Examining Gender Role Beliefs and Marital Satisfaction of Ghanaian Immigrant Couples in the U.S.A

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Examining Gender Role Beliefs and Marital Satisfaction of Ghanaian Immigrant Couples in the U.S.A

By

Fred Brako

Chair: Kenneth V. Hardy, Ph.D.
Committee: Marlene F. Watson, Ph.D., LMFT
Eric Johnson, Ph.D.
William Northey, Ph.D.
Kobina Ofosu-Donkoh, Ph.D.
DEDICATION

I wish to dedicate this dissertation first to God Almighty. He is my source of strength and hope through the many challenges and experiences in my academic pursuits.

To my lovely wife Edith, who has been my soul mate, best friend and my biggest cheerleader throughout my professional career, I say you are the best. Finally, to my loving mother Comfort Obuam and my wonderful children Fred and Freida Brako, your sacrifices will not be forgotten.
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Abstract

Examining Gender Role Beliefs and Marital Satisfaction among Ghanaian Immigrants in the U.S.A.
Fred Brako
Kenneth V. Hardy, Ph.D.

The experiences of African immigrants to the United States of America are sparsely represented in the literature. Recent research has focused more on Latinos and Asian ethnic minority populations than on African immigrants. Further, given the paucity of research on this population, it is no surprise the limited literature has ignored important factors such as family relationships and marital issues. Therefore, exploring the relationship between gender role beliefs and marital satisfaction among Ghanaian immigrant couples is necessary to help inform and contribute to the literature in Couple and Family Therapy research particularly for a subgroup living in the United States who has been virtually ignored. Acculturation theory was introduced as a framework to facilitate understanding of the relationship between gender role beliefs of Ghanaian immigrant couples and their level of marital satisfaction in the American culture. This study examined these variables with a correlation predictive design using a cross-sectional survey technique of 77 Ghanaian immigrant adult couples currently residing in the tri-state area of New Jersey, Delaware and Pennsylvania. It was hypothesized that Ghanaian immigrant couples who have more congruent gender role beliefs would have higher levels of marital satisfaction. The results indicated to the contrary. Husbands were liberal in their gender role beliefs compared to wives; however, the difference was not statistically significant. Future studies could explore covariates such as ethnic
background, level of education, and counseling services. These were good correlates of gender role beliefs and marital satisfaction in the study.
CHAPTER 1: INTRODUCTION

Migration is the movement of persons from one country or locality to another. People choose to travel and live away from their birthplace for several reasons and under different circumstances. In 1965, the United States repealed the law that restricted non-Europeans and non-Canadians from migrating into the country, thereby opening the door for immigrants from developing worlds to immigrate to the United States (Gordon, 1998). Based on the 2000 census, there were 35 million immigrants living in the United States and by 2006 there was a sixteen percent (16%) increase (Workpermit.com, 2006). This number continues to grow. Data collected by the Census Bureau in March 2007 showed that the number of legal and illegal immigrants living in the United States reached 37.9 million (http://www.cis.org).

According to Massey (1995), the United States will continue to be a nation of immigrants. Massey contended that the large flow of immigrants into the United States, including immigrants from Africa, will continue for decades. According to a report by The Center for Immigration Studies, “Immigrants and their young children (under 18) now account for one-fifth of the school-age population, one-fourth of those in poverty, and nearly one-third of those without health insurance, creating enormous challenges for the nation’s schools, healthcare system, and physical infrastructure” (http://www.cis.org). These statistics suggest that immigration will continue to be a subject of concern in the socio-economic and political development of the United States.

Gordon (1998) referred to the current influx of African immigrants into the United States as the “New Diaspora” (p.79). Gordon also listed five major factors that account for this pattern of African migration: globalization and integration of the world
economy, economic and political failures in Africa, immigration and refugee policies in Europe and the United States, African countries with Anglophone background, and historical ties of slavery between African countries with Europe and the United States. In the first Diaspora, during the era of American Slavery, ten to twenty million Africans were transported to the Americas, followed in the 1950s by a gradual and voluntary migration of Africans who settled in the United States after the abolition of slavery in 1865.

A significant number of the Ghanaian population immigrated in the 1980s for economic opportunities when the national economy of their own country collapsed and caused a weakened political system (Anarfi, 1982; Boahen, 1975). Orozco, Bump, Fedewa & Sienkiewicz (2005) indicated that in 1990, approximately 20,889 Ghanaians lived in the United States, and one decade later this population had grown more than 210% to 65,570. In the new millennium, the Ghanaian population continued growing, reaching 101,169 in 2004. Thus, between 1990 and 2004, the Ghanaian population in the United States grew by 384% (Orozco, et al., 2005).

The issue of Ghanaian immigration into the United States, with its attendant stressors (which will be discussed later), merits a critical investigation by social scientists to properly address their unique immigration concerns. These stressors are complicated by the large numbers of undocumented Ghanaian immigrants who will need the help of clinicians who are not easily accessible. There is a paucity of research devoted to Ghanaian families in the extant literature which is at least partially attributable to the fact that immigration by Africans to the United States is a recent phenomenon (Arthur, 2008; Yeboah, 2008).
Ghana (a former colony of Great Britain) is a country in West Africa whose official language of instruction is English. It is a democracy with a stable economy and an established constitution since 1992 (King, 2006). In the Ghanaian traditional system, role expectations, with division of labor along gender and age lines, are a major contributor to how couples relate in the household (Oheneba-Sakyi, 1999). The head of the household is the father or husband, and he has the responsibility to provide shelter and financial support. The mother, or wife, is typically responsible for the basic needs of the household including, but not limited to cleaning, laundry, cooking and caring for dependents (Oheneba-Sakyi, 1999).

Typically, Ghanaian couples pool their resources to care for each other’s children, and are more likely to reserve much of their resources to attend to extended family and community members (Oheneba-Sakyi, 1999). However when Ghanaian couples who embrace a traditional gender role migrate and settle in a different cultural milieu like the United States, they tend to favor a more balanced gender role, and a shift in roles takes place (Minnotte, Minnotte, Pedersen, Mannon & Kiger, 2010). The dynamics of the couple’s marriage will likely go through a gender role perception shift and will necessitate role renegotiation in order to reduce confusion and conflict within the marriage.

Although Ghanaian nationals become actively involved in the socio-cultural domains of the western world, there remains the challenge to reexamine the role perception of migrant Ghanaians based on their unique set of experiences in the United States. “The importance of gender as a variable in immigration studies and the
experiential differences of men and women justify the study of gender in the immigrant experience” (Yeboah, 2008, p.121).

Determinants of marital satisfaction have been studied before, but not using Ghanaian couples as the sample. Most of the literature on marital satisfaction and gender roles have focused on middleclass White couples (Amato & Booth, 1995; Faulkner, Davey & Davey, 2005). As society becomes more diverse, with increasing numbers of immigrants, findings from these studies limit the application of results to a wider ethnic population, particularly those who are ethnic and racial minorities. Secondly, these findings from existing studies cannot be generalized to Ghanaian-Americans because many other variables affect their experiences as immigrants in the United States. These variables will be identified in the succeeding chapters.
CHAPTER 2: LITERATURE REVIEW

The section below describes Acculturation Theory (Berry, 1998; Phinney, 1990), the organizing theoretical framework that guided this study. Additionally, there will be discussions on immigration patterns among Africans in the United States, the Ghanaian Diaspora in the United States, and gender role beliefs, which will reveal the impact of immigration on gender relationships specific to marital satisfaction among couples. This section also contains a review of several bodies of literature that were pertinent to this study’s topic. In the succeeding sections marital satisfaction, including the different demographic indicators of marital satisfaction and studies on the relationship of gender role beliefs and marital satisfaction is investigated.

