; terminating the pregnancy through treatment, exercise, hormonal abortifacients, or abortion; and the woman's terminating her life through suicide. (p. 154)

This chapter will review the literature related to the problem addressed by this study; whether there is a statistically significant difference in the degree of marital satisfaction experienced by couples who planned the birth of their first child and couples who did not. As stated previously, no research could be found dealing specifically with this issue, so, studies in related areas will be examined.

The major headings that will be examined in this section are: (a) factors influencing a couple's decision to have children, (b) planned vs unplanned births, and (c) factors affecting marital satisfaction in the marital dyad after the birth of the first child.

Theoretical Framework

The research in this study was conducted from a Family Systems Theory perspective. Systems Theory conceptualizes the relationship system and the functioning positions of the different people who make up the system (Kerr, 1984). Several different definitions of "system" have been proposed over time. One of the most widely used

is from Hall and Fagan (1956): "A system is a set of objects together with relationships between the objects and between their attributes." (p. 87)

Broderick and Smith (1979) note that after defining the system being dealt with (in this case the family) the next step is to identify the objects that make up that system. A common approach is to consider each individual member as a unit. When this is done, it becomes obvious that family systems do not maintain a constant membership over time. One of the ways that families grow is with the birth of children. The authors point out that the addition or subtraction of even a single member can have dramatic implications for the family structure. They add that when a married couple has their first child, the number of reciprocal interactions goes up 300 percent from one set (husband-wife) to three (husband-wife, husband-child, and wife-child).

Kurdek (1990) writes about the importance of studying parent-child relationships within a systems perspective. He states that interactions involving the parent-child dyad affect interactions involving the marital dyad; in other words, the child is likely to affect the parents interactions. These effects are circular because the

qualities of a couple's marital relationship directly affect aspects of early parenting for each spouse (Cox, Owen, Lewis & Henderson, 1989).

Understanding and working with change within the framework of the marital dyad is critical to marriage and family therapists. According to Olson et al. (1980), "the hallmark and unifying characteristic of the field of marital and family therapy is the emphasis on treating problems within a relationship context" (p. 240). Therefore, a study examining how couples cope with one of the most profound changes they will ever encounter is very appropriate.

Bavelas and Segal (1982) write that couples tend to have two ways of dealing with change. The first is by a negative feedback process where the system is organized to maintain stability and to prevent change. The second is with a positive feedback process that encourages and welcomes change over time. It could be posited that couples with negative feedback systems would have a much more difficult time adjusting to the birth of a baby than couples with positive feedback systems.

A developmental model for family systems was developed by Combrinck-Graham (1985) out of Hahnemann University in Pennsylvania. This model envisions the

family as being in a centripetal state (rebuilding) around the birth of a baby. Combrinck-Graham writes, "the centripetal system is characterized by enmeshment, diffusion of interpersonal boundaries, and a high degree of resonance among individuals within the system". She further notes that the first child's birth is a significant event because it usually affects a generational change in the family--everyone moves up a generation.

According to Broderick and Smith (1979) when a family is faced with a major change (such as the birth of a baby), they tend to cope with this change by a set of fixed procedures, commonly known as family rules. When the change is so novel and unanticipated that there are no fixed rules to cope with it, the family typically responds in one of two ways. They may be immobilized or break down altogether, or they may marshal their resources to create a new response suitable for the event (Broderick & Smith, 1979). The present study should be able to detect which method couples use in coping with the birth of their baby, while simultaneously determining if the planned/unplanned factor has a significant impact on the couple's handling of the situation.

Impact of the Birth of a Child on a Marital Dyad

An enormous amount of research has been conducted in the area of marriage and family in general, and on the marital dyad in particular. A substantial number of these studies have looked closely at the changes wrought in the marital dyad by the birth of the couple's first child. In the course of the review of relevant literature, few studies were found in which the main focus was comparing planned and unplanned births among married couples; although a few articles dealt with this topic as one of several variables under investigation.

The main topics found in the research relating to the impact of the first child on the marital dyad were; (a) Factors influencing a couple's decision to have children, (b) Planned vs unplanned births, and (c) Factors affecting marital satisfaction in the marital dyad after the birth of the first child. These will now be examined.

Factors influencing a couple's decision to have children. Gormly et al. (1987) conducted a study on 263 young adult college students to assess their specific intentions, motives, and plans for having children. All of the students were undergraduates, single, and non-parents. The students answered an open-ended questionnaire entitled, "Motivation for Parenthood", with

three questions pertinent to the present study: (a) Do you intend to have children some time in the future? (b) What are some of your reasons for wanting to have children? (c) If you are planning on having children at some future time, what factors will influence how you will decide when to begin having children?

The results that Gormly et al. found to the above questions are as follows.

1. Of the subjects tested, 92% intended to have children at some future time, 4.6% did not want children, and 3.4% were undecided.

2. The most frequently given reasons for wanting children were; to be able to expand one's self by having a child to carry on one's name or physical characteristics (48.29%). Other reasons were; as a way of achieving adult status or a social identity (47.92%), and as a means of establishing a family for oneself (45.25%).

3. The factors most influencing the timing of parenthood were the degree of financial stability (62.36%), marital stability (49.43%), and extent of emotional readiness to settle down (35.6%).

Gormly et al. (1987) found that parenthood was one of the more definable adult roles, particularly for women. They also noted that very few participants mentioned

having children because of a moral duty or obligation (contrary to past generations). One of the main gender differences found between these subjects was that more women than men would delay parenthood until after achieving career goals.

Townes et al. (1977) used the Subjective Expected Utility (SEU) Theory to study the processes and determinants of birth planning decisions. Their subjects were 83 married couples; 23 with no children, 33 with 1 child and 27 with 2 children. The authors used "The Hierarchy of Birth Planning Values" to test two assumptions: (a) people will choose the decision alternative which they see as having the maximum expected benefits and, (b) people are unable to focus upon all of the variables involved in the birth planning decision simultaneously.

The Townes study concluded that, overall, wives' attitudes were the best predictors of the couple's fertility behavior. Six values were found that distinguished between couples who did and did not become pregnant. For women, they were the affiliative value of the child to the mother, the effect of the child upon the woman's opportunity for growth and maturity, and the impact of the child upon the woman's role in the marriage.

For men, the following values were listed both as major motivations for and major deterrants against further childbearing; their perceptions of the impact of a child upon the husband-wife relationship, the relationships among existing children, and the impact on the couple's current lifestyle. The authors stated that, from the viewpoint of SEU theory, couples with an "unwanted birth" are either not making the decision that would be personally most satisfying or they are not resolving intrapersonal or interpersonal value conflicts.

