

IFTE 2017

III International Forum on Teacher Education

GENDER-ROLE IDENTITY DISORDER AS A FACTOR OF WOMEN'S UNREADINESS FOR MOTHERHOOD

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Abstract

Psychological readiness for motherhood is a personal system of comprising of, and relating to female gender-role attributes and acceptance of feminine qualities. Gender-role identity is an important psychological factor of female readiness for motherhood. However, this problem has not been sufficiently investigated. The aim of this research is purposed at revealing characteristic aspects of female gender-role identity and unreadiness for motherhood.

Due to the aim of this research the leading method of this problem study is the comparative analysis method. The analysis explores how the level of gender-role identity correlates with readiness for motherhood and parental role. The indicators of readiness and unreadiness for motherhood in 150 women with different types of gender-role identity were defined.

It can be assumed that the structure of gender-role identity in women with low-preparedness for motherhood and infertility problems has a fragmented content: women have demonstrated confusion in sexual preference and rejection of female gender role. Conversely, pregnant women and mothers have formed ideas about their gender-role identity and strong willingness to become mothers.

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Keywords: Psychological factor, readiness for motherhood, gender-role identity, feminine qualities, disorder, female.



1. Introduction

Motherhood is a part of female self-realization, self-concept, and self-esteem. It gives women the opportunity to experience the relationship with their children (Mironova, 2014). Understanding of the structure of psychological readiness for parenthood will help to diagnose disorders of maternal behavior and to design methods of its correction and prevention. (Galjautdinova et al., 2016). Psychological readiness for motherhood in this sense, is a personal system of comprising of, and relating to female gender-role attributes and acceptance of feminine qualities.

Summarizing various studies, Shkurko noted the following female personal parameters of the formation of the relationship between a mother and her child: 1) characteristics of mother's personality self-actualization, 2) situational behavior and characteristics of her individuality, 3) psychological readiness of mothers for the relationship with the unborn child (Shkurko, 2014).

Readiness for motherhood means that the woman shows mature frame of mind for having a child. Readiness for motherhood is an important factor for positive interactions between a mother and child, and a successful implementation of the mother's duties and functions in relation to the child (Mironova, 2014). From Skoromnaya's point of view, formation of readiness for motherhood goes through the following stages: (I) anticipation of motherhood, (II) pregnancy, (III) postnatal period, (IV) active motherhood. A mature female personality development reveals the psychological readiness of motherhood at the stage of anticipation (Skoromnaya, 2006). In psychological sense of personality, motherhood and the willingness to carry out maternal role is seen as a reflection of age, gender and personal identification (Schneider, 2007). This distinct gender identity is presented as a psychological readiness for motherhood (Skoromnaya, 2006). Therefore, we have to note that the process of pregnancy and motherhood, reflects the development of a mature female identity (Ovcharova, 2003).

According to various data, the distortion of the psychological component of the female maternal sphere was determined by; different problems in the reproductive function, inadequate vision of a future in motherhood and its value, and conflict in gender-role identity (Filippova, 2003). Bogdan indicates that women with abnormal psychological fertility have internal inconsistency in the psychological acceptance of their gender (Bogdan, 2001). Psychological problems, arising in the course of psychosexual development, might build unwanted schema in the structure of personality that later could cause "inhibition of the female role" (Fomenko, 2006; 2008), that's why the concept of pregnancy and motherhood is especially important in women's gender-role identity. However, this problem has not been sufficiently investigated. The aim of this research is to reveal the characteristic aspects of female gender-role identity and unreadiness for motherhood.

2. Problem Statement

In this regard, psychology faces the task of studying the problem of unreadiness of motherhood in connection with gender identity. Throughout women's life, motherhood plays an important role in female personality formation. It is frequently assumed that becoming a mother is an essential step in the development of female identity. Becoming a mother is a process by means of which women come to a new sense of themselves.

3. Research Questions

During this research the following methods were used:

- i. Questionnaires aimed at the social status study of women;
- ii. Questionnaires, testing the motivation for childbearing;
- iii. Dobryakov's test of pregnant women's attitudes (form "a") and women's pregnancy planning (form "f") (Dobryakov, 2010);
- iv. The Bem Sex-Role Inventory (BSRI) or Sandra Bem's technique "Masculinity-femininity" (Bem, 1981).
- v. Interview method which was designed to determine the experience of female identity.

