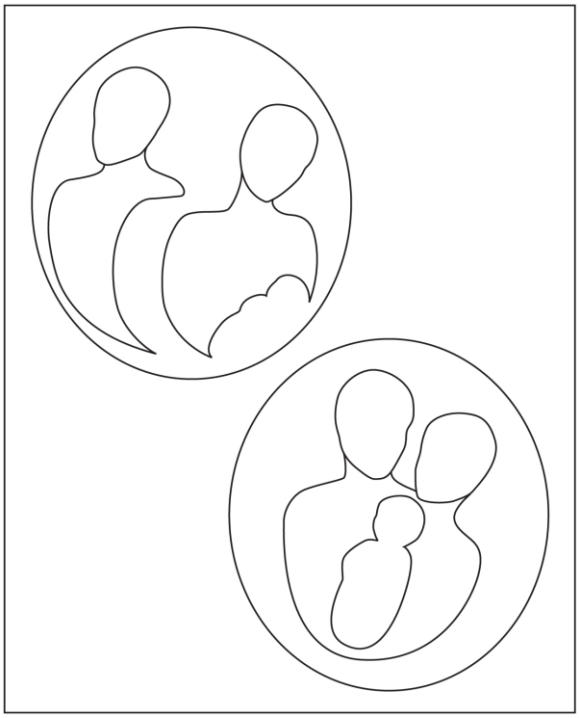
Experienced quality of the intimate relationship in first-time parents

- Qualitative and quantitative studies

Tone Ahlborg



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List of papers

This thesis is based on the following original papers, which are referred to in the text by their Roman numerals:

I

Ahlborg T. & Strandmark M. (2001) The baby was the focus of attention – First-time parents' experiences of their intimate relationship. *Scandinavian Journal of Caring Sciences* **15**, 318-325.

II

Ahlborg T., Dahlöf LG. & Strandmark M. (2000)
First-time parents' sexual relationships.
Scandinavian Journal of Sexology **3,** 127-139.

III

Ahlborg T., Dahlöf LG. & Hallberg L.RM. Quality of the intimate and sexual relationship in first-time parents six months after delivery.
The Journal of Sex Research **42** (2), 167-174.

IV

Ahlborg T., Persson LO & Hallberg L. RM. Assessing the quality of the dyadic relationship in first-time parents: Development of a new instrument.
Journal of Family Nursing **11**, 19-37.

V

Ahlborg T. & Strandmark M. Factors influencing quality of the intimate relationship- First-time parents' own views and coping strategies
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CONTENTS

INTRODUCTION

This thesis on public health will focus on family health and in particular the intimate, including the sexual, relationship of the parents of a young baby. The expectations and experiences of the intimate, sexual relationship and the transition to parenthood differ around the world, depending on social and cultural variations. As a necessary limitation, this thesis deals with western society. How intimate relationships and parenthood are experienced as being depends to a great extent on the parents' social and cultural context, something that also varies within western society. However, the relationship between the parents affects the atmosphere in the family, which is also important for the baby and its well-being (Teti & Gelfand 1991). From existing, mostly American, research, we know that the transition to parenthood, with a new situation and new roles, may increase marital conflict and reduce marital satisfaction (e.g. Dalgash-Pelish 1993, Cowan & Cowan 2000). The USA is a western society and has many similarities with Swedish culture and society, but it also differs in several ways when it comes to the social conditions for a new family. Examples of conditions in which the societies differ include the fact that in Sweden we breastfeed for a longer period (72% fully or partly for six months, Swedish Board of Health & Welfare 2003) and have extended parental leave, as well as parenthood education for almost all first-time parents, which could create a good start for the new family. We also have somewhat less traditional gender roles in Sweden and these traditional gender roles are a major source of marital conflict, according to the American researchers Belsky and Pensky (1988) and Grote and Clark (2001).

We therefore need more Scandinavian research, of both the qualitative and quantitative kind, to explore the situation for new families, as, in Sweden, divorce and separation rates are high among the parents of pre-school children. There is a frequency peak when the child is 18 months old and at around 4 years of age (Statistics Sweden 2003 a), which indicates a severe strain on the relationship. We have more than 21,000 divorces and around 30,000 separations in Sweden every year and these figures have increased since 1985 (Nilsson 1993), and has remained high the last years (Statistics Sweden 2003 a). The number of marriages in Sweden is around 33,000 per year and Sweden has a population of 9 million (Statistics Sweden 2003 b). The largest group of divorces and separations

involves the parents of few, small children. The strain on the relationship and the whole family can be regarded as a public health problem, as social relations and emotional support are fundamental human needs and a lack thereof may therefore be detrimental to health and global well-being. Recent research confirms this and indicates that a divorce primarily has a positive effect on a parental relationship which is characterised by large-scale conflict but a major negative effect on the offspring of a low-conflict parental separation, where the divorce is experienced as unexpected (Booth & Amato 2001). Conflicts in close relationships have also been found to affect health negatively, causing depression, for example (Cox et al. 1999). The statistics of divorces and separations are provocative and a challenge for public health care and they are one motivation and starting point for this research project. The overall **aim** of this thesis was to describe and analyse how new parents experience their intimate relationships as an indicator of well-being. This could facilitate the promotion of health in new families.

The reader will now be given a short presentation of me, the author of the thesis, and my pre-understanding to better evaluate the direction and results of the thesis. I am a nurse and midwife, who has been working in the various fields of midwifery, including the education of midwifery students. I am married and have three children, but my mission, as I see it, is the well-being of individuals, regardless of whether or not they live in marital relationships. Professionally, I have worked on the development of health promotion in midwifery, especially in the field of family health, including family planning and breastfeeding. In parallel with my postgraduate research studies, I have studied sexology at the Department of Psychology at the University of Göteborg, which has matched the choice of subject in this thesis. The interdisciplinary public health perspective agrees well with my interest, knowledge and aims of this thesis.

Health and health promotion

When viewing health from an holistic perspective, people are regarded as active human beings living in a network of social relations (Nordenfelt 1993). Saltonstall (1993) defines health as "a lived experience of being bodied which involves action in the world. Gender is an integral aspect of this process". This idea of health is closely associated with well-being. Well-being is when a person enjoys high quality of life, according to Naess (1987). This

depends on whether the person is active, relates well to others, has self-esteem and has a basic mood of happiness. Happiness is seen by Nordenfelt (1993) as equilibrium between wants and reality. A person's happiness depends on the relationship between life situation and the person's wishes, which varies between individuals. There are degrees of happiness which depend not only on the number of satisfied wants but also on there being some more qualitatively richer needs that provide richness in happiness (Nordenfelt, 1993). A qualitatively "rich want" of this kind could be emotional confirmation by a child or a partner**.** There is a connection between satisfaction and our basic needs as human beings, the latter having been described by Maslow (1970). His well-known concept of fundamental basic needs is, in hierarchical order, 1) the physiological needs, 2) the need for security, 3) the need for belongingness and love, 4) the need for esteem and respect and 5) the need for self-actualisation. Security and love can thus be regarded as basic to health, according to this model. To conclude, a social network includes social and emotional support through social relationships. This could provide security, a sense of belonging and love, as well as esteem and respect and, if so, the conditions for relational health are present.

Another way of describing health is the definition given by Antonovsky (1987). He states that health is achieved when the individual experiences a sense of coherence (1993). Antonovsky has developed the concept of 'salutogenesis' and has constructed the instrument known as Sense of Coherence to measure this concept (Antonovsky 1993). It emanates from his experiences and wonder at how some people could survive in the concentration camps. It includes three dimensions: meaningfulness, comprehensibility and manageability. It is a global attitude that explains the extent to which people have confidence that events in the world are predictable, structured and understandable, that the resources needed to meet these demands are accessible and that these demands are worth investment and engagement (Antonovsky 1987). The most important component according to Antonovsky is meaningfulness. If people do not have any meaningfulness, existence will probably be neither comprehensible nor manageable. So comprehensibility is the next most important, as people have to understand reality to manage it. In manageability, there is an experience of existing resilience to handle problems. When people become parents, life has great meaning, but to handle the situation, when problems with the baby or the relationship occur, people need to comprehend the situation.

Seen in a public health perspective, the panorama of ill-health has developed to become more multifactorial and psychosocial. The most important problems are that human beings have difficulty handling relationships, co-operation and society and that psychosocial ill-health is increasing, according to Hjort (1993). However, there are also clinical observations that indicate that the increased demands in occupational and family life for a full-time working family on too high a level generate a large percentage of population symptoms of illness (Diedrichsen 2000). The main symptoms, which have increased in Sweden by two-thirds since 1980, are tiredness and pain. Not too excessive demands and good social support appear to be of importance for well-being and health. Improving health is not simply a question of preventing disease in general, but health promotion has a 'salutogenic' perspective, which involves strengthening the resources of an individual (Medin & Alexandersson 2000). According to the Ottawa Charter, "Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector but goes beyond healthy life-styles to well-being" (WHO 1986, p. 426).

Marital relationships

In most articles in the English language that are referred to in this thesis, the word "marital" is used for the dyadic intimate relationship between both married and cohabiting partners living in heterosexual relationships. "Marital" is therefore used in this sense in this thesis and is the equivalent of *dyadic intimate relationships*.

Intimacy

Intimate relationships can exist between romantic partners, but also between friends and between parents and children and other constellations. This thesis refers to a relationship between a man and a woman as new parents with some relational intimacy.

According to Prager (1995), there is no one concept of what relational intimacy is, but the author states that three criteria; affection, trust and cohesiveness, appear to both emerge from and sustain relational intimacy. This is close to the components of social support described by Cutrona (1996), which are love, interdependence, trust and cohesiveness.

Affection can be shown by caressing and by intimate gestures. Trust in the sense of honesty is a condition for intimacy according to LaFollette and Graham (1986), and intimacy means revealing something about oneself in a sensitive and trusting way. An interaction takes place, consisting of behaviour such as self-disclosure and effective responsiveness both verbally and non-verbally (Prager 2000), and its purpose is to increase the depth and involvement of a relationship. Mutual touch and sexuality are examples of non-verbal intimacy (Prager 1995). Cohesiveness is togetherness, the sharing of time and activities. Prager (2000) describes two dimensions of the concept of intimacy: 1.Positive affect (e.g. feelings of pride, warmth, love, affection, gratitude or attraction) and 2.Perceptions of understanding (e.g. the perception that one is liked, accepted, understood, cared for, or loved by the other).

Another definition of intimacy is given by Erikson (1968), who defines it as true and mutual psychosocial intimacy like love and as mutual devotion, genital maturity and the capacity to commit oneself and remain loyal to another person. Intimacy can also be regarded as a developmental process. Intimate relationships can be characterised in terms of levels of maturity (White et al. 1986). Level one is a self-serving, egocentric form of relatedness, level two is tradition bound, conforming to social norms, whereas level three is a mature relationship, which includes an ability to integrate conflicting needs, cope with frustrations and value the partner for his/her uniqueness. In a good intimate relationship, the partners are interested in one another and their mutual needs.

Giddens (1992), who has described the development of intimacy in society to the present day, calls modern relationships based on equality between the sexes "open relationships". Open relationships are maintained only as long as mutual love feelings and respect exist. Intimacy, as Giddens defines it, is a question of emotional communication with others and oneself, in a context characterised by equality between individuals. Both women and men are required to share their innermost feelings. However, as these open relationships can only be maintained as long as the partners feel respected and loved, this may imply that love and intimate relationships have nothing to do with marriage and children. Seen in a family health perspective in a changing society, it would be desirable if marriage and children had something to do with equality, love and intimacy. These modern open relationships, based on equality, are a challenge and involve a need for co-operation and an open dialogue between the spouses in their roles as responsible new parents (Bäck-

Wiklund & Bergsten 1997). Thus, the concept of intimacy has different meanings in society and contains different components, such as affection, trust and cohesiveness.

Sexuality

To define the different concepts: 'intimacy' may include both 'sensuality' and 'sexuality'. Sensual activity includes caressing generally, while 'sexual activity', in this thesis, means touching the genitals. One way of describing sexuality is the definition given by White et al. (1986) who mention three levels of maturity in sexuality, parallel to the levels of intimacy. At a first immature self-focused level, the partner is regarded as a sexual object. A lack of concern is displayed in the partner's pleasure and an intolerance of the partner's differing sexual needs. The next level is a role-focused description of the sexual relationship, irrespective of problems, where everything is fine and socially acceptable. The third mature phase involves an acceptance of occasional frustrations in a context of a generally satisfying sexual relationship at an individualised level. The expression of tenderness is highly valued, as is spending more time together, which makes the sexual relationship better. This includes talking about it with the partner and having the ability to be playful in the sexual relationship (Gaelic et al. 1985).

Seen in a phenomenological perspective, there is an ambiguity and tension in human sexuality, a balance between autonomy and dependence, which is described by the phenomenologist Merleau-Ponty, who regards the whole body as ambiguous. The "lived body" is an object for another person and a subject for the person her/himself at the same time (Merleau-Ponty 1998). Being in the body means being a subject and an object at the same time as in sexuality. A concrete example of this status of touching and being touched at the same time is the double sensation when you touch your right hand with your left hand. Sexuality, according to Merleau-Ponty (1998), is intentional, directed at an object, and it consists of perception, movement and representation. The body is seen by him as a way of communicating with the world around.

When it comes to gender differences, there could be an essential difference between male and female sexuality, according to Kohler-Riessman (1990). For most men, sexuality is a way to intimacy, but for women intimacy is a way to sexuality. Usually, women need some intimacy through talk and familiarity before sexuality, which for men would not be as necessary. As sexuality for most men seems a major way to achieve intimacy, the absence

of sexuality could create a feeling of loneliness and emotional emptiness (Kohler-Riessman 1990). Until the last few decades women often associated sexual pleasure with fear, as pregnancy and childbirth could jeopardise a woman's health. Nowadays, in the Nordic countries, access to contraceptives and a permissive attitude towards sexuality in society have liberated women's sexuality.

In recent decades, the connection between sexuality and health has been emphasised. Sexuality can be seen as an "ever-present, ever-evolving, multifaceted resource of every human being" (Levine 1992, p.1). According to Levine, it has much more to do with health than with illness. The WHO (1975) defines sexual health in the following way:
"Sexual health is the integration of the somatic, emotional, intellectual, and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love" (WHO 1975, p. 6). In a recent version by the WHO (2000), sexual health is described as "fostering harmonious personal and social wellness enriching individual and social life".

Connection between health, ill-health and marital relationship

Marital intimate relationship and health are connected; people who are married or have close intimates are less vulnerable to physical illness and have fewer psychosomatic symptoms and a lower mortality rate than people living alone (Dahlgren & Didrichsen 1985). However, the presence of a spouse is not always protective, as a troubled marriage in itself is a source of stress and unmarried people are happier on average than unhappily married people (Glenn & Weaver 1981). There is a recognised connection between the psyche and the soma and this has also been discussed by the phenomenologist Merleau-Ponty (1998). It is therefore interesting to describe some of the physiological evidence for this connection between mental and physical health. The relationship between social support and the creation of psychological health and physiological health was confirmed by Knox and Uvnäs-Moberg (1998), who stated that social support can influence the prevention or progression of cardiovascular disease. It is shown physically that blood pressure and heart rate are reduced when rats are given abdominal massage, which is a common sensory stimulation also in sexuality (Lund et al. 1999). Oxytocin is released, not only during delivery and breastfeeding, but also in situations of sexuality (Hillegaart et al. 1998), and oxytocin possesses antidepressant-like effects (Uvnäs-Moberg et al.1999).

