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Detecting a Male's Attitudinal Change During the Course of a Partner's Pregnancy Using the Index of Marital Satisfaction

Melanie Ann Hummel

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COURSE OF A PARTNER'S PREGNANCY

Detecting a Male's Attitudinal Change During the Course of a Partner's Pregnancy
Using the Index of Marital Satisfaction

Thesis Submitted to the
Marshall University Graduate College

by

Melanie Ann Hummel

Marshall University

Dr. Fred Jay Krieg - Advisor

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MASTER OF ARTS THESIS

OF

MELANIE ANN HUMMEL

APPROVED ON _____:
 Month Day Year
Thesis Committee

Fred Jay Krieg, Ph.D. - Professor & Chair

Elizabeth Boyles, Ph.D. - Assistant Prof.

Tony Goudy, Ph.D. - Assistant Professor

Stephen O'Keefe, Ph.D.
Graduate Program Coordinator

MARSHALL UNIVERSITY GRADUATE COLLEGE
2002

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Abstract

Thirty-one married men who were expecting their first child were tested in the first, second, and third trimesters of pregnancy with the Index of Marital Satisfaction to see if the subjects experienced a significant drop in marital satisfaction during the course of pregnancy. Previous research has shown that couples' marital satisfaction significantly declines after the birth of a baby, but little research has explored the male's attitudinal change during the pregnancy itself. The current study found that there was no significant change in the subjects' marital satisfaction from early to late pregnancy. A larger study with a sample more representative of the general population is indicated.

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Detecting a Male's Attitudinal Change During the Course of a Partner's Pregnancy Using the Index of Marital Satisfaction

Becoming a father for the first time is a life-changing event. Although research on a woman's response to pregnancy is voluminous, comparatively little research has been done on the attitudinal and behavioral changes that take place in the male over the course of his partner's pregnancy. The role of fathers in pregnancy is gaining more attention. An article in the July 11, 2002 edition of *The Washington Post* states that at least 19 "new-daddy books" were published between 1997 and 2002 (Dunnewind, 2002). However, these books tend to focus on teaching a man what is happening physically and emotionally with his partner or how to interact with a new infant. The focus of this study is on the male / female relationship during pregnancy and not the relationship with the infant after the birth. The current study explores males' changes in marital satisfaction during the course of their partners' pregnancies. This research is important because of the apparent lack of research concerning the psychological aspects of expectant fatherhood.

Marital satisfaction is not a unidimensional concept and is difficult to define. Bradbury, Fincham, and Beach (2000) point out that "a satisfying marriage is not merely a relationship characterized by the absence of dissatisfaction." Instead, they suggest that several dimensions must be considered together when defining marital satisfaction. Rosen-Grandon (1999) has proposed six such dimensions or categories of behavior which make up marital satisfaction. The first dimension is expression of affection through both words and actions which is sustained over time.

The second dimension is communication. Communication must involve both the ability to express one's self and the ability to listen to one's partner. The third dimension is the ability to reach a basic level of consensus on matters of lifestyle. The fourth dimension is sexuality and intimacy. The fifth dimension is conflict management. Finally, the sixth dimension is agreement over the distribution of roles within the marriage (Rosen-Grandon, 1999).

In a review of research published during the 1990's which explored the relationship between marital dissatisfaction and parenthood, Bradbury, Fincham, and Beach (2000) concluded that the birth of a child has the effect of "increasing the stability of marriage, at least when children are relatively young, while decreasing its quality." Based on this research, it cannot be assumed that a stable marriage is a satisfying one. Their literature review found that a majority of the research has shown a decrease in positive marital interchanges, an increase in marital conflict, and a decline in marital satisfaction following the birth of a child. However, they believe that research is far from complete regarding the reasons that the transition to parenthood is so detrimental to a couple's marital satisfaction.

Cox, Paley, Burchinal, and Payne (1999) hypothesized that the amount of marital dissatisfaction that expectant couples experience is not uniform. They investigated factors that increased a couple's marital dissatisfaction during the transition to parenthood. Both husbands and wives with depressive symptoms were found to have significant decreases in marital satisfaction as compared to non-depressed expectant parents. Couples with unplanned pregnancies showed greater decline in marital

satisfaction than those who had planned the pregnancies. Finally, the birth of a female baby led to significantly more marital dissatisfaction than the birth of a male baby. This result was true for both the fathers and the mothers in the study.

