Womens awareness of their partners concerns during pregnancy
by Jill Ann Real

A thesis submitted in partial fulfillment of the requirements for the degree of MASTER OF NURSING
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Abstract:
The purpose of this study was to determine a) the awareness women have of their partners' concerns during the prenatal period, and b) the relationship of this awareness to the following sociocultural characteristics of the participants: age, income, education, length of time married (or living together), whether the pregnancy was planned or unplanned, presence or absence of extended family, and agricultural background.

The concept of awareness was measured by using a questionnaire designed to identify men's prenatal concerns. Each man was asked to rate his concerns about the pregnancy on a 57 item questionnaire, and his partner was asked to rate the same concerns as she believed them to pertain to her mate.

The sample consisted of 40 primiparous couples attending their first session of Childbirth Education Association classes. All couples spoke English as their primary language, had completed six years of school, were Caucasian Americans, and were in their third trimester of pregnancy.

Analysis of the data showed that awareness did exist to varying degrees among the sample population studied. Further study is needed to determine what constitutes acceptable and non-acceptable levels of awareness, in reference to the degree of crisis couples' experience during pregnancy.

The only sociocultural variable that was significantly related to the level of awareness women had of their partners' prenatal concerns was education. It was found that as the educational levels of the men or women increased, the degree of awareness also increased.

A two part analysis was done on the individual questionnaire items. Results of the first part of the individual item analysis identified differences that existed between spouses. It was found that certain items were accurately perceived by their partners, while others were poorly perceived. All of the items defined as accurately perceived were of low concern to the men, whereas all of the poorly perceived items were of high concern to the men. The second analysis done on the individual questionnaire items suggested that some misperceptions were due to general differences between men and women.

The data analysis also uncovered some serendipitous findings that raised certain questions: Why didn't Childbirth Education Association class participants attend early prenatal classes? Why were there no unmarried couples in the classes?

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Date February 27, 1981

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A thesis submitted in partial fulfillment
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ABSTRACT

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CHAPTER 1

INTRODUCTION

The Problem

Theorists have identified pregnancy as a crisis period that affects men, women, and ultimately their relationships as couples (Bibring, Dwyer, Huntington, & Valenstein, 1961; Caplan & Parad, 1965; Duvall, 1971; LeMasters, 1965). The changes and adjustments that occur during pregnancy contribute to the crisis by creating anxiety producing concerns.

The pregnancy induced concerns of women have been well researched. Helping women to cope with their concerns has become a major goal of nursing care (Antle, 1975, Hines, 1971). With the fathers' increased participation during pregnancy in the mid-1960's, their therapeutic value began to be recognized as helpful and supportive to their partners (Miller, 1966). As a result, nursing intervention began to focus on facilitating the men's abilities to support their wives. This was done by helping men develop an awareness of their partners' concerns and the women's need for understanding (Anzalone & Phillips, 1978).

More recently it has been recognized and documented that men have many concerns during pregnancy. Current literature now suggests that men also need support and understanding and that this support and understanding should come from their partners!

The ability for mutual support becomes a reality when couples

are able to recognize and communicate their concerns to one another (Antle, 1975; Caplan, 1961, Cox, 1972; Duvall, 1971, 1977; Lipkin, 1974; Stichler, Bowden, & Reimer, 1978; Sumner, 1976). This becomes the first step in coping with the anxiety produced by these concerns and in lessening the crisis experienced by couples during pregnancy.

Although much has been done to develop awareness in men of their partners' concerns, the reverse does not appear to be true. This researcher's literature search did not reveal any evidence suggesting that women were aware of their partners' concerns, nor were there data indicating that women were being helped to develop this awareness.

Therefore, the first step in researching this area was to determine to what degree women are aware of their partners' concerns during pregnancy. This awareness was determined by using a questionnare designed to measure the men's prenatal concerns about their partners, babies, and themselves. The men were asked to rate their concerns about the pregnancy on the questionnaire, and their partners were asked to rate the same concerns as they believed them to pertain to their mates. The congruency between their responses was then used as a measure of awareness.

Another important aspect of this problem were the factors that influence the presence or absence of awareness. The literature suggested that the sociocultural characteristics of a given couple may influence the degree to which they experience pregnancy as a

crisis, as well as their ability to cope. These characteristics included such attributes as age, education, income, length of time married (or living together), and whether the pregnancy was planned or unplanned. Duvall (1977) maintained that all of the aforementioned variables can affect the completion of the developmental tasks of pregnancy. The inability to complete these tasks would increase the crisis experienced by the couple.

Some authorities feel the presence of extended families has a beneficial influence; they may be a source of support for pregnant couples and hence, increase their coping abilities (Murray, 1972). Cultural differences can further influence the nature of the crisis and coping abilities (Murray, 1972). Since Montana is primarily a rural state with a large agricultural base, one aspect of cultural diversity was explored by determining whether an agricultural versus non-agricultural background had any influence on the extent of awareness women have of their partners' prenatal concerns.

Statement of Purpose

It was, therefore, the purpose of this study to determine a) the awareness women have of their partners' concerns during the prenatal period, and b) the relationship of this awareness to the following sociocultural characteristics of the participants: age, income, education, length of time married (or living together), whether the pregnancy was planned or unplanned, presence or absence of extended

family, and agricultural background.

Definition of Terms

Concerns: Those aspects of pregnancy that cause fear, stress, anxiety, or some disturbing thought (Dulin, 1972).

Planned pregnancy: A conscious decision to become parents, prior to becoming pregnant.

Agricultural: People who are living, or have lived, on a ranch or farm for a period of six months or more.

Extended family: Presence of relatives within the state of Montana.

Prospective parents: Those couples, married or not, expecting their first child, in the third trimester of pregnancy, and attending the first session of Childbirth Education Assocition classes.

Family: Refers to the evolving family that consists of a man and woman expecting their first child.

Awareness: Refers to the ability of women to accurately perceive their partners' prenatal concerns. Awareness was measured by calculating the differences between the responses of men and their partners when each were given the same questionnaire, and the men were asked to note their own prenatal concerns, while the women were asked to note the same concerns as they believed them to pertain to their partners.

