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METHODS OF CONCEPTION REGULATION AND
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METHODS OF CONCEPTION REGULATION AND SELF-ESTEEM AMONG CATHOLIC COUPLES

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ABSTRACT

METHODS OF CONCEPTION REGULATION AND SELF-ESTEEM AMONG CATHOLIC COUPLES

By

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The major purpose of this study was to investigate whether or not the use of natural methods of conception regulation has a positive effect on the personal self-esteem of married couples and on their marital relationship. The major objective is to determine if there are any differences in the self-esteem levels between couples who use natural methods of conception regulation and couples who use contraceptive or surgical means of conception regulation.

A Two-Way ANOVA was used to analyze the hypotheses. Post-hoc procedures were employed to further test differences in cell means. The results of the study suggest a joint occurrence between being well adjusted in marriage, higher self-esteem and the use of natural methods of conception regulation. Further, that among couples with higher marital satisfaction, those who use natural methods are statistically discernable from well adjusted couples who do not use a natural method. Couples who have been sterilized evidence both lower self-esteem and marital satisfaction.

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Final appreciation is expressed to the many persons and communities involved in Natural Family Planning who over the years have contributed to my education in this area of study.

DEDICATION

To married couples who use natural methods of conception regulation, and who witness through their commitment in married life to the enduring values of human life.

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LIST OF ABBREVIATIONS

TSCS: Tennessee Self Concept Scale

F-MA: Family-Marital Adjustment Instrument

FPQ: Family Planning Questionnaire

MG_a: Method Group A - Couples Using Natural Methods of Conception Regulation

MG_b: Method Group B - Couples Using Contraceptive or Surgical Means of Conception Regulation

CHAPTER I

INTRODUCTION

General Statement of the Problem

During the past decade there has developed a growing interest in the topic of natural family planning or natural methods of conception regulation. The topic of natural methods of conception regulation has attracted persons from a wide variety of backgrounds including: medical researchers in reproductive physiology, biochemists, and physicians in obstetrical and gynecological practice who focus on a variety of reproductive functions and issues such as infertility, ovulation detection and improved conception regulation methods. In addition, the topic has attracted the interest of population researchers, governmental family planning agencies, nurses, marriage counsellors, priests and ministers, psychologists, philosophers and, most of all, married couples who are seeking alternative conception regulation methods to artificial and surgical procedures.

The impetus to explore the relationship between self-esteem and conception regulation, in particular natural methods of conception regulation, as they pertain to the marital relationship, arose from: 1) personal contact with many persons who are involved in the professions cited; 2) a study of the writings on this topic; and 3) contact with numerous married couples who are using such methods. The body of literature being generated by those interested in the topic of natural methods

has for the most part focused on the medical aspects of ovulation and fertility, and on the effectiveness of various natural methods to regulate conception. The scientific studies completed to date are generally limited to the effectiveness of natural methods and the superiority of one method over another in assisting couples in planning their families. In addition to the scientific studies, a number of books and articles have been published which discuss the nature and meaning of natural methods. Almost all of these latter writings contain references and statements to the effect that the use of natural methods of conception regulation has a positive effect on personal self-esteem and on marital satisfaction.

The available literature proposes that when a couple uses natural methods, after proper instruction and with personal motivation, the intimate area of physical sexual expression and behavior is more positively enhanced and has a supplemental effect on the whole of the marital relationship. With the exception of the study by McCusker (1976) no empirical investigation has been conducted to test the hypothesis that the use of natural methods within the marital relationship has such a positive effect. McCusker, using an open ended questionnaire as her research instrument, found that 83 percent of her sample of 98 couples reported positive influence in their marital relationship through the use of natural methods. In her summary and recommendation for further research she states that the marriage building potential of the use of natural methods needs to be further explored. She suggests that further research be done on the relationship between the use of natural methods and personal self-esteem.

Purpose and Objectives

It is the purpose of this study to explore whether or not the use of natural methods of conception regulation indeed does have a positive effect on the personal self-esteem of married couples and on their marital relationship. The major objective is to determine if there are any differences in the self-esteem levels between couples who use natural methods of conception regulation and those couples who use other methods of conception regulation. In addition, several secondary objectives are being pursued:

1. To test the assertion contained in the present literature on natural methods as to the positive benefits of using natural methods within the marital relationship.
2. To determine the extent of married Catholic couples' knowledge concerning natural methods.
3. To determine if Catholic couples who use natural methods evidence greater marital satisfaction than couples who use contraceptive or surgical methods of conception regulation.
4. To gather information about Catholic couples and their conception regulation behaviors.

Research Hypotheses Under Investigation

Hypothesis #1:

Catholic married couples who use natural methods of conception regulation will exhibit higher levels of self-esteem, as measured by the Tennessee Self Concept Scale, than will Catholic married couples who use other methods of conception regulation.

Hypothesis #2:

Catholic married couples who demonstrate different levels of marital satisfaction will differ in levels of self-esteem, as measured by the F-MA and the TSCS.

Hypothesis #3:

Catholic married couples who demonstrate different levels of marital satisfaction will differ in levels of self-esteem according to method of conception regulation used.

Hypothesis #4:

Among Catholic married couples who demonstrate high satisfaction in their marriages there will be differences in levels of self-esteem according to group and sex. The differences will be more evident for wives than for husbands.

Assumptions:

1. That personal self-esteem is intimately involved with a couple's sense of marital satisfaction.
2. That natural methods of conception regulation have marriage and self-esteem building potential when accompanied by proper instruction and couple motivation.
3. The sample for this study, although a volunteer sample, is representative of middle class Catholic couples.
4. Marriages in which one spouse is non-Catholic (mixed marriage)- the assumption is made that the marriage itself is a Catholic marriage given the fact of a couple's membership in the population under study.

Conceptual Definition of Terms

Natural methods of conception regulation:

Natural methods are based upon the recognition of a man and a woman's fertility potential, and especially upon the identification of the woman's fertile and infertile phases. The term "natural methods" is not to be confused with "rhythm". Rhythm as known and practiced was based on a rule of thumb calculation using a calendar approach which failed to take into consideration the irregularities of the menstrual cycle. The current literature on natural methods presently sees rhythm as a primitive state in the development of far more scientifically based natural methods. Medical knowledge of male and female reproductive physiology has advanced tremendously since the first "rhythm" method was developed by Ogino (1932) and Knaus (1933). Presently there are two major physiological bases upon which natural methods are founded. The first is the recognition of temperature shifts during a woman's menstrual cycle corresponding to the levels of estrogen and progesterone. The second is the observation of cervical mucus secretions which are recognized as a sign of the fertile phases of the menstrual cycle.

There are three fully defined natural methods: 1) the basal body temperature method (BBT); 2) the Sympto-Thermic method (S-T); and 3) the Ovulation method based on mucus observation. Each has been scientifically researched and the literature and studies on these methods continues to grow. The Bibliography contains a special section on the scientific and biological aspects of natural methods of conception regulation. For the purposes of this study it is sufficient to know that such methods exist, that they have a scientific basis, and that with proper instruction a couple can use these methods to freely plan and space their children or to avoid a pregnancy.

Contraceptive methods of conception regulation:

For the purposes of this study all methods which seek to avoid or abort conception by means of chemical, mechanical, surgical or barrier methods shall be termed contraceptive. These methods include: the pill (all types), the intrauterine device (IUD), diaphragm, condom, foams, and jellies, withdrawal and sterilization. Sterilization, although a one time surgical procedure, is included in the category of contraceptive methods. As a barrier method, sterilization procedures block the natural functions of the human reproductive system by rendering them non-functional.

Self-Esteem:

Self-esteem as a concept is generally viewed as a conceptual component of the more inclusive process of self-conception. Since the writings of William James (1890) the concept of "self" has been studied at great length by numerous researchers. Rosenberg (1979) makes the point that, in spite of the abundance of research on self-concept and self-esteem, the term self, "stands as a concept foremost in the ranks of confusion," (Rosenberg 1979, p. 5). In light of its history the terms self-concept and consequently its component self-esteem are considered elusive terms lacking any universal definition (Wells and Marwell 1976).

Self-esteem generally refers to a person's attitude toward himself or herself. It is generally agreed that there are three aspects of this personal attitude: the cognitive, the affective, and the behavioral (Secord and Backman, 1964). Nathaniel Branden (1969) condenses these three into two inter related aspects. As Branden views it, self-esteem entails a sense of personal efficacy and a sense of personal worth. "It is the integrated sum of self-confidence and self-respect. It is

the conviction that one is competent to live and worthy of living" (Branden 1969, p.110).

Each person places some kind of estimate upon himself/herself as an object of value (Shibutani 1961). Much of what a person chooses to do, and the manner by which he/she does it, is presumed to be dependent upon his/her self-esteem. A person's evaluation or esteem of himself or herself "is the single most significant key to his behavior" (Branden 1969, p.110). In conventional clinical self-theories (neo-phenomenological), self-esteem, as it involves acceptance of self, and judgment of worth, involves the ability of a person to view himself/herself honestly and to acknowledge his/her many shortcomings, and yet live happily and creatively with this awareness (McCandless 1961) - free of undue anxiety, self-criticism or defensive compensation (Wells and Marwell 1976). Overall, the evaluative, judgmental, and affective aspect of a person's self-conception involves the process commonly referred to as self-esteem.

Marital Satisfaction:

Marital satisfaction (happiness, adjustment, or success), like the term self-esteem, is beset with definitional problems. In the absence of any foundational theory giving rise to a uniform set of concepts the definitional problems in research on marital satisfaction are almost overwhelming. The research of the 1960's, as reviewed by Hicks and Platt (1970) strikingly bears this out.

The term marital satisfaction is most frequently used to delineate the subjective state of the marital relationship in which an individual experiences a certain attainment of a goal or a desire. This subjective state includes the experience of mutual harmony, love,

consideration, cooperation and satisfying communication between husband and wife. Beyond the marital dyad these same experiences as part of the total family relationship pattern are considered to be influential on marital satisfaction (Imig 1971).

Overview

Chapter I has presented the problem under investigation, i.e., the proposed relationship between the use of natural methods of conception regulation and self-esteem within the context of the marital relationship, along with the study's purpose, objectives, hypotheses and conceptual definitions of terms. In Chapter II the pertinent literature dealing with the relationship of conception regulation methods, self-esteem and marital satisfaction will be reviewed. The methodology of sampling procedure, sample characteristics, design and instrumentation are discussed in Chapter III. In Chapter IV the results of the data analysis will be presented and summarized. A discussion of the study's results, focusing upon the strength of the relationship among the variables employed in the study are also contained in Chapter IV. The final chapter involves the conclusions, generalizations, and limitations of the study with suggestions for further research.

CHAPTER II

Review of the Related Literature

Natural Methods of Conception Regulation:

The literature on natural methods of conception regulation can be separated into several categories: 1) medical and physiological; 2) instructional manuals; 3) method and philosophy; 4) psychological factors. Prior to 1960 the majority of the literature was in categories 1 and 3. The writings produced were mainly authored by doctors specializing in Obstetrics and Gynecology and by researchers in human physiology. It was not until the early 1960's that the scientific and medical knowledge accumulated before and during the 1940's and 1950's became translated into practical teaching materials available to lay persons (Geller 1964; Voegtli 1966; Marshall 1965, 1970; Richards 1972; Thyma, 1970, 1973, 1978; Billings 1972, 1974; Kavanagh-Jazrauy 1975; McCarthy and Seli 1971; Kippley and Kippley 1975).

As married couples' experience with the various natural methods grew, the psychological factors associated with using natural methods became more and more important and were considered more explicitly in the literature. Other than a very early study by Benedeck and Rubenstein (1942), the literature in the psychological area is only recent within the 1960's and 1970's. This review will only consider the literature which takes into account the psychological factors of natural methods as associated with marital satisfaction and self-esteem. With the exception of

McCusker (1976) and Bardwick (1973), the literature is of a non-scientific nature.

John Harrington (1974) compiled a comprehensive review of the literature on the psychology of family planning with particular reference to natural methods of conception regulation. Emphasizing those factors which might be determinants in the acceptance or rejection of natural methods, the first factor he mentions is personal self-esteem. How a person views himself/herself and his/her own worth must be taken into consideration when addressing the issue of family planning. His references concerning self-esteem cover the area of pregnancy, child birth, contraception and sterilization (Bibring 1959, Cohen 1966; Kroger 1959; Reik 1966, Rheingold 1964; Shereshefsky 1970; Twombly 1968; Wengraf 1953; and Westhoff, Herrera and Whelpton 1953).

In his review, Harrington summarizes a composite picture of the person or couple having difficulties psychologically with family planning. They are usually: immature, dependent, self-punishing individuals who have a feeling of low self-esteem and self worth with little, if any, desire to control or have an over-all control over life. He adds that inabilities to assume responsibility, control impulses, appreciate long range goals and develop good sexual adjustment often characterize persons who have difficulties with family planning.

Whatever the family planning method used, the studies reviewed by Harrington indicate that unless couples are able to understand and accept that there are advantages and disadvantages to a particular method of conception regulation, then either one or the other spouse may be demonstrating less than mature or stable attitudes. Hence there is a good chance that the marriage itself may be unstable (Harrington 1974). At

times various natural methods have been blamed for marriage problems given the requirement of abstinence associated with natural methods. However, it is doubtful that this fact alone is at the root of any particular marriage failure. Perhaps at a deeper level there is a lack of maturity or even a lack of communication which has caused the marriage problem (Harrington 1974). This is particularly important to realize with reference to natural methods, for,"in some cases, the commitment to the marriage relationship may not be equal. Hence there may be the lack of commitment to mutual family planning." (Harrington 1974, p.11)

Judith Bardwick (1972) addressed herself to the psychodynamics of contraception with particular reference to natural methods during an international conference on natural family planning. Noting the complexity of the issue of contraceptive behaviors she points out that: "Contraceptive, sexual and parental behaviors and responsibilities, and concepts of autonomy, self-esteem, are all germane" to the issue of the psychodynamics of contraception (Bardwick 1972, p.202). The dynamics of natural family planning favor a woman's self-esteem. Couples who use natural methods are usually acting jointly and this has a reassuring consequence for a woman of esteem from her partner and contributes to her feelings of worth (Bardwick 1972). From her studies on the psychology of women, Bardwick sees certain advantages to using natural methods. Use of a natural method can be reassuring and contribute to a feeling of competence when one remains in control of one's own body and control has not been relegated to a thing, i.e., a pill, IUD, diaphragm or condom. Since a great part of the identity and source of self-esteem for women relates to the reproductive system, it is an area in which the most powerful effect will be aroused (Bardwick 1972).

