RELATIONSHIP OF PREMARITAL PREGNANCY TO MARITAL SATISFACTION AND PERSONAL ADJUSTMENT

DISSERTATION

Presented to the Graduate Council of the North Texas State University in Partial Fulfillment of the Requirements

For the Degree of

DOCTOR OF PHILOSOPHY

By

Diana Cox Rudolph, M.S.

Denton, Texas

August, 1984

Discriminant function analysis was performed on data from 87 female volunteers who were between the ages of 21 and 53 years old and who had been married at least one time. Sixty-two of the subjects had no history of premarital pregnancy; 18 subjects had been pregnant when they married; and seven subjects had an induced abortion before marriage.

All groups were discriminated ($p < .05$) by the variables of marital adjustment, lack of emotional vulnerability, masculinity, chance locus of control, powerful others locus of control, and number of marriages. Women with a history of premarital pregnancy were less satisfied with their present or most recent marriage and tended to have had more marriages; they also were higher on belief in chance, lower on belief in powerful others, lower on instrumentality and more lacking in emotional vulnerability than were women without history of premarital pregnancy.

The two groups with history of premarital pregnancy were discriminated ($p < .05$) by marital adjustment and lack of emotional vulnerability. Women who married when pregnant were less satisfied with their present or most recent marriage and
were more emotionally vulnerable than were women who had abortions prior to marriage.

The absence of personal adjustment measures in the discriminant functions was argued to dispute the intrapsychic view of premarital pregnancy which implies psychopathology in the women. It was also suggested that women may not necessarily be personally maladjusted despite marital difficulties.
# TABLE OF CONTENTS

**LIST OF TABLES** ........................................ iv

**RELATIONSHIP OF PREMARITAL PREGNANCY TO MARITAL SATISFACTION AND PERSONAL ADJUSTMENT**

Introduction ............................................. 1

Method ..................................................... 19

Subjects

Instruments
- Measurement of Personal Adjustment
- Measurement of Marital Adjustment
- Measurement of Locus of Control
- Measurement of Sex-Role Characteristics
- Measurement of Contraceptive Behavior
- Measurement of Martial History

Procedure

Results .................................................... 26

Analysis of Overall Data
Analysis of Premaritally Pregnant Groups
Additional Findings

Discussion ................................................. 32

Appendices ................................................ 44

References ............................................... 68
LIST OF TABLES

Table                                                                 Page
1. Age and Marriage Data for the Subject Sample:                        20
   Mean and Standard Deviations by Group Membership . . . . . . . . . . . 20
2. Percent Composition of Subject Sample.                              20
3. Occupational Levels of Subjects.                                    21
4. Discriminant Function Analysis by Groups According to Prior        27
   Pregnancy History . . . . . . . . . . . . . . . . . . . . . . . . . . 27
5. Standardized Canonical Discriminant Function Coefficients.         28
6. Group Centroids.                                                    28
7. Group Means for Variables in Function.                              28
8. Discriminant Function Analysis of Women with a Premarital          30
   Pregnancy . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 30
9. Statistics for Present Contraceptive Usage.                         31
10. Model Equation and Statistical Results for the Multiple Regression  61
    of Decision Satisfaction with Masculinity and Internal Locus of   61
    Control.                                                          61
11. Model Equation and Statistical Results for the Multiple Regression  62
    of Decision Satisfaction with Masculinity and Powerful Others     62
    Locus of Control . . . . . . . . . . . . . . . . . . . . . . . . . . 62
12. Model Equation and Statistical Results for the Multiple Regression  63
    of Decision Satisfaction with Masculinity and Chance Locus of     63
    Control . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 63
13. Means and Standard Deviations for Study Variables.                 67
RELATIONSHIP OF PREMARITAL PREGNANCY TO MARITAL SATISFACTION AND PERSONAL ADJUSTMENT

Inasmuch as prior life experiences influence a person's current beliefs, emotions, and behavior, we may expect that a history of pregnancy prior to marriage will have later influence on the lives of women with this experience. The focus here is not on the fact of the premarital pregnancy but rather on the decision made to deal with the pregnancy.

To read the popular media these days, one would think variously that a) the problem of unwanted pregnancy can be solved by birth control methodology; b) unwanted pregnancy is mainly a moral issue related to teenage sex; or c) if a woman gets pregnant when she is not married, then she will probably have an abortion. These statements may be considered oversimplifications of a complex issue. Why a woman gets pregnant when she could have avoided doing so is an issue for a study in contraceptive behavior. Likewise, the age of sexual activity is not in question here. What is at issue is what becomes of the woman who is faced with an undesired pregnancy. Abortion is not her only choice; the available choices may have different effects on her life later. Certain personality characteristics may predict that a woman will choose one alternative over the other; she may be more likely to be well-adjusted later for having made
one choice over another. There may be an impact of the unwantedness of a pregnancy on future childbearing and parenting.

The present study attempted to address this issue by examining present correlates of premarital pregnancy history as part of the effort of establishing a theoretical model for further research. While after-the-fact studies of personal history and present conditions are problematical in allowing support for definite causal statements, such research can provide the basis for later theoretical hypotheses.

This study examined differences among women who had a prior history of premarital pregnancy and had subsequently married. The women were classified as a) having no pregnancy prior to first marriage; b) having been pregnant prior to first marriage and marrying the child's father before its birth; or c) having an elective abortion to terminate a pregnancy prior to first marriage. The question addressed by this study was: What relationship exists between prior pregnancy history and present degree of personal adjustment and marital satisfaction.

Rationale

In attempting an exploratory study of correlates of reported personal history of premarital pregnancy, it must be borne in mind that any differences found a) may be due to the pregnancy history; b) may have caused the pregnancy history; c) may both reflect predetermining factors of the
of the premarital pregnancy history and may also have been intensified by the history; or d) may be unrelated to the premarital pregnancy history. Admittedly, this methodology severely limits the generalizations that may be made from the results. However, defining the current differences among these women may assist in directing exploration of the phenomenon of premarital pregnancy by narrowing the field of possible variables of interest, as described by Agnew and Pyke (1969).

In recent years much attention has been devoted to developing new understandings of what it is to be a woman in terms of sexuality, sex-roles, and socialization. Women have begun to offer their own definitions of these processes, often rejecting the male-reflection influences of Freud and sometimes seeming resentful of the restrictions of the Judeo-Christian tradition. Many of the resulting changes could be explained as semantic ones or as changes in perspective. However, an unchanging reality for women is their childbearing capacity. Mead (1949, p. 20) termed it "a persistent, unavoidable condition."

It is apparent from surveying the feminist literature that no new definition of this biological aspect of womanhood has emerged. Indeed, its importance seems to be overlooked much of the time, with the emphasis being placed instead on ways to avoid having children, ways to work in spite of having children, or ways to redefine childrearing
as a responsibility for both men and women. Only very recently have feminists begun to discuss motherhood as an area of importance to women, though often it is in the context of parenthood and its importance to society (Friedan, 1981).

The position taken in this paper is that a woman's capacity for childbearing is a factor (perhaps the dominant one for many women) in determining much of her behavior for at least 30 years of her life. Rather than attempt to deny its impact, or treat it as a minor inconvenience, as menstruation has come to be treated, perhaps it is appropriate to consider certain psychological aspects of pregnancy, birth, and motherhood as fruitful areas for research.

One important part of the life cycle of a woman is her first pregnancy. Even more than menarche, this event may be viewed by some as an individual's initiation into womanhood. When the baby has been planned for by parents-to-be, it is a welcome event. But what of the woman whose first pregnancy occurs not planned for, when she is not married? What choices must she make, and what impact will these have on her future?

A lesser degree of personal adjustment for women who become pregnant before marriage is assumed by a psychoanalytic model; a sociocultural model would suggest that whatever personal adjustment problems existed at the time of the premarital pregnancy should resolve after 10 years or so of marriage. The literature has suggested that marital
satisfaction is diminished for women with premarital pregnancy, but no comparisons have been made among the various possible solutions to the pregnancy dilemma.

In addressing the questions that may be asked with respect to premarital pregnancy, we may begin with the two predominant points of view that are represented in the literature: one which considers a pregnancy before marriage to be an expression of intrapsychic disturbance and one which considers it to be a deviation from the social norm. The intrapsychic view has developed mainly from psychoanalytic theory and research derived from this theory. The desire to have a baby was seen by Freud (1949) to be a desire for a replacement for a penis, which all girls were presumed to want. Addressing birth out of wedlock rather than premarital pregnancy per se, Horney (1967) proposed that illegitimate motherhood is extremely unprotected by law because of male envy for the female's childbearing capacity. The importance of the role of mother for women in the psychoanalytic viewpoint is particularly apparent from the titles of Deutsch's two-volume series, *Girlhood* and *Motherhood* (1945). She described unmarried mothers as narcissistic and immature and implied they used their pregnancies and/or babies to act out unconscious fantasies.

The other major focus taken in research is more socio-cultural in nature. The emphasis in research from this perspective is on large numbers and overall patterns.
Relationships among demographic variables are frequently reported. In this view, motherhood is a natural part of a woman's life cycle. Premarital pregnancy differs only by virtue of its timing pre- or postmarriage and by involving (usually) younger, even adolescent, women. The interruption of typical progress toward adult status is considered the most problematic aspect.

The theoretical framework for this paper is also a sociocultural one wherein the role of mother is considered a natural part of womanhood. It is presumed that a woman makes decisions concerning this role based on her pattern of socialization. However, it is at this point of decision-making where personality factors may be of influence. Thus, information gathered from both intrapsychic and sociological viewpoints is presented.