In an article using Exchange Theory to study marital fertility in the United States, White and Kim (1987) collected panel data from 1020 husbands and wives in 1980 and 1983. The authors found that high education and high job satisfaction encouraged childless wives to have their first child. They also found that women who had been successful and had experienced intrinsic rewards from their careers were more apt than other childless women to have a child. The authors stated that employment discouraged fertility only when women felt themselves to be doing an unsatisfactory job in their roles. Traditionalism encouraged the adoption of the parent role, but not large families. The authors did note, however,

that success in their careers did seem to encourage women to stop at one child.

Planned vs. Unplanned Births

Current patterns of reproduction in the U.S. are strongly affected by choice, although chance still plays an important role (Miller, 1983). In examining the "intended/nonintended pregnancy continuum", Miller found:

Any conception can be rated according to the degree of intention that precedes it. On the one hand, many conceptions are completely the result of planning. For example, a couple may discontinue their use of contraception for the specific purpose of having a child. This type of conception is fully intended. On the other hand, many conceptions occur completely by accident. For example, a couple may use a reliable contraceptive method correctly and conscientiously and still the woman becomes pregnant. This type of conception has no preceding intention. In fact, because the couple was trying to prevent conception with a proven, effective method, it may be said to be fully counterintended. (p. 1200)

Miller (1983) found three general strategies that couples follow while making childbearing decisions: (a) terminating strategy - a couple makes no decision about childbearing until the number of children they have becomes enough or too much. At that point they decide to stop; (b) sequencing strategy - decisions to have children are made one child at a time until a satisfactory number is reached. Each child is chosen in the context

of the number of children already present; and, (c) preplanning strategy - a plan is worked out ahead of time and is subsequently carried out.

Feldman (1981) compared intentional parents and intentionally childless couples. He found significant differences of interest to this study in the following areas: women's level of education--14.80 years completed for parents vs. 16.30 for childless; and religious affiliation - parents were more likely to be either Protestant or Catholic with childless couples likely to have no affiliation.

Hilliard et al. (1982) found similar results. In his study, the proportion of unplanned pregnancies was higher (60-70%) in the lower income, lower education, and lower age groups. The statistics he found are shown below on Table 1.

Cummings and Cummings (1983) found some differences along racial lines. They stated that Blacks have a higher fertility rate as well as a higher rate of mistimed and unwanted pregnancies than Whites in the U.S. In their study, 80% of their White subjects reported unplanned pregnancies as compared to 87% of Blacks and 75% of Mexican-Americans.

Table 1 Unplanned Pregnancies

<u>Age in Years</u>	<u>One or More Unplanned Pregnancies (%)</u>
15 - 19	78
20 - 25	59
26 - 30	46
31 - 40	54
<u>Marital Status</u>	
Married	48
Single	86
<u>Religion</u>	
Catholic	62
Protestant	52
None	65
<u>Education</u>	
8th Grade	71
High School	61
College	47
<u>Income</u>	
5,000 or less	75
5,000 - 10,000	68
10,000 - 20,000	52
over 20,000	40

(Adapted from Hilliard, D., Shank, J.C., & Redman, R.W., 1982, p. 262.)

Udry (1983) made the assumption that couples start out with a fertility plan which is modified in response to unanticipated intervening events. These intervening events accounted for development of 13 to 23% of subsequent plans. The intervening event with the most predictive power was the birth of children, which

increased subsequent desired fertility over initial desires.

In a study examining unplanned pregnancies in Cedar Rapids, Iowa, Hilliard et al. (1982) collected data from 1003 couples using questionnaires. They reported the following: (a) there was a much greater percentage of unplanned pregnancies in single, divorced, separated, or widowed women as opposed to married women; (b) 44% of live births in their population were unplanned; (c) the most common reason given for these unplanned pregnancies was carelessness; and (d) the unplanned pregnancies were not found to be detrimental to the families.

In her research conducted on wanted and unwanted pregnancies, Hass (1974) offers the following definitions: (a) unwanted pregnancy--one which is consciously unwanted by both parents; (b) wanted pregnancy--one which is consciously wanted by both parents; (c) ambivalent pregnancy--one in which both parents experience internal conflict; (d) conflicted pregnancy--one in which both parents disagree in their feelings about the pregnancy and; (e) unmotivated pregnancy--one in which both parents lack strong conscious wanting and unwanting feelings about the pregnancy.

In her 1974 study, Hass states that errors in timing can be as psychologically disturbing as errors in family size and the timing of the first birth is an important determinant of subsequent fertility behavior and female role behavior. She indicates that in the absence of specific discussion of fertility goals, couples make assumptions on desired family size based on cultural stereotypes or ideals.

In their report examining unwanted births and the U.S. population growth, Bumpass and Westoff (1970b) cited that a large number of births to married couples in their study were unwanted; further, the incidence of unwanted births varied inversely with education and income. They found the incidence of unwanted births much higher among the poor or near-poor: 15% of births to non-poor families were unwanted as compared to 23% among near-poor and 37% among poor. They also found that the percentage of unwanted births was higher among Blacks than Whites: 14% for Whites and 31% for Blacks. The authors cautioned, however, that these estimates may be too low because of women reporting originally unwanted births as wanted:

It must be difficult for a woman retrospectively to report a birth as unwanted since such a report reflects on her ability to control her fertility, and perhaps also on the status of the child who is now a member of the family. (p. 10)

In the same vein, Palkovitz (1987) looked at consistency and stability in the family microsystem environment. He saw few post-partum differences in conscious attitudes between mothers who had previously not desired a child and mothers who had wanted to become pregnant. He speculated that during the transition to parenthood, an attitude change occurred for mothers who had previously not desired a pregnancy.

In another article examining unwanted fertility in the U.S., Bumpass and Westoff (1970a) found that between 1960 and 1965, 4.7 million births were unwanted and/or unplanned. These births represented one fifth of all births that occurred during that period.

Factors affecting marital satisfaction in the marital dyad after the birth of the first child. All the articles reviewed concluded that the birth of the first child caused considerable change in the married couple's life. Some authors viewed the changes as negative and stressful, some as positive and beneficial, and some as insignificant.

Cowan et al. (1985) concluded that parenthood brings some negative changes in several areas of family life; (a) individual family members, (b) marital interaction, (c) parent-child relationships, (d) three-generational

perspective, and (e) balance between life stress and social support from outside-the-family arenas. The article supported the view that men and women in transition to parenthood become increasingly different from each other and that these differences seem to be associated with dissatisfaction in their marital relationships.

In his study of sexuality and happiness ratings of husbands and wives in relation to first and second pregnancies, Adams (1988) found couples showed highest happiness ratings during their first pregnancy. However, sexuality ratings declined after the birth of the first child. The author hypothesizes that parenthood may add a significant dimension to the couple's sexual adjustment.