Theoretical Framework

Acculturation Theory. Acculturation is the process of change culturally and psychologically among ethnic individuals, families and groups when they come into contact with another culture (Berry, 1998; Phinney, 1990). During this process, there are several changes that occur in cultural patterns between the ethnic and the host cultures, such as customs, language, values, and norms (Berry, 1998; Phinney, 1990). Attitudes and/or behavior of people from one culture are modified through a process of negotiation (Encyclopedia of Public Health, 2002). However, the impact of the acculturation experience has more influence on the immigrating ethnic culture than the host culture (Berry, 1998; Phinney, 1990).

Berry (1990) distinguished between the changes taking place at the group and individual levels of acculturation. He posited that at the group level changes take place in
the areas of social structure, economic base, and the group’s political organization.

Consequently, at the individual level, changes take place in areas of identity, values, attitudes, and behaviors. These psychological changes may differ from person to person because the extent to which a cultural group experiences and participates in the acculturation process is dependent on how the individual from that group responds to the community changes taking place (Berry, 1997).

Synonymous terminologies for acculturation arising out of the growth in global migration are biculturalism, multiculturalism, integration, re-socialization, and ethnic identity (Sam, 2006). However, the following two concepts have been used to explicate this phenomenon: cultural integration and cultural assimilation. Cultural integration describes individuals who, to some degree, assimilate into the host culture while retaining elements of their culture of origin (Berry, 1992). Cultural assimilation describes individuals who reject their culture of origin and adopt the host culture (Berry, 1992).

Assimilation, as a concept of acculturation, has sometimes been conflated with acculturation within two different social science disciplines: sociology and anthropology (Sam, 2006). Social scientists define the concept of assimilation as a process whereby immigrants conform to the ways of the host culture through contact with it (Sam, 2006). Anthropologists, until recently, referred to acculturation as the process whereby so-called “primitive” societies adopt the ways of an enlightened society upon contact with them and become more civilized (Sam, 2006).

Within the theory of acculturation, directionality and dimensionality are two fundamental issues. To determine the directionality model, some researchers have suggested a unidirectional process (Gordon, 1964; Graves, 1967). Others (Taft, 1997;
Teske & Nelson, 1974) have suggested a bidirectional process. The unidirectional process suggests that a strong ethnic identity is not possible among those who become involved in the mainstream society and that acculturation is inevitably accompanied by a weakening of ethnic identity (Berry, 1986; Phinney, 1990). Alternatively, the bidirectional and dimensional suggests that both the relationship with the traditional or ethnic culture, and the relationship with the new culture, play an important role in the acculturative process (Berry, 1986).

Berry (1990) further suggested that the acculturation process advances according to the degree that the individual simultaneously participates in the cultural life of the new society and maintains his or her original cultural identity. When immigrants maintain and participate in two cultures, it may lead to four different outcomes, which Berry identified as assimilation, separation, integration, and marginality. These four outcomes are collectively called acculturation strategies.

Assimilation, according to Berry (1980; 1990), occurs when there is a movement toward and interaction with the dominant culture by an individual who adopts the traditions and customs of the dominant culture and rejects his or her ethnic culture. In contrast, when individuals value and perpetuate their original culture, wishing to avoid interaction with other cultures, including the dominant one, separation occurs. Integration happens when the minority group tries to maintain cultural integrity within the dominant group while also maintaining a willingness to participate in the social network of the dominant culture. Finally, marginalization implies little interest in cultural maintenance (resulting sometimes from exclusion, enforced cultural loss, or discrimination) and relationships with other ethnic groups. Sometimes acculturation may
be “uneven” across domains of behavior and social life. For example, one may seek economic assimilation in work, linguistic integration by way of bilingualism, and marital separation from the dominant culture by endogamy (Berry, 1990).

Sodowsky and Plake (1990) have defined three dimensions of acculturation: assimilation (the rejection of one’s cultural norms and practices and the acceptance of the dominant culture), biculturalism (the ability to live in both worlds with denial of neither), and observance of traditionalism (rejection of the dominant culture). Yeboah (2008) argues that a unidirectional model such as assimilation is not feasible in dominant cultures like the United States. Rather, he indicated that the United States is not a cultural monolith that immigrants assimilate into because most ethnic minority cultures continue to hold on to their old values, customs, and language over time. Mendoza and Martinez (1981) theorized that, immigrants’ reasons for migration to the receiving culture will impact their level of acculturation to the dominant culture. There will be more positive attitudes towards the host culture for the individual who does not intend to return than those who immigrated for economic reasons and are likely to return.

**Acculturation Research.** High or low levels of acculturation have resulted in multiple health related behaviors in the United States. For instance, high levels of acculturation have been associated with greater use of mental health services among female Chinese immigrants (Tabora & Flaskerud, 1997). Also increased alcohol intake among Mexican-Americans and Southeast Asian American women has been associated with high levels of acculturation (Marin, Sabogal, Marin, Otero-Sabogal, & Paerez-Stable, 1987). Similarly, among Latinos, Asian Americans, Philippines, and Koreans, it
was found that higher levels of acculturation were associated with increased cervical, breast, and colorectal cancer screening (Demographic Predictor, 2000).

In contrast, a study of African Americans with higher levels of acculturation showed a higher prevalence of smoking, fewer coping strategies to handle stress, lower knowledge of AIDS transmission, fewer social support systems, lower levels of depression, lower suicidal ideation, less eating disorders, and lower performance on neurological tests among men and women (Kimbrough, Molock & Walton, 1996; Klonoff & Landrine, 1996; Klonoff & Landrine, 1997; Marin, et al., 1987; Osvold & Sodowsky, 1995).

There is a paucity of literature that addresses acculturation patterns and the migration experiences of immigrants born on the African continent. Most of the studies have focused on minority immigrant groups such as Cubans, Puerto Ricans, Pakistanis, Hispanics, Asians, and Iranians (Szapocznik, & Kurtines, 1980). Studies on the phenomenon of immigration that explain the difficult experiences and patterns of migration of immigrants, especially Africans, in a new socio-cultural milieu, is largely ignored in the literature (Gordon, 1998; Henderson, 2009; Konadu-Agyemang, Takyi, and Arthur, 2006).

Immigration patterns among Africans in the United States. Based on the 2003 United States Census, Henderson (2009) reported that the total number of immigrants in the United States coming from Africa increased between the period 1990 and 2000. Henderson’s qualitative study found that political instability and economic hardships were the primary reasons participants, originally from Senegal, Guinea, and the Ivory Coast were cited for leaving their native countries. Importantly, however, the author
noted that after their arrival, one of the most common themes that emerged among the participants was a remarkable change in their perception of the United States. Specifically, these participants revealed that life in the United States was more difficult than they had expected; however, they chose to remain because they continued to believe that the United States still offered them more opportunity than their respective homelands (Henderson, 2009).