Rholes, Simpson, Campbell, & Grich (2001) have examined how the transition to parenthood affects marital satisfaction among persons with different attachment styles. Using Bowlby's attachment theory, they compared couples in which the wives were either securely attached, ambivalently attached, or avoidantly attached. It was discovered that declines in marital satisfaction were especially pronounced for women who were highly ambivalent. In addition, men who were married to highly ambivalent women showed significant declines in marital satisfaction over the course of pregnancy as compared to men whose wives were securely attached or avoidant.

Osofsky (1982) describes many emotional experiences common to expectant fathers. Men in general undergo considerable stress and upheaval during the course of a pregnancy and following the birth of a baby, especially a first child. Most men experience a sense of excitement and pride when they discovered their wives were pregnant. Frequently, men felt more manly and were no longer concerned about their virility and potency or about their wives leaving them for other men. Following this initial excitement and pride, however, some husbands described feeling strange. Some described a feeling a rivalry toward the baby and most described an overwhelming sense of responsibility. At these times, the men described feeling panicky, trapped, and wondered whether they were ready to settle down, have

children, and accept the responsibilities of parenthood. A few even questioned whether the child was really theirs. Some of the men seemed envious of their wives' ability to reproduce because they were unable to experience the beginning feelings of life. These emotional experiences that Osofsky describes may contribute to a man's decreased satisfaction with his marriage during this critical time frame.

The men in the Osofsky study (1982) had mixed feelings about their pregnant wives. Some felt very warm and tender toward them and found them to be beautiful. At the same time, some men saw their wives as ugly and clumsy. These mixed feelings often led to confusion and led some to fantasize about other women. A few had affairs. There were also mixed feelings about sex with their pregnant wives.

Roosa (1988) did a study of seventy-eight expectant couples to compare differences between delayed and younger childbearers during the transition to parenthood. Delayed childbearers were defined as couples who were having their first child at the age of twenty-eight or older. Roosa found that "despite the increased maturity and resources that delayed childbearers brought with them to the parenting role, the developmental course of the transition to parenthood was virtually identical for the two groups." Both groups experienced a drop in marital satisfaction immediately following the birth of the baby, and that decline in marital satisfaction was similar for both males and females in the study.

A study by Feldman and Nash (1984) assessed 31 pregnant women and their husbands during the last trimester of pregnancy and again when their infants were six months old. A comparison of prenatal and postpartum scores show a significant

decrease in satisfaction with the marital relationship for both men and women.

Contributing to this loss of marital satisfaction, the researchers found that forty-five percent of subjects reported spending less time with spouse, sexual difficulties, and / or arguments with their spouse after the birth of the baby.

Belsky and Rovine (1990) followed 128 families intensively from the last trimester of pregnancy through their first child's third birthday. Consistent with the findings of other researchers, significant decline in marital satisfaction was found over time, but the dissatisfaction was more pronounced in the case of wives than of husbands. On an interesting note, couples who had achieved the highest romance scores prenatally experienced the largest marital decline. Belsky and Rovine hypothesized that "relatively high levels of romance reflect unrealistic understanding of the dynamics of marital relationships over the long term, especially when couples are confronted with the demanding task of childrearing." It is also important to note that for some families, marital quality did not decline but even improved across the transition to parenthood.

Not all researchers have found a decrease in marital satisfaction among couples who were becoming parents. Shapiro and Gottman (2000) attempted to identify factors that predict marital stability and satisfaction during the transition from pregnancy to parenthood. They looked longitudinally at the couples' relationship beginning when they were newlyweds and extending four to six years. They found that wives who became mothers had significant declines in marital satisfaction as compared to wives who remained childless, but there was not a significant

difference in marital satisfaction between men who become fathers and those who remained childless. It was found that couples who reported the strongest marital friendships were the least vulnerable to declines in marital satisfaction during the transition to parenthood.

In a study of 106 married women in both early and late pregnancy, Snowden, Schott, Awalt, and Gillis-Knox (1988) found that first time parents and parents who participated in religious activities both showed higher levels of marital satisfaction than other subjects. Quoting Cowan and Cowan, the researchers state that “while babies certainly bring changes, they do not tend to bring couples together whose marriages are in danger of falling apart and they do not tend to create severe disruptions in marriages that are faring well.” The study by Snowden et al looked only at the responses of the wives and did not assess the men's perceptions of marital satisfaction.