CHAPTER 2

REVIEW OF THE LITERATURE AND CONCEPTUAL FRAMEWORK

The framework for this study is based on crisis theory, whereby pregnancy is viewed as a family developmental crisis. The literature review will be divided into two major sections. The first section will provide a general overview of crisis theory. The second section will specifically discuss pregnancy as a developmental crisis, affecting men, women, and their relationships as couples. The early work (1959-1965) of Gerald Caplan contributed a great deal to the development of crisis theory, and as such, will be cited frequently in this paper.

Crisis Theory

This section will discuss general crisis theory. It is divided into three parts in which the concept of crisis will be defined and explained, coping strategies will be reviewed, and methods of intervention discussed.

Crisis Defined

Crisis has been defined as a turning point (Rapoport, R., 1965); an upset in a steady state (Caplan, 1961); a call to new action (Rapoport, L., 1965); "...a period of disequilibrium overpowering the individual's homeostatic mechanisms" (Caplan & Parad, 1965, p.56); any situation for which present coping skills are inadequate (Duvall,

1977). A crisis develops "...when a person faces an obstacle to important life goals that is, for a time, insurmountable through the utilization of customary methods of problem solving" (Caplan, 1961, p.18).

There are basic features common to all crisis events. These include the following: "...an acute time factor, behavior changes, subjective feelings of helplessness and ineffectiveness, tension and the perception of a threat which is realistic and unique to the individual" (Schulberg & Sheldon, 1968, p.556). Caplan and Parad (1965) have identified three sets of interrelated factors that can produce a state of crisis: a hazardous event which poses some threat, a threat to instinctual need which is symbolically linked to earlier threats that resulted in vulnerability or conflict, and an inability to respond with adequate coping mechanisms.

Typically a crisis occurs not as an isolated event but within the context of an existing system and is managed according to resources available. Murray (1972) identified various factors that will affect the nature of a crisis: age, physiological status, aspects of treatment, previous experience, ability to deal with stress, response of significant others, cultural values, ability to talk about feelings, role in the family, and effects of the crisis event on life style with family, occupation, and social group. "The impact of the crisis will depend on the nature of the crisis, the state of organization in the

family, the resources of the family, and its previous experience with crisis" (LeMasters, 1965, p.111).

Coping with Crisis

Coping mechanisms are used by individuals to reduce tension and anxiety when problems arise. According to Aguilera and Messick (1974) coping mechanisms

> ...can be overt or covert and can be consciously or unconsciously activated. They have generally been classified into such behavioral responses as aggression, regression, withdrawal, and repression. The selection of a response is based upon tension reducing actions that successfully relieved anxiety and reduced tension in similar situations in the past. (p.64)

Crises occur when individuals have problems that cannot readily be solved by using coping methods that have worked in the past.

Successful coping with crises results in the individuals maturation or development (Rapoport, R., 1965), and growth (Smith, 1978). Ineffective coping, on the other hand, leads to maladaptive behavior, increased stress (Smith, 1978), and possible revival of old psychological conflicts (Caplan, 1960; Rapoport, R., 1965). During a crisis there is the possibility of development of new solutions to these old problems and conflicts. These solutions may be healthy and lead to positive growth or unhealthy and lead to a state of poor mental health (Caplan, 1960; Rapoport, R., 1965). It is generally believed that persons undergoing crises are amenable to influence when skilled intervention techniques are applied (Rapoport, R., 1965).

Intervention

During a crisis it is believed that minimal intervention "...tends to achieve maximum and optimal effects..." (Aguilera & Messick, 1974, p.6). There are a variety of crisis intervention techniques in the literature reviewed. The use of one method over another is dependent on the type of crisis and the individual experiencing the crisis.

Schulberg and Sheldon (1968, p.556) described three general approaches to handling a crisis: "...(1) eliminating or modifying the hazardous situation; (2) reducing the individual's exposure to the hazardous situation; (3) reducing the individual's vulnerability by increasing coping capacity." Aguilera and Messick (1974) identified four methods of intervention during a crisis as follows:

> a. Helping the individual to gain an intellectual understanding of his crisis....
> b. Helping the individual bring into the open his present feelings to which he may not have access....
> c. Exploration of coping mechanisms....
> d. Reopening the social world....[This refers to a situation when the crisis has been precipitated by the loss of someone significant to the individual's life.] (p.20)

In deciding what method of crisis intervention to use it is important to assess the individual. Caplan (1961) suggested looking at the following three areas: the capacity of the person to withstand stress and anxiety; the degree of reality recognized and faced in solving problems; and the ability to adjust to the demands of reality.

Pregnancy as a Family Developmental Crisis

This three-part section will elaborate upon the concept of pregnancy as a developmental crisis. In part one the concept of pregnancy as a crisis will be discussed in general terms, followed by a review of how the crisis affects women, men, and families (family referring to the evolving family). Part two will review coping mechanisms and the impact of sociocultural factors on the families' ability to cope. Part three will conclude with a discussion on the need for intervention.

Definition

Pregnancy has been studied as a crisis event by a number of researchers and is widely referred to as being developmental or maturational in nature (Bibring et al., 1961; Caplan, 1961; Dyer, 1965; Erikson, 1953; Parad, 1965; Rapoport, R., 1965; Schulberg & Sheldon, 1968). Developmental crises are induced by the special tasks required by each new developmental phase in the sequence of psychosocial maturation (Erikson, 1953). These crises are considered normal occurences and an essential part of growth and development (Bibring et al., 1961; Deutcher, 1972) because most humans experience them in the process of growing up (Caplan & Parad, 1965). It is the time of passage from one developmental state to the next that provides fertile ground for anxiety and tension within families (Phipps, 1980).

