**Original Article**

# Effects of Identification of a Motherhood Role and Pregnancy on Marital Adjustment

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**Abstract**

**Background:** Pregnancy is a critical stage in which physiological, psychological and, social changes occur in a woman's life and require adaptation to these changes.
**Aim:** This study was conducted to evaluate the effects of the identification of a motherhood role and pregnancy on marital adjustment.
**Methodology:** This cross-sectional study was conducted with 1435 pregnant women who consulted the Gynaecology and Obstetrics Clinic of the Medical Faculty Hospital in a city in the Central Anatolia Region of Turkey. The data were collected through face-to-face interviews using personal information form, the sub-dimensions of acceptance of pregnancy and identification of a motherhood role of the Prenatal Self-Evaluation Questionnaire, and the Marital Adjustment Test.
**Results:** Correlation analysis revealed that the acceptance of pregnancy had a positive, moderate, significant relationship with the identification of a motherhood role, whereas a negative, low, significant relationship with marital adjustment. Furthermore, a negative, low, significant relationship was found between the identification of a motherhood role and marital adjustment ($p < 0.001$).
**Conclusion:** In line with these findings, we recommend that training programs provided by midwives and nurses under prenatal care should include both pregnant women and their husbands at the same time and that both spouses should be made ready and supported for parenthood together.

**Keywords:** Acceptance of pregnancy, identification of a motherhood role, marital adjustment, pregnancy, Turkey.

## Introduction

Pregnancy is a critical stage in which physiological, psychological and, social changes occur in a woman's life and require adaptation to these changes (Okanli, Tortumluoglu, & Kirpinar, 2003). Maternity is a multi-stage and complex process beginning with pregnancy and continuing throughout a woman's life (Mercer, 2006). Each woman experiences pregnancy, a natural process, in different ways; therefore, each woman's acceptance of pregnancy and identification of the motherhood role is different. Many variables such as pregnant woman's characteristics, social and familial factors, cultural structure, support of the spouse, the willingness to become pregnant, and the support of healthcare providers affect the woman's perception of pregnancy, which, in turn, affects acceptance of pregnancy and identification of a motherhood role (Beydag, 2007). Lederman and Weis (2009) argue that women who have difficulty accepting pregnancy have more difficulties adapting to pregnancy and motherhood.

Parenthood is one of the critical decisions in a person's life. Pregnancy indicates that individuals are stepping into the role of parenthood. However, the decision to become pregnant or to

be a parent is not always a planned or conscious decision, and spouses do not always take this decision only by themselves (Nelson, 2003). Individuals are often unaware of the factors that motivate them, to give birth to a child. When this is the case, it is more difficult to adapt to the role of pregnancy and motherhood (Beydag 2007; Nelson, 2003).

The transition to parenting, which is perceived as an important step in the life of a person, should be considered together with different life experiences for men and women. This is because together with pregnancy, another period concerning the woman and the people around her and her society starts. With pregnancy, the woman assumes a new role, and with the birth of the baby, a new individual joins the family, and the continuation of the family and generation is ensured (Başal, 2006; Beydag, 2007). Hence, maternity involves happiness and also requires new roles and responsibilities (Deliktas, Korukcu, & Kukulu, 2015). It has been revealed that social support during pregnancy has a positive effect on the identification of a motherhood role and that women who receive support from and share their problems with their husbands have fewer problems (Demirbas & Kadioglu, 2014).

The family is of great value in meeting the basic needs of people, such as the continuation of the human race, cultural transmission, socialisation, and security (Gur & Kurt, 2011). Especially in our country, the family is the core of the society, and it is believed that the existence and continuity of the family are provided by birth (Başal, 2006). However, pregnancy may disrupt the old relationships of spouses, the expectations of the spouses from each other may change, and the roles and responsibilities of the spouses may be increased (Beydag, 2007). Therefore, it is very important for the spouses to comply with this process with changes in their behaviours in order to realise their expectations from marriage. Indeed, marital adjustment contributes to the satisfaction and well-being of spouses and a healthy marriage (Ghoroghi, Hassan, & Baba 2015; Mutlu et al., 2018).