Konadu-Agyemang, Takyi, and Arthur’s (2006) study reported that of the five African regions (West, North, East, Central, and Southern), most immigrants in the United States came from West and North Africa. These authors also found that Africans were not necessarily concentrated in one type of residential environment, but were dispersed in central areas and suburbs across the United States. However, despite being scattered all over the country, African immigrants tended to be concentrated in areas that were generally perceived as heavily populated by immigrants.

According to Gordon (1998), the factors relevant in immigration patterns among Africans include globalization and liberalization of the world economy and problems with the political-economic climates of African nations. Additionally, suitable changes in European and American policies on immigration and refugees’ affiliation to Anglophone origin and genealogic or diplomatically historical ties with the countries of destination have been established. Konadu-Agyemang, Takyi, and Arthur (2006) concurred by explaining that the sudden liberation of many African countries left them vulnerable to economic and social disparities due to their prior dependence on colonial constructs. This issue was further exacerbated by the African Diaspora, which
significantly reduced the necessary labor resources for countries that were struggling to rebuild their social infrastructures.

The first wave of African migration from the 15th through the 19th centuries was motivated by slavery during the colonization period, when the British expanded their territorial control over African nations (Black, 1996; Gordon, 1998). Although freedom was enjoyed by the colonized countries in the latter part of the 19th century, many Africans opted to immigrate to America for educational and economic opportunities (Black, 1996; Gordon, 1998). These immigrants were nevertheless met with a myriad of hindrances to their academic and professional pursuits (Gordon, 1998). Freedom from colonial rule also had implications for the cultural identities of African immigrants from a societal perspective, and they simply began to blend in with the mix of cultures regarded as “Black” and “African American” in the United States (Black, 1996; Gordon, 1998).

Recently, with the significant increase in the population of Africans in the United States, there has been increased identification of individual nationalities, with Africans being more specifically identified with their nations of origin, such as Ethiopians, Ghanaians, Kenyans, Liberians, Nigerians, Cape Verdeans, Tanzanians, and Ugandans (Gordon, 1998). This increase in population not only revealed the magnitude of the diversity of those characterized as American Blacks, but as noted earlier, it identified the number of countries from the African Diaspora, and the dearth of information in relation to their unique challenges, religious beliefs, family adjustment patterns and cultural practices in the United States (Black, 1996).

African immigration is motivated primarily by the perception that they will have better professional opportunities (Summit Health Institute for Research and Education
Inc., 2005). The proximity of the host country plays a role in the African Diaspora, which explains why many Africans chose to migrate to neighboring countries, particularly Europe. Moreover, the perception among African people that the United States is the so-called “land of opportunity” contributes to the continued large number of immigrants to the United States from Africa, despite its lack of proximity.

As immigrant African societies further destabilize, their cultures are diluted as African immigrants attempt to adapt to their new social environments. In the United States, immigrants from Africa are often confronted with employment difficulties. It is especially difficult for the men who traditionally are expected to legitimize their leadership role by functioning as bread winners for the economic survival of the family. Instead, women or their wives tend to have easier access to the job market, thereby creating structural problems among immigrant families, (Black, 1996). This trend of male unemployment difficulties could impact the Ghanaian immigrants’ marriages as husbands may find other ways to reinforce their patriarchal roles, which could lead to a strain in their marital relationships. Black (1996) asserts that “Men of African descent coming to the United States from other countries sometimes take a while to grasp this not-so-subtle aspect of racism. This economic fact rooted in racism, demeans both men and women. It also enables the wider culture to identify women as less threatening, while labeling the man as less productive and unable to provide for his family” (pp. 62-63). Racism in American culture is a major factor that many African immigrant families will have to contend with when they arrive in the United States in order to achieve their economic dreams. These dreams are rooted in their general perception of the United States as a “land flowing with milk and honey.” However, because of institutionalized
racism and classism these dreams will often become a mirage. Among the growing numbers of Africans in the United States are Ghanaian immigrants, whose unique ethno-cultural migration experiences have not been documented in literature because there is a tendency to incorporate them into the larger ethnic classification of “black or African American”.

**Ghanaian Diaspora in the United States.** According to Sabates-Wheeler, Natali, and Black (2007), Ghana is a country of emigrants. Migrating to another country is a common practice for Ghanaians dealing with economic hardships in their native country. According to Arthur (2008), most Ghanaian immigrants intend to go back to their native country once they are relieved from their economic difficulties. Among Ghanaians, much like among their fellow Africans (as mentioned above), more affluent countries like the United States are commonly viewed by professionals as places with more opportunities for financial and social advancement, despite the challenges of discrimination encountered at the workplace (Gordon, 1998). As a workforce, Ghanaians were suitable as professional, technical, and skilled workers to industrialized states (Gordon, 1998). The Legislation of Refugee Act of 1980 further provided legal remedies to Ghanaian refugees who were granted the political right to be eligible for permanent residence in the United States after one year of settlement under special humanitarian conditions. Eventually, migration became an open window to assimilate into western culture through legal processes.

According to Padilla (2006), Ghanaian immigrants in the United States are likely to experience bicultural difficulties in terms of their racial origin that can further isolate them. As Konadu-Agyemang, Takyi, and Arthur (2006) reported, immigrant Africans
are usually “lost in a sea of native-born Blacks,” being associated with any assumptions that may accompany this vague categorization that often includes Caribbean Americans, Central, and South Americans (p. 51). This could further convolute social identities, foster disorienting misunderstandings and presuppositions, and reduce access to social programs meant to assist migrant workers and families. It also creates greater within group polarization and tension.

Native born blacks and immigrants of African descent share similar experiences with racism and discrimination, despite place of origin (Black, 1996). However, issues and challenges of native born blacks, and blacks from other parts of the global periphery, especially Africa, can be uniquely different, and must be seen in that light and not generalized across cultures. According to Yeboah (2008), Ghanaians use their dual identities as people from Ghana and as black immigrants in the United States in order to assimilate into the American culture. Gender role in marriage may be one aspect of the Ghanaian immigrants’ assimilation into American culture that may be stressful due to adjustment issues in relation to the different norms across the two cultures.

**Gender Role Beliefs**

Gender is a complex social-psychological construct. DeBiaggi (2003) defined gender roles as “an individual’s endorsement of personal characteristics, occupations and behaviors considered appropriate for women and men in a particular culture” (p.35). Although sex relates to physiological aspects of men and women, gender relates to psychological features ascribed to each sex (Crawford, Houts, Houston, & George, 2002). There is an inherent difference, in terms of how women and men experience and process events, particularly in terms of relationships (Kurdek, 2005; Simon, 1995). These
differences occur at the “cardiovascular, endocrinological, immunological, neurosensory, and neurophysiological levels” (Kurdek, 2005, p. 68). Some of the psychological and social differences between men and women that Kurdek cited included the structure of self, values, and attitudes regarding marriage and relationships, views on rules, roles, and interpersonal skills.

Perceptions of gender are evidenced in institutions and norms, such as the difficulty encountered when a man attempts to adopt his wife’s name as opposed to the traditional practices of women adopting their husbands’ names (Millspaugh, 2008). This suggests an institutionalization of expected gender roles. According to Crawford, Houts, Houston, and George (2002), men and women in the past had rigid roles to assume. The female’s role was to nurture children, take care of the home, and respond to the sexual demands of her husband; the man, on the other hand, was expected to provide for and protect his family (Crawford, et al., 2002). In recent times, men and women across cultures are opposing gender-based stereotypes and actively debating and conferring their gender identity through new social and sexual roles (Bartley, Blanton, & Gilliard; 2005).