During a developmental crisis

> ...a complex of biopsychosocial stimuli poses certain tasks that must be faced and mastered with a reasonable degree of effectiveness if the next maturational stage is to yield its full potential for further growth and development. (Parad, 1965, p.73)

Specific developmental steps have been identified by Duvall (1971) as necessary during pregnancy:

1. arranging for the physical care of the expected baby
2. developing new patterns for getting and spending income
3. revaluating [sic] procedures for determining who does what and where authority rests
4. adapting patterns of sexual relationships to pregnancy
5. expanding communication systems for present and anticipated emotional needs
6. reorienting relationships with relatives
7. adapting relationships with friends, associates, and community activities to the realities of pregnancy
8. acquiring knowledge about and planning for the specifics of pregnancy, childbirth, and parenthood
9. maintaining morale and a workable philosophy of life. (p.199)

In meeting the developmental tasks of pregnancy "...the family is forced to reorganize, roles have to be reassigned, status positions shifted, values reoriented, and needs met through new channels" (LeMasters, 1965, p.111). There results a period of family disequilibrium (Caplan, 1961) that calls for the establishment of a new repertoire of responses and coping behaviors (Stichler et al., 1978). Bibring et al. (1961) believed that the developmental tasks of pregnancy can lead to the revival and simultaneous emergence of conflicts that may have had partial or inadequate solutions in earlier developmental phases.

It is important to realize that the crisis of pregnancy offers the chance to affect, by minimal intervention, the future mental health of pregnant families (Caplan, 1961). Caplan based this belief on two aspects of crisis theory:

> (1) In a crisis, old problems are brought to surface and new problems are faced, and there is a possibility at this time of novel solutions which may be in a healthy direction, or in an unhealthy direction.
> (2) A person in crisis, because of the disequilibrium, because the situation is in a state of flux, is more susceptible to influence than when he is not in crisis. (Caplan, 1961, p.72)

Pregnancy as a crisis for women. Literature on maternity care has long emphasized pregnancy as a time of crisis for expectant mothers. During this period women have to cope with physical, psychological, and developmental changes (Arnstein, 1972; Bibring et al., 1961; Caplan, 1960; Dyer, 1965; Schulberg & Sheldon, 1968). Caplan (1960, p.72) stated that pregnancy should be viewed as "...a biologically determined period of pyschological stress." The emotional manifestations of pregnancy are due to general metabolic changes (hormonal) as well as psychogenic factors that are linked "...to the sexual aspects of the reproductive process..., and to the process whereby during the course of pregnancy she develops psychologically into the role of the mother..." (Caplan, 1960, p.73). It is felt that pregnancy is a crisis "...that affects all expectant mothers, no matter what the state of their psychic health" (Bibring et al., 1961,

p.25).

A variety of behavioral and emotional manifestations have been described in the literature. Mood swings or emotional lability are frequently seen in pregnant women (Caplan, 1961; Colman & Colman, 1972; DeGarmo & Davidson, 1978) and are generally felt to be due to hormonal changes (Caplan, 1960). This lability can result in a variety of behaviors: irritability and sensitivity, crying (Colman & Colman, 1972), changes in sexual desire (Caplan, 1960; Colman & Colman, 1972), and emotional highs and lows (Colman & Colman, 1972; DeGarmo & Davidson, 1978).

Other psychological manifestations of pregnancy which are frequently discussed in the literature include introversion, passivity, and dependence (Caplan, 1960; Jessner, 1964). These changes generally begin sometime between the first and second trimester. Caplan (1957, p.29) theorized that "...in the same way the woman needs to take in extra nutriment to build the tissues of her fetus, she has to take in extra emotional supplies of love and affection which she will later pass on to her baby."

Other manifestations mentioned with less frequency in the literature were as follows: increased feelings of vulnerability, anxiety, insomnia (Colman & Colman, 1972), fatigue, and a decrease in outside interests, especially in the third trimester (Jessner, 1964). Loesch and Greenburg (1962) mentioned most women also feel uncertain and lack

confidence, particularly during their first pregnancy.

In the middle of the second trimester there is a shift in intrapsychic equilibrium whereby unconscious conflicts from the past surface and there is a possibility of more mature solutions to these old problems (Caplan, 1960). The resolution of these old conflicts represents a major task for most pregnant women. "It would be an understatement to say that the way in which a woman copes...is critical to her future feelings about herself as a woman and mother, and has far reaching effects on her subsequent adjustments to pregnancy and motherhood" (Colman & Colman, 1972, p.141).

The literature indicated that pregnancy is experienced in stages. DeGarmo and Davidson (1978) identified the following stages found in each pregnancy: women must adjust to the reality of the pregnancy, then to the separateness of the fetus, and finally the women must be prepared to relinquish their babies from their bodies. It was further stated that previous emotional or physical deprivation can so exhaust some women's resources that they are unable to cope with these tasks of pregnancy. Bibring et al. (1961) referred to these stages as the developmental process of pregnancy and motherhood. Colman and Colman (1972) discussed the psychologic tasks of pregnancy by trimester. During the first trimester women need to accept the pregnancy as a reality; in the second trimester they need to change from dependency on their mothers to dependency on their husbands; and ultimately in the

third trimester they must come to rely on their own strengths.

Anxiety during pregnancy has been observed by a number of researchers (Caplan, 1961; Jessner, 1964; Light & Fenster, 1974). Light and Fenster (1974, p.46) defined anxiety as "...an uneasiness of mind resulting from an emotionally stressful situation." Some common concerns and fears discussed in the literature have been found to contribute to anxiety during pregnancy. These can be grouped into three major categories: concerns for self, infant, and marriage.

A variety of concerns women had about themselves during pregnancy were mentioned in the literature. Fawcett (1978) and Loesch and Greenburg (1962) found women were preoccupied over their body changes. Some women feared they were unattractive and "too fat" (Newton, 1963). Others were concerned about possible body damage resulting from the birth, including death (Loesch & Greenburg, 1962). Many women expressed concerns about labor and delivery and their ability to handle the pain (Loesch & Greenburg, 1962; Light & Fenster, 1974). Over half of the women studied by Light and Fenster (1974) were also concerned about subsequent pregnancies.

The main concern expressed by women regarding the infant was centered around whether or not the baby would be normal (Light & Fenster, 1974; Loesch & Greenburg, 1962). Occasionally there was a preoccupation with the infant's sex.

Some fears were centered around the marital relationship.