> In addition to whatever fundamental differences may accrue from central nervous system differences in the sexes, the psychology of women is closely related to the physiological functioning of their reproductive system and their attitudes towards it. The reproductive system generates direct effects upon the personality of women and psychological states will induce effects on the physiology of the system. Psychologically salient, the reproductive system will be perceived as a source of threat, as a source of satisfaction, as the crux of femininity. (Bardwick 1971, p.82)

Seli (1975), Kippley and Kippley (1975), and Ball and Ball (1975) see natural methods of conception regulation as a way of life. This viewpoint and philosophy arises from seeing the need for sharing, mutual cooperation and improved communication in marriages which employ natural methods. This relational aspect so strongly emphasized in the natural family planning literature is strikingly absent when searching the literature in regard to artificial contraception (Baar 1973).

That the use of natural methods by married couples has marriage building potential is stressed by Kippley and Kippley (1975). Use of natural methods: involves mutual decision making; provides recurring opportunities to think about the meaning of marriage, sex and spiritual values; addresses the issue of satiety with positive periodic abstinence; increases a wife's respect for her husband; and helps couples learn non-genital but sexual ways of showing marital affection (Kippley and Kippley 1975).

> Indeed it is a frequent comment from couples... that natural family planning demands a certain amount of maturity to begin with but results in an even more mature, stable and happy marital relationship. Repeatedly we have been told by others that the efforts involved in the NFP have been repaid tenfold in marriage enrichment (Kippley and Kippley 1975, p.184).

McCusker (1976), in the only empirical study to date of couples' perceptions on the use of natural methods on their marital relationship, found that 82.9 percent of her sample (98 couples) reported positive

influence on their marital relationship using natural methods. Only 3 of the 250 responses indicated that there was little or no effect. Positive effects on the marriage were described in 176 responses, with increased communication and deepened love being most frequently mentioned.

The complex and positive aspects of using natural methods as a way of total fertility awareness has been considered by Maloof (1977). However, he is cautious about his statements.

> The measure of marital satisfaction, as well as the effectiveness of a natural family planning method, is largely determined by attitudes towards abstinence. The marital relationship and personal growth are greatly enhanced by the practice of NFP when the difficulties of abstinence are acknowledged, so that the sacrifice involved may well be important and even essential for such growth (Maloof 1977, p. 301).

Referencing his remarks, Maloof cites the work and thinking of Dr. Lidz. Lidz (1967)interviewed women over a period of a year who were using the Pill or IUD. She found that in women suffering from depression, the psychological roots of the depression often resulted from a frustration over the interference with fertility. She drew the assumption that the "almost complete and certain frustration of a woman's sexuality, i.e. her procreative function, may well influence her general comfort, well-being, and self-esteem, and may lead to various symptoms, possibly culminating in depression" (Lidz 1967, p.761). Maloof comments that Dr. Lidz's observation in contraceptive women may prove by way of negation that fertility must remain untampered with for a personal sense of fulfillment, for depression connotes the emotion of sadness at the loss of something of value (Maloof 1975).

Many authors speak of the marriage building aspects of using natural methods. They would agree with Rendu and Rendu (1977) that the use of natural methods in conjugal love can become a positive force when lived

in tenderness, each spouse using his or her body intelligently to express love. Their thesis is based on tenderness, self-control, expressions in the spirit of giving for the mutual growth of each partner.

The thesis of the present research focuses upon the question of whether or not the use of natural methods of conception regulation within the married relationship contributes to self-esteem. The literature and experiences of many couples support the exploration of this thesis.

Related Literature on Contraceptive Behavior:

Fawcett (1970), Marshall and Rowe (1970) have called attention to the dearth of studies of the psychologic aspects of contraceptive practice. These authors point out that little attention has been given to the interpersonal factors operating between the spouses which affect contraceptive practice. The majority of studies focus on the physiological effects of the oral contraceptive and the psychological reactions of males to vasectomy.

In 1963 Ziegler, Rodgers and Altrocchi launched a longitudinal study on the psychological effects of male sterilization. They sought to measure the effects on self-esteem and marital satisfaction for both husbands and wives. Using a comparative design with 42 sterilized couples and 39 couples using oral contraceptives the 1965 findings indicated adverse changes in marital satisfaction up to two years after the vasectomy operation. All subjects were tested using the MMPI and the California Personality Inventory (CPI) before the vasectomy, one year later and four years later. Along with the administration of the test instruments, psychiatric interviews were conducted.

Although the above mentioned researchers found that there was a high stated enthusiasm and satisfaction with the vasectomy after the

operation, there was a definite discrepancy between the test results and the subjects' reported satisfaction. This discrepancy may be explained in terms of cognitive dissonance reduction, i.e. an individual having taken an irrevocable step has a need to convince himself that what he has done was in his best interest (Ziegler, Rodgers, and Kriegsman 1966; Wolfers 1970). The follow up studies conducted by Ziegler et al, one year later, showed increased psychological disturbances. The greatest degree of change occurred in marital satisfaction which was lower than pre-operative. Adverse changes in psychological adjustment were evident for as many as 50 percent of the subjects tested and followed up. These same men were rated significantly worse in overall adjustment by interviewing psychiatrists than were the husbands in the control group of pill users. However, these differences were not present four years later when both groups were re-tested and re-interviewed. This attenuation of adverse psychological reactions over time can be explained in terms of psychological compensation and the introduction of a Hawthorne effect due to repeated contact with the researchers. However, even after four years, many of the men studied exhibited some compensatory, stereotyped and exaggerated masculine behavior suggesting that vasectomy is reacted to by most subjects and their wives as if the operation had some demasculinizing potential (Ziegler et al. 1969).

Ziegler et al (1966) also reported on wife responses and test scores. Significantly more wives of husbands with vasectomies showed an increase in manifest anxiety symptoms on MMPI scale 7 ($n=42$, $P= .05$) than did wives using the pill. In addition, there were actually more negative changes in marital satisfaction for wives of sterilized husbands than for wives using the pill. These findings confirm, at least

tentatively, the suggestion made by Parker (1967) that adverse psychological reactions may occur in the unsterilized marital partner.

Ferber, Tietze and Lewit (1967) interviewed 73 men who had applied to the Association for Voluntary Sterilization (AVS) for a vasectomy. One fourth to one half of the husbands reported improvement in relations with wives and over-all happiness in marriage. No objective measurements were used. In light of the findings of Ziegler, et al, relative to the discrepancy between self-report and objective measurements the conclusions of Ferber et al, can only be taken at face value.

Wolfers (1970) found that in his sample a higher proportion of respondents stated that sexual inadequacy had led them to seek a vasectomy. Citing the findings of Ziegler and Rodgers (1966) he states that their tentative findings may indicate that submission to vasectomy may itself be indicative of personality disorder, and, in turn, lead to increased psychological disturbance.

> Accepting that vasectomy must invariably lead to some lowering of self-esteem, all men who have experienced it will require to adjust to a changed self-image in order to cope successfully with its psychological effects (Wolfers 1970, p.300).

Kendall (1972) considered the relationship between vasectomy and self-esteem using the TSCS as his measuring instrument. He sought to determine whether a vasectomy operation would cause immediate significant changes in self-concept. He established three groups of subjects; those who were about to have a vasectomy; those who might consider a vasectomy in the future; and those who would not consider such an operation. He found that men who elect to and actually undergo a vasectomy have significantly lower positive self-concepts than men who would never consider having the operation. The vasectomy group scored lower on pre - post and follow up measures.

Research studies of women's reactions to tubal ligation have been less scientifically based, lacking objective measures. Many of the studies have often been contaminated by psychiatric populations and concomitant abortions (Schwyhart and Kutner 1973). These same authors reviewed 22 studies of women who received tubal ligations primarily for contraceptive reasons. The overall results of the studies yeild several conclusions. Women who have less than 3 children express greater regret over being sterilized (Paniagua, Taybeck and Janer 1964). Women with tendencies to project feelings of inadequacy or who have doubts of their own sexual control are not good candidates for sterilization (Parker 1967). The presence of marital problems and sterilization without the consent of spouse can lead to future problems (Norris 1964). Finally, women who have strong religious convictions, irrespective of church affiliation, or reservations expressed high regret (Norris 1964; Overstreet 1970). Many of the women studied demonstrated psychological problems such as depression and feelings of inferiority from impaired body image (Schwyhart and Kutner 1973).

In summary, the research findings relative to male and female contraceptive sterilization reveal that although there is a satisfaction with being sterilized, there is a price to be paid in psychological effects. The satisfaction comes more from having made a decision to do something about avoiding any future pregnancies than from having done something to enhance one's own self-development. The psychological effects seem more pronounced for men than for women, at least according to the present state of the research. It is interesting to note, however, that there can be psychological disturbances in the non-sterilized partner.

The Nature of Self-Esteem:

An omnipresent factor of a person's psychology is his/her self-evaluation. The nature of this self-evaluation has profound effects on a person's thinking process, emotions, desires, values and goals. It is the single most significant key to a person's behavior (Branden 1969). Self-evaluation or a person's value judgment of his/her self-picture is commonly referred to as self-esteem.

Although defined in various ways, self-esteem is indicative of the extent to which a person believes himself/herself to be capable, worthy, significant and successful. As a construct, self-esteem is seen as a conceptual component of the more inclusive process of self-conception (Wells and Marwell 1976). The related terms of self-esteem and self-concept are often used interchangeably. Investigators within the field of self-theory, such as Rogers (1951), Fitts (1965), Coopersmith (1967), Branden (1969), and Rosenberg (1979), use these terms to describe both the content (self-concept) and the feeling (self-esteem) of responses persons make about themselves. The self-concept is "an object of perception and reflection" (Rosenberg 1979, p.8). Self-esteem is the emotional response - how a person feels about himself/herself as an object viewed. Branden (1969) points out that self-esteem itself has two interrelated aspects which entail a sense of personal efficacy and a sense of personal worth. "It is the integrated sum of self-confidence and self-respect. It is the conviction that one is competent to live and worthy of living" (Branden 1969, p.110).

Most definitions of self-esteem by self-theorists indicate that self-esteem is an attitude. Wells and Marwell (1976) in their review of the self-esteem and self-concept literature organized the multitude of

descriptions of self-esteem into four basic types. Three of these refer to self-esteem as involving the notion of attitude. Specifically as an attitude, self-esteem involves the disapproval or approval of self (Allport 1937; Rosenberg 1965, 1979; Coopersmith 1967; Gergen 1971). The second type of self-esteem description involves the relation between attitudes or "selves", i.e. the real and ideal self (James 1890; Cohen 1959). The third type refers to a person's psychological responses, the feelings a person has about his/her self attitudes, i.e. self-acceptance (Rogers 1950; Berger 1955).

Branden (1969) delineates three basic conditions fundamental to the achieving and maintaining of self-esteem: 1) an indomitable will to understand; 2) learning to live with and understand one's own emotions; 3) a profound respect for facts. Since these conditions are germane to the research hypothesis under investigation, a brief description of each follows. In Chapter IV these conditions will be referred to as they relate to the behavior of conception regulation.

Branden states that the indomitable will to understand involves a desire for clarity, for comprehension, i.e. a person wants to clearly understand what is going on around him/her and how he/she fits into society. The process involves the drive of looking for and thinking in terms of principles as the indispensable means of cognitive clarity. The condition of learning to live with and understand one's own emotions is linked by Branden with self-regulation, whereby a person maintains certian control over his/her existence. When feelings are not integrated within some rational process, a person can lose the sense of self-regulation which is essential to self-esteem. The third condition, a profound respect for facts, involves what is true or false, right or

wrong. Developing an ability to choose, judge and act independently of others strengthens a person's self-esteem.

These conditions are reflected in the research on self-esteem (Coopersmith 1967). Persons with high self-esteem have confidence in their perceptions and judgments. Favorable self-attitude leads them to accept their own opinions and place credence and trust in their actions and conclusion. The trust in self which accompanies feelings of worthiness is likely to provide the conviction that one is correct and the courage to express those convictions. This, in turn, helps persons express opinions and act according to their convictions even when they know these opinions and actions may meet with negative reception. On the other hand, persons with low self-esteem lack trust in themselves and are apprehensive about expressing unpopular or unusual ideas. A marked self-consciousness and preoccupation with inner problems contributes to the low self-esteem.

The results of Coopersmith's research indicate that individuals who differ in self-esteem behave in markedly different ways. He notes that the behavioral differences are due to differences of anticipation reaction and willingness to trust and rely upon personal judgment as the basis for action.

Marital Satisfaction:

Rollins and Feldman (1974) noted that when considering the concept of marital satisfaction those variables which are of importance throughout the marriage relationship or at least a major portion of it, need to be considered. Since it is probable that couples are fertile during some 20-25 years of their married lives it seems that the variable of method of conception regulation needs to be added to the list of

variables usually considered. These include: age, employment, husband's prestige, variance over life-cycle, children, role performance and similarity of social background (Chadwick, Albrecht and Kunz 1976). The issue of reproductive fertility, in addition, spans that portion of the family life cycle, i.e. the years of raising and launching children, which is often seen as declining or fluctuating in marital satisfaction (Chadwick, et al, Rollins and Feldman 1970; Burr 1970; Blood and Wolfe 1960).

With the exception of McCusker (1976) this author is unaware of any specific studies which provide any correlational data between marital satisfaction and methods of conception regulation used by married couples. McCusker in a non-comparative study found that couples using natural methods of conception regulation reported a positive influence on their marriage relationship -- eighty-three percent reporting positive influence.

Research which considers spouse self-concepts related to marital satisfaction is far more evident. In a study of 70 volunteer couples, Cohn (1975) found that self-concept, based on self-scores and role perceptions, is related to marital satisfaction. Luckey (1960) reported an investigation comparing satisfied and unsatisfied marriages, based on the results of scores obtained on the Modification of the Marital Scales suggested by Locke (1951). She found that the congruence of the wife's perception of her husband and his own self-perception is significantly related to satisfactory marriages. However, the congruence of the husband's perception of his wife with the wife's perception of herself is not associated with satisfaction in marriage. Her results have since been substantiated by the findings of later research which report that

the husband's perception of self and the wife's perception of the husband are more significant for marital satisfaction (Stuckert 1963; Kotlar 1965; Taylor 1967; and Katz, Goldstein, Cohen and Stucker 1963). Blood and Wolfe (1960) found evidence that the husband's instrumental role is important to marital happiness. When a husband has a positive self-image of himself and this is reinforced by the wife's perception of him, there is evidence of higher satisfaction in the marriage. This consistent finding is further upheld by a questionnaire study by Aller (1962). She found that too great a capacity for independent thinking and too much aggression, self-centeredness or dominance in wives threatened the self-concept of husbands and marital patterns were affected adversely. Contrary conclusions were reached by Kringle (1976) who found that the degree of congruency for satisfied married couples was between the wife's self-perception and the husband's perception of her.

