

METHOD OF CHILDBIRTH AND ITS RELATIONSHIP
TO MARITAL ADJUSTMENT AND PARENTAL CRISES

by

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TABLE OF CONTENTS

		<u>Page</u>
ACKNOWLEDGMENTS		ii
LIST OF TABLES.		iv
CHAPTER		
I	INTRODUCTION.	1
II	REVIEW OF LITERATURE.	4
	Crisis Studies	4
	Psychoprophylactic Studies	17
III	METHODOLOGY	20
	Purpose.	20
	Subjects	20
	Instruments.	21
	Collection of Data	22
	Analysis of Data	23
IV	RESULTS AND DISCUSSION.	24
	Description of Sample.	24
	Results and Discussion	31
	Hypotheses Tested.	43
V	SUMMARY, LIMITATIONS AND RECOMMENDATIONS.	55
	Summary.	55
	Limitations and Recommendations.	58
REFERENCES.		60
APPENDIX.		62
VITA.		77

LIST OF TABLES

<u>Table</u>		<u>Page</u>
I	Description of Samples.	25
II	Questionnaire Developed by Researcher	32
III	Synthesis and Frequency of Response to Open-ended, Interview Type Questions	39
IV	Scores on the Hobbs' Checklist between Husbands and Wives in Both the PPM and the NON-PPM Groups	45
V	Chi-square Test for Independence between Sex and Degree of Crisis	48
VI	Correlation Coefficients between Marital Adjustment and Crisis Scores.	50
VII	Percentage of Crisis by Category as Reported by Six Investigators.	51
VIII	Means and Standard Deviations on All Groups on Marital Adjustment and Crisis Scores	54

CHAPTER I

INTRODUCTION

Our present culture offers most married couples a choice: to become parents or to remain childless. The conception of a child is no longer beyond the control of couples as it was in the not too distant past. Present day birth control devices are both numerous and highly effective in preventing undesired pregnancies. If a child is conceived despite the use of contraceptive measures, abortion may be a readily available alternative.

Feldman's (1971) finding that pregnant couples had higher romanticism scores than nonpregnant couples may partially explain the behavior of couples who are aware of birth control methods, but nevertheless choose to have children. It would appear that parenthood and not marriage is the real romantic complex or the final step into the adult world for many people (LeMasters, 1957). Some of the old wives' tales, such as "children can save a troubled marriage," "having a child will keep your husband or wife," "a man's virility is based on the number of children he has," or "a child is the ultimate fulfillment for a woman" may also still play a role in many births.

In the past, most researchers focused primarily on the child in studies dealing with parent-child relationships (Rossi, 1968). LeMasters (1957) appears to have been the first to focus on the parents and their adjustment to parenthood. He termed the coming of the first child as a "crisis event." Later researchers found that the advent of the first child could be best described as a slight crisis (Dyer, 1963; Hobbs,

1965 and 1968; Beauchamp, 1968; Uhlenberg, 1970; and Russell, 1974). Rossi (1968) termed the coming of the first child as a "transition period" with varying levels of adjustment to new parental roles.

The present study attempted to investigate the transition to parenthood between two different groups of married couples, with type of childbirth experience being the independent variable. The two basic types of childbirth procedures which were investigated in relation to ease or lack of ease in the role transition to parenthood were: conventional or medicated childbirth; and, prepared or "natural childbirth."

The two alternatives available for a couple choosing to have a child are basically medicated or prepared childbirth. Conventional, or medicated childbirth, has become possible for many women with the increase in medical knowledge and technology within the past four decades. This method drastically reduces the amount of discomfort associated with labor and delivery by means of some form of pain-reducing drug. Analgesics and anesthetics may be administered at the physician's discretion during the birth process, although the more powerful pain-reducing medications are generally reserved for the later stages of labor and delivery. The prospective mother may or may not be conscious during delivery with this form of childbirth. The whole procedure usually involves only the mother-to-be, her physician, and hospital personnel. While medication during delivery may help to minimize the mother's discomfort, there is always the risk of potential side effects, i.e., depression of fetal respiration and/or decreased responsiveness of the newborn (Bowes, Brackbill, Conway and Steinschneider, 1970). Careful monitoring is required of both mother and child to reduce such effects.

In contrast to medicated childbirth, there is a growing trend to support prepared, or "natural childbirth," specifically the Lamaze method. This method is better known to professionals as the psychoprophylactic method (PPM) of childbirth. The procedure involves prenatal emotional and physical conditioning and exercise. Its purposes are to allow the mother to be conscious and aware, and to fully participate in delivery by employing several techniques based on conditioned response. The above is done in order to successfully deal with complex psychological reactions to labor with a minimal amount of medication. In addition, Lamaze training classes emphasize the physiological aspects of pregnancy and childbirth, knowledge of hospital routine, infant care (dressing and bathing), and methods of feeding. Another feature is a parent support program to assist couples in their adjustment to new parental roles. Whenever possible, husbands are trained to coach and give psychological support to their wives throughout the birth experience (Childbirth Education Association of the New River Valley, 1974).

The primary objective of this study was to investigate the relationship of method used for the birth of the first child and the couple's role adjustment to parenthood.

CHAPTER II

REVIEW OF LITERATURE

Crisis Studies

Personality is not a stable given, but a constantly changing phenomenon, that the individual changes along the life line as he lives through critical life experiences. The transition to parenthood or the impact of parenthood upon the adult, is part of the heightened contemporary interest in adult socialization (Rossi, 1968, p. 27).

Prior to LeMasters' (1957) classic study describing first parenthood as a "crisis event" for the married couple, the primary focus in the behavioral sciences with parent-child relationships had been almost totally restricted to the child (Rossi, 1968). Jacoby (1969) feels that there are valid reasons to expect the transition to parenthood to be at least as difficult, if not more difficult than many of the more commonly studied role changes characteristic of our culture, e.g., shift from a single to a marital state, or a change from a student to a member of the employment force.

LeMasters altered the direction in parent-child relationship studies by inquiring into the effects of the addition of a new member, namely the first child, on the family system. He based his hypotheses on crisis theory, crisis being defined as a situation whereby old attitudes and behaviors are no longer adequate in dealing with new phenomena (Hill, 1965). LeMasters hypothesized that ". . . if a family is conceptualized as a small social system, would not it follow that the adding of a new member to the system could force a reorganization of the system as drastic (or nearly so) as does the removal of a member?"

(p. 352). If the above statement was true, then could not the advent of the first child be perceived as a critical or crisis event?

To test the above hypotheses, LeMasters (1957) interviewed a select group of young, first-time parents using an unstructured interview technique. The 46 subjects in his sample had the following characteristics in common: middle-class, urban or suburban residence, between 25 to 35 years of age, and, had their first child within five years of the date interview. A five point scale was used in coding the data ranging from no crisis to severe crisis, with respect to attitude and behavior changes associated with new parental roles.

LeMasters found that 83 percent of his sample reported extensive or severe crisis in adjusting to their first child. In addition, there was strong evidence that these high scores were not the result of unwanted children. Among the more significant of his findings was the conclusion that the data appeared to support the belief that the crisis pattern occurs whether or not the marriage was rated as good or poor. Furthermore, 38 couples in the crisis group appeared to have romanticized parenthood to a relatively large extent, having had little if any effective preparation for parenthood. From these results, LeMasters, and later Jacoby (1969), concluded that parenthood and not marriage was the real "romantic complex" in our society. As a result, parenthood (not marriage) is seen as the final step to adult responsibility in our culture.

Dyer (1963) attempted a study somewhat similar to LeMasters' insofar as he was studying the crisis that the first child precipitated. Although LeMasters was primarily interested with the effects of the

first child on the family roles and relationships, Dyer was specifically concerned with: (1) the manner in which the crisis manifested itself; (2) the relationship between various social and demographic variables in relation to crisis; and, (3) the manner in which the family coped with the crisis and attempted to achieve a new level of organization.

Dyer's sample was quite similar to LeMasters' insofar as the subjects were predominately middle-class, and young with one small child. Both studies used nonrandom samples. Instead of unstructured interviews, Dyer used a Likert-type scale to measure the extent that the first child initiated a crisis for each couple. The crisis score was computed as the average of the summed item score for both husband and wife. LeMasters' five point crisis scale was used to indicate the position of the family in terms of crisis.

Dyer's findings tended to confirm LeMasters' finding that adding the first child to the urban, middle-class couple does constitute a crisis event to a substantial degree (9 percent - slight crisis, 38 percent - moderate crisis, 28 percent - extensive crisis and 25 percent - severe crisis). Husbands and wives differed in the manner in which the crisis manifested itself. Wives listed as the most bothersome items: tiredness and exhaustion, loss of sleep, and feelings of having neglected their husbands to some degree. Husbands tended to list loss of sleep, adjusting to new responsibilities and routines, and upset schedules and daily routines as the most bothersome manifestations.

In the area of variables associated with crisis, Dyer (1963) found that:

- (1) Marriages rated as excellent on a scale of marital adjustment experienced less crisis.

- (2) Having taken preparation for marriage courses was associated with less crisis.
- (3) Those couples married three or more years encountered less crisis.
- (4) Couples in which husbands were not college graduates had greater extent of crisis.
- (5) Planned parenthood was associated with less crisis.
- (6) Couples whose child was under six months of age experienced more crisis.

Dyer's (1963) data also revealed that:

- (1) 19 percent achieved an excellent recovery and reorganization.
- (2) 65.5 percent achieved a good to fair recovery and reorganization.
- (3) 15.5 percent achieved a poor recovery and reorganization.

Like LeMasters, Dyer concluded that the advent of the first child constituted a crisis event for most middle-class, married couples, although a large majority of the couples seemed to have made a satisfactory recovery. Furthermore, Dyer re-emphasized LeMasters' conclusion that greater utilization of preparation for marriage courses might tend to reduce the degree of crisis related to the coming of the first child.