It is stated that marital adjustment can be affected by many factors such as the educational background of the spouses and their socioeconomic status, length of the marriage life, and the presence of children (Kisa et al., 2014). Thus, during pregnancy, training programs for pregnant women and their husbands are of great importance. The training programs provided by midwives and nurses under prenatal care should include both pregnant women and their husbands at the same time and that both spouses should be prepared and supported for parenthood together.

The studies that have been conducted on the subject so far have addressed the factors related to maternal adaptation to pregnancy (Amanak, Sevil, & Karacam, 2019; Demirbaş & Kadıoglu, 2014; Evrenol Ocal, 2011; Ozcalkalp, 2018), social support (Yıılmaz & Pasinlioglu, 2014) and nausea-vomiting (Mutluguneş & Mete, 2013), marital adjustments and life satisfaction in pregnant women (Citil, 2014), and the sexual life of spouses (Kisa et al., 2014; Yanikkerem et al., 2016). However, no studies have been conducted to date on the effects of the identification of a motherhood role and acceptance of pregnancy on marital adjustment. Therefore, this study was conducted to evaluate the effects of the identification of a motherhood role and acceptance of pregnancy on marital adjustment.

## Methodology

***Study Design and Sample:*** This cross-sectional study was conducted between May 1, 2014-September 30, 2014, in pregnant women who consulted the Gynaecology and Obstetrics Clinic of the Medical Faculty Hospital in a city in the Central Anatolia Region of Turkey. The number of pregnant women who consulted the hospital during this period was 6600. Of these, 1435 pregnant women who met the research criteria and volunteered to participate were included in the study. The inclusion criteria were being married and living with the husband, having no chronic systemic disease, Turkish literacy, and volunteered to participate in the research.

***Instruments and Data Collection:*** The data were collected through face-to-face interviews using a personal information form, the sub-dimensions of acceptance of pregnancy and identification of a motherhood role with the Prenatal Self-Evaluation Questionnaire, and the Marital Adjustment Test. It took an average of 25 minutes to complete the forms.

***Personal Information Form:*** The personal information form consisted of two parts: the socio-demographic characteristics of pregnant women and obstetric characteristics of pregnant women.

***Prenatal Self-Evaluation Questionnaire:*** The Prenatal Self-Evaluation Questionnaire was developed by Lederman in 1979 to evaluate pregnant women's acceptance of pregnancy and the identification of a motherhood role during pregnancy. The scale consists of seven sub-dimensions and 79 items. The validity and reliability of the Turkish Version of the scale were performed by Beydag and Mete (2008), and the Cronbach's alpha value was found to be 0.81 for the scale and between 0.72 and 0.85 for the sub-dimensions. The sub-dimension of acceptance of pregnancy consists of 14 items, and the identification of a motherhood role consists of 15 items, each of which is measured using a four-point scale. From the sub-dimension of acceptance of pregnancy test, 14–56 points can be obtained while 15–60 from the identification of a motherhood role. Low scores correspond to a high acceptance of pregnancy (Beydag & Mete, 2008).

***Marital Adjustment Test:*** The Marital Adjustment Test (MAT) was developed by Locke and Wallace in 1959 to measure the quality of marriage. The reliability and validity of the Turkish Version of the MAT were performed by Tutarel Kislak, who calculated the Cronbach's alpha as 0.84. The scale consists of a total of 15 items. The cut point of the scale is 43.5 and 0–58 points can be obtained from the scale. The higher scores from the test indicate the increase in marital adjustment (Tutarel-Kislak, 1999).

***Statistical Analysis:*** The data were analysed using Statistical Package for Social Sciences 22.0 program. In the evaluation of the data, the following methods were utilised: percentage calculation, the Kolmogorov-Smirnov test for the determination of normal distribution, the Student's t-test for the comparison of the mean of two groups determined with the parametric test, One-Way ANOVA test for the comparison of the averages of more than two groups, the Tukey's test for comparison of the difference between group means, and the Pearson correlation analysis. The confidence interval was set as 95% and the significance level as 0.05.

