

Marriage

Psychological Implications, Social
Expectations, and Role of Sexuality

Social Issues, Justice
and Status

Piero E. Esposito
I. Lombardi
Editors

SOCIAL ISSUES, JUSTICE AND STATUS

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**PSYCHOLOGICAL IMPLICATIONS,
SOCIAL EXPECTATIONS,
AND ROLE OF SEXUALITY**

PIERO E. ESPOSITO
AND
CRISTOFORO I. LOMBARDI
EDITORS

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Library of Congress Cataloging-in-Publication Data

Marriage : psychological implications, social expectations, and role of sexuality / editors, Piero E. Esposito and Cristoforo I. Lombardi.

p. cm.

Includes index.

ISBN 978-1-62257-157-4 (hbk.)

1. Marriage. I. Esposito, Piero E. II. Lombardi, Cristoforo I.

HQ728.M294 2011

306.8--dc23

2012020009

Published by Nova Science Publishers, Inc. † New York

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PREFACE

In this book, the authors explore the psychological implications, social expectations and role of sexuality in marriage today. Topics presented from across the globe include the nature of the sexual relationship in marriage and during transition to parenthood; gender attitudes in marriage and the division of unpaid family work; health concerns of transnational marriage of immigrant women in Taiwan; couple generativity in relation to familial and social bonds; the marriage and health association; and the social structures that influence marriage and divorce.

Chapter 1- A couple's sex life can be complex; entailing an interplay of biological, relational, psychological, social and cultural factors that fluctuate over the course of the relationship. Despite all this change, however, no other time in the sexual relationship may be as dynamic as the transition to parenthood. Although the impact of sexual functioning on the relationship can be quite profound, there is a continued apprehension amongst both healthcare providers and expectant parents to discuss aspects of sexuality during pregnancy. As such, pertinent information is not frequently disseminated to expectant parents and, all too often, couples are caught off-guard by the number of challenges they face related to their sexual functioning during this time of transition. The current chapter will be an integrative literature review on the dynamic nature of the sexual relationship during the transition to parenthood, its many potential determinants, and implications for treatment during each stage of the transition process. Our focus will be on the period just prior to conception through postpartum. In addition, as a considerable amount of the transition literature has centered mainly on the female partner, we will pay particular attention to factors influencing the male partner and couple functioning as a whole. The authors also address issues relevant to special contextual factors (e.g., planned vs. unplanned pregnancy) and problems (e.g.,

infertility). Throughout, we emphasize the limitations in the current knowledge base and barriers to communication between providers and the soon-to-be parents.

Chapter 2- The dramatic redistribution of paid work between men and women that has occurred in Western countries during recent decades has not been followed by a substantial redistribution of unpaid family work. This inconsistency has puzzled scholars for years, leading to a large strand of research, but clear solutions have proven elusive so far. This matter is a prominent issue in marriage, since it has been shown that the division of unpaid family work strongly impacts marital quality and, in turn, marital stability. In Italy, however, scant scholarly attention has been devoted to this topic, partly because of the lack of adequate data. The aim of this chapter is to add a new piece of evidence on the Italian case, testing two competing hypothesis deriving from different theoretical frameworks which provide predictions about the division of unpaid family work, namely the relative resource perspective and the gender attitudes perspective. This chapter is based on a dataset consisting of 773 dual-earner married couples with at least one child up to 12 years old. The dataset is confined to four provinces (Turin, Cuneo, Novara, Alessandria) in Piedmont, a large region located in the north-west of Italy. The local dimension of the dataset is counterbalanced by its richness in terms of information. Empirical analysis was carried out using ordinary least squares regression models. The findings give only modest and qualified support to the relative resource perspective, while gender attitudes appear to be a reliable predictor of the division of unpaid family work, although the magnitude of the effects is sometimes modest.

Chapter 3- In this chapter, the authors will discuss the health problems and life concerns of transnational marriage women, particularly those migrants from South-East Asia countries. The authors refer also to information about transnational marriage immigrants in other countries. Important health problems are addressed that relate to immigrants' physical, psycho-social, and cultural health and well-being. How does their health differ from that of Taiwanese women? What health problems have they faced? What experiences have they encountered in medical settings? What strategies should be suggested to health professionals while encountering these women? What health policies are suggested for transnational marriage immigrant women in Taiwan?

The chapter is divided into five sections. Firstly, the background of the transnational marriage immigration is reviewed. The second and the third sections present the results of Taiwanese studies about physical and psycho-

social health concerns. In section four, we discuss some social and cultural health issues among South-East Asian transnational marriage women. Section five highlights barriers to healthcare system utilization and immigration policy among these groups of women in Taiwan. Finally, macro inspections of SEA transnational marriage immigration in Taiwan are discussed.