Women in certain cultures have ceased to accept the traditional role at home and have chosen to redefine their social identities in order to achieve a greater measure of independence and control over their lives and destinies. At home, work, and church, women are starting to see themselves as co-equals with men (Haddad, 2006). This intellectual, moral, and spiritual quest is a transformative experience for women, especially in terms of challenging the long-held patriarchal views on women’s identity and value.
In a longitudinal quantitative study on gender roles and division of household labor among newlyweds conducted by Atkinson and Huston (1984), it was found that couples’ attitudes and behaviors toward gender roles were related to the wife’s employment. Husbands tended to be more involved in household tasks that were typically relegated to wives when the wives had jobs. On the other hand, if their wives did not work, husbands held more traditional views of gender roles. The authors concluded that the structure of the marriage might influence the attitudes on gender roles within the marriage.

Hiller and Philliber (1986) reported that spouses tended to disagree on the amount of household chores they believed were completed versus what their respective partners believed. In their quantitative study of 489 married couples, Hiller and Philliber (1986) also found that despite having the willingness to participate in the traditional roles, the participants in the study preferred to assume their assigned (or renegotiated) roles in marriage. Finally, the results also revealed that the husband’s expectation of the wife’s gender role and the wife’s perception of that expectation were both highly significant ($p<.001$). The sample size for black participants was seven (7%) percent according to the study, thus making the results not generalizable to this minority group. The last two findings from these studies reflect that traditional gender roles remain prominent in couples’ relations and that husbands, more than wives, were likely to hold to a stronger traditional gender role.

In a more recent study, Bartley, Blanton, and Gilliard (2005) acknowledged the changing gender roles in marriage because of social innovations, particularly the increased independence of women. In their study, based on a sample of 233 couples, the
authors indicated that for marriages in which both partners were earners, wives were still more likely to be involved in household tasks than husbands. According to Bartley, et al. (2005), how each partner perceived marital equality was dependent upon the influence of how decisions were made, as well as how the involved partners engaged in their assigned roles.

Loscocco and Spitze (2007) found that despite the increased egalitarian attitudes of women toward providing for the family, the role of men as the provider remained important in the dynamics of marital relations. These recent studies still showed conformity to gender roles typically ascribed to males and females in a marriage. As gender roles become more egalitarian, there is an enjoyment of parity of rights economically, socially, and politically (Waylen, 1994). Women and men can now pursue their dreams in a society that advocates egalitarianism, a political doctrine where men and women are considered equal in political, economic, social, and civil rights. This social philosophy has gone far toward erasing the inequalities across the gender lines that have existed for many years.

Issues of couple gender roles in the dominant culture, both egalitarian and traditional, have been well researched, however, these studies were predominantly based on Caucasian samples living in the United States. The results of these studies have suggested that the United States has progressed culturally and politically toward an increased awareness of egalitarian gender-based ideology (Bartley, Blanton, and Gilliard, 2005; Loscocco and Spitze, 2007), however, different countries may have varying rates of progress in terms of popular gender role beliefs. Though Ghanaian men are influenced by the norms of a culture that treats women as second-class citizens in society, there
seems to be a widening acceptance among them to allow their women the opportunity to become economically equal.

**Summary.** The experience of immigrants in the geographical space of the developed-world economy has been explored by researchers because of the stress impact on these recent immigrants and their families. Research studies suggest that the primary reason why immigrants, especially those from African ethnic societies, such as Ghanaians, migrate to the United States of America is for the socio-political and economic benefits offered by the dominant culture that they hope will lead to a better quality of life.

These socio-political and economic factors come with a price including the need for immigrants to renegotiate their cultural norms and beliefs due to inevitable encounters and clashes with the dominant culture’s norms and worldviews. Research studies on gender roles indicate that family structures transition toward non-traditional gender roles during the process of assimilating into the host culture. However, these findings may not be generalizable to African immigrants, as the impact of gender roles on the couples dyad has not been thoroughly investigated relative to Ghanaians.

**Marital Satisfaction**

Marital satisfaction is a precept dealing with a couple’s enjoyment of each other in terms of the quality of time and quantity of leisure they spend together (Crawford, Houts, Huston, & George, 2002). Hendrick and Hendrick (1997) defined marital satisfaction as the “subjective experience of one’s own personal happiness and contentment in marital relationship” (p.57). Similarly, marital satisfaction refers to the overall conceptualization of spouses regarding the quality of their marriage based on
subjective feelings of happiness and pleasure (Rollings & Gallian, 1978). The study of marital relationships by social scientists investigated two constructs: marital stability and marital quality. Marital stability involves the duration of marriage, whether dissolved by death, divorce, separation, annulment, or desertion (Lewis & Spanier, 1979). Marital quality refers to marital adjustment, marital satisfaction, and marital happiness (Lewis & Spanier, 1979).

Marital satisfaction is associated with: (a) couples doing activities together, (b) couples enjoying leisure together, and (c) couples complementing their differences (Crawford, et al., 2002). Research suggests that couples who pursue similar leisure activities are more harmonious with one another and generate feelings of satisfaction (Crawford, et al., 2002). According to Gaunt (2006), couples who share similar personality traits and values report higher levels of marital satisfaction compared to couples who do not share these characteristics. The study examined Jewish couples similarity in marital satisfaction and affect. The study did not include other ethnic groups, thereby limiting results to this ethnic population.

Bradbury, Fincham, and Beach (2000) outlined the factors that influence marital satisfaction in the review of the literature on marital satisfaction conducted in the 1990’s. The researchers identified two broad clusters of variables: interpersonal processes and contextual processes. Figure 1 contains a summary of the variables that influence marital satisfaction as outlined in the Bradbury, et al.(2000) study.
Based on the literature compiled by these authors, interpersonal processes in marriage included affect, cognition, physiology, violence, marital patterns, and social support. These processes also influence marital satisfaction (Bradbury, et al., 2000). However, the influence of each of these variables on marital satisfaction is far from definitive; the authors reported varying results.

Gottman and Krokoff’s (1989) longitudinal quantitative study of marital interaction found that anger and negative affect between couples may not be detrimental to the quality of marriage in the long term. Despite the initial unhappiness and conflict
that resulted from negative affect, this construct eventually leads to the improvement of marriage in the long term. This finding was based on 25 married couples who had varying levels of marital satisfaction, as rated by the couples prior to participation in the study proper.

Attribution is a form of cognition often studied in relation to the quality of marriage (Fincham & Bradbury, 1987; Karney & Bradbury, 2000). According to Bradbury, et al. (2000), the consensus regarding attribution is that it negatively influences the quality of marriage. Maladaptive attribution often leads to disruptive and negative interaction in marriage.

Thomsen and Gilbert (1998), in a quantitative study about couples’ physiology, found that couples who rate high in marital satisfaction tend to be more synchronous, or similar, in their physiological system compared to couples who rated low in marital satisfaction. This finding was revealed through videotaping and physiological monitoring during a conflict-resolution interaction. Levinson, Carstensen, and Gottman (1994) found that couples who reported higher levels of marital satisfaction had lower physiological impact compared to couples who reported lower levels of marital satisfaction. Bradbury, et al. (2000) argued that these physiological studies are important because they expand the system on marital relations and physiology could be a mediator in marital interaction.