The conclusions reached by the above studies find somewhat of a substantiation in the light of the Women's Liberation Movement of the 1970's. The dynamic of this movement and the growing role that women are playing within society has released within women behaviors of greater assertiveness, aggression and self-centeredness. The rising divorce rate and growing dissatisfaction with marriage may indeed be related to the behaviors mentioned by Aller (1962). This author's own counseling experience, to a degree, upholds Aller's conclusions. When wives grow in an awareness of their unique womanhood and ability, and become more assertive in wanting to meet their needs and accomplish some personal goals, husbands feel threatened. The result is that the congruent feelings with the relationship, which were present within a more traditional role structure become strained, lessening the general sense of satisfaction with the

marriage relationship. The husband no longer feels esteemed by his wife, and may even develop a sense of powerlessness and loss of confidence in meeting this new situation.

The research of the 1960's was conducted within a very different social and role expectation context. It is evident, at least to this author, that further research needs to be developed which takes into consideration the role developmental changes realized during the most recent decade. As husbands face the task of re-evaluating their own self-concepts and adjust to new perceptions of them by their wives, there remains open the possibility for a renewed congruence which is no longer based on traditional or stereotypical patterns of marital relationships.

The content and findings contained in the literature on natural family planning may very well indicate at least one way of handling the problems of incongruency in self-concept within the marital relationship. Faced with the reality of their own unique sexuality and fertility capacities beyond physical reproduction, a couple using natural methods with positive motivation can grow in a mutual appreciation and esteem for one another. This dynamic, often mentioned in the natural methods literature, can serve to increase the feelings of worth for both spouses, hopefully resulting in a greater sense of marital satisfaction.

CHAPTER III

Methodology and Design of the Study

Introduction:

Chapter 3 focuses on the methodology followed for the collection of the data in this study. Descriptions of the population, the sample, the sampling procedures, research design, and the instruments employed for measurement of the dependent variable, self-esteem, and the stratifying independent variable, marital satisfaction, are contained within this chapter. An important aspect of this chapter is the section on specific problems encountered in the sampling procedure. Also presented in the chapter are the hypotheses to be tested and the operational definitions of importance for the design.

The Sample

Definition of the Population:

The population from which the sample was drawn for this study consisted of 750 married couples, who were parishioners of a particular Lansing Catholic parish and 13 other couples known to be using natural methods of conception regulation. The nature of the research demanded that only presently married couples be acceptable as potential participants. Single parent families or recently divorced persons were excluded. In addition, only those couples who were still in their major child bearing years were included. These couples would likely be concerned with conception regulation methods as part of their family planning.

A Catholic population was chosen because the current state of married and family life is of vital interest to the Catholic Church. Also, this researcher has a personal concern with the conception regulation behavior of Catholic couples in light of the Catholic Church's moral teachings on contraception and conception regulation.

Description of the Subjects:

Husband's ages ranged from 22-49 years with a mean of 34. Wive's ages ranged from 21-45 with a mean age of 33 years. The number of years married ranged from 1-25 with a mean of 10.5 years of marriage.

It was assumed that the vast majority of the subjects would be college educated. This assumption was based on the author's general knowledge of the parish membership and the geographical proximity of the parish to Michigan State University. A summary of the educational levels is given in Table 3.1. Seventy-five percent of husbands had completed some college or had attained advanced degrees. For the wives in the sample, the percentage of those having attended or completed college was 62.2 percent.

TABLE 3.1

Educational Level Achieved for All Subjects
(Percentages for Husbands and Wives)

Educational Level	Husbands	Wives	n=90
High School	24.5	37.8	
Some College	17.7	26.7	
College Graduate	31.2	24.5	
Graduate School	26.6	11.1	

Couples were requested to provide information as to their joint family income. The results, as tabulated in Table 3.2 indicate that the sample couples are in a middle income range with a mean income of $19,000.

TABLE 3.2

Joint Income for All Couples

Joint Income Category	Number of Couples n=45
<$10,000	1
$10,000-$15,000	7
$15,000-$20,000	14
$20,000-$25,000	15
>$25,000	8

Couples provided information on the number of children they presently have, and on their desired family size. Number of children ranged from 0-7 with a mean of 2.5 children per family and a mode of 2 children. Four couples had no children. For all couples the mean for desired family size was three children. Actual and desired family size information is contained in Table 3.3. Couples using natural methods desired, on the average, a family size of four children.

TABLE 3.3

Actual and Desired Family Size According to Group

Method Group A (MG_a)		Method Group B (MG_b)	
Actual	Desired	Actual	Desired
$\bar{X} = 2$	$\bar{X} = 4$	$\bar{X} = 2$	$\bar{X} = 3$
n=15		n=30	

Since methods of conception regulation are considered in this study to be a major variable, the types of method used by couples in both groups are included in Table 3.4 to further characterize this sample.

TABLE 3.4

Methods of Conception Regulation Used by Couples
(Percentages by total sample and group)

Method Group A (MG_a)			Method Group B (MG_b)		
Method	Total	Group	Method	Total	Group
Calendar Rhythm	2.2	6.7	Sterilization	23.3	36.6
Temperature	2.2	6.7	Vasectomy	26.6	39.9*
Sympto-Thermic	21.1	63.3	Tubal Ligation	13.3	
Combination	7.8	23.3	Pill	6.7	10.2
			Diaphragm	11.1	17.0
	n=45	n=15	Condom	5.6	8.5
			Condom with foams and jellies	5.5	8.5
			Withdrawal	5.5	8.5
			Abstinence	3.3	5.1
			No method	4.4	6.8
				n = 45	n=30

*Difference in percentages of 36.6 and 39.9 for sterilization method due to the occurrence of both spouses in same family being sterilized.

The question is raised as to whether the sample of Catholic couples in this study differs in conception regulation behaviors with regard to the national population. A comparison table (Table 3.5) is provided using 33 of the 45 couples for this comparative purpose. The 33 couples included here represent those initial couples who responded to participation in the study. The 12 of the 45 couples using natural methods are excluded in this comparative table.

Selection Procedure:

Subjects were selected on the basis of a couple's membership in the Lansing Catholic parish of interest, or on a couple's present use of natural methods of conception regulation. This procedure resulted in the situation that not all of the subjects were members of the parish population. Twelve of the 45 couples lived outside the geographical area of the parish.

TABLE 3.5

Methods of Conception Regulation Used - Comparison of Present Sample and a National Sample (figures in percents)

Method	National*		Present Sample
	NC (n=1,938)	C (n=679)	C (n=33)
Pill	34.3	34.2	9.0
IUD	9.0	7.6	- -
Sterilization	33.1	26.0	33.3
Diaphragm	4.1	3.5	15.1
Condom	9.6	14.9	15.1
Withdrawal	1.8	2.4	9.0
Rhythm	1.7	5.9	9.0
Foam	3.9	2.6	---
Douche	.5	.3	
Abstinence	---	---	3.0
Other or no method	2.0	2.6	6.0

NC = Non-Catholic C = Catholic

*Source: 1975 National Fertility Study, co-directed by Norman B. Ryder and Dr. Westoff under contract with Center for Population Research of the National Institute of Child and Human Development, DHEW; In Family Planning Perspectives, 1977, Vol. 9, p.204.

Selection was also made on the variable of age, using the husband's age as the determining factor. The age range decided upon was 20-48 years. This age range was decided upon so as to include the largest number of couples still in their child bearing years.

Sampling Procedure;

Two methods of sampling were employed. The first involved the use of the facilities of the parish's computer listing of its parish population of 1300 families. A program was executed which selected out all married couples between the ages of 20 and 48, the husband's age being the variable chosen. The procedure resulted in a selection sample of 750 couples. The list of 750 couples was subjected to a random sampling procedure, using the Table of Random Numbers, without replacement by which a sample of 300 couples were designated for inclusion in the

study. It was to these 300 couples that a letter and consent form were sent explaining the nature of the study and inviting them to participate. (Letter and Consent Form -- Appendix A and B)

In order to ensure that the total sample would include couples who used natural methods of conception regulation a second procedure was used. A volunteer group of 12 couples was obtained through the assistance of a couple who are teachers of natural methods. This second procedure became necessary when it was discovered half way through the data collection procedure that only three couples in the responding sample were using natural methods of conception regulation. This low number endangered the comparative nature of the study and a testing of the research questions. This decision obviously had some consequences as to sampling methodology, and generalizability of the results. The total sample is treated as a volunteer sample thus reducing the generalizability of the study to those couples in the study and to populations of Catholic couples with the same characteristics.

Data Collection Procedure:

All potential participants (n=312) were sent a letter explaining the general nature of the study and outlining what their involvement would entail. Along with this letter a Consent Form was sent. The return of a signed consent form indicated willingness to participate in the study and complete all materials subsequently sent to them. On the receipt of the Consent Form, each couple was mailed, for completion, a Personal Information Form (Appendix C) and two copies of the Tennessee Self Concept Scale. When these were returned, a second letter and mailing were sent. The second mailing included two copies of the Family and Marital Adjustment Instrument and two copies of either Form A or

Form B of the Family Planning Questionnaire (Appendix D,E,F). All instruments were to be filled out individually by husband and wife.

Because of the time factor, the volunteer couples (n=12) added to the study were given the entire package of letters, instructions, and test instruments and were directed to follow the same instructions and sequence for completing the materials as followed by all other participants. This second procedure with the volunteers, although done for the convenience of the researcher, represented a break in methodology by not assuring sequence of response to research instruments. No controls were possible with either group to insure the absence of collusion.

Responding Sample:

Of the 300 potential participants who received the letter inviting them to participate only 54 couples decided to enter the study. This represents a return rate of 18 percent. The initial letter had requested that a couple indicate their reasons if they decided not to participate. A self-addressed stamped envelope was provided to facilitate this possibility. Only four responses from the 246 non-respondents volunteered such information. Two respondents reported back that they had recently been divorced, thus excluding them from the study. One wife wrote saying that her husband refused to participate although she was quite willing, and one husband responded in a similar fashion.

An attempt was made by mail to increase the response rate. Post cards were mailed to non-respondents. This action produced no further response of any type.

During the extent of the data collection a significant mortality was realized. Twelve couples failed to return the first mailing which included the Personal Information Form and the TSCS. An additional 12

couples who returned the first mailing completed, failed to return the second mailing which contained the F-MA and FPQ. No reasons were received for dropping out of the study. Reminders were sent to these couples with the hope they would reconsider. No responses were received. Couples were informed at the outset of the study that they had the freedom to discontinue their participation for whatever reasons they had decided upon.

Specific Problems of Sampling Procedure and Methodology Affecting the Research Design:

As noted earlier a volunteer group of 12 couples were added to the study in order to make possible the comparative nature of the research. Without these couples the study itself was in jeopardy. Since these couples constituted the majority (12 of 15 couples in Group A, who used natural methods), it was recognized that they clearly constituted a selection bias. The results and findings of this study must be interpreted in the context of this selection bias. As will be discussed in Chapter 4, the 12 couples included in MG_a selected for this study have certain characteristics which set them apart from the remaining couples in the study, the principal characteristic being that two-thirds of these couples (n=9) have participated in an educational process for the learning of a natural method sometime prior to the actual study. This educational process must be viewed as an important variable influencing the self-esteem of these couples. The educational process in learning a natural method has a built-in dynamic for bringing about a greater awareness on the part of husbands and wives of their sexual identity. The interaction with other couples during the educational process, the mutual support given to one another, and the confidence in self resulting from such a process, further characterizes these couples. Therefore, it

is recognized that these couples have undergone a particular type of "treatment", uncontrolled for in the design, and which differentiates them from the remaining couples in the study's sample.

Upon analysis of the demographic information these couples did not differ in any manner from other couples in the study. These couples were included at all stages in the analysis procedure. Other than the manner by which these couples were selected, and the already mentioned group characteristics, they were treated in the same way as the remaining 33 couples in the study.

A final sample of 45 couples was settled upon prior to any analysis. Because of the low response rate (45 out of 312) the entire sample was designated and treated as a volunteer sample. This determination is based on the assumption that those couples willing to participate represented a volunteer response. The low response rate also occasioned a change in the research design. At the outset of the proposed design, the design included two dependent variables: self-esteem and marital satisfaction. Prior to analysis of the data the assumption was made that only couples who considered themselves to have a good marriage decided to participate. The design was adjusted to designate marital satisfaction as a nuisance variable, treating it as an independent variable in the design. However, the data obtained from the results of the F-MA will be reported in the data analysis in order to test this assumption.

The Research Design

The dependent variable in this study was self-esteem as determined by the Total Positive Score on the Tennessee Self Concept Scale. The independent variables are marital satisfaction as measured by the F-MA and method of conception regulation, the latter contains two levels:

natural methods of conception regulation and artificial/surgical methods of conception regulation.

Description of Instruments

Tennessee Self Concept Scale (TSCS):

Developed by William H. Fitts (1965) the Tennessee Self Concept Scale consists of 100 self-descriptive items, of which 90 assess the self-concept producing an overall self-esteem score, and 10 assess self-criticism. The 10 self-criticism items are derived from the MMPI Lie Scale. The scale is self-administered and can be used with a variety of subjects 12 years and older. The respondent is asked to complete the 100 items by choosing one of five response options labeled from "completely false" or "1" to "completely true" or "5".

The single most important score derived from the 100 test items is the Total Positive Score which reflects the overall level of self-esteem. This score is broken down into various aspects of self: Identity, Self-Satisfaction, and Behavior which represent an internal frame of reference; and Physical Self, Moral-Ethical Self, Personal Self, Family Self and Social Self, representing an external frame of reference. In addition to the overall level of self-esteem (Total Positive Score), the TSCS yields major additional scores: Variability Scores reflecting the amount of consistency from one area of self description to another; Distribution Scores, a measure of the individual definiteness or certainty when describing oneself; True-False Ratio, a measure of response style; Net Conflict Score, reflecting responses to positive and negative items. The TSCS also yields seven empirical scales for group discrimination of various sorts. These scales are: Defensive Positive, General Maladjustment, Psychosis, Personality Disorder, Neurosis, Personality Integration and Number of

Deviant Signs score. The norms of the TSCS were developed using a broad sample of people from various geographical locations, with age ranges from 12 to 68 years, males and females, mixed races and all levels of socio-economic strata. The test-retest reliability coefficient of the TSCS is reported as .83 (Fitts, 1965).

Family and Marital Adjustment Instrument (F-MA):

The Family and Marital Adjustment Instrument is a 57 item instrument measuring family and marital satisfaction and has been adapted from Van der Veen's Family Concept Inventory (FCI). The FCI was originally constructed as a Q-Sort consisting of 80 true-false items, 48 of which entered into the scoring. Van der Veen et al (1964) reported significantly different mean scores for well-adjusted and maladjusted families (35.2 and 27.9 respectively; N=30). Correlations between the FCI and the Lock-Wallace Scales have been reported by Van der Veen et al (1964), r=.67 with N=40 and by Hofman (1966) r=72. Palonen (1966) developed a five choice form of the FCI, strongly agree to strongly disagree, using the significant 48 items found in the original Q-Sort. The subject were asked to respond to each item using one of five possible choices, after which a weight of 0-4 was assigned to each response. Imig (1971) developed the FCI further using Hofman's five choice form. Using the significant 48 items which were used in the scoring of the FCI, he added 9 dummy variables, taking these from the original Q-Sort of 80 items. His study, N=181, consisted of married university students. He reported mean scores for husbands and wives ranging from 133.6 to 144.5. Hofman's (1969) research comparing clinical and non-clinical families reported means for the FCI (N=15) quite different from Imig. The mean score for clinical families ranged from 123.8 to 126 and for non-clinical families 153.1 to 156.1.