Thus, sexuality between loving intimates could have mainly positive effects on health. Lack of intimacy and social support has a negative effect on heart rate and blood pressure, for example, and social support has a buffering effect on the cardiovascular system. In a study by Helgesson (1991), men who disclosed their feelings to their wives were less likely to die after a myocardial infarction than other less disclosing men. Elevated blood pressure was related to lower scores on the Cohesion scale of the Dyadic Adjustment Scale, DAS (Spanier 1976), in a population of early hypertensive men and women (Baker et al. 1999). Moreover, marital conflict also elevated the blood pressure and this was more marked among wives than husbands (Ewart et al. 1991). Conflict has also been associated with alterations in both endocrine and immune function (Mayne et al. 1997). However, dealing with conflicts can be divided into three differing approaches: a *constructive* approach (using humour, compromising and listening to the partner's views); a *destructive* approach (criticising and accusing); and the *avoidance* of conflict (Noller & Fitzpatrick 1990). The avoidance of conflict could have negative consequences for the well-being of the relationship, according to Noller et al. (1994) and Crohan (1996).

Marital distress is also related to depressive symptoms among both men and women (O'Leary et al. 1994) and women's greater sensitivity to relationship events could imply a heightened risk of depression (Cross & Madson 1997). Depression and anxiety are known to be triggered by disturbances in psychosocial relationships. So marital relationships which do not function well could imply ill-health while a functioning marital relationship appears to be beneficial to health - relational health. Glenn and Weaver (1981) stated that marital happiness appeared to contribute far more to global happiness than any other variable, including satisfaction with work and friends.

Transition to parenthood

The concept of transition is discussed by Schumacher & Meleis (1994) as a nursing theory and model. Transition is defined as a change in health status, in role relations, in expectations or abilities or as a passage from one life phase, condition or status to another. The transition to parenthood is influenced by new parents' meanings, expectations, levels of skill and knowledge, the environment around the parents, as well as emotional and physical well-being (Schumacher & Meleis 1994). Becoming a parent is a transition on many levels in order to experience health and well-being. This may involve difficulties that

challenge the resilience and well-being, but it may also involve happiness when wants and reality correspond. According to a model developed by Cowan and Cowan (2000), different aspects of family life affect what happens when partners become parents. Firstly, the inner strength of both parents, like the sense of self, the attitude to life and their emotional well-being, affects what happens when they become parents. Moreover the quality of their relationship in the form of their communication patterns and family roles, as well as the relationship between each parent and the child, is of importance. More superficial relationships, like the relationship to the outside world in the form of work, friends and childcare and the quality of the relationship between and with the grandparents, have a different meaning in the form of stress or support during the transition to parenthood.

The positive effects of becoming parents on the individuals are described by Newman and Newman (1988), who stress the cognitive and emotional skills which can be developed in parenthood. These cognitive skills include the ability to organise life, doing several things at a time, preparedness for the future, appreciation of individual differences and the attainment of a more balanced view of your own and your partner's weaknesses, strengths and resources. The emotional development includes contact with new emotional levels and ways to express feelings. The increased empathy implies a capacity to help the child express and understand feelings, which could facilitate acceptance and the expression of one's own feelings.

However, in modern society, becoming parents can be difficult. Both men and women may feel that a child could threaten their well-established careers or disturb their intimacy as a couple. Glenn and McLanahan (1982) stated that, in our modern society where individualistic and hedonistic values are emphasised, the child may be experienced as somebody interfering with the marital relationship. They also discuss the fact that the time and energy was experienced as being insufficient for both roles at work and parenthood. New parents' leisure activities became less frequent, satisfaction declined, especially for wives, according to a review by Belsky and Pensky (1988). However, Umberson and Gove (1989) found that the increased sense of meaningfulness, when people become parents, overrides the loss of satisfaction and individual well-being. According to Dalgas-Pelish (1993), role conflicts may occur easily and this influences married life in a negative

way. However, the author also says that, if the couples are prepared for this, they can handle the situation more easily.

In a British study (Ross 2001), both men and women reported growing dissatisfaction with their partner's role performance within the first three months after the birth of the first child. Willén (1996) found that the wish to have a child increased the happiness; however, when the baby was born, the happiness decreased again, especially among the fathers. Wadsby & Sydsjö (2001) found the same tendency among fathers one year after the birth of the first child among 60 Swedish parents, where the fathers experienced a deterioration in their economic situation, as well as less time for leisure activities and company with friends than before. This made the fathers experience less satisfaction in the relationship in more areas than their spouses. Both mothers and fathers experienced less marital satisfaction and impairment when it came to closeness and sexuality (Wadsby & Sydsjö 2001). This is in accordance with O'Brien & Peyton (2000), who found that both mothers and fathers experienced a decline in perceived marital intimacy over the first three years after the birth of a child, regardless of parity, and that fathers generally experienced a steeper decline in intimacy than mothers. However, this was seen at group level and individual trajectories displayed varying patterns, including an increase in intimacy, especially in initial high levels of perceived marital intimacy one month after the birth of a child. Individual variations are also described by Harriman (1985) and Lewis (1988), who found that relationships functioning well emotionally before parenthood remain well functioning after the first child is born, and 'low competent' relationships deteriorated. What Lewis (1988) described is supported by Wallace & Gottlib (1990), who found that the marital adjustment for both spouses during pregnancy was the best single predictor of postpartum marital adjustment. According to a longitudinal study by Shapiro (2000), factors predicting stable or increased marital satisfaction were the husband's and wife's mutual awareness and husband's expressions of fondness toward the wife. A study by Cox (1999) indicated that, among couples where at least one of the spouses had a good problem-solving ability before birth, this ability served as a buffer against a reduction in marital satisfaction after the birth of the first child. In contrast, the highest risk of declining marital satisfaction was when spouses suffered from depressive symptoms and neither spouse displayed good problem-solving communication.

Modern society may result in new families being geographically isolated without a supporting social network, which could increase the strain for new parents. Actual roles when husbands and wives share the housework and baby care could involve more conflict and disagreement about practical arrangements and the division of time (Cowan & Cowan 2000). Negotiations about practical things are thus needed within the couple, and demands good communication, in the family being an arena for negotiation (Bäck-Wiklund & Bergsten, 1997). The Swedish family today can be described as a set of social bonds, a discursive phenomenon, a context in which relationships are created, individual objects in life are met and where work and responsibility should be adjusted together. Dreams and reality, rights and duties meet in everyday life (Bäck-Wiklund & Bergsten 1997).

Realistic expectations appear to be important for the experience of parenthood and this is discussed in a study by Belsky (1985), for example. Mothers easily underestimated the stress a new child involved, which resulted in negative effects on married life, because of expectations that were not fulfilled. Hackel and Ruble (1992) found that failure to confirm expectations relating to the sharing of child care and housekeeping responsibilities influenced marital satisfaction. A study by Pancer et al. (2000) found that the transition to parenthood and the experienced adjustment to it were dependent on the character of the expectations. Complex expectations mean having different perspectives, not seeing things only in black and white, and they also involve integrating different dimensions, both positive and negative , of the event of becoming a parent. The mothers' but not the fathers' adjustment was better when the expectations were more complex than simple. There was also some evidence to suggest that complex thinking could be stress buffering. Among the Swedish parents studied by Wadsby & Sydsjö (2001), the lowest agreement among the couples related to leisure activities and questions about children and parenthood. This mirrors the suggestion that in many cases the idea of parenthood may not be in accordance with the experienced real situation (Wadsby & Sydsjö 2001). As might be expected, if the baby had not been a joint decision, there was less marital satisfaction both during pregnancy and one year after the birth of the child.

Sexuality around childbirth

Sexuality has normal fluctuations during different phases of life, where childbirth is one phase. In a German review of 59 studies from most countries of the world but mainly USA and Europe except Scandinavia, produced during the past few decades until 1995, sexuality

during pregnancy and after childbirth was analysed (von Sydow 1999). Not surprisingly, it is stated that pre-pregnancy sexuality is positively correlated with coital activity during pregnancy and the postpartum period. On average, female sexual interest and coital activity declines slightly in the first trimester of pregnancy, varies during the second and decreases sharply in the third trimester, when male sexual interest also decreases, according to several studies. During pregnancy, some women may experience pain during intercourse and, in the third trimester, irritating orgasmic uterine contractions and positional difficulties (von Sydow 1999). Female interest in non-genital tenderness remains unchanged or increases as vaginal stimulation becomes less important during the second and third trimester (von Sydow 1999).

According to most studies in the review article (von Sydow 1999), sexual interest and activity tends to be reduced for several months after delivery, as compared with the pre-pregnancy and pregnancy level. After three months, it is very variable. In most couples, men show more sexual initiative before, during and after pregnancy than women. The women are often motivated to coital activity because of their concern about their spouses. The time for resuming intercourse was six to eight weeks on average in Europe and the USA, contrasting with four and a half months in Nigeria, according to studies mainly from the 1970s and 1980s in the review article. In a British study of 480 mothers (Barrett et al. 2000), 62% had resumed their sexual life at seven to eight weeks, 81% at three months and 89% six months after delivery.

Psychosexual and marital problems can occur during pregnancy, but they are more prevalent after birth. More than half of all women experience some pain during their first intercourse after birth and, at six months, around 15% of non-breastfeeding mothers and around 35% of breastfeeding mothers still feel pain (von Sydow 1999). This is close to the results of Barrett et al. (2000), in which 31% experienced pain during intercourse six months after delivery. Of them 42% were breastfeeding fully or partially. A contributory factor here could be that breastfeeding involves low levels of estrogen, which usually implies a dry vagina. According to this study by Barrett et al., sexual health problems after childbirth were very common, suggesting potentially high levels of unmet needs among new mothers. Only 15% had discussed their postnatal sexual problems with health professionals. Some self-reported sexual problems, such as vaginal dryness, vaginal tightness or looseness, pain during intercourse and loss of sexual desire, were experienced

by 83% of the 484 responding mothers in the first three months after delivery. At six months, when 89% had resumed sexual activity, 64% still experienced some sexual problems, where loss of sexual desire was the most common. In a study by Glazener (1997) involving 1,075 mothers, problems related to intercourse were reported by 53% in the first eight weeks and by 49% later during the first year after delivery, reported retrospectively. There was an association with pain during intercourse and current breastfeeding. In this study, breastfeeding had a significant association with low sexual desire eight weeks after delivery, but not later in the subsequent year. Breastfeeding as physical contact may produce erotic feelings. One third to one half of the mothers feel that breastfeeding is an erotic experience and a quarter have guilt feelings due to their sexual excitement, according to von Sydow (1999).

The varying frequency and quality of sexual life among new parents is discussed by von Sydow (1999), as a proposal for further research. What is notable is the decline in mutual caressing from sixth months of pregnancy until three years after delivery, described by von Sydow (1999). Raphael-Leff (1991) argues that there are many ways to show affection, such as cuddling and kissing, to refresh the couple's closeness, even if sexual intercourse is postponed for a while. However, tenderness between the spouses may decline if mothers have had birth complications and the delivery has been prolonged. In the British study by Barrett et al. (2000), pain during intercourse which, in the first three months after delivery, affected social activity, was significantly associated with vaginal deliveries. However, at six months, the association with the type of delivery was not significant any more. Several studies show a negative relationship between depressed mood and emotional instability after childbirth and sexual interest and activity and the perceived tenderness of the partner (von Sydow 1999). There is a relationship between the couple's sexuality and stability, so that, if both partners are sexually active during pregnancy and enjoy it, the relationship is evaluated as better in terms of tenderness and communication four months after delivery. Three years later, the relationship is more stable and less negatively affected in the view of both partners (von Sydow 1999).

Connection between parenthood, child behaviour, and marital relationship

When a marital relationship is strained, it can affect the whole family, including the child, according to Teti and Gelfand (1991), and to a triad model described by Belsky (1981), in which 1) the couple's marital relationship, 2) the experience of parenthood and 3) the child's behaviour and development affect one another. If something occurs to the marital relationship, the behaviour and development of the child will be directly or indirectly affected, as well as parenthood. Problems with the baby and its behaviour affect parenthood as well as the marital relationship, according to Belsky (1981). The limitations of this triad model are that only three persons are involved, no siblings of the baby interacting and no cultural and social aspects affecting the triad are considered. The reality is more complex than the pure model, which is still of some value, when describing the situation of new parents.

The way parenthood is experienced appears to be connected to parental sensitivity towards the infant. Broom (1994) studied the impact of marital quality and psychological well-being on parental sensitivity among 71 married couples three months after the first baby's birth. Sensitivity among the mothers to the infant's signals was directly associated with the experienced marital quality. When it came to the fathers, the marital quality affected their psychological well-being, which in turn affected the fathers' sensitivity towards the infant. This supports the Belsky triad model, where the couple's experience of their relationship may affect the baby's behaviour, development and well-being.

The behaviour of the child could imply variations in experienced marital quality by new parents. Belsky and Rovine (1990) studied central tendencies of marital change among middle- and working-class families rearing a first-born child. They discovered that feelings of love for the spouse declined linearly, open communication decreased and ambivalence about the relationship, as well as conflicts, increased. The change was generally most pronounced for the wives and during the first year of parenthood. However, the authors state that some families' marital quality did not deteriorate but even improved during the transition to parenthood to three years after and Belsky and Rovine (1990) therefore claim that it is meaningful to focus on individual differences in marital change. One important determinant of the variations was how predictable and consistent with expectations the

baby's behaviour was, in terms of the daily rhythms of eating and sleeping and the temperament of the infant. This result is supported by Wallace and Gottlib (1988), who found that the second predictor of marital adjustment as new parents (after pre-partum adjustment as the first one) was perceived stress in the parent role, as O'Brien and Peyton (2002) also found. This also supports the existing triad described by Belsky (1981) that experiences of the baby and of parenthood influence the quality of the couple's relationship. The mutual relationship between parenthood and intimacy is supported by O'Brien and Peyton (2000), who found that higher perceived difficulty with parenting was related to lower levels of intimacy among new parents. For wives with a husband with traditional attitudes towards child rearing, or when there was little agreement about child rearing, the situation was associated with a steeper decline in perceived marital intimacy over time. On the other hand, when there were high levels of agreement on child-rearing beliefs sharing either traditional or more modern values, the marital intimacy was likely to increase.

Change in marital quality over time

Marital quality and love can be seen as consisting of three components; intimacy, passion and commitment (Sternberg 1986, Kurdek 1999). When the marital quality is high, marital satisfaction and well-being in the relationship are experienced. In addition to parenthood and factors producing a decline or increase in marital quality, there is a pattern of change in most relationships. All dyadic relationships change over time, most of them starting with the first phase, the passionate love period, when you are intimate with and admire your partner (Andersson 1986). This uncritical state means that you idealise the partner without being able to recognise the less positive sides of his/her character. At the end of the passionate phase, one of the partners may desire more private time and no longer overlooks some of the partner's qualities. The next phase then begins, after about two years together; the 'hesitation phase', the separation or differentiation from your partner, which means that you also recognise the negative sides of his/her character and become disillusioned by one another. This phase is often the one couples experience when they become parents, which makes the relationship between new parents especially vulnerable. In this case, the problem is to maintain the community as well as having some autonomy. If the partners manage to express their own needs and wishes and use constructive conflict solution, this

balance between autonomy and intimacy can be maintained. If this succeeds, they reach the next phase after about ten years, called the 'mature phase' by Andersson (1986). This means that they regard the partner's negative qualities as part of the whole person who they regard as unique, good and lovable. This process of maturity produces the ability to live in relationships where both love and aggression can be expressed towards one complex person.