Jessner (1964) stated some women expressed concern that the pregnancy would destroy their marriage. Loesch and Greenburg (1962) discussed the fact that pregnant women were often upset about their attitude changes toward their husbands.

Certain factors can influence the type and intensity of concerns women have during their pregnancy. Klaus and Kennel (1976) listed several factors: whether the pregnancy was planned, whether the women were married, whether they were living with the fathers, and whether they had other children. Klaus and Kennel further suggested that the ages of any other children, the women's occupations or desires for an occupation, memories of their childhood, and feelings for their parents, would also be of influence.

Pregnancy as a crisis for men. Current literature supports the theory that pregnancy is a crisis time for men as well as women (Anzalone & Phillips, 1978; Hott, 1976). Men's experience during pregnancy differs from that of women. Research has identified specific emotions and concerns of prospective fathers, as well as various behavior changes that occur during the prenatal period.

Upon confirmation of the pregnancy, men feel surprised and ambivalent (Antle, 1975). They may be proud of their virility and at the same time feel guilty for impregnating their wives (Antle, 1975; Duvall, 1971). The guilt may be compounded when they observe their partners struggling with morning sickness or fatigue. Later on during

the first or second trimester the men may feel anxiety over the widening distance between themselves and their partners caused by the women's introversion (Antle, 1975).

During the second trimester expectant fathers begin to identify with the physical actuality of the pregnancy when they feel fetal movements. They may feel ambivalent about their partners' rapidly changing body. If the men are unable to express and deal with these emotions they may seek outside masculine company and spend less time with their wives (Antle, 1975).

The third trimester finds men concerned about impending labor and delivery (Antle, 1975; Dulin, 1972) and they may doubt their ability to "take it" (referring to the birth) (Antle, 1975). Some men are afraid of approaching their partners sexually (Antle, 1975; Duvall, 1971; Marquart, 1976). However, in studies by Dulin (1972) and Bailey (1979) prospective fathers indicated less concern over the change in their sexual relationships than in other areas, such as their ability to "father". The guilt of impregnating their wives may worsen as the men observe their spouses in the final, uncomfortable stage of pregnancy. Jessner, Weigert, and Foy (1970) found that some husbands, during the last trimester, have feelings of estrangement and exclusion.

Throughout pregnancy men may worry about their ability to provide for their families (Antle, 1975; Dulin, 1972; Marquart, 1976; Wapner, 1976). At any time during this period men may feel anxious, depressed,

inadequate, hemmed in, and trapped (Duvall, 1971), as well as insecure (Antle, 1975). Many men become jealous of the baby and/or physician. They wonder about their ability to care for the baby and be good fathers (Dulin, 1972). Biller and Meredith (1974) found some men felt that the pregnancy was aging them.

Behavior changes have been noted in men during pregnancy. Marquart (1976) discovered that many prospective fathers socialized with other fathers more during pregnancy than previously, and that the topic of fatherhood was prominent in their conversations. Men reported changes in their behavior to set a good example. They also noted a tendency to be more protective of their partner (Marquart, 1976).

Not all fathers adjust positively to pregnancy. Duvall (1971, p.206) stated that the expectant father is "...faced with a new situation for which he may have no experience. If he cannot adjust to the pregnancy the consequences may be psychosomatic disorders, mood swings, anxiety, and difficulties with relationships." The strain of pregnancy can surface in the form of emotional problems that manifest themselves in the form of "...frenetic physical activity, minor psychosomatic ailments, and deviant social behavior..." (Biller & Meredith, 1974, p.40). Several studies have been done supporting the latter statements. Liebenberg (1969) did a study in which 65% of 61 first time fathers reported pregnancy symptoms. Arnstein (1972) discussed the fact that arrest rates for sex offenses were higher for expectant

fathers, than for other married men. It was felt that psychologically healthy males could handle changes in their sex lives, but with emotionally disturbed fathers the same changes could lead to sex offenses, especially during the last four months of pregnancy. Other behavioral changes in men discussed by Rice (1966) were attempts to escape the responsibility of impending fatherhood by turning to alcoholism, to temporary desertion, or to other women. Wainwright (1966) studied the case histories of ten men who were hospitalized with a psychopathological reaction to fatherhood. He identified some of the relevant factors that may precipitate mental illness in men during pregnancy: increased sense of responsibility, latent homosexuality, seeing the infant as a binding force in an unsatisfactory marriage, envy of their wives' childbearing functions.

Pregnancy as a crisis for evolving families. Pregnancy is usually a shared family experience (Stichler et al., 1978) during which time both parents experience separate emotional and behavioral changes that can lead to stress and anxiety (Antle, 1975). It is a period of disequilibrium for families compared to their normal state (Caplan, 1961) and as such can be considered a family crisis. Certain variables will determine whether the crisis will strengthen or weaken families: socioeconomic level, marital and familial relationships, and previously completed developmental tasks (Duvall, 1977). Caplan (1960) believed it is more accurate to speak of pregnant families rather than pregnant

women, since entire families are affected by the pregnancy.

Porter and Demeuth (1979) explained the rationale for considering pregnancy as a family crisis:

> The newly pregnant couple must necessarily deal with internal conflicts in the course of family development. The relationship between husband and wife is in a state of constant flux. Pregnancy demands a repatterning of their relationship. This repatterning is an emotionally charged process which can play a crucial role in the couple's reactions to the pregnancy itself. As tensions between husband and wife are created or heightened, the pregnancy becomes a crisis. (p.103)

Duvall (1971) has identified certain developmental tasks of pregnancy. A major task included "...expanding communication systems for present and anticipated emotional needs" (p.199). Central to this concept is the ability to reward each other for achievement and satisfy critical needs for acceptance, encouragement, and affection. Failure of this task can lead to disequilibrium and tension in the couples' relationships (Arnstein, 1972; Caplan, 1961; Duvall, 1971, 1977; Griffith, 1976; Jessner, 1964).

Coping during the Developmental Crisis of Pregnancy

It is generally felt that an open system of communication is an essential coping skill during the crisis of pregnancy (Antle, 1975; Biller & Meredith, 1974; Caplan, 1961; Cox, 1972; Duvall, 1971, 1977; Lipkin, 1974; McKinley, 1963; Stichler et al., 1978; Sumner, 1976). The following assumptions regarding the merits of open communication

were found in this literature:

1. Open communication of fears and fantasies assist couples in consolidating their personal strengths and more fully meeting each others' needs (Antle, 1975).