The present FMA instrument used in this study is the version of the FCI as developed by Imig (1971). It was chosen because of its simplicity and relative brevity. In addition, it allows the respondent greater freedom of answers than the original T-F design. Since the scope of this study revolves around the issue of family planning, this instrument lends itself to a fuller understanding of the response scores than other marital satisfaction or adjustment instruments. It purports to measure not only marital adjustment but also family adjustment. The items on this inventory are less direct and thus appear to be less threatening.

Family Planning Questionnaire (FPQ):

The Family Planning Questionnaire is a researcher developed instrument for this particular study. It has two forms, Form A and Form B (Appendix E and F). Form A was completed by those couples who indicated in their initial response of participation that they were currently using a natural method of conception regulation. Form B was completed by all other couples regardless of method of conception regulation being used.

Prior to the finalization of the FPQ instrument a volunteer sample of 9 couples (n=18) completed and offered feedback and evaluation on the original single form FPQ. This original form was also sent to four independent reviewers with varying degrees of experience with family planning (in particular natural methods of conception regulation). The suggestions and recommendations of these two groups were weighed and incorporated into the present instrument. This review of the instrument resulted in a decision to have two forms. The reasons for this decision were: 1) the original was too long, 58 questions; 2) it was complicated in that it required too many choices and exceptions depending on which methods of conception regulation were used. Both forms of the questionnaire have

both identical and similar type questions for purposes of comparison. Final analysis compares only identical questions.

The FPQ does not aim at measuring any particular variable or attitude. It was developed as a survey type questionnaire to elicit from the responding couples, information relative to the conception regulation practices, their general satisfaction and dissatisfaction with such methods, and their general feelings and attitudes about any effects of such methods on their marital relationship. Two sexual behavior items (Form A, qq 23-24 and Form B, qq 25-26) were asked to gain some knowledge of the dynamics of a couple's sex relationship. The FPQ was designed with the purpose that some comparisons and relational statements could be made between the FMA overall score and the satisfaction questions in the FPQ. Since these questions also relate to basic concepts of self it would give another perspective on the overall self-esteem score.

Statistical Hypotheses

Statistical Model for N Way Anova:

$$\bar{X}_{ijk} = \bar{X}... + \alpha i + B_j + (\alpha B_{ij}) + (\alpha B \gamma_{ijk}) + e$$

αi = Group (Method used)

B_j = Marital Satisfaction level for any spouse

γk = Husband or wife in group

αB_{ij} = Group X Marital Satisfaction Interaction

$\gamma:\alpha B_{ijk}$ = Sex within group by marital satisfaction level interaction

e = Error

Statistical Hypotheses Tested:

$H = \alpha_i = 0$ $\qquad$ $H_o = \alpha B_j = 0$

$H_1 = \alpha i \neq 0$ $\qquad$ $H_1 = \alpha B_j \neq 0$

$H_o = B_{ij} = 0$ $\qquad$ $H_o = \gamma:\alpha B_{ijk} = 0$

$H_1 = B_{ij} \neq 0$ $\qquad$ $H_1 = \gamma:\alpha B_{ijk} \neq 0$

Operational Definitions

Marital Satisfaction

The Family-Marital Adjustment Instrument (F-MA), the five choice version of the Family Concept Inventory (FCI), expands upon a limited perception of marital relations to include other family members. What is obtained is an indirect measure of marital satisfaction. For the purpose of this study, marital satisfaction is defined as the state of mutual harmony, consideration, and cooperation between husbands and wives in relationship to one another, to their children and other family members.

Couples with low or clinical levels of satisfaction are characterized by divorce, separation or leaving home, failure of one or more spouses to perform role obligation, problem-ridden, poor interpersonal relations between spouses and family members, and general instability. High scores are characterized by traits opposite of low scores (Van der Veen, et al, 1964). The norms of the FCI, as related to low scores, were established using families that requested marital, mental or family counseling or assistance (Hofman, 1969).

Operationally, as measured by the present five choice version of the FCI, low or clinical scores for this study are defined as having a range of 132 or less. High scores have a range of 146-180. This range of scores is somewhat comparable to the score ranges used by Hofman (1969) and Imig (1971).

Self-Esteem

The Tennessee Self-Concept Scale yields a score, the Total Positive Score, which reflects the overall level of self-esteem. Persons with high scores tend to like themselves, feel that they are persons of value

and worth, have confidence in themselves, and behave accordingly. Persons with low scores are doubtful about their worth, see themselves as undesirable, often feel anxious, depressed, and unhappy, and have little faith or confidence in themselves (Fitts, 1964).

Operationally, as measured by the TSCS, low self-esteem scores for this study are defined as having a range of 221 to 336. High scores of self-esteem range from 344 to 432. These high and low ranges were decided upon after reviewing the norm and clinical group scores obtained by Fitts (1965).

Methods of Conception Regulation

For the purposes of identification and simplification of the tables, the couples in this study are designated as belonging to either Method Group A (MG_a) or Method Group B (MG_b). Method Group A couples are those couples who reported using natural methods of regulating conception. Method Group B refers to couples who use contraceptive, surgical or no method of conception regulation.

CHAPTER IV

Results of Data Analysis

Introduction:

The basic research question and purpose of this study was to determine if there are any differences in the self-esteem levels between couples who use natural methods of conception regulation and those couples who use other methods of conception regulation. Subjects were tested on self-esteem through the use of the Tennessee Self Concept Scale. The research design employed two independent variables: method of conception regulation and marital satisfaction level. The data was subsequently analyzed using a Two-Way Analysis of Variance procedure. This procedure yields information relative to both the main effects and their interaction on a dependent variable; in this study a measure of self-esteem.

An overall theoretical alpha level of .20 was established for this study. This higher alpha level was deemed appropriate since this research was undertaken with an underlying purpose of establishing some inroads to the stated research questions. Any differences found between the two groups of married couples would be judged important for purposes of further research. The results of the 2-Way Analysis of Variance are given in Table 4.1.

Analysis of the Data:

Hypothesis #1: Catholic married couples who use natural methods of conception regulation will exhibit higher levels of self-esteem, as measured by the TSCS, than will Catholic

married couples who use other methods of conception regulation.

The test of Hypothesis #1 yielded statistically significant results. The F-ratio of 2.669 exceeded the theoretical alpha level of .20 ($p = .106$). Therefore, the statistical null hypothesis of no difference ($H_o : u_1=u_2$) is rejected. That is to say, the assertion that couples would not differ in levels of self-esteem according to method of conception regulation used was rejected. The mean scores on self-esteem for couples in both groups are included within the design contained in Table 4.2.

TABLE 4.1

Results of Analysis of Variance

Main Effects	Sums of Squares	df	F	P
Method	2280.233	1	2.669	.106
Marital Satisfaction	24010.014	2	14.051	.001
Interaction	999.038	2	.585	.560
Error		84		

n= 90

TABLE 4.2

Design Table with Self-esteem Scores by Level of Marital Satisfaction and Method Group

Marital Satisfaction	MG_a	MG_b	n
High	380	367	31
Medium	349	349	31
Low	343	324	28
Number of Subjects	30	60	90

Examination of the mean scores in Table 4.2 reveals that couples who use natural methods of conception regulation score significantly higher on self-esteem within the categories of high and low marital satisfaction.

Hypothesis #2: Catholic married couples who demonstrate different levels of marital satisfaction will differ in levels of self-esteem, as measured by the F-MA and TSCS.

The test of Hypothesis #2 also yielded statistically significant results ($p = .001$). Thus the null hypothesis was rejected. Couples in this study do differ in their levels of self-esteem according to their degree of marital satisfaction. The difference is true for those couples with high and low marital satisfaction but not for those couples in the medium range of marital satisfaction.

Hypothesis #3: Catholic married couples who demonstrate different levels of marital satisfaction will differ in levels of self-esteem according to method of conception regulation used.

Hypothesis #3 sought to test the interaction relationship between the two independent variables of method and marital satisfaction on a couples' self-esteem. When testing this interaction by the analysis of variance procedure the results indicated no statistically significant interaction ($p = .560$).

Hypothesis #4: Among Catholic married couples who demonstrate high satisfaction in their marriages there will be differences in levels of self-esteem according to method and sex. The differences will be more evident for wives than for husbands.

Hypothesis #4 set out to test the interaction between sex of respondent and method of conception regulation used for well-adjusted married couples. This hypothesis proved to be untestable using the 2-Way ANOVA. This statistical procedure is unable to test for such interaction given the design of repeated measures and non-proportional cell frequencies. The more sophisticated FINN Multivariance analysis procedure would have been the more appropriate test, but due to time and data transformation difficulties it was not used.

However, given the significant results for both main effects on self-esteem, appropriate post-hoc tests of means were computed for both wives and husbands who scored high on the F-MA. It was anticipated that several post-hoc analyses would need to be performed. Accordingly, the overall alpha level of .20 was divided by the number of specific comparisons performed in order to adjust for repeated testing. The adjusted alpha level of the "t" test of means for the mean scores on self-esteem for wives is $\alpha = .07$ with 11 degrees of freedom. Significant results were found for mean differences between wives according to method of conception regulation used and within high marital satisfaction: $t = 1.93 > t, 1.76, p < .05$ level. A similar "t" test was computed for the husbands' mean self-esteem scores, also with an alpha level of .07. No significant differences were found, as would be expected from the data contained in the table of mean scores (Table 4.3). The percentage of husbands and wives with high F-MA scores is significantly different for both groups.

Reasons were sought for the significant difference among wives through an examination of the raw data scores on both self-esteem and marital satisfaction among wives in MG_b. It was discovered that those

TABLE 4.3

Self-esteem Mean Scores for Husbands and Wives with High Marital Satisfaction (n=31)

Self-esteem	MG_a		MG_b		n
	Husbands	Wives	Husbands	Wives	
$\bar{X}$	376	383	372	364	
Percent	46.6	60.0	16.6	33.3	
Number of Subjects	7	9	5	10	31

wives who were sterilized or who were married to a husband with a vasectomy had a disproportionate number of low scores on the TSCS. In order to test the significance of this finding the wives within MG_b with high marital satisfaction scores and who were either sterilized or married to a sterilized husband were excluded from an additional post-hoc test. The alpha level for this third "t" test was set at .08. This additional test was computed to test a working hypothesis that it was this group of wives who were responsible for the significant differences found between couples with high marital satisfaction.

This procedure resulted in excluding two subjects from MG_b users, leaving 8 wives to be included in the new calculation of mean scores on self-esteem. A new mean of 372 was computed for wives within MG_b. A post-hoc test of means with an alpha of .08 was computed. The test statistic for "t"$\alpha_{.05}$ with 9 degrees of freedom is 1.83, higher than the calculated "t" of 1.08. Therefore, it was concluded that there is no difference in self-esteem scores at the .08 level between wives who use natural methods and wives who are not sterilized or married to sterilized husbands. It was further concluded that those wives in MG_b who are

sterilized or married to sterilized husbands and who have high marital satisfaction scores did indeed shift the mean score for wives in MG_b to produce the prior significance found between wives.

Results of the F-MA:

The scores obtained for all couples on the F-MA ranged from a low of 50 to a high of 180. The mean score for all couples is 131.6 with a standard deviation (S.D.) of 27.2. High scores for all couples range from 146-180, medium scores range from 133-145 and low scores range from 50-132. Table 4.4 illustrates the mean F-MA scores by method group and sex of subjects.

TABLE 4.4

Mean F-MA Scores for Husbands and Wives

	MG_a		MG_b		n
	Husbands	Wives	Husbands	Wives	
FM-A Mean Score	143.4	140.1	119.5	133.6	
Group Mean	141.7		126.5		
Number of Subjects	15	15	30	30	90

Upon examination of the results in Table 4.4 it can readily be seen that MG_a couples scored higher by 15 points on the F-MA. Higher scores were true for both husbands and wives in MG_a. No statistical tests of significance were calculated for the F-MA results since scores were used to stratify subjects on self-esteem measurement.

Table 4.5 compares the results on the F-MA for these couples with the results obtained by Hofman (1969) and Imig (1971). The study by Hofman differs in that his subjects were separated into clinical and non-clinical groups. The mean score obtained by husbands in this study is

TABLE 4.5

Comparison of Mean F-MA Scores

	Clinical	Non-Clinical
Hofman		
Average	126.0	154.6
Husbands	128.3	153.1
Wives	123.8	156.1
Imig		
Average	140.3	
Husbands	137.9	
Wives	142.9	
This Study		
Average	133.7	
Husbands	131.0	
Wives	136.5	

closer to the clinical mean than it is to the non-clinical mean score for husbands obtained by Hofman (1969). Couples in MG_a (cf. Table 4.4) come closer to the score results obtained by Imig (1971).

The results on the F-MA as presented in Table 4.6 contain some interesting findings. A disproportionate number of husbands (n=19, 63.3 percent) within MG_b have extremely low F-MA scores. Of those husbands

TABLE 4.6

Mean F-MA Scores for Husbands and Wives
(Means and Percentages)

F-MA Level	MG_a		MG_b		n
	Husbands	Wives	Husbands	Wives	
High	157.1 (47.0)	156.7 (60.0)	156.6 (16.6)	159.6 (33.3)	31
Medium	139.8 (33.3)	----- -----	137.3 (20.1)	140.1 30.0)	20
Low	118.6 (20.0)	116.0 (40.0)	104.4 (63.3)	103.0 (36.6)	39
Number of Subjects	15	15	30	30	90

represented in this low range, 42.1 percent (n=8) have had a vasectomy or are married to a sterilized wife. Fifty-four percent of the wives within MG_b (n=6) who have low marital satisfaction scores are either sterilized or married to a husband who has had a vasectomy. The distribution of high, medium and low scores for couples within MG_a presents a quite different picture. The majority of husbands and wives in MG_a achieved high scores on the F-MA. The interesting feature for these couples within Table 4.6 is that the wives scored either high or low. There are no wives with scores in the medium range. This may indicate a lack of ambivalence about marital satisfaction on their part.

Content Analysis of the FPQ:

It was the original intent that the Family Planning Questionnaire (FPQ) would be used to gain some insights into the sexual and marital satisfaction of the participating couples beyond test scores. Additionally, the majority of questions sought to establish the present satisfaction level with the method of conception regulation being used.