***Ethics:*** Prior to the research, ethics committee approval was obtained from the author's university ethics review board (Decision no: 2014-03/26). The study was carried out according to the principles of the Helsinki Declaration. Pregnant women were informed about the purpose and scope of the study and written informed consent was obtained from those who accepted to participate in the research.

## Results

It was determined that the mean age of the participants was 28.9 ± 6.1. Also, 651 (45.4%) participants were married for 1-5 years, 510 (35.5%) were primary school graduates, 1236 (86.1%) were unemployed, 609 (42.5%) had an income that hardly met the family's basic needs, and 1079 (75.2) had nuclear families. Considering the obstetric characteristics of the participants, it was determined that 336 (23.4%) had their first pregnancy, 901 (62.8%) had 0–1 living child, 942 (65.6%) planned their pregnancy, 1295 (90.2%) willingly became pregnant, the marriages of 992 (69.1%) participants were positively affected by pregnancy, 1305 (90.9%) received support from their husbands during pregnancy, and healthcare providers talked to 687 (47.9%) of the participants about the acceptance of pregnancy.

The mean scores obtained from the sub-dimension of acceptance of pregnancy was 21.55 ± 7.61, from the sub-dimension of identification of a motherhood role was 23.52 ± 4.80, and from the MAT was 47.42 ± 8.19 (Table 1). The cut-off point of the scores from the MAT was 43.5. A total of 379 (26.4%) participants were found to have a score below this point (incompatible) while the scores from 1056 (73.6%) were above the cut-off (compatible).

In our study, it was determined that the participants who had a previous pregnancy and had 0–1 child obtained significantly higher mean scores from the sub-dimensions of acceptance of pregnancy and identification of a motherhood role (lower and compatible) and the MAT (higher and more compatible) ($p < 0.001$, $p < 0.05$), respectively. Moreover, it was found that those who planned their pregnancy, who willingly became pregnant, whose relationships with their husbands were positively affected by their pregnancy, and whose husbands supported them during pregnancy obtained significantly higher mean scores from the sub-dimensions of acceptance of pregnancy and identification of a motherhood role (lower and compatible) and the MAT (higher and more compatible) ($p < 0.001$). Besides, a significant difference ($p < 0.05$, $p < 0.001$) was found between whether any healthcare provider talked to the participants about the acceptance of pregnancy and the average scores of acceptance of pregnancy and

MAT. However, in those who hadn't planned their pregnancy, who did not willingly became pregnant, whose relationships with their husbands were negatively affected by their pregnancy, and whose husbands did not support them during pregnancy, an insignificant difference (Table 2, $p > 0.05$) was found whether any healthcare provider talked to the participants about the acceptance of pregnancy and the averages scores of identification of a motherhood role sub-dimension.

In our study, it was determined that the acceptance of pregnancy had a positive, moderate, and significant relationship with the identification of a motherhood role and a negative, low, and significant relationship with marital adjustment ($p < 0.001$). Furthermore, a negative, low, and significant relationship was found between the identification of a motherhood role and marital adjustment (Table 3, $p < 0.001$).

**Discussion**

Although studies focusing on the acceptance of pregnancy, the identification of a motherhood role and marital adjustment are limited in number, these studies highlight the importance of the prenatal period and emphasise the necessity of evaluating this period. In our study, the mean scores of the participants obtained from the sub-dimensions of acceptance of pregnancy, the identification of a motherhood role and the MAT were found to be above average. The mean score was 21.55 ± 7.61 for acceptance of pregnancy and 23.52 ± 4.80 for identification of a motherhood role. There are studies reporting similar findings to the results of this study (Demirbas & Kadioglu, 2014; Mutlugueş & Mete, 2013; Yilmaz & Pasinlioglu, 2014), as well as studies reporting different findings (Amanak, Sevil, & Karacam, 2019; Beydag & Mete, 2008; Ozcalkalp, 2018). The low mean scores obtained in our study are important in that they demonstrate higher levels of acceptance of pregnancy and identification of a motherhood role.