2. Accurate information about others' attitudes and beliefs is more facilitative and productive than are misperceptions (Cox, 1972).

3. An open communication system is a means of reaching each other for comfort, love, understanding, and sympathy (Duvall, 1977).

4. Feelings and concerns that couples express and share result in mutual understanding (Sumner, 1976) and a decrease in anxiety (Schaefer, 1966). This is based on the belief that open, honest dialogue adds to the understanding of those involved (Sumner, 1976).

Cultural differences may affect individuals' or families' abilities to cope with crises. On a broad scale, certain aspects of Western culture, such as the Western concept of masculinity and the current trend toward nuclear families can influence coping ability. There are many subcultures in Western society also exerting influence on how families cope during crises. One such sub-culture available for study in Montana are people with an agricultural background.

Stichler et al. (1978) maintained that lack of mutual support is due to communication breakdown. Certain aspects of Western culture and society can promote such a breakdown. It has been theorized that the traditional Western concept of masculinity does not permit

expression of feelings (Antle, 1975; Anzalone & Phillips, 1978; Smith, 1978). "Culturally men are ingrained with the idea that at all costs they must maintain control and a sense of being strong. As a result even though they may be feeling a sense of discomfort, they are often unable to discuss it..." (Stichler et al., 1978, p.155). The contemporary role of fathers is slowly changing. It is becoming more acceptable for men to be affectionate and express their feelings (Hines, 1971). They are becoming actively involved with their wives' pregnancies. This active involvement begins with acknowledgement and acceptance of the emotions pregnancy may elicit (Antle, 1975). Western culture also promotes the positive aspects of pregnancy. This may result in guilt feelings for couples who experience the common negative emotions (Stichler et al., 1978).

Extended families can be a source of support for expectant couples (Hines, 1971). Hrobsky (1977) identified various functions of a support system: offering validation of the parents' perception and allaying their fears; releasing parents from some of their responsibilities; functioning as emotional sounding boards, listening to concerns and self doubts; providing concrete information; and enhancing parents' enjoyment by simply sharing new experiences with them. Due to the high rate of mobility in our present society it is not always possible for extended families to be a realistic support system. Even if relatives are not physically separated, they may be a poor source of support due

to interpersonal conflicts (Hrobsky, 1977).

The current trend toward nuclear families has caused increased isolation of pregnant couples (Cronenwett & Newmark, 1974). Brazelton (1973) and Hines (1971) maintained that nuclear family structures leave husbands to make their own adjustments to the pregnancy. Sumner (1976) observed that without the traditional support of extended families couples must go through pregnancy alone. However, Klaus and Kennel (1976) stated that organizations have helped replace extended families. Such groups as childbirth classes let expectant couples share their hopes, expectations, and fears with others.

Culture, as defined by Spradley (1979, p.5) "...refers to the acquired knowledge that people use to interpret experience and generate social behavior." The cultural base of an individual will thus influence how he will cope in a crisis situation. The agricultural population is a sub-culture of Western society. In Montana 13% of the population live on farms (U.S. Bureau of Census, 1979). People from agricultural backgrounds have a unique body of knowledge pertinent to that culture that will affect how they react in a given situation. It is possible, therefore, that prospective parents with an agricultural background may perceive the crisis of pregnancy differently and have different coping mechanisms than will prospective parents from a non-agricultural background.

The literature review indicated there were other variables

that may influence the degree of crisis experienced during pregnancy, and possibly the coping abilities of couples. These included: age, income, education, length of time married, whether the pregnancy was planned or unplanned, previous pregnancies, and trimester of pregnancy.

According to Duvall (1977) the developmental tasks of marriage precede those of pregnancy. She indicated that successful achievement of the marital tasks enhances satisfaction, approval, and success with the later tasks of pregnancy, "...whereas failure leads to unhappiness in the family, disapproval by society, and difficulty with later family developmental tasks" (Duvall, 1977, p.177). This indicated that successful achievement of the marital tasks would decrease the amount of difficulty encountered when dealing with the developmental tasks of pregnancy. The developmental tasks of married couples are as follows:

1. finding, furnishing, and maintaining their first home
2. establishing mutually satisfactory ways of supporting themselves
3. allocating responsibilities that each partner is willing to assume
4. establishing mutually acceptable personal, emotional, and sexual roles
5. interacting with in-laws, relatives, and the community
6. planning for possible children
7. maintaining couple motivation and morale (Duvall, 1977, p.195).

Certain variables could reasonably be assumed to affect the completion of these tasks. Age, education, and income may reflect ability to provide a home and a way of supporting the family. Smoyak (1977)

stated that teenage marriages have a divorce rate four times higher than other groups. Furthermore, the developmental tasks of adolescence frequently conflict with those of pregnancy (Duvall, 1977).

It would seem logical that couples married for a longer period of time prior to pregnancy would have a greater possibility of successfully completing the developmental tasks of marriage. Hrobsky (1977, p.460) stated that couples who delay their first pregnancy can use that time "...to find ways each partner can develop his or her own interests, learn to be comfortable with being different from each other, yet enjoy that differentness, and learn to be close to one another without being identical." However, it was also stated that although prolonging this period increased the potential for growth, it does not guarantee the couples will use it effectively (Hrobsky, 1977).

Whether or not a pregnancy was planned can be an indication of the successful completion of the marital tasks and readiness to move on to the tasks of pregnancy. However, some couples use pregnancy as the means of becoming closer, hoping the child will cement their unstable relationship (Hrobsky, 1977). Smith (1978, p.48) maintained that unplanned pregnancies can be a source of conflict "...because partners may feel a lack of control over their own bodies, a lack of communication with their spouses, and/or stress around the decision making process itself." Klaus and Kennel (1976) stated that the way women respond to the changes of pregnancy can depend on whether the

pregnancy was planned or not. Frequently the decision to have children is culturally based.