Intuitively, one can deduce that physical violence in marriage negatively affects marital satisfaction. Studies on couple violence found that, distressed couples display anger, contempt and negative aggression towards each other (Cordova, Jacobson, Gottman, Rushe, & Cox, 1993; Ehrensaft & Vivian, 1996). Bradbury, Fincham, and
Beach (2000) indicated that physical violence in the marital relationships is integral in capturing the dynamics of couples.

Social support has also been identified as an important construct related to marital satisfaction. Pasch and Bradbury (1998) found that couples who show mutual support and respect for each other tend to be more satisfied in their marriage and are less likely to blame each other. Similarly, Bradbury, et al. (2000) reported that generally, support from one’s spouse increases marital satisfaction. The authors found that the influence of outside support in marriage, such as personal acquaintances, is vague. The authors suggest that outside social support might have a moderating effect on marital relations.

Microcontexts are perceptions of the individual about their marital satisfaction. Microcontext variables include childrearing, a spouse’s background characteristics, life stressors, and transitions. Macrocontexts, on the other hand, are perceptions of the group to which an individual belongs. Macrocontext variables are more far-reaching because they impact the entire couple cohort and include areas such as the culture and social environment of the couple (Bradbury, Fincham, & Beach, 2000). Similarly, Kaslow and Robinson (1996) identified characteristics of long-term marriage and identified factors associated with marital satisfaction: mutual love, mutual trust, mutual respect, mutual support, common religious beliefs, loyalty/fidelity, mutual give and take, similar philosophy of life, enjoyment of shared fun, and shared interest. Although the study’s external validity is questionable, the results do provide support for microcontext variables of couples’ perception of marital satisfaction (Bradbury, Fincham, & Beach, 2000; Crawford, Houts, Huston & George, 2002; Gaunt, 2006; Wong & Goodwin, 2009).
Based on the studies and reviews of the marital satisfaction literature, it is evident that there are many factors affecting the quality of couples’ marital life. These factors seem to suggest that there are psychosocial, physiological and contextual elements that influence how couples engage in their relationships. Furthermore, results from these studies seem to infer some inconsistencies with what makes a marriage satisfying. It was unclear whether couples who had a high level of common interests and shared values were more satisfied and less prone to divorce than were distressed couples. Also, many of the studies are based on Caucasian samples which may limit the results to that population. An examination of minority ethnic couples from a different cultural milieu, with varied demographic characteristics, especially those from Africa, has yet to be documented in the extant literature.

**Demographic Indicators of Marital Satisfaction.** Upon examination of the literature on marital satisfaction, the issue of demographics lends itself to comparisons of other marriage forms, such as first time married and remarried couples. Orathinkal and Vansteenwegen’s (2007) non-randomized sampling study of 787 married participants in Belgium reported that several demographic characteristics such as age, education, number of children, length of marriage, and employment status of couples were associated with a couple’s marital satisfaction. The study had inconclusive evidence that first time married couples had lower rates of marital satisfaction compared to remarried couples. These demographic correlates were significant among western European samples. Applying similar demographic variables among immigrant populations may produce different results.
According to Kulik’s (1999) comparative study, the level of marital satisfaction of older couples was higher compared to younger couples. Kulik suggested that the quality of marriage improved over time, especially after retirement age, for married couples. The findings seem to agree with the results from an earlier study by Rogers and Amato (1997). Rogers and Amato reported that younger couples had a lower marital satisfaction rate compared to the older couples in their study. Similarly, Levenson, Carstensen, and Gottman (1993) also found that marriages that were older had higher marital satisfaction compared to middle-aged marriages. The researchers reported an over sampling of Caucasians by 17% compared to other ethnicities. Based on these three studies, there seems to be a correlation between length of marriage and marital satisfaction. Missing from the sample was a representation of satisfied older minority (black) couples. More research on this demographic, especially those from Africa, is needed.

Another significant demographic characteristic associated with marital satisfaction is the number of children birthed by a couple. Twenge, Campbell, and Foster (2003) examined gender of parents, age of child, socioeconomic status of parents and birth cohort. During transition to parenthood, wives had less marital satisfaction than husbands. The significance of children in marital satisfaction is not conclusive and definitive, as revealed in the meta-analysis. There are studies suggesting that having children increases marital satisfaction (Brinley, 1991; Orathinkal and Vansteenhoven, 2007), however there are also studies suggesting that having children decreases the couple’s level of marital satisfaction (Belsky & Pensky, 1988). Belsky and Pensky made a critical review of previous studies on the effects of children on the marital relationship.
Wong and Goodwin (2009), in a qualitative study, explored the differences in marital satisfaction as experienced in three cultures: The United Kingdom, Hong Kong, and China. They found that in all three cultures spousal support, stable relationship partnership with spouse, and stable financial support were predictors of marital satisfaction. However, they found that British couples tended to value companionship more than the other two cultures and couples from Hong Kong tended to place more value on harmony in the marital relationship.

In a study about the correlates of marital status in two Black ethnicities in the United States, Bryant, Taylor, Lincoln, Chatters, and Jackson (2008) investigated African Americans and African Caribbeans. They reported that African Caribbean women have higher marital satisfaction ratings compared to African American women. Similar findings were reported by Lincoln, Taylor and Jackson (2008) with the same ethnicities but among cohabiting couples. The authors concluded that ethnicity in a given population might precipitate diverse behaviors and attitudes. Although this study examined blacks, clearly missing from the participants were self-identified black women born on the continent of Africa. Therefore, more literature is needed to help with clarifying the differences within these varied black ethnic groups.

Booth, Johnson, Branaman, & Sica (1995), in their quantitative longitudinal study found that among 1,008 married individual participants, an increase in religious activities did not increase marital satisfaction. Despite a decrease in divorce rates as religious activities increased, Booth, et al. (1995) also reported that religion had no apparent effect on marital happiness. They found that marital happiness did increase religious activities.
They further concluded that the relationship between religious activities and marital satisfaction was weak but reciprocal in nature.

Call and Heaton (1997) also found that religiosity increases marital stability by reducing the likelihood of divorce, while spouses with incongruent church attendance were likely to divorce. In this study, religiosity was measured through church attendance. Gaunt (2006) found that married couples who were more similar in personality and values had a higher rating of marital satisfaction, however, there was a weak relationship between religiosity and marital satisfaction. These studies reflected that religiosity in general seemed to have a modest relationship to marital satisfaction.

Family background variables (including socio-economic status, family structure, relationship of the child to the parent, and history of violence in the family) appears to have no correlation with marital satisfaction (Chang, 2008). Chang reported that the characteristics of a couple’s family of origin did not seem to be related to levels of marital satisfaction in newlyweds. According to Chang’s regression analyses, family background did not predict marital satisfaction.