Belsky and Rovine (1990) reported a central tendency towards increased ambivalence about the relationship across the first three years of parenthood. This is in accordance with the description given by Andersson (1986) about the way a relationship may develop over time. When studying the trajectory of change in marital quality, in a longitudinal study of married couples, Kurdek (1998) found that marital satisfaction decreased over four years, with the steepest drop between years one and two. During a ten-year period, Kurdek (1999) found that marital quality declined fairly rapidly over the first four years, then stabilised and then declined again in about the eighth year of marriage. However, in his sample of 93 couples remaining after ten years from the initial 538 couples, the couples who were living with their biological children had infants with a low mean age, four years. Kurdek (1999) suggests that "it would be of interest to determine whether marital quality stabilizes or even increases when children become more autonomous" (p.1295).

A U-shaped pattern in the trajectory of marital quality, which is common in previous research from the 1970s and 1980s, means that happiness declines in the early years of marriage and rises again in the later years; this is seen generally, irrespective of parenthood. This U shape is questioned by VanLaningham et al. (2001), who claim that earlier data are usually cross-sectional and, when using a model of pool-time series with multiple wave data, there is no support for an upturn in marital happiness in later years. When other life-course variables were controlled, a significant negative effect by marital duration on marital happiness remained as being more typical of US marriages. The effects of parenthood are not described in this study by VanLaningham et al. (2001), making the trajectories even more complex and complicated to evaluate. Kurdek (1999) also discusses the possibility that different components of marital quality change in different ways. Passion, for instance, may decline most quickly, because of its initial high extremes, like a "honeymoon is over effect", while commitment may actually increase over time (Adams & Jones 1997), stabilising the relationship, functioning as a barrier to leave marriage. Kurdek

(1999) found, however, that the husbands and wives who were living with their biological children started on lower levels of marital quality at one year of marriage and experienced steeper declines in marital quality than couples without children or step-children.

Karney & Bradbury (1997) presented reports of marital satisfaction every six months for four years in 350 childless couples. They found that couples who started their marriages with lower levels of satisfaction experienced a steeper decline in marital satisfaction than other couples; however, a minority of couples reporting varying initial levels of marital satisfaction increased their marital quality over the four years. According to O'Brien and Peyton (2002), the perceived marital intimacy over time was measured four times up to three years after the birth of a child and the length of the relationships was not associated with the initial level of reported intimacy. Even when high initial levels of intimacy were experienced by both husbands and wives, this could be associated with slow declines over time for some couples, while others could experience an increase in marital intimacy or stability. This again demonstrates some of the complexity and it is worth remembering when discussing general changes at group level.

Gender aspects

Some studies reveal gender differences relating to the connection between health and marital relationship. Marriage/cohabiting usually has a protective effect and this is notably stronger in men. For example, unmarried men had 250% higher mortality compared with unmarried women, who had 50% higher mortality (Ross et al. 1990). Marital disruption appears to be more detrimental to men than women, because men usually only confide their personal problems to their wife/partner, while women normally have more support networks, including close friends and relatives as confidants (Wadsby 1993, Phillipson 1997). Maritally destructive conflicts are likely to have a greater impact on the health of women and their work ability compared with men, according to a large longitudinal study (Appelberg et al. 1996). In dissatisfied marriages, husbands reported fewer mental and physical health problems than their wives and women appeared to be more sensitive to variations in the relationship (Levenson et al. 1993). In contrast, in two other non-longitudinal studies, aspects of the marital relationship had a larger impact on men than women (Levenson et al. 1994; Carels et al.1998).

The role of motherhood

In a grounded theory study by Sethi (1995), the core variable that was found was "dialectic in becoming a mother". The mothers experienced tension during the transition to motherhood. The process of becoming a mother was described in four categories;
1) giving of self, 2) redefining self, 3) redefining relationships and 4) redefining professional goals. This is in some ways a parallel to the aspects of family life that affect what happens when becoming a parent, as described by Cowan and Cowan (2000). The tensions in the dialectic processes in redefining relationships as a new mother are described in a model by Sethi (1995). The tensions have three dimensions; as a couple, sexual partner and co-parent. As a couple, the mother may experience tension between motherhood, being a family now and the fact that the couple is restricted in its relationship, not having enough time together and not focusing themselves. As sexual partners, the tension is between sexual desire, including re-establishing the sexual relationship and, on the other hand, no desire, no time, fatigue, the baby on their mind and pressure from the husband. Finally, the role as a co-parent, there could be tension between the involvement of the husband and the husband's jealousy. Thus, becoming a mother in society is a developing process which involves playing different roles that may involve tensions. Women with more complex thoughts about and realistic expectations of motherhood had paid more thought and attention to greater changes in several aspects of their lives, when becoming a mother (Pancer et al. 2000). According to Alexander and Higgins (1993) and Hackle and Ruble (1992), women in general, at least more traditional ones, are more invested in the parenting role, anticipating greater changes in their lives, including their work and leisure activities, housework, as well as their relationships with their partner and others. This could promote the complex thinking and help them to understand and cope with the kinds of change they are undergoing (Pancer et al. 2000).

From a social perspective, Oakley (1992) emphasises the social isolation and stress that so many mothers experience, for example when they have insufficient support from the father, who might be unwilling to take emotional and physical responsibility. Economic problems or an unsatisfactory place to live can also be factors that make the demanding care of a new baby more difficult (Oakley 1992). According to a dissertation by Östberg (1999), some Swedish mothers experienced heavy stress when they had psychosocial problems, a high workload and poor social support. They then reported a depressive mood

and felt that they were more unresponsive to their children. Post-natal depression has a frequency of around 13% of the female population in western countries (Bågedahl-Strindlund & Börjesson 1998). The reasons for developing it are found mainly in the psychosocial area. Previously discussed reasons for developing post-natal depression have been traumatic delivery, poor self-confidence and previous depressive symptoms. However, socio-economic difficulties, conflict in the couple's relationship, traumatic or stressful events and a lack of support from the partner, friends and family appear to increase the risk of a new mother's depression after childbirth (O'Hara & Swain 1996). In a Norwegian study (Eberhard-Gran et al. 2002), women's risk factors for depression were found to be the following: high scores on the life event scale, a history of depression and a poor relationship with their partner. When controlling for these identified risk factors, the odds ratio for depression in the post-partum period compared with non-post-partum women was still 1.6 (95% CI: 1.0-2.6), indicating that there is a generally increased risk of depression among mothers during the post-partum period. The relationship to the husband is also affected negatively by the depression of the mother, with an increased risk of separation/divorce (Wickberg & Hwang 2001). So, when there is insufficient support, the role as a new mother may be experienced as trying.

The role of fatherhood

Young men growing have to accept that they will not marry their first love, who is usually their mother (Rabinowitz & Cochran 1994). It can be difficult and not socially acceptable for a young man to show vulnerability and warm feelings, especially in front of other men, and he may have no guidance on how to share himself with his children when he becomes a father (Rabinowitz & Cochran 1994). The traditional male role of emotional distance and reinforcing independent and autonomous behaviour can still make it more difficult nowadays for men in relationships with women and when they become fathers (Rabinowitz & Cochran 1994). When a man becomes a father, it may be the second time in his life that he is put aside by someone he loves. It is normal for new fathers to feel abandoned and jealous of the new baby, but this is seldom expressed as it is regarded as forbidden feelings (Raphael-Leff 1991).

There is a great change involved in becoming a father and it is described in an explorative hermeneutical study by Hall (1995). At the end of the pregnancy, the interviewed fathers experienced fun and excitement, at birth they felt love at first sight, but then came the

awakening, when, back at home, they realised how much time, space and energy a new baby required. It can be hard and difficult for the father, but fatherhood also brings feelings of joy. In the Scandinavian culture and society, even at birth, the father can establish a relationship with his newborn child through eye contact and feel this love at first sight. We also know that the newborn baby recognises the voice of the mother but very soon also learns to distinguish the father's voice. During the first two months of life, the baby is interested in social situations and human beings surrounding it, not yet in any special persons but in a couple of significant adults to attach to. After another two months, in contrast to this, the baby prefers the mother and father (Bowlby 1988). So the father has a great chance to attach to his newborn and thus experience the satisfaction of a social responding smile at about two months of age. The 'caring' hormone oxytocin is also produced by men (Swaab et al.1993) and could be increased by closeness to their babies. So parenthood is not a specific female quality, although it is more often the mother who has the main contact during the first weeks of the baby's life. An American longitudinal study of first-time and multiple-time fathers (Rustia & Abbott 1993) found that what affected the father's involvement in infant care was his normative and personal expectations and personal learning about parenthood, as well as attitudes and motivation. Hwang (2000) stated, after interviewing fathers that the fathers' good intentions of sharing parental leave and infant care often diminish. This means that, if they do not become involved at all in infant care, their ability as fathers decreases and this can create an imbalance between the parents (Hwang 2000).

Gender aspects of parenthood

Among others, Bäck-Wiklund & Bergsten (1997) have stated that traditional sex roles are strengthened during parenthood, as the mother usually starts being at home with the baby. A Dutch study by Kluwer et al. (1996) states that the majority of spouses preferred their husbands to spend less time on paid work and the wives were discontented with their husbands' contribution to housework, while the husbands wanted to maintain the status quo. The structure of the asymmetrical conflict was a wife-demanding role and a husband-withdrawing role. Belsky & Pensky (1988) stated that the division of household labour becomes more traditional among new parents and this could be an important source of marital conflict. An imbalance in the division of household labour has a negative effect on the marital relationship and can result in fewer positive feelings from the wife for the husband. Similar findings are also presented by White and Booth (1986), Ruble et al.

(1988), Kalmuss et al. (1992), Bird (1999) and Grote and Clark (2001). In the study by Grote and Clark (2001), a link, shaped like a circle, is described between perceived unfairness about housework and marital distress: marital distress can lead to perceptions of unfairness and perceptions of unfairness maintain or even heighten marital distress. A Swedish study by Möller (2003) found an association between the experience of housework and the perceived quality of the intimate relationship, especially among wives.

It is still usually the mother who takes the main responsibility at home and the roles are more traditional the more children a couple have (Bäck-Wiklund & Bergsten 1997). According to Swedish statistics, men do a third of what their wives do in terms of household work, even when both of them have full-time jobs. Men tend to be child oriented but less motivated to do housework (Björnberg 1998). Björnberg stated, on the basis of an interview study with 670 parents, that fathers generally play with their children but engage less in organising other matters concerning the child. More Swedish men compared to fathers in some other European countries, like Germany, Hungary, Poland and Russia, have their identity based on their private and family life and not employment and professional lives. However, this family orientation could mean different things. For one group of fathers, the family is a part of the career as grown-up men, while, for others it is a project for their activities and emotions, while they still have ambivalent attitudes in the balance between family and work. Feelings of guilt may occur, when they are unable to live up to the demands they experience as fathers and equal partners. However, Björnberg (1998) stated that modern society, with its expected equality in parenting and marriage, has had very little effect on men's attitudes and activities at group level. Men often regard household labour and childcare more as leisure activities, whereas women regard them more as responsibilities. For the woman a conflict could be experienced between the responsibility areas of professional work and family (Björnberg 1998).

Swedish mothers could experience parenthood as a stimulation of their personal development, when they share the housework with their spouse (Willén 1994). The results of a study by Tomlinson (1987) suggest that a mother's perception of marital satisfaction after parenthood is more complex than a father's and that the mother is more sensitive in a negative way to inequality and little involvement from the father in infant care. In another American study (Tulman et al. 1990), the functional status of mothers was investigated six months after delivery. Even though there is almost no parental leave in the USA, more than

60% of the mothers had not fully resumed their usual level of occupational activity and more than 80% had not yet fully resumed their usual self-care activities six months after delivery. Thus, the sex roles appear to be somewhat traditional among new parents in both the USA and Sweden (Bird 1999, Bäck-Wiklund & Bergsten 1997).

In general terms, conserving the traditional gender roles in Sweden, according to Bekkengen (2002), means that fathers leave the responsibility for housework and children to mothers, who for their part do not actively share this responsibility and parental leave with the fathers. However, women prefer to share domestic work more equally with their partners, according to Björnberg (1998), but do not express and communicate these opinions openly and clearly and this instead results in mothers' frustration and conflicts in the family. Among parents of pre-school children, Björnberg (1998) reported that mothers experienced poorer psychological well-being than fathers and had more symptoms of home stress which was related to levels of conflict about money, housework, and child rearing. The modern family is a negotiating family (Bäck-Wiklund & Johansson, 2003) and the problem-solving process requires good communication, when individual as well as common needs need to be adjusted. When this is not possible, a disruption in the relationship is sometimes the chosen solution.

Gender aspects of family stability

One contributory factor to instability is that mothers nowadays are more economically independent than before. At the beginning of the 1980s, only 20% of mothers with pre-school children were employed in full-time jobs compared with 43% in 1992 (Björnberg 2000). The frequency of gainful employment among mothers with pre-school children is high, which means that 81% of children have mothers working full or part time (Statistics Sweden, 2003) and these fathers with pre-school children have the longest working hours (Bäck-Wiklund & Johansson 2003). Job insecurity among men may lead fathers to engage more in their work roles, reducing their interest in and time for their children (Björnberg 2000). The more competitive work market, with flexibility and short-term projects, could mean that everyday life for couples with young children is characterised by a lack of security and sense of whole, a lack of time and feelings of cohesiveness, as well as too little closeness and intimacy (Bäck-Wiklund & Johansson 2003). This could jeopardise the stability and quality of relationships. The actual situation in Sweden today could be that

both mothers and fathers have difficulty combining gainful employment and family and still experiencing relational health and well-being (Bäck-Wiklund & Johansson 2003).

Wadsby & Svedin (1992) stated that disagreement about the division of housework, economy and leisure activities was a more significant reason for divorce/separation than dissatisfaction with sexual life. Since 1974 in Sweden, the divorce laws have been liberal and female participation in the labour market has also increased. Divorces therefore increased during the following decade. Among couples with children, family dissolutions also continued to increase in the following decade, 1983-1993. In this period, policy stressed men's involvement in parenting and joint custody for children after family break-ups was introduced. In 1992/93 in Sweden, about 20% of the children lacked contact with the other parent, usually the father, but by 2000/01 this had decreased to 13% (Statistics Sweden 2003).

The number of divorces, around 21,000/year, has remained fairly stable for the last seven years, as has the number of separations among cohabiting couples, which are about twice as frequent (5.3/100 children with cohabiting parents and 2.7/100 children with married parents in 2001) and it is usually the parents with small children who cohabit. Among three-year-old children, 15% live apart from one of their biological parents, while 37% of 17-year-old children do so, as separations are more frequent among parents with younger children (Statistics Sweden 2003). The total number of divorces in the Nordic countries was fairly stable between 1990 and 2002. The Faeroe Islands, Finland, Iceland and Norway are the countries with a small decrease in the number of divorces. The number of divorces is increasing in Denmark, Sweden and in particular Åland (Nordic Statistical Yearbook, 2003). However, cohabiting is more common than being married in all the Nordic countries and, if both divorces and separations are considered a *slight decrease* in both separations and divorces from 3.54/100 children to 3.39/100 children can be seen in Sweden since 1999 (Statistics Sweden 2003). Separations are more frequent in reorganised families, families with a lower education level and families living in large cities (Statistics Sweden 2003).

In her demographic dissertation, Oláh (2001) discusses the fact that joint custody actually reduced family stability, as couples were no longer forced to remain in an unsatisfactory relationship to maintain contact with their children. One explanation of the reduction in

stability, according to Roman (1999), could also be the women's increasing expectations that their partner would share more family responsibility and the gap between these expectations and the actual involvement of men in domestic tasks. Oláh (2001) states that, when the father took some parental leave with the first child, the risk of union dissolution at a later stage was lower than otherwise. The wish to have more babies also increased among these couples. The risk of union dissolutions among families in which the father took parental leave was about half that of other unions before 1980, but it increased for all unions in 1980-1990, even when the father took advantage of parental leave. The very low disruption of relationships for active fathers before the early 1980s is explained by Oláh (2001) as a potential selection effect, which means that men who took parental leave at that time were probably more family oriented than others. It became more common for fathers to take parental leave during the 1980s and 1990s, but this has generally not been accompanied by a general change in attitude to share domestic tasks more equally with the female partner (Björnberg 1998). This has resulted in reduced family stability for all unions, but Oláh (2001, p. 44) states that "men's engagement in active parenting still had some stabilizing effect". Moreover, an American study (Levy-Schiff, 1994) states that fathers' paternal involvement and especially care-giving behaviours were one of the most powerful predictors of marital satisfaction and stability for both spouses.