In his initial study, Hobbs (1965) attempted to discover if LeMasters' findings of extensive crisis in middle-class couples would generalize to a probability sample of first-time parents. In addition, Hobbs, like Dyer, was concerned with specific variables that might be predictive of couples who would most likely experience considerable difficulty in adjusting to parenthood. Furthermore, Hobbs attempted to explore LeMasters' suggestion that future research might include a more

in depth analysis of the minority couple, i.e., those couples who made the transition to parenthood with comparative ease.

An objectively scored checklist of 23 items was constructed to assess the extent of crisis associated with the coming of the first child. Three levels of responses (none, somewhat, very much) represented the degree to which an item could be interpreted as bothersome by the subjects. Crisis scores for this checklist could range from zero (no crisis) through 46 (severe crisis).

Hobbs' sample differed from the prior samples employed by LeMasters and Dyer in that he utilized a random sample of white, urban, first-time parents from public birth records in Greensboro, North Carolina. Age ranges were similar to LeMasters' and Dyer's subjects, although there was a more extensive range of education (illiteracy to advanced graduate degrees) than the two prior studies cited, where subjects were primarily college graduates. Another difference between Hobbs' sample and the samples of LeMasters and Dyer was the socio-economic status of his subjects. Where both LeMasters and Dyer employed middle-class samples, Hobbs' sample included a large percentage of working-class couples. Furthermore, the ages of babies in Hobbs' study ranged from three to eighteen months, whereas babies' ages ranged up to five years in LeMasters' research.

Hobbs found that 90 percent of all his subjects rated their marriages as happy and satisfying prior to the birth of their first child. However, 91 percent of the fathers and 70 percent of the mothers indicated that their marriages were happier and more satisfying after the birth of their first child.

Comparing crisis scores between LeMasters, Dyer and Hobbs we find that Hobbs' sample was clustered principally in the slight to moderate crisis categories, whereas LeMasters and Dyer found the majority of their subjects fell into the extensive or severe crisis groups. In addition ". . . none of the variables which Dyer found to differentiate couples in the slight-moderate crisis category from those in the extensive-severe category were statistically significant in the present study" (p. 371).

Hobbs infers from his data that his results diverged sharply from those of both LeMasters and Dyer in distribution of couples according to the extent of crisis and to variables differentiating couples who had minor difficulty with the first child from those who had major difficulty. Hobbs found only one variable that could be used to predict difficulty in adjusting to the first child, namely income. This criterion however, was only valid for fathers.

In her review of literature on adjustment to parenthood, Rossi (1968) rejects the labeling of transition to parenthood as a "crisis event." She feels the time is appropriate to drop the concept of "normal crises" and to speak instead of the transition to and impact of parenthood. Rossi states:

There is an uncomfortable incongruity in speaking of any crisis as normal. If the transition is achieved and if a successful reintegration of personality or social roles occurs, then crisis is a misnomer (p. 28).

Successful outcome is inherent in speaking of "normal crises," thus excluding deviant instances in which failure occurs from research analysis. Rossi, and later Jacoby (1969), advocated a conceptual

framework which could incorporate both successful and unsuccessful role transitions to parenthood. This would be a more significant framework insofar as it was built to deal with both success and failure, not success alone.

Rossi goes on to define four broad stages of a role cycle as related to the role transition to parenthood. They are listed as:

- (1) Anticipatory stage - all major adult roles have a long history of anticipatory training, e.g., engagement period for the marital role, pregnancy for the parental role.
- (2) Honeymoon stage - time period immediately following the full assumption of the adult role. Inception of this stage is more readily distinguished than its termination. The onset of pregnancy marks the end of the honeymoon stage of the marital role.
- (3) Plateau stage - protracted middle period of a role cycle during which the role is fully exercised. This would start with the birth of the child to his early adult years.
- (4) Disengagement - immediately precedes and includes the actual termination of a role. A unique characteristic of parental role termination is the fact that it is not clearly designated by any specific act, but is a prolonged process of disengagement, with few cultural guidelines as to when the authority and obligations of a parent ends.

The parental role as conceptualized by Rossi (1968) appears to have the following unique characteristics:

- (1) There is cultural pressure to assume the parental role. Our culture exerts considerable pressure on young women to equate maternity with fulfillment and adulthood.
- (2) Inception of the parental role. The timing of the first pregnancy is crucial to the manner in which parental responsibilities are joined to the marital relationship. Since pregnancy no longer quickly follows marriage in the majority of modern unions, the major transition point is not marriage, but increasingly the first pregnancy.

- (3) Irrevocability. Once pregnancy occurs there is little probability of undoing the commitment to parenthood implicit in conception. This feature may not be as relevant today, considering the availability of abortion on demand in some states.

The next significant investigation in the area of transition to new parental roles was once again conducted by Hobbs (1968). He felt a replication was essential in view of the divergence of findings (LeMasters, 1957; Dyer, 1963; Hobbs, 1965). The same checklist that was used in his 1965 study was once again utilized as the index for rating crisis. A second tool was introduced into the most recent study, this being a rating of interview material. The sample consisted of 27 couples selected randomly. Babies' ages ranged from 6 to 52 weeks.

Hobbs found that over 95 percent of the males and over 80 percent of the females were reported as experiencing no more than a "moderate" amount of difficulty. It should be noted however, that nearly 20 percent of the females were judged to have experienced a "severe" amount of difficulty.

In his replication study analysis, Hobbs (1968) suggests that the variations among previous published findings on the topic of adjustment to the first child were partially a function of the different measuring devices employed. Results from his 1968 study tended to confirm the findings of his earlier study, which reported that first-time parents experienced a far lesser degree of difficulty than similar parents in LeMasters' and Dyer's studies. In addition, Hobbs' research supports Dyer's (1963) findings that the healthier a couple's marriage, the less probability they will experience much difficulty in their initial adjustment to new parental roles.

Jacoby (1969) reported that Beauchamp compared structured and loosely structured methods of measuring accession-type crisis in his unpublished, independent study paper done at the University of North Dakota in 1968. Data were collected from 37 married student couples in which the father was a student, the marriage was unbroken, the parents of subjects had middle-class occupations, and the first born was between five months to six years old. Beauchamp (1968) attempted to determine the extent of difficulty with the first child in two principal ways: (1) following LeMasters' approach by using a joint, semi-structured interview; and, (2) a structured 36 item questionnaire administered separately to the husband and wife which was quite similar to the technique employed by both Dyer and Hobbs. Beauchamp administered the questionnaire to 19 couples and interviewed the remaining 18 couples. Contrary to previous findings (LeMasters, 1957; Hobbs, 1965) which supported the idea that interviews yielded somewhat higher crisis scores than structured questionnaires, Beauchamp (1968) found comparatively similar results using both procedures. Crisis scores for both interviews and questionnaires tended to cluster midway between the two extremes.

In reviewing research on adjustment to parenthood, Jacoby (1969) notes that the majority of writers have used Simmel's thoughts on differences between dyads and triads as a theoretical starting point. Mills (1958) holds that the affection and intimacy often associated with the dyad is greatly restricted in the triad. "Coalition theory and research have shown that in situations where power is unevenly distributed within a triad (as in the father-mother-child system), the

weakest member of the triad always becomes part of any coalition" (Freilich, 1964, p. 532).

Jacoby modifies the above statement in noting that the father-mother-child triad is quite unlike the typically artificial triad of the small group laboratory. He feels that the family triad has two important characteristics not found in other small groups, namely: the strong normative element imposed from the extended family, community and state; and secondly, the family's unique and necessary structure. Caplow (1968) reaffirms Jacoby's position in stating his belief that the father-mother-small infant group is not a true triad, insofar as the small infant "is not a social actor."

Jacoby recommends employing Freilich's (1964) suppositions on the "natural triad" which most researchers have ignored in their writings in the area of family crisis. The three principal characteristics of a "natural triad" are: (1) it is a three-position system with one position of definite lower level of status; (2) the relationship between one high-status position and the lower-status position are characterized by the use of legitimate authority and by negative affect; and, (3) the other high-status position and the lower-status position are related in a friendly manner characterized by positive sentiment. Since the natural triad concept incorporates normative and structural assumptions that usually hold for the nuclear family, it may prove useful to the family theorist.

Uhlenberg (1970) explored the relationship between the extent of crisis of first-time parents and: (1) enrollment in a formal course in which relevant parenthood material was included; (2) amount of

pre-parental child-care experience; (3) size of one's family of orientation; (4) age of each new parent; (5) number of years married prior to birth of child; (6) years of schooling completed; and, (7) position in family of orientation. Her sample included 53 couples with one child under two years of age and living in married student housing at Ohio State University during April of 1970. Age range of males was 18-29 and 18-26 for females. Uhlenberg utilized Beauchamp's (1968) 36 item questionnaire to measure degree of crisis in adjusting to the first child.

Uhlenberg reported that the mean crisis scores for females who had experienced formal education for parenthood was lower than the mean scores for females who had not experienced formal education for parenthood. The correlation between female crisis scores and size of family of orientation was positive. Females from larger families tended to experience the greatest amount of crisis. A negative correlation was found between female crisis scores and amount of education. This would suggest that the lowest crisis scores tended to be associated with the more highly educated subjects. The remaining variables were found to be insignificant in relation to degree of crisis associated with the arrival of the first child.

These findings conflict with Dyer's (1963) in which he reported a decrease in crisis experienced by males as amount of education increases but not a similar decrease for females. Hobbs (1965) combined scores for both parents and found a similar decrease in crisis scores as the amount of education increased. Uhlenberg (1970) suggests that as a result of these findings ". . . that increasing education for women may

not influence them to become so career-oriented that the role of parenthood is an unpleasant one. Rather, the educated woman may have an easier transition than the woman with less education" (p. 29).