This research was conducted in four stages:

At the first stage, all women were interviewed with questionnaires aimed at studying the social status of women.

The following parameters were taken into account:

- 1) Level of education,
- 2) Marital status,
- 3) Professional employment.

At the next stage, all women were given questionnaires to test their motivation for child bearing and Dobryakov's test of pregnant women's attitudes (form "a") and women's pregnancy planning (form "f"). The participants answered questions on attitudes to maternity and motherhood. There were five types of maternity attitudes presented: optimal attitude, weak attitude, anxious attitude, euphoric attitude, and depressive attitude.

4. Purpose of the Study

Also, based on the theoretical materials, the motivation for child bearing was divided into two; positive and negative motivations. Positive motivation includes: 1) the growth and development of the family system; 2) the intention to give life to a new person; 3) the need of being a mother and taking care of a child; 4) the mutual desire of spouses to have children. Negative motivation circled on the ideas that: 1) having a child is an escape from inner loneliness and emptiness; 2) having a child helps to keep the relationship with the partner (husband); 3) being engaged in raising a child deprives one from working; 4) without pregnancy one can preserve healthy body status.

At the third stage women were aimed to answer the following questions:

- What does it mean to be a woman?
- How much does female identity impact on intimacy, relationship quality, and satisfaction?
- Which aspects of being a female are the most distressing to a woman?

At this stage of study. a diagnostic investigation of individual and psychological features of women's gender were conducted according to the Bem Sex-Role Inventory (BSRI) method. This test is a measure of masculinity-femininity and gender roles. It measures how people identify themselves psychologically. The Bem Sex-Role Inventory offers four different possible resulting categorizations: masculine, feminine, androgynous and undifferentiated. An androgynous score was thought to be the result of equal masculine and feminine traits, while a sex-typed masculine or feminine score is the result

of more traits belonging in one or the other category. The fourth type, undifferentiated, was seen as the result of extremely low masculine and feminine traits.

At the fourth stage, all diagnostic results were subjected to comparative quantitative and qualitative analysis.

An empirical research was conducted on the basis of four gynecology departments of clinics in the city of Kazan. The study involved three groups of participants:

Group №1 - 50 women between the ages of 21 and 39 with infertility of unexplained genesis;

Group № 2 –50 pregnant women between the ages of 21 and 39;

Group № 3 - 50 women between the ages of 23 and 39 who did not suffer from infertility and had children and were planning another pregnancy.

A total of 150 women participated in this study.

5. Findings

Exploration and generalization of test, questionnaire and interview results allowed to determine the differences in readiness for motherhood and gender-role identity in three groups. The application of questionnaire and interview resulted in the different indices presented in Tab. 1. Also, the significance of differences in social status, motivation for child bearing, and individual and psychological features of women's gender in three groups were checked using the Fisher test (tab.1)

Table 01.Indices of three women groups according to different parameters(%)

Name of groups	1 group	2 group	3 group
Parameters of social status			
Education level			
Uneducated	-	-	-
General secondary education	7(14%)	10(20%)	23(46%)
Higher education	43(86%)	40(80%)	27(54%)
<i>φ (1 group-2 group)</i>		0,802	
<i>φ (1 group -3 group)</i>		3,619	
<i>φ (2 group -3 group)</i>		2,817	
Marital status			
Single	5(10%)	8(16%)	21(42%)
Married	45(90%)	42(84%)	29(58%)
<i>φ (1 group-2 group)</i>		0,898	
<i>φ (1 group -3 group)</i>		3,833	
<i>φ (2 group -3 group)</i>		2,93	
Professional employment			
Unemployed	8(16%)	6(12%)	25(50%)
Employed	42(84%)	44(88%)	25(50%)
<i>φ (1 group-2 group)</i>		0,578	
<i>φ (1 group -3 group)</i>		3,739	
<i>φ (2 group -3 group)</i>		4,317	
Motivation for child bearing			
Positive motivation	38(76%)	45(90%)	26(52%)
Negative motivation	12(24%)	5(10%)	24(48%)
<i>φ (1 group-2 group)</i>		1,902	
<i>φ (1 group -3 group)</i>		2,534	
<i>φ (2 group -3 group)</i>		4,436	
Gender roles			