Consensus seems to be lacking on which psychological constructs are related to premarital pregnancy; and much of the available research seems to have been done by rather loosely applying either the psychoanalytic or sociocultural perspective. In developing a theoretical model from which to proceed for this study, the personality variables of locus of control and sex-role socialization were chosen. To more firmly anchor the empirical fact of premarital pregnancy to psychological theory, it seemed particularly important to establish such a model a priori.

One might expect that women who had engaged in sexual activity without adequate contraceptive protection which
resulted in pregnancy before marriage to have done so either in rejection of general societal pressure (high internality) or in acquiescence to pressure from their male intimate partners (high externality) or through a belief in the chance that a pregnancy will not occur (high externality). Thus as a personality attribute that contributed to becoming pregnant before marriage, locus of control seems a likely descriptor. Likewise, regarding the decision-making process once the pregnancy is recognized, locus of control may be of interest.

The degree to which a woman conforms to traditional sex-role attributes after a premarital pregnancy is similarly of interest. If some women become pregnant before marriage because of acting in disregard to societal norms, then one would expect that they might also disregard the expected choices regarding the outcome of that pregnancy. Alternatively they might react to their breach of the rules and closely adhere to the norms in making their decision about the pregnancy.

The pattern of gender differences on both locus of control and sex-role characteristic measures is ambiguous. This leads to many confusing theoretical issues about the general applicability of constructs (operationally defined by self-report instrument) to both sexes. However, as this study pertains only to women, most of these issues are avoided.
In addition to these two variables, contraceptive behavior is of interest for its possible relationship to locus of control. The use of a contraceptive can be seen as an attempt to take personal control over the possibility of pregnancy at the time of intercourse or to remove the responsibility to some other time or person, depending on the type of contraceptive used.

Research implicating marital maladjustment or marital failure as an outcome of marriage following premarital pregnancy is mostly derived from sociocultural studies. Psychoanalytic studies generally focus on the influence of one's personal psychological characteristic on having a premarital pregnancy, with the implication that personal maladjustment continues. Literature related to these variables is presented below.

Literature Review

Group Classifications

Many studies have been done utilizing women who had made one of several possible choices concerning a premarital pregnancy. The most popular options have always included marrying the father, giving the baby up for adoption, or having an abortion. Since societal conventions are strict regarding responsible parenthood, some options are more commonly chosen than others. For unmarried caucasian women, keeping the child without marrying its father has never been encouraged whereas for unmarried black women, having the
child and giving it up for adoption has not been common (Bernstein, 1971).

Thus the management of premarital pregnancy differs for different racial groups. McCarthy and Menken (1979), for example, found that 81% of white women having a child conceived before marriage will marry before the birth as compared with 40% of black women. Blacks who do marry are more likely to do so after the birth. This study did not include women seeking abortions. These results suggest that the solutions to premarital pregnancy must be defined culturally.

Adoption as a solution to unmarried pregnancy has become increasingly less of a choice considered by the mothers-to-be. In a British study, only five of 40 women delivering their babies chose adoption (Pearson, 1973). In the report of Bracken, Klerman, and Bracken (1978a), where northeastern U.S. black women constituted the majority of the sample studied, adoption was found not to be even a part of the decision-making process. It should be noted that the number of adoptive homes available for black infants has always been considerably fewer than for white infants (Bernstein, 1971).

Grow (1978) related this lack of interest in giving up babies for adoption to a shift in cultural attitudes. She stated that in the 1950's, an unwed mother who kept her child was viewed as psychologically less stable than one who
released it for adoption. Present day mothers giving babies up are described by Grow as having traditional values such as thinking children should be reared in two-parent homes and attend church regularly. Implied is her opinion that these views are not held by the majority in our present culture.

By far the largest number of studies have been done on women seeking abortions. Prior to the Supreme Court decision regarding abortion in 1973, many women sought pregnancy termination, citing psychiatric reasons. Payne, Kravitz, Notman, and Anderson (1976) reported a study of 192 such women, 60% of whom were single. Working from a psychoanalytic perspective, they chose as dependent measures five affects (anxiety, anger, depression, guilt, and shame) rated in pre- and post-abortion interviews by a psychiatrist. According to their results, single women experienced greater guilt and shame and less anger surrounding the pregnancy-abortion experience than did married women.

The concept of wantedness of a pregnancy has usually been defined in research as referring to groups not seeking abortion. Biele (1971) reported from a psychoanalytic framework on 40 women for whom an unwanted pregnancy appeared to be part of a depressive style. His conclusion were based on single interviews with women seeking psychiatric recommendation for pregnancy termination, prior to legalized abortion.
Abortion as a solution to an unwanted pregnancy would seem to be a more easily made decision when the woman feels it is sanctioned by society. Bracken et al. (1978a) stated that the women choosing abortion had less often discussed the decision with significant others. Their decisions may simply have been a reflection of greater independence and decision-making capacity for these women. At the same time, they may also reflect an awareness of potential disapproval, or a sense of personal guilt or shame for these unmarried women, similar to that described by Payne et al. (1976).

**Study Variables**

**Marital adjustment.** The literature suggests that the youth of women pregnant before marriage and their premature removal from the usual developmental sequence contribute to marital dissatisfaction and/or failure. McCarthy and Menken (1979) found that the younger the age of the mother at first birth, the more likely her marriage will dissolve. This effect was stronger than any influence of premarital vs. marital conception.

Marini (1980) found that a premarital pregnancy (inferred from the date of marriage and the date of first birth) was negatively related to marital and parent satisfaction for women in a study of 5,094 people in their first marriages. She suggested that entry into motherhood before a woman was ready could decrease her satisfaction with the role and that women marrying when pregnant tended to feel they had no other choice.
Children of adolescent parents were reportedly lower on aptitude test scores and more likely to drop out of school; after adjustment for socioeconomic status, these differences disappeared (Card & Wise, 1978). Additionally these authors considered the loss in education for the adolescent parents to be the most damaging consequences of teenage pregnancy.

Freedman and Thornton (1979) focused on the economic factors that differed for premaritally pregnant white couples as compared to those with no pregnancy before marriage. Their conclusions were that most of the economic slow start is overcome after less than 10 years of marriage. In spite of their economic recovery, 42% of the wives who had been pregnant before marriage reported they did not want their last child, and 46% of those had a previous unwanted birth (not counting the premarital conception).

Personal adjustment. By taking an intrapsychic view, it is possible to explain repeat unwanted pregnancy, persistent disuse or misuse of contraceptives, and any untoward emotional results of a premarital pregnancy as the possible outcomes of several unconscious motives. Particularly the unwantedness of a pregnancy has frequently been a focus of study.

Low self-esteem, unresolved dependency needs, and a tendency to measure oneself primarily on a male standard of approval were suggested as attributes placing a woman at risk for unwanted pregnancy by Abernethy, V., Robbins,
Abernethy, G., Grunebaum, and Weiss (1975). They used a projective assessment technique similar to the Thematic Apperception Test (Murray, 1971) in a sample of women inpatients at two state mental hospitals in Massachusetts. While clearly not generalizable to the total population of women with unwanted pregnancies, these identified themes are not particularly different from those offered more speculatively in other sources, such as the social work or nursing literature. For example, Kandell (1979) listed self-destruction, anger toward authority, lack of responsibility toward one's body, and a plea for attention as possible motives for accidental teenage pregnancy.

Sloane (1969) discussed psychiatric and social indications for abortion and labeled these as unwanted pregnancies. Rader, Bekker, Brown, and Richardt (1978) used abortion-seeking to define unwanted pregnancy, and compared with group to contraceptive-seekers, also presumed not to desire pregnancy. They attempted to relate risk-taking, sex guilt, and defense mechanisms of denial and masochism to attempting to prevent unwanted pregnancy by contraception vs. abortion to avoid an unwanted birth. Support was obtained for the use of denial and masochism but not for the other hypotheses.

Laukaran (1980), in a prospective study, measured subjective maternal attitude in 14,500 pregnant women and found that fetal health and several physical factors in pregnancy (survivorship of the fetus, congenital abnormalities
and postpartum infection or hemorrhage) were related to a
negative attitude. Also related were mothers' working when
the child was five years old and psychosocial complaints
during pregnancy. These women had not sought to terminate
the pregnancy.

It seems plausible that "unwanted" is an adjective that
might be attributed to a pregnancy that a woman seeks to
avoid or terminate; however it is possible that such a label
would not represent her subjective view of the situation.
She might want the child but feel unable to have it due to
environmental pressures.

**Locus of Control.** The construct of locus of control
represents the degree to which people believe they exercise
control over their lives or the degree to which they believe
their destinies are beyond their control, in the hands of
fate or powerful others. This construct was originally
measured as a unidimensional one by Rotter's Internal-External
Scale (1966). More recently other multidimensional scales
have been developed to measure locus of control. For example,
Levenson (1974) developed her scale by factor analytic methods
which yielded an internal scale and two external scales—
Powerful Others and Chance. In a study of political activism,
she found gender differences both in mean scores and in
relationships with other variables.

Levenson's scale continues to be frequently used. Hall,
Morz, and Braunwald (1983) studied the relationship of locus
of control to subjects' verbal and nonverbal expressive style
and to task competence. They found no gender differences for the three scales (internal, powerful others, and chance). O'Connell (1983) proposed that pregnant women could be managed differentially by nursing personnel during labor and delivery based on their locus of control scores as measured by Levenson's scale.

Miller (1974) differentiated "intendedness of conception" and "wanted of pregnancy" in a population of 221 medical clinic patients, 76% of whom were married at the time of the sampling. His data suggest that as many as 40% of premarital conceptions may result in wanted pregnancies even though less than 10% were intended conceptions. Pohlman (1979) who discussed extensively the issue of defining "unwanted," pointed to ambivalence regarding making the decision to have a child as a factor complicating the definition, at least from the subject's perspective. Ambivalence in decision-making seems to implicate locus of control.