Attachment theory and adult intimate relationships

To define the complexity and the things that could affect the quality of the intimate relationships of new parents, the significance of attachment style for adult relationships will also be described. One reason for addressing children's emotional development is that an individual's inner life and psychological base emanates from childhood. According to the theory of attachment (Bowlby 1988), having a secure base allows the young child to explore the world without fear and gives it self-reliance. A much-loved child will grow up with the confidence that not only the parents but also other people find it lovable and it will rely on the people around and dare to initiate new relationships (Bowlby 1988). Bowlby (1988) claimed that attachment behaviour plays a vital role throughout life, not just when becoming a parent, but also when it comes to the ability to attach in intimate relationships.

There is a connection between how we attach to our parents as children and the pattern of relations we have as grown-ups. Our ability to act as parents, interpreting the signals of the baby in the correct manner, is also related to how well we were able to attach to our own parents. However, if our own parents did not provide a secure base when we were young, this can be compensated for later in life in a confirming relationship and also by understanding our past experiences (Feeney 1999). Each partner brings to their relationship an internalised model of parenting. So our own parents' behaviour is internalised, when we become parents as grown-ups. It usually affects us unconsciously and uncritically. It also means that parental fixation or omission could show up in the next generation and perpetuate difficulties in the new generation (Raphael-Leff 1991). As individuals, we therefore bring with us varying requirements and expectations when we become parents, with a complex change of roles, facing the reality of parenthood.

In an attempt to structure the connection of one's own childhood and the ability to make relationships as an adult, three groups of attachment patterns as adults are described by Feeney (1999). The first and most frequent group – 'secure'- is when your own parents were the 'secure base' and you remember them as warm and affectionate and you have high self-esteem as an adult. The frequency of secure individuals in large US samples was around 60% (Hazan & Shaver 1987, Mickelson et al. 1997), while it was 75% among a sample of 62 couples having a second child together (Volling et al. 1998). This was measured by asking subjects to mark which of three different descriptions best fitted the way they typically felt in relationships. In a relationship which is 'secure', you feel comfortable with both intimacy and autonomy. You are interpersonally oriented and feel committed in a love relationship, with a balance between closeness and independence desiring intimacy. As a secure individual, you enjoy physical contact and involve yourself in mutually initiated sex and you are less likely to have sex outside the primary relationship. As a secure individual, you are usually flexible in various social situations and can differentiate between self-disclosure to partners and strangers (Feeney 1999). Secure individuals employ a problem-solving behaviour when communicating and are more willing to compromise in conflict resolution (Rholes et al. 2000).

The second group – 'avoidant'– is when you remember your parents as cold and rejecting and you have fairly good self-confidence as an adult (Feeney 1999). According to Hazan and Shaver (1987), an avoidant individual has a positive view of self, but attempts to hide

feelings of insecurity and loneliness. The frequency here was 24-25% (Hazan & Shaver 1987, Mickelson et al. 1997). In the sample studied by Volling et al. (1998), 19% of the women and 22% of the men were 'avoidant'. In a relationship, as an avoidant, you limit intimacy to satisfying the need for autonomy. You are not interpersonally oriented and you need to maintain a distance. You reject too much intimacy actually because you are afraid of being abandoned and you want to feel the power of controlling the situation. As an avoidant individual, you prefer extra-relationship sex with a low level of psychological intimacy and get less enjoyment from physical contact as sensuality. As an avoidant, you are less supportive in interactions and maintain a safe emotional distance from your partner by ignoring your partner's feelings, for example, and you manage distress and conflicts by cutting off your own feelings, such as anger.

The third group – 'anxious/ambivalent'– represented 20% (Hazan & Shaver 1987) and 11% (Mickelson et al. 1997) in the samples. In Volling et al. (1998), the figures were 7% for women and 2% for men. As an anxious/ambivalent person, you remember your parents as preoccupied and unpredictably sensitive and care giving and this uncertainty about confirmation creates poor self-confidence. The love given by your parents was always on their terms. In relationships as an adult, you need constant confirmation and you desire extreme intimacy, as you are very dependent on the idealised partner, whom you love with passion in a possessive way (Feeney 1999). As an anxious/ambivalent individual, you enjoy holding and caressing more than more clearly sexual behaviour because of your relatively low level of self-confidence. However, as an anxious/ambivalent individual, your self-disclosure is too high. When there is a conflict, an 'anxious/ambivalent' individual feels distress, hostility and anger and he or she is less positive about the partner after conflict resolution. In spite of this, the individual is anxious and compliant in order to gain acceptance from his/her partner (Feeney 1999; Rholes et al. 2001).

These are three categories of individuals that have been classified in an attempt to simplify and structure to provide a better understanding. However, in reality, there is a continuity of personal attachment behaviour and it can also be changed, depending on who you live with. For instance, a secure person living with an anxious/ambivalent person might be pushed to feel and act in an avoidant manner. An avoidant individual might cause a secure partner to act anxiously and so on. These three groups described by Feeney are supported by Bartholomew and Horowitz (1991), but they have been renamed and complemented

with a fourth group of attachment styles. The fourth form, which has been added to the three groups 'secure', 'avoidant' and 'anxious/ambivalent', is known as 'fearful'. This is based on the experience of some subjects in the insecure groups, who reported even more self-doubt and less acceptability to others. Bartholomew and Horowitz (1991) dichotomised positive versus negative pictures of the self and others, making four different attachment styles: *secure* – positive models of self and others; *preoccupied* (anxious/ambivalent) – negative model of self, positive model of others; *dismissing* (avoidant) – positive model of self, negative model of others; *fearful* – negative models of self and others. The secure individuals are characterised as being comfortable with intimacy and autonomy, while the preoccupied (anxious/ambivalent) ones are preoccupied with relationships, the dismissing (avoidant) ones are dismissing and counter-dependent, while the fearful ones are fearful of intimacy and are socially avoidant.

When it comes to marital stability and attachment styles, the couples where both partners displayed a secure attachment style were the most enduring relationships in a study by Hazan & Shaver (1987). In contrast, among dating individuals followed for a period of ten weeks, an avoidant attachment style predicted relationship break-up (Feeney et al., 2000). In a three-year study that controlled for commitment and prior duration, the relationships of avoidant men and anxious/ambivalent women were fairly stable over time. However, they rated their marital quality as low, demonstrating the importance of the distinction between relationship quality and relationship stability.

Stress and coping in parenthood

The way to cope with stressors, in parenthood, for example, varies among individuals. Stress is defined as a relationship between the individual and environment that is seen by the individual as relevant to well-being and as taxing their resources (Lazarus & Folkman 1984). Coping is defined by Lazarus & Folkman as cognitive or behavioural efforts to manage stress. The transition to parenthood can be a stressful event, requiring ongoing adjustment at both individual and dyadic levels. In a sample of 92 couples having their first child, Alexander et al. (2001) found support for a theory model of connections between attachment style, appraised strain, coping resources and coping strategies. The appraised strain is also influenced by attachment styles, so that the preoccupied and fearful

individuals are more sensitive to perceptions of threat and they experience high levels of anxiety and distress, even in response to objectively mild stressful events. In contrast, secure and dismissing/avoidant individuals have an internalised sense of their ability to cope with stress and the dismissing/avoidant individuals exclude awareness of distress (Rholes et al. 2000, Alexander et al. 2001).

Coping resources can be divided into two groups: personal and environmental resources. The personal resources are a stable personality with self-efficacy, optimism and sense of coherence (Antonovsky 1993; Alexander et al. 2001), as well as cognitive characteristics. Cognitive characteristics could include organising one's life in a good way, preparedness for the future and a balanced view of your own and others' strengths, like those Newman and Newman (1988) described as developing when people become parents. The environmental resources are the physical and social environment, including perceived support from the social network. Perceived social support has been linked to positive appraisal, i.e. interpreting the situation and redefining it in a positive way, and constructive coping, i.e. managing a stressful situation in a problem-focused way (Alexander et al. 2001). Coping strategies can be described as emotion focused and problem focused, overlapping one another, and problem-focused coping is usually associated with more positive outcomes than emotion-focused coping (Lazarus 1993). Ogden (2000) includes seeking social support in problem-focused coping and adds a third dimension, the 'appraisal-focused' coping skill. Appraisal of the situation as interpreting and redefining it is described in the coping theory of Lazarus and Folkman (1984).

Alexander et al. (2001) found that secure attachment usually leads to positive appraisal and constructive coping strategies, while insecure attachment is seen as a risk factor leading to negative appraisal and less constructive coping strategies. Secure individuals seek more social support in response to stress and then preferably from friends and family. Anxious/ambivalent (preoccupied) persons also seek social support, but they also use escape strategies, like self-blame and wishful thinking, as emotion-focused strategies. Avoidant (dismissing) and fearful individuals are less likely to seek social support and instead distance themselves from the stressful situation (Alexander et al. 2001, Ognibene & Collins 1998). This is supported by the results presented by Feeney et al. (2000), who stated that secure individuals display more problem-focused strategies in coping with parenthood tasks and that secure individuals report a greater desire to have children and

have greater confidence in their ability to relate well to children (greater self-esteem as a coping resource). Another coping resource described by Soliday et al. (1999), for example, is 'positive and negative affect'. In this context, 'positive affect' means a mood characterised by energy, enthusiasm and engagement, while 'negative affect' is a mood of general distress, including anger, guilt and nervousness. Soliday et al. (1999) found that negative affect and depression correlated in new parents and proposed that positive affect could provide a buffer from depressive symptoms, also in connection with childbirth.

The coping resource Sense of coherence (Antonovsky 1987) is 'salutogenetic' and emphasises the resilience of an individual. The resilience of a family is focused on by Walsh (2002). Key processes to strengthen the resources of the whole family support emphasising the factors that could strengthen the couple's relationship. Coherence relating to values, as well as the couple's community and mutual support, encouragement, respect and tolerance, is mentioned. Walsh also exemplifies using sense of coherence, which involves the crisis or changing process (in this case the change to being a parent) being regarded as meaningful, comprehensible and thereby manageable. When the transition to parenthood is put in its context as a natural source of strain, a process of normalisation takes place and parents' possible feelings of guilt or self-reproach are reduced. Emphasising the parents' strengths and resources can make them feel pride, reliance and a feeling of coping with the situation. Clear, concrete messages avoiding accusations are emphasised, as well as problem-solving (Walsh 2002).

PROBLEM AREA and AIMS

According to previous research, most of the factors that improve and impair the relationship during the transition to parenthood can be summarised as follows.
An increased sense of meaningfulness as new parents, in new social roles, but still confirming each other and functioning well, i.e. having good communication and with at least one of the partners having a good problem-solving ability. Mutual awareness and

expression of fondness for the partner serve as a buffer against a decline in marital satisfaction. On the other hand, the new social roles could mean too little time and closeness together and a reduction in leisure activities giving dissatisfaction. Unmet expectations and insufficient communication about responsibilities and balance of power can produce destructive conflicts and result in reduced marital satisfaction.

Sensitivity to infant's signals creates good confidence in the parental role, while shared values about child rearing as well as the baby's behaviour according to expectations facilitate the transition to parenthood. However, perceived stress, especially with parenthood because of unrealistic expectations or the child's behaviour and little agreement on child rearing, could instead be the situation. Complex, flexible thinking about expectations and good social support as new parents is of significance. Exhaustion as a result of heavy demands, poor social support and depressive symptoms are factors that influence experienced marital quality in a negative way. Mutual expectations regarding responsibilities related to housework and childcare are communicated when it comes to making the gender roles flexible. The opposite could result in role conflicts about the division of responsibilities and actual involvement in child care and domestic tasks.

The normal changes in the relationship over time could involve being in the hesitation phase, but communicating well about each other's behaviour could lead to maturity in the relationship. On the other hand, the hesitation phase may include experiences of irritation and less intimacy or less marital satisfaction. Marital stability is influenced by the partners' commitment to the relationship, but it could also be jeopardised by the opportunity to remain a parent without remaining in a bad relationship. Finally, the attachment style of the individuals is of significance for communication, conflict solving, sensual and sexual behaviour and the stability of the relationship.

Most of these previous research results are based on American studies and we need to know more about how new Swedish parents experience their intimate relationships. More in-depth knowledge, such as qualitative data, and knowledge about the common experiences of marital quality among new parents, is needed to provide good support for new families in terms of health promotion.

The *overall aim* of this thesis was therefore to describe and analyse how new parents experience their intimate relationships as an indicator of well-being. This could facilitate the promotion of health in new families.

The aims of the different studies were:

Study I – to describe the way some first-time parents experience their intimate relationship and to identify the essence of this phenomenon and its meaning to the parents.

Study II – to describe the phenomenon termed, "First-time parents' sexual relationship".

Study III – to describe the experienced quality of the intimate relationship among parents six months after the birth of their first child.

Study IV – to develop and psychometrically evaluate the instrument, theDyadic Adjustment Scale, DAS, modified to fit new first-time parents, complemented with items on communication, sensuality and sexuality.

Study V – to describe and analyse first-time parents' experiences of factors that affect the quality of their intimate relationship and the way they handle their situation.

Table 1. Overview of the five studies included in the thesis

Study	Authors	Title	Method	Participants	Journal
I	Ahlborg T. & Strandmark M.	The baby was the focus of attention – First-time parents' experiences of their intimate relationship	In-depth interviews analysed with descriptive phenomenology	10 mothers and fathers interviewed at 6 and 18 months after birth of first child	Scandinavian Journal of Caring Sciences (2001) **15,** 318-325.
II	Ahlborg T., Dahlöf LG. & Strandmark M.	First-time parents' sexual relationships	In-depth interviews analysed with descriptive phenomenology	20 mothers and fathers interviewed at 9 months after birth of first child	Scandinavian Journal of Sexology (2000) **3,** 127-139.
III	Ahlborg T., Dahlöf LG. & Hallberg L.RM.	Quality of the intimate and sexual relationship in first-time parents six months after delivery	Survey Modified and complemented Dyadic Adjustment Scale (DAS) Descriptive statistics	820 first-time parents responding a questionnaire six months after delivery	Accepted for publication in The Journal of Sex Research
IV	Ahlborg T., Persson LO. & Hallberg L.RM.	Assessing the quality of the dyadic relationship in first-time parents: Development of a new instrument	Psychometric evaluation of the modified & complemented Dyadic Adjustment Scale (DAS) with factor analysis	820 first-time parents responding a questionnaire six months after delivery	Submitted
V	Ahlborg T. & Strandmark M.	Factors influencing quality of the intimate relationship – First-time parents' own views and coping strategies	Qualitative content analysis	The first 535 respondents of the 820 first-time parents responding with open answers the questionnaire six months after delivery	Submitted

METHOD

Triangulation

Both qualitative and quantitative methods have been used in this thesis to explore the phenomenon of first-time parents' intimate relationships and this is a form of triangulation. "Triangulation" is a method for validating research results from different angles (Holstein 1995). Triangulation can also be regarded as a process in which an attempt is made to protect against research bias (researcher's pre-understanding or prejudices), information bias (imbalance or systematic exclusion of data) and selection bias (imbalance in subjects or materials) (Patton 2002). There are four types of triangulation: 1) method triangulation (several methods), 2) source triangulation (several samples), 3) observer triangulation (several researchers) and 4) theory triangulation (several theories applied to the same data) (Holstein 1995).