Dyer's 1965 study lent support to the idea that the preceding variables may influence the depth of crisis experienced during pregnancy. She studied the degree to which couples experienced the impact of their first child as a crisis and found that couples married three years or more experienced less crisis, as did those couples who had planned their pregnancy and followed that plan. Couples who experienced a greater degree of crisis were those who had not planned their pregnancy, or failed to follow their plan, and where the husband was not a college graduate. It was also found that the wives' educations were not related to the amount of crisis experienced. Dyer (1965, p.314) defined crisis using Reuben Hill's definition: "...any sharp or decisive change for which old patterns are inadequate....A crisis is a situation in which the usual behavior patterns are found to be unrewarding and new ones are called for immediately."

One of the key aspects of learning is the way knowledge is sought and built upon by experience (Troll, 1975). Therefore, those couples who have experienced multiple pregnancies and previously attended prenatal classes will have different perspectives of pregnancy than will primiparous couples. This concept is supported by Bailey's (1979) study. She discovered that although all prospective fathers did have concerns during pregnancy, the concerns varied in type and degree

between multiparous and primiparous fathers. Light and Fenster (1974) found there was a significant difference between concerns of primiparous and multiparous mothers as well.

Other studies have indicated that concerns will vary during each trimester. It has been well established that the fathers have needs and concerns that are trimester specific (Antle, 1975; Biller & Meredith, 1974; Colman, 1969; Jessner, 1964). The same is true for prospective mothers (Colman & Colman, 1972; DeGarmo & Davidson, 1978; Roberts, 1976). These concerns were discussed in detail earlier in the paper.

In summary, as a result of the literature review, the following sociocultural variables may affect the degree of crisis experienced by the pregnant couple: age, income, education, length of time married, whether the pregnancy was planned or unplanned, presence or absence of extended family, agricultural background, previous pregnancies, and trimester of pregnancy. The following variables will be controlled for in the sample selection: previous pregnancies, and trimester of pregnancy. Data related to other variables will be gathered for post hoc analysis.

Intervention during the Developmental Crisis of Pregnancy

Assisting couples in mastering the crisis of pregnancy should be a concern of health professionals. Recent studies suggested that the type of childbirth experienced by the couples will influence future family relationships (Cronewett & Newmark, 1974). Loesch and Greenburg

(1962) found that when husbands were supportive, the pregnancy progressed more smoothly. Aguilera and Messick (1974) suggested that when expectant fathers mastered the crisis of pregnancy they were better able to adapt to the next maturational crisis, that of fatherhood. Hott (1976) found that the way in which mothers accepted or rejected the fathers during pregnancy may be a factor in how the men accepted or rejected the child. Caplan (1959) discussed the importance of fathers giving their partners extra attention during pregnancy in order for good mothering to take place. Support for husbands may be equally important from the point of view of future father-child relationships and marital relationships (Hines, 1971). R. Rapoport (1965) maintained that the way a crisis is handled or coped with will affect the outcome in terms of individual mental health and in terms of ensuing family relationships.

Lipkin (1974) and Smith (1978) felt that husband-wife relationships were an important foundation for effective parenthood. In agreement, Jessner et al. (1970) stated:

> ...the optimal condition for parenthood is a marriage based on compatible partnership, which can reduce the frustration, anxiety, and anger of everyday life to a tolerable minimum and which at the same time can provide a creative reciprocity, and spontaneous solidarity. (p.239)

From the literature it would appear that nursing intervention should be based on strengthening the couples' relationships. In order to do so, however, there is a need to know more about that relationship

during pregnancy. It has been established that pregnancy is a time of crisis for men and women, and that the crisis can affect their relationships. Both men and women experience concerns that can produce anxiety. The literature suggested that recognition and communication of these concerns to each other is an effective coping mechanism and provides for mutual support during the crisis. Traditional nursing intervention has long focused on helping men develop an awareness of their partners' needs for understanding and support. Current literature suggests men also need support and understanding and that this should come from the women. However, in order for women to be a source of support they need to first become aware of their partners' concerns. There does not appear to be any research reported on whether women are aware of their partners' concerns during pregnancy. Finding out the degree to which awareness exists and what factors affect the presence or absence of awareness is necessary if nursing intervention is to be based on scientific knowledge and not on supposition. It is the purpose of this study to address this issue.

CHAPTER 3

METHODOLOGY

The research method appropriate to this study was the descriptive survey. According to Brink and Wood (1978) the descriptive survey looks at the relationship between or among variables and comparisons are made. This study examined the awareness women have of their partners' concerns during the prenatal period. It also addressed the relationship of this awareness to certain sociocultural characteristics of the participants, including age, income, education, length of time married (or living together), whether the pregnancy was planned or unplanned, presence or absence of extended family, and agricultural background.

This chapter is divided into four major sections. The first section will describe the sample used in this study. A description of the measurement tool will next be discussed, followed by a section describing the methods used in collecting the data. The chapter concludes with an explanation of how the data will be analyzed.

Sample

The sample was selected from the population of couples attending Childbirth Education Association classes. The Childbirth Education Association classes were chosen due to their accessibility, convenience, and because attendance indicated an involvment and concern of both parents.

The criteria for sample selection were designed to assure the couples' ability to accurately understand and fill out the questionnaires; to avoid culturally skewed results; and to control for possible intervening variables such as previous experience with childbirth, and trimester related differences in concerns expressed. The following criteria were used for sample selection of couples:

1. Speak English as their first language
2. Have completed a minimum of six years of school
3. Be Caucasian American
4. Be in the third trimester of their pregnancy
5. Be expecting the birth of their first child
6. Be attending the first session of the Childbirth Education Association classes.

A letter was sent to the local Childbirth Education Association (see Appendix A) requesting permission to approach their classes and seek their participation in the study. The local Childbirth Education Association instructors reviewed the proposal and permission was granted.

Sample Size

A sample size of 40 couples was selected for this study. Brink and Wood (1978, p.100) stated "If you plan to look at the relationship between variables, a handy rule of thumb is to plan for at least five observations for each category of each variable." Since this study

looked at the awareness women have of their partners' concerns during the prenatal period in relation to seven variables, a sample size of 35 was considered adequate. However, the larger the sample the less chance there is of statistical error. Due to the large number of couples currently attending Childbirth Education Association classes a proposed sample size of 40 was considered a reasonable projection.