In order to help substantiate and support any differences found between MG_a and MG_b a categorical content analysis was performed on a certain set of questionnaire responses. The content analysis is limited to two categories of questions: 1) satisfaction with present method of conception regulation, and 2) questions relevant to marital and sexual satisfaction. The results of this analysis are presented in a series of tables which follow. Responses frequencies are represented in percentage figures. Table headings are summation statements of the actual questions. The overall analysis of the questionnaire responses for both groups found very little variance of response on those questions which asked about general satisfaction and agreement. However, certain responses to the

questions concerning sexual intercourse indicate some differences among couples. Where meaningful differences occur these will be commented upon in the text following the tables.

Several questions were asked concerning satisfaction with the method of conception regulation used and its effect on the marital relationship. Tables 4.7 through 4.13 contain the response frequencies to these questions.

TABLE 4.7

Satisfaction with Method Used

Response	MG_a	MG_b	n
Yes	76.6	78.3	
No	3.3	15.0	
Sometimes	13.3	----	
No response	6.6	6.6	
	n=30	n=60	90

TABLE 4.8

Individual Confidence with Method Used

Response	MG_a		MG_b		n
	Husband	Wife	Husband	Wife	
Absolutely confident	53.3	60.0	53.3	46.6	
Confident, most of time	46.7	33.3	33.3	30.0	
No Confidence	----	----	3.3	6.6	
No Response	----	6.6	6.6	13.3	
	n=15	n=15	n=30	n=30	90

TABLE 4.9

Spouse Agreement on Method Used

Response	MG_a		MG_b		n
	Husband	Wife	Husband	Wife	
Yes	100.0	100.0	90.0	90.0	
No	-----	-----	6.6	6.6	
No response	-----	-----	3.3	3.3	
	n=15	n=15	n=30	n=30	90

TABLE 4.10

Arguments about Method Used

Response	MG_a		MG_b		n
	Husband	Wife	Husband	Wife	
Often	----	----	----	----	
Once in a while	6.6	----	3.3	13.3	
Seldom	26.6	6.6	16.6	16.6	
Never	60.0	86.6	73.3	63.3	
No response	6.8	6.8	6.8	6.8	
	n=15	n=15	n=30	n=30	90

TABLE 4.11

Method Helps Marital Communication

Response	MG_a		MG_b		n
	Husband	Wife	Husband	Wife	
Yes	80.0	80.0	56.6	66.7	
No	20.0	20.0	40.0	30.0	
No response	----	----	3.3	3.3	
	n=15	n=15	n=30	n=30	90

TABLE 4.12

Issue of Conception Regulation
Interferes with Marital Relationship

Response	MG_a		MG_b		n
	Husband	Wife	Husband	Wife	
Often	----	----	----	3.3	
Once in a while	----	6.6	10.0	6.6	
Seldom	26.6	6.6	13.3	16.6	
Never	66.6	86.6	73.3	70.0	
No response	----	----	3.3	3.3	
	n=15	n=15	n=30	n=30	90

TABLE 4.13

Present Practice of Conception Regulation
Enhances Marital Relationship

Response	MG_a		MG_b		n
	Husband	Wife	Husband	Wife	
Often	46.6	66.6	50.0	40.0	
Once in a while	26.6	13.3	26.6	13.3	
Seldom	6.6	----	16.6	30.0	
Never	----	----	3.3	13.3	
No response	20.0	20.0	3.3	3.3	
	n=15	n=15	n=30	n=30	90

A series of questions were asked of each spouse concerning their feelings about being refused sexual intercourse and about their own refusal of sexual intercourse. So that the following tables (4.14 through 4.21) may be more clearly understood the actual questions precede each set of tables, and the table headings indicate the various possible responses.

Question 23 or 25: If for any reason you do not wish to have sexual intercourse with your spouse, how is your refusal usually received?

TABLE 4.14

With Understanding and Love

Response	MG_a		MG_b		n
	Husband	Wife	Husband	Wife	
Often	93.3	86.6	26.6	46.6	
Sometimes	----	----	43.3	46.6	
Never	----	----	16.6	----	
No response	6.6	13.3	13.3	6.6	
	n=15	n=15	n=30	n=30	90

TABLE 4.15

With Some Criticism and Negative Feelings

Response	MG_a		MG_b		n
	Husband	Wife	Husband	Wife	
Often	----	----	3.3	10.0	
Sometimes	6.6	13.3	50.0	36.6	
Never	80.0	53.3	23.3	43.3	
No response	13.3	33.3	23.3	10.0	
	n=15	n=15	n=30	n=30	90

TABLE 4.16

With Silent Resentment

Response	MG_a		MG_b		n
	Husband	Wife	Husband	Wife	
Often	----	6.6	10.0	10.0	
Sometimes	33.3	20.0	30.0	36.6	
Never	46.6	46.6	30.0	36.6	
No response	20.0	26.6	23.3	16.6	
	n=15	n=15	n=30	n=30	90

Question 24 or 26: How do you feel about your own refusal to have sexual intercourse?

TABLE 4.17

Frustrated

Response	MG_a		MG_b		n
	Husband	Wife	Husband	Wife	
Often	6.6	----	6.6	10.0	
Sometimes	26.6	46.6	36.6	46.6	
Never	53.3	13.3	26.6	30.0	
No response	13.3	40.0	30.0	13.3	
	n=15	n=15	n=30	n=30	90

TABLE 4.18

At Peace

Response	MG_a		MG_b		n
	Husband	Wife	Husband	Wife	
Often	53.3	46.6	20.0	20.0	
Sometimes	20.0	20.0	30.0	33.3	
Never	----	6.6	26.6	33.3	
No response	26.6	26.6	23.3	13.3	
	n=15	n=15	n=30	n=30	90

TABLE 4.19

Misunderstood

Response	MG_a		MG_b		n
	Husband	Wife	Husband	Wife	
Often	----	----	3.3	13.3	
Sometimes	33.3	33.3	53.3	50.0	
Never	40.0	40.0	13.3	26.6	
No response	26.6	26.6	30.0	10.0	
	n=15	n=15	n=30	n=30	90

TABLE 4.20

Guilty

Response	MG_a		MG_b		n
	Husband	Wife	Husband	Wife	
Often	----	13.3	10.0	20.0	
Sometimes	26.6	20.0	36.6	40.0	
Never	46.6	33.3	26.6	30.0	
No response	26.6	26.6	26.6	10.0	
	n=15	n=15	n=30	n=30	90

TABLE 4.21

Accepted and Loved

Response	MG_a		MG_b		n
	Husband	Wife	Husband	Wife	
Often	73.3	73.3	30.0	43.3	
Sometimes	13.3	6.6	50.0	40.0	
Never	----	----	6.6	10.0	
No response	13.3	13.3	13.3	10.0	
	n=15	n=15	n=30	n=30	90

Couples were asked if the use of their present method of conception regulation helped them feel more positive about their marital relationship.

As can be seen from the response frequencies in many of the preceding tables there is a fluctuating variance between couples in their responses. Couples report general satisfaction with the particular methods of conception regulation being used. Couples in MG_b are more likely to express dissatisfaction and lack of confidence with their methods. Spouses generally agree on the method being used with the exception of a few couples in MG_b indicating no agreement. On the question about marital communication being helped by the use of a method, those couples

using natural methods respond with a higher frequency of positive responses. With reference to the questions concerning sexual intercourse, couples in MG_a evidenced higher response frequencies on the positive statements while the couples in MG_b evidenced greater frequency of responses on the negative statements.

Each form of the FPQ (A and B) contained a few open ended questions to allow subjects to express themselves more fully on the issue of conception regulation. The following summary considers these open ended questions and the responses. Each group of couples will be considered separately.

Couples - MG_a:

Questions 12 and 13 in FPQ-Form A asked couples to identify the greatest benefit and the greatest difficulty experienced in using a natural method of conception regulation. There were 28 individual responses with 31 separate reasons for natural methods being beneficial. These have been categorized for reporting purposes.

The most frequently stated benefit was peace of conscience, mind or body, accompanied by no guilt feelings about acting contrary to the teachings of the Catholic Church (n=10). Husbands reported that the greatest benefit for them was that the method was healthy for their wives (n=4). Wives expressed the same benefit by indicating that using natural methods involved no harmful side effects and did not pollute their bodies with chemicals or other artificial mechanisms (n=5). The fact that the methods used are natural and do not interfere with normal body functions was mentioned by both husbands and wives (n=8). A few couples expressed that using natural methods brought about greater unity, sharing and cooperation in their marriage (n=4). As might be expected of couples in

this sample, using natural methods had spiritual benefits also. Five couples mentioned that by using a natural method they were being responsible to the natural design of God's ordering of the human body and its fertility potentials. One wife expressed the benefit that natural methods were non-abortive. Only one husband stated that the greatest benefit for him was that using natural methods prevented pregnancy. This is, as might be expected, in marked contrast to husband responses in MG_b.

Couples using natural methods responded to Question 13 (greatest difficulty) with an almost unanimous response, a response which was very predictable. The greatest difficulty is abstinence (n=10). This is the response most often seen in the literature on natural methods (Marshall and Rowe 1970). But despite this difficulty the majority of couples who participated in the study by Marshall and Rowe were of the opinion that using a natural method helped their marriage (Marshall and Rowe 1970). Other difficulties expressed included: learning and understanding the temperature charts (n=12); the work and sacrifice involved; discipline of checking temperature and being faithful to applying the steps of the method (n=3). One wife expressed her greatest difficulty by saying that natural methods were so misunderstood by so many.

Various questions provided subjects an opportunity to add "other" reasons for satisfaction and dissatisfaction with the methods used (questions 8, 9,10 and 20). The responses were few and are contained in Appendix G).

Couples - MG_b:

Couples in MG_b were asked the same questions relative to benefits and difficulties experienced with the methods of conception regulation being used (questions 21 and 22). The most frequently reported benefit about the various contraceptive methods used was that they prevent

pregnancy (n=14). Those couples using the diaphragm reported the fact of no side effects and that the method was botherless. Only one respondent mentioned that the method used was healthy (diaphragm). One husband said that the method used (Pill) helped him and his wife plan for a family more effectively.

Those couples responding to question 22 concerning difficulties with method of conception regulation fall into 3 categories. The most frequent response was that there were no difficulties (n=13). This response was mentioned primarily by couples who had been sterilized. Another group of couples mentioned difficulty with the diaphragm saying it was bothersome and interfered with love making (n=2). Two couples expressed that they experienced guilt and inner conflict because the methods used were not sanctioned by the Catholic Church. One husband who uses no method honestly said it just doesn't work. A husband whose wife uses the pill said he had difficulty and concern over his wife's health.

Questions 8,16 and 31 provided the couples in MG_b with the opportunity to add comments to their answers. Question 16 dealt with those who have been sterilized, and asked if they would do it over again. Of those responding yes to having been sterilized, only four (of a possible 11) responded that they would do it over. One husband said he would not because the Church disapproves of sterilization. Question 31 asked about future changes in conception method. Only 3 responses were offered: 2 responded that they would be sterilized and one said that he and his wife would consider the pill or diaphragm. Only one wife added a comment to question 8 which asked about discontinuance of any previous method. She had discontinued the pill in order to become pregnant.

Summary of Findings:

The analysis of data supported, in part, the hypotheses under investigation for this study. Catholic couples who use natural methods of conception regulation do demonstrate higher levels of self-esteem than do couples using other methods of conception regulation. This difference is true even when couples in both methods groups scored high on marital satisfaction. The differences in self-esteem scores are more pronounced for wives, a difference of 19 points, than for husbands. These differences suggest an interaction according to sex, method and marital satisfaction. It is evident from the analysis of the data that those couples who have been sterilized score lower on both self-esteem and marital satisfaction measures. Within the sterilized group, lower self-esteem is noted more often for wives, and lower marital satisfaction for husbands. The scores achieved by this group of couples are in line with the findings within the literature on sterilization which indicate lower self-esteem and marital satisfaction among sterilized couples.

The test for an interaction between marital satisfaction and method used indicated no statistically significant results. However, this finding is suspect given the statistical analysis used. The 2-Way ANOVA, with disproportionate cell frequencies, and nested factors, fails to take into account the total sources of variation. When actual cell means are examined wide variations are evident among couples with either high or low marital satisfaction. It was suspected then that interactions do exist. Post-hoc procedures for mean differences for husbands and wives with high marital satisfaction were computed. Differences proved significant for wives but not for husbands. This result leads to at least a tentative and partial conclusion concerning Hypotheses #3 and #4;

i.e. that interactions probably exist, and that wives, moreso than husbands, differ in self-esteem levels according to method of conception regulation used. Results of the data analysis with a 2-Way ANOVA are presented in Table 4.22.

TABLE 4.22

Analysis Table of Statistical Hypotheses

Statistical Hypotheses	df	Mean Squares	F	P	Decision
#1: $H_o\ \alpha_i = 0$	1	2280.2	2.669	.106	Reject
#2: $H_o\ \beta_j = 0$	2	12005.0	14.051	.001	Reject
#3: $H_o\ \alpha\beta_{ij} = 0$	2	499.5	.585	.560	Fail to Reject
#4: $H_o\ \gamma:\beta_{ijk} = 0$	Inspection of Cell Means				Reject

From the information obtained from the FPQ it was discovered that although couples were satisfied with their present method of conception regulation, couples using natural methods evidenced more positive responses on agreement and communication. The greatest differences between method groups were on the questions dealing with sexual intercourse (cf Tables 4.14 through 4.21). Couples using natural methods reported positive responses more frequently, and couples using other methods more frequently reported negative responses. Couples using natural methods were more likely to respond that their refusals for intercourse were received with understanding and love, while among couples who use other methods, responses of criticism and negative feelings were more frequent. Couples who use natural methods report more often that they feel at peace, accepted and loved when they refuse sexual intercourse. Far fewer couples using other methods feel this way. Rather, many of them feel misunderstood and guilty.

Although couples using natural methods experience difficulties with abstinence, these difficulties do not appear to be detrimental to their self-esteem or sexual and marital satisfaction.

Discussion of Results:

The results of the study suggest a joint occurrence between being well adjusted in marriage, higher self-esteem and the use of natural methods of conception regulation. Further, that among couples with higher marital satisfaction those couples who use a natural method of conception regulation are statistically discernable from well adjusted couples who do not use natural methods. This significance may have resulted from the presence within MG_b of a large percentage (36.6) of sterilized couples. This group of couples (n=11) demonstrated, by comparison with all couples, lower self-esteem and lower marital satisfaction scores on both instruments employed in this study.

Because of the sampling problems discussed earlier, and the representativeness of a highly volunteer sample, no generalizable statements can be made directly. However, with reference to the literature on natural methods and contraceptive behavior, there are indications that the results and differences between MG_a and MG_b are in accord with previous studies and writings, The natural methods literature is consistent and unanimous as to the positive benefits for the interpersonal dynamics of the marital relationship for couples using natural methods. Couples who use natural methods are usually acting jointly and this has reassuring consequences, especially for a woman of her esteem from her spouse (Bardwick 1973). Given the score results on self-esteem for husbands who use natural methods, Bardwick's thesis could be extended to men. The findings of this study are consistent with the literature on contraceptive

behavior relative to sterilization. In particular, this study underscores the negative psychological effects among husbands and wives using contraceptive or surgical means for conception regulation.