Also, the mean scores of the participants from the MAT were 47.42 ± 8.19, and the ratio of those compatible with the MAT scores was 73.6%. The findings of our study are consistent with those of many studies (Yanikkerem et al., 2016; Yekenkunrıl & Mete, 2012; Yigitoglu, 2009), which, we believe, is due to the positive relationships between spouses.

Pregnancy and the number of children may affect maternal adaptation to pregnancy. In the our study, the participants who had been through a first pregnancy and who had 0–1 living child obtained significantly lower and compatible mean scores from the sub-dimensions of acceptance of pregnancy and identification of a motherhood role. Similar to the results of our study, Yilmaz (2012) reported that pregnant women who had their first pregnancy and who did not have any children obtained significantly lower mean scores from acceptance of pregnancy. Unlike the results of our study, Evrenol Ocal (2011) reported that the number of pregnancies did not significantly affect the mean scores obtained from the sub-dimensions of acceptance of pregnancy and identification of a motherhood role, Yilmaz (2012) reported that the number of pregnancies and living children did not significantly affect the mean scores of identification of a motherhood role. The findings of some studies are consistent with those of our study. According to the Turkey Demographic and Health Survey (2013), the intended fertility rate of Turkish women is 1.9 and as the number of living children increases, the willingness to become pregnant decreases. This is because of the increase in the number of children increases the workload of the mother and the family and adds to the economic burden to the family. Today, families are more aware and want to have fewer children.

In our study, participants who had their first pregnancy and who had 0–1 living child obtained higher and compatible mean scores from the MAT. Yigitoglu (2009) found that pregnant women who had their first pregnancy had a significantly higher marital adjustment. This finding is consistent with those of our study. We believe that the increase in the number of pregnancies and children leads to an increase in women's responsibilities, which, in turn, leads to a decrease in the time women devote to themselves and their husbands.

Planned pregnancy has a positive effect on maternal adaptation to pregnancy. In our study, it was found that 65.6% of the participants had planned pregnancy and 90.2% of them willingly became pregnant. Moreover, these participants obtained significantly lower and compatible mean scores from the sub-dimensions of acceptance of pregnancy and identification of a motherhood role

**Table 1. The distribution of the mean scores from the scales.**

| Scales | Number of Items | Lowest/Highest Score | Mean ± SD |
|---|---|---|---|
| Acceptance of pregnancy | 14 | 14–56 | 21.55 ± 7.61 |
| Identification of a motherhood role | 15 | 15–60 | 23.52 ± 4.80 |
| MAT | 15 | 0–58 | 47.42 ± 8.19 |

* SD: Standard deviation, MAT: Marital Adjustment Test.

**Table 2. The distribution of the mean scores from the scales according to the obstetric characteristics of the participants.**