In his comparison of intentional parents with intentionally childless couples, Feldman (1981) discovered that when children are introduced into the marriage, couple's communication and interactions suffer. He stated a likely explanation for the fact that this did not appear to be a major source of concern for most of the parents:

Another possibility is that the joy of parenthood compensates for marital interaction. Parents may find a good deal of satisfaction interacting with each other as parents about children, and they may not miss or need to have more interaction with each other with regard to other topics. (p. 598)

Rexroat and Shehan (1987) examined spouse's time spent in housework and found that the number of hours women devoted to housework increased considerably after the birth of their first child, while their husband's decreased. The authors also stated that children create a substantial amount of additional housework. The study stated that the work week of employed wives with young children was considerably longer than their husband's --usually by 24 hours.

In her research of 96 couples recruited from childbirth class, Tomlinson (1987) used the Dyadic Adjustment Scale (DAS) to assess marital satisfaction during the transition to parenthood. She found significantly lower post-birth scores in all domains of marital satisfaction for both partners. Significant changes in sex, affection, and marital communication had occurred during the transition.

Russell (1974) discovered a slight to moderate degree of crisis associated with the birth of the first child. However, she stated that for the couples in her study the crisis did not appear to be caused by the basic instability of the triad. More common problems were: fatigue, "loss of figure," and in-law problems.

Adams (1988) examined 100 intact two-child families where most couples indicated they had planned both pregnancies (with minor discrepancies reported between spouses). He reported that wives, prior to the first pregnancy, showed significantly higher rates of sexuality and happiness than their husbands. After the first pregnancy husbands rated their happiness as higher. Waldron and Routh (1981) similarly found that wife's ratings of marital adjustment decreased significantly after the birth of their first child. These authors also commented on significant decreases concerning disagreements on solutions to problems.

In a review of quantitative research on marital quality in the 1980s, Glenn (1990) gives a possible explanation for the negative effects of children on marital satisfaction that many studies report. He states that the lower amounts of marital quality typically found after the transition to parenthood may be due to the fact that the transition usually occurs during the early years of marriage when marital quality is likely to decline whether the couple has a child or not.

Not all researchers found the transition to parenthood to be negative. Belsky (1990) writes that the magnitude of the effect of children on marriage

appears to be modest, accounting for 8.0% to 8.4% of the variance in marital satisfaction. He states that the addition of firstborn children typically causes a decrease in positive interactions between spouses, a decrease in marital satisfaction, and an increase in conflict. However, he points out that the changes are modest and are generally in the same direction as those that typically occur with the mere passage of time.

Lane et al. (1988) examined family-of-origin experiences and the transition to parenthood. They discovered the transition is less stressful on individuals with healthy family-of-origin experiences and, conversely, that marital adjustment may be more difficult for individuals with negative experiences from their family-of-origin.

In research examining the role of violated expectations during the transition to parenthood, Belsky (1985) concluded that while the effects of having a baby were significantly less positive, and husbands were less involved in child care than anticipated, it was inappropriate to conclude either expectation grossly inaccurate, or to state that couples tended to romanticize the transition to parenthood.

Lewis and Cooper (1988) examined the transition to parenthood in dual-earner couples. They found the transition presented some difficulties but was not characterized by extreme stress for most of their subjects. The major issue these authors uncovered was time pressures involved in adapting to new demands.

In a study on the marital relationship of first time parents, Markman and Kadushin (1986) found that training in Lamaze childbirth preparation helps prevent decline in marital satisfaction. The authors speculate that Lamaze training may provide specific resources or experiences that produce better functioning couples.

In a longitudinal study of infant and family development, Belsky and Isabella (1985) posited that exposure to warm, supportive parenting and to harmonious marital relations in childhood may result in smaller differences between spouses by promoting better communication. The authors pointed out that after the birth of a baby, effective marital communication is more important than ever.

Lewis (1988a) examined stability and change in the marital structure during the transition to parenthood and found that couples with high levels of prenatal marital competence tended to maintain their highly

competent marital structure through the transition. These structures were characterized by high levels of closeness or cohesion and high levels of autonomy.

In a slightly different vein, Ishii-Kuntz and Ihinger-Tallman (1991) found that marital satisfaction was less related to marriage and parenting than previously suspected. They found a high correlation between parenthood and marital and parental statuses. They stated this could be due to people assessing their marital and overall life situations according to different criteria than that used for assessing their parenting status.

In their study of marital change during the transition to parenthood, Schuchts and Witkin (1989) stated:

The frequently reported decrease in marital satisfaction following parenthood was not found among the majority of couples, which may be due to the small size or uniqueness of the sample. However, another explanation, suggested in the interviews, seems plausible. Several couples reported that having a child brought an increased feeling of closeness between them, despite verbal acknowledgment that "quality time" together had decreased. Most couples appeared to anticipate a certain amount of hardship associated with caring for their infant. In response, they decreased their expectations in certain areas of their relationship (for example, expressiveness), which allowed them to maintain global feelings of satisfaction. (p. 73)

Summary

The birth of a child is generally recognized as the first major transition after the initial adjustments are made to marriage (Lane et al., 1988). When faced with a pregnancy a couple has a variety of options to choose from in dealing with the situation: raising the child together or by one parent; placing the child with friends, relatives, in foster or adoptive care; or terminating the pregnancy (Hass, 1974).

Glick (1986) writes of several trends that will affect families in the future. They are: (a) a decline of patriarchy; (b) a growth of free choice in intimate relationships; (c) greater equality in educational opportunities and attainment; (d) rise of marital equality; (e) more intense concern of parents regarding the education of their children; (f) more permissiveness in childrearing; (g) increased cooperation between people regarding love, sexuality, birth control as well as homemaking responsibilities, and (h) men less likely to find satisfaction only outside of the home and women less likely to find satisfaction only within the home.

If, indeed, the future will be marked by greater equality between couples, and increased co-operation regarding birth control, the problem of unplanned

pregnancies for married couples may never or seldom arise. Until that time, however, it can be a pressing issue for couples to deal with and one that marriage and family therapists should be prepared to encounter.

CHAPTER III

METHODOLOGY

Introduction

This chapter will provide an overview of the procedures used in carrying out the proposed research project. Information will be given about the population used, the designated instrument, the design of the study, and the method employed in the analysis of data.

Subjects

This study was comprised of 89 couples recruited from childbirth classes at local area hospitals. All couples volunteered to participate. The couples were all legally married and had been married for 1 year or longer. The reason for this requirement is that couples who are married to each other may be more stable in their relationship; hence, there may be less attrition from the study.

The couples in this study were all expecting their first child; it was the first child for the husband and the wife. Couples with children from previous relationships were excluded. The rationale here is that

the intent was to study the impact of the first (planned/unplanned) child on the marital dyad. If the husband or wife already had a child the impact on the dyad had already been made; even if the child is only present on occasional weekends and holidays, some coping mechanisms are already in place.