Bracken et al. (1978a, 1978b) used a decision-making model to study the abortion-seeking process among 498 never-married pregnant women, half delivering and half desiring abortion. Generally all pregnancies were initially met with sadness, followed by an early decision to abort or a long decision process resulting by choice or default in delivery. Women who initially accepted the decision that they made reported feeling more support from their significant others. Indecisiveness was related for both groups to a more external
locus of control and a lower ego resilience, though it is not clear from the published reports exactly how these were measured. Bracken et al. termed these women "vulnerable to loss of self-esteem."

**Sex-role attributes.** The constructs of masculinity and femininity, referred to here as sex-role attributes, have been greatly researched, primarily through the use of the Bem Sex Role Inventory (Bem, 1978) or the Personal Attributes Questionnaire (PAQ; Spence & Helmreich, 1978). Much of the debate in the literature pertains to the theoretical development of the concept of androgeny and its measurement with these instruments (see Lubinski, Tellegen & Butcher, 1983). However, the independent measurement of masculine or feminine characteristics is of descriptive utility also.

Wheeler, Reis and Nezlek (1983) found that femininity as measured by the PAQ was negatively related to loneliness for both males and females. Spence, Helmreich, and Holahan (1979), using an extended version of the PAQ, found the most substantial correlations with self-esteem for the masculinity scale for both sexes.

Guttmacher (1976) interviewed 571 women seeking abortion and focused on the time delay between confirming the pregnancy and seeking an abortion. Women who had higher educational achievement, who were more familiar through past usage with the health care system, and who had higher occupational levels and career (as opposed to traditional female) role
orientations were less likely to delay in seeking an abortion once they had considered it. Marital status was not reported in this study, and pregnancies were presumed to be unwanted because the women were seeking terminations.

In a study of 250 women seeking abortion and 103 women in a nonclinical control group with no known history of abortion, Freeman (1977, 1978) found that the abortion-seekers described themselves in a manner similar to traditional social norms of femininity; that is, they ranked emotionally expressive adjectives as most like themselves, mastery-achievement adjectives in the middle and negative self-image adjectives least like themselves.

**Contraceptive behavior.** Use of contraception would seem to be the most direct way to manage the possibility of undesired pregnancy. However, as the literature reveals, the empirical relationship between contraception and unwanted pregnancy is not clear. Peabody, McKenry, and Cordero (1981) found in a small sample that repeatedly pregnant adolescents were not different from a group who were pregnant one time except in their "inability" to remember to use birth control and lower scholastic achievement. Intellectual ability was not measured. Peabody et al. suggested that by establishing a childrearing pattern early, these young women may fail to develop other roles for themselves.

From questionnaire responses regarding contraceptive use and wantedness of the child, Freeman (1977, 1978) concluded
that abortion-seeking was not an active decision but rather a result of feeling there was no other choice. Thirty-nine percent of the women studied stated they had wanted their pregnancies; 31% had not wanted to be pregnant but were not using contraception. Those who wanted the child more typically described themselves with attributes suggesting dependency, a negative self-image, and uncertain feelings.

**Expected Findings**

Review of the literature as cited above reveals implications for the variables of this study, if not as causally related to premarital pregnancy or pregnancy decisions, then certainly as covariates. Marital adjustment and personal adjustment should be poorer for women who had a premarital pregnancy than for women without this experience. There should be no differences among the groups in their use of contraceptives. One expects an external locus of control for women with premarital pregnancy history. Expectations for sex-role characteristics are unclear, as literature support is found for both traditional female characteristics and for untraditional role orientations among women who had abortions. Logical analysis would suggest a possible relationship between decision-making ability and masculinity.

Because the relationships under investigation have been little studied, this research was of necessity exploratory, rather than confirming or expanding existing theories. The hypothesis examined was: What linear combination of variables...
(marital satisfaction, personal adjustment, contraceptive behavior, locus of control, and sex-role attributes) discriminates among the groups defined by prior pregnancy history.

Several specific expectations about relationships in the data were also examined.

A. Marriage as a decision to deal with a premarital pregnancy results in greater dissatisfaction with the marriage later, or ends in divorce more frequently than the absence of premarital pregnancy history or a different decision regarding such a pregnancy.

B. Women with a more external locus of control and/or who score lower on masculinity are the least satisfied with their prior decision regarding a premarital pregnancy.

C. Prior pregnancy history is not related to present contraceptive use.

Method

Subjects

Subjects were 87 women between the ages of 21 and 53 years ($\overline{X} = 33.6$; S.D. = 8.14) who had been married at least one time. Participation was voluntary, and the sample as a result included unequal numbers of women in the target groups. Groups were defined by history of premarital pregnancy and its outcome. Group 1 included women who were not pregnant before marriage; Group 2 included women who were pregnant before marriage, married the father of the child, and then gave birth to the child; Group 3 included women who were
pregnant before marriage and terminated that pregnancy by elective abortion. Because of insufficient group membership, data was not analyzed for women who had given up children for adoption (n = 3). Table describes the composition of the groups by age and marital status. Demographic information is presented in Table 2.

Table 1
Age and Marriage Data for the Subject Sample Means and Standard Deviations by Group Membership

<table>
<thead>
<tr>
<th>Variable</th>
<th>No Premarital Pregnancy</th>
<th>Married When Pregnant</th>
<th>Premarital Abortion</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>62</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td>Age (years)</td>
<td>34.72</td>
<td>31.83</td>
<td>28.29</td>
</tr>
<tr>
<td></td>
<td>7.60</td>
<td>11.43</td>
<td>4.46</td>
</tr>
<tr>
<td>Number times married</td>
<td>1.19</td>
<td>1.44</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>0.47</td>
<td>0.91</td>
<td>0.00</td>
</tr>
<tr>
<td>Age first married</td>
<td>20.84</td>
<td>19.11</td>
<td>22.86</td>
</tr>
<tr>
<td></td>
<td>2.81</td>
<td>3.68</td>
<td>3.81</td>
</tr>
</tbody>
</table>

Table 2
Percent Composition of Subject Sample

<table>
<thead>
<tr>
<th>Source</th>
<th>Percent of Samplea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/dental office</td>
<td>12.3</td>
</tr>
<tr>
<td>Mental health</td>
<td>30.1</td>
</tr>
<tr>
<td>Social group</td>
<td>35.6</td>
</tr>
<tr>
<td>Church group</td>
<td>21.9</td>
</tr>
</tbody>
</table>
Table 2--Continued

<table>
<thead>
<tr>
<th>Race</th>
<th>Percent of Sample $^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>95.4</td>
</tr>
<tr>
<td>Black</td>
<td>2.3</td>
</tr>
<tr>
<td>Other</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Religious preference

<table>
<thead>
<tr>
<th>Religious preference</th>
<th>Percent of Sample $^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protestant</td>
<td>66.7</td>
</tr>
<tr>
<td>Catholic</td>
<td>11.5</td>
</tr>
<tr>
<td>Other</td>
<td>13.8</td>
</tr>
<tr>
<td>None</td>
<td>8.0</td>
</tr>
</tbody>
</table>

Present marital status

<table>
<thead>
<tr>
<th>Present marital status</th>
<th>Percent of Sample $^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>74.7</td>
</tr>
<tr>
<td>Divorced</td>
<td>19.5</td>
</tr>
<tr>
<td>Widowed</td>
<td>1.1</td>
</tr>
<tr>
<td>Separated</td>
<td>4.6</td>
</tr>
</tbody>
</table>

$^a n = 87$.

Information about subjects' occupational levels is presented in Table 3.

Table 3

<table>
<thead>
<tr>
<th>Occupational Level</th>
<th>Percent of Sample $^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managerial/professional</td>
<td>29.8</td>
</tr>
<tr>
<td>White collar</td>
<td>21.8</td>
</tr>
<tr>
<td>Blue collar</td>
<td>9.1</td>
</tr>
</tbody>
</table>
Table 3—Continued

<table>
<thead>
<tr>
<th>Occupational Level</th>
<th>Percent of Sample$^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housewife</td>
<td>33.3</td>
</tr>
<tr>
<td>Student</td>
<td>4.6</td>
</tr>
<tr>
<td>No answer</td>
<td>1.1</td>
</tr>
</tbody>
</table>

$^a n = 87.$

Instruments

Materials were put together in a packet for distribution to subjects. Each packet was identified by a unique three-digit code number. The packets consisted of an explanation of the voluntary and confidential nature of the research, a personal adjustment scale, a marital adjustment scale, a locus of control measure, a sex-role characteristics scale, and a questionnaire asking for demographic information and for information regarding the subject's first pregnancy. These are reproduced in Appendices A through F.

Measurement of personal adjustment. Present psychological adjustment was measured using the brief version of the Multiple Affect Adjective Check List, general form (MAACL; Zuckerman & Lubin, 1967). Adjectives were marked as describing how the subject generally feels and provided scores on depression, anxiety and hostility scales. The sum of these three scores was used as a measure of the subject's personal adjustment (PERADJ).
Test-retest reliabilities for the anxiety, depression, and hostility brief scales are reported as .46, .42, and .56 respectively, suggesting that this instrument measures the present state of these characteristics. Convergent validity was reported as .69 for anxiety, .66 for depression, and .14 for hostility when interviewer ratings were used as a criterion (Zuckerman & Lubin, 1965). The MAACL is reproduced in Appendix B.

Measurement of marital adjustment. The Locke-Wallace Martial Satisfaction Inventory (Locke & Wallace, 1959) was used to measure adjustment in the subject's present or most recent marriage. This inventory contains 15 items, including Likert-type items and multiple choice items. The subject's marital adjustment score (MARADJ) was computed using the values assigned to each answer in the original report.