Method triangulation has been used in this thesis, when different methods have been used to study the same phenomenon. The methods that have been used are descriptive phenomenology, quantitative analyses and qualitative content analysis. As the qualitative and quantitative research strategies represent different paradigms, ontologically and epistemologically, combining the methods is not entirely without its problems. However, Foss and Ellefsen (2002), among others, argue in favour of the need for various types of knowledge to mirror a complex and differentiated reality. When different methods are combined, new perspectives of the phenomenon are added. Morgan (1998) describes practical strategies for combining qualitative and quantitative methods in health research and his 'priority-sequence model' indicates that one method is principal and the other complementary. In this thesis, according to that model, the qualitative studies or the quantitative study should be either principal or complementary, because one is seen as prior and the other in sequence as a follow-up. However, in future directions, Morgan (1998) and also Foss and Ellefsen (2002) describe the possibility of combining the methods without relying on either a priority decision or a sequence decision. This thesis could be seen as an example of this. The different methods that are used to fulfil the

different aims are namely seen as equally valid and necessary to obtain a richer and more comprehensive picture of the phenomenon. A comprehensive, new epistemological position could be that the knowledge acquired from qualitative and quantitative approaches can be seen as different positions on a continuum of knowledge, or rather a field of knowledge (Foss and Ellefsen 2002). In accordance with this, the results in this thesis complement and confirm each other and should then be regarded as being of equal importance and weight.

While using explorative qualitative interviews, as in Studies I and II, new information with some depth and unique data were obtained, together with essences of the phenomenon. With the aim of investigating whether these first few couples were representative of most parents, it was natural to conduct a survey among a larger number of new parents. Another reason for this was that the research question guided the method. The results from Studies I and II were then used to modify the instrument, the Dyadic Adjustment Scale (DAS), with new dimensions to suit new first-time parents more effectively. The results of the interview studies were supported by descriptive quantitative data in Study III. As the new dimensions were found to be relevant, this modified instrument was then evaluated using factor analysis and a new instrument was developed in Study IV. Finally, in Study V, the answers to the open-ended questions at the end of the questionnaire were analysed using qualitative content analysis. The questions about factors that were perceived as affecting the situation of the intimate relationship provided a context and sometimes an explanation of the more superficial cross-marked data in the questionnaire.

Studies I and II: The phenomenological research approach

Phenomenology can be regarded as a form of philosophy and a research method. The word "phenomenon" comes from the Greek word "phainomenon", which means 'that which appears'. A descriptive phenomenological method based on Husserl's philosophy has been used in this thesis. According to the German philosopher Husserl (1859–1938), we should study the life world, the world as experienced immediately by a living subject. Husserl said that the primary in itself is subjectivity, then rationalised and objectified, so that we can understand the objective truth through subjective descriptions of experiences (Husserl

1970). Giorgi, who has developed Husserl's philosophy into a descriptive phenomenological method, says that the meaning of an experienced phenomenon can be reached through precise descriptions of concrete everyday life situations from a subject (Giorgi 1994). In phenomenology, an experience cannot be correctly described in isolation from its object. There is a union between subject and object, the structure of which must be explored. The phenomenological concept of 'intentionality' means that, as human beings, we are intentionally related to things and we perceive them (Husserl 1970). Karlsson (1993) defines intentionality as the structure of consciousness, that we are conscious of something. Subject and object can be regarded as two poles in a unity. Husserl calls the way we experience the phenomenon, the object, 'noema' and the way the subject reacts to it consciously as 'noesis'. These two go together, but the primary factor is the lived experience, noema, which is the emerging meaning of the phenomenon, the essence, and there is interplay between noesis and noema (Karlsson 1993).

To obtain the pure essence, 'eidos', of a phenomenon, the 'eidetic reduction' is used (Husserl 1983). It is used when transforming the primary data in the analysing process. All non-informative details are then put aside, in brackets, to allow the general essence of the phenomenon to emerge. The essence/eidos can make it easier to understand the complex reality as it is experienced. Husserl stated that, to enlighten and describe psychological phenomena and their nature, we have to understand not just individual experiences but also what is characteristic of the phenomenon and what makes it the phenomenon (the essence). He regarded phenomenology as an intuitive process to find the phenomenon. The essence which has emerged through the analysing process and the eidetic reduction is tested with 'free imaginative variations'. Different imagined and varying characteristics are placed on the essence and an attempt is made to see whether they are essential to make the essence of the phenomenon what it is. The essence that is found should be a common characteristic essential for the phenomenon to exist (Husserl 1983, 1995).

In research, we can use the empirical phenomenological psychological method, as it is based on the phenomenological philosophical method. Husserl also stated that, when it came to 'descriptive psychology', "a fully consciously practised method is required which I call the phenomenological-psychological reduction – taken in this context as a method for psychology" (Husserl 1970 p. 236). Through the phenomenological psychological reduction, an attempt is made to put theories and conceptions about the phenomenon,

personal knowledge and attitudes aside through ‘epoché/bracketing’, in order to be able to reach the naïve understanding and the essence.

Data collection

The descriptive phenomenological method described by Giorgi (1989, 1994) was used in data collection and in the analysing process. This involves an unstructured qualitative interview, with mainly one open-ended question. To obtain new knowledge, it is important to have an open mind. So, already at the data collection phase, an attempt is made to put previous knowledge about the phenomenon in brackets, which is part of the phenomenological reduction. If possible, the main open-ended question should be followed by clarifying questions such as “How do you mean?”, “In what way?” or “What did you feel then?”. The interviewed parents, in both studies mothers and fathers separately, were asked to describe how they experienced their relationships as new first-time parents. The two studies had somewhat different research questions, as, in the first study, they were asked to describe the situation as new parents, as well as their intimate relationships. In the second study, the interview focused more heavily on the intimate and sexual relationship itself, in order to examine the phenomenon in greater depth. By asking them to talk about typical situations, it is easier to grasp an un-reflected experience from their life world, but they also talked about reflected experiences. Consideration was taken of the fact that the description should be as concrete as possible, showing embodied subjectivity from the respondents’ experiences.

The study subjects in Studies I and II were recruited from parenthood education groups in primary health care, where they received verbal and written information. After that, they could either give their consent to participate or not, in writing. If they agreed to be informants, they were contacted to decide on a time for the interview. Around half the parenthood group members did not wish to participate after having reflected and reading the information at home. Needless to say, their reason, whatever it was, for not wanting to be interviewed about their intimate relationship was respected. The parents in both studies varied in terms of age, employment, education, economic status, social network and the wish to have a baby. Their motivation for participating also varied, between describing either a good or bad situation or just wanting to contribute to research. In the first study, the five mothers and fathers were interviewed separately when the baby was six and 18

months old respectively. In Study II, the interviews with ten new mothers and fathers were performed once, nine months after delivery.

Well-established interpersonal contact is necessary during the interview, in order to obtain rich, relevant data (Fog 1996). These interviews were performed in a relaxed atmosphere, so that the subjects could narrate freely without feeling any constraint or hindrance to being openhearted. Some pilot interviews were conducted, in which the researcher practised the difficult skills needed to conduct good interviews. The parents were also more or less talkative. They were more talkative in the second interview in the first study, 18 months after delivery, when they had become acquainted with the researching midwife. In the first study, the interviews were conducted in the parents' homes after some telephone contact and a warm-up chat about the baby and so on. In the second study, at the researcher's workplace, a pleasant closed room was chosen to create a totally calm situation. The mothers and fathers had then met the researcher previously, when she informed them about the interview study at the parenthood education group, and the interview started with a cup of coffee to get to know one another better. It was regarded as important in both studies to interview the spouses separately, to obtain different views of the situation and their individual experiences. If two spouses are interviewed together, they have a tendency to minimise any discrepancies in their notions and experiences (May 1980).

Data analysis

Giorgi (1989, 1994) has described four steps for analysing the data using the descriptive phenomenological method, which was used in Studies I and II. The first step is to read through the transcribed taped interview to obtain a sense of the whole. After that, the data is divided into 'meaning units', a new unit, when something new is said in the description. The third step is 'transformation' in several steps. The subject's data is changed so that primary data is rewritten in the third person singular and in more scientific language, but with preserved content, without any explicit interpretation. However, the researcher's own perspective is imposed on the content, while still using bracketing and the phenomenological reduction. Usually, the perspective is psychological, as a phenomenological *psychological* reduction and eidetic reduction is used, according to Husserl. Giorgi argues, however, that any perspective, such as a nursing or sociological perspective, can be placed on the data (Giorgi 2000). In this case, the researcher is a

midwife, so the midwifery and public health perspective was placed on the data during the transformations. The question of whether or not you interpret using the descriptive method is often discussed. Naturally, you always interpret at every stage of the research process, but you can do it more or less explicitly. Using the descriptive method, you do it implicitly. You could say that you interpret using this descriptive phenomenological method, but you only go as far as the data allows. This means that, with your perspective, you stick to the data in the descriptions while transforming them. One example could be the following – a description of the situation when the baby had been crying all way home in the car.
-"We started to quarrel, when we got home. We were tired. It affects booth of you and afterwards you have terrible feelings, but it's not the baby's fault that he is crying". After transformation: *"When they got home, they started to quarrel. They let the tiredness affect one another and their relationship and they then had feelings of guilt".* In this case the tiredness of the parents causing the conflict was a key sentence when making the structure.

The fourth step, according to Giorgi (1989, 1994), is that a structure is created from the essence that emerges, which is what all interviews have in common. This essence of the phenomenon was tested with other free imaginative variations, such as 'experienced fatigue' among the parents. However, this was not found to be essential for the phenomenon 'first-time parents' intimate relationship' to exist. There was an interplay the whole time between the primary data, the transformations and the essence in the structure, which means that checks are made to ensure that nothing is invented for which there is no evidence in the primary descriptions (Giorgi 1997). The structure was created from the way the meaning of the essence of the phenomenon varied between the interviewees. In this context, it is important when using the descriptive phenomenological method not to remain at the described fact level, which the researcher did at the very beginning, but to reveal the described meanings of the essence. For instance, having a sexual relationship or not, the fact, is not as interesting as what this meant to the parents' well-being and how the relationship was experienced.

When the structures were made in Studies I and II, the mothers' and fathers' descriptions were analysed separately, but an assessment of them as a couple was also made. The experiences of the relationship, described by the mother and the father in a couple, had many similarities. However, it could differ and for example showed a discrepancy in how frustrated respectively content they felt.

Now, after Studies I and II, there is in this thesis a synthesis of the two essences that were identified. This creation of a synthesis is supported by Spiegelberg (1982), who has evolved the phenomenological method emanating from Husserl. One element, according to Spiegelberg, is to discover essential relations within the essence and/or between essences. In the first and second studies in this thesis, the relationship *within* the essence is described and it was found to be 'the way to communicate'. This synthesis is the relationship *between* the two essences from Studies I and II and is made in line with Spiegelberg's suggestions (1982) and it was found to be a 'balance or tension between the parent and partner role', illustrated in Figure 1 in Results. Here, too, free, imaginative variations were used to test this relationship between the essences. This was done by keeping one essence constant and combining it with other characteristics, potential essences. During this procedure, it was also found that the relationship between the essences, as well as both essences ('Baby as the focus of attention' and 'Sexual desire'), was actually represented in both studies. However, one of the essences was more pronounced than the other, probably depending on the focus of the interviews. This synthesis thus appears to be well grounded in the empirical data from both studies.

Ethical aspects

Particularly high demands are imposed on ethical stringency when it comes to the interview material obtained by asking couples about their interrelations and their partnership interactions, especially with regard to confidentiality. The Declaration of Helsinki, article 21 states, that "The right of research subjects to safeguard their integrity must always be respected" (World Medical Association 2000). The tapes from the interviews were kept safely locked up and the interviews were unidentifiable as soon as they had been transcribed by the interviewer. Neither the respondents' workplace or profession nor the baby's first name was registered in the transcribed interviews in order to maintain confidentiality. For the external reader of this thesis and the scientific articles, the subjects are anonymous and when and where the interviews were performed is not stated anywhere.

The volunteer basis and chance to terminate participation by subjects in the study was emphasised. The subjects had been well informed about the purpose of the study and had several opportunities to refuse participation and even stop during the interview if they so

wished. The researcher was also sensitive to the point at which no more follow-up questions could be asked. The ethical regulations of the Humanistic and Social Sciences Research Council, as well as those of the Medical Research Council, were complied with and previous permission was applied for and received from the University Ethics Research Committee.

Study III: Descriptive statistics

Questionnaire

Modified Dyadic Adjustment Scale

This questionnaire, Modified Dyadic Adjustment Scale is based on an American instrument, the Dyadic Adjustment Scale, DAS, developed by Spanier (1976). This original version of the DAS has been used in several hundred published studies in very different contexts, such as marital adjustment in connection with spinal cord injury, infertility and end-stage renal disease, and in different religions and ethnic groups, but only a few related to parenthood. The instrument has been somewhat adjusted but not revised since 1976. The original DAS consists of 32 items in four subscales; Dyadic Consensus, Dyadic Satisfaction, Dyadic Cohesion and Affectional Expressions. The Dyadic Consensus subscale includes 13 items, where the partners respond to statements concerning subjects like finances, recreation, friends, religion, sex, career decisions and so on, on a six-point Likert scale ranging from *always disagree* (0) to *always agree* (5). The Dyadic Satisfaction consists of 10 items such as *How often do you and your partner quarrel?* and *How often do you get on each other's nerves?*, on a response scale ranging from *All the time* (0) to *Never* (5). Dyadic Cohesion has five items like *How often do you laugh together?, Never* (0) to *More often than once a day* (5) and finally the Affectional Expressions subscale includes four items like *Is it a problem not showing any love?,* with response alternatives of *Yes* (0) and *No* (1).

To suit new parents, after retranslation into Swedish, it has now been supplemented with questions about the couple's dual communication, sensuality and sexuality, as these dimensions were found to be fundamental for the well-being of new Swedish first-time parents when they were interviewed (Studies I & II). The DAS was then complemented

with three items about the parents' reciprocal communication; with items such as *How often do you express your wishes to your partner?* and *How often does he/she listen?*, with responses from *Never (0)* to *Always (5*). A further four items relating to sensuality were added; they included *How often do you hug one another now*?, together with three items about sexuality, such as *How often do you have sexual desire?*, both with responses of *Never (0)* to *More often than once a day (5).* After testing the modified DAS questionnaire, in a pilot study year 2001 on 80 first-time parents, one question about consensus on baby matters was added after a proposal from a responding mother. The modified DAS therefore consisted of 43 items, apart from background variables, see attached questionnaire as Appendix in this thesis.

Data collection

In a cross-sectional design study, the modified DAS was distributed to first-time parents consecutively by primary health nurses, at family health centres, when the baby was about six months old. The family health centres were located inside and around a large city in Sweden with about half a million inhabitants.

The data of this cross-sectional study were assessed among Swedish first-time parents with the help of primary health-care nurses, at family health centres, when the baby was about six months old. The health centres were located inside and around a big city in Sweden of about half a million inhabitants. The inclusion criteria were as follows:

a. first-time parents, (the mother's and the father's first baby in common)
b. parents cohabiting (at the time of the study)
c. Swedish speaking (to be able to fill in the questionnaire)
d. healthy child (avoiding the extreme strain of an unhealthy child)

During four months in the spring and four months in the autumn year 2002, 1,256 questionnaires were consecutively distributed and 820 parents responded, giving a response rate of 65%. This could have been higher if practical problems, with the coding lists remaining at the health centres because of a high workload, during the first spring period, had been avoided. In the autumn, the response rate was 74%, which generally may be a best possible response rate when dealing with data of such a personal and sensitive nature. The drop-outs and the respondents were of a very similar mean age (31.8 versus

31.3 years), but drop-outs lived somewhat more frequently in residential areas with more apartment blocks than detached/semi-detached houses.