Masculine	-	-	5(10%)
φ (1 group-2 group)		0	
φ (1 group -3 group)		3,218	
φ (2 group -3 group)		3,218	
Feminine	12(24%)	7(14%)	18(36%)
φ (1 group-2 group)		1,285	
φ (1 group -3 group)		1,315	
φ (2 group -3 group)		2,6	
Androgynous	38(76%)	43(86%)	23(46%)
φ (1 group-2 group)		1,285	
φ (1 group -3 group)		3,135	
φ (2 group -3 group)		4,419	
Undifferentiated	-	-	4(8%)
φ (1 group-2 group)		0	
φ (1 group -3 group)		2,868	
φ (2 group -3 group)		2,868	
Experience of female role			
Positive attitude	39(78%)	42(84%)	27(54%)
Negative attitude	11(22%)	8(16%)	23(46%)
φ (1 group-2 group)		0,767	
φ (1 group -3 group)		2,572	
φ (2 group -3 group)		3,338	
Relationship: satisfaction with a partner (husband)	40(80%)	42(84%)	19(38%)
Relationship: frustration with a partner (husband)	10(20%)	8(16%)	31(62%)
φ (1 group-2 group)		0,521	
φ (1 group -3 group)		4,429	
φ (2 group -3 group)		4,951	
φ (critical value)		1,64 (p≤0,05); 2,31 (p≤0,01)	

The data indicate no significant differences between the group of pregnant women and mothers, who were planning another pregnancy. After analyzing the data, we can conclude that significant differences are shown between the group of pregnant women and the group of women with unexplained infertility, and between the group of mothers and the group of women with unexplained infertility.

Based the obtained results, between indicators of gender role identity satisfaction level and indices of Dobryakov's test, ANOVA analysis was conducted. All women were divided based the level of gender role satisfaction according to BSRI method's IS-index and interview method. It was found that $F_{emp} > F_{cr}$ ($F_{emp}=4,39$; $F_{cr}=3,05$) for $p = 0,014$. Thus, the factor of gender role satisfaction affects attitudes to pregnancy and its planning.

Qualitative analysis of the group responses showed the following features:

1) In social status, in contrast to the other two groups, women with infertility identified lower education level and less stability in their relationships. Also, women who had problems with their reproductive systems were unemployed or not satisfied with their jobs. We can conclude that pregnant women and mothers show stability in their social identity compared to infertile women.

2) The responses illustrate that the readiness for motherhood provides opportunities for women to support personal growth and development, and opportunities for them to form their gender identities. The motivation for the child bearing in pregnant women and mothers relates to positive attitudes to maternity. The following features were found: motivation for the growth and development of the family system, and the intention to give life to a new person. The third group of women with infertility were motivated by negative attitudes: manipulative reason to marry or save a marriage; pregnancy helps to preserve physical health. We assumed that the choice of positive motivation meets the high level of readiness for

motherhood. Therefore, the choice of negative attitudes corresponds to unreadiness for motherhood.

3) According to Dobryakov's test the first and the second groups have optimal attitude to pregnancy. It means that the optimal attitude to pregnancy experience is observed in women who feel happy. They accept the responsibility of pregnancy without high anxiety and adequately respond to emerging issues. Women with infertility showed anxious attitudes to pregnancy.

4) Gender-role conflict was found in women with infertility and they demonstrated unreadiness for motherhood. Most of them had problems with experiencing their female roles and sexual satisfactions.

6. Conclusion

It can be assumed that the structure of gender-role identity in women with unreadiness for motherhood and infertility problems is interlinked; confusion in sexual preference and rejection of female gender role were discovered in the women. Pregnant women and mothers have formed concepts about their gender-role identity and strong willingness to become mothers. Results of this study may be useful to practical psychologists in helping future mothers, and investigators who are interested in the problem of development of female identity. The conflict in gender role identity or gender-role identity disorder includes different social, psychological parameters and it correlates with attitudes to successful motherhood. However, this problem requires further elaboration.

Acknowledgements

The work is performed according to the Russian Government Program of Competitive Growth of Kazan Federal University.

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