While attempts at introducing newer, more refined marital adjustment measures are frequent (e.g., Spanier, 1976), the Locke-Wallace continues to be widely used (e.g., Tiggle, Peters, Kelley, & Vincent, 1982). The reliability of this instrument computed by the split-half technique and corrected by the Spearman-Brown formula was .90. Validity was demonstrated by mean adjustment scores of 71.7 for a poorly-adjusted group and of 135.9 for a well-adjusted group of spouses. This instrument is reproduced in Appendix C.

Measurement of locus of control. Because the concept of locus of control has been shown to be multidimensional (Levenson, 1973), the Levenson Locus of Control Scale was
chosen for this study. Subjects answered 24 Likert-type items and scores were computed for the internal (LOCINT), powerful others (LOCPOW), and chance (LOCCHA) scales. High scores for LOCINT represent a relatively internal locus of control, while high scores for LOCPOW and LOCCHA represent a relatively external locus of control. These three scores were used independently in the analyses in order to retain the additional information thus contributed.

Kuder-Richardson reliabilities were reported as .82 for the powerful others scale, .79 for the chance scale and .67 for the internal scale. Evidence for construct validity was also presented by Levenson (1973; 1974). This instrument is reproduced in Appendix D.

Measurement of sex-role characteristics. The short form of the Personal Attributes Questionnaire (PAQ, Spence & Helmreich, 1978) was used to rate each subject on instrumental, agentic characteristics (MASC), on expressive, communal characteristics (FEM), and on lack of emotional vulnerability (MF). Thus, a higher MASC score implies greater instrumentality, a characteristic considered desirable in traditional masculinity. A higher FEM score implies greater emotional expressiveness, a characteristic considered desirable in traditional femininity. A higher MF score implies less vulnerability to being hurt emotionally, a characteristic considered desirable in the traditional masculine stereotype but not in the traditional feminine stereotype (Spence & Helmreich, 1978).
Subjects rated themselves on 24 semantic-differential type items yielding scores on these three scales. Scores on each scale were treated as continuous variables in analyses in order to retain the maximum variability possible.

Correlations between the full scale and the eight-item subscales were reported as .93 for MASC, .93 for FEM, and .91 for MF. Cronbach alphas were .85, .82, and .78 respectively. Evidence for construct validity as cited by Spence and Helmreich comes primarily from Rosenkrantz, Vogel, Bee, Broverman, and Broverman (1968). The PAQ is reproduced in Appendix E.

Measurement of contraceptive behavior. Contraceptive behavior (CONTRA) was defined by the type of contraceptives the subject reported using at the present time (see General Questionnaire, Appendix F). Sterilization was rated 4; oral contraceptives and intrauterine devices were rated 3; the diaphragm, foam, and condom were rated 2; and douching, rhythm and withdrawal were rated 1. No contraceptive use was rated 0. Because a person might use more than one of these methods, the assigned score was the sum of all methods used. These ratings were based on the following rational: oral contraceptives, intrauterine devices, and sterilization are considered effective methods; diaphragms, condoms, and foams are somewhat less effective and require more effort on the part of the user; rhythm, withdrawal and douching are considered ineffective methods (Pohlman, 1969). Reported
use of more than one method was understood to imply greater concern with contraception, thus the ratings were treated in an additive manner.

**Measurement of marital history.** Marital history (MHIS) was defined as the number of times the subject had been married, plus one if she was presently divorced or separated. These items were part of the general questionnaire. (See Appendix F.)

**Procedure**

Packets were made available for subjects to pick up in physicians', dentists', or psychologists' offices; in a mental health clinic; in church group meetings; or through social contacts. In some cases, an experimenter was present to distribute questionnaires; in other cases a small sign soliciting participation was displayed with the questionnaires. Those who chose to filled out the questionnaires and returned them anonymously in pre-paid envelopes.

**Results**

**Analysis of Overall Data**

To address the main hypothesis, a discriminant function analysis by groups according to prior pregnancy history (PRIORH) and using the variables marital adjustment (MARADJ), personal adjustment (PERADJ), three scales of the PAQ (MASC, FEM, MF), three locus of control scales (LOCINT, LOCCHA, LOCPOW), contraceptive usage (CONTRA), and marital history (MHIS) yielded one significant function ($p = .02$) described in Table 4. This function accounted for 72.5% of the variance in this data.
Table 4
Discriminant Function Analysis by Groups According to Prior Pregnancy History

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eigenvalue</td>
<td>.2317</td>
</tr>
<tr>
<td>% Variance</td>
<td>72.5</td>
</tr>
<tr>
<td>Canonical correlation</td>
<td>.43</td>
</tr>
<tr>
<td>Wilk's lambda</td>
<td>.7464</td>
</tr>
<tr>
<td>Chi-square</td>
<td>23.84</td>
</tr>
<tr>
<td>D.F.</td>
<td>12.00</td>
</tr>
<tr>
<td>Significance</td>
<td>.0214</td>
</tr>
</tbody>
</table>

Standardized canonical discriminant function coefficients for the variables entered in the analysis are listed in Table 5. Canonical discriminant functions evaluated at the group centroids are listed in Table 6. Examination of Tables 5 and 6 reveals that women with premarital pregnancies were higher on belief in chance, lower on belief in powerful others, lower on instrumentality, and more lacking in emotional vulnerability than women without a premarital pregnancy. Still significant, but a weaker relationship, women with a history of premarital pregnancy were less satisfied with their marriages (present or or most recent) and tended to have had more marriages. Mean values for the three groups on these variables are presented in Table 7.
Table 5

**Standardized Canonical Discriminant Function Coefficients**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARADJ</td>
<td>.4695</td>
</tr>
<tr>
<td>MF</td>
<td>-.8567</td>
</tr>
<tr>
<td>MASC</td>
<td>.9486</td>
</tr>
<tr>
<td>LOCCHA</td>
<td>-.8158</td>
</tr>
<tr>
<td>LOCPOW</td>
<td>.6058</td>
</tr>
<tr>
<td>MHIS</td>
<td>-.2112</td>
</tr>
</tbody>
</table>

Table 6

**Group Centroids**

<table>
<thead>
<tr>
<th>Group</th>
<th>Centroid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No premarital pregnancy</td>
<td>.2953</td>
</tr>
<tr>
<td>2. Pregnant when married</td>
<td>-.6320</td>
</tr>
<tr>
<td>3. Abortion before marriage</td>
<td>-.9902</td>
</tr>
</tbody>
</table>

Table 7

**Group Means for Variables in Function**

<table>
<thead>
<tr>
<th>Variable</th>
<th>No Premarital Pregnancy</th>
<th>Married Pregnant</th>
<th>Premarital Abortion</th>
<th>Published Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARADJ</td>
<td>99.00</td>
<td>76.44</td>
<td>86.71</td>
<td>71.7*</td>
</tr>
<tr>
<td>MF</td>
<td>12.34</td>
<td>11.94</td>
<td>16.29</td>
<td>15.00**</td>
</tr>
<tr>
<td>MASC</td>
<td>20.27</td>
<td>17.44</td>
<td>19.71</td>
<td>21.00**</td>
</tr>
<tr>
<td>LOCCHA</td>
<td>34.87</td>
<td>35.00</td>
<td>39.71</td>
<td>13.9***</td>
</tr>
</tbody>
</table>
Table 7—Continued

<table>
<thead>
<tr>
<th>Variable</th>
<th>No Premarital Pregnancy</th>
<th>Married Pregnant</th>
<th>Premarital Abortion</th>
<th>Published Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCPOW</td>
<td>30.84</td>
<td>28.94</td>
<td>32.71</td>
<td>16.7***</td>
</tr>
<tr>
<td>MHIS</td>
<td>1.39</td>
<td>1.78</td>
<td>1.29</td>
<td></td>
</tr>
</tbody>
</table>

*Mean for maladjusted group; well-adjusted group mean = 135.9 (Locke & Wallace, 1959); **Median of college sample (Spence & Helmreich, 1978); ***Mean for a group of normal men and women (Levenson, 1973).

Analysis of Premaritally Pregnant Groups

Discriminant function analysis of only the premaritally pregnant groups yielded one significant function (p < .05), described in Table 8, which accounted for 72.6% of the variance in these data for the abortion and married when pregnant groups only. Standardized canonical discriminant function coefficients for the two variables entered were .6426 for MARADJ and .9499 for MF. Canonical discriminant functions evaluated at the group centroids were -.1301 for Group 2, women who were pregnant when married, and 1.0170 for Group 3, women who had abortions prior to marriage. Thus it appears that women who had abortions reported greater marital satisfaction with their present or most recent marriages and lacked emotional vulnerability relative to women who married when pregnant.

Additional Findings

In addition to analysis of the overall data, specific expectations were examined and other findings were sought.
Table 8

Discriminant Function Analysis of Women With a Premarital Pregnancy

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eigenvalue</td>
<td>.5395</td>
</tr>
<tr>
<td>% Variance</td>
<td>72.60</td>
</tr>
<tr>
<td>Canonical corr</td>
<td>.5920</td>
</tr>
<tr>
<td>Wilk’s lambda</td>
<td>.6415</td>
</tr>
<tr>
<td>Chi-square</td>
<td>12.874</td>
</tr>
<tr>
<td>D.F.</td>
<td>6.00</td>
</tr>
<tr>
<td>Significance</td>
<td>.0451</td>
</tr>
</tbody>
</table>

A. Marriage as a decision to deal with a premarital pregnancy will result in greater dissatisfaction with the marriage later or end in divorce more frequently than no premarital pregnancy or a different decision regarding such a pregnancy. The previously described discriminant analyses answered this question in the affirmative.