In analyzing the transition to parenthood, Feldman (1971) compared hypotheses based on both trait theory and role theory. Trait theory ". . . assumes a consistency of personality which transcends the situation and predicts no special change of the person over time. Traits are basic 'foci' of the personality, formed in childhood and continued throughout life, being consistent over marriage and not influenced by the addition of parenthood" (p. 3). Role theory on the other hand predicts changes in behavior as a function of the social position a person fills. It would also predict that a person's behavior or expectations for behavior would change as a result of marriage and parenthood.

Feldman attempted to study the following key areas: (1) marriage through the family life cycle; (2) change in marital satisfaction through the family life cycle; (3) relationship between parenthood and marriage; and, (4) the relationship between companionate versus differentiated prepartum marriage and change of marital satisfaction after the birth of the first child. For each of the above topics he constructed hypotheses using both trait and role theories in order to predict certain outcomes of behavior.

Feldman (1971) found evidence to support his hypothesis that couples were as happy in the later post childbearing years as they were in the early years of marriage, with low points occurring in the middle of the marriage when the last child goes to school and also when the family has teenagers. Comparing those couples with children to those without

children on marital satisfaction, Feldman found that couples with children had a significantly lower level of marital satisfaction than those without children. However, it should be pointed out that there was an increase in marital satisfaction after becoming a parent. This finding was positively correlated with having a more differentiated rather than a more companionate marriage before becoming a parent.

Expanding on the above set of findings, Feldman found significant results in the relationship between attitudes about pregnancy and changes in marital satisfaction. His research findings suggest that improvement in marital satisfaction after the birth of the first child was associated with such negative attitudes toward pregnancy as ". . . concern about appearance, feeling uncomfortable in public and feeling that one's appearance was more attractive before pregnancy," ". . . prepartum feelings of fatigue, nervousness and 'depression' and a tendency to state explicitly that one did not enjoy pregnancy" (p. 17).

The most recent research study (Russell, 1974) utilized one of the largest representative random samples of any of the studies previously mentioned. It included 271 couples randomly selected from city residents of Minneapolis. Age of babies ranged from 6 to 56 weeks. Russell's definition of crisis was different from Hill's definition. She termed crisis ". . . as change in self, spouse, or relationships with significant others which the respondent defines as 'bothersome'" (p. 295). In addition, Hobbs' checklist in measuring crisis was the primary research instrument for the present investigation. Locke-Wallace's Marital Adjustment Scale (short form) was used to measure marital adjustment. A third instrument, Gratification Checklist, was

fashioned after Hobb's checklist by asking parents what things they enjoyed most in their new parental roles. Russell (1974) mentions that the Gratification Checklist is at best limited to face validity.

Findings suggest that subjects perceived their first year of parenthood as only moderately stressful and well supplied with rewards. This substantiates Hobbs' (1968) findings. Although Rossi and Jacoby advocate a conceptual framework that incorporates both successful and unsuccessful adjustments to parenthood, Russell found a very small number of respondents who saw their marriages as deteriorating since becoming parents.

Furthermore, both Hobbs (1968) and Russell (1974) found no relationship between babies' ages and degree of crisis, although Dyer (1963) found a negative relationship between age of baby and crisis. Lastly, Russell found with her more representative sample (all socio-economic levels were represented) lower crisis scores as compared to studies which utilized middle-class subjects almost exclusively (LeMasters, 1957; Dyer, 1963; and Beauchamp, 1968).

Psychoprophylactic Studies

Adjustment to parenthood has been examined in terms of a form of crisis. Let us therefore examine three studies dealing with the psychoprophylactic method of childbirth in particular. These studies all emphasize the psychological aspects of this method. The presence of the husband in the delivery room was investigated by Zussman (1970). Two groups of men (40 in all) were equally divided between those who chose to remain during delivery and those who did not. All subjects were

white, urban and middle-class. Results showed that those who remained in the delivery room were usually older, better educated and involved in service-oriented occupations. Zussman concluded that the presence of the husband during delivery tended to be more "positive" than when he remained outside. However, what constitutes "positive" was not clear in this case.

Another study involving the PPM method of childbirth explored the mother's self-concept and her concept of her husband. Goodwin (1971) studied 30 women, 15 of whom went through PPM and 15 of whom experienced conventional childbirth. All subjects were English-speaking, married and between the ages of 20-31. The Osgood Semantic Differential was administered to the subjects in the seventh month of pregnancy and repeated on the second or third postpartum day. Concepts tested were: myself, ideal father, ideal mother, ideal husband, ideal wife, ideal woman, and my husband. The results showed a statistically significantly greater similarity among measures in the self cluster for PPM couples than for the NON-PPM group, thus indicating a greater homogeneity of personality characteristics in the PPM group.

The third study on the psychoprophylactic method of childbirth was conducted by Enkin (1970). Forty matched pairs of pregnant women (half attending PPM classes and the other half who did not) were studied to determine if there was any difference in the psychological and physical characteristics of delivery between the two groups. The author concluded that the PPM classes conferred important objective and subjective benefits on the participant. These benefits being exclusive from any self-selection or pre-existing attitudes.

Looking at these studies, it would seem that there is a possibility that role transition to parenthood may be different for both the PPM and the NON-PPM groups. Research is needed to investigate whether either method provides superior results to the other in regard to aiding couples in their adjustment to new parental roles. Additional study in this area may reveal new insights into the nature of role transitions in general, and the nature of parental role transitions in particular.

CHAPTER III

METHODOLOGY

The primary objective of this study was to measure the extent of difficulty in adjusting to new parental roles comparing two groups of married couples, type of childbirth experience being the principal discriminating variable between the groups.

Purpose

The hypotheses for this study were:

- (1) Prepared childbirth (PPM) couples will have lower crisis scores on adjustment to parenthood than will conventional childbirth (NON-PPM) couples.
- (2) Prepared childbirth (PPM) couples will have higher marital adjustment scores than will conventional childbirth (NON-PPM) couples.

Subjects

Two groups of subjects, 25 couples in each, were studied. The first group consisted of married couples who had experienced prepared childbirth training during the wife's first pregnancy. This group has been labeled the prepared childbirth (PPM) group. The second group consisted of married couples who had experienced conventional childbirth with the birth of their first child, i.e., there was no organized childbirth training and the birth of the child was accomplished through a medicated delivery. This group has been labeled the NON-PPM group.

Names of subjects in the PPM group were taken from past enrollment lists supplied to the researcher by officers of the Childbirth Education

Association of the New River Valley, Blacksburg, Virginia. Names of NON-PPM subjects were gathered from recent past issues (January, 1972 through May, 1974) of a local, weekly newspaper, the Blacksburg Sun, birth announcement section.

All subjects in both PPM and NON-PPM childbirth groups met the following criteria: (1) married; (2) having only one living child under three years of age; and, (3) residing in Southwestern Virginia (primarily the Blacksburg-Christiansburg area).

Instruments

Three principal measuring devices were utilized in this study: the Hobbs checklist, the Locke-Wallace Marital Adjustment Scale (short form), and an instrument developed by the researcher. These instruments have been reported in Appendices A, B, and C.

The instrument developed by Hobbs (1965) consisted of a 23 item checklist that measured the extent of crisis associated with the advent of the first child. Three levels of responses (none, somewhat, very much) represented the extent to which an item could be interpreted as "bothersome" by the subjects. Crisis scores could range from 0 (no crisis) through 46 (severe crisis).

The Locke-Wallace Marital Adjustment Scale (short form) was administered to each subject to determine his/her postbirth marital adjustment score. This particular instrument has a reliability of .90 as determined by the split-half technique and corrected by the Spearman-Brown formula (Locke-Wallace, 1959). Mean adjustment score for the original, well-adjusted group was 135.9 whereas the mean score

for the original, maladjusted group was 71.7. Possible scores could range from 2 to 158, with higher scores indicating greater marital adjustment.

The third instrument utilized in this study was a questionnaire developed by the author to gather demographic information in addition to information pertaining to the conditions surrounding the birth of the first child, health of each family member, and other relevant information. The questionnaire also included a set of open-ended, interview type questions developed by Hobbs (1968).

Collection of Data

Subjects in both groups (PPM and NON-PPM) were initially sent cover letters asking for their assistance in collecting data for this study. In addition the cover letters described the purpose for this investigation and also identified the researcher. Examples of cover letters I and II can be found in Appendices D and E.

Approximately four days following the mailing of letters to prospective subjects, the researcher attempted to ascertain the status of these subjects via telephone calls. If the subjects met the criteria set for the study, they were then asked if they would like to participate in the study. They were also told at this time that if they agreed to participate, the researcher would schedule an interview at a convenient time in the couple's residence. Both husband and wife were requested to complete questionnaires. If one spouse could not be present, at the time of the interview, a set of questionnaires in a prestamped envelope was left in order for him/her to complete at his/her own convenience.

The interviews took place from July 10 through July 24, 1974. Each interview was approximately 30 minutes in length.

Analysis of Data

Descriptive statistics, using percentages, means, and frequencies were employed in analyzing the demographic data. In addition, the more common responses to the open-ended, interview type questions were synthesized and included as to their frequency and percentage of the total number who responded to each question. A chi-square test for independence was used to test specific questions on the demographic questionnaire in order to determine if there was a relationship between type of childbirth group and certain variables.

In order to calculate the socio-economic level for each couple, the author used a three-factor index (income of family unit, occupation of main wage earner, and education of the female head of the household) formula developed by Green (1970).

Pearson product-moment correlation coefficients were computed for each group to test the strength of the relationship between variables on both scales. To test for the difference between the means of two independent samples, t-test for two independent samples were computed between husbands and wives within each group (PPM and NON-PPM) and between husbands and wives across groups on both the parental crisis scale and the marital adjustment scale.