There were 2 groups of couples in the study; couples who planned the birth of their first child and couples who did not. In the first group, both the husband and the wife desired and expected the conception at approximately the time it occurred. In other words, the couple was not using any methods of birth control and were regularly engaging in sexual activity in an active attempt to conceive. In the second group both the husband and the wife did not desire ever to have children or did desire children, but not at the present time. The second group, therefore, consisted of unplanned pregnancies.

Other descriptive data such as age, educational level, race, income level, and religion were gathered on each couple during the first interview (See Appendix B).

Protection of Human Subjects

When asked to participate in the study, the general purpose and procedure was explained to each couple.

Confidentiality of results was stressed. Mailing addresses and telephone numbers of each couple was kept by the researcher so that at the conclusion of the study a synopsis of the results was sent to each couple who desired it. Each couple was also given one free hour of counseling by the researcher to be used then or at a future time.

Instrument

The instrument that was used to assess marital satisfaction in this study was the Marital Satisfaction Inventory. The MSI is a 280-item, multi-dimensional inventory with the following scales: Conventionalization (CNV), Global Distress (GDS), Affective Communication (AFC), Problem Solving Communication (PSC), Time Together (TTO), Disagreement about Finances (FIN), Sexual Dissatisfaction (SEX), Role Orientation (ROR), Family History of Distress (FAM), Dissatisfaction with Children (DSC), and Conflict over Childrearing (CCR) (Snyder, 1981).

Snyder (1981) reports reliability coefficients (using Cronbach's alpha coefficients of internal consistency) that generally confirm the high internal consistency of individual scales, ranging from .80 (DSC) to .97 (GDS) with a mean coefficient of .88. The author states that

test-retest reliability coefficients range from .84 (AFC) to .94 (FAM) with a mean correlation of .89, demonstrating a high temporal stability of individual scales. Snyder further reports a standard error of measurement ranging from 2.45 (FAM) to 4.00 (AFC) in T-score units.

As to validity, the MSI generally shows a high degree of interrelatedness among scales, particularly those assessing more global or affective components of the marital relationship (Snyder, 1981). The author states that rank ordering of the mean correlations of each scale with other profile scales replicates the rank-order of the scales' predictiveness of global criteria of marital distress.

Fowers, (1990) in his review of family interventions, reports that all of the MSI scales discriminate between non-distressed couples and couples in therapy as well as sex and marital therapy couples. The predictive validity of the MSI was supported in a study of sex therapy outcome (Snyder and Berg, 1983) and high face validity was demonstrated in a study deriving an empirically based classification system of marital relationships (Snyder and Smith, 1986).

The MSI is self-administered and includes an inventory booklet and separate answer sheet. It is

designed to be administered to adults who are married or have been living together for at least 6 months (Snyder, 1981). Bascue (1985) writes that the MSI is of particular value when evaluating the marital satisfaction of couples. He further states that the MSI is relationship-specific and focuses on actual elements related to a couple's interaction, giving it a strong appeal to professionals who view a relationship from a systems perspective.

The MSI has been reviewed favorably since its inception. Fowers (1990) writes that the MSI is "clearly the strongest marital satisfaction measure available in psychometric terms." Dixon (1985), in his review of the instrument, states that the MSI stands in bold contrast to most instruments purporting to measure marital satisfaction. He adds that development of the MSI has proceeded in a sound, well-planned manner. Waring (1985) describes the MSI as the best available self-report instrument for global assessment of marital satisfaction currently available.

The MSI can be completed in 40 to 45 minutes and can then be hand scored with the results plotted on the profile form in 10 to 15 minutes (Bascue, 1985). The MSI is also available in a computerized interpretive

format that permits automated scoring and interpretations of optically scanned answer sheets (Snyder, Lachar, & Wills, 1988).

Overall, the MSI appears to be a reliable, valid instrument that is well-suited for the present study. Scheer and Snyder (1984) write that research using the MSI to identify couples at risk during developmental transitions such as childbirth might assist both in the development and evaluation of family intervention programs, instruction in relationship or parenting skills, and preparation for common marital and family difficulties.

Design

This study employed a variation of the quasi-experimental design known as the Multiple Time-Series Design, illustrated as follows:

O X O

O X O

with O being the measurement (MSI) and X being the birth of the baby.

Procedure

Four local area hospitals were contacted by the researcher and the proper authorities were asked for permission to enlist patients in the present study. Once

granted, the researcher appeared before ongoing childbirth classes, explained the purpose of the study, and asked for participants. In order to ensure consistency a prepared script was used (see Appendix B).

In the planned birth group 49 couples were enlisted, and 40 couples volunteered for the unplanned birth group for a total of 89 couples. Names, addresses and telephone numbers were taken and all couples were mailed a copy of the MSI along with answer sheets, demographic information sheets, consent forms, and appropriate instructions. A calendar was kept by the researcher with each couple's due date noted. Each couple was contacted again two to three months after the birth to schedule the second administration of the MSI. When the test had been given the second time, the researcher thanked the couple, congratulated them on the birth of their baby, asked if they were interested in the results of the study, and inquired if they were in need of any counseling. If necessary, arrangements were made to mail the couple the results of the study, and to schedule one hour of counseling with the researcher or make referral to an appropriate community agency.

Analysis of Data

Descriptive statistics were used to analyze the demographic data. The hypotheses were analyzed using analysis of covariance. The reason for using the ANCOVA is that it is somewhat less conservative than other methods of statistical analysis (the MANOVA for example) and improves the chances of finding significance. Also, analysis of covariance yields adjusted means which were helpful in a study of this design.

Summary

This study examined the effect of planned vs. unplanned births of first children on the marital satisfaction of married couples. The subjects consisted of legally married couples who were expecting their first child with neither husband or wife having a child from a previous relationship. Couples were solicited from childbirth classes at local area hospitals.

Marital satisfaction was assessed by using the Marital Satisfaction Inventory. The MSI appears to be an instrument with high reliability and validity that is extremely well suited for the present study as an accurate gauge of marital satisfaction.

Couples were divided into 2 groups--those who planned the birth of their first child and those who did not

plan their pregnancy. The MSI was administered once prior to the arrival of each couple's child and again at approximately three months after the birth.

This study employed a quasi-experimental design. The resulting data were analyzed using analysis of covariance. At the end of the study a synopsis of the results was mailed to each couple who desired it.

CHAPTER IV

RESULTS

In the planned pregnancy group (PPG), 49 couples volunteered; 40 of the couples completed the questionnaire twice and 9 couples completed it only once. In the unplanned pregnancy group (UPG) 40 couples volunteered. Of these, 26 couples completed the MSI twice with 14 couples filling it out once.

The last two scales of the MSI pertain to parent/child relationships; Dissatisfaction with Children (DSC), and Conflict over Childrearing (CCR). Since each couple completed their first MSI prior to the birth of their first child, they were not able to fill out the above mentioned scales during the first administration. Although all the couples completed these two scales on their second administration of the MSI, the information on these two scales was not included in the data analysis as there was no baseline for comparison. Table 2 contains a brief description of each of the MSI scales.