Chapter 4- Marital relationship is based on affective, relationship maintenance, intergenerational and social dimensions. These dimensions, the “pillars” of couple identity, may be studied in terms of passion, intimacy, commitment, individual representations of couple relationship, quality of relationship with the family of origin and trust. Research on couple functioning generally identifies marital outcomes with relationship satisfaction or stability. In the present work the authors proposed another outcome of couple relationship: couple generativity, which describes the couple ability to take care of its familial and social bonds. In particular, they examined whether and how the above dimensions of marital relationship are present in different groups based on age and presence of children, and the association of these dimensions with marital outcomes, not only in terms of marital satisfaction, but also in terms of couple generativity. Data were collected from 1254 individuals (16.2 % males), with or without children, who were in a marital relationship. Results showed that the level of some of these dimensions varied according to the age and presence of children. Moreover, passion, intimacy and commitment were positively linked with both satisfaction and generativity. With regard to individual representations of couple relationship, the conception of one’s couple as a private matter was linked only with satisfaction, while perceiving one’s couple as an intergenerational and social matter was linked more to generativity. The satisfaction with the family of origin was generally linked to both satisfaction and generativity. Finally, trust was correlated with both satisfaction and generativity only in individuals with children.

Chapter 5- On the basis of a survey of 268,202 married US-couples, obtained from the “Integrated Health Interview Series” of the years 1982-2003, the authors examined separately for men and women, the association between an individual’s self estimation of health - a reliable indicator of general health - and the individual’s own and its spouse’s age, body size, income, and education. Health estimation decreased with age but increased with body height and income, education showing a non-linear association. In women, spouse’s characteristics were more important for their health rating than the women’s own characteristics, whereas in men, apart from spouse’s age, only own characteristics had a significant effect. Within each age

category, the highest estimation of health is found in couples of corresponding age categories. The authors conclude that in women mate selection affected health feeling, whereas in men, own characteristics seemed to be more important.

Chapter 6- Empirical findings show that the success of marriages and other intimate partnerships depends on objective attributes such as differences of age, cultural background, or educational levels between partners. However, one previous publication that considers the marriage market as a stock to be optimized using a branch and bound algorithm triggered numerous and passionate public reactions. Therefore this chapter proposes on the one hand an enhancement of the model we used previously to optimally allocate partners within the set of structural constraints defining the marriage market. On the other hand it offers a critical discussion concerning the potential and limits of using such econometric methods in social sciences. Based on a representative and longitudinal sample of 1074 cohabitating and married couples in Switzerland, we estimate various objective functions corresponding to age, education, religion, devotion, ethnicity, depression, and previous divorce experience based on all possible pairs of men and women belonging to the sample. Results show that the current state of marriages or partnerships is well below the social optimum. Approximately three individuals out of four are reallocated to a couple with a higher chance of survival than the actual couple to which they belong. Of course this provocative stance does not support the idea that optimizing marriage is indeed possible or desirable. Instead, it claims that critically considering the social structures that influence marriage and divorce is a useful mission for the social sciences.

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Chapter 1

HERE COMES THE BABY CARRIAGE, BUT WHERE GOES OUR SEX LIFE? SEXUALITY AND THE TRANSITION TO PARENTHOOD

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ABSTRACT

A couple's sex life can be complex; entailing an interplay of biological, relational, psychological, social and cultural factors that fluctuate over the course of the relationship. Despite all this change, however, no other time in the sexual relationship may be as dynamic as the transition to parenthood. Although the impact of sexual functioning on the relationship can be quite profound, there is a continued apprehension amongst both healthcare providers and expectant parents to discuss aspects of sexuality during pregnancy. As such, pertinent information is not frequently disseminated to expectant parents and, all too often, couples are caught off-guard by the number of challenges they face related to their sexual functioning during this time of transition.

The current chapter will be an integrative literature review on the dynamic nature of the sexual relationship during the transition to parenthood, its many potential determinants, and implications for treatment during each stage of the transition process. Our focus will be on

the period just prior to conception through postpartum. In addition, as a considerable amount of the transition literature has centered mainly on the female partner, we will pay particular attention to factors influencing the male partner and couple functioning as a whole.

We also address issues relevant to special contextual factors (e.g., planned vs. unplanned pregnancy) and problems (e.g., infertility). Throughout, we emphasize the limitations in the current knowledge base and barriers to communication between providers and the soon-to-be parents.

The goal of having a family is ingrained in us from an early age. There is also an implicit script for how and when this *should* occur. As the old playground song goes, “first comes love, then comes marriage, and then comes... the baby carriage.” It is well-known that actual life experiences rarely conform to fairytales or playground rhymes. However, the ideals they proffer can greatly influence our expectations and behavior nonetheless (Holmberg and MacKenzie, 2002). Many times, the realities of often idealized major life transitions, such as the transition to marriage; leave us rather surprised, unprepared, and at risk for outcomes that fall far short of a storybook ending. For example, Huston et al. (2001) found that newlyweds with the most idealized views of their intimate partner suffered the steepest declines in relationship satisfaction and were most likely to end their marriage sooner.