Although significant differences were found between method groups, an important issue which has not been discussed thus far pertains to the strength of the association between the variables used in this study, i.e. method of conception regulation, self-esteem and marital satisfaction. A test of significance, ω^2, was computed to test the strength of the independent variables in association with self-esteem. The strength of association for both variables was found to be quite low: 0.5 percent for methods and 1.4 percent for marital satisfaction. This results in a very weak association between the independent and dependent variables. Given this result alone it could be concluded that the differences in variance reported in the analysis are not due primarily to either method of conception regulation or to level of marital satisfaction. The lack of any significant strength of association between the variables could indicate: 1) the design did not take into consideration all the possible variables influencing self-esteem; 2) the analysis was inappropriate to the design; or 3) the measurements were not fully valid.

The objective of the study was to discover if any differences do exist between groups of married couples depending on the method of conception regulation used. Differences were found as the results of the analysis indicate. This finding alone opens the way to further research with tighter controls for variance and possibly better research instruments.

In Chapter V several variables which were overlooked or unaccounted for will be discussed. Within this present section two factors need to be mentioned to fill out the discussion of the results. Couples who use

natural methods of conception regulation are more likely to seek support from other couples who are also using such methods. They first encounter one another during the educational process of learning a natural method. From the personal experience of this researcher with a number of couples using natural methods, I have found that this factor of collegiality can be an important variable for success and satisfaction with a natural method. Such support and communication could also influence the self-confidence of couples using natural methods. Whether the couples in this study relate to other couples in this manner is beyond the knowledge of the researcher but nevertheless a valid assumption. Whatever the actual experience was for couples in this study, collegiality is an important aspect which should be taken into consideration in further research, for it may be the very social relationship environment within which a natural method is used which serves to help the marital relationship and effect self-esteem.

The social relationship environment is a key aspect of other interactive educational processes aimed at building self-esteem, such as Alcoholics Anonymous and Parents Anonymous. This fact gives support to the important influence of collegiality. Persons mutually involved in an area of interest can have a definite psychological impact on one another's self-worth. In the interactive dynamic of persons reacting to one another's strengths and supporting one another through a learning and growth process, personal self-esteem can be enhanced and strengthened. The very principles underlying group dynamics and group process aim at building self-confidence or self-esteem.

Mention has been made in the literature review on contraceptive behavior of cognitive dissonance reduction as it pertains to sterilized couples. Given the Catholic Church teaching on contraception and

sterilization, and the response of MG_a couples that the Church's teaching influenced their decision for natural methods, it might be proposed that this factor could explain some of the difference between groups of couples. Those couples who are acting in agreement with Church teaching and supported in such behavior could have a good feeling about such agreement contributing to their self-esteem. On the other hand, couples not acting in agreement could be evidencing some underlying guilt. This proposition finds some support in the results for MG_b between reported satisfaction in marriage and actual test scores. If direct questions had been asked about self-esteem, would differences be evident between reported feelings of esteem and test scores? This question remains open for further consideration.

An assumption was made relative to the sampling procedure that only couples who considered themselves to be well adjusted in marriage had chosen to participate in the study. Given the score results on the F-MA, and the frequency of low scores, this assumption can be confidently rejected. Couples who may judge themselves to be happily married may very well not be. The test results certainly indicate support for this proposition.

Within the review of literature on self-esteem the basic conditions for self-esteem, as outlined by Branden (1969) were summarized. It was stated then that these conditions appeared relevant to the behavior of natural methods of conception regulation and would be discussed here in Chapter IV. Branden outlined three basic conditions fundamental to the achieving and maintaining of self esteem: 1) an indomitable will to understand; 2) learning to live with one's own emotions; 3) a profound respect for facts.

Indomitable Will to Understand:

Implicit for the use of natural methods must be a will to understand the basic principles of reproductive physiology. This initial requirement can lead persons to greater self-knowledge. This dimension of self-knowledge is well developed by Ball and Ball (1975). As couples seek to understand their fertility and procreative power they begin to live in a deeper awareness of their body's environment. This growth in knowledge, for many couples, brings about a deeply spiritual recognition of the beauty of their bodies and the power and responsibilities they have in generating new life (Ball and Ball 1975).

The same authors state that the use of natural methods involves a certain philosophy of life which "recognizes and values the procreative and the unitive dimensions of coital sexual intercourse as a dual reality" (Ball and Ball 1975, p.13). "The meaning of conjugal love and an understanding of personhood and human sexuality cannot be separated from the fully human power of generating new life" (Ball and Ball 1975, p.313). Since husbands and wives are striving to know one another more deeply in love they face the task of understanding themselves as male and female persons. This involves understanding the principles of masculine and feminine as these are expressed within the person of both men and women.

> Both the feminine and masculine principle is essential to living creatively. ...The masculine seeks to reach out and create through a differentiation of life. The feminine seeks to receive and hold life together in a harmonious whole (Ball and Ball 1975, p.25)

For motivated couples who seek and desire to understand the wholeness of each other, the dynamics involved with the use of natural methods of conception regulation can serve to strengthen self-esteem .

Learning to Live with One's Own Emotions:

Branden (1969) states that an important aspect of living with one's own emotions is self-regulation. Healthy self-regulation consists in "recognizing that emotions are effects - consequences of value-judgments- and of being concerned to know the nature of those judgments and the degree of their validity in a given context" (Branden 1969, p.118). The very choice by couples who use natural methods involves a value judgment about the meaning and nature of sexuality within the context of marriage. A judgment is made that contraceptive techniques are either unhealthy or immoral, and that natural methods are more in harmony with nature. Those couples who are religiously oriented probably judge that the use of natural methods is in the plan of God. Like all decisions about conception regulation behavior, the decision and judgment for natural methods must take into consideration the wide range of sexual emotions. A couple using natural methods recognizes the emotions involved in their sexual energies and decides to regulate these within a rational process of periodic continence. Such self-regulation involves a definite and thoughtful approach to coital relations and other sexual expressions of love within marriage. A couple through their knowledge and awareness of the fertile and infertile phases of the menstrual cycle regulate their coital expressions of love-making. Ball and Ball (1975) in their discussion of periodic continence emphasize that coital relations assume their deepest meaning within the context of a married love relationship based on fidelity and trust. Citing Eric Fromm, this love is an art "which can be mastered only with self-imposed discipline, intense concentration and long patience" (Ball and Ball 1975, p.31). The use of natural methods can then help develop this art of loving because of the basic discipline,

concentration and patience involved.

Branden states that self-regulation is "essential to self-esteem" (Branden, p.118). It seems quite appropriate then to conclude that when couples exercise a rational process of self-regulation over their sexual and genital emotions that their self-esteem can be served and enhanced.

Profound Respect for Facts:

The final condition for self-esteem given by Branden involves an ability to choose, judge and act independently of others. This ability strengthens a person's self-esteem. The choice made by couples to use natural methods is definitely a choice made independently of what the majority of couples consider rational conception regulation behavior. Quite often couples make the decision for natural methods in the midst of contrary and critical judgments by others. Couples using natural methods are often ridiculed as being foolish, and of playing "Vatican roulette". They hear the admonition that 'everyone knows that rhythm doesn't work'. In the face of critical opinion, couples using natural methods believe in the rightness of their judgment and in their ability to regulate their reproductive fertility through a process of rational decision making characterized by self-regulation and periodic abstinence. This very ability is itself a sign of maturity. Given the thinking of Branden, the type of mature choices and judgments on the part of couples using natural methods should definitely help to strengthen and to maintain healthy self-esteem.

Summary Comments:

Efforts have been made throughout the discussion of the findings to establish the fact that, aside from the measurement results and differences in self-esteem and marital satisfaction, there are definite characteristic differences between MG_a and MG_b. These differences stem from the basic appraoch each group has taken to the issue of conception regulation

within the context of their marriages. Each couple has made a decision for a particular method of conception regulation. The circumstances under which this decision was made are outside the parameter of this study and remain unknown. Reasons for deciding upon a particular method are contained in Appendix H. In general, two basic philosophical approaches can be delineated which serve to highlight characteristic differences between groups of couples and may help to explain the test differences between couples.

Those couples who have chosen a contraceptive approach mention most often that the greatest benefit for them is that the method they use prevents pregnancy. This statement is in line with the fundamental philosophy of all birth control efforts. This goal can be sought after for a number of reasons and concerns: 1) the issue of world population and therefore the resulting need to limit or avoid children; 2) the danger of future pregnancies for the health of the wife; 3) financial restraints for the support of additional children. For whatever the reasons, a contraceptive approach to conception regulation, in general, seeks to employ the most effective mechanisms for the avoidance of pregnancy. When considered in contrast with a natural method approach, the contraceptive approach appears quite narrow within the context of the marital relationship.

Couples who have chosen a natural method approach to the issue of conception regulation, although they may have similar reasons and concerns, place a greater emphasis on the relational aspects of their marriage, i.e. that using natural methods holds the possibility of contributing to their marital relationship and personal self-confidence. This relational aspect is a factor most often spoken of in the literature on natural methods. Beyond regulating conception of new life, couples using natural methods

come to an awareness that the very dynamics involved in using a natural method serve to regulate their marital relationship.

It is an inherent characteristic of a natural methods approach to conception regulation that it be broader in scope. Although use of such methods does aim at serving conception regulation, other benefits for the whole of the marital relationship are also sought. Earlier in the review of literature (p.12) the work of the Kippley's (1975) was cited. There it was mentioned that some of the benefits accruing from natural methods use include: the recurring opportunities to think about the meaning of marriage, sex and spiritual values; mutual decision making; increased respect of wives for their husbands; and learning non-genital but sexual ways of showing marital affection.

When we add to these benefits the collegial aspect of learning and being supported in the use of a natural method of conception regulation, it becomes evident that couples using natural methods are often reaching outside of themselves into a social network. This reaching out involves trust and confidence in others for feedback and support. What develops from this behavior can be seen as a type of a non-formal system capable of positive influence on personal esteem and on the marital relationship. This very system dynamic holds the possibility for meeting one of the dangers within any marriage: that of isolation and inwardness. When any system becomes turned in upon itself, and is not stimulated or challenged by factors outside itself, it can too easily develop a distorted view of reality. In a social structure in which interdependencies between and among systems is growing, in which isolationism can herald the death of a system, it becomes all the more important for the maintenance and growth of the marriage system that couples be involved in an interactive and interdependent network of other couples for mutual support and life-giving

possibilities. It is the personal conviction of this researcher that the decision for using natural methods and the process and social involvements which occur as a consequence of this decision have definite positive benefits for the marital relationship. The findings of this present research appear quite supportive for such a conviction.

CHAPTER V

Conclusions, Limitations of Study and Suggestions for Further Research

Introduction:

The present research has considered the question as to whether or not the use of natural methods of conception regulation does have a positive effect on the personal self-esteem of couples and on their marital relationship. A comparative methodology was employed to test the hypotheses developed around this question. The objective was to determine if there are any differences in the self-esteem levels between couples who use natural methods and those couples who do not use natural methods. A further objective was to discern to what extent, if any, it could be said that the method of conception regulation used has an effect on a person's self-esteem.

The results of the data analysis indicate that there are differences in self-esteem levels between couples according to the method of conception regulation used. Couples with high marital satisfaction who use natural methods are statistically discernable from couples who use contraceptive or surgical methods. This difference is more evident between couples who use natural methods and couples who have been sterilized. No causal statements can be made, however, as to whether or not use of a particular method has a direct effect on self-esteem.

Conclusions based upon the results of the data analysis need to be stated with qualification. When interpreting the conclusions which

follow it is extremely important to weigh them in light of the sampling problems encountered and the selection bias which entered into the methodology. Additionally, the reader is advised to familiarize himself/herself with the limitations and generalizability of the study when interpreting the conclusions reached.

Conclusions:

Based on the findings of this study of 45 Catholic couples, 15 of whom use natural methods of conception regulation, 11 of whom are sterilized and 19 couples who use a variety of contraceptive methods or no method, the following conclusions have been reached:

1) Catholic couples in this study who are presently using natural methods of conception regulation demonstrate higher levels of self-esteem, as measured by the TSCS, than do couples who are using other methods and who are grouped as a whole.
2) Differences in self-esteem scores were found to be more pronounced for wives than for husbands, giving some support to Bardwick's thesis that the area of reproductive fertility is for women a source of identity and self-esteem.
3) Catholic couples who have been sterilized evidence, as a group, lower self-esteem and marital satisfaction. Differences between reported marital satisfaction and the F-MA score results may be indicative of cognitive dissonance reduction. This may be due to unconscious guilt about behavior contrary to the teachings of the Catholic Church on sterilization.
4) Based on the comparison made with a national sample, the conception regulation behavior of the couples in this study (excluding the selected groups of couples using natural methods)

does not differ significantly. The results of the 1975 National Fertility Study indicate that more and more couples regardless of religious denomination are choosing sterilization (Westoff and Jones 1977). A significant percentage of couples in this study have made a decision for sterilization instead of using other effective methods of conception regulation such as the Pill and IUD.

5) Although couples using natural methods of conception regulation experience some difficulties with abstinence, they are, nevertheless, satisfied with the method used, and report that they would continue using such a method even after family size is achieved. Difficulties do not appear to be detrimental to either self-esteem or to marital satisfaction.

6) Independently of method of conception regulation use, the majority of husbands and wives (n=62) demonstrate moderate to high levels of self-esteem. This was also true, but to a lesser extent, for levels of marital satisfaction (n=50).

7) Based on the difficulty of obtaining from a population of 750 Catholic couples an adequate sample of couples who use natural methods, a final conclusion needs to be drawn. There remains a great need for education within the Catholic community to acquaint couples with the existence of the more scientifically developed natural methods for conception regulation. Not only must the existence of these methods be communicated but, more importantly, the research findings and writings relative to the marriage building potential of using natural methods needs to be communicated. Educational efforts in this area should not

only be directed to persons already married but to the engaged during marriage preparation programs and to high school students in their sex education classes.

Generalizability:

Any generalizations beyond the couples who participated in this study must be made with great caution. Caution must be advised due to three factors: 1) the research methodology of a volunteer sample; 2) the selection bias present in the subsample of couples who use natural methods; and 3) the characteristic differences evident between MG_a and MG_b. The research methodology limits the conclusions to the couples who participated because of the volunteer character of the subjects. However, a Cornfield-Tukey argument could be made to extend the generalization of this study's findings to Catholic couples who have identical population characteristics with these couples described in this research. Generalizability then might be extended to populations of Catholic couples who are middle class, highly educated, have been married between 1 and 25 years with an average family size of 2-3 children, and are living within an urban metropolitan area of the Great Lakes region.