CHAPTER IV

RESULTS AND DISCUSSION

The primary objectives of this study were to determine whether there were any differences between types of childbirth experienced and: (1) extent of difficulty in adjusting to new parental roles, and (2) degree of marital adjustment. The two groups of married couples utilized were: (1) prepared childbirth couples (the PPM group) and, (2) conventional childbirth couples (the NON-PPM group).

More specifically this investigation tested the following hypotheses:

- (1) Prepared childbirth (PPM) couples will have lower crisis scores on adjustment to parenthood than will conventional childbirth (NON-PPM) couples.
- (2) Prepared childbirth (PPM) couples will have higher marital adjustment scores than will conventional childbirth (NON-PPM) couples.

Description of Sample

Examination of the demographic data for both the PPM and the NON-PPM groups (see Table I) indicated that the groups were quite similar to each other in some respects and dissimilar in others.

Mean ages were quite similar for husbands in both the PPM and NON-PPM groups, as was true for the wives in both groups. The age ranges for both husbands and wives in both groups were similar to the subjects' ages in the samples of LeMasters (1957), Dyer (1963), and Hobbs (1965 and 1968).

TABLE I
DESCRIPTION OF SAMPLES

Classification	PPM Group			NON-PPM Group		
	Number	% of Total	Mean	Number	% of Total	Mean
<u>Age of Husbands</u>						
20-25 years	4	16		9	36	
26-30 years	16	64		9	36	
31-35 years	4	16	28.56	4	16	28.52
36-40 years	0	-		2	8	
41-45 years	1	4		0	-	
46-50 years	0	-		1	4	
	N = 25	100		N = 25	100	
<u>Age of Wives</u>						
20-25 years	8	32		14	56	
26-30 years	15	60	26.84	8	32	25.80
31-35 years	2	8		2	8	
36-40 years	0	-		1	4	
	N = 25	100		N = 25	100	
<u>Education of Husbands</u>						
13-14 years	0	-		2	8	
15-16 years	3	12	16.88	13	52	16.04
17 or more years	22	88		10	40	
	N = 25	100		N = 25	100	

TABLE I - Continued

Classification	PPM Group			NON-PPM Group		
	Number	% of Total	Mean	Number	% of Total	Mean
<u>Education of Wives</u>						
9-12 years	1	4		4	16	
13-14 years	3	12	15.92	6	24	14.76
15-16 years	10	40		14	56	
17 or more years	11	44		1	4	
	N = 25	100		N = 25	100	
<u>Socioeconomic Scores</u>						
28.7 - 57.0	1	4		0	-	
58.0 - 72.0	16	64	70.04	23	92	66.89
73.0 - 85.7	8	32		2	8	
	N = 25	100		N = 25	100	
<u>Income</u>						
3,500-6,000	4	16		5	21	
6,000-8,000	5	20		1	4	
8,000-12,000	4	16		7	29	
12,000-50,000	12	48		11	46	
Greater than 50,000	0	-		0	-	
	N = 25	100		N = 24	100	
<u>Residence Location</u>						
Blacksburg, Va.	24	96		22	88	
Christiansburg, Va.	1	4		2	8	
Other part of S.W. Va.	0	-		1	4	
	N = 25	100		N = 25	100	

TABLE I - Continued

Classification	PPM Group			NON-PPM Group		
	Number	% of Total	Mean	Number	% of Total	Mean
<u>Occupation - Husbands</u>						
Professional	23	92		18	72	
Non-Professional	2	8		7	28	
	N = 25	100		N = 25	100	
<u>Occupation before Birth of Child - Wives</u>						
Professional	14	56		6	24	
Non-Professional	11	44		19	76	
	N = 25	100		N = 25	100	
<u>Occupation after Birth of Child - Wives</u>						
Professional	7	28		3	12	
Non-Professional	18	72		22	88	
	N = 25	100		N = 25	100	
<u>Length of Marriage before Birth of Child</u>						
1-2 years	2	8		7	28	
3-4 years	16	64		12	48	
5-6 years	5	20	4.4 years	5	20	3.8 years
7-8 years	2	8		1	4	
	N = 25	100		N = 25	100	

TABLE I - Continued

Classification	PPM Group			NON-PPM Group		
	Number	% of Total	Mean	Number	% of Total	Mean
<u>Babies' Ages - Males</u>						
1- 6 mo.	6	37.5	10.13 mo.	3	18.0	19.12 mo.
7-12 mo.	6	37.5		8	47.0	
13-24 mo.	3	19.0		6	35.0	
25-36 mo.	1	6.0		0	-	
	N = 16	100.0		N = 17	100.0	
<u>Babies' Ages - Females</u>						
1- 6 mo.	4	44.4	7.44 mo.	2	25.0	12.13 mo.
7-12 mo.	4	44.4		2	25.0	
13-24 mo.	1	11.2		4	50.0	
25-36 mo.	0	-		0	-	
	N = 9	100.0		N = 8	100.0	

A clear majority of subjects in both groups had attended college, with the most highly educated group being the PPM husbands, followed by the NON-PPM husbands. The widest distribution of educational levels was for the NON-PPM wives, even though they had a mean educational level of 14.76 (2.76 years of college). Wives in the PPM group had an even higher level of education attained, almost four years of college. The present study's subjects educational levels were comparable to educational levels for both LeMasters' and Dyer's subjects. These high educational levels may be attributed to the fact that subjects live in or near a university community.

Taking into consideration that the theoretical mean socio-economic score for Green's scale was 57.0, all except one couple (PPM) in both groups of this study were above the mean. PPM couples had a higher mean socio-economic score (70.04) than did NON-PPM couples (66.88). The higher socio-economic scores for the PPM group were most likely attributed to two factors: (1) higher levels of education for the wives in the PPM group, and, (2) greater proportion of husbands' (PPM) occupations classified as professional.

Subjects in both the PPM and the NON-PPM groups were predominately middle-class in respect to their socio-economic status. Once again these groups were similar to both LeMasters' and Dyer's in which all subjects were middle-class, as opposed to the greater range of income levels for subjects in Hobbs' (1965 and 1968) and Russell's (1974) studies.

Occupations for husbands in the PPM group were almost exclusively categorized as professional, with a high percentage holding different

levels of teaching positions at V.P.I. & S.U. NON-PPM husbands' occupational titles ranged from production worker to chemistry professor, with the majority of occupations categorized as professional. Wives had somewhat different occupational levels in both groups. PPM wives were almost evenly divided between occupations classified as professional and non-professional before the birth of their first child, whereas NON-PPM wives were predominately engaged in non-professional occupations, with homemaker being the most often stated occupation for this group. Both groups of wives however, became more similar in their occupations after the birth of their first child. This fact was probably due to the fact that wives in both groups gave up their outside jobs in order to assume full time care of their babies, hence their occupation changing to homemaker after the birth of their child.

PPM and NON-PPM couples had similar means (PPM = 4.4 yrs., NON-PPM = 3.8 yrs.) for the number of years married prior to the birth of the first child. These two groups might have had less crisis in adjusting to new parental roles than other similar groups due to the fact that on the average they were married more than three years. Dyer (1963) found couples married three or more years experienced less crisis in adjusting to parenthood than couples married for a shorter time period.

Babies' ages in both groups ranged from one to thirty-six months, with a mean of 16.88 months for the NON-PPM group and 9.16 months for the PPM group. The present study employed couples with babies whose ages were distributed more according to LeMasters, Dyer and Beauchamp's criteria than to Hobbs and Russell's criteria for babies' ages.

Hobbs and Russell utilized couples with babies' ages ranging from two and a half to eighteen months.

Results and Discussion

An investigation of the questionnaire developed by the researcher dealing with conditions prevalent during the birth of the first child (see Table II) showed some interesting findings. As was expected, all the PPM couples had gone through "natural" or prepared childbirth. All NON-PPM couples had gone through conventional childbirth, Caesarean delivery being considered a modification of this type of childbirth. The majority of NON-PPM couples stated that this method was recommended to them by their physician, whereas all PPM couples chose the prepared childbirth method as a result of their own intentions. Physicians tended to recommend conventional childbirth, whereas couples who desired prepared childbirth had to communicate their preference to their physician, according to the responses of the group studied.

The majority of husbands and wives in both groups perceived their babies' behavior as either active or very active. Past researchers in parenthood crisis studies had not taken this factor into account. Couples who perceived their baby's behavior as active might have also perceived their responsibilities as parents greater, since an active baby generally requires more attention than a quiet baby. Since both groups responded almost identically in the present study to this question there was no way to test for this factor.

It was interesting to note that the majority of couples in both groups had felt that they were adequately prepared for parenthood. This

TABLE II
QUESTIONNAIRE DEVELOPED BY RESEARCHER

Classification (Question No.)*	PPM Group				NON-PPM Group			
	Husbands		Wives		Husbands		Wives	
	N	% of Total	N	% of Total	N	% of Total	N	% of Total
Section B								
2. <u>Delivery of first child</u>								
Conventional					23	92	23	92
Casearean					2	8	2	8
"Natural childbirth"	25	100	25	100				
	N=25	100	N=25	100	N=25	100	N=25	100
3. <u>Method of birth was</u>								
Totally physician's responsibility					2	8	2	8
Recommended by physician					16	64	16	64
Result of couple's planning	25	100	25	100	4	16	4	16
Determined by unforeseen conditions					3	12	3	12
	N=25	100	N=25	100	N=25	100	N=25	100
4. <u>Method of childbirth was</u>								
Satisfactory	25	100	25	100	20	80	20	80
Unsatisfactory					4	16	4	16
Unimportant					1	4	1	4
	N=25	100	N=25	100	N=25	100	N=25	100

*Descriptive and open-ended items have been excluded and can be found in Tables I and III respectively.