An optional Demographic Information sheet was given to each couple to fill out (See Appendix A). The

TABLE 2
MSI Profile Scales

Scale Name	Description
Conventionalization (CNV)	Assesses tendency to report marriage in socially desirable terms.
Global Distress satisfaction.	Assesses overall marital (GDS)
Affective Communication (AFC)	Assesses dissatisfaction with amount of affection and understanding provided by a spouse.
Problem-Solving Communication (PSC)	Assesses general ineffectiveness at solving differences.
Time Together (TTO)	Assesses feelings about the quality and quantity of leisure time spent together.
Disagreement About Finances (FIN)	Assesses disagreement about the handling of family finances.
Sexual Dissatisfaction (SEX)	Assesses dissatisfaction with sexual activity.
Role Orientation (ROR)	Assesses marital and parental sex roles.
Family History of Distress (FAM)	Assesses family of origin for each spouse.
Dissatisfaction With Children (DSC)	Assesses overall satisfaction with the parent-child relationship.
Conflict Over Childrearing (CCR)	Assesses perception of conflict over child-rearing practices.
(Adapted from Snyder, 1981 p 24)	

questions here pertained to age, race, level of education, religious preference, length of marriage, and income level. Information on occupation was also collected. However, such a wide variety of answers was given that this information was not categorized in the results.

The method of analysis for this study was descriptive statistics for the demographic information and analysis of covariance for the hypotheses. The Bonferroni Adjustment of Probability was used to calculate the level of significance, as shown below:

$$\begin{aligned}\text{Prob/\# of tests} &= .05/18 \text{ (nine scales taken twice)} \\ &= .0027 \text{ or } .003 \text{ for significance}\end{aligned}$$

Demographic Data

Table 3 contains the demographic data for the planned pregnancy group. In the PPG the mean age of the husbands was 30.02 years, while the mean age of the wives was 28.02. The PPG participants were predominantly white and the majority (n=49) had a college degree or higher level of education. The expressed religious affiliation for the PPG was mostly Protestant (husbands--28; wives--32), followed closely by no affiliation for husbands (22). The mean length of marriage for this group

TABLE 3
Demographics of Planned Pregnancy Group

(N = 49 couples)	Husband	Wives
<u>Age</u>		
Maximum	48.00	38.00
Minimum	23.00	21.00
(SD)	(4.63)	(3.55)
Mean	30.02	28.02
St. Error	0.66	0.51
<u>Race</u>		
White	47	47
Hispanic	1	2
Oriental	1	0
<u>Level of Education</u>		
10-12th grade	2	1
Some college courses	6	4
College degree	24	29
Some graduate courses	3	4
Graduate degree	9	6
Unknown	5	5
<u>Religious Affiliation</u>		
Roman Catholic	9	8
Protestant	28	32
None	22	9
----- <u>Couples</u> -----		
<u>Length of Marriage</u>		
Maximum	11--20 yrs	
Minimum	2--3	
(SD)	(0.92)	
Mean	4--5	
St. Error	0.13	
<u>Yearly Income Level</u>		
Maximum	50,000 and above	
Minimum	10,000--20,000	
(SD)	(1.26)	
Mean	40,000--50,000	
St. Error	0.19	

was 4 to 5 years and the mean yearly income level was \$40,000 to \$50,000.

Table 4 contains the demographic data for the unplanned pregnancy group. The mean age was 28.39 for husbands and 25.89 for wives. The predominant race was white and the majority expressed a Protestant religious affiliation (husbands--22; wives--21), followed closely for both by no affiliation (husbands--14; wives--13). The mean level of education was "some college courses" (14 husbands and 12 wives) followed closely by "college degree" for the wives (11). The mean length of marriage for the UPG participants was 2 to 3 years and the mean yearly income level was \$30,000 to 40,000.

Data on Couples

The means obtained by the PPG and the UPG couples are displayed in Table 5. The first column names the scale, the second column names the group, column 3 gives the mean obtained on the first test, column 4 the mean obtained on the second test and column 5 gives the adjusted post-test mean.

Table 6 summarizes the results obtained by the couples in the PPG and the UPG and analyses them for significance. Column 1 names the scale, column 2 lists the source of variation, column 3 gives the degree of

TABLE 4
Demographics of Unplanned Pregnancy Group

(N = 40 couples)	Husbands	Wives
<u>Age</u>		
Maximum	42.00	37.00
Minimum	20.00	19.00
(SD)	(4.93)	(4.06)
Mean	28.39	25.89
St. Error	0.78	0.64
<u>Race</u>		
White	34	36
Hispanic	1	1
Oriental	1	1
Black	3	2
American Indian	1	0
<u>Level of Education</u>		
10-12th grade	3	1
Some college courses	14	12
College degree	6	11
Some graduate courses	2	2
Graduate degree	3	2
Unknown		
<u>Religious Affiliation</u>		
Roman Catholic	4	5
Protestant	22	21
Budhist	0	1
None	14	13

<u>Couples</u>		
<u>Length of Marriage</u>		
Maximum	6--10 yrs	
Minimum	0--1	
(SD)	(0.93)	
Mean	2--3	
St. Error	0.15	
<u>Yearly Income Level</u>		
Maximum	50,000 and above	
Minimum	00--10,000	
(SD)	(1.82)	
Mean	30,000--40,000	
St. Error	0.34	

freedom, column 4 the sum of square, column 5 the mean square, column 6 the F -value, and column 7 the probability attained.

TABLE 5
Descriptive Table - Pre, Post, and Adjusted
Post-test Means for Couples

Scale	Group	Pre	Post	Adj-Post
CNV	P	12.262	11.200	10.781
	UP	10.903	10.423	11.067
GDS	P	2.250	3.537	4.381
	UP	4.115	4.769	3.470
AFC	P	4.350	5.337	5.861
	UP	5.769	6.673	5.866
PSC	P	7.750	8.462	9.287
	UP	10.173	11.596	10.327
TTO	P	3.150	4.875	5.242
	UP	4.326	5.864	5.300
FIN	P	3.000	3.400	4.085
	UP	4.750	6.173	5.119
ROR	P	16.500	16.212	16.728
	UP	17.807	17.076	16.282
SEX	P	6.600	7.700	7.774
	UP	6.865	8.000	7.885
FAM	P	4.537	4.412	4.865
	UP	5.788	5.750	5.052

According to the results shown in Table 6 none of the nine scales attained the necessary level of significance. The FIN scale was the closest with 0.102 followed by GDS at 0.255. AFC at 0.993, and SEX at 0.901

TABLE 6
ANCOVA Summary Table for Couples

Scale	Source of Variation	D.F.	Sum of Square	Mean Square	F-value	p
CNV	Between Error	1 63	1.253 700.990	1.253 11.126	0.112	0.738
GDS	Between Error	1 63	12.405 592.262	12.405 9.401	1.319	0.255
AFC	Between Error	1 63	0.006 454.817	0.006 7.219	0.000	0.993
PSC	Between Error	1 63	16.508 1289.987	16.508 20.476	0.806	0.373
TTO	Between Error	1 63	0.050 475.259	0.050 7.543	0.006	0.935
FIN	Between Error	1 63	16.009 366.410	16.009 5.816	2.752	0.102
ROR	Between Error	1 63	3.056 308.053	3.056 4.889	0.625	0.432
SEX	Between Error	1 63	0.193 789.180	0.193 12.526	0.015	0.901
FAM	Between Error	1 63	0.521 99.080	0.521 1.572	0.331	0.567

were the farthest away. Based on these findings hypothesis one is supported.