**Gender Roles and Marital Satisfaction.** The influence of gender role on marital satisfaction has been investigated. Studies investigating these two variables have reported inconsistent results (Lye & Biblarz’s, 1993). Lye and Biblarz (1993) found that couples who practiced traditional roles in marriage were likely to be more satisfied compared to couples who practiced non-traditional gender roles. In another study, Amato and Booth (1995) found that wives tended to value less traditional roles in marriage when compared to husbands. The marital satisfaction rating of wives declined as their traditional roles in marriage decreased. For example, wives who were found to be unhappy, had poor
interaction, increased disagreement, and were prone to seek divorce. For husbands, the opposite was suggested. As they assumed more traditional gender role-based attitudes, their marital satisfaction tended to increase. Although these findings seem to suggest that women are disadvantaged when they assume a less traditional gender role, the study focused on individual responses and not feedback from spousal interaction. Therefore, changes in spousal attitudes in response to their partners could not be established.

Consistent with Lye and Biblarz’s (1993) findings, Minnotte, Minnotte, Pedersen, Mannon & Kiger’s (2010) study of dual earner couples found that husbands’ marital satisfaction was higher when their gender role were congruent with their spouses, compared to husbands who did not have similar congruency. The study was ninety-four percent (94%) Caucasian in sample size, thus potentially limiting application of results to a wider ethnic population. Minnotte, et al. (2010) concluded that husbands congruent on gender role beliefs with their spouses enjoyed economic benefits (second income) and had fewer complaints in their marriage.

In contrast, Orathinkal and Vansteenwegen’s (2007) study reported that men and women tended to show differences in attitudes and experiences regarding marital satisfaction. Men generally reported higher levels of marital satisfaction compared to women when age and level of education were controlled (Ng, Loy, Gudmunson, & Cheong, 2008). Faulkner, Davey & Davey (2005), in a longitudinal research secondary dyadic data analysis from first time marriages, suggested that husbands who had more traditional gender role attitudes were more inclined to experience a decrease in marital satisfaction than their wives. According to Faulkner, et al. (2005), husbands tend to be
less expressive of their emotions and more depressed, which was associated with traditional gender role perception.

Studies seem to suggest that marital satisfaction is related to how couples perceive their gender roles. There was a modest to significant relationship between the gender roles of couples in previous studies. Although results were inconsistent, it was evident that husbands, more than wives, tended to have higher marital satisfaction, especially when their spouses were in agreement with their own role expectations. However, these findings could be different among other cultures or ethnicities living in the United States because of sociological factors such as racism, gender issues and classism. For example, for security and protection, there is still a strong attachment by Ghanaian immigrant women to patriarchal gender role structures among Ghanaian immigrant couples living in the United States (Arthur, 2008). Whether or not the inferences from these studies could lead to congruency in marital satisfaction for couples from the Ghanaian ethnic population needs further investigation.

Summary. The value systems of individuals implicitly involve gender roles, especially with respect to immigration into a new cultural milieu. Values, beliefs, customs, and practices become challenged and this leads to disruption in the conventional relationships of couples (DeBiaggi, 2002). Women engaged in work outside the home experience some degree of independence and power, which subsequently can develop into a movement away from the culturally prescribed traditional gender roles of immigrants (Amato & Booth, 1995; DeBiaggi, 2002; Faulkner, Davey & Davey, 2005). However, husbands who have performed the active traditional role as provider in the home may feel threatened and suffer low-self esteem, which is likely to impact the
relational life of the family if changes in gender roles are not negotiated well (Yeboah, 2008).

The first concern among the crucial cultural issues to be addressed by many African immigrants is the subject of gender roles. How this is negotiated and integrated into families’ relations depends on the individual or group’s level of integration into the mainstream culture. Secondly, the prevailing conditions encountered by African immigrants, as part of the ethnic minority at the socio-political level in the United States, calls for further research.

**Rationale for study**

Generally, there are several gaps in the literature. It is unclear how couples from immigrant communities with strong gender hierarchy, patriarchy, male domination, female subordination, and traditional gender role perceptions, negotiate or renegotiate these roles, and the potential influence this has on their marital satisfaction in their new cultural environment. Previous studies (Amato & Booth, 1995; Faulkner, Davey & Davey, 2005) found that wives who had a less traditional gender role perception were unhappy, had an increase in marital conflict, and were prone to seek divorce, even if their husbands had a similar perception. These studies on the whole used a Western sample. There is no literature that examines marital satisfaction and egalitarian attitudes, specifically targeting this growing population of African immigrants in the United States. Secondly, as the current review demonstrated, (Ghanaian) immigrants in the United States have unique experiences that might differ from the experiences of other groups. However, no known research has examined the influence of immigration on the cultural beliefs and family relationships specific to Ghanaian couples. Thirdly, there are two
qualitative studies that focus on the Ghanaian American experience in the United States; however, there is no known further investigation on how gender role beliefs and other demographic variables impact couples’ marital life in their new environment. Specifically, there is a clear lack of research on the relationship between gender role beliefs and marital satisfaction among Ghanaian immigrants living in the United States.

**Conceptual Definitions**

*Gender*: According to Gatens (1983), gender “is a social category imposed on a sexed body” (p. 1056). Gender relates to psychological features ascribed to each sex while sex refers to a physiological distinction between a male and female (Crawford, Houts, Houston, & George, 2002).

*Gender Roles*: Socially sanctioned normative expectations that are assigned to a man and a woman (Eagly & Wood, 1991).

*Immigration*: The act of entering a country with the intention of settling permanently (Black’s Law Dictionary, 2005)

*Marital Satisfaction*: The overall conceptualization of spouses regarding the quality of their marriage based on subjective feelings of happiness and pleasure (Rollings & Gallian, 1978).
Research Questions and Hypotheses

The primary objective of the proposed research was to examine whether a relationship exists between variables that impact Ghanaian immigrants’ marital satisfaction.

Specifically, the following research questions and hypotheses were proposed in this study:
RQ1: Among Ghanaian immigrant couples, are gender role beliefs (GRB) associated with marital satisfaction (MS)?

H1: Ghanaian immigrant couples who have more congruent GRB will have higher levels of MS.

RQ2: Do Ghanaian men have a higher or lower level of MS relative to their wives?

H2: Ghanaian husbands will have higher levels of MS compared to wives.

RQ3: Are there differences in GRB among husbands and wives in the study sample? If so, what is the direction?

H3: Ghanaian immigrant husbands will have a lower GRB compared to their wives.
CHAPTER 3: METHODOLOGY

Research Design

The study used a correlational predictive design using a cross-sectional survey technique and utilizing a total of 154 Ghanaian immigrants (77 adult couples) currently residing in the tri-states area of New Jersey, Delaware and Pennsylvania. The goal was to measure the relationship between gender role beliefs and marital satisfaction and various demographic characteristics among Ghanaian immigrants living in the United States. According to Creswell (2003), quantitative research fulfills the goal of capturing humans’ perceptions of the variables of interest as numerical data which could be analyzed with statistical methods.

Correlational explanatory research is “operationally defined as a research design characterized by three research features: (a) the existence of a sample of participants that may or may not have been formed by random selection; (b) the measurement of each participant in the sample on two or more dependent variables; and (c) the application of correlational statistical techniques to analyze the data set generated by the measures of the dependent variables” (Hymel, 2006, p. 47).

Participants

This sample was drawn from the general population of Ghanaian adult immigrants in the United States. The sample was a subset of the Ghanaian adult immigrants residing in Orange, New Jersey, New Castle County, Delaware, and Philadelphia, Pennsylvania. The goal was to include immigrants who lived in either the suburbs or the city centers of these regions, as well as to capture a fair distribution of
demographics from different parts of Ghana living in this northeastern United States locale.