TABLE II - Continued

Classification (Question No.)*	PPM Group				NON-PPM Group			
	Husbands		Wives		Husbands		Wives	
	N	% of Total	N	% of Total	N	% of Total	N	% of Total
8. <u>Health of child</u>								
<u>Healthy - usual number</u> of illnesses	23	92	23	92	21	84	21	84
Healthy - more than usual number of illnesses					2	8	2	8
Congenital problems					1	4	1	4
Unusual	2	8	2	8	1	4	1	4
	N=25	100	N=25	100	N=25	100	N=25	100
9. <u>Behavior of first child</u>								
Very quiet			1	4	3	12	1	4
Quiet	12	48	10	40	17	68	17	68
Active	13	52	14	56	5	20	7	28
Very active								
	N=25	100	N=25	100	N=25	100	N=25	100
10. <u>Health of mother</u>								
Excellent	12	48	10	40	12	48	12	48
Good	10	40	14	56	9	36	8	32
Fair	2	8	1	4	3	12	4	16
Poor	1	4	0	-	1	4	1	4
	N=25	100	N=25	100	N=25	100	N=25	100

TABLE II - Continued

Classification (Question No.)*	PPM Group				NON-PPM Group			
	Husbands		Wives		Husbands		Wives	
	N	% of Total	N	% of Total	N	% of Total	N	% of Total
11. <u>Health of father</u>								
Excellent	14	56	11	44	16	64	15	60
Good	11	44	14	56	9	36	9	36
Fair	0	-	0	-	0	-	1	4
Poor	0	-	0	-	0	-	0	-
	N=25	100	N=25	100	N=25	100	N=25	100
12. <u>Preparation for being parent</u>								
Excellent	8	32	8	32	8	32	5	20
Good	15	60	15	60	11	44	16	64
Fair	2	8	1	4	6	24	2	8
Poor	0	-	1	4	0	-	2	8
	N=25	100	N=25	100	N=25	100	N=25	100
15. <u>Information about baby care</u>								
Relatives and friends	6	24	3	12	6	24	7	28
Books	11	44	11	44	14	56	8	32
Prior experience with children	4	16	8	32	4	16	9	36
Organized parent education classes	4	16	3	12	1	4	1	4
	N=25	100	N=25	100	N=25	100	N=25	100

TABLE II - Continued

Classification (Question No.)*	PPM Group				NON-PPM Group			
	Husbands		Wives		Husbands		Wives	
	N	% of Total	N	% of Total	N	% of Total	N	% of Total
18. <u>Primary responsibility for child care</u>								
Mother's	19	76	14	56	17	68	17	68
Father's	0	-	0	-	0	-	0	-
Shared equally	5	20	10	40	8	32	7	28
Other relatives	0	-	0	-	0	-	0	-
Professional help	0	-	0	-	0	-	0	-
Mother's, supplemented by relative or other	1	4	1	4	0	-	1	4
	N=25	100	N=25	100	N=25	100	N=25	100
19. <u>Experience compared to what thought parenthood would be like</u>								
The same	5	20	3	12	4	16	3	12
Somewhat the same	14	56	15	60	18	72	17	68
Different	2	8	6	24	1	4	3	12
Very different	1	4	1	4	2	8	1	4
Other	3	12	0	-	0	-	1	4
	N=25	100	N=25	100	N=25	100	N=25	100
20. <u>Baby changed you as a person</u>								
No	11	44	7	28	10	40	5	20
Yes	14	56	18	72	15	60	20	80
	N=25	100	N=25	100	N=25	100	N=25	100

TABLE II - Continued

Classification (Question No.)*	PPM Group				NON-PPM Group			
	Husbands		Wives		Husbands		Wives	
	N	% of Total	N	% of Total	N	% of Total	N	% of Total
21. <u>Baby change spouse as a person</u>								
No	10	40	10	40	10	40	11	44
Yes	15	60	15	60	15	60	14	56
	N=25	100	N=25	100	N=25	100	N=25	100
22. <u>Baby's effect on marital relationship</u>								
No effect	9	43	8	40	9	41	5	20
Brought closer	11	52	10	50	10	45	14	56
Drawn apart	1	5	2	10	3	14	6	24
	N=21	100	N=20	100	N=22	100	N=25	100
23. <u>Plan to have more children</u>								
Yes	18	82	20	80	18	74	18	72
No	1	5	4	16	3	13	4	16
Undecided	3	13	1	4	3	13	3	12
	N=22	100	N=25	100	N=24	100	N=25	100
Section C (optional)								
1. <u>Birth was</u>								
Planned pregnancy	20	80	21	84	13	54	14	56
Unplanned pregnancy	4	16	3	12	6	25	9	36
Accidental pregnancy	1	4	1	4	5	21	2	8
	N=25	100	N=25	100	N=24	100	N=25	100

TABLE II - Continued

Classification (Question No.) *	PPM Group				NON-PPM Group			
	Husbands		Wives		Husbands		Wives	
	N	% of Total	N	% of Total	N	% of Total	N	% of Total
2. <u>Name of hospital where child was delivered</u>								
Montgomery County	15	60	15	60	15	62	15	62
Radford Community	4	16	4	16	5	20	5	20
Other	6	24	6	24	4	17	4	17
	N=25	100	N=25	100	N=24	100	N=24	100

3. Name of attending physician at time of birth

These data are deleted from this table because they were not used for comparisons and out of respect for the confidentiality of the physician-patient relationship they were excluded.

*Descriptive and open-ended items have been excluded and can be found in Tables I and III respectively.

finding was not correlated with the responses to question 17, "Do you think that experience or lack of experience with young children influenced your adjustment to your baby? In what ways?," in which at least 20 percent of the subjects in both groups stated that they had felt inexperienced. One explanation for this difference might have been that couples interpreted preparation for being a parent in the initial question as possessing adequate material goods and wealth to support a child instead of actual experience with children.

Once again, subjects in both groups on the whole responded differently on two similar questions. The majority of subjects listed books as the primary source of information concerning baby care, whereas a small minority listed prior experience with children as the main source of information (question 15). However, in response to question 17 (see Table III) the majority of subjects responded that experience with children influenced their adjustment to parenthood. This discrepancy might be resolved if subjects had felt that first hand knowledge of a baby's physical needs was not related to their adjustment to parenthood.

Husbands and wives in both the PPM and the NON-PPM groups overwhelmingly listed the mother as having the primary responsibility for child care. This is substantiated by the majority of wives in both groups who either remained or changed their occupation to homemaker after the birth of their first child. It was noteworthy that none of the subjects listed the father as having primary responsibility for the child's care. Evidently traditional parenthood roles are still adhered to in these samples, despite the high educational levels attained by the wives in both groups.

TABLE III

SYNTHESIS AND FREQUENCY OF RESPONSES TO OPEN-ENDED, INTERVIEW TYPE QUESTIONS*

Classification (Question No.)	PPM Group						NON-PPM Group					
	Husbands			Wives			Husbands			Wives		
	Response	N	% of Total	Response	N	% of Total	Response	N	% of Total	Response	N	% of Total
Section B												
5. Describe first day and night with new baby	Went well	12	48	Went well	13	52	Went well	11	44	Went well	7	28
	Hectic	7	28	Hectic	6	24	Hectic	6	24	Hectic	13	52
		N=19			N=19			N=17			N=20	
6. Experience with baby first 6 weeks like	Pleasant	10	45	Positive feelings	10	40	Went well	13	52	Pleasant	10	40
	Difficult	6	27	Went well	7	28	Difficult	5	20	Difficult	15	60
		N=16		Difficult	8	32		N=18			N=25	
					N=25							
7. Some people say parenthood gets easier, others harder, your experience was	Easier	10	42	Easier	20	83	Easier	13	60	Easier	16	67
	Harder	10	42	Harder	4	17	Harder	5	20	Harder	6	25
	Unchanged	4	16				Unchanged	5	20	Unchanged	2	8
		N=24			N=24			N=23			N=24	

*Only the most common responses have been reported in this table.

TABLE III - Continued

Classification (Question No.)	PPM Group						NON-PPM Group					
	Husbands			Wives			Husbands			Wives		
	Response	N	% of Total	Response	N	% of Total	Response	N	% of Total	Response	N	% of Total
13. Liked most about having baby in home	Feeling of pride	5	20	More of a family	10	40	Watch child grow	10	40	Watch child grow	10	40
	Ability to positively influence a new life	4	16	Watch child grow	5	20	New experience	5	20	More of a family	5	20
		N=9			N=15			N=15		Extension of our love	5	20
											N=20	
14. Liked least about having baby in home	Crying	9	36	Crying	10	40	Crying	7	28	Crying	6	24
	Loss of freedom	6	24	Total respon- sibility	8	32	Loss of freedom	3	12	Loss of freedom	7	28
		N=15			N=18			N=10			N=13	
16. Anything you can think of to make parenthood easier?	Nothing	11	44	Nothing	11	44	Nothing	10	40	Nothing	11	44
	Parent ed. classes	5	20	Parent ed. classes	6	24	Parent ed. classes	2	8	Parent ed. classes	5	20
		N=16			N=17			N=12			N=16	

TABLE III - Continued

Classification (Question No.)	PPM Group						NON-PPM Group					
	Husbands			Wives			Husbands			Wives		
	Response	N	% of Total	Response	N	% of Total	Response	N	% of Total	Response	N	% of Total
17. Experience or lack of experience with children influenced your adjustment	Felt experienced	7	28	Felt experienced	11	44	Experience helped	9	36	Experience helped	8	32
	Lacked experience	6	24	Lacked experience	5	20	Lacked experience	5	20	Lacked experience	5	20
	N=13			N=16			N=14			N=13		
20. Baby changed you as a person	Think more of others	3	27	More mature & responsible	8	50	More mature & responsible	8	62	More responsible	9	45
	More mature & responsible	4	36	More patient	4	25				More patient & understanding	5	25
	N=7			N=12			N=8			N=14		
21. Baby changed spouse as a person	More mature	4	29	More patient	7	58	More mature	8	67	More mature	5	33
	More complete as a person	5	36	Enjoys father role	3	25				More loving	4	27
	N=9			N=10			N=8			N=9		

A greater percentage of wives in both groups felt that the baby changed them as people, as compared to a lesser percentage of husbands who felt this way. The higher percentage of wives who felt that the baby changed them as people might have been due to the fact that they were more involved with the child's care than were their husbands.