Data on Husbands

Table 7 organizes the means obtained on the MSI by husbands from both groups (format is similar to Table 5). Table 8 presents an analysis of data obtained for the husbands (construction is similar to Table 6).

TABLE 7
Descriptive Table - Pre, Post, and Adjusted
Post-test Means for Husbands

Scale	Group	Pre	Post	Adj-Post
CNV	P	12.600	11.600	11.205
	UP	11.153	10.692	11.299
GDS	P	2.325	3.200	3.902
	UP	4.000	4.115	3.034
AFC	P	4.000	4.575	4.946
	UP	5.076	6.038	5.467
PSC	P	9.100	9.650	10.072
	UP	10.384	12.653	12.003
TTO	P	3.375	4.800	5.071
	UP	4.115	5.269	4.851
FIN	P	2.650	2.850	3.399
	UP	4.269	5.269	4.424
ROR	P	7.525	8.400	8.618
	UP	8.384	9.461	9.125
SEX	P	16.600	16.725	17.043
	UP	17.500	16.653	16.164
FAM	P	4.525	4.450	4.898
	UP	5.846	5.807	5.118

TABLE 8
ANCOVA Summary Table for Husbands

Scale	Source of Variation	D.F.	Sum of Square	Mean Square	F-value	p
CNV	Between Error	1 63	0.138 962.814	0.138 15.282	0.009	0.924
GDS	Between Error	1 63	11.511 869.103	11.511 13.795	0.834	0.364
AFC	Between Error	1 63	4.194 805.222	4.194 12.781	0.328	0.569
PSC	Between Error	1 63	58.395 1956.311	58.395 31.052	1.880	0.175
TTO	Between Error	1 63	0.749 600.252	0.749 9.527	0.078	0.780
FIN	Between Error	1 63	15.821 285.149	15.821 4.526	3.495	0.066
ROR	Between Error	1 63	4.034 1537.452	4.034 24.404	0.165	0.686
SEX	Between Error	1 63	12.043 688.436	12.043 10.927	1.102	0.298
FAM	Between Error	1 63	0.738 237.909	0.738 3.776	0.195	0.660

Table 8 shows that none of the nine scales for the two groups of husbands attained a level of significance.

The FIN scale was the closest at 0.066 but it was still not significant. The CNV scale, at 0.924, and the TTO scale, at 0.780, were the furthest away. Based on these findings, hypothesis two is supported.

Data on Wives

Table 9 presents the pre, post, and adjusted post test scores for wives in both groups on all nine scales. The construction is similar to Tables 5 and 7. Table 10 analyzes the obtained data for significance. The construction is similar to Tables 6 and 8.

As with the data for the husbands, none of the nine scales for the wives attained a level of significance. The FIN scale came the closest at 0.204 followed by GDS at 0.323. The furthest away were PSC at 0.093 and ROR at 0.817. Based on these findings, hypothesis three is supported.

Summary

None of the scales for husbands, wives, or couples in the planned or unplanned pregnancy groups attained a level of significance. Therefore, all three hypotheses in this study were supported.

TABLE 9
Descriptive Table - Pre, Post, and Adjusted
Post-test Means for Wives

Scale	Group	Pre	Post	Adj-Post
CNV	P	11.925	10.800	10.393
	UP	10.653	10.153	10.779
GDS	P	2.175	3.875	4.839
	UP	4.230	5.423	3.983
AFC	P	4.700	6.100	6.766
	UP	6.461	7.307	6.282
PSC	P	6.400	7.275	8.499
	UP	9.961	10.538	8.653
TTO	P	2.925	4.950	5.339
	UP	4.538	6.461	5.862
FIN	P	3.350	3.950	4.626
	UP	5.230	7.076	6.036
ROR	P	5.676	7.000	6.908
	UP	5.346	6.538	6.679
SEX	P	16.400	15.700	16.344
	UP	18.115	17.500	16.508
FAM	P	4.550	4.375	4.825
	UP	5.730	5.692	4.999

TABLE 10
ANCOVA Summary Table for Wives

Scale	Source of Variation	D.F.	Sum of Square	Mean Square	F-value	p
CNV	Between Error	1 63	2.308 815.304	2.308 12.941	0.178	0.674
GDS	Between Error	1 63	12.024 764.721	12.024 12.138	0.990	0.323
AFC	Between Error	1 63	3.526 425.255	3.526 6.750	0.522	0.472
PSC	Between Error	1 63	0.349 1477.082	0.349 23.445	0.014	0.903
TTO	Between Error	1 63	4.077 892.062	4.077 14.159	0.288	0.593
FIN	Between Error	1 63	30.151 1154.3511	30.151 18.323	1.645	0.204
ROR	Between Error	1 63	0.819 957.283	0.819 15.195	0.539	0.817
SEX	Between Error	1 63	0.412 351.668	0.412 5.582	0.773	0.787
FAM	Between Error	1 63	0.471 111.746	0.471 1.773	0.265	0.608

CHAPTER V

DISCUSSION

Summary

The data obtained in this study showed that all three hypotheses were supported. There was no statistically significant difference in the amount of marital satisfaction experienced between couples who plan and couples who did not plan the birth of their first child. There also was no statistically significant difference between husbands who planned the birth of their first child and husbands who did not; and there was no statistically significant difference between wives who planned the birth of their first child and wives who did not.

Discussion

In the present study all three hypotheses were supported. However, there are some factors that may have impacted these results.

The Unplanned Pregnancy Group consisted of 40 couples who all took the MSI the first time. The second time, however, only 26 couples completed the test. With 14

couples abstaining, the group lost approximately 38% of its members. The amount of data obtained, therefore, was considerably less and this may have had an effect on the results.

By comparison the Planned Pregnancy Group began with 49 couples and ended up with 40; retaining approximately 80% of its members throughout the study.