B. Women with an external locus of control and/or who score lower on masculinity (MASC) will be the least satisfied with their prior decision regarding a premarital pregnancy. To evaluate this relationship, regression analyses were done for the three different locus of control subscales. The interaction was examined by entering a multiplicative term in each regression analysis (e.g., the masculinity by internal locus of control interaction was given by MASC times LOCINT and termed MXLINT). The dependent variable was the answer to an
item asking present satisfaction with the decision made about a premarital pregnancy, where 1 was "never any doubt about the decision" and 6 was "awareness of a wrong choice almost from the beginning." (See Appendix F.)

Regression of MASC, the three locus of control variables, and their respective cross-product scores failed to predict any appreciable portion of the variance in decision satisfaction. These regression models are summarized in Appendices G, H, and I.

C. Prior pregnancy history will not be related to present contraceptive usage. One-way ANOVA was performed to evaluate this expected result. Statistics comparing the three study groups on contraceptive behavior are presented in Table 9. Univariate F for these data was .332 (p > .1). Thus there was no significant relationship between group membership and contraceptive behavior.

<table>
<thead>
<tr>
<th>Table 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statistics for Present Contraceptive Usage</td>
</tr>
<tr>
<td>Group</td>
</tr>
<tr>
<td>1. No premarital pregnancy</td>
</tr>
<tr>
<td>2. Married when pregnant</td>
</tr>
<tr>
<td>3. Abortion before marriage</td>
</tr>
</tbody>
</table>

A number of statistically significant relationships not specifically addressed in the research hypotheses were found.
These findings are presented in Appendix J. Mean values for all variables in the study are presented in Table 13, Appendix K.

Discussion

This study represented an attempt to expand our understanding of the effects that a pregnancy before marriage has on the life adjustment of women. From the domain of all possible variables of interest, five were chosen as the focus here: marital adjustment, personal adjustment, contraceptive use, locus of control and sex-role characteristics. In general, the hypotheses of this study were supported. That is, there were significant relationships revealed among these five variables relative to history of premarital pregnancy. Specifically, chance and powerful others (locus of control), instrumentality and lack of emotional vulnerability (sex-role characteristics), marital history and marital adjustment discriminate the three groups defined by prior pregnancy history.

An additional finding was that not all solutions to the problem of premarital pregnancy are the same. The two groups studied, married when pregnant and premarital abortion, differed as much or more from each other as from the group of women without premarital pregnancy. These groups were discriminated by marital adjustment and lack of emotional vulnerability.

The weight to be given these relationships must be tempered by consideration of the subject sample. As is too
often the case where specific subject attributes are the variable of interest, this study suffered from sampling and subject recruitment bias. Relatively few women in general populations have a history of premarital pregnancy. Those that have such history generally do not make this fact publicly known. In the attempt to collect a sufficient number of volunteers to complete the study, and at the same time not violate their right to privacy if they chose not to volunteer, the recruitment procedure of approaching potential subjects via persons who already knew of their history was used. One can only speculate as to the reason for the very unequal group sizes. Perhaps the numbers are representative of the proportions of each group in the general population. However, it is also possible that the women who had abortions or gave babies up for adoption still harbor strong feelings of guilt or anger and were thus less willing to confront their feelings by answering questions.

Even though the data possesses a known bias, it still may be useful for forming empirically based a priori hypotheses for later study. Over a series, potentially, of studies with the prior expectations based in this and other preliminary studies, the error induced by such bias is likely to be corrected. As in any nonexperimental study where personality variables are measured at a single time, no determination about cause and effect relationships is possible.
In spite of these methodological difficulties, the findings obtained are statistically significant and follow the hypothesized relationships which were based on the available literature. Thus interpretations and speculations will be offered with the limitations of the study borne in mind.

Premarital pregnancy seems to be followed by diminished satisfaction in marriage. Women who marry when pregnant appear to marry and divorce more often than women who have abortions. Both groups report less satisfying marriages than women without premarital pregnancy history. It is possible that some dissatisfaction with the normative pattern of intimate relationships either led to or resulted from the experience of premarital pregnancy. Marrying while pregnant potentially might introduce distorted expectations into the marriage relationship because the woman "had to get married." Less than optimal experiences in a first marriage might carry over into later marriages. Such dissatisfactions or distorted expectations would be likely to lower feelings of satisfaction in marriage. It should be noted that the average of all the groups of women in this study was lower than the published mean for well-adjusted spouses (Locke & Wallace, 1959). This may have been a function of the sources of subjects, 30% coming from mental health facilities; or it may reflect some other unmeasured characteristic among those who chose to fill out the questionnaires.
Additionally, age at first marriage must be considered as a possible important covariate with marital satisfaction. Even though age at present and age at first marriage were not significantly different among the groups, it is possible that the women who had abortions may have greater marital satisfaction because they married late and have fewer children \( (x^2 = 35.96, \text{df} = 10, p < .001) \) than the other women studied. These factors rather than premarital pregnancy history may be responsible for the apparent differences among the groups.

Interestingly, personal adjustment as measured by the MAACL did not discriminate the groups. This suggests that psychopathology was not a feature of the premarital pregnancy experiences, at least after marriage. However, women with premarital pregnancy history sought counseling more than twice as often as women without such history. This would suggest that at some point in their lives, they felt poorly adjusted, though perhaps not at the present and possibly not measureable psychometrically. These results seem to agree somewhat with the sociocultural perspective that premarital pregnancy is a situational disturbance, the effects of which disappear in demographic measurement after 10 years. While it is possible that the MAACL is inadequately sensitive an instrument for an exploratory study of this type, its utility in research has been well-established (e.g., Moseley, Follingsted, Harley & Heckel, 1981).
As expected, the experience of premarital pregnancy did not systematically influence use of contraceptives within a marriage. However, women who had premarital pregnancies were much more likely to have abortions later. Contraceptive use would seem to be an action one could take to control the reoccurrence of a presumably undesirable event. One might infer that these women did not learn from their experience or that they attributed it as being beyond their control.

The three aspects of locus of control measured by the Levenson scale, internality, chance and powerful others, were treated as independent characteristics in this study. The studied groups were differentiated by these variables although all the women in this study were overwhelmingly external in locus of control, regardless of premarital pregnancy history. Interestingly, women who had abortions were somewhat more likely to attribute control of their lives to chance. This is consistent with their reported use of birth control when they conceived before marriage.

The three subscales of the PAQ were also treated as independent characteristics of the subjects' personalities. Thus, a woman had separate scores on instrumentality, expressiveness, and lack of emotional vulnerability. In the a priori expectations set forth for this study, the aspect of sex-role characteristics considered most likely to be significant was the one usually termed instrumentality. Associated with the masculine stereotype, it refers to the
capacity to act decisively. Indeed, instrumentality proved to be a discriminating variable for these groups. All the women were slightly lower than average on this variable, but it was the women who married when pregnant who were lowest.

Characteristics associated with expressiveness and nurturance were very similar for all groups and were near the published mean. As expected, this attribute was not a discriminating variable.

Unanticipated were the strong relationships for the third subscale of the PAQ, the MF scale. This scale, here termed "lack of emotional vulnerability," following the convention of its earliest description (Spence & Helmreich, 1978), was an even more powerful predictor of relationships among the groups studied than was the M scale (instrumentality). This scale has been little studied, as it is not part of the currently popular median-split method of measuring androgeny. In spite of its sound psychometric properties, the MF scale has been difficult to fit into the theories of sex-role behavior. It correlates with the M scale ($r = .56$ for women). However, in these analyses, correlations between variables were partialled out. Emotional vulnerability scores were near the published mean for the women who had abortions. Both the other groups had lower scores, indicating greater than average emotional vulnerability for women who had not had premarital pregnancies or had married when pregnant.
Possibly a combination of greater emotional vulnerability and less instrumentality leads a woman to marry if she gets pregnant rather than to make an emotionally difficult decision requiring quick and direct action—as in obtaining an abortion. This analysis assumes that the women had not changed in their sex-role attributes since the premarital pregnancy experience. Alternatively, perhaps the experience of pregnancy before marriage assists a woman in developing her sex-role attributes. These represent the way she sees herself. Perhaps once a woman takes the action necessary to obtain an abortion, she then is more likely to perceive herself as a decisive, instrumental person.

The woman who were not pregnant before marriage also tended to be emotionally more vulnerable than average, but they had to their advantage, greater instrumentality. This implies greater ability to take action on their own behalf. Presumably such action could have included avoiding premarital pregnancy. One might also speculate if this combination of sex-role attributes contributes to their relatively greater marital satisfaction at present.

Age cohort is a possible factor in some of these differences, even though the age difference among the groups was not significant. Women whose youth was spent in the 40's or 50's would be expected to have a different socialization than women growing up in the 60's or later. One would expect sex-role characteristics particularly to be culture dependent. The
sample of women in the premarital pregnancy groups was deemed too small to permit adequate evaluation of possible cohort interactions.

In spite of the small size of the sample, the women who had abortions seem to be a more homogenous group than the other women in this study, and differed from the others in several ways. Their relative lack of emotional vulnerability and greater instrumentality have been previously discussed. They were less likely to state a religious preference. They tended to have fewer children and were most likely to have sought psychological counseling. The women who had abortions were also the most external in locus of control of all the groups, on both powerful others and chance scales. It is possible that locus of control has less to do with the action taken regarding the premarital pregnancy than with how the women deals with the cognitive dissonance afterwards. While their actions may have been dictated by the characteristics of instrumentality and emotional vulnerability, the women who had abortions seemed to prefer to explain their decision in terms of dealing as best they can with a chance event.

The following discussion considers the a priori expectations:

A. Marriage as a decision to deal with a premarital pregnancy did result in greater dissatisfaction with the marriage later and ended in divorce more frequently than no premarital pregnancy or a different decision regarding such a
pregnancy. One might expect such an outcome simply because the decision to marry was forced by circumstances and not freely made. However, this data suggested that there are differences in the sex-role characteristics endorsed by these women relative to others. Women who married while pregnant tended to have more children, to marry earlier, and to presently think they are less content with life than are other women their age. They seem to be the most traditional in terms of their endorsed sex-role attributes.