The transition to parenthood is another time of great expectation that may prove trying for couples. Indeed, many couples that later seek therapy can often trace the origins of their problems to the birth of their first child (Gianotten, 2007). Although the impact of pregnancy and childbirth on relationship functioning is fairly well researched (for reviews, see Belsky, Spanier, and Rovine, 1983; Cowan et al., 1985; Kluwer, 2010), the sexual life of couples during this time is often overlooked. This is important because a couples’ sexual relationship is intricately associated with its overall functioning (Byers, 2005; Byers, Wang, Harvey, Wenzel, and Sprecher, 2004; Cupach and Comstock, 1990). As such, a lack of preparedness for, and a misattribution of, the changes in the sexual relationship during this time may negatively influence relationship functioning and satisfaction in ways that persist for a long time thereafter.

Fortunately, couples are in frequent contact with healthcare professionals throughout the course of a pregnancy. This creates a unique opportunity for front-line providers to give couples reasonable expectations about typical

changes in their sex life – potentially before they lead to lasting problems. It is therefore surprising that more time is not spent assessing characteristics of the expectant couple's sexuality or providing education about the dynamic shifts in sexual functioning during pregnancy. Many attribute this lack of discussion about sexuality to a general lack of comfort about the topic from both the expectant parents and healthcare providers (Foux, 2008). It is also possible that they – healthcare providers – do not know what they – expectant parents – do not know (and perhaps want or need to).

As such, the goal of this chapter is to act as an integrated review of the current literature related to sexuality during the transition to parenthood, paying specific attention to treatment implications and special considerations during each stage of the transition process. Through the exploration of different aspects of the sexual experience of couples during this time, we will also address specific contextual factors that may influence the sexual relationship; such as the use of technologies to conceive, the type of delivery method used, or the presence of postpartum depression. Also addressed are areas within the sexuality/pregnancy literature that have yet to be spoken to or explored fully; including the comparability of the heterosexual transition to that of gay and lesbian families. However, we begin with a review of the changing nature of the sexual relationship for mixed-sex couples, from conception through the postpartum stage.

CONCEPTION

The decision to have a baby can be a long and drawn out process wherein specific aspects of the timing, availability of financial and social resources, and the couple's overall life situation are carefully thought through and planned.

For some couples, however, the best-laid plans are potentially complicated with difficulties in achieving conception. For others, the news of conception is a surprise; leading to a considerable amount of discussion and thought after-the-fact to determine the "wantedness" of the child. Additionally, some couples are not actively "trying," but would not mind if a pregnancy were to occur (McQuillan, Greil, and Shreffler, 2011).

These differences in the conception narrative not only influence the relational functioning of the couple in a variety of ways, but can also carry with them differing projected outcomes, as well as potential effects on the sexual relationship.

Planned Versus Unplanned Pregnancy

The Occurrence of Unplanned Pregnancies

Given the general effectiveness and availability of most contraceptive methods since the “the pill” in 1960; it is surprising that, in 2001, approximately 50% of pregnancies in the United States were unintended (Finer, 2006).

According to the data from the 2002 National Survey of Family Growth, 35% of the pregnancies that resulted in live births were either unplanned or unwanted (Chandra, Martinez, Mosher, Abma, and Jones, 2005). The current rate of unplanned births is one of national concern due to the poor associated outcomes (e.g., delayed access to prenatal care, deficits in parent-child attachment; Gipson, 2008).

The Centers for Disease Control reported that the current national goal was to reduce the unintended pregnancy rate to 30% by 2010. However, at the time this chapter was written, the rate of unintended pregnancies is still hovering around 50% (Finer, 2006; 2011).

Research addressing unplanned pregnancies focuses mainly on adolescents and single mothers. However, a number of adult and married couples also experience unplanned pregnancies (Klerman, 2000; Bouchard, 2005; Guzman, Wildsmith, Manlove, and Franzetta, 2010). Examination of the 2002 National Survey of Family Growth data – broken down by marital and cohabitation status – revealed that 22.6% and 55.4% of married and cohabitating couples, respectively, report having had an unwanted or unplanned pregnancy that resulted in a live birth (Chandra et al., 2005).

However, the literature examining factors leading to unplanned pregnancies is sparse for adult couples (Bouchard, 2005), and comparisons between planned and unplanned pregnancies among adult couples often neglect potential differences in the sexual relationship. However, Bouchard (2005) demonstrated that, among a sample of married and cohabitating couples, 20% of the pregnancies were unplanned. Further examination of contextual factors by Bouchard (2005) revealed that couples having an unplanned pregnancy were younger in relative age, had a relationship of short duration, were of lower socioeconomic status, and were cohabitating.