The dropout rate of the UPG members was mostly due to couples moving without giving the researcher a new address (6 couples). Other couples (4) declined because of unstable marital relationships after the birth of their baby. Several other couples (6) simply never completed the second MSI stating lack of time, mostly due to coping with their new baby. The dropout rate of the PPG was also mostly due to couples moving (5) while 4 couples stated lack of time to complete the second survey.

Another factor that may account for the conclusions of this study is that if a marriage is stable and healthy the birth of a baby, planned or unplanned, is simply incorporated into that healthy relationship as a new part of it. This is supported by Lewis (1988a) who found that, "most couples with high levels of prenatal marital

competence maintained their highly competent marital structure through the transition to parenthood" (p. 277).

On the same topic Lewis (1988b) also states it is probable that a couple's relationship structure before children are born will influence the nature of the family structure after children are present. If these statements are indeed true then planning or not planning the birth of a baby may not have the impact on a couples level of marital satisfaction as the solidity of their relationship itself.

Another point is that even if the pregnancy is unplanned, 9 months is a long (and possibly sufficient) time to make the necessary mental, financial, and emotional adjustments. This is not documented but is supported by discussions between several of the UPG couples and the researcher.

In a related issue to the above findings, Cox et al. (1989) state the possibility that, "good marriages promote healthy adjustments in adults over time and thus make good parent-child relationships more likely" (p. 1015). The author further infers that, "the qualities of a couple's marital relationship directly affect aspects of early parenting for both mothers and fathers" (p. 1015).

Implications

Other studies have reached conclusions that can be tentatively supported by the present study. Cowan et al (1985) found that the birth of a baby tends to be a more negative experience for wives than for husbands, at least in the beginning; "In general, the impact of becoming a parent is felt first by women. Only later do men feel the negative effects that have been reported for several decades in new mothers" (p. 469). Belsky (1985) agrees and finds:

It is mothers who invariably bear the major burden of the transition to parenthood. Therefore, because women experience the greatest lifestyle change following the arrival of a first baby, it seems to be the case that failure to anticipate accurately the nature of the baby's influence, and especially the tendency to overestimate the positive effects of this event, are associated with negative change in the marital relationship as evaluated by women (p. 1043).

The findings above appear to be supported in this study. On scales GDS, AFC, TTO, and FIN both groups of wives show a greater increase on their adjusted post test scores than do husbands (see Tables 5 and 7), indicating a greater degree of unhappiness in these areas than their husbands.

The means obtained on the Role Orientation scales tentatively point to another interesting conclusion.

Belsky (1990) states that there is some evidence that coincident with the arrival of children is the traditionalization of family roles. This statement appears to be supported by this study. In Table 5 planned and unplanned couples both showed a slight decrease in their ROR post test scores; indicating a slight movement in the more traditional direction.

Recommendations for future research

There are other factors that may have influenced the findings that this study did not investigate and that might be suitable for research at a future time. Cox et al. (1989) suggests that the child's gender may affect the relationship between marriage and parenting. She notes that, "the gender of the young infant has meaning in families, possibly in some families more than others." The sex of the baby was not taken into account in the present study.

Also, all of the participants were recruited from childbirth classes. Waldron et al. (1981) speculate that there could be some systemic differences between those couples who chose to participate in childbirth classes and those who do not. This study did not investigate this but it may be that couples who

participate in childbirth classes have a higher commitment to each other and their unborn baby.

In conclusion, the literature seems divided on the impact of children on a marriage. Belsky (1990) states:

From a positive perspective, children are seen to derive from the love that spouses feel for one another and, as a result, to function as a source of joint pleasure and satisfaction that feeds back to enhance the marital relationship. The negative view conceives children as a source of stress and strain in the marriage, a barrier to intimacy, and a cause of conflict, thereby engendering disenchantment if not outright discord (p. 172).

This study did not find that planning vs. not planning the birth of a first child made any difference in the amount of marital satisfaction a couple experiences in their marriage. While the addition of a child to the marital dyad has a marked impact in many areas of the marriage relationship, factors such as stability and strength of the marriage, and the nine month adjustment period may be enough to offset most of the negative reactions caused by an unplanned pregnancy.

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APPENDIX A

Demographic Information

Answering any and all items on this sheet is optional. However, all answers will be kept strictly confidential and will be very helpful in gathering additional information on the impact of planned and unplanned births on marital satisfaction.

(Female) Name _____ Age _____

Race _____ Occupation _____

Highest Level of Education Obtained

1-6 7-9 10-12 Some College Courses

College Some Graduate Graduate

Degree Courses Degree

Religious Preference _____

(Male) Name _____ Age _____

Race _____ Occupation _____

Highest Level of Education Obtained

1-6 7-9 10-12 Some College Courses

College Some Graduate Graduate

Degree Courses Degree

Religious Preference _____

(Couple) Length of Marriage

0-1 yrs 1-3 yrs 3-5 yrs 5-10 yrs 10-20yrs

Address _____

Telephone Number _____

Total Family Income

0-\$10,000 \$10,000-\$20,000 \$20,000-\$30,000

\$30,000-\$40,000 \$40,000-\$50,000 \$50,000 and above

APPENDIX B

Script

Hello, my name is Melissa Rich and I am a graduate student at Texas Woman's University working on a Ph.D. in Marriage and Family Counseling. I am currently working on my dissertation and the topic is the effect of the first child on a marriage. What I am interested in finding out is whether couples who plan the birth of their first child have more, less or equal difficulty in adjusting to their new situation than couples who did **not** plan on the birth occurring.

The way I will do this is to measure each couple's marital satisfaction once before and once after the birth of their baby. I will do this by administering the Marital Satisfaction Inventory to each couple. This a true-false instrument that requires approximately 30-45 minutes to complete. Each spouse will complete their own test form. At the end of the study I will be happy to share the results of the overall study with anyone who is interested. For participating I will schedule a 1-2 hour session with each couple and go over the results of their tests with them. I will point out strengths and weaknesses that each have, make some

suggestions for avoiding potential problem areas in the future, and, if necessary, make referrals to an appropriate community agency for counseling. All of the participants names and results will be kept strictly confidential.

I need 50 couples for each group. I will be outside when your class finishes (or goes on break). Please let me know if you are interested. Thank you.

APPENDIX C

Marital Satisfaction Inventory Profile Scales

Conventionalization (CNV)

The Conventionalization scale is comprised of 21 items assessing the tendency to report the marriage in socially desirable terms. In general, item content on the CNV scale reflects denial of even minor marital problems and a description of the marriage in an unrealistically positive way. Item content falls along three dimensions:

1. Reports of a "perfect marriage".
2. Reports of a "perfect mate".
3. Denial of consideration of marital alternatives.

Low scores on CNV are commonly associated with moderate or greater levels of marital distress and reflect a readiness to openly acknowledge existing difficulties in the relationship. Moderate scores on CNV are frequently observed with the general population and, at the upper end of this range, may reflect strong positive feelings within the marriage. High scores are obtained by 20% of the general population and reflect a naive, uncritical appraisal of the marital relationship.