In the present study, 94% (n=768) of the respondents were mothers and fathers from the same couples and 47 mothers and five fathers also took part without their partners doing so. In the covering letter, the mothers and fathers were encouraged to answer the questionnaires independently of each other. The sample thus consisted of 431 mothers and 389 fathers with an average age of 30.3 years and 32.4 years respectively, see Table 1 *in Study III*. In 2002, the average age in Sweden for first-time mothers was 28.6 years (Statistics Sweden 2003 a) and, in the city in which the study was conducted, it was 30 years, which means that the parents are fairly representative of first-time parents in Sweden**.** The education level of the responding parents was 59% with an academic education and 41% with senior high school or less, with a negligible difference between the sexes. Although it is common in Sweden to obtain a higher education and to have some years of employment experience before parenthood, the study sample has an academic education to a higher degree than 25- to 35-year-old individuals in the whole of Sweden, which was 37% in 2002 (Statistics Sweden 2003 b). The explanations could be that the sample came from a university city and its surrounding areas and that higher education might contribute to the wish to respond to questionnaires. In the study sample, 91% of the fathers and 10% of the mothers were working outside the home six months after the birth of their first child. The mean weekly working hours were m = 40 hours (SD: 9) for fathers and m = 15 (SD: 13) for mothers. The civil status of the mothers and fathers were 375 (46%) married and 444 (54%) cohabiting (one set of missing data). The mean duration of the intimate relationship together before the birth of the first child was 5.1 years, SD: 3.2, range: 0-17 years. Descriptive data are presented in Table 1 in Study III.

Data analysis

The data analysis had three steps:

- Comparisons between the means of scores for mothers and fathers within couples. Wilcoxon signed rank test.
- Estimation of correspondence between mothers and fathers within couples. Spearman's rho correlation coefficient.
- Estimation of correlation between subscale scores and items, separately for mothers and fathers, Spearmans rho correlation coefficient.

Computations were made using SPSS 12. and STATA 8.

Ethical aspects

The respondents were guaranteed anonymity. However, to state which partners that belonged together and to be able to remind the ones who did not answer, the questionnaires were coded with a number. The answers were mailed directly in individual envelopes by the parents to the researching midwife. The coding list was never seen by the researching midwife, who was the only person to see the respondents' answers. As a result, the answers could never be connected to any names, only to numbers, belonging together as a couple as they had the same code number. The parents were told this, as well as being informed about the option to choose to participate or not. The University Ethics Research Committee approved the study.

Study IV: Psychometric evaluation and development of a new instrument

Questionnaire

The modified Dyadic Adjustment Scale

This questionnaire is described in the Study III.

Data collection

Subjects and procedure for collecting of the data as well as ethical aspects are the same as in Study III.

Data analyses

Tests of scale quality included considerations of scale properties, like tests of internal structure, reliability, validity, proportions of respondents scoring at maximum (ceiling) or minimum (floor), (Nunnally & Bernstein, 1994). For initial tests of the internal structure explorative principal component analysis was performed on the 43 items building up the extended version of the questionnaire. Orthogonal rotation was performed using the Varimax method offered by the SPSS software package. Four strategies were used to determine the number of preliminary factors that remained – Kaiser's criterion (eigenvalue > 1), Cattells' scree plot, absorption of variance, and meaningfulness of factors (Nunnally & Bernstein, 1994).

The tentative structure that best fitted a compromise of these criteria was then tested and revised by means of multi-trait/multi-item analysis, using the Multitrait Analysis Program (Hays & Hayashi, 1990; Ware et al., 1997). This program gives items and scales descriptive statistics, scales internal convergent estimates, item-scale correlations and scale-to-scale correlations. The item internal convergence is conventionally supposed to be satisfactory if the correlation between the item and its scale is at least 0.40 'corrected for overlap', i.e. the correlation between one item and the remaining items in that factor. Item discriminatory validity is the correlation between the item and the other scales. It should ideally be significantly lower than the correlation between the item and its own scale (scaling success). Reliability was tested by calculating internal consistency by means of the Cronbach's alpha coefficient for each of the suggested subscales. According to conventional rules, this coefficient should at least exceed 0.70 (Nunnally & Bernstein, 1994). However, it could be lower when there are few items in the subscale.

Study V: Qualitative content analysis

Questions

The data in the study were based on two open questions, which were part of the larger quantitative questionnaires, the modified DAS with the 13-item SOC scale added to it. The questionnaire ended with the two open questions formulated as follows:

- Please mention what you think could be the main reasons for the way you experience your intimate relationship right now (whether positive or negative).
- Have you taken any steps to try to change the situation and, if so, what?

Data collection

Subjects and procedure for collecting of the data as well as ethical aspects are the same as in Study III.

Data analysis

The method that was used was inductive qualitative content analysis according to Patton (1990, 2002). The different statements were typed out word by word, initially for each individual. After approximately 200 mothers and fathers, only rare new content in the

statements was found. The new content, based on the first 535 respondents, which had not been described before, was typed but without being tied individually.

The steps in qualitative content analysis are identifying, coding and categorising according to Patton (1990). To begin with, the central conceptions in the individual statements were identified. Secondly, these central conceptions were put together to create larger units and were defined as codes on the basis of their content (Patton, 1990, 2002). For instance, codes could be "shared responsibility", "mutual support as new parents". At the same time, this meant that data from several individuals were collected. Thirdly, the codes were read through and, on the basis of their content, they were grouped into categories, which contained codes with similar content, such as the "Adjustment to parent role" category. To begin with, the codes were grouped into several categories, but they were then re-formed to create four final categories. In this way, the categories were inductively created from the content of the data and they were checked against the data (Patton, 2002).

The validity of the study is also dependent on the skill of the researcher and the accuracy of the data analysis. This means that, during the analysis process, the likelihood of results must be continually questioned and checked against the original data (Kvale, 1995). To guarantee this wherever possible, the categorisation was checked by another researcher.

RESULTS

The overall result is that the way new first-time parents experience their intimate relationships appears to depend on how well they communicate and confirm each other as parents and partners. When they do this successfully, they may experience relational health and well-being, regardless of whether they are sexually active or not. This result of the qualitative interview in Studies I and II is supported by the survey in Study III, where most parents were satisfied with their marital relationships in general but partly satisfied or dissatisfied with their sexual relationships. However, the data at group level were not able

to support the hypothesis that the couples experiencing a lack of sexuality compensated their intimacy with sensuality, which may then have had a beneficial effect on their well-being according to the results in Studies I and II. Moreover, the quantitative survey study reveals from correlations that the quality of the communication within the couple appeared to be of significance for the relational well-being of the new parents.

When it comes to factors influencing the quality of the intimate relationship in Study V, 'fellowship and affection' is a main category, including shared experiences on an emotional, sensual and sexual level. Closely connected to this was the category of 'communication and confirmation', confirming the results of the other studies. The other two categories are 'adjustment to parent role', which is related to shared responsibility, mutual respect and regard, and 'coping with external conditions', both of which are not as well covered by the modified DAS. These qualitative results from Study V complement the quantitative results of the survey, helping to produce a complete picture of the complex situation of new parents.

First-time parents' intimate relationships (Studies I and II)

From both studies, the way to communicate and confirm each other emerged as the main indicator of the couples' well-being, regardless of whether they had a sexual relationship or not. In both studies, there was tension between the sexual desire and the baby being the focus of attention, which is also the relationship between the essences as the third step proposed by Spiegelberg (1982). The tension was between the baby and the parents' own sexual need and between the role as a parent and the role as a partner, see Figure I.

Fig. I. The way of communicating produces varying relationships (the small ellipses) when there is tension (the arrow) between the essences 'The baby was the focus of attention' and 'Sexual desire' experienced by first-time parents.

The figure shows the left pole, which is dominated by the parent role (more baby focused), and the right pole, where the partner role is more pronounced (more focused on sensual and sexual desire). The opposite ellipses, making five pairs, represent contrasting relationships in terms of the ways of communicating. The ellipses above the arrow, illustrating the tension, signify relationships with good communication, mutual confirmation, sense of community, and expressed well-being of the parents. The ellipses below the arrow signify relationships with insufficient communication, lack of confirmation, community and expressed ill-health in the situation of strained relationships. The results of the synthesis (Fig. I) are also to be found in Studies I and II, with all the varying relationships represented.

This experienced tension was more pronounced among the fathers, but among the mothers prioritising sexuality could be problematic. However, this tension did not appear to be

problematic, according to the results of the interviews, as long as the spouses were able to communicate about their situation and still confirm each other both as parent and partner. The baby could then be a mutual concern, improving cohesion as well as the couple's experienced sensual or sexual community. If the sexual desire was recognised and mentioned verbally, it could be either accepted and met or postponed but still communicated. The couples who communicated well could look forward with full assurance to their relationship being good or better, sexually, in the future. Parenthood involved a kind of developing process, when the parents admitted the tension and communicated about it in a problem-solving way.

On the other hand, the tension could be experienced as a conflict, especially when one of the spouses was unable to express his/her need for confirmation or the other partner was insensitive to the emotional and sexual needs of his/her partner. This became problematic if the partner felt personally abandoned. Difficulty distinguishing the new situation as such, which was causing the conflict, from a personal failure as a partner occurred. The role as a parent was confirmed but not the role as a partner. Insufficient communication between the partners produced a conflict, a stagnating process and hopelessness about the future.

In phenomenological terms, the essences of both studies (the baby was the focus of attention and the sexual desire) and the relationship between them appear to be necessary for the phenomenon of 'first-time parents' relationship' to exist. However, the content of the ellipses comprises the unique reactions (noesis) to the essence (noema) constituting varying relationships. They could be as follows:
The relationships experiencing good communication, above the arrow, start when the baby signifies a mutual concern, but the baby is the focus of attention and the couple confirm each other mainly as parents. The next situation, from left to right, is mutual emotional confirmation also as partners, not just parents. Exchange of tenderness is one step further towards an intimate relationship, which is followed by an exchange of sensuality. The last situation is the couples experiencing a sexual sense of community as loving partners and, in that situation, it goes before their roles as parents, i.e. they are able to concentrate on each other. One example of this in Study II was the parents with twins, who gave priority to their love feelings and their sexuality, as they were still in the passionate love phase. Good communication means that they experienced a good relationship, with good contact and mutual confirmation.

The other situation with insufficient communication within the couples could create the following situations; the baby splits the couple and does not signify any spirit of community, or the next stage, which is a lack of mutual emotional confirmation. Some couples may then miss the tenderness as a concrete confirmation of each other in a role other than that of a parent. This was experienced by new fathers, in the first study, and by some mothers and fathers, in the second study. It contained a longing for sensuality or sexuality as mutual confirmation of being loving partners. This lack of confirmation resulted in less self-confidence and an experienced sense of insecurity. The couples with insufficient communication had difficulty reaching each other both mentally and physically, which signifies a sense of emptiness as individuals. The situation can even be sexual, but, without the mutual positive confirmation and sense of community during the act, emptiness is still experienced. This was the case with one of the mothers who longed for confirmation in Study II. The woman agreed to intercourse, without wanting it, because of poor self-confidence and misinterpretation of her husband embracing her. She had a lack of trust in her partner that prevented them from experiencing sensual and sexual community, even though they had a sexual relationship. (During the pregnancy the husband had been dishonest about an extramarital relationship.) This young mother's poor self-esteem appeared to derive from what she said about her childhood, not having been confirmed and loved by her own mother.

To summarise, the meaning to the parents of this tension, as the relationship between 'the baby as the focus of attention' and 'the sexual desire', was experienced as a conflict when there was insufficient communication. However, when the parents could communicate about it and/or confirmed one another, they experienced a kind of balance between the parent and partner role. In turn, this ability to communicate about the tension appeared to affect their intimacy and their experience of marital satisfaction and well-being.

Quality of the intimate and sexual relationship in first-time parents six months after delivery (Study III)

This study shows that most new parents, six months after the birth of their first child, felt very happy in their relationships. Fathers were somewhat more satisfied with the relationship than the mothers. However, the fathers experienced more stress in the present situation. Both mothers and fathers were less contented with dyadic sexuality and fathers were most dissatisfied with the low level of sexual activity as new parents. After household work, consensus about showing feelings and about sexuality was the second most frequent subject on which the parents disagreed.

In the present study, the mothers found "being too tired for sexual activity" a greater problem than the fathers, see Table 3 in Study III. "Being too tired for sex" did not imply more sensuality among the responding parents, rather the opposite tendency; in other words, "being too tired for sex" produced somewhat lower values for sensual activity (m = 3.49, SD 1.21 respectively m = 3.98, SD 1.02; $p<.0001$). This represents an association between fatigue and less sensual activity, not any clear-cut compensation with sensuality when there is a lack of sexuality.

Around a quarter of both mothers and fathers experienced not showing love and appreciation in the relationship and then lacking mutual confirmation as a problem. The frequency of caressing was lower than the desire to do so, especially among the new fathers, who were only "partly satisfied" with the sensual situation.

Background data revealed that three-quarters of the mothers (74%) were breastfeeding fully (24%) or partly (50%) at around six months. Among the breastfeeding mothers, somewhat less sexual desire, a lower frequency of sexual activity, as well as somewhat less contentment with sexual life were found compared with the mothers who were not breastfeeding about six months after delivery, see Table 4 in Study III. However, no correlation was found between being too tired for sexuality and breastfeeding among these Swedish mothers six months after the birth of their first child.

As the variables of communication were associated with most of the dyadic dimensions of the intimate relationship, good communication appears to have some significance when it comes to enhanced quality in the intimate relationship.

To summarise, the results reveal that most parents were happy in their relationships, but both mothers and fathers were discontented with the dyadic sexuality and "being too tired for sexual activity" was a problem experienced by the mothers in particular. The result does not support an assumption that the couples compensate the lack of sexuality with sensuality. Good communication within the couple was associated with higher levels of several dimensions of the intimate relationship and dyadic consensus and satisfaction in particular.

Assessing the quality of the dyadic relationship in first-time parents: Development of a new instrument (Study IV)

A factor structure of 5 tentative factors was judged to be the best solution in the initial exploratory analyses. Together, they accounted for 45% of the variance in the 43 items. All 5 factors had eigenvalues above one. The next step in the exploratory data analyses consisted of removing the items with low and/or heterogeneous factor loadings. This resulted in the retention of 39 items constituting the 5 factors, explaining 44.8% of the total variation. This best-factor structure of the modified DAS with 39 items was thereafter tested with the Multitrait Analysis Program (NewMAP, version 2).

Using the Multitrait Analysis Program (NewMAP), the internal structure and the convergent and discriminatory validity of the item scale were tested. The test of item consistency (convergent validity) revealed that four items had to be taken away, as they correlated by less than 0.40. Of the remaining 35 items, three items still had lower correlations with the hypothesised factor or subscale compared with other subscales, indicating that the discriminant validity was too low. One item had been removed from the 39-factor structure and was now one of the remaining items. This item now showed a high correlation and was therefore replaced, making the final structure 33 items.

The mean of item-scale correlations, internal consistency, over the five scales varied between .50 (Dyadic Sexuality) and .62 (Dyadic Sensuality), see Table 2a, in Study IV. The success rate for discriminant validity, the proportion of the correlations that were significantly higher with the hypothesised scale, ranged from 90% (Dyadic Consensus) to 100% (Dyadic Sensuality and Dyadic Sexuality). Dyadic Sensuality had mostly high values, while Dyadic Sexuality with low values shows the areas with which the new parents were discontented. The factor structure with 33 items was tested and was found to be valid for both fathers and mothers separately (Table 2b in Study IV). This final structure had an explanatory variance of 50% (Table 3). The alpha coefficient varied between .64 (Dyadic Sexuality) and .87 (Dyadic Satisfaction, Dyadic Consensus).