These factors are important because they also coincide with factors that may lead to increased conflict and stress for the couple during this transition. Additionally, these factors may play an important role in the decision to keep or terminate the unplanned pregnancy.

Difficult Decisions and Their Likely Consequences

When faced with a mistimed or unwanted pregnancy, couples must decide to proceed with the pregnancy or to terminate. The termination of a pregnancy is a difficult and influential decision; one that few ever expect to make (Coleman, Rue, and Coyle, 2009; Finer and Zolna, 2011). Additionally, there are several likely consequences for the relationship – more generally and with respect to sexuality in particular – that follow any decision made by the couple. For example, couples that terminate a pregnancy are at higher risk for intimate partner violence (IPV) and of dissolution within a year, as well as at an increased likelihood for sexual dysfunction (Coleman et al., 2009). For women, sexual dysfunction appears specifically associated with depression and anxiety pursuant to elective abortion (Bianchi-Demicheli et al., 2002). However, the fear associated with the potential for another pregnancy may underscore sexual dysfunction for both partners (Coleman et al., 2009; Johnson and Williams, 2005). Although not all couples choosing termination experience sexual dysfunction; Coleman et al. (2009) found that doing so, for some, may continue to affect the sexual functioning of women even in subsequent relationships.

The choice to keep a mistimed or unplanned pregnancy is also linked with difficulty. For instance, Bouchard (2005) found that women who kept an unplanned pregnancy reported higher levels of stress, and the couple overall was less secure in their attachment. Interestingly, comparisons between couples experiencing unplanned or planned pregnancy found that dyadic adjustment between the two groups was similar. Bouchard and colleagues (2006) later examined these groups across the transition to parenthood. They found similar results across the unplanned and planned pregnancy groups. However, the unplanned pregnancy group demonstrated an upward trend in relational cohesion, as compared to declines in cohesion for those having planned pregnancies. These results suggest that couples experiencing unplanned pregnancies may have more difficulties (e.g., anxieties, conflict etc.) during the pregnancy; but, as their expectations for the transition are potentially low, they may experience surprise in their ability to adjust once the baby arrives. Likewise, the observed decrease in affection and cohesion for planned pregnancy couples may be a result of idealized thoughts about the transition to parenthood (Bouchard, Boudreau, and Hébert, 2006). These differences are notable because relational cohesion may also benefit the sexual relationship of the couple, as positive relational indicators often associate with more willingness to engage in sexual behavior with one's partner (Andersen and Cyranowski, 1995; Basson, 2000). For example, Alhborg, Dahlof, and

Hallberg (2005) found that female ratings of dyadic cohesion is moderately associated with partner ratings of dyadic sensuality (e.g., kissing, hugging and cuddling behavior), as well as associated with partner ratings of dyadic sexuality at six months postpartum. However, other research on pregnancy intentions highlights an increase incidence of IPV when pregnancies are unplanned (Jasinski, 2010; Brownridge, Taillieu, Tyler, Tiwari, Chan, and Santos, 2011). Mothers experiencing IPV frequently report that it had not occurred prior, suggesting a possible etiological role for the unplanned pregnancy. The presence of IPV in a relationship is associated with a number of factors that are detrimental to sexual health; such as infrequent use of condoms, increased risk of sexually transmitted disease, increased rate of aborted pregnancy, sexual dysfunction, and increased likelihood of extra-dyadic intimate relationships (Coker, 2007).

Overall, much of the research suggests that intentional pregnancy (i.e., wantedness) has a considerable effect on postpartum mental and physical health outcomes for both mother and child; as well as on variables related to family functioning (e.g., paternal involvement; for review see Gipson, Koenig, and Hindin, 2008). Additionally, these contextual relationship factors can influence sexual functioning and satisfaction – in both direct and indirect ways – within the current relationship, as well as with future partners. Only recently, however, have researchers begun to explore these similarities and differences between couples having planned versus unplanned pregnancies, as they transition to parenthood.

Treatment Implications

The stressors of an unplanned pregnancy can be overwhelming. Potentially, the most stress revolves around making the initial decision to keep or terminate the pregnancy (Henshaw, 1998). In any case (e.g., lifestyle changes, career impacts, relationship changes), stress can affect the overall functioning of the relationship, including the sexual relationship. Therefore, it is vital for practitioners working with individuals or couples facing an unplanned pregnancy to allow their clients space to voice underlying worries or fears, especially when they report ambivalence about what to do (O'Reilly, 2009). A specific technique effective in working with ambivalence is Motivational Interviewing (MI; Miller, 1983). MI is a client-centered, directive, therapeutic style that allows clients to explore their ambivalence and move forward in a personal value-driven manner (Miller and Rollnick, 2002). Note that the practitioner's values are not brought into the interaction. Instead, the practitioner helps the client "flush out" their current experience, allowing