Global Distress (GDS)

The Global Distress scale contains 43 items assessing overall marital satisfaction. Individuals' responses to these items have been found to align on two dimensions:

1. General unhappiness with the marriage.
2. Uncertain commitment to the current relationship.

Low scores are associated with closeness to one's spouse, commitment to the present relationship, and the general absence of pervasive difficulties. Moderate elevations on GDS indicate the increasing likelihood of general dissatisfaction with the marriage and thoughts of separation or divorce. High scores on GDS reflect strong feelings of alienation and anger toward one's spouse, a long history of problems in the marriage, and an increasing inclination toward separation or divorce.

Affective Communication (AFC)

The Affective Communication scale consists of 26 items assessing dissatisfaction with the amount of affection and understanding provided by a spouse. This scale deals with the process, rather than the content, of verbal and nonverbal communication. Items fall along three factors:

1. Complaints of inadequate affection and caring from spouse.
2. Experience of lack of empathy and understanding from spouse.
3. Failure of spouse to self-disclose.

Low scores reflect a relationship characterized by open affective expression and feelings of interpersonal closeness. Scores in the mid-range are likely to reflect moderate levels of distress within the relationship. High scores indicate a relationship characterized by extensive isolation and negative affect and rarely occur in the absence of high elevations on GDS.

Problem-Solving Communication (PSC)

The Problem-Solving Communication scale is comprised of 38 items measuring general ineffectiveness at resolving differences. This scale assess the level and chronicity of overt disharmony rather than underlying feelings of detachment or alienation. Item content falls along four dimensions:

1. Minor disagreements become major arguments.
2. Differences remain unresolved or are not discussed.
3. Spouse is overly sensitive to criticism.
4. Spouse is overly critical or punitive.

Low scores on PSC reflect minimal levels of overt disharmony in the relationship. With moderate scores there is an increased likelihood of ineffectiveness in resolving disagreements. At higher elevations on PSC marital tension pervades the relationship. Distress is likely to have generalized across a broad range of areas.

Time Together (TTO)

The Time Together scale contains 20 items reflecting feelings about the quality and quantity of leisure time spent together. Item content falls along four factors:

1. Insufficient time together.
2. Lack of common interests.
3. Desire for spouse to participate more in respondent's own interests.
4. Feelings that spouse does not enjoy time together.

Low scores on TTO reflect the individual general satisfaction with both the quality and quantity of leisure time together. Moderate scores indicate a lack of opportunity or perceived desire for shared leisure activity. Such elevations may stem in part from situational demands of employment or childrearing responsibilities. High elevations on TTO indicate severe disruption of pleasant interactions and are nearly always accompanied by moderate or higher scores on AFC.

Along with AFC and PSC, the TTO scale completes the affective triad. Any one of these three scales considered by itself accounts for over half of the variance in global criteria of marital distress.

Disagreement About Finances (FIN)

The Disagreement About Finances scale is comprised of 22 items assessing disagreement about the handling of family finances. Item content falls along four dimensions.

1. Poor management of finances by spouse.
2. Financial insecurity as a major source of marital distress.
3. Inability to discuss finances calmly.
4. View of spouse as extravagant.

Low scores on FIN reflect the general absence of marital distress in the area of finances. Fiscal responsibilities are likely to be shared by both spouses. Moderate scores indicate the increasing importance of finances as an area of marital contention. High scores indicate the central presence of finances as a major source of marital distress.

Sexual Dissatisfaction (SEX)

The Sexual Dissatisfaction scale contains 29 items assessing dissatisfaction with sexual activity. Item content falls along five factors:

1. General dissatisfaction with the sexual relationship.
2. Spouse lacks interest in sex.
3. Own lack of enjoyment from intercourse.
4. Sexual differences are left unresolved.
5. Interest or involvement in extramarital affairs.

Low scores on SEX indicate a generally positive attitude toward the overall quality of the sexual relationship. Moderate scores reflect the increasing influence of the sexual relationship as a source of marital distress. Elevations on SEX indicate severe disruption of the sexual relationship and an increased need for specific interventions in this area.

Role Orientation (ROR)

The Role Orientation scale consists of 25 items reflecting marital and parental sex roles. Items are scored in the direction of nonconventionality and align on four factors:

1. Rejection of traditional marital roles.
2. Rejection of the "homemaker" role for women.
3. Belief in shared home responsibilities.
4. Advocacy of career opportunities for women.

Low scores on ROR indicate a highly traditional orientation toward marital and parental sex roles. Moderate scores reflect a greater flexibility in sharing of traditional roles. High scores indicate an increasingly unconventional view of marital and parental roles. Decision making is likely to be shared more fully, as are housecare and childrearing responsibilities.

Family History of Distress (FAM)

The Family History of Distress scale is comprised of 15 items assessing the childhoods of the respondents and the quality of marriages of their parents and extended family. Item content may be organized along five dimensions:

1. Parents' marriage dominated by discord.
2. Reports of an unhappy childhood.
3. Eagerness to leave home prior to marriage.
4. Lack of closeness among family members.
5. Marital disruption among extended family.

Low scores on FAM reflect a family of origin characterized by warmth and harmony. Moderate elevations indicate significant distress in the parents' marriage. Disruption of the respondent's relationship with at least one parent is common. With increasing elevation disruption in the family of origin is extensive. Individuals scoring high on FAM are likely to have experienced considerable alienation from parents, siblings, or both.

Dissatisfaction With Children (DSC)

The Dissatisfaction With Children scale contains 22 items dealing with children. DSC does not directly address the relationship of the couple, but instead assesses for each spouse separately the overall satisfaction with the parent-child relationship. Item content falls along four factors:

1. Children are inconsiderate or disrespectful.
2. Lack of common interests or activities with children.
3. Disappointment with children.
4. Dissatisfaction with demands of childrearing.

Low scores on DSC indicate a generally positive relationship between the respondent and his or her children. Moderate elevations reflect increasing disappointment or dissatisfaction either with the children themselves or with the general demands of childrearing. High scores on DSC indicate extensive disruption of the parent-child relationship. DSC is only moderately predictive of global criteria of marital distress.

Conflict Over Childrearing (CCR)

The Conflict Over Childrearing scale is comprised of 19 items assessing perception of conflict over childrearing practices. Items are aligned along the following factors:

1. Childrearing conflicts are a major source of marital discord.
2. Disagreement about discipline.
3. Unfair sharing of childrearing responsibilities.
4. Spouse is uninterested in children.

Low scores on CCR reflect generally positive interactions between spouses regarding their children. Moderate scores reflect the increasing importance of childrearing in contributing to overall marital distress. High scores indicate the extensive presence of conflict around parental roles and little perceived support or agreement from their spouse in childrearing tasks.