To summarise the evaluation of the modified DAS, thirty-three items were found to fit into a five-factor solution and the convergent and discriminatory validity for the five factors displayed satisfactory values. To conclude, the modified DAS, now called Quality of Dyadic Relationship (QDR) comprising 33 items, appears to be a useful, updated measurement for assessing the quality of the intimate relationship in new first-time parents. Marital quality could thus be defined as consisting of the five dimensions; dyadic consensus, satisfaction (including communication), cohesion, sensuality and sexuality.
The validation process will continue and the instrument will be tested in new circumstances and on other dyadic relationships, to determine its usefulness and limits.

Factors influencing quality of the intimate relationship – First-time parents' own views and coping strategies (Study V)

In their statements, the parents describe many different factors, which affect the quality of their intimate relationship. Most of the parents' statements, about ¾, are commenting positive factors that strengthened the relationship, in a salutogenic way showing the resources of the reflecting parents. All statements can be put into four categories: Adjustment to the parent role, Couple's fellowship and affection, Confirmation and Communication, and Coping with external conditions. These four categories of factors are perceived by the parents to influence the well-being and the quality of the relationship in different ways.

Adjustment to the parental role in the intimate relationship involves the partners' mutual adjustment to the role of parents, as well as adjusting to each other in the new situation as parents. Some parents state that an adjustment to the parent role while maintaining the partner role is ideal. The adjustment involves the loyal sharing of responsibility, combined with mutual respect and regard and a mutual generosity in the new situation as parents. To support and encourage one another as parents facilitates the adjustment. Realistic expectations and some coherence when it comes to maturity, views and values also facilitate this adjustment. If there is only a slight adjustment to the parent role and each other, like experiences a lack of support and taken responsibility from the other partner, the relationship is impaired.

The couple's fellowship and affection may be deepened through the arrival of the baby. It involves common goals and values as well as the parents sharing experiences and feelings on different levels, emotionally, sensually and sexually. Lack of time and energy contributes to the loss of sensual and sexual affection. If the couple lack fellowship, e.g. experience being in different worlds, when one of them is at home and the other working outside, the intimate relationship is impaired. However, some parents say that, with the aim of breaking the daily routines, they add a touch of gold to their everyday lives and thus strengthen their fellowship and affection.

Confirmation and communication take place through verbal and emotional communication and comprise giving one another confirmation as individuals and partners. Openness and honesty, as well as discussions designed to resolve conflict and problems before misunderstandings occur, may strengthen the relationship and the fellowship. Mutual confirmation gives feelings of being important to the partner. Correspondingly, a lack of mutual confirmation and problem-solving, e.g. "*not discussing problems makes them disappear"* impaired the intimate relationship.

If the parents are able to **cope with external conditions** by active measures, this could strengthen the relationship. External conditions could be lack of sleep after wakeful nights and a baby screaming from colic and too little time for being together. Lack of social support produces a sense of isolation and vulnerability. An uncertain economic situation in the family creates anxiety and may be a source of conflict. Examples of coping strategies

are mostly problem-solving like sharing the wakeful nights, reducing the working hours to get more time together in the family and an attempt at economic planning. On the other hand, when the parents found external circumstances difficult to handle, e.g. unplanned pregnancy, experienced stress and depressive feelings, this imposed a strain on the relationship. However, one father with depressive feelings coped with the situation by frequently talking to his partner about his feelings and his situation.

The four groups of categories and the relationship between them are illustrated in Fig. 1 in Study V. There is a reciprocal connection between the different categories of factors that influence the relationship. For instance, Adjustment to the parent role strengthens the couple's fellowship. Mutual confirmation and communication also have a favourable effect on this fellowship and affection. When external conditions are coped with, the fellowship is strengthened. Inversely, strong fellowship appears to facilitate the adjustment and the confirmation and communication. When the parents feel strong fellowship, this may motivate them to take measures to cope with external conditions. In this way, all four categories may have an impact on each other and the degree to which they exist has a significant effect on the quality of the intimate relationship. It also means that a lack of adjustment, confirmation and communication, as well as difficulty coping with external conditions, may have a negative impact on the couple's fellowship and affection and reduce the quality of their relationship.

GENERAL DISCUSSION

Methodological aspects

Triangulation

When different methods are used and produce confirmatory and complementary results, there is no guarantee of correctness, but the results are grounded on a more secure base, which can be said to be an aim of this thesis. This thesis is an example of what Holstein (1995) and Foss and Ellefsen (2002) describe as the results of different methods confirming each other and at the same time complementing each other, giving new insight

into and depth to the understanding of the phenomenon of first-time parents' intimate relationships. At one point, the results of the different studies diverge and this is the time at which sexual life is resumed after the birth of the first child. However, the explanation is obvious, as there were only five couples in Study I and four of them resumed their sexual life between 8-15 months after the delivery. In Study II, where there were ten couples, the average time was three months after birth, which was supported by 2.6 months in the quantitative study of 820 respondents.

Correspondence and coherence

The classical criteria of truth are the criteria of correspondence and coherence (Kvale, 1995). The result should correspond to reality, in this case the parents' reality. This indicates that, during the analysis process, the likelihood of results must be continually questioned and checked against the original data. To guarantee this wherever possible, the analyses of the qualitative and quantitative data have been checked by the researching supervisors. The criterion of coherence means that the result is consistent and has an inner logic. All the studies in the thesis could be said to connect logically. However, in Study I, the majority of the couples were late in resuming their sexual relationship, but this was not the case in Study II. The results of Study I affected the decision to interview more couples and this also produced more varying results than Study I. The model created from Studies I and II, the synthesis inspired by Spiegelberg (1982), has an inner logic of its own. The results of the quantitative studies are not contradictory and can be said to confirm and complement the qualitative studies, as does the model in Study V.

Reflexivity

Malterud (2001) uses 'reflexivity' as a term of validity in qualitative research. It means critically reflecting on the context in which data are created and analysed. In this case, social desirability could be this kind of influencing factor when the respondents formulate their reflected statements, i.e. people say what they think they should say rather than what they really mean (Noller et al. 1994). Against this, it would be true to say that, in Study V, there are many self-disclosed statements about poor conditions in the relationship, which could have emerged because of the guaranteed anonymity of the respondents. However, this bias of social desirability exists with all forms of self-reported data, even with structured questions and interviews, and "no researcher has resolved successfully all the

problems relating to self-report data" (Norton, 1983). During the analysis, the researcher's preconceived understanding could be an influencing factor, according to Malterud (2001), who says that it should be declared. The researchers are midwives and nurses and have a psycho-social perspective, which may have extended the health perspective. However, in the inductive studies, Studies I, II and V, a great deal of energy was devoted to keeping an open mind as far as possible to find new knowledge in the data, thereby obtaining satisfactory validity.

Response rate

In the survey study, the response rate was 65% and, when practical problems were resolved, it was 74%, which must be regarded as acceptable, considering the sensitive and personal kind of data involved. In an article by Krosnick (1999), the presumption that lower response rates necessarily signal lower representativeness is challenged. An example is given in which telephone surveys before elections showed that, the more difficult it was to get in touch to conduct an interview, the less likely it was that this person would vote. As a result, the more the researchers worked to increase the response rate, the less representative the sample became. A similar situation could have occurred in the present survey study of first-time parents, if efforts had been made to collect data by telephone interviews from non-respondents. In this case, a potential reaction of aggression from parents who did not want to be asked about their personal relationships produces a risk of information bias. Secondly, this could violate personal integrity and therefore be ethically objectionable. Thirdly, there would be an increased risk of answers produced by social desirability, when the respondent does not feel anonymous during a telephone interview. Instead, illustrating the present situation, one or two questionnaires were sent back blank with comments such as "We don't wish to reply to this kind of questions" or "Interesting, but we don't have the energy and time to fill this in right now", showing the parents' assumed integrity and the intensity of this period as new parents. The non-respondents are known only to the research secretary by their address and age. The mean age of the non-respondents was similar to that of the respondents, but the non-respondents lived somewhat more frequently in areas with apartment blocks than detached/semi-detached houses.

Study sample

The respondents to the questionnaire were 820 mothers and fathers. Out of them, 94% (n = 768) were complete couples, which meant that 47 "single mothers" and five "single fathers" responded. The mothers and fathers responded as individuals and have been analysed as separate groups. The spouses were encouraged to answer independently of each other. Nevertheless, the total sample consists of observations that are to some extent dependent within the individuals in the couples. As a result, the gender differences of quality of intimate relationship were tested in pairs, in the 768 parents that were couples.

The parents were supposed to be first-time parents. However, the nurses at the primary health centres who distributed the questionnaires did not ask whether the male partner had had children before, as it was the couples' relationships with their first *common* experience as parents that were going to be studied. Among the couples, 7.5% of the fathers had previously been parents. For 98.1% (424 of 432) of the mothers, however, this was their first child. This represented almost all the mothers, apart from 1.9%, and the greatest transition to parenthood is usually experienced by the mother, as she invests more in the parenting (Hackle & Ruble, 1992; Alexander & Higgins, 1993). The role changes are substantial for the mothers; they might find parenthood overwhelming and this then has a major impact on the relationship (Studies I and II).

When it comes to merging the samples of springtime and autumn into one group, the aim was to ensure that the two groups were similar in terms of practical circumstances, such as the distribution of the questionnaires. The responses in the springtime and autumn groups have been compared and no systematic differences were found, except in the variable "experienced tiredness as a problem" ($p < .05$). This was according to expectations and was actually the reason for spreading the investigation periods over the seasons of the year, to reveal variations in intimate relationships.

General limitations

One limitation is that the results may be primarily applicable to urban living and to fairly well-educated Swedish-speaking parents. The results of this thesis are based on data collected six, nine and 18 months after the birth of the first child. It would have been even better if we had had some data that were collected before the delivery of the baby. However, the purpose was not mainly to describe the transition to parenthood but the new

parents' experiences of their intimate relationships. In the interviews, however, the parents automatically made comparisons with their situations before the pregnancy or delivery when talking about their situations. The questionnaires were distributed only after delivery for practical reasons, in the form of a cross-sectional study, as the primary health care is completely separate in organisational terms before and after delivery, in the city with its surrounding areas, in which the study was conducted. One reason was also to focus on the same period as that in the interview studies. Longitudinal studies are usually recommended and this was obviously also an advantage of repeated interviews, as was the case in the first study, when the interviewees dared to be even more openhearted during the second interview. However, a follow-up study is planned for of the 820 parents, or rather the 768 being couples, after three years. The social context will then be investigated in more detail than it is in this thesis, which has a mainly inter-relational perspective.

Questionnaires

The Dyadic Adjustment Scale, DAS, and the development of the Quality of Dyadic Relationship, QDR

The modified Dyadic Adjustment Scale (DAS) with its 43 items was used on the population of new first-time parents. The data presented in Study III are based on all these items and background variables. The question of whether it is right to analyse non-parametric data presenting means can be discussed. However, this is done in most studies in which the DAS is used and it is also common with other instruments. The result of the present study is based on a fairly large number of respondents, 820, and the standard deviations are all small, resulting in statistical significance even when the differences between the means are small. However, the significant gender differences from the means remained significant when the frequency distributions were tested in pairs. Non-parametric analysis using the Mann-Whitney U test has been conducted and all the bivariate correlations presented have been performed with the non-parametric Spearman's rho.

The main reason for developing the DAS was that it does not include the dimension of communication, which was found to be fundamental to the well-being of new first-time parents, according to the interview studies (Studies I and II). Criticism has been voiced against the DAS, but it is still one of the most frequently used measurements of marital

quality, demonstrating the difficulty involved in assessing the very complex dyadic quality. One criticism is that the DAS does not really measure marital satisfaction, although many researchers add up all the DAS items, in the belief that they measure marital satisfaction. Eddy (1991) claims that marital adjustment and satisfaction are not synonymous. Spanier (1979) regards the DAS not as a measure of marital satisfaction, as he wrote in 1976, but as a multidimensional measure of marital adjustment. The new 33-item scale is called the Quality of Dyadic Relationship, instead of the modified Dyadic Adjustment Scale, for a special reason. Nowadays, the word "adjustment", at least in Sweden, has a negative ring, producing associations of obliterating self-identity, in the dyadic relationship. It is probably meant to be a mutual adjustment from both partners in the relationship, but reality reveals that one of the partners may often give up more than the other to reach some balance in the relationship (Bird, 1999; Grote & Clark, 2001). The new instrument, the QDR, also includes two new items of satisfaction, 'content with sensuality and sexuality', and thus reflects less adjustment and more satisfaction included in the quality of the dyadic relationship. Another criticism is that the DAS mirrors an idealization of the relationship, as well as self-sacrifice, when the highest scores are seen for some items in the consensus dimension, for instance (Kazak et al. 1988). This can be accepted, as it was a better reflection of American culture in the 1970s than of that in Sweden in 2002. In the QDR, however, two items are excluded from the factor structure with response alternatives giving the highest scores for item 32: "I want desperately for my relationship to succeed and I would go to almost any lengths to see that it does". The other is item 24: "Having all interests outside family in common", which may be an enmeshed relationship rather than a constructive cohesion.

The DAS has also been criticised for the fact that the first factor, consensus, is so dominant in the factor structure that the support for four dimensions instead of one general dimension is weak (Kazak et al., 1988). In that study, the first factor on the original DAS was extremely dominant, accounting for ¾ of the total variance, as in Sharpley and Cross (1982), but here in the QDR it accounted for about half the explanatory variance, which indicates a somewhat better factor structure, see Study IV. Kazak et al. also found a discrepancy in the number of factors for men and women, in a sample of heterogeneous couples. In this sample of new parents, however, the QDR was found to be valid for both sexes and this cross-validation in two different samples, mothers and fathers, increases the

opportunity to generalize from the obtained factor structure. This is also important, as the observations are to some extent interdependent within the couples.

The DAS has also been criticized for having a varying number of items in the subscales, as well as a varying number of response alternatives, giving disproportionate and inappropriate weights, for example. This criticism includes "four affectionate items get lost in the weights of 13 agreement items" (Norton, 1983, p.142). This can be accepted, but it is mainly a problem when only the total score of the measurement instead of the means from different items or subscales are used, when interpreting the results. According to Norton, an example of inappropriate weights is (1983) that, when many items of consensus, for instance, have six response alternatives and some items of affectional expressions have only a dichotomous scale, the total score will reveal imbalance, "making apples and oranges being summed" (Norton, 1983, p.142). This is perhaps true, but it is also mainly a problem when only the sum is taken into account. When developing the new instrument, the Quality of Dyadic Relationship, it will be constructed so that all the possible item scale levels are similar, to make it more uniform and easier to use when comparing the subscales, without necessarily having to transform them to percentiles for comparison. In the planned follow-up study of the 820 new parents three years later, it will not be possible to do this directly, as the comparison of means would then be difficult. However, when the QDR is subsequently evaluated psychometrically using an entirely new sample, the scale levels will become more uniform.