| Variables / Test, p-value | Acceptance of Pregnancy Mean ± SD | Identification of a Motherhood Role Mean ± SD | MAT Mean ± SD |
|---|---|---|---|
| **Number of pregnancies** | | | |
| First pregnancy (n = 336) | 18.99 ± 4.58[a] | 22.55 ± 3.64[a] | 49.55 ± 6.96[a] |
| Second/Third pregnancies (n = 725) | 21.54 ± 7.40[b] | 23.84 ± 4.99[b] | 46.74 ± 8.59[b] |
| Fourth pregnancy (n = 374) | 23.88 ± 9.30[c] | 23.76 ± 5.22[b] | 46.80 ± 8.12[b] |
| F | 38.366 | 9.016 | 15.178 |
| p | 0.001 | 0.001 | 0.001 |
| **Number of living children** | | | |
| 0–1 (n = 901) | 19.83 ± 5.83[a] | 22.99 ± 4.21[a] | 47.94 ± 8.15[a] |
| 2–3 (n = 499) | 23.94 ± 8.69[b] | 24.18 ± 5.26[b] | 46.61 ± 8.23[b] |
| 4 and above (n = 35) | 31.68 ± 13.03[c] | 27.77 ± 8.00[c] | 45.42 ± 7.64[ab] |
| F | 87.900 | 24.716 | 5.301 |
| p | 0.001 | 0.001 | 0.005 |
| **Whether the pregnancy was planned** | | | |
| Planned (n = 942) | 19.11 ± 4.89 | 22.76 ± 4.03 | 48.55 ± 7.54 |
| Unplanned (n = 493) | 26.21 ± 9.49 | 24.98 ± 5.73 | 45.25 ± 8.93 |
| t | 15.557 | 7.672 | 6.998 |
| p | 0.001 | 0.001 | 0.001 |
| **Whether the participant willingly became pregnant** | | | |
| Willingly (n = 1295) | 20.23 ± 5.94 | 22.98 ± 4.18 | 47.91 ± 7.93 |
| Unwillingly (n = 140) | 33.79 ± 10.11 | 28.56 ± 6.81 | 42.89 ± 9.20 |
| t | 15.570 | 9.506 | 6.205 |
| p | 0.001 | 0.001 | 0.001 |
| **How the pregnancy affected the relationship between the spouses** | | | |
| Positive (n = 992) | 20.30 ± 6.30[a] | 22.93 ± 4.22[a] | 48.20 ± 7.46[a] |
| Negative (n = 63) | 30.20 ± 11.88[b] | 27.65 ± 7.06[b] | 41.88 ± 10.91[b] |
| No effect (n = 380) | 23.39 ± 8.53[c] | 24.39 ± 5.28[c] | 46.28 ± 9.00[c] |
| F | 71.470 | 39.064 | 23.278 |
| p | 0.001 | 0.001 | 0.001 |

| | | | |
|---|---|---|---|
| **Support from the spouse during pregnancy** | | | |
| Yes (n = 1305) | 21.14 ± 7.09 | 23.34 ± 4.64 | 47.91 ± 7.62 |
| No (n = 130) | 25.73 ± 10.82 | 25.35 ± 5.88 | 42.42 ± 11.49 |
| t | 4.734 | 3.781 | 5.336 |
| p | 0.001 | 0.001 | 0.001 |
| **Whether any health care provider talked to the participant about the acceptance of pregnancy** | | | |
| Yes (n = 687) | 21.10 ± 7.43 | 23.50 ± 4.85 | 48.36 ± 7.80 |
| No (n = 748) | 21.96 ± 7.76 | 23.54 ± 4.75 | 46.55 ± 8.45 |
| t | 2.135 | 0.192 | 4.210 |
| p | 0.033 | 0.848 | 0.001 |

* SD: Standard deviation, MAT: Marital Adjustment Test, F: One-Way ANOVA test, t: t test.
The data were expressed as arithmetic mean and standard deviation. According to the Tukey's multiple comparison test (Tukey HSD); the same letters in the alphabetical upper symbols indicate that the difference between the groups is not significant and the different letters indicate that the difference between the groups is significant.

**Table 3. The relationship matrix between the sub-dimensions of acceptance of pregnancy, the identification of a motherhood role, and the MAT.**

| Scales | Acceptance of Pregnancy | Identification of a Motherhood Role | MAT |
|---|---|---|---|
| Acceptance of pregnancy | 1 | 0.659 | -0.359 |
| Identification of a motherhood role | | 1 | -0.314 |
| MAT | | | 1 |

* MAT: Marital Adjustment Test. Pearson correlation coefficients (r) were obtained with a $p < 0.001$.

As a result of the literature review, it was found that 77-86% of the pregnancies were reported to be planned (Citil, 2014; Yanikkerem et al., 2016; Yilmaz, 2012; Yigitoglu, 2009) and 79-89% of the pregnancies intended (Demirbaş & Kadioglu, 2014; Kisa et al., 2014; Yigitoglu 2009). Nelson (2003) reported a positive relationship between planned pregnancy and pregnancy feelings. Also, Yilmaz (2012) found that pregnant women who planned their pregnancy and willingly became pregnant obtained significantly lower mean scores from the sub-dimensions of acceptance of pregnancy and identification of a motherhood role. Moreover, women who become pregnant willingly, develop maternal adaptation to pregnancy more easily and take more care of themselves during pregnancy.