B. There was no relationship between present satisfaction with the decision regarding the premarital pregnancy and a woman's locus of control scores or instrumentality score. This may be a real finding, or it may be a function of the measurement of satisfaction. This item, while designed to be somewhat continuous, was not scaled. There was no little variability in its answers that any relationship existing between these variables would not be revealed.

C. As hypothesized, prior pregnancy history was not related to present contraceptive behavior. There might be an expectation that a woman would "learn from" an experience like premarital pregnancy. If such learning occurs, it apparently does not affect the use of contraceptives in any systematic way. One might ask if differences in the ages of subjects or length of time they have been married could have altered this behavior. That is possible, however, there were no significant differences among the groups on these variables.
Among the more interesting questions raised by the results of this study is one pertaining to locus of control and married women. The women studied here, regardless of prior pregnancy history, were very external in locus of control. They also had lower than average marital satisfaction. One might speculate if these findings are related. A common sense, if somewhat critical, viewpoint might suggest that women who take little responsibility for their own actions would of course be unsatisfied in marriage. Studies relating marital stability and locus of control have generally yielded non-significant relationships (e.g., Doherty, 1983). However, there is some evidence that men become more internal following divorce (Constantine & Bahr, 1980). Further exploration in this area would seem likely to increase our understanding of marriage and its impact on the life cycle of adults.

Women who gave up a child for adoption did not respond in sufficient numbers to be included in the study. Qualitative examination of the three questionnaires returned suggested that this issue was still highly emotional for these women. For example, one respondent noted that she had been "haunted" by the experience periodically. This would suggest that this subject population might be a fruitful one for research, possibly of theories of attachment and loss.

Other questions raised include: do women who are pregnant before marriage have different expectations about the course and/or outcome of marriage than a matched sample of unpregnant
women? Is there any change over time among women who have had premarital pregnancies in their acceptance of traditional female sex-role attributes when compared to others who have not been pregnant? Do women pregnant before marriage appear to be maladjusted compared to nonpregnant women of the same age, and does this apparent maladjustment dissipate with the passing of time? In unmarried women seeking counseling about birth control, can locus of control and sex-role attributes predict which women will choose abortions and which will choose another solution?

Society has changed since Freud's time, and more young women are sexually active before marriage. From another perspective, one might say that marriage occurs later. Birth control methodology has advanced, and contraception is more widely available than ever. Yet the problem of premarital, usually unplanned, pregnancy continues to exist.

In a sense, both theoretical perspectives discussed in this paper are applicable. The persistent non-use of contraceptives remains a nagging issue. No easy explanation exists for why people who do not protect themselves from unwanted pregnancy when the mechanisms are available. Religious issues, intrapsychic disturbances, or beliefs in fate are all possible explanations. In the sociological view, some percentage of women will always have unwanted pregnancies.

That a premature and socially unsanctioned introduction to motherhood is detrimental is borne out by these results.
Whether the woman marries and has the child or elects to have an abortion, she has less chance for satisfaction in marriage later. According to this study, she is not necessarily personally maladjusted, however. So, while motherhood was seen as the major role of importance for women by Deutsch in 1945, apparently mothering and marriage do not exclusively determine the adjustment of modern women. This assists us in understanding women's lives by suggesting that women have identities beyond their traditional roles as wife and mother.
Appendix A

Explanation of Confidentiality

Much attention is paid in the media, in churches, even in our homes to issues of birth control, abortion, and adoption. There has been little information collected, however, from those who have actually been involved with premarital pregnancy and the decisions thus forced upon them. It is to aid in understanding these issues that I ask your cooperation in answering these questions. Even if you never had a premarital pregnancy, I need your responses.

Some of the questions which follow are very general and may seem meaningless to you. Indeed, what these questionnaires may mean is part of what is being studied here. Some questions, however, involve sharing very personal information. At no time will you be asked to give your name. No one where you got this questionnaire will know about your answers.

I hope that you will answer all the questions. Discussing personal matters is sometimes uncomfortable, so if any question bothers you so much that you don't want to answer it, you may leave it out. Comments about areas not covered in the questions are welcome at the end of the questionnaires.

Your participation is at all times completely voluntary. If you choose not to assist in this study, simply do not return the forms. If you wish further information or would like to know the results of the study, please include your
Appendix A--continued

name and address on a separate sheet of paper with the phrase, "Send results" in your packet of materials. An envelope is included for returning your questionnaires at no cost to you.

Thank you for your assistance in furthering an understanding of a situation which affects many women and about which many are afraid to speak.
Appendix B

Multiple Affect Adjective Check List

On this sheet you will find words which describe different kinds of moods and feelings. If a word describes how you generally feel, circle the 1 to mark Yes. If a word does not describe how you generally feel, circle the 2 to mark No. Some of the words may sound alike, but I want you to mark all the words that describe your feelings as 1; mark those that do not describe your feelings as 2. Remember to circle the number 1 for yes and 2 for no. Work rapidly.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Active</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Afraid</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Agreeable</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Alive</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Alone</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Amiable</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Angry</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Awful</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Blue</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Calm</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Cooperative</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Cruel</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Devoted</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Disagreeable</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Discouraged</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Fearful</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Fine</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Forlorn</strong></td>
<td>1 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frightened</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Gay</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Gloomy</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Healthy</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Hopeless</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Kindly</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Lonely</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Lost</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Low</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Mad</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Merry</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Miserable</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Nervous</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Panicky</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Polite</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Rejected</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Shaky</strong></td>
<td>1 2</td>
</tr>
<tr>
<td><strong>Suffering</strong></td>
<td>1 2</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>----------------</td>
<td>-----</td>
</tr>
<tr>
<td>Sunk</td>
<td>1</td>
</tr>
<tr>
<td>Sympathetic</td>
<td>1</td>
</tr>
<tr>
<td>Tender</td>
<td>1</td>
</tr>
<tr>
<td>Tense</td>
<td>1</td>
</tr>
<tr>
<td>Terrible</td>
<td>1</td>
</tr>
<tr>
<td>Tormented</td>
<td>1</td>
</tr>
<tr>
<td>Understanding</td>
<td>1</td>
</tr>
<tr>
<td>Unhappy</td>
<td>1</td>
</tr>
<tr>
<td>Upset</td>
<td>1</td>
</tr>
<tr>
<td>Warm</td>
<td>1</td>
</tr>
<tr>
<td>Wilted</td>
<td>1</td>
</tr>
<tr>
<td>Worrying</td>
<td>1</td>
</tr>
</tbody>
</table>
Appendix C

Marital Satisfaction Inventory

This is a test to show how you see your present marriage. (If you are not married at the present time, answer with respect to your most recent marriage.) Every couple's marriage is different and everyone's perception of their marriage is different too. Your answers will be neither "right" nor "wrong", but should show your own true feelings and opinions.

Circle the number on the scale line below which best describes the degree of happiness, everything considered, of your present (most recent) 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, to those few who experience extreme joy in marriage.

<table>
<thead>
<tr>
<th>Very Happy</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7 Perfectly Happy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unhappy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

State the amount of agreement or disagreement between you and your mate on the following items. Please circle the number in each column according to the following scheme:

1. Always Agree
2. Almost Always Agree
3. Occasionally Disagree
4. Frequently Disagree
5. Almost Always Disagree
6. Always Disagree

<table>
<thead>
<tr>
<th>Handling family finances</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matters of recreation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Demonstrations of affection</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Sex Relations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Conventionality (right, good or proper conduct)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Philosophy of life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Ways of dealing with in-laws</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
For the following questions, circle the number of the choice you feel most closely fits your marriage.

When disagreements arise, they usually result in:

1. Husband giving in
2. Wife giving in
3. Agreement by give and take

Do you and your mate engage in outside interests together?

1. All of them
2. Some of them
3. Very few of them
4. None of them

In leisure time do you generally prefer:

1. To be "on the go"
2. To stay at home

In leisure time, does your mate generally prefer:

1. To be "on the go"
2. To stay at home

Do you ever wish you had not married?

1. Frequently
2. Occasionally
3. Rarely
4. Never

If you had your life to live over, do you think you would:

1. Marry the same person
2. Marry a different person
3. Not marry at all

Do you confide in your mate:

1. Almost never
2. Rarely
3. In most things
4. In everything
Appendix D

Personal Attributes Questionnaire

The items below inquire about what kind of a person you think you are. Each item consists of a pair of characteristics, with the numbers 1 to 5 in between. For example,

Not at all artistic  1...2...3...4..5  Very artistic

Each pair describes contradictory characteristics—that is, you cannot be both at the same time, such as very artistic and not at all artistic.

The numbers form a scale between the two extremes. You are to choose a number which describes where you fall on the scale. For example, if you think you have no artistic ability, you would choose 1. If you think you are pretty good, you might choose 4. If you are only medium, you might choose 3, and so forth.

Circle one number between each pair.