The participants’ inclusion criteria were Ghanaian heterosexual married couples living together. The couples were fluent in reading and writing English, and between the ages of eighteen and sixty-five years. The exclusion criteria were participants who were divorced, widowed or never married, and participants under the legal age of eighteen years or over sixty-five years of age.

**Sampling Frame.** Convenience sampling was used for this study. Despite the limitation imposed on validity and generalizability, such sampling allows for more study observations in a shorter period of time (Cozby, 2001). In addition, random sampling would make selection of undocumented immigrants more difficult, further limiting the ability to generalize. Thus, convenience sampling was used for this study. Participants of the study were selected based on whether they voluntarily chose to participate in the proposed study. A snowball sampling technique (which involved identifying respondents who would refer the researcher to other potential participants) was also used to help access immigrants who may neither be captured through official advertisements nor announcements for this study.

**Recruitment.** A sample of Ghanaian adult immigrants residing in New Castle County, Delaware, Philadelphia, Pennsylvania and Orange, New Jersey were recruited with the assistance of the leaders in the Ghanaian immigrant associations and Ghanaian religious organizations. Approval to pursue the research topic, including the instruments that were used, (see Appendix B) and five of the letters of intent (see Appendix C) were submitted electronically to the Ghanaian Association and Ghanaian religious
organizations. These leaders were identified because they are significant and trusted members of the immigrant communities, as well as a resource to rich social networks. The letter of intent to the leaders was to assist in the introduction of the researcher and to explain the purpose and confidential nature of the study. Consequently, these leaders were encouraged to make written and verbal announcements regarding voluntary participation, as well as discuss the study at their meetings with other recognized leaders within the churches and communities.

Advertisements such as posters and flyers were placed in religious and community bulletins by the leaders of these communities (see Appendix D). The information on the flyers included the title and purpose of the confidential study, participants’ inclusion and exclusion criteria, and the voluntary nature of the study. In addition, a contact number was given for the investigator, in case further clarity was needed prior to their participation in the research study. During the four-month data collection period, the researcher collaborated by phone with each community leader regarding the study dates, times, and locations. These dates, times, and locations were announced by community-appointed responsible individuals at their regular meetings to inform potential participants of when and where they would need to go to participate. A week prior to each data collection event, the researcher made additional personal calls to the community leaders to confirm the date and time for the commencement of the research project. The follow up calls ensured that clear and adequate information and provision had been made for the participants’ and researcher’s successful collaboration during the period of data collection.
Procedure.

Setting. The setting for the data collection was on the premises of the churches which volunteered to participate in the research project (see Appendix L). These churches also served as community centers for similar events (Robert Wood Johnson Clinical Scholars, 2009.).

Permission. Drexel University’s Institutional Review Board (IRB) approved the proposed study prior to data collection (see Appendix A). Participants for this study were required to complete an informed Adult Consent Form (see Appendix E) before participating in this study. The participants were made aware that participation in this study was completely voluntary and that they could withdraw from it at any time without penalty. Participants were assured of the availability of referral sources in the event anyone experienced psychological or emotional stress during the study. To ensure confidentiality, all survey packets (see Appendix F) were coded with numbers instead of names. Since the sample consisted of married couples, the survey packet for each individual in the dyad (husband and wife) was coded with a different number.

Data Collection. Participants who volunteered were informed that it would take approximately 30 minutes to complete the instrument. However, the initial introduction and clarification of participants’ personal questions by researcher added approximately 15 minutes, which brought the overall data collection process to approximately 45 minutes. The clarification of participants’ questions helped to ensure that participants were comfortable participating in the research and could stop at any time in the data collection process without any penalty.
When participants arrived at the designated time and location, their informed consent to participate in the study was obtained (see Appendix E). Once consent was granted, each participant received a packet containing a personal demographic data questionnaire (see Appendix F) and the following self-administered questionnaires: The Sex-Role Egalitarianism Scale SRES (Beere, King, Beere, & King, 1984; see Appendix G) and ENRICH Marital Satisfaction Scale (Olson, Fournier, & Druckman, 1987; see Appendix H). For the purpose of ensuring anonymity, no other identifying sign-in forms were used.

To further ensure anonymity, separate files were maintained for consent forms and completed questionnaires. In addition, the packets containing the instruments were coded by an odd and even number (for example, 5 for husband and 6 for wife) to identify which partners were a couple. To control for partner collaboration, the researcher explained instructions to couple(s) (see Appendix I).

After completing the questionnaires, participants were asked to put their packets in the manila envelope provided. The envelopes were sealed and placed in a box provided for collection of study materials. Light food refreshments were served after completion of the survey, as a small gesture to express appreciation for their participation in the study. There was a debriefing session (see Appendix J) following the data collection process which allowed the researcher to thank all study participants and to answer any questions they may have had. Couples were reminded of contact numbers to referral sources (see Appendix K) to assist them with their mental health needs in cases where the study may have caused distress. A few questions relative to final completion
of the research project came up but none related to couples needing referral sources. All surveys were administered and collected by this researcher.

Measures

Study constructs and research questions were measured using the following self-report quantitative survey instruments: Basic Demographic Questionnaire, The Sex-Role Egalitarianism Scale, and ENRICH Marital Satisfaction Scale. The participants completed the three (3) questionnaires within approximately 45 minutes. The following are descriptions of the survey instruments and their relevance to the study:

**Basic Demographic Questionnaire.** (See Appendix F). Basic demographic information was collected from each participant, such as respondents’ ethnicity, gender, age, religious affiliation, number of children, age of children, socio-economic status, level of education, number of years married, length of stay in the United States, and place of marriage.

**The Sex-Role Egalitarianism Scale.** (SRES, Beere, King, Beere, & King, 1984) (See Appendix G). The SRES measured attitudes regarding equality between women and men. It contained items that assessed the respondents’ agreement with judgments that either supported or challenged traditional gender roles. For example, statements such as “Women should have as much right as men to go into a bar alone” and “it is wrong for a man to enter a traditionally female career” were presented. The SRES differed from other measures of gender-role attitudes in that it included not only judgments of women in traditional and nontraditional role behaviors, but men as well. There are four forms of the SRES, two 95-item alternate long forms (B and K) and two 25-item alternate short forms (BB and KK). The present study used the BB form (King & King, 1993) because
it could be completed in an average of three to four minutes. Within each form there is an equal distribution of items reflecting five domains of adult living (marital roles, parental roles, employment roles, social interpersonal heterosexual roles, and educational roles). Items are scored on a 5-point Likert scale ranging from, “strongly agree to strongly disagree.” For each item, the score of 5 represented the most egalitarian position, and the score of 1 represented the least egalitarian position. Total scores ranged from 25 to 125, with higher scores indicating greater levels of sex role egalitarian beliefs. There were no set “cut-off” scores that would classify an individual as “traditional” or “egalitarian.” Internal consistency for this measure was found to be quite strong, with estimates in the low .90s, and test–retest coefficients of .88 over a 2-week period have been reported (King & King, 1993). Support for the construct validity of the SRES was evident in the correlations with other measures designed to detect individual differences along with the traditional/nontraditional sex-role attitudinal dimension; further, it was not correlated with scales measuring social desirability (King & King, 1993).