Limitations of Present Study:

The present study could have been more conclusive and powerful had there been tighter control on extraneous variables which influence self-esteem and on variables which help maintain internal validity. This issue is problematic with social science and quasi-experimental research, and has been elaborated upon by Campbell and Stanley (1963). The key variable operative in the present study which could have affected the internal validity of the study is what Campbell and Stanley refer to as: "biases resulted in differential selection of respondents for comparison

group" (Campbell and Stanley 1963, p.5). This was discussed earlier in the considerations surrounding problems of sampling procedure. The usual 'way out' of committing such an error in methodology is to assure a random sampling of subjects. Since this was not possible within the confines of this study, the results will have to be judged in the light of possible internal invalidity.

Additional variables were also not taken into account or were overlooked in designing the study. No attempt was made for obtaining a thorough marital and family history. The research on self-esteem indicates correctly that self-esteem is learned in the early years of childhood development and is strongly influenced by the self-esteem of parents and adult care-givers (Branden 1969; Hamacheck 1978; Coopersmith 1967). Self-esteem can change beyond adolescence, but changes come much more slowly. No methodology controls were present for discovering what the self-esteem of couples was prior to using a particular method of conception regulation. The possibility exists that levels of self-esteem could have been the same. In addition, current studies in family therapy (Boszormenji-Nagy and Spark 1973; Watzlawick, Beavin and Jackson 1967) adequately show the formative influence of families on our attitudes and behavior. How persons approach the marital relationship, what they bring to it by way of attitudes and expectations strongly influences marital dynamics and decisions. Had specific questions about family influence -- feelings about oneself prior to using present method of conception regulation -- been asked, then, at least, some partial control over the historical variables may have been possible.

There are two additional known variables which were unaccounted for with the study: 1) length of time in using a particular method of conception regulation; and 2) the instructional process by which many of the

couples using natural methods learned the method.

The length of time in using a particular method was focused upon in the research by Ziegler et al (1966)in their study of sterilized couples. They found differences in test results between 1 and 4 years after the operation. There was no question within the FPQ (Form B) to consider the variable of time use. Would there also be some differences among couples who use other contraceptive methods other than sterilization, given varying lengths of time use? Although untested at this time, the question of length of time in using a method is also of importance for those couples using natural methods. Confidence with any skill or task should increase over time. The more confident a couple becomes in using a natural method to space children or avoid a pregnancy would certainly have some effect on their self-esteem. They would feel good about themselves and their decision because they had been able to master what is seen by many to be a difficult and demanding discipline.

Unlike Form B of the FPQ, Form A did contain a time use question. Since there was no similar question in Form B no comparison could be made and thus the information about time use has gone unreported thus far. Since this variable should be considered in future research, it will be sufficient to note at this time that the range of use for natural methods was from 6 months to 5 years or more with a mode of 3 to 5 years.

A significant variable which separates Method Group A couples from Method Group B couples is the instructional process by which Method Group A couples learned a natural method. Two-thirds of these couples reported that they had received special instructions in natural methods of conception regulation. Within such classes couples are more likely to be sensitized to human sexuality and its many expressions within the marital

relationship. Through the input of knowledge about reproductive physiology and male-female response patterns, couples can come to know and be more sensitive to one another. In addition, it is assumed that the use of natural methods provides for more occasions between husbands and wives to communicate about their sexual needs and emotional responses to one another. Harrington (1974) and Kippley and Kippley (1975) note that couples who attend instructional classes in natural methods and who elect to use such methods tend to be more mature and stable in their marital relationship. It is possible to propose then, that given this assumption, couples in this study using natural methods would have scored higher on self-esteem and marital satisfaction prior to the use of natural methods.

It is the historical and prior experience variables which are most plaguing to research such as the present study. The complexity of human behavior and fluctuations of response over time make measurements and conclusions about such subjective attitudes as self-esteem and marital satisfaction problematic.

Suggestions for Further Research:

The findings and conclusions which have resulted from this study can be extended into further research investigation.

1) Given the differences among Catholic couples who use either natural methods or contraceptive/surgical methods of conception regulation it would be worthwhile to replicate this study using couples of similar background but of different religious affiliation. It is well known within the field of natural methods education that numerous non-Catholic couples do use natural methods for reasons other than Church teaching. A study comparing Catholic and non-Catholic couples who use natural

methods with couples of varying religious affiliations who use contraceptive methods would broaden the question of conception regulation within marriage beyond a Catholic question.

2) The low scores on both self-esteem and marital satisfaction among Catholic couples in this study who have been sterilized open the question as to whether further research would result in similar findings among non-Catholic couples.

3) No causal statements were able to be made concerning the relationship between natural methods of conception regulation used and self-esteem. Does the use of natural methods contribute to higher self-esteem or are couples with high self-esteem more likely to choose natural methods? In order to test for such a connection, further research would need to be longitudinal in scope. Married couples who are not presently using a natural method, but have decided to begin using such methods, would need to be tested on self-esteem and interviewed concerning marital and family history prior to learning the method. Appropriate follow up testing, interviews, monitoring of the instructional process, and investigation into changes of behavior and manner of relating to one another would need to be conducted. Obviously, this type of research would help to maintain a tighter control on influencing variables and would require a much more elaborate design and more refined instruments.

4) Since mutual commitment and mature cooperation are necessary for the successful use of natural methods it would be worthwhile in future research to use a self-esteem instrument which measures not only an individual's self-esteem but each spouses'

esteem attitude toward one another.

5) The research cited within the literature review on marital satisfaction stressed the importance of the instrumental role of the husband for the happiness of the marriage. Because the use of natural methods requires the full cooperation of the husband, further research should focus on his affective role, as well as his instrumental role, in the marital relationship.

6) During the process of data analysis and interpretation of the results it became more and more evident that a key influencing variable for couples in MG_a is the educational and follow up processes involved in learning and being supported in the use of a natural method. It would be very beneficial in future research to study these processes as they would be operative among the populations served by various natural family planning centers.

APPENDIX A

APPENDIX A

INITIAL LETTER

Dear Parishioner:

As a part of my graduate studies at Michigan State University I am undertaking a research project focusing on marriage and family life. I am sure you will agree that the Church needs a far better understanding of marriage and family life today. You can contribute to achieving this objective with a willingness to participate in this study.

The focus of my research study is on the marital relationship and its importance in the planning and development of family life. If you decide to participate in this very important undertaking, I ask that you sign the enclosed consent form and, using the self-addressed stamped envelope, return it immediately so that the necessary materials can be mailed to you.

WHAT WILL A DECISION TO PARTICIPATE IN THIS STUDY INVOLVE?

A decision to participate will involve the completing of two self-administered tests, and the filling out of one questionnaire. This will be done in the comfort of your own home without the interference of any interviewer. In total, the tests and questionnaire should take only about an hour of your time.

An important question which may have already come to your mind or may present itself if you decide to participate is that of anonymity and confidentiality. For the utmost success of this study very careful steps have been taken to ensure complete confidentiality and anonymity. Your completed tests and questionnaires will be returned to an independent party who will have no knowledge of who you are or your parish affiliation. The materials you complete and return will contain no coded information which would enable a matching with names on the mailing list. Your names are not to appear on any test materials.

Materials will be sent to you in two separate mailings. In order to keep a temporary record of returns, and to enable a second mailing of material to you, a coded return envelope will be enclosed with each mailing. These envelopes will be destroyed immediately upon mailing you the second test and questionnaire. The only material I will receive from the independent assistant will be the completed materials which bear no identification, except whether it was filled out by husband or wife.

Each mailing will contain specific instructions. My hope is that you will decide to participate in this study so that we can grow in our understanding of married and family life.

If you decide not to participate, I ask one small favor of you. On the enclosed "Consent Form" I ask that you state your reasons for not wishing to participate. In order to maintain your anonymity, and encourage your honesty of response, please cross out the identification number on the return envelope.

Thank you for your consideration of this request. If you have any questions or need some clarification about the nature of this research study, please feel free to call me.

APPENDIX B

APPENDIX B

CONSENT FORM

For the purpose of research and contributing to an increase in an understanding of married and family life, we agree to participate in the study being conducted by Fr. Joseph Tortorici, O.P. of Michigan State University.

By giving our consent we agree to complete all materials sent to us. These materials will include: a self-concept scale, a marriage and family adjustment scale, and a questionnaire on family planning. It is our understanding that complete anonymity and confidentiality will be maintained. The information we give will be used for the research purpose of writing a Masters thesis.

Further, it is our understanding that we will receive no financial payment for our participation. If at any time during the course of this study we feel that we no longer wish to participate, we understand that we can withdraw.

Husband _____

Wife _____

APPENDIX C

APPENDIX C

PERSONAL INFORMATION

(To be completed by both husband and wife)

1. Age: Wife ____
   Husband ____

2. Years of marriage: _____

3. Number of children: (circle) 1 2 3 4 5 6 ____

4. Years of education completed: (circle)
   Wife: High school 1 2 3 4
   College 1 2 3 4
   Graduate School 1 2 3 4
   Degree(s) attained _____

   Husband: High school 1 2 3 4
   College 1 2 3 4
   Graduate School 1 2 3 4
   Degree(s) attained _____

5. Family Income: (This would include combined incomes if both of you are working) CHECK APPROPRIATE SPACE

   ____ Under $2,999
   ____ $3,000-$5,999
   ____ $6,000-$9,999
   ____ $10,000-14,999
   ____ $15,000-$19,999
   ____ $20,000-$24,999
   ____ $25,000 and over

APPENDIX D

APPENDIX D

FAMILY-MARITAL ADJUSTMENT INSTRUMENT

Directions: Indicate the degree of your agreement or disagreement with each of the following items as it applies to your immediate family (husband,wife and children). On the accompanying answer sheet (computer form) fill in the appropriate numbered box with your response. First impressions are satisfactory, and most people are able to complete this inventory in 10 minutes. It is quite important that you give a response to each item, even though it may sometimes be difficult to make a decision. On the answer sheet in the space for NAME please write in HUSBAND or WIFE.

Scale: Strongly Agree 1 | Agree 2 | Neutral 3 | Disagree 4 | Strongly Disagree 5

Example: 1. "We usually can depend on each other" IF you strongly agree fill in the box labeled #1. Use pencil.

PLEASE NOTE THAT THE NUMBERS FOR EACH QUESTION ON THE ANSWER SHEET GO FROM LEFT TO RIGHT.

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1. We can usually depend on each other.
2. We have a number of close friends.
3 We feel secure when we are with each other.
4. We do many things together.
5. Each of us wants to tell the others what to do.
6. If we had more money most of our present problems would be gone.
7. There are serious differences in our standards and values.
8. We feel free to express any thoughts or feelings to each other.
9. Our home is the center of our activities.
10. We are an affectionate family.
11. It is not our fault that we are having difficulties.
12. We do not spend enough time together.
13. Little problems oftne become big ones for us.
14. We do not understand each other.
15. We get along very well in the community.
16. We often praise or compliment each other.
17. We do not talk about sex.
18. We take care of each other.
19. We get along much better with persons outside the family.
20. We are proud of our family.
21. We do not like each other's friends.
22. There are many conflicts in our family.
23. We are usually calm and relaxed when we are together.
24. We are all responsible for our family problems.
25. We respect each other's privacy.
26. Accomplishing what we want to do seem to be difficult for us.

27. We tend to worry about many things.
28. We are continually getting to know each other better.
29. We encourage each other to develop in his or her own way.
30. There is not enough discipline in our family.
31. We have warm, close relationships with each other.
32. Together we can overcome almost any difficulty.
33. We really do trust and confide in each other.
34. The family has always been very important to us.
35. We get more than our share of illness.
36. We rarely hurt each other's feelings.
37. We are considerate of each other.
38. We can stand up for our rights if necessary.
39. We have very good times together.
40. We live largely by other people's standards and values.
41. Usually each of us goes his own separate way.
42. We are full of life and good spirits.
43. We resent each other's outside activities.
44. We have respect for each other's feelings and opinions even when we differ strongly.
45. We sometimes wish we could be an entirely different family.
46. We are sociable and really enjoy being with people.
47. We are a disorganized family.
48. We are satisfied with the way in which we now live.
49. We are not really fond of one another.
50. We are a strong, competent family.
51. We just cannot tell each other our real feelings.
52. We are not satisfied with anything short of perfection.
53. We forgive each other easily.
54. We usually reach decisions by discussion and compromise.
55. We can adjust well to new situations.
56. Our decisions are not our own, but are forced on us by circumstances.
57. We are a deeply religious family.

APPENDIX E

Form A

APPENDIX E

FAMILY PLANNING QUESTIONNAIRE

This questionnaire being answered by: Husband ___ Wife ___

DIRECTIONS: The following questions are of a personal nature and are intended to help in the understanding of a very important aspect of married and family life. Please answer frankly and honestly. If you wish to elaborate on any of the questions feel free to use the back of the last page. If any question is no longer applicable to your situation write in NA (not applicable) and if possible indicate the reason.

NOTE: The term "conception regulation" is being used in this questionnaire . The popular term is "birth control", but since "birth control" also includes the use of abortion I have chosen to use "conception regulation" to specifically refer to the control or regulation of pregnancy.

---

1. What size family do you desire? (circle) 1 2 3 4 5 6 __

2. Are you and your spouse currently pregnant? Yes No

   (If you and your spouse are pregnant please answer the rest of the questions relative to the natural method of conception regulation used prior to pregnancy)

3. Which natural method of conception regulation are you currently using?

   1. Calendar rhythm ___
   2. Temperature ___
   3. Sympto-Thermic ___
   4. Ovulation method (Billings' mucus observation) ___
   5. A combination of the above methods ___
      Which combination? _____

4. How long have you been regularly and consistently using this method?

   1. 6 months or less ___
   2. 1 year or less ___
   3. 2 years ___
   4. 3 to 5 years ___
   5. Longer than 5 years ___ How many years ___

5. How were you instructed in the method you are using?

   1. Special course of instructions ___
   2. Pre-Cana or pre-marriage instructions ___
   3. By a doctor ___
   4. By a nurse ___
   5. By a priest ___
   6. By a friend ___
   7. Through your own reading and study ___

6. Please rate your confidence in this method of conception regulation in helping your achieve your desired family size.

   1. Absolutely confident ___
   2. Confident, most of the time ___
   3. Confident, some of the time ___
   4. No confidence ___

7. Are you satisfied with the method of natural conception regulation you are using? (circle)

   Yes No Sometimes Not sure

8. Reasons for satisfaction: (check those that apply)

   1. Effective, i.e. prevents pregnancy ____
   2. No side effects ____
   3. Healthy way of conception regulation ___
   4. Convenient and easy to use ___
   5. Removed from the time of sexual intercourse ___
   6. Helps our marital and sexual relationship ___
   7. Other _____

9. Reasons for dissatisfaction: (check those that apply)

   1. Ineffective ___
   2. Has uncomfortable side effects ___
   3. Interfers with our sexual love making ___
   4. Causes too many disagreements and arguments ___
   5. Health ___
   6. Too much abstinence ___
   7. Other _____

   _____

10. What are the principle things you took into consideration when making a decision about using a natural method of conception regulation? (check those that apply using a rank order procedure,i.e 1st, 2nd, 3rd, etc.)