In our study, the participants who had planned and intended pregnancy obtained significantly higher and compatible mean scores from the MAT. Yanikkerem et al. (2016) found that women who had an unplanned pregnancy significantly obtained mean scores below 43.5 from the MAT. We believe that in planned and intended pregnancies, women, their husbands, and the people around them are prepared for the pregnancy, which has a positive effect on the acceptance of pregnancy, and hence on the relationships between spouses.

The support from influential people in social circles has a positive effect on the woman's pregnancy experience (Yilmaz, 2012). In our study, it was found that the pregnancy of 69.1% of the participants affected their relationships with their husbands positively and that 90.9% of them received support from their husbands. Moreover, these participants obtained significantly lower and compatible mean scores from the sub-dimensions of acceptance of pregnancy and identification of a motherhood role. As a result of the literature review, it was found that 88–90% of pregnant women received

support from their husbands (Evrenol Ocal, 2011; Yigitoglu, 2012). When women have a high-quality relationship with their husbands, they perceive more support from them and the maternal adaptation to pregnancy increases. The findings of our study are similar to those of the above studies.

In our study, the participants whose pregnancy affected their relationships with their husbands positively and whose husbands supported them during pregnancy obtained significantly higher and compatible mean scores from the MAT. It is stated that pregnancy affects the relationship between spouses positively, and the support of husbands increases during pregnancy (Yekenkunrıl & Mete, 2012). Thus, with the intended pregnancy, the bond of marriage and the relationship between spouses are strengthened and the support of husbands increases.

Women who have difficulties in the identification of a motherhood role during the prenatal period naturally have more difficulties in the acceptance of pregnancy. These women are more prone to adopt negative attitudes towards pregnancy due to physical disorders (Demirbas & Kadioglu, 2014). In prenatal care, therefore, it is important to evaluate the physical and psychological adaptation of pregnant women to pregnancy. In our study, it was found that healthcare providers spoke to 47.9% of the participants about the acceptance of pregnancy. Besides, these participants obtained significantly lower and compatible mean scores from the sub-dimensions of acceptance of pregnancy and identification of a motherhood role. Therefore, during the prenatal period, midwives and nurses should provide adequate support and information about the acceptance of pregnancy and identification of a motherhood role to pregnant women and their husbands.

In our study, the participants to whom healthcare providers spoke to regarding the acceptance of pregnancy obtained significantly higher and compatible mean scores from the MAT. We believe that when healthcare providers tell pregnant women and their husbands that psychological changes are as normal as physical changes (Yanikkerem et al., 2016), it will be easier for both spouses to adapt to pregnancy.

Pregnancy and marriage are among the most stressful life events. In our study, the acceptance of pregnancy had a positive, moderate, and significant relationship with the identification of a motherhood role and a negative, low, and significant relationship with marital adjustment. Furthermore, a negative, low, and significant relationship was found between the identification of a motherhood role and marital adjustment. A thorough search of the relevant literature yielded no studies conducted to date on the effects of the acceptance of pregnancy and the identification of a motherhood role on marital adjustment. From the moment when the pregnancy decision is made, and as the pregnancy progresses, spouses start to develop more positive feelings towards pregnancy, which, in turn, leads to an increase in the acceptance of pregnancy. Moreover, this brings forth a positive effect on the identification of a motherhood role. Thus, it is possible to argue that with the addition of these two parameters, the marital adjustment is strengthened and the satisfaction in marriage increases whereas conflicts and dissatisfaction decrease.

**Conclusion:** In conclusion, the mean scores the participants obtained from the sub-dimensions of acceptance of pregnancy and identification of a motherhood role and the MAT were found to be above average. In line with these findings, we recommend that training programs provided by midwives and nurses under prenatal care should include both pregnant women and their husbands at the same time and that both spouses should be made ready and supported for parenthood together.

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