Cowan and Cowan (1985, 1992) conducted research for over twenty years examining the couple's relationship during pregnancy. Their basic finding was that couples who report the most relationship difficulties during pregnancy also reported marital discord before the pregnancy. They also found that the majority of husbands and wives became more disenchanted with their relationships as couples as they made the transition to parenthood.

Hypothesis

The current study was designed to determine whether the test instrument, Index of Marital Satisfaction, reflected a change in expectant fathers' attitude over the course of their wives' pregnancies. Therefore, it was hypothesized that expectant fathers would have a decrease in marital satisfaction over the course of pregnancy as measured by the Index of Marital Satisfaction.

Methods

Subjects

Subjects in the study consisted of 34 married, first-time, expectant fathers between the ages of eighteen and thirty-five. However, three subjects failed to complete the entire battery of testing for various reasons. Therefore, only 31 subjects were included in the present study. Demographical data describing the subjects is contained in the appendix.

The subjects for this study were chosen from the Upper Ohio Valley geographical area including the northern panhandle of West Virginia, western Pennsylvania, and eastern Ohio. Subjects were recruited from Obstetric / Gynecology clinics and practices as well as referrals from friends of the interviewers. It was assumed that the men participating in the study are the biological fathers of their spouses' children, but no DNA testing was undertaken.

Subjects were not financially nor otherwise rewarded for their participation. Thus, participation was strictly voluntary. The subjects were unknown to the

interviewer prior to the study, and all subjects were assured of confidentiality and anonymity.

Instrumentation

The Index of Marital Satisfaction, IMS, “is a 25-item instrument designed to measure the degree, severity, or magnitude of a problem one spouse or partner has in the marital relationship” (Hudson, 1997). The instrument only measures the extent to which one partner perceives problems with the marital relationship. It does not attempt to describe the relationship or to measure marital adjustment. The items on the test “elicit feelings about a number of components, behaviors, attitudes, and events that occur within and characterize the degree of discord or dissatisfaction in a marital relationship” (Educational Testing Service, 1998). A sample of the Index of Marital Satisfaction can be seen in the appendices.

An individual's score on the Index of Marital Satisfaction could range from 0 to 100 with higher scores indicating greater severity of problems. Scores below 30 indicated absence of a clinically significant problem. Scores above 30 suggest the presence of a clinically significant problem. Scores above 70 almost always indicate severe stress in the marital relationship and also indicate the possibility that some type of violence may be present (Hudson, 1997).

According to Hudson (1997), the IMS has good reliability. The IMS has a mean alpha of .96, indicating excellent internal consistency, and an excellent (low) standard Error of Measurement of 4.00.

The instrument also has good validity. The IMS has excellent concurrent validity, correlating significantly with the Locke-Wallace Marital Adjustment Test. The IMS also has very good known-groups validity discriminating significantly between couples known to have marital problems and those known not to have problems. The IMS also has good construct validity, correlating poorly with measures with which it should not correlate, and correlating significantly with several measures with which it should correlate such as sexual satisfaction and marital problems (Hudson, 1997).

Procedures

A cohort group of 13 Marshall University Graduate College students assisted with the project as part of a larger study examining attitudinal and behavioral changes in first time expectant fathers. The graduate students interviewed a total of 34 first time fathers using an extensive battery of tests. The battery of tests that each subject took included an intake assessment, the California Psychological Inventory (CPI), the Clinical Anxiety Scale (CAS), Selfism (NS), the Index of Self Esteem (ISE), the Non Physical Abuse of Partner Scale (NPAPS), the Aggression Inventory (AI), the Love Attitude Scale (LAS), the Relationship Assessment Scale (RAS), the Multidimensional Scale of Perceived Social Support (MSPSS), and the Index of Marital Satisfaction (IMS).

The graduate student interviewers conducted three separate interview sessions corresponding to the three trimesters of the pregnancy. At the first session, subjects completed an intake form including demographic information and a general behavioral history, and then they completed the CPI, CAS, NS, ISE, NPAPS, AI, LAS,

RAS, IMS, and MSPSS. At the second session, they completed the CAS, NS, ISE, LAS, RAS, IMS, and MSPSS. At the third and final session, the subjects completed the CPI, CAS, NS, ISE, NPAPS, AI, LAS, RAS, IMS, MSPSS.