    1. Spacing of children ___
    2. Enough money to raise children well ___
    3. Church teaching ___
    4. Effectiveness of the method ___
    5. Professional goals and plans ___
    6. Educational opportunities ___
    7. Personal health ___
    8. Other _____

    _____

11. Has the use of a natural method of conception regulation in your marriage helped you feel more positive about your marital relationship with your spouse? Yes No

12. What is the greatest benefit to you in using a natural method of conception regulation?

    _____

    _____

    _____

13. What is the greatest difficulty you experience in using a natural method of conception regulation?

_____

_____

14. Are you using a natural method to: (check)

1. Avoid a further pregnancy ___
2. Space your children ___
3. Achieve a pregnancy ___

15. If you have children, have you ever been successful in using a natural method in actually planning the conception of a child or children? Yes No

Have not been using the method long enough to tell yet ____

16. In your opinion has the use of a natural method served to increase marital harmony and satisfaction? Yes No

17. Do you consider your knowledge and understanding of natural methods to be:

1. Very good ___
2. Adequate ___
3. Insufficient ___

18. Would you like to have more education about human reproduction and natural methods of conception regulation?

Yes No Perhaps

19. Do you plan to continue using a natuaral method of conception regulation? (circle)

Yes No Not sure Maybe

20. Since using a natural method of conception regulation have you experienced: (check those that apply)

1. Extreme anxiety about a possible pregnancy ___
2. An unplanned pregnancy ___
3. A great deal of confidence in regulating your fertility ___
4. Mainly an increase in marital satisfaction ___
5. Mainly sexual frustration and dissatisfaction with your spouse ___
6. Other _____

_____

21. Has the Church's teaching on contraception had anything to do with your choosing a natural method of conception regulation?

1. Not at all ___
2. Somewhat ___
3. Very much ___

22. Do you ever worry about a surprise pregnancy when using a natural method of conception regulation?

1. Never ___
2. Sometimes ___
3. Often ___
4. Very often ___

23. If for any reason you do not wish to have sexual intercourse with your spouse how is your refusal usually received?

1. With understanding and love:	often	sometimes	never
2. With some criticism and negative comments:	often	sometimes	never
3. With silent resentment:	often	sometimes	never

24. How do you feel about your own refusal to have sexual intercourse?

1. Frustrated:	often	sometimes	never
2. At peace:	often	sometimes	never
3. Misunderstood:	often	sometimes	never
4. Guilty:	often	sometimes	never
5. Accepted & loved:	often	sometimes	never

25. Do you ever use barrier methods of contraception during the fertile time?

1. Never ___
2. Seldom ___
3. Once in a while ___
4. Often ____

26. In deciding to use a contraceptive method during the fertile time how was the decison made?

1. By both of us ___
2. By myself ___
3. By my spouse ___

27. (WIFE) At which time during your mentrual cycle do you feel most amorous and desire sexual intercourse?

1. During the fertile days ___
2. Days before your menstrual period ___
3. Days immediately preceding ovulation ___
4. Days immediately following ovulation ___
5. Not sure ___

28. (HUSBAND) When does your wife seem more desirable to you for sexual intercourse?

1. During the fertile days ___
2. Days before her menstrual period ___
3. Days immediately preceding ovulation ___
4. Days immediately following ovulation ___
5. Not sure ____

29. Do you and your spouse both agree on the use of a natural method of conception regulation? Yes No

30. Do you ever argue about the issue of conception regulation?

Often Once in a while Seldom Never

31. Does the topic of conception regulation and your present practice ever interfer with your marital relationship, i.e. does it cause bad feelings? (circle)

Often Once in a while Seldom Never

32. Does the topic of conception regulation and your present practice ever enhance your marital relationship, ie. does it casue good feelings? (circle)

Often Once in a while Seldom Never

33. Once you achieve your desired family size will you continue to use a natural method of conception regulation? Yes No Maybe

34. If no, which method of contraception do you thing you might consider?

_____

35. In your opinion has the use of a natural method of conception regulation improved your marital communication? Yes No

36. If you have used contraceptive methods in the past, why did you discontinue their use? (check those that apply)

1. Inconvenient ___
2. Bothersome ___
3. Pregnancy ___
4. No confidence ___
5. Insufficient knowledge ___
6. Sexually frustrating ___
7. Abstinence was too difficult ___
8. Caused too much tension in marital relationship ___

37. Please check which contraceptive method you used prior to using a natural method of conception regulation. (check those that apply)

1. Pill ___
2. IUD ___
3. Diaphragm_____
4. Condom ___
5. Withdrawal ___
6. Foams and Jellies ___
7. None ___
8. Combination of methods ___

(please specify which combination)

_____

****

THANK YOU FOR YOUR PARTICIPATION !

APPENDIX F

APPENDIX F

FORM B

FAMILY PLANNING QUESTIONNAIRE

This questionnaire being answered by: Husband ____ Wife ____

DIRECTIONS: The following questions are of a personal nature and are intended to help in the understanding of a very important aspect of married and family life. Please answer frankly and honestly. If you wish to elaborate on any of the questions feel free to use the back of the last page. If any question is no longer applicable to your situation write in NA (not applicable) and if possible indicate the reason.

NOTE: The term "conception regulation" is being used in this questionnaire. The popular term is "birth control", but since "birth control" also includes the use of abortion I have chosen to use "conception regulation" to specifically refer to the control or regulation of pregnancy.

---

1. What size family to you desire? (circle) 1 2 3 4 5 6 __

2. Are you currently pregnant? Yes No

   (If you and your spouse are pregnant please answer the rest of the questions relative to your conception regulation practices prior to pregnancy)

3. Are you presently using any particular method of conception regulation? Yes No

4. What are the principle things you took into consideration when making a decision about which method of conception regulation you would use in planning your family? (check those that apply by using a rank order procedure,i.e. 1st, 2nd, 3rd, etc.)

   1. Spacing of children ____
   2. Enough money to raise children well ____
   3. Church teaching ____
   4. Effectiveness of the method ____
   5. Professional goals and plans ____
   6. Educational opportunities ____
   7. Personal health ____
   8. Other _____

5. Which method of conception regulation are you using most consistently?

   1. Pill ____
   2. IUD ____
   3. Diaphragm____
   4. Condom ____
   5. Withdrawal
   6. Foams and Jellies
   7. Sterilization (Vasectomy, Tubal ligation) _____
   8. Abstinence_____
   9. None ____

6. Have you always used the method(s) checked in question #5? Yes No

7. If you answered, No, what other methods have you used? (check)

1. Pill ____
2. IUD ____
3. Diaphram ____
4. Condom ____
5. Withdrawal ____
6. Foams & Jellies ____
7. Natural family planning _____
   a. Temperature ___
   b. Ovulation method ___
   c. calendar rhythm ___
8. None ___

8. What reasons led you to discontinue the method of conception regulation you checked in question #7?

1. Lack of faith in the effectiveness of the method ___
2. Pregnancy(ies) ____
3. Bothersome ___
4. Frustrated my desire for intercourse ____
5. Frustrated my spouse's desire for intercourse ___
6. Interruptive ___
7. Health reasons ___
8. Other _____

_____

9. Are you satisfied with your present method of conception regulation? Yes No

10. Reasons for satisfaction: (check those that apply to you personally)

1. Effective, ie. prevents pregnancy ___
2. No side effects ___
3. Convenient and easy to use ___
4. Removed from the time of intercourse ___
5. Helps our marital and sexual relationship ___
6. Other _____

11. Reasons for dissatisfaction: (check those that apply)

1. Ineffective ___
2. Has uncomfortable side effects ___
3. Interfers with our sexual love making ___
4. Causes too many disagreements and arguments ___
5. Health ___
6. Other _____

_____

12. Do you and your spouse both agree on the method of conception regulation being used? Yes No

13. Do you ever argue about the issue of conception regulation? (circle)

Often Once in a while Seldom Never

14. Does the topic of conception regulation and your present practice ever interfer with your marital relationship, i.e. does it cause bad feelings? (circle)

Often Once in a while Seldom Never

15. Does the topic of conception regulation and your present practice ever enhance your marital relationship, ie. does it cause good feelings? (circle)

Often Once in a while Seldom Never

16. If you have been sterilized, would you do it over again? Yes No

If Yes - Why? _____

If No - Why not? _____

17. Do you and your spouse ever worry about a suprise pregnancy?

1. Never ___ 3. Often ____
2. Sometimes ___ 4. Very often ____

18. Please rate your confidence in your method of conception regulation in helping you achieve your desire family size.

1. Absolutely confident ____
2. Confident, most of the time ___
3. Confident, some of the time ____
4. No confidence ____

19. In your opinion has the use of your present method of conception regulation improved your marital communication? Yes No

20. Has the use of a conception regulation method in your marriage helped you feel more positive about your marital relationship with your spouse? Yes No

21. What is the greatest benefit to you in using your present method of conception regulation?

_____

_____

22. What is the greatest difficulty you experience in using your present method of conception regulation?

_____

_____

23. (WIFE) At which time during your menstrual cycle do you feel most amorous and desire sexual intercourse?

1. During the fertile days ___
2. Days before your menstrual period ___
3. Days immediately preceding ovulation ___
4. Days immediately following ovulation ___
5. Not sure ____

24. (HUSBAND) When does your wife seem more desirable to you for sexual intercourse?

1. During the fertile days ___
2. Days before her menstrual period ___
3. Days immediately preceding ovulation ___
4. Days immediately following ovulation ___
5. Not sure ___

25. If for any reason you do not wish to have sexual intercourse with your spouse, how is your refusal usually received? (circle)

1. With understanding & love:	often	sometimes	never
2. With some criticism and negative comments:	often	sometimes	never
3. With silent resentment:	often	sometimes	never

26. How do you feel about your refusal to have sexual intercourse?

1. Frustrated:	often	sometimes	never
2. At peace:	often	sometimes	never
3. Misunderstood:	often	sometimes	never
4. Guilty:	often	sometimes	never
5. Accepted & loved:	often	sometimes	never

27. Have you ever tried using any of the following natural methods of conception regulation? (check those you have tried) Yes No

1. Calendar rhythm ___
2. Temperature ___
3. Ovulation method (Billings' mucus observation) ____
4. Sympto-Thermic method ___

28. If you have, please check the reasons for discontinuing.

1. Inconvenient ___
2. Bothersome ____
3. Pregnancy ____
4. No confidence ____
5. Insufficient knowledge ___
6. Sexually frustrating ____
7. Abstinence was too difficult ___
8. Caused too much tension in marital relationship ____

29. If you have never tried a natural method of conception regulation please check the reason(s) why.

1. Had no reliable knowledge of an effective method ___
2. Heard it was unsafe ___
3. There was no one to teach us ___
4. Did not want to become pregnant ___
5. No confidence ____
6. Too inconvient ___
7. Other _____

_____

30. Once you achieve your desired family size will you continue to use your present method of conception regulation? Yes No Maybe

31. If No, which method of conception regulation might you then consider?

****

THANK YOU FOR YOUR PARTICIPATION !

APPENDIX G

APPENDIX G

RESPONSES TO OPEN ENDED QUESTIONS (FORM A)*

Question 8: Reasons for satisfaction with method

1. Easy and reliable.
2. Wife knows what is going on with her body.
3. Helps to appreciate each other more.

Question 9: Reasons for dissatisfaction with method

1. Too many things besides ovulation affect temperature.
2. My wife is very irregular and therefore we sometimes abstain for long periods when we're not quite sure of what's going on.
3. It's extremely difficult to be consistent in checking all the things - this is why we must abstain a lot, due to missed checking.

Question 10: What are the principle things you took into consideration when making a decision about using a natural method of conception regulation?

1. Concern for wife and her health - effects of continual use of pill - her age and possibility of defective children.
2. Age - 42 years old.
3. Personal moral values (trying to be based on Scripture).
4. Personal conviction that natural birth planning is the Lord's way for His people.
5. Confidence that this method is God's will for us in our circumstances.
6. Felt other means were out of God's order.

APPENDIX G (Cont.)

Question 20: Since using a natural method of conception regulation have you experienced:

1. Frustration - in that we are unable to have relations when the desire and need is the strongest. When we need each other the most it is always that time of the month.
2. Frustration - guilt feelings of having to say "no" to husband's strong natural feelings.
3. A certain degree of frustration, but not with my spouse.
4. A great deal of confidence knowing when you are and are not fertile.

---

*All responses are individual. The reader is referred to APPENDIX E for a fuller context for the above questions. The responses contained here in APPENDIX G were written in under the heading of 'other'.

APPENDIX H

APPENDIX H

Reasons for Choice of Conception Regulation Method
All Couples

Hierarchy of Choice	Child Spacing	Financial	Church Teaching	Effectiveness	Professional Goals	Education	Personal Health
First	8	20	23	14	-	-	14
Second	11	12	9	21	5	1	10
Third	19	8	5	9	2	5	12
Fourth	8	4	3	9	6	4	5
Fifth	2	1	5	3	3	8	4
Sixth	5	1	3	2	3	7	3
Seventh	-	-	5	-	9	2	7
Eighth	-	-	1	-	-	-	-

APPENDIX I

APPENDIX I

Raw Total Positive Scores - TSCS (Matched Pairs)

MG_a		MG_b	
Husband	Wife	Husband	Wife
340	340	294	221
380	393	365	341
334	340	340	387
326	383	303	363
357	402	378	391
354	365	346	332
360	367	350	346
332	357	390	409
384	320	320	350
355	369	376	326
383	392	367	371
327	355	264	326
381	384	334	327
432	393	298	278
371	351	355	358
		336	326
		321	309
		355	371
		405	371
		373	294
		387	372
		318	334
		366	405
		367	363
		366	337
		300	291
		316	348
		346	348
		344	389
		370	350

APPENDIX J

APPENDIX J

Raw F-MA Scores (Matched Pairs)

MG_a		MG_b	
Husband	Wife	Husband	Wife
146	123	88	88
154	157	133	125
145	129	145	142
112	155	106	159
134	153	155	141
169	161	142	145
156	158	137	149
136	130	167	180
122	100	78	93
145	160	133	167
158	157	162	172
122	92	77	116
155	155	124	100
162	155	108	140
139	122	127	150
		132	131
		74	94
		125	158
		153	157
		82	124
		50	76
		146	118
		128	142
		135	145
		127	154
		128	137
		113	138
		125	130
		113	150
		79	70

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