Not at all aggressive  1...2...3...4..5  Very aggressive
Not at all independent  1...2...3...4..5  Very independent
Not at all emotional  1...2...3...4..5  Very emotional
Very submissive  1...2...3...4..5  Very dominant
Not at all excitable in a major crisis  1...2...3...4..5  Very excitable in a major crisis
Very passive  1...2...3...4..5  Very active
Not at all able to devote self completely to others  1...2...3...4..5  Able to devote self completely to others
Very rough  1...2...3...4..5  Very gentle
Not at all helpful to others  1...2...3...4..5  Very helpful to others
Not at all competitive  1...2...3...4..4  Very competitive
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Scale</th>
<th>Counterpart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very home oriented</td>
<td>1.2.3.4.5</td>
<td>Very worldly</td>
</tr>
<tr>
<td>Not at all kind</td>
<td>1.2.3.4.5</td>
<td>Very kind</td>
</tr>
<tr>
<td>Indifferent to others' approval</td>
<td>1.2.3.4.5</td>
<td>Highly needful of others' approval</td>
</tr>
<tr>
<td>Feelings not easily hurt</td>
<td>1.2.3.4.5</td>
<td>Feelings easily hurt</td>
</tr>
<tr>
<td>Not at all aware of feelings of others</td>
<td>1.2.3.4.5</td>
<td>Very aware of feelings of others</td>
</tr>
<tr>
<td>Can make decisions easily</td>
<td>1.2.3.4.5</td>
<td>Has difficulty making decisions</td>
</tr>
<tr>
<td>Gives up very easily</td>
<td>1.2.3.4.5</td>
<td>Never gives up easily</td>
</tr>
<tr>
<td>Never cries</td>
<td>1.2.3.4.5</td>
<td>Cries very easily</td>
</tr>
<tr>
<td>Not at all self-confident</td>
<td>1.2.3.4.5</td>
<td>Very self-confident</td>
</tr>
<tr>
<td>Feels very inferior</td>
<td>1.2.3.4.5</td>
<td>Feels very superior</td>
</tr>
<tr>
<td>Not at all understanding of others</td>
<td>1.2.3.4.5</td>
<td>Very understanding of others</td>
</tr>
<tr>
<td>Very cold in relations with others</td>
<td>1.2.3.4.5</td>
<td>Very warm in relations with others</td>
</tr>
<tr>
<td>Very little need for security</td>
<td>1.2.3.4.5</td>
<td>Very strong need for security</td>
</tr>
<tr>
<td>Goes to pieces under pressure</td>
<td>1.2.3.4.5</td>
<td>Stands up well under pressure</td>
</tr>
</tbody>
</table>
Appendix E

Multidimensional Locus of Control Scale

For each of the following items, circle the number 1 through 6 which describes how much you agree with the opinion expressed by the statement.

1  Strongly agree
2  Agree somewhat
3  Slightly agree
4  Slightly disagree
5  Disagree somewhat
6  Strongly disagree

1 2 3 4 5 6 Whether or not I get to be a leader depends mostly on my ability.
1 2 3 4 5 6 To a great extent my life is controlled by accidental happenings.
1 2 3 4 5 6 I feel like what happens in my life is mostly determined by powerful people.
1 2 3 4 5 6 When I make plans, I am almost certain to make them work.
1 2 3 4 5 6 Often there is no chance of protecting my personal interest from bad luck happenings.
1 2 3 4 5 6 When I get what I want, it's usually because I'm lucky.
1 2 3 4 5 6 Although I might have good ability, I will not be given leadership responsibility without appealing to those in positions of power.
1 2 3 4 5 6 How many friends I have depends on how nice a person I am.
1 2 3 4 5 6 I have often found that what is going to happen will happen.
1 2 3 4 5 6 My life is chiefly controlled by powerful others.
1 2 3 4 5 6 Whether or not I get into a car accident is mostly a matter of luck.
1 2 3 4 5 6 People like myself have very little chance of protecting our personal interests when they conflict with those of strong pressure groups.
1 2 3 4 5 6 It's not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune.
1 2 3 4 5 6 Whether or not I get into a car accident depends mostly on how good a driver I am.
1 2 3 4 5 6 Getting what I want requires pleasing those people above me.
1 2 3 4 5 6 Whether or not I get to be a leader depends on whether I'm lucky enough to be in the right place at the right time.
If important people were to decide they didn't like me, I probably wouldn't make any friends.
I can pretty much determine what will happen in my life.
I am usually able to protect my personal interests.
Whether or not I get into a car accident depends mostly on the other driver.
When I get what I want, it's usually because I worked hard for it.
In order to have my plans work, I make sure that they fit in with the desires of people who have power over me.
My life is determined by my own actions.
It's chiefly a matter of fate whether or not I have a few friends or many friends.
Appendix F

General Questionnaire

Please answer the following questions by circling the number of the answer you choose or by filling in the blank. Since some items require only one answer while some require a yes or no response for several answers, please read carefully in order not to omit items. Blanks may be filled in with a number or with one or two words in most cases. Remember to circle the number of your choice.

My age now is _____ years.

My religious preference is:
1 Protestant
2 Catholic
3 Jewish
4 Other
5 None

My race or ethnic background is:
1 Black
2 Caucasian
3 Hispanic
4 Other

At the present time I am:
1 Married
2 Single
3 Divorced
4 Widowed
5 Separated

I now have ____ children. Their ages are _____________.

I have been married ____ times.

I was ____ years old when I married for the first time.

My occupation is ________________. I have ___ years of schooling.

My husband’s (or most recent husband’s) occupation is _______________. He has ____ years of schooling.

The number of children I would like to have is _____.

I have been pregnant ____ times.
Appendix F—continued

I have given birth to a live child ____ times.
I have had a stillbirth or miscarriage ____ times.
I have had an induced abortion ____ times.
I was ____ years old when I found out I was pregnant for the first time.
I was ____ years old when I first had sexual intercourse.

I was mostly raised by:
1 Natural parents
2 Adoptive parents
3 Foster parents
4 Natural mother, stepfather
5 Stepmother, natural father
6 Single parent mother
7 Single parent father
8 Other

Regarding counseling or therapy:
1 I have never felt the need
2 I had one visit
3 I had 2-10 sessions
4 I had 11 or more sessions
5 I have wanted to talk to someone but never have

Regarding thoughts of harming myself:
1 I have never wanted to hurt or kill myself
2 I have thought about suicide but not seriously
3 I had a plan for suicide at one time but never used it
4 I have made one or more attempts on my life

To my present knowledge, the following of my relatives were pregnant before marriage: (circle 1 for yes and 2 for no)
Mother 1 2 Other relative 1 2
Sister 1 2 No. relative 1 2

Relative to other women my age, I think I am more depressed.
1 Yes
2 No

Relative to other women my age, I think I have more fears.
1 Yes
2 No
Appendix F--continued

Relative to other women my age, I think I have more illness.
  1 Yes
  2 No

Relative to other women my age, I think I am more interesting to be with.
  1 Yes
  2 No

Relative to other women my age, I think I am more content with life.
  1 Yes
  2 No

I currently use the following birth control method(s):
(Circle 1 for yes and 2 for no for each answer)

Pills                        1  2
Diaphragm                   1  2
IUD                         1  2
Foam or jelly               1  2
Condom                      1  2
Rhythm                      1  2
Withdrawal                  1  2
Douching                    1  2
I am sterilized             1  2
Partner is sterilized       1  2
I do not have sexual intercourse 1  2

I use a birth control method:
  1 Always
  2 Mostly
  3 Sometimes
  4 Seldom
  5 Never

I was married when I had my first sexual intercourse.
  1 Yes
  2 No

When I found out I was pregnant for the first time, I was:
  1 Married
  2 Single
  3 Engaged
  4 Divorced
  5 Widowed
  6 Separated
When I found out I was pregnant for the first time, I was living with:
1 My parents
2 My husband
3 My boyfriend
4 A relative
5 A roommate
6 I was living alone

The outcome of my first pregnancy was:
1 A live birth; I kept the baby.
2 A live birth; I released the baby for adoption.
3 A live birth; the baby was raised by family members other than me.
4 A miscarriage or stillbirth
5 An induced abortion

The following questions are to be answered if you became pregnant for the first time before marriage.

Before deciding what to do about my premarital pregnancy, I discussed it with the following people: (Circle 1 for yes and 2 for no for each answer)
No one 1 2
Child’s father 1 2
His father or mother 1 2
My father 1 2
My mother 1 2
My brother/sister 1 2
My friends 1 2
My acquaintances 1 2
A counselor 1 2
A physician 1 2
A clergyman 1 2

What final decision did you make about your premarital pregnancy?

I married the baby's father before its birth.
1 Yes
2 No

I married the baby's father less than 6 months after its birth.
1 Yes
2 No

I married the baby's father more than 6 months after its birth.
1 Yes
2 No
I did not marry the baby's father.
   1 Yes
   2 No

If I were doing this again under the same circumstances, I would choose:
   1 Adoption
   2 Abortion
   3 Marriage
   4 Keep the child as a single parent

I think about that premarital pregnancy:
   1 Never, unless asked questions like this
   2 Only when a family member brings it up
   3 Every year on the birth date
   4 Irregularly, but I have thought about it
   5 So often that I have trouble keeping it from my thoughts

My husband (or most recent husband) knows about my premarital pregnancy.
   1 Yes
   2 No

He brings it up.
   1 Yes
   2 No

I bring it up.
   1 Yes
   2 No

He is understanding and supportive about it.
   1 Yes
   2 No

We argue about it.
   1 Yes
   2 No

It seldom or never comes up.
   1 Yes
   2 No

If you have been in counseling or wanted to be, how important was the issue of your premarital pregnancy to this counseling?
   1 Unimportant, not mentioned
   2 Mentioned but not very important
   3 One of several equally important issues
   4 The major problem I sought therapy for
Appendix F—continued

How old is or would be your child of the premarital pregnancy now? ______

When you got pregnant prior to being married, which of the following applied to your situation then?