The majority of husbands and wives in both groups felt that the baby affected their marital relationship positively, although up to 16 percent thought the baby had no effect on their marital relationship.

In response to question 23, "Do you plan to have more children?," the vast majority of subjects in both groups stated that they planned on having more children, although up to 28 percent of them stated that they were either undecided or did not plan on having more children. Even this small number of subjects who did not plan or were undecided about having more children might suggest that they were more concerned about over-population and/or their ability to adequately provide for another child, or possibly the decreased value on parenthood as the ultimate fulfillment for a person.

The largest proportion of husbands and wives in both groups perceived the birth of their babies as a result of planned pregnancies. It is interesting to note that between husbands and wives in the NON-PPM group there was a slight discrepancy in response to this particular question. Twenty-one percent of the NON-PPM husbands stated that the conception of their first child was accidental, while only eight percent of their wives responded similarly.

Table III is a synthesis of the more common responses to open-ended, interview questions developed by Hobbs (1968) and included in the

researcher's questionnaire. Subjects in both groups are divided into comments made by the husband and comments made by the wife.

Both groups of husbands and wives maintained their initial positive feelings after six weeks of having the baby home. This might be explained by their responses to question seven in which they stated that parenthood gets easier as the baby grows older.

A large percentage (28 to 40 percent) of all subjects listed crying as being the thing they liked least about having a baby. Most subjects also stated that they could not think of anything to make parenthood easier, although a few did mention attending parent education classes.

Subjects who responded to question 20, "Do you think the baby has changed you as a person?", positively tended to describe this change in themselves as the acquisition of more of those personality characteristics labeled as "adult" by our culture. This also held for those subjects who responded positively to question 21, "Do you think the baby has changed your spouse as a person?". These findings tend to confirm LeMasters' (1957) belief that parenthood and not marriage is the final step into the adult world for many people.

Hypotheses Tested

In order to determine whether husbands and wives within each group were responding similarly to the marital adjustment scale and to the crisis checklist, Pearson product-moment correlations were computed within each group.

The correlation coefficient on the marital adjustment scale was $r = +0.28$ for husbands and wives in the PPM group which was not

significant at the .05 level, with 23 degrees of freedom. However, the correlation coefficient for husbands and wives in the NON-PPM group on the marital adjustment scale, $r = + 0.63$ was significant at the .05 level with 23 degrees of freedom. Therefore the husbands and wives in the NON-PPM group tended to respond more similarly on the marital adjustment scale than the PPM couples.

On the crisis checklist, once again husbands and wives' scores in the PPM group had a correlation coefficient, $r = + 0.14$, which was not statistically significant. This was also true for husbands and wives' scores in the NON-PPM group where the correlation coefficient was $r = +0.34$.

Since three out of the four correlation coefficients on husbands' and wives' scores within each group on both instruments were non-significant, the researcher assumed that husbands' and wives' scores were unrelated to each other overall. Therefore uncorrelated t-tests for two independent samples were utilized to test for differences between the means both within and across groups on both the marital adjustment scale and the Hobbs' checklist (crisis scores).

Examination of crisis scores (see Table IV) indicated that within both the PPM and the NON-PPM groups, t-test scores were statistically significant. Husbands and wives both within the PPM and the NON-PPM groups had significant differences between their mean scores. The majority of wives in both groups had higher mean crisis scores than did their husbands. However, when the two groups were compared to each other on their crisis scores, the results were not significant. Therefore there was no difference in the means on crisis scores for both husbands

TABLE IV
 SCORES ON THE HOBBS' CHECKLIST BETWEEN
 HUSBANDS AND WIVES IN BOTH THE PPM AND THE NON-PPM GROUPS

Classification	N	Range	Mean	Standard Deviation	t***	df	p ≤
<u>PPM Group</u>							
Husbands	25	0 - 13	5.56	3.6	3.3070*	48	.01
Wives	25	2 - 16	9.20	4.2			
<u>NON-PPM Group</u>							
Husbands	25	0 - 13	6.0	3.4	3.2817**	48	.01
Wives	25	2 - 18	9.52	4.1			

* PPM significant beyond the 0.01 level.
 ** NON-PPM significant beyond the 0.01 level.
 *** Two-tailed test.

and wives in the PPM and husbands and wives in the NON-PPM group. Consequently the investigator's first hypothesis was rejected.

A chi-square test for independence was computed to determine whether sex was related to category of crisis. Examination of Table V indicates that the chi-square statistic ($\chi^2 = 7.88$) was significant. Therefore wives in both groups (PPM and NON-PPM) were likely to experience moderate crisis in adjusting to their first child than their husbands. The finding that all couples in both groups experienced only slight to moderate degrees of crisis in adjusting to their first child tends to confirm Hobbs' (1965 and 1968) and Russell's (1974) findings that the majority of their subjects found adjustment to parenthood varying from only slightly to moderately stressful.

The previous finding that the sex of the respondent tended to determine the type of response indicated that the wives in both groups experienced more crisis in adjusting to the first child than their husbands did. This finding agrees with Hobbs' (1968) finding that 20 percent of the females experienced a greater amount of crisis as compared with only five percent of the males who experienced this same level of crisis. This finding may suggest that since the wives are predominantly assigned to the care of the child (see question 18, Table II) they may have had to make more adjustments to the baby's needs than did their husbands, hence the greater degree of crisis. In addition, change of jobs (member of the labor force to homemaker) after the birth of the first child might explain the fact that wives were more likely to experience moderate crisis than their husbands.

A chi-square comparison for independence of sex and crisis category was significant as was the t-test comparison for two independent samples of all males and all females. The chi-square statistic (see Table V) for independence of sex and crisis category, $\chi^2 = 7.88$ with one degree of freedom, was significant at the .05 level. The t-test for two independent samples for crisis scores was significant, $t = +3.3070$ at the .01 level with 48 degrees of freedom between PPM husbands' and wives' crisis scores. In addition the t-test was significant, $t = +3.2817$ with 48 degrees of freedom for NON-PPM husbands' and wives' crisis scores (see Table IV).

To test the second hypothesis, which stated that PPM couples would have higher marital adjustment scores, t-tests for two independent samples were again utilized, both within groups and between groups on marital adjustment scores.

The results of the t-test between the PPM and the NON-PPM groups were not significant at the .05 level. Therefore hypothesis two was rejected as there was no significant difference on mean scores between the PPM and the NON-PPM groups on marital adjustment scores. Results of the t-test within both the PPM and NON-PPM groups were also found not to be significant at the .05 level. There was no difference in the mean marital adjustment scores between husbands and wives in both groups. Comparison of husbands across groups showed no significant difference in their mean marital adjustment scores as was also true for wives across groups.

A Pearson product-moment correlation was run to determine whether there was a significant linear relationship between marital adjustment

TABLE V
 CHI-SQUARE TEST FOR INDEPENDENCE OF RESPONSE BETWEEN SEX AND DEGREE OF CRISIS

	Wives	Husbands	
Slight Crisis	35 (40.5)*	45 (39.5)	80
Moderate Crisis	15 (9.5)	4 (9.5)	19
	50	49	99

* Numbers in () are expected frequencies.
 $\chi^2 = 7.88$ significant at the .05 level with one degree of freedom.

scores and crisis scores for husbands in the PPM group, husbands in the NON-PPM group; wives in the PPM group and wives in the NON-PPM group. The results (see Table VI) showed a significant negative correlation between crisis scores and marital adjustment scores for husbands in the NON-PPM group at the .01 level; $r = -0.54$. In contrast, wives in the PPM group had a significant positive correlation, $r = +0.65$ between crisis scores and marital adjustment scores at the .01 level. One expects a negative correlation such as the one found for husbands in the NON-PPM group between crisis and marital adjustment scores. This would confirm Dyer's (1963) finding that marriages rated as excellent experienced less crisis, an inverse relationship would exist. However, the opposite was found for the PPM wives who had a positive correlation between crisis and marital adjustment scores. There are several factors that may be related to this unexpected finding. They are: (1) PPM wives with their higher degree of education may be more objective in evaluating their marriages and their adjustment to their first child; (2) they are more likely to have younger babies; and, (3) they may have had more of a companionate marriage before the birth of their first child.

Examination of Table VII compares percentage of crisis experienced in four categories as reported by six researchers, including the present investigator. LeMasters (1957), Dyer (1963) and Beauchamp (1968) had the greatest percentage of subjects who were categorized in the extensive to severe crisis categories. The remaining studies, including the present researcher's subjects, were predominantly categorized as having experienced slight to moderate degrees of crisis in adjusting to the first child.