Protection of Human Rights

According to Polit and Hungler (1978) there are three factors involved in the protection of human rights: informed consent of participants, confidentiality of data collected, and protection of participants from physical or mental harm or discomfort.

In order to obtain informed consent, potential participants were given an introductory letter (see Appendix B). This letter explained the purpose and nature of the study, described the questionnaire, and assured them of individual anonymity. It further stated that participation was strictly voluntary. Subjects were told they were free to refuse to answer any or all questions, without any jeopardy to their continued training in Childbirth Education Association classes. The subjects' consent were assumed to be granted by the completion and return of the questionnaires.

The data collection system was designed to provide for individual anonymity. Data were grouped for analysis so that no individual datum was reported. Minimal physical or psychological stress was anticipated

for those participating in the study. Furthermore, the proposal for this study was approved by the Montana State University Human Subjects Review Committee.

Measurement

Instrument

Tool selection. A questionnaire was used to collect the data for this study. There are several advantages to using a questionnaire: (a) it is less costly and time consuming than other data collection methods, such as interviews, (b) it allows for anonymity of participants, and (c) written questions are standard from one subject to the next and are not susceptible to changes in emphasis, as can be the case in verbal questioning (Brink & Wood, 1978; Polit & Hungler, 1978).

The questionnaire consisted of two sections. The first section included a variety of open and close ended questions designed to collect the sociocultural data needed to describe the sample. A questionnaire with a Likert-type scale, developed by Dulin (1972) to identify men's prenatal concerns, and later modified by Bailey (1979), comprised the second part of the data collection tool. Likert-type scales are used to measure attitudes. "They consist of declarative statements expressing a viewpoint on a topic. Respondents are asked to indicate the degree to which they agree or disagree with the opinion expressed in the statement" (Polit & Hungler, 1978, p.361).

Tool description. The literature review identified certain socio-cultural characteristics that might affect the awareness women had of their partners' prenatal concerns. The first section of the questionnaire contained a variety of questions designed to obtain this information from the study participants (see Appendix C). Some of the questions were taken from a tool devised by Bailey (1979) to identify the demographic characteristics of her sample population of primiparous and multiparous fathers. These included questions about age, education, number of years married (or living together), and income. The other questions in this section of the data collection tool were devised by this investigator as a result of her literature review.

The second section of the data collection tool was designed to identify concerns of primiparous fathers. The original questionnaire, developed by Dulin in 1972, was comprised of 43 items determined to be potential concerns of prospective fathers during the prenatal period. The items were initially selected from Dulin's review of the literature, discussion with graduate students in maternal-child nursing, and interviewing three new fathers.

The Likert-type scale utilized by Dulin gave participants the opportunity to describe their frequency of concern for each item. There were five possible responses: "Always", "Frequently", "Sometimes", "Seldom", and "Never". Definitions of these categories were included with each questionnaire (see Appendix D & E). "Always" meant that the

prospective father had been concerned about the item more than 10 times since learning of his wife's pregnancy. "Frequently" meant that he had been concerned about the item between 6-9 times since learning of his wife's pregnancy. "Sometimes" meant that he had been concerned about the item 3-5 times since learning of his wife's pregnancy, while "Seldom" meant once or twice. "Never"meant that the expectant father had never been concerned about the item.

Dulin's questionnaire included three major content areas: concerns of the expectant father in regard to (a) his partner, (b) the baby, and (c) himself. Bailey (1979) slightly modified the tool for use in her study to identify concerns of primiparous and multiparous prospective fathers. She included questions pertaining to multiparous fathers, and expanded each content area to reflect new knowledge in the area.

For this study, Bailey's modified version of Dulin's tool was further modified by deleting the questions pertinent to multiparous fathers. There were 57 itmes in the questionnaire. The questionnaires were the same for men and women, with the exception of a few pronoun changes (see Appendix F & G). Permission was obtained from Dulin to use her tool (see Appendix H).

Tool reliability and validity. This tool had been used to identify prospective father's concerns in two separate studies (Bailey, 1979; Dulin, 1972). Both authors did pilot studies. Bailey (1979, p.70) tested the "...inter-item reliability of the tool by means

of Cronbach's Alpha. The total tool alpha, .900, was much higher than any of the subscales individually. This suggests that the tool is reliable as a whole, and there is little reason to use separate subscales." The reported correlation of .900 indicated a strong inter-item relationship.

Dulin (1972) used a group of graduate students in maternal-child nursing to establish content validity of the tool. Bailey (1979, p.27) stated that her pilot study "...assisted in determining the validity and clarity of the revised tool."

Data Collection

Data collection was done by a senior nursing student. The researcher instructed her in the procedure to be used, and was an observer at two of the classes, to assure consistency. It was necessary to collect data at six different Childbirth Education Association classes in order to obtain a sample size of 40 couples.

The researcher prepared the manila envelopes that were distributed to the Childbirth Education Association class couples. Each envelope contained two questionnaires. In order to avoid confusion, the men's questionnaires were color-coded blue and the women's pink. In the initial preparations of the manila envelopes each of the enclosed questionnaires were assigned unique corresponding numbers. In the event the couples' questionnaires were somehow separated or mixed up these numbers would allow the researcher to rematch them. Stapled to

the outside of each envelope was an introductory letter (see Appendix B) explaining the nature of the study and questionnaires, assuring voluntary participation and subject anonymity, and giving instructions for filling out the questionnaires.

The following procedure was used each time data were collected:

1. To avoid introducing any additional variables, data were collected at the first session of the Childbirth Education Association class series, before any content was presented.

2. Upon entering the classroom each couple was given a manila envelope containing the two questionnaires.

3. Each couple was asked to read the introductory letter, and if they chose to participate to fill out the enclosed questionnaires, according to the instructions. Pencils and magazines (to write on) were also distributed with the envelopes.

4. Participants were allowed as much time as they needed to complete the tool. Those not participating were excused for a break.