The information gathered was pooled by the 13 graduate students, and data was collaboratively analyzed to see which tests provided information that was valuable to the larger study. Statistical analysis using a series of paired samples t-tests between batteries one and two, two and three, and one and three was done to determine whether the test, the Index of Marital Satisfaction, detected any significant attitudinal changes in the expectant fathers over the course of the pregnancy.

According to StatSoft (2002), "The t-test is the most commonly used method to evaluate the differences in means between two groups." With a t-test for dependent samples, the observations to be compared are based on the same sample of subjects, and a considerable part of the within-group variation in both groups of data can be attributed to the initial differences between subjects (StatSoft, 2002). In the current study, a series of paired samples t-tests were used to look at median differences of scores obtained on the IMS at the beginning, middle, and end of pregnancy. If any significant differences had been found using the paired samples t-tests, then it would have been necessary to conduct an analysis of variance, ANOVA, to further analyze the data. A series of t-tests increases the chances of a type I error, but no significant differences were found between trimesters even with an inflated alpha level. Since

the results of the t-test did not approach a significant level in the current study, the ANOVA was not done.

Results

After analyzing the data, a series of paired samples t-tests found there was no significant differences in the subjects' marital satisfaction across the three trimesters. The mean score on the Index of Marital Satisfaction for the first trimester was 13.204. The mean score for the second trimester was 11.807, and the mean score for the third trimester was 12.515. The first t-test compared the difference in the first and second trimesters and found no significant differences in marital satisfaction $t(31)=1.167, p=.252$ (two-tailed). There was also no significant difference found in marital satisfaction between trimesters two and three $t(31)=-.928, p=.361$ (two-tailed). Similarly, there was no significant difference found between trimesters one and three $t(31)=.609, p=.547$ (two-tailed). An ANOVA was not conducted because no significant differences were found using the paired samples t-tests. If significant differences had been found, then the ANOVA could have provided more detailed information, but in this case, it would not have provided a different result.

A table with the raw data for each subject can be found in table 1, and tables 3, 4, and 5 describing the statistical analysis can be found in the appendix. An informal item analysis revealed no significant changes on any individual questions, but no statistical analysis was done to confirm this. Table 2 containing this information on item analysis can also be seen in the appendix.

Discussion

The results indicate that the men in this study did not exhibit a decrease in marital satisfaction during the course of their partners' pregnancies as hypothesized. It may be that the time of greater emotional upheaval comes after the birth of the baby. From a review of the literature, it can be hypothesized that if this study had followed the subjects postpartum, then perhaps a difference in marital satisfaction may have occurred then.

The small sample size of thirty-four is one limitation of this study. Initially, each graduate student involved in this study was supposed to obtain ten first time fathers to participate in the study. Therefore, the *N* would have been over 100. OBGYN doctors and clinics in the Upper Ohio Valley were contacted either by letter or in person explaining the purpose of the study and asking if they would be willing to participate. Then, letters were provided to each doctor's office managers to pass out at initial visits written specifically to first time expectant fathers. Approximately 200 letters were sent out by each graduate student throughout the Ohio Valley. Although doctors seemed eager to help, the response from the expectant fathers was extremely poor. Eventually, thirty-four subjects were obtained through referrals from family, friends, and co-workers of the graduate students involved, but only thirty-one subjects properly completed the Index of Marital Satisfaction needed for this study.

It was very difficult to get subjects to agree to participate because there was no compensation provided and each testing session required a two to three hour time

commitment. Several men who initially agreed to participate dropped from the study because they felt that some of the information requested too personal, too evasive, or that there were too many questions to answer. One test that was specifically mentioned as too lengthy by several subjects was the California Psychological Inventory. Perhaps if the men were paid for their participation, then they would have been more willing to complete the study.

Another major limitation of this study is the homogeneous nature of the population sample. Of the thirty-four subjects, all but one of them were Caucasian with one African American. Therefore, there was no ethnic diversity among the subjects. A large number of the subjects were college educated, with many having advanced degrees. In addition, all of the subjects were employed. It would be important to determine if the findings in this study apply to other groups as this sample is not representative of the population as a whole.