Bradbury et al. (2000) recommend the use of global measures like the Quality Marriage Index (Norton, 1983), instead of the further development of non-standard measures like the DAS. However, the QMI consists of six items like "We have a good marriage" (1) and "My relationship with my partner makes me happy" (4), which are global and therefore superficial and offer very little information in themselves. It is possible to ask whether Items 2 and 3 overlap: "My relationship with my partner is very stable" and "Our marriage is strong". What Norton (1983) criticized about the DAS, namely varying response alternatives, he uses in the QMI, such as percent, time, scales with both 1-7 and 1-10. If a global measure of this kind is used, other measures with more informative items are needed in parallel. So, one advantage of developing the DAS to produce the QDR, is that there would be *one* updated, *informative* measure of the quality of dyadic relationships in public health and family health care. Bradbury et al. (2000) have requested more depth in

the research on marital relationships. An effort has been made to achieve this, as the results of the two qualitative interview studies (I and II) are the basis of the development of the DAS measurement.

However, one limitation is that the QDR has been obtained by assessing the intimate relationships of new first-time parents – a group with unique circumstances. An instrument can always develop and the factor of Dyadic Sexuality, for example, had the lowest coefficient and also consisted of only two items. In the modified DAS questionnaire comprising 43 items, which was used here, two more items were added to that factor: being too tired for sex (item 29) and sexual desire (item 40). In this population of new first-time parents, with a somewhat special situation in terms of fatigue and little spare time, they were not convergent enough to remain in the factor structure. The remaining items about sexual activity (item 41) and sexual contentment (42) may, however, be consistent in terms of fatigue and sexual desire. However, when using the QDR in a different population than new parents, the items relating to fatigue and sexual desire could be added to Dyadic Sexuality, making the number of items in the subscales more uniform.

Sense of Coherence, SOC

As the reader can see from the Appendix in this thesis, the questionnaire included the 13-item version of SOC. The usefulness of Sense of Coherence in this special group of new parents could be discussed, as the first item, '*not caring about what goes on around you',* which obtained low values, could be very appropriate in the situation as a new parent, when the baby demands all the responsible parents' concentration. In this case, it is therefore less meaningful to evaluate this situation with low values on the SOC scale. Item two, '*being surprised by the behaviour of people you thought you knew well',* could also include pleasant surprises from the partner in the new situation as a parent, which makes it difficult to evaluate. The reliability of using both these items on the SOC in new first-time parents could be questioned for the above reasons. Item six, '*not knowing what to do in an unfamiliar situation',* is definitely applicable to the situation as a new parent, where the roles have changed significantly. Here, too, it is therefore natural that low values are given to this item. It is therefore possible to ask whether it is meaningful to use the SOC instrument on the group of new parents, as around half the items (six of them) increased

and the other half (seven of them) decreased, equalising the values in this group of 820 parents, where the 13-item SOC scale was tested. This might be the reason why the SOC scale has almost never been used among new parents. In spite of this, becoming a parent is a good example of a stressful situation when measuring SOC could be relevant.

It was not good for validity reasons to let the parents assess their SOC values *retrospectively* before pregnancy/the birth of their first child, see the original questionnaire which is attached as an appendix to this thesis. It is perhaps possible only to consider the values after the birth of the child, judged simultaneously when responding to the questionnaire at six months, but we do not know if the retrospective comparison affected the way the subjects answered about the present situation. For the above reasons, the results for SOC will not be presented in this thesis. However, individual SOC scores at six months could be useful as one factor for the planned follow-up study after some years of parenthood with the same population. The SOC can then be valued against the values for life events and social support. Some of the SOC items that obtained low values six months after birth might then perhaps have stabilised at a higher level, when the respondents are more used to parenthood, if the relationships have lasted.

Content aspects

The main results of the thesis are that most new first-time parents were satisfied with their intimate relationship as a whole but dissatisfied with their sexual relationship. When they communicated well and confirmed one another emotionally and sensually, they felt that the quality of the intimate relationship was good. The data did not support a general compensation with sensuality when the level of sexuality was low, which could be one way of experiencing well-being in the intimate relationship. Different factors contribute to marital quality and well-being and they will be discussed here.

Intimacy

The normal trajectory of a relationship, which means that the passion phase is over after a couple of years together, which could imply less affection between the partners, together

with the role change when becoming parents, appears to involve an experience of less time together, fewer leisure activities and less exchange of sensuality and sexuality. These were the results of Studies I and II, III and V and, in Study V, they are described in the category 'Fellowship and affection', which could also have been called 'Intimacy'. The results are supported by Wadsby & Sydsjö (2001), who found that both mothers and fathers experienced impairment in closeness and sexuality one year after the birth of their first child, supporting previous research (Glenn & McLanahan, 1982 & Willén, 1996). In the qualitative interview studies, Studies I and II, well-being was experienced when the new parents were sensual and confirmed one another emotionally as compensation for the temporary lack of sexuality. However, in Study III at group level, it appears that it may have been the same couples that were both sensual and sexual to one another, as these dimensions were associated to some degree and the data provide no support for compensating for the lack of sexual activity with an exchange of sensuality, when parents felt too tired for sex. However, for the individual couples that still compensated with sensuality, this may have increased their well-being, according to previous research about the connection between health and marital relationships, and this was also the case for some couples in Studies I and II. These results are also supported by the findings of Huston and Vangelisti (1991) in a longitudinal study of 106 newly-wed couples that marital satisfaction was not correlated with sexual activity but with affection and non-sexual forms of intimacy. This compensation with sensuality could therefore be emphasized as one way of increasing relational health. When talking to parents, the need for intimacy, including mutual confirmation emotionally, sensually and perhaps even sexually, could be emphasized as important for the well-being, quality and stability of the relationship.

The potential association between breastfeeding and reduced sexual activity, as a part of intimacy, was found in Studies II and III and is confirmed by Hyde et al. (1996). It has been discussed in different studies and is contradicted in a way in a study by Ellis from 1985 in 104 women, where most of the subjects experienced a reduction in sexual interest during the first six months after delivery, but *no impairment in sexual feelings* was found. Moreover, in the large study by Glazener (1997), breastfeeding had a significant association with low sexual desire eight weeks after delivery, *but not later in the subsequent year.* It could perhaps be wise to inform new parents about the potential sexual effects of breastfeeding during a limited period, to make them understand the source of a problem, so that they do not conclude that there is a problem in the relationship itself.

However, for a woman recognizing the capacities of the body, breastfeeding, sensuality and sexuality could be accepted in parallel and she could devote herself to and enjoy her role as both parent and partner. From a public health perspective, while breastfeeding should be promoted, it might be a good idea to regard the family as a unit, where the health of the child also depends on the quality of the relationship between the mother and father (Belsky 1981).

Communication and confirmation

The results of the qualitative interview studies, Studies I and II, about the significance of good communication for the experienced quality of the intimate relationship are supported in the survey study, Study III, as the dimension of communication was associated with the other dimensions in the modified DAS. In Study IV, in the new factor structure, communication items belong to the subscale of Dyadic Satisfaction. Communication and confirmation emerged as a category from the answers to the open questions in Study V. These results confirm each other. Previous research, studied after the interview studies were performed and analyzed, also reveals the significance of good communication for the experienced quality of the intimate relationship, when there are role conflicts and unmet expectations (Belsky & Rovine, 1990; Bäck-Wiklund & Bergsten, 1997; Cox, 1999 & Cowan & Cowan, 2000).

When reflecting on the results of the studies and previous research, the following could be natural obstacles to satisfactory communication in new parents: *poor self-confidence* in the role as a new parent may produce dysfunctional communication, according to Satir (1974) and to the results of Studies I and II. There could be a negative circle with poor self-confidence producing insufficient communication, which in turn may produce poor self-confidence because of a lack of confirmation as part of the insufficient communication. *Emotionality* also affects communication, as emotionality and conflict in cases of disagreement (about housework or baby matters, for instance) involve a tendency to blame and over-generalise (Noller & Venardos 1986) and difficulty distinguishing the concrete situation from personal feelings in an intimate relationship, also described by Satir (1974). The trajectory of the relationship over time may indicate that the new parents are in the '*hesitation phase'*, between years 2-10 in the relationship, when they also discover one another's less positive characteristics (Andersson, 1986). As they are afraid of hurting each

other, the conversation becomes vague and irritation and a negative picture of the partner may instead develop. *Unrealistic expectations* compared with reality may result in frustration and ambivalent feelings and create new conditions for negotiation. Finally, when it comes to *daily interactions and decision-making* about practical things, effective communication is needed for this to run smoothly (Coop Gordon and Baucom, 1999) and, according to Bäck-Wiklund and Johansson (2003), the modern negotiating family needs to communicate well in a problem-solving process to keep the relationship intact. These obstacles ought to be discussed and considered in connection with health promotion in new families.

Communication skills can be improved, like the training Walsh (2002) describes to give and receive clear, concrete messages avoiding accusations, as well as constructive problem-solving when there are conflicts (Noller & Fitzpatrick 1990, Walsh 2002). Clear communication about the mutual expectations regarding the sharing of housework and child care may facilitate the transition to parenthood. Being clear about a message and checking that the partner has understood it properly (Noller & Venardos 1986) is one way of preventing conflict. Mutuality in the sense of equality, which means that both partners have the opportunity to express themselves and be listened to, is important for good balance in the communication between the couple. An arena for discussion and training good communication, including conflict resolution, could be Swedish public parenthood education run in groups. Parents should be able to feel prepared and confident that they have a tool to solve small problems in their intimate relationship and that they will be able to seek and obtain support in their situation. At a general society level, it is even better to develop this skill at school, thereby preparing all students for adult relationships.

Mutual confirmation is an important part of good communication between two individuals and, if they are love partners, it appears to be essential for their well-being in the relationship. In Studies I and II, the sexual life was not felt to be as important as the need for emotional and sensual confirmation from the partner. Mutual confirmation was a significant part of the communication as a whole and appeared to be essential for the well-being of the couple. According to Brudal (2000), infidelity in connection with parenthood is fairly common. In this context, it is possible that too little confirmation from the partner, as was the situation especially for some fathers in Study I, could lead to infidelity. A person who confirms you is easy to fall in love with, even if he/she is someone outside the

family. This could then lead to instability in the relationship and demonstrates the importance of emotionally confirming the partner, a factor that could be stressed when talking to new parents.

Adjustment to parent role

The adjustment to parenthood may be difficult for both new fathers and new mothers. In the interview studies, the tension between the two roles as a parent and as a partner was clear for both fathers and mothers. It is parallel to the tension Sethi (1995) describes between the mothers' sexual desire, on the one hand, and no desire, no time, fatigue and the baby on her mind, on the other. To handle this tension, the quality of the communication between the spouses could be extremely important, according to the results of this thesis.

The way the child and parenthood are experienced and the way the child behaves in relation to the parents' expectations affect the relationship and also intimacy (Belsky & Rovine 1990, O'Brien & Peyton 2000) and statements in Study V reveal varying mutual support in the new situation as parents. Moreover, the external factor of social support facilitates the adjustment to the role of parent and could be different among the parents. The child's behaviour, e.g. crying and being awake all night with colic, as an external condition, might be difficult to cope with and affects most parents and the relationship in a negative way. The interviewees talked about their perceived tiredness as parents, which had affected their relationships directly or indirectly, and in Study III almost half the mothers experienced being too tired for sex six months after the birth of their first child. The triad described by Belsky (1981), that relationship, parenthood and child's behaviour are connected, is supported to some degree by the results of the interview studies and Study V. When the mother and father showed mutual tolerance and encouragement in the parental role, they perceived a strengthened relationship.

Differing attitudes to and values related to housework are a potential source of conflict for many new parents (Belsky & Pensky, 1988; O'Brien & Peyton, 2000) and the experience of roles in relation to housework appears to play a decisive part in the experienced quality of the couple's relationship, according to Möller (2003). The expression of wishes and mutual expectations about responsibilities regarding housework and child care in

constructive communication appears to facilitate the adjustment to the parental role, according to statements in Studies I, II and V. Supported by earlier research, such as that conducted by Oláh (2001), the significance of shared responsibility and both parents' commitment to child care and housework could be emphasized in the dialogue with parents.

Coping with external conditions

The adjustment to the parental role, the transition to parenthood, involves experiences of stress for most parents. External conditions like the baby's behaviour, strained economy or little social support may be experienced as stressors. Perceived stress among new parents is investigated in Study III. The fathers experienced more stress six months after the birth of their first child than the mothers. From the fathers' statements in Study V, it was common for them to experience role conflict, when they wanted to engage in an optimal way in their profession as well as fatherhood and also renovating the house, for example. This is probably a common situation for both the mothers and fathers of small children, who have difficulty finding the time and energy to engage in all roles. According to the theory of transition to parenthood (Schumacher & Meleis 1994), there is a change in role relations which is influenced by the new parents' expectations, level of skill – the internal coping resources, as well as the environment, the external coping resources, and the emotional and physical well-being. Emotional well-being and intimacy are increased when the individuals are able to cope with the stressors of parenthood and emotional well-being and intimacy increase coping and facilitate the transition to parenthood, according to Study V. The statements in Study V indicated that both problem-focused and emotion-focused coping strategies were used and that the supply of and demand for social support could vary among the parents. The parents could be encouraged to seek social support such as external coping resources, especially when the external conditions like the child's behaviour and the social situation are trying.

The way an individual copes with stressors of different kinds, e.g. a crying baby, is associated with internal coping resources like self-efficacy, optimism and Sense of Coherence (Antonovsky 1987; Alexander et al. 2001) and the individual attachment style, as well as environmental coping resources like social support. The internal coping resources could be strengthened by support in the parental role, giving new parents the

self-confidence to enjoy parenthood. By giving comprehensibility and manageability, we may even increase the Sense of Coherence in the parental role. When the transition to parenthood is put in its context as a natural source of strain for everybody who becomes a parent, a process of normalization may take place, as Walsh (2002) states. This can help parents to feel pride, reliance and a feeling of coping with the situation. Being a new parent should be one of the happiest periods of life, as proud parents with a common task and meaning to life, like the one created by a child.

Future research

As can be seen from previous research, the attachment style may affect the possibility for an individual to attach to a partner as an adult. It may affect the way people experience intimacy, communicate and cope with stressors and experience well-being in the marital relationship. Unfortunately, the attachment style has not been studied in either the interview studies or the survey of 820 parents so far. However, it will be investigated in a planned follow-up study of the group of 820 parents after three years, as it appears to be an important internal factor for experienced well-being in adult intimate relationships. This follow-up study is planned to obtain a picture of parents' experienced quality of their marital relationship when they have small children, as it relates to their social context. At this point, the instrument, the Quality of Dyadic Relationship, QDR, will be evaluated when the parents are more used to parenthood. In addition, the Sense of Coherence may be compared with the time at which parenthood was a new experience. A description of predictors of the quality of the dyadic relationship after three years will be analysed, as well as descriptive data of the way the mothers and fathers experience their situation in their psychosocial context as parents. Different kinds of strain experienced by the new parents, including their perception of the child's behaviour, and detailed data relating to the way household tasks and the spouses' roles are experienced, as well as social support, and finally the attachment pattern will be analysed, together with data from the QDR. This is in accordance with what Bradley et al. (2000) claim, namely that 'longitudinal research that links marital processes with socio-cultural contexts is desired' and that there is a need to define the situation of parents with small children in Sweden (Swedish Board of Health & Welfare 2001).

Conclusion

To conclude from the results of the thesis, it appears that different factors contribute to the experienced marital quality. They are the couple's intimacy, adjustment to the parental role, communication and confirmation and coping with external conditions. They are also described in Study V, in Figure 1, where intimacy is called fellowship and affection. The model in Figure 1 could serve as a base for health promotion in new families. This involves strengthening the new parents' resources by emphasizing good communication, mutual confirmation and intimacy and thereby facilitating the adjustment to the parental role and coping with external conditions. Our task and challenge in health promotion with new families is to provide the tools for the parents to manage their situation and give them support and strengthen their resilience, so that this can be a period of well-being and happiness. This influences the child in a positive way, so that it receives all the love and attention it needs to develop into a new healthy individual**.**

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