TABLE VI
CORRELATION COEFFICIENTS BETWEEN MARITAL ADJUSTMENT AND CRISIS SCORES

Classification	N	r	p
<u>PPM Group</u>			
Husbands	25	+.6488	≤ .01
Wives	25		
<u>NON-PPM Group</u>			
Husbands	25	-.5400	≤ .01
Wives	25		

TABLE VII
 PERCENTAGE OF CRISIS BY CATEGORY AS REPORTED BY SIX INVESTIGATORS*

	LeMasters 1957	Dyer 1963	Hobbs 1965	Hobbs 1968			
Sample	N = 46 couples	N = 32 couples	N = 53 couples	N = 27 couples			
Data Collection	Unstructured interview scores	Likert-type questionnaire	Checklist	Checklist plus rated interview			
Crisis Scores % by Category				<u>Interview</u>		<u>Checklist</u>	
				M	F	M	F
None		0	0	33.3	22.2	3.7	0
Slight	17.0	9.0	86.8	40.7	22.2	85.2	74.1
Moderate		38.0	13.2	22.2	37.0	11.1	25.9
Extensive	83.0	28.0	0	-	-	-	-
Severe		25.0	0	3.7	18.5	0	0

* This table is a partial replication of a table found in Russell (1974, p. 296) with the addition of data from present study.

TABLE VII - Continued

	Beauchamp 1968	Russell 1974	Bogdanoff 1974					
Sample	N = 37 couples	N = 271 couples	N = 50 couples					
Data Collection	Questionnaire and interview	Questionnaire	Questionnaire					
	<u>Interview</u>	<u>Questionnaire</u>	<u>Questionnaire</u>					
Crisis Scores % by Category			M	F	PPM M	F	NON-PPM M	F
None	5.5	10.5	3.3	0.3	0	0	4	0
Slight	38.3	57.9	75.1	57.5	96	72	84	68
Moderate	33.3	10.5	16.8	39.1	4	28	12	32
Extensive	11.1	5.3	1.1	3.1	-	-	-	-
Severe	11.1	15.8	3.7	0	-	-	-	-

This investigation found that there was no significant difference on mean crisis scores between PPM and NON-PPM childbirth groups, therefore the researcher's first hypothesis was rejected. Furthermore, the researcher's second hypothesis was also rejected, as there was found to be no significant difference in marital adjustment scores between the two groups.

Finally, a summary of the means and standard deviations on all groups is included in Table VIII.

TABLE VIII

MEANS AND STANDARD DEVIATIONS ON ALL GROUPS ON
MARITAL ADJUSTMENT, CRISIS AND SOCIOECONOMIC SCORES

Classification	N	Mean	Standard Deviation
MARITAL ADJUSTMENT			
<u>PPM Group</u>			
Husbands	25	111.2	24.30
Wives	25	120.8	15.04
<u>NON-PPM Group</u>			
Husbands	25	111.92	21.42
Wives	25	117.28	18.84
MARITAL ADJUSTMENT			
<u>PPM Group (combined)</u>	50	116.0	20.58
<u>NON-PPM Group (combined)</u>	50	114.6	20.16

CRISIS SCORES			
<u>PPM Group</u>			
Husbands	25	5.56	3.61
Wives	25	9.2	4.16
<u>NON-PPM Group</u>			
Husbands	25	6.0	3.40
Wives	25	9.5	4.14
CRISIS SCORES			
<u>PPM Group (combined)</u>	50	7.38	4.21
<u>NON-PPM Group (combined)</u>	50	7.76	4.15

CHAPTER V

SUMMARY, LIMITATIONS AND RECOMMENDATIONS

Summary

Since the focus on parent-child relationships has shifted from the child to the adult in recent years numerous studies have been conducted on couples and their role adjustment to parenthood. The behavioral sciences are becoming more concerned with the effects children have on parents as well as vice versa.

LeMasters (1957), Dyer (1963) and Beauchamp (1968) have found the majority of their subjects experienced extensive to severe amounts of crisis in adjusting to their new parental roles. On the other hand, Hobbs (1965 and 1968) and Russell (1974) found that their subjects could best be described as experiencing slight to moderate degrees of crisis in adjusting to the first child.

The present study was concerned with the differences, if any, in role adjustment to parenthood between two different types of childbirth groups. One of the groups studied was labeled the prepared or "natural" childbirth (PPM) group. The other group was labeled the conventional or NON-PPM childbirth group.

More specifically the following two hypotheses were tested in this investigation:

- (1) Prepared childbirth (PPM) couples will have lower crisis scores on adjustment to parenthood than will conventional childbirth (NON-PPM) couples.
- (2) Prepared childbirth (PPM) couples will have higher marital adjustment scores than will conventional childbirth (NON-PPM) couples.

Twenty-five couples in each of the two groups were studied. Mean ages for the husbands in both groups were similar, 28.56 (PPM) and 28.52 (NON-PPM). Mean ages for the wives were also somewhat similar, 26.84 (PPM) and 25.80 (NON-PPM). The majority of subjects in both groups had attended college, with a high percentage who had completed five or more years of college. In addition, the majority of both PPM and NON-PPM couples were considered to be middle-class according to their socioeconomic status. Furthermore, all except one couple for both groups had socioeconomic scores above Green's theoretical mean score of 57.0. The majority of subjects (PPM and NON-PPM) lived in or near the university town of Blacksburg, Virginia. PPM couples had a mean of 4.4 years of marriage before the birth of their first child, while NON-PPM couples had a mean of 3.8 years of marriage before the birth of their first child. Babies' ages for both groups ranged from one to thirty-six months, with a mean of 9.16 months for PPM group and 16.88 months for the NON-PPM group. The present study's subjects are more similar in their characteristics to LeMasters' (1957) and Dyer's (1963) subjects than to Hobbs' (1965 and 1968) and Russell's (1974) subjects.

Three principal instruments were utilized in this study: the Hobbs checklist, which measured extent of crisis in adjusting to new parental roles, the Locke-Wallace Marital Adjustment Scale (short form), which measured the degree of marital adjustment and a questionnaire developed by the researcher, which gathered demographic information as well as other relevant information surrounding the adaptation of the couple to their first child.

The investigator collected data by means of interviews with each of the 25 couples in each of the two groups, at which time each spouse was asked to complete a set of questionnaires based on the above mentioned instruments. Interviews took place from July 10 through July 24, 1974.

Student's t-test for two independent samples was used to test the two hypotheses for this study. There was not found to be any significant difference in the means of the PPM and NON-PPM groups on crisis scores. Consequently, the first hypothesis was rejected. However, a chi-square test for independence indicated that the type of response (slight or moderate degree of crisis) was dependent upon the sex of the respondent. Wives tended to have been classified as experiencing moderate degrees of crisis more often than husbands. Both groups were almost exclusively categorized as having experienced slight to moderate degrees of crisis in their adjustment to new parental roles. This finding tends to substantiate Hobbs' (1965 and 1968) and Russell's (1974) findings that the majority of couples were classified as having experienced only slight to moderate degrees of crisis in adjusting to the first child; even though the present study's subjects were more similar to LeMasters and Dyer's who were predominantly classified as having experienced extensive to severe degrees of crisis in adjusting to the first child.

Another t-test for two independent samples was calculated between the groups on marital adjustment scores. The results were not significant at the .05 level, therefore the second hypothesis was rejected, which stated that the PPM couples would have higher marital adjustment scores than NON-PPM couples.

Pearson product-moment correlations were utilized to determine whether there was a significant linear relationship between marital adjustment scores and crisis scores for husbands in each group and wives in each group. There was a significant negative correlation between the two scores for husbands in the NON-PPM group at the .01 level; $r = -0.54$. This finding tends to confirm Dyer's (1963) finding that the more satisfying a marriage was, the lesser amount of crisis in adjusting to parenthood was experienced. However, results also showed a significant, positive correlation at the .01 level; $r = +.6488$ for wives in the PPM group. This might be explained by the fact that since PPM wives are highly educated (mean number of years of schooling completed was 15.92) they may also be more objective in evaluating their marriages and their feelings toward their children.

Limitations and Recommendations

The two childbirth groups utilized for this study were not randomly selected from large populations of first-time parents, who either experienced conventional or prepared childbirth. Therefore these two groups were not necessarily representative of any other groups of first-time parents. Since the two samples were not representative, findings from the present study can not be inferred or generalized to a larger population of first-time parents for either childbirth method. The present findings are only applicable to the subjects in each of the two groups studied in this investigation. The most the present findings could reveal would be possible trends in adjusting to the first child among PPM and NON-PPM childbirth couples.

Hopefully the following recommendations would be considered by anyone attempting to further examine couples' adjustment to new roles of parenthood either between different childbirth groups or within one childbirth group. Recommendations for future research are:

- (1) Utilization of large, representative samples.
- (2) Matching conventional childbirth couples with prepared childbirth couples on as many background variables as possible, in order to minimize as many differences as possible between the two groups.
- (3) Administration of prebirth as well as postbirth marital adjustment scales to couples.
- (4) Administration of questionnaires to couples separately; in order to minimize lack of objectiveness in responses.
- (5) Construction and utilization of a more valid and reliable scale to measure the degree of adjustment to the first child. A scale which includes positive as well as negative items.
- (6) If a cross sectional study were done, the babies' age range should be minimal.
- (7) Carry out a longitudinal study on PPM and NON-PPM couples' adjustment to the pregnancy period, the initial birth experience, infancy and early childhood.

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APPENDIX A

Experience with First Child

Below are listed some things which other persons have said bothered them following the birth of their first child. Please indicate the extent to which each one has bothered you by a check mark in the appropriate column.