Another limitation of this study was that it was very difficult for a cohort group of 13 people to participate in the same study. Not only was it difficult to get a consensus at times, it was even difficult to get all thirteen people together at the same time. Not every member of the group was able to obtain subjects for the study, and some members spent many hours giving the batteries of test, and others did not contribute to the data collected.

In summary, according to the results of this study, men's marital satisfaction does not seem to decline during the course of a partner's pregnancy. If the study had continued postpartum or if the sample of subjects had been larger or more diverse,

then the study may have been more representative of the general population. Further research into the subject of men's marital satisfaction during a partner's pregnancy is indicated.

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Table 1: Raw Data For All Subjects

Subject Number	Trimester 1	Trimester 2	Trimester 3
0101	7.33	7.33	11.33
0102	16.67	18.00	19.33
0103	.67	.00	.00
0104	10.67	10.67	7.33
0105	1.33	2.00	1.33
0107	9.33	6.67	14.00
0201	14.67	16.67	16.00
0202	16.67	16.67	12.00
0301	6.67	4.67	.00
0302	7.33	7.33	13.33
0303	10.00	12.00	11.33
0305	32.67	24.00	28.00
0306	11.33	11.33	12.67
0401	26.00	24.67	21.33
0403	18.67	19.33	18.00
0501	1.33	9.33	10.67
0502	15.33	14.67	8.00
0503	22.00	14.67	13.33
0701	10.00	10.67	10.67
0901	10.00	9.33	10.67
1101	39.33	6.00	15.33
1102	7.33	8.67	8.67
1103	7.33	11.33	7.33
1104	11.33	14.00	15.33
1105	6.00	2.67	.00
1302	34.00	35.33	40.67
1304	20.67	16.67	28.00
2103	.00	.00	.00
0801	7.33	4.00	4.66
0802	18.00	18.00	14.00
0803	9.33	9.33	14.67

Table 2: Item Analysis

Question Number	Trimester 1	Trimester 2	Trimester 3
1	76	69	69
2	56	54	57
3	50	51	56
4	61	57	61
5	45	45	51
6	46	43	46
7	78	75	69
8	58	58	60
9	66	62	64
10	76	75	71
11	67	68	77
12	73	71	64
13	61	60	62
14	58	61	65
15	72	72	71
16	90	87	88
17	69	68	70
18	46	47	45
19	66	65	66
20	62	63	63
21	67	65	66
22	50	47	42
23	51	50	53
24	48	48	46
25	58	57	55

Table 3: T-TEST BETWEEN TRIMESTER 1 AND 2

	Mean	N	Standard Deviation	Standard Error Mean
Trimester 1	13.204	31	10.3684	1.8329
Trimester 2	11.807	31	8.7285	1.5430

PAIRED SAMPLE CORRELATIONS

	N	Correlation	Significant
Trimester 1 Trimester 2	31	.777	.000

PAIRED SAMPLE TEST

Paired Differences

	Mean	Standard Deviation	Standard Error Mean	95% Confidence Interval of the Difference		T	df	Significant (2-tailed)
				Lower	Upper			
Trimester 1 Trimester 2	1.3534	6.5631	1.1602	-1.0128	3.7197	1.167	29	.252

Table 4: T-TEST BETWEEN TRIMESTER 2 AND 3

	Mean	N	Standard Deviation	Standard Error Mean
Trimester 2	11.807	31	7.7347	1.3892
Trimester 3	12.515	31	8.9077	1.5999

PAIRED SAMPLES STATISTICS

	N	Correlation	Significant
Trimester 2 Trimester 3	31	.879	.000

PAIRED SAMPLES TEST

Paired Differences

	Mean	Standard Deviation	Standard Error Mean	95% Confidence Interval of the Difference		T	df	Significant (2-tailed)
				Lower	Upper			
Trimester 2 Trimester 3	-.7087	4.2522	.7637	-2.2684	.8510	-.928	29	.361

Table 5: T-TEST BETWEEN TRIMESTER 1 AND 3

	Mean	N	Standard Deviation	Standard Error Mean
Trimester 1	13.204	31	9.7111	1.7442
Trimester 3	12.515	31	8.9077	1.5999

PAIRED SAMPLES CORRELATIONS

	N	Correlation	Significant
Trimester 1 Trimester 3	31	.879	.000

PAIRED SAMPLES TEST

Paired Differences

	Mean	Standard Deviation	Standard Error Mean	95% Confidence Interval of the Difference		T	df	Significant (2-tailed)
				Lower	Upper			
Trimester 1 Trimester 3	.6884	6.2986	1.1313	-1.6220	2.9987	.609	29	.547

INDEX OF MARITAL SATISFACTION (IMS)

This questionnaire is designed to measure the degree of satisfaction you have with your present marriage. It is not a test, so there are no right or wrong answers.

Answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

1 = None of the time

2 = Very rarely

3 = A little of the time

4 = Some of the time

5 = A good part of the time

6 = Most of the time

7= All of the time

1. _____ My partner is affectionate enough.
2. _____ My partner treats me badly.
3. _____ My partner really cares for me.
4. _____ I feel that I would not choose the same partner if I had it to do over again.
5. _____ I feel that I can trust my partner.
6. _____ I feel that our relationship is breaking up.
7. _____ My partner really doesn't understand me.
8. _____ I feel that our relationship is a good one.
9. _____ Ours is a very happy relationship.

10. _____ Our life together is dull.
11. _____ We have a lot of fun together.
12. _____ My partner does not confide in me.
13. _____ Ours is a very close relationship.
14. _____ I feel that I cannot rely on my partner.
15. _____ I feel that we do not have enough interests in common.
16. _____ We manage arguments and disagreements very well.
17. _____ We do a good job of managing our finances.
18. _____ I feel that I should never have married my partner.
19. _____ My partner and I get along very well together.
20. _____ Our relationship is very stable.
21. _____ My partner is a real comfort to me.
22. _____ I feel that I no longer care for my partner.
23. _____ I feel that the future looks bright for our relationship.
24. _____ I feel that our relationship is empty.
25. _____ I feel there is no excitement in our relationship.

INTAKE/HISTORY FORM

SUBJECT CODE NUMBER _____

SCREENING TOOL FOR INITIAL PHONE CONTACT:

- 1.) AGE _____
- 2.) MARRIED? YES ___ NO ___
- 3.) FIRST MARRIAGE? YES ___ NO ___
- 4.) IS THIS YOUR FIRST CHILD? YES ___ NO ___
- 5.) ANY OTHER CHILDREN LIVING IN THE HOME? YES ___ NO ___
- 6.) BABY DUE DATE? _____

DATE OF FIRST TRIMESTER TESTING BATTERY: _____

DEMOGRAPHIC DATA:

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

DATE OF BIRTH _____

WIFE'S NAME _____

PHYSICIAN: a.) FAMILY _____

b.) OB/GYN _____

RACE: CAUCASIAN ___ HISPANIC ___ AFRICAN-AMERICAN ___ ASIAN ___

OTHER _____

MARRIAGE HISTORY: 1st? Y/N

2nd? Y/N

NUMBER OF YEARS _____

EDUCATION HISTORY: Highest grade completed _____

College _____

Graduate/Professional Degree _____

HISTORY OF MILITARY SERVICE: YES ___ NO ___

OCCUPATIONAL HISTORY: Employed ___ Unemployed ___

WIFE OCCUPATION: Employed ___ Unemployed ___

PREGNANCY/FAMILY DATA:

OTHER CHILDREN FROM PREVIOUS MARRIAGE? YES ___ NO ___

WAS THIS A PLANNED PREGNANCY? YES ___ NO ___

FATHER FAMILY HISTORY: Intact? _____

Divorced? _____

Remarriage? _____

ARE YOU ATTENDING YOUR WIFE'S MEDICAL APPOINTMENTS?

YES ____ NO ____

OBSERVATIONAL DATA:

How would you describe your relationship with your wife prior to the pregnancy?

General thoughts about becoming a father?

DATE OF SECOND TRIMESTER TESTING BATTERY: _____

Additional information about pregnancy?

Medical complications/Changes during pregnancy?

Pregnancy progressing normally?

DATE OF THIRD TRIMESTER TESTING BATTERY: _____

Additional Information?