5. Completed questionnaires were replaced in the manila envelope and returned to the researcher.

6. Couples were asked to refrain from asking questions until after the questionnaires were completed.

7. In order to avoid embarassing women attending the classes alone, or with a female coach, they were also given the envelopes and asked to fill out only the pink questionnaire. These questionnaires

were excluded from the study.

Data Analysis

The data analysis consisted of several steps. They were as follows:

Step 1: Each pair of questionnaires was checked for matching numbers in the upper left hand corner. The paired questionnaires were then stapled together.

Step 2: Each questionnaire was checked to determine if the background information corresponded with the criteria for sample selection. Those couples not meeting the criteria were excluded from the study.

Step 3: Descriptive statistics were used to describe the sample.

Step 4: In scoring the data, Dulin's (1972) method of assigning a predetermined number to each value was used: "Always" = 5; "Frequently" = 4; "Sometimes" = 3; "Seldom" = 2; and "Never" = 1. Tabulating the Women's Awareness Score (W.A.S.) for each couple was accomplished by subtracting the man's score from this partner's, on an item by item basis, converting the difference into its absolute value, and adding the differences for the total number of items. The formula used in this calculation is as follows:

$$W.A.S. = \sum_{n=1}^{57} \left| W_i - M_i \right|$$

Where n = item number on questionnaire
i = couple number
W = woman
M = man

A low W.A.S. indicated a greater degree of awareness of the man's concerns on the part of his partner, whereas a high score indicated less awareness on the part of the woman.

Step 5: The W.A.S.'s were correlated, using Kendall's Tau, with certain sociocultural variables, to determine if there were significant relationships. A statistical test of difference, the Mann Whitney U, was calculated on the W.A.S. when the sample was defined by other variables.

Step 6: A two-part individual item analysis was done. The first analysis was designed to determine if there were items where women were consistently aware or unaware of their partner's concerns. The analysis consisted of tabulating a Mean Difference Score (M.D.S.) for each item. The formula used to calculate the M.D.S. is as follows:

$$\text{M.D.S. for } 1 \leq n \leq 57 = \frac{1}{40} \sum_{i=1}^{40} \left(\left| W_i - M_i \right| \right)$$

Where n = item number on questionnaire
i = couple number
W = woman
M = man

The Grand Mean and its standard deviation were then computed from the

57 mean differences:

$$\text{Grand Mean} = \left[\frac{1}{57} \sum_{n=1}^{57} (\text{M.D.S.})_n \right]$$

Where n = item number on questionnaire

All items with a minimum Mean Difference Score one standard deviation above the Grand Mean were defined as concerns that women poorly perceived. The items with a M.D.S. one standard deviation below the Grand Mean were those concerns of their partners that women were able to perceive accurately.

The second part of the individual item analysis compared the men's mean responses with the women's mean responses on an item by item basis. This was done in an attept to identify the direction of any differences between the way the men responded to the questionnaire items and the way the women perceived they would respond. A paired t-test was done to determine if the differences were significant.

Summary

The sample population used in this study consisted of 40 primiparous couples attending the first sesison of Childbirth Education Association classes. All participants spoke English as their first language, had completed a minimum of six years of school, were Caucasian Americans, and in the third trimester of their pregnancy.

The study was designed to protect the human rights of the

participants. Informed consent was obtained from all subjects, and individual anonymity was assured through the method of data collection. Furthermore, the proposal for this study was approved by the Human Subjects Review Committee.

The data collection tool was described in detail. It consisted of two parts, the first of which requested sociocultural information from the subjects. The second part consisted of a Likert-type scale designed to identify the frequency of concerns men have during the prenatal period.

Bailey (1979) tested the tool's reliability by means of Cronbach's Alpha. The results confirmed that the tool is reliable as a whole. Both Dulin (1972) and Bailey (1979) used methods to assure the content validity of the tool.

The final two sections of this chapter described the procedure used for collecting data and the plan for analysis of the data. Sufficient detail was given to allow for replication of the study.

CHAPTER 4

RESULTS

Introduction

The purpose of this study was to determine whether women were aware of their partners' concerns during pregnancy. Concerns were defined as "those aspects of pregnancy that cause fear, stress, anxiety, or some disturbing thought" (Dulin, 1972). The concept of awareness was measured by using a questionnaire designed to identify men's prenatal concerns. The men were asked to rate their concerns about the pregnancy on individual questionnaires, and their partners were asked to rate the same concerns as they believed them to pertain to their mates. A Women's Awareness Score (W.A.S.) was then calculated by measuring the difference between their responses.

The relationships between the W.A.S. and sociocultural characteristics of the study participants were also explored. These characteristics included such variables as age, family income, education, length of time married (or living together), whether the pregnancy was planned or unplanned, the presence or absence of extended family, and a history of an agricultural background.

The sample selected for the study were prospective parents (40 couples) currently involved in Childbirth Education Association classes. Each of the men received a questionnaire (see Appendix F) eliciting their individual responses to 57 stated concerns. Each of the women

(see Appendix G) were asked to respond to the same 57 items as they individually believed them to pertain to their partners.

The Likert-type questionnaire allowed the men to express their concern about a particular item with five possible responses: "Always", "Frequently", "Sometimes", "Seldom", and "Never". Definitions of these categories were included with each questionnaire (see Appendix D & E). The women expressed their perception of their partners' concerns using the same five possible responses. The 57 items included concerns in three content areas: concerns for partner (the mother); concerns for the baby; and concerns for self (the father).

The SPSS Computer Package was used in the data analysis. All descriptive and inferential statistics were obtained with this method.

Analysis of the data will be presented in the following order: scale authenticity, description of the sample, calculation of the W.A.S., correlations and tests of significance between the W.A.S. and selected sociocultural variables, and finally a two part analysis of the individual questionnaire items. The first item by item analysis was designed to determine which of the men's concerns were poorly perceived by their partners and which of their concerns were accurately perceived. The second individual item analysis compared the men's mean response with that of the women's on an item by item basis.

Scale Authenticity: Reliability and Validity

"Reliability concerns the extent to which an experiment, test,