This has bothered me:	Not At All	Some- what	Very Much
1. My husband (or wife) showing too little attention to baby			
2. Interference from in-laws			
3. Worry about wife's personal appearance in general			
4. Decreased contact with friends			
5. Interruption of routine habits of sleeping, going places, etc.			
6. My husband (or wife) showing too much attention to baby			
7. Additional amount of work			
8. Disturbed about feelings I have toward baby			
9. Housekeeping not as neat as it should be			
10. Decreased sexual responsiveness of self			
11. Feeling more "distant" from my husband (or wife)			
12. Being unable to sleep after going to bed			
13. Having to change plans we had before baby's birth			
14. Decreased sexual responsiveness of husband (or wife)			

This has bothered me:	Not At All	Some- what	Very Much
15. Meals being off schedule			
16. My husband (or wife) showing too little attention to me and too much to the baby			
17. Increased money problems			
18. Reduced feelings of privacy			
19. Doubting my worth as a parent			
20. Worry about wife's "loss of figure"			
21. Decreased contacts with persons at work, etc.			
22. Physical tiredness or fatigue			
23. Feeling "edgy" or emotionally upset			

APPENDIX B

Locke - Wallace Short Form

Place an "X" on the dot on the scale line below which best describes the degree of happiness, everything considered, of your marriage. The middle point, "happy," represents the degree of happiness which most people get from marriage, and the scale gradually ranges on one side to those few who are very unhappy in marriage, and on the other side to those few who experience extreme joy or felicity.

1. $\frac{\cdot}{\text{Very}} \text{-----} \frac{\cdot}{\text{Happy}} \text{-----} \frac{\cdot}{\text{Perfectly}} \text{-----}$
 Unhappy Happy Happy

State the approximate extent of agreement or disagreement between you and your mate on the following items by placing the appropriate number in the blank following the line. 1=always agree; 2=almost always agree; 3=occasionally disagree; 4=frequently disagree; 5=almost always disagree; 6=always disagree.

2. Handling family finances..... _____
 3. Matters of recreation..... _____
 4. Demonstration of affection..... _____
 5. Friends..... _____
 6. Sex relations..... _____
 7. Conventionality (right, good or proper conduct) _____
 8. Philosophy of life..... _____
 9. Ways of dealing with in-laws..... _____
10. When disagreements arise they usually result in: ___ husband giving in; ___ wife giving in; ___ agreement by mutual give and take.
11. Do you and your mate engage in outside interests together? ___ all of them; ___ some of them; ___ very few of them; ___ none of them.
12. In leisure time do you generally prefer: ___ to be on the go; ___ to stay at home; does your mate prefer to ___ be on the go; ___ stay at home.
13. Do you ever wish you had not married? ___ frequently; ___ occasionally; ___ rarely; ___ never.
14. If you had your life to live over, do you think you would: ___ marry the same person; ___ marry a different person; ___ not marry at all.
15. Do you confide in your mate? ___ almost never; ___ rarely; ___ in most things; ___ in everything.

APPENDIX C

In order to fully describe my subjects it is important that the following information be recorded below. Once again, all information will be kept in the strictest confidence and will only be used for this particular research project.

A. 1. You are

() The husband

() The wife

2. _____ Age of husband

_____ Age of wife

3. Education of husband (Circle highest level achieved)

4	5	6	7	8	9	10	11	12	1	2	3	4	5	or higher
Grade School					High School				College					

Education of wife (Circle highest level achieved)

4	5	6	7	8	9	10	11	12	1	2	3	4	5	or higher
Grade School					High School				College					

4. _____ Occupation of husband. How would you describe your job and its responsibilities? (If student describe the job for which you are being trained.)

_____ Occupation of wife. How would you describe your job and its responsibilities? (If student describe the job for which you are being trained.)

If occupation has changed since the birth of your first child describe your new job and its responsibilities.

5. Approximate gross income (income before tax deductions) of family unit.

- | | |
|--|--|
| <input type="checkbox"/> Less than 2,000 | <input type="checkbox"/> 6,000 - 8,000 |
| <input type="checkbox"/> 2,000 - 3,500 | <input type="checkbox"/> 8,000 - 12,000 |
| <input type="checkbox"/> 3,500 - 6,000 | <input type="checkbox"/> 12,000 - 50,000 |
| | <input type="checkbox"/> Greater than 50,000 |

6. Present place of residence:

City or Town	County
--------------	--------

7. Number of children

Sons _____	Their ages _____
Daughters _____	Their ages _____

B. The First Child. The following questions concern the birth of your first child, i.e., the first baby that you have cared for and for which you have been the biological parent. (Do not consider miscarriages, still births, or adopted children, etc., as your first birth experience for this study.)

1. _____ years married before birth of first child (approximate).

2. Delivery of first child was

- Conventional (i.e., saddleblock, spinal, etc.)
- Caesarean
- "Natural childbirth" (i.e., mother and/or father trained for birth by means of breathing and exercise with minimum use of pain-reducing medication.)
- Other _____

_____ (explain)

3. Method of birth for first child was

- Totally physician's responsibility (no input by couple)
- Recommended by physician, but couple was consulted
- The result of couple's active planning
- Determined by unforeseen conditions at time of birth.

4. Method of childbirth was _____ to the couple.

- Satisfactory
- Unsatisfactory
- Unimportant

5. Starting with the time you brought your baby home from the hospital, would you describe how the first day and night went.

6. What was your experience with you baby during the first 6 weeks like?

7. Some persons say that parenthood gets easier as the baby gets older. Others say it gets harder. What was your experience?

8. Would you describe the health of first child during first year of life as:

- () Healthy and normal, with no more than usual number of illnesses.
 () Healthy and normal, with more than usual or constant illnesses.
 () Having congenital problems, i.e., baby born with a health problem.
 () Unusual (i.e., child born healthy, but experienced a severe illness or accident during first year)
 Describe _____

9. Would you describe the behavior of your first child during first year of life as:

- () Very quiet
 () Quiet
 () Active
 () Very active

10. Would you describe the health of the mother after birth of first child and through first child's first year of life as

- () Excellent
 () Good, normal
 () Fair
 () Poor

11. Would you describe the health of the father after birth of first child and through first child's first year of life as:
- Excellent
 - Good, normal
 - Fair
 - Poor
12. Would you describe your preparation for being a parent, i.e., actually caring for a baby as:
- Excellent
 - Good
 - Fair
 - Poor
13. What did you like most about having a new baby in your home?
-
14. What did you like least about having a new baby in your home?
-
15. Information concerning the care of a baby was primarily obtained from:
- Relatives and friends
 - Books
 - Prior experience with children
 - Organized classes in parenting
16. Can you think of anything which could have been done to make parenthood easier for you? What?
-
-
17. Do you think that experience or lack of experience with young children influenced your adjustment to your baby? In what ways?
-
18. During your first child's first year of life, primary responsibility for the child's care was:
- Mother's
 - Father's
 - Shared equally by both parents
 - Other relatives
 - Professional help (maid, nurse)
 - Mother's, but supplemented by relative or professional help

19. Some persons say that adjusting to the first baby was different than they expected. How did your experience compare to what you thought parenthood would be like?

- The same
 Somewhat the same
 Different
 Very different
 Other _____ (explain)

20. Do you think the baby has changed you as a person?

- No
 Yes How? _____

21. Do you think the baby has changed your spouse as a person?

- No
 Yes How? _____

22. Do you think the baby has had any effect on your relationship with your spouse (brought you closer together or caused arguments, etc.)?

23. Do you plan to have more children? _____

Sons _____ Daughters _____

C. The following questions are optional. You are, however, urged to respond as this information is relevant to this research project.

1. Would you describe the birth of your first child as:

- A planned pregnancy
 An unplanned pregnancy, i.e., it did not matter whether a child was conceived or not
 An accidental pregnancy

2. Name of hospital where first child was delivered:

- Montgomery County Hospital
 Radford Community Hospital
 Other (specify) _____

3. Name of attending physician at the birth of first child.

APPENDIX D



VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Blacksburg, Virginia 24061

DEPARTMENT OF MANAGEMENT, HOUSING AND FAMILY DEVELOPMENT

July 5, 1974

I am seeking your cooperation and assistance in a study on couples' adjustment to parenthood. I am a graduate student in Management, Housing, and Family Development in the College of Home Economics at V.P.I. & S.U. This study will help fulfill the requirements for a master's degree and will be the basis for my thesis.

Your name was secured through the Blacksburg Sun's birth announcement section. All information given will be kept anonymous and confidential. I will be contacting you in the next few days by phone to set up a convenient time for an interview.

Sincerely yours,

Katherine Bogdanoff

Faculty advisor:

Dr. Michael J. Sporakowski

APPENDIX E



VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Blacksburg, Virginia 24061

DEPARTMENT OF MANAGEMENT, HOUSING AND FAMILY DEVELOPMENT

July 5, 1974

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Your name was secured from the Childbirth Education Association of the New River Valley enrollment list. All information given will be kept anonymous and confidential. I will be contacting you in the next few days by phone to set up a convenient time for an interview.

Sincerely yours,

Katherine Bogdanoff

Faculty advisor:

Dr. Michael J. Sporakowski

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METHOD OF CHILDBIRTH AND ITS RELATIONSHIP
TO MARITAL ADJUSTMENT AND PARENTAL CRISES

by

Katherine Paula Bogdanoff

(ABSTRACT)

This study was concerned with differences in role adjustment to parenthood between two different types of childbirth groups. The two groups were the prepared childbirth (PPM) and the conventional childbirth (NON-PPM) groups.

Twenty-five couples in each of the two groups were studied. Age range was 20 to 40 years for the majority of subjects. Babies' ages ranged from two to thirty-six months. The couples had been married an average of 4.1 years before the birth of their first child.

Couples were given questionnaires separately to determine the extent of crisis in adjusting to the first child and their post-birth marital adjustment level.

T-tests for two independent samples were calculated both within and between the two childbirth groups on crisis scores and marital adjustment scores. There was a significant difference in mean crisis scores between husbands and wives in both groups, wives experiencing more crisis. Crisis score comparisons between PPM and NON-PPM groups showed no statistically significant differences between the two groups of fathers or the two groups of mothers studied. When comparisons were made on marital adjustment scores, no statistically significant differences appeared either within or between groups.