Demographic Data

Subject	0101	0102	0103	0104	0105
Age	26	26	32	25	28
Birth Date	6-12-75	4-28-75	12-26-69	8-4-76	9-21-78
Race	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian
Education	Associate	Trade School	B.A.	B.A.	B.A.
Employed	Yes	Yes	Yes	Yes	Yes
Married	2 years	3.5 years	4 years	3 years	4 years
Due Date	8-17-02	6-25-02	8-1-02	8-10-02	7-6-02

Subject	0107	0201	0202	0301	0302
Age	24	28	35	35	32
Birth Date	2-1-78	12-31-73	8-16-66	8-19-66	11-21-69
Race	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian
Education	High School	4 yr college	Mortuary Degree	B.A.	B.A.
Employed	Yes	Yes	Yes	Yes	Yes
Married	.5 years	3 years	5 years	3 years	4 years
Due Date	9-13-02	7-10-02	8-9-02	6-20-02	5-06-02

Subject	0303	0305	0306	0401	0403
Age	30	35	33	31	32
Birth Date	10-19-71	7-14-66	6-13-68	8-20-70	5-24-69
Race	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian
Education	M.A.	MBA/J.D.	MBA	B.A.	4 years + law school
Employed	Yes	Yes	Yes	Yes	Yes
Married	7 months	1.5 years	3 years	9 years	7 years
Due Date	5-21-02	5-20-02	8-19-02	8-08-02	7-02

Subject	0501	0502	1503	0701	0801
Age	25	24	30	27	27
Birth Date	1-01-77	5-09-78	7-14-71	3-26-74	9-20-74
Race	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian
Education	2 year college	M.A.	M.A.	M.A.	4 years college
Employed	Yes	Yes	Yes	Yes	Yes
Married	5 years	3 years	6 years	1 year	1.5 years
Due Date	8-01-02	7-29-02	7-02	8-02-02	7-16-02

Subject	0802	0803	0901	1101	1102
Age	25	24	27	31	26
Birth Date	3-30-76	9-06-77	9-12-74	7-30-70	6-09-75
Race	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian
Education	4 years college	Some college	B.S./B.A.	4 years of college	2 years of college
Employed	Yes	Yes	Yes	Yes	Yes
Married	1 year	1 year	2.5 years	5 years	.5 years
Due Date	6-26-02	7-05-02	6-21-02	6-28-02	8-11-02

Subject	1103	1104	1105	1301	1302
Age	31	30	35	35	34
Birth Date	5-12-70	2-20-72	11-02-66	8-05-64	9-12-65
Race	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian
Education	M.A.	4 years of college	4 years of college	B.S.	Associates Degree
Employed	Yes	Yes	Yes	Yes	Yes
Married	1.5 years	5 years	10 years	4 years	5 years
Due Date	7-10-02	6-13-02	6-21-02	10-02	8-02

Subject	1304	2101	2102	2103
Age	27	32	32	38
Birth Date	7-14-80	9-17-69	8-17-69	11-22-63
Race	Caucasian	Caucasian	African American	Caucasian
Education	B.A.	MBA	M.A.	High School
Employed	Yes	Yes	Yes	Yes
Married	2 years	9 years	8 years	1.5 years
Due Date	9-11-02	6-19-02	4-30-02	8-15-02



Marshall University Graduate College
100 Angus E. Peyton Drive
South Charleston, West Virginia 25303-1600
(304) 746-1932 • FAX (304) 746-8951

Graduate School of Education and Professional Development
School Psychology Program

Dear First Time Dad,

Congratulations! You are now entering the exciting and ever changing world of fatherhood. Over the next months you may experience many new events and emotions that you never thought possible. You also have a unique opportunity to be an integral part of some exciting new information.

Over the years, there have been countless studies and books on pregnancy, childbirth and motherhood. Unfortunately, the same is not true for expectant fathers. You may have already noticed this lack of information if you have tried to find books or information written strictly for dads. Our study gives you a chance to change that.

Marshall University Graduate College faculty and students are gathering as much information from first time fathers as possible. "To tell the stories" of fatherhood.

The information will be confidential and used as part of a larger research project on first time fathers.

Please be a part of this experience by contacting Melanie Hummel, graduate student, at (304) 233-7531, or Dr. Fred Jay Krieg, professor of psychology, 1-800-642-9842, ext. 2067, for more information regarding this project.

Sincerely,

A handwritten signature in black ink, appearing to read "Fred Jay Krieg".

Fred Jay Krieg, Ph.D.
Professor of Psychology
Marshall University Graduate College

Sincerely,

A handwritten signature in black ink, appearing to read "Melanie Hummel".

Melanie Hummel
Graduate Student
Marshall University Graduate College