We were planning to get married within the next year.
   1 Yes
   2 No

We loved each other but weren't sure we wanted to be married.
   1 Yes
   2 No

I wanted to be married but he didn't.
   1 Yes
   2 No

He wanted to be married but I didn't.
   1 Yes
   2 No

We were living together.
   1 Yes
   2 No

He was married to someone else.
   1 Yes
   2 No

I was wanting to marry someone else.
   1 Yes
   2 No

He was under 18.
   1 Yes
   2 No

I did not know who the father was for sure.
   1 Yes
   2 No

My pregnancy was the result of rape.
   1 Yes
   2 No

I intended to get pregnant before marriage.
   1 Yes
   2 No
I was using birth control when I got pregnant before marriage.
   1 Yes (Method: ____________________)
   2 No

How do you feel now about the choice you made then about the pregnancy?
   1 I have never doubted that my choice was the best one.
   2 While I sometimes have my doubts, I usually think my choice was the best.
   3 While I am not very satisfied with my choice, I have never been able to think of a better one.
   4 Sometimes I think my choice was best; other times I think another choice would have been better.
   5 I usually wish that I had made some other choice than the one I made.
   6 Almost as soon as I made my choice, I knew it was the wrong one.
Appendix G

Table 10

Model Equation and Statistical Results for the Multiple Regression of Decision Satisfaction with Masculinity and Internal Locus of Control

<table>
<thead>
<tr>
<th>Model Equation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Variable</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>MASC</td>
</tr>
<tr>
<td>LOCINT</td>
</tr>
<tr>
<td>MXLINT (Cross-product score)</td>
</tr>
<tr>
<td>(Constant)</td>
</tr>
</tbody>
</table>

Summary of Analysis of Variance for Whole Model

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>24</td>
<td>44.96</td>
<td>2.631</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regression</td>
<td>3</td>
<td>1.72</td>
<td>0.372</td>
<td>.278</td>
<td>&gt; .05</td>
</tr>
<tr>
<td>Residual</td>
<td>21</td>
<td>43.24</td>
<td>2.059</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

R Square = .04

Multiple R = .20
Appendix H

Table 11
Model Equation and Statistical Results for the Multiple Regression of Decision Satisfaction with Masculinity and Power Locus of Control

<table>
<thead>
<tr>
<th>Model Equation</th>
<th>B</th>
<th>Beta</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Variable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MASC</td>
<td>-.025</td>
<td>-.980</td>
<td>2.551</td>
<td>&gt; .05</td>
</tr>
<tr>
<td>LOCPOW</td>
<td>-.161</td>
<td>-.910</td>
<td>3.851</td>
<td>&gt; .05</td>
</tr>
<tr>
<td>MXLPOW (Cross-product score)</td>
<td>.010</td>
<td>1.670</td>
<td>3.702</td>
<td>&gt; .05</td>
</tr>
<tr>
<td>(Constant</td>
<td>5.839</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Summary of Analysis of Variance for Whole Model

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>24</td>
<td>44.96</td>
<td>4.241</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regression</td>
<td>3</td>
<td>7.35</td>
<td>2.450</td>
<td>1.368</td>
<td>&gt; .05</td>
</tr>
<tr>
<td>Residual</td>
<td>21</td>
<td>37.61</td>
<td>1.791</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

R Square = .16
Multiple R = .40
Appendix H

Table 12

Model Equation and Statistical Results for the Multiple Regression of Decision Satisfaction with Masculinity and Chance Locus of Control

<table>
<thead>
<tr>
<th>Model Equation</th>
<th>Independent</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>MASC</td>
<td>-.195</td>
<td>24</td>
<td>44.96</td>
<td>4.084</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOCCHA</td>
<td>-.167</td>
<td>21</td>
<td>38.16</td>
<td>1.817</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MXLCHA (Cross-product Score)</td>
<td>.007</td>
<td>21</td>
<td>38.16</td>
<td>1.817</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Constant)</td>
<td>6.521</td>
<td>24</td>
<td>44.96</td>
<td>4.084</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Summary of Analysis of Variance for Whole Model

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>24</td>
<td>44.96</td>
<td>4.084</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regression</td>
<td>3</td>
<td>6.80</td>
<td>2.267</td>
<td>1.248</td>
<td>&gt; .05</td>
</tr>
<tr>
<td>Residual</td>
<td>21</td>
<td>38.16</td>
<td>1.817</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

R Square = .15

Multiple R = .39
Appendix J

Additional Findings

A number of statistically significant relationships not specifically addressed in the research hypotheses were found. Chi-square for religious preference ($X^2 = 28.76, \text{df} = 6, p < .001$) indicated a significant relationship with group membership. Of the seven women having an abortion, six listed none or other for religious preference.

Total number of children differs by prior pregnancy history ($X^2 = 35.96, \text{df} = 10, p < .001$) with women who had abortions tending to have fewer children and women who married when pregnant tending to have more children than women not pregnant before marriage.

Ninety-eight percent of women who had no premarital pregnancy never have an abortion while 27.8% of women who marry because they are pregnant do eventually have an abortion. Likewise, 28.6% of women having one abortion, eventually have another ($X^2 = 59.59, \text{df} = 6, p < .001$).

Women who had premarital pregnancies sought counseling or therapy more often ($X^2 = 16.68, \text{df} = 8, p < .05$). In this sample, 32.3% of women without premarital pregnancy, 61.0% of those who were pregnant when they married and 85.8% of women having abortions had had two or more therapy sessions, though not necessarily related to pregnancy issues.

Age at first pregnancy differed for the three groups ($X^2 = 62.75, \text{df} = 34, p < .01$). The mean for women not
pregnant at marriage was 23.7 years, for women who married when pregnant was 18.8 years, and for women having abortions before marriage was 19.3 years.

When asked about contentment with life relative to other women their age, women who married when pregnant were less likely to be content ($X^2 = 16.74$, df = 4, $p < .01$). Of these women, 55.6% report being less content, compared with 29% of women without a premarital pregnancy and 14.3% of women having an abortion before marriage.

Frequency of use of a birth control method was not significantly related to group membership ($X^2 = 13.15$, df = 8, $p > .05$).

Women having premarital pregnancies tended to be younger when they first had sexual intercourse ($X^2 = 46.9$, df = 28, $p < .05$). The mean age at first intercourse was 19.8 years for those women not pregnant before marriage, 16.6 years for women marrying when pregnant, and 15.7 years for women having abortions. Fifty percent of women not pregnant when married reported having had premarital sexual intercourse.

The women reported generally that they would choose the same option again if they were doing it again; 72.2% of those marrying when pregnant would again marry and 85.7% of those having had an abortion would again have an abortion.

The women reported thinking about the premarital pregnancy at irregular intervals; 61.1% of those marrying when pregnant and 85.7% of those having abortions do this. The issue of
premarital pregnancy was an important one for counseling for 66.7% of the women who married and for 85.7% of the women having abortions.

Regarding the use of contraception at the time of the conception of the premarital pregnancy, 57.1% of the women having abortions reported using some form, while only 16.7% of women marrying the father reported using birth control at that time.

Of those who married the child's father, 38.7% had intended to marry within a year anyway; 14.3% of those having an abortion had those plans. Retrospectively reporting regarding the time of conception, only two (11.1%) of those marrying the father wanted to be married but reported that he did not desire marriage whereas four (22.2%) of this group reported that their partners wanted to be married but they did not so wish. None of the women reported that they intended to get pregnant before marriage nor were any of their pregnancies the result of rape.

No significant differences in prior pregnancy history were found for subjects relative to their source (mental health facility, physician/dentist office, social contact, or church group ($X^2 = 12.02, df = 6, p > .05$).
Appendix K

Table 13

Means and Standard Deviations for Study Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>No Premarital Pregnancy</th>
<th>Married When</th>
<th>Premarital Abortion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Pregnant</td>
<td></td>
</tr>
<tr>
<td>Personal Adjustment</td>
<td>7.7</td>
<td>11.2</td>
<td>6.3</td>
</tr>
<tr>
<td></td>
<td>8.9</td>
<td>11.2</td>
<td>3.5</td>
</tr>
<tr>
<td>Marital Adjustment</td>
<td>99.0</td>
<td>76.4</td>
<td>86.7</td>
</tr>
<tr>
<td></td>
<td>33.8</td>
<td>46.8</td>
<td>42.3</td>
</tr>
<tr>
<td>Marital History</td>
<td>1.39</td>
<td>1.78</td>
<td>1.29</td>
</tr>
<tr>
<td></td>
<td>.63</td>
<td>1.06</td>
<td>.49</td>
</tr>
<tr>
<td>Contraceptive Use</td>
<td>3.5</td>
<td>3.7</td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td>1.9</td>
<td>2.1</td>
<td>0.8</td>
</tr>
<tr>
<td>Sex-Role Attributes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masculinity</td>
<td>20.3</td>
<td>17.4</td>
<td>19.7</td>
</tr>
<tr>
<td></td>
<td>6.4</td>
<td>5.6</td>
<td>4.3</td>
</tr>
<tr>
<td>Femininity</td>
<td>24.3</td>
<td>23.1</td>
<td>22.1</td>
</tr>
<tr>
<td></td>
<td>5.1</td>
<td>4.1</td>
<td>3.0</td>
</tr>
<tr>
<td>Lack of Emotional Vulnerability</td>
<td>12.3</td>
<td>11.9</td>
<td>16.3</td>
</tr>
<tr>
<td></td>
<td>4.5</td>
<td>4.0</td>
<td>5.3</td>
</tr>
<tr>
<td>Locus of Control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal</td>
<td>16.8</td>
<td>18.6</td>
<td>15.3</td>
</tr>
<tr>
<td></td>
<td>5.7</td>
<td>8.6</td>
<td>4.0</td>
</tr>
<tr>
<td>Powerful Others</td>
<td>30.8</td>
<td>28.9</td>
<td>32.7</td>
</tr>
<tr>
<td></td>
<td>4.9</td>
<td>8.2</td>
<td>7.8</td>
</tr>
<tr>
<td>Chance</td>
<td>34.9</td>
<td>35.0</td>
<td>39.7</td>
</tr>
<tr>
<td></td>
<td>4.0</td>
<td>7.9</td>
<td>8.0</td>
</tr>
</tbody>
</table>
References