**ENRICH Marital Satisfaction Scale.** Participants were asked to complete the ENRICH Marital Satisfaction Scale (see Appendix H) which is a 10-item scale measuring the global satisfaction of married couples (EMS; Olson, Fournier, & Druckman, 1987). Each item contained one question about the couple’s marriage, answerable through a 5-point Likert scale. The choices range from “strongly disagree to strongly agree.” According to Lavee and Mey-Dan (2003), the 10-item scale of ENRICH measures the different aspects of marriage. These marital dimensions include: “(a) spouse's personal traits, (b) communication; (c) conflict resolution; (d) financial management; (e) leisure activities; (f) sexuality; (g) parenting; (h) relationship with the extended family; (i)
According to Olson & Larson (2008), the scale has an alpha coefficient of .88 and a test-retest reliability of .81. Fowers, Montel, and Olson (1996) reported that ENRICH, as a marital scale, has acceptable convergent and discriminant validity. These scales were used based on their strong psychometric properties and their previous use with diverse populations.

**Data Processing and Analysis**

Data was collected, imported into, and analyzed with the Statistical Package for Social Sciences (SPSS 19.0). Initially, descriptive statistics was examined to ensure that the statistical assumptions of the proposed analyses was satisfied and all assumptions were met. For the correlation matrix, a $p$ value of .05 was used as a cutoff point of significance.

Some demographic variables was used as covariates for this study. Gender, age, income, level of education, length of stay in the country, years of marriage, type of marriage (whether this is first, second, or third marriage) number of children, and whether individual couples received counseling or not, were used as potential covariates for the study. These covariates were used to determine their significant relationship to perception of gender roles, the independent variable and the dependent variable Marital Satisfaction among couples, by using cross tabulation and test of associations.

A scale reliability of the 25-item SRS scale was done to access the appropriateness of the scale in accessing the GRB of the Ghanaian immigrant population, and thus improve the scale to suit the Ghanaian immigrant population. A revised 16-item
scale, that better assessed gender role beliefs among the population of interest, as shown by the Cronbach's Alpha, was thus developed. Based on the revised scale, a factor analysis was done to determine the factors that best describe the SRE score.

In order to address the primary objective of this research as to whether a relationship existed between a couple’s gender role and their marital satisfaction, a simple correlation test was done based on the revised scale. The means and standard deviations for the MS and SRS score was presented. Three questions were explored using paired sample t-test: 1) Among Ghanaian immigrant couples, are gender role beliefs (GRB) associated with their marital satisfaction (MS)? Hypothesis 1: It was hypothesized that couples who have more congruent GRB will have higher levels of MS; 2) Do Ghanaian immigrant husbands have a higher or lower level of marital satisfaction relative to their wives? Hypothesis 2: It was hypothesized that Ghanaian husbands will have higher levels of MS compared to their wives; and 3) Are there differences in GRB among husbands and wives? Hypothesis 3: It was hypothesized that Ghanaian husbands will have a lower GRB compared to their wives. Couples’ scores were compared. Pearson’s correlation was used to determine if there was significant differences between GRB and MS among couples for Hypotheses 1, while a paired sample t test was used for Hypothesis 2 and 3. Summary results are presented in Tables 5.1, 5.2 and 5.3.

General regression analysis was used to examine relationships that existed or potentially existed between these covariates and the response variable, MS, thus enabling an understanding of how they were related to Marital Satisfaction. Finally, regression analysis was conducted to test for main effects between the covariates and SRES. No
significant interactions were removed from each model and the final results are presented in the Chapter 4.
CHAPTER 4: RESULTS

The primary aim of this study was to examine the relationship between Ghanaian immigrant couples’ gender roles and their marital satisfaction. Descriptive statistics was used to check for assumptions regarding normality and linearity. The results are presented in three sections. The first section provides a demographic description of the participants in this study. The second section provides a discussion of the results of the measures used and their psychometric properties. The final section provides a listing of the results of the hypotheses and the analyses used to test them.

Demographic Characteristics of Sample

The demographic distributions of the respondents are illustrated in Tables 1.1 and 1.2. A total of 77 couples (154 individuals), evenly distributed by gender, from Ghanaian immigrant communities in the tri-state area of Pennsylvania, Delaware and New Jersey, participated in this study. Participants ranged in age from 24 to 70 years (M=43.25, SD =10.27) with wives being relatively younger than husbands. The overall age for wives ranged from 24 to 64 years, while the age range for husbands was 26 to 70 years (see Table 2.1). Husbands were generally older than wives (see Table 2.2) and directionally higher in their MS and GRB as presented in Table 3. Wives generally had a wider range than husbands for both MS and GRB scores.

Frequency and percentage of responses from the demographic questions are presented in Table 1.1 and 1.2. The data showed that the average couple was married for approximately 12 years (11.74 years), had two kids (2.24) and lived in America for about 14 years (13.80 years). Over half, 81 (52%), of the participants were college graduates with 33 (21%) having a masters or doctorate degree. One hundred and thirty (84%) were
gainfully employed while most of the respondents (82.5%) were in their first marriage. Among the five major ethnic groups, 90 individuals (60%) were of the Akan descent with the rest spread among other ethnicities. The average score for gender role was approximately 74 (74.44) and represented a high egalitarian score which was above half the maximum expected score. The average score for marital satisfaction was approximately 36 (35.13) which was above the average total expected score and represented an above average rating of general marital satisfaction.
Table 1.1

Frequencies and categorical response for Demographic Questionnaire Results for Entire Sample \((N = 154)\)

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency</th>
<th>Percentage(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>77</td>
<td>50</td>
</tr>
<tr>
<td>Female</td>
<td>77</td>
<td>50</td>
</tr>
<tr>
<td>Highest Level of Education Attained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary</td>
<td>5</td>
<td>3.2</td>
</tr>
<tr>
<td>Junior Secondary</td>
<td>5</td>
<td>3.2</td>
</tr>
<tr>
<td>Senior Secondary</td>
<td>22</td>
<td>14</td>
</tr>
<tr>
<td>College</td>
<td>81</td>
<td>51.6</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>28</td>
<td>17.8</td>
</tr>
<tr>
<td>PhD</td>
<td>5</td>
<td>3.2</td>
</tr>
<tr>
<td>Employment Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>130</td>
<td>82.8</td>
</tr>
<tr>
<td>No</td>
<td>19</td>
<td>12.1</td>
</tr>
<tr>
<td>Annual Family Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under $13,999</td>
<td>2</td>
<td>1.3</td>
</tr>
<tr>
<td>14,000 – 23,999</td>
<td>23</td>
<td>14.6</td>
</tr>
<tr>
<td>24,000 – 33,999</td>
<td>16</td>
<td>10.2</td>
</tr>
<tr>
<td>34,000 – 43,999</td>
<td>26</td>
<td>16.6</td>
</tr>
<tr>
<td>44,000 – 53,999</td>
<td>18</td>
<td>11.5</td>
</tr>
<tr>
<td>54,000 – 63,999</td>
<td>9</td>
<td>5.7</td>
</tr>
<tr>
<td>64,000 – 73,999</td>
<td>14</td>
<td>8.9</td>
</tr>
<tr>
<td>74,000 and above</td>
<td>28</td>
<td>17.8</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Akan</td>
<td>95</td>
<td>60.5</td>
</tr>
<tr>
<td>Ga-Adangbe</td>
<td>30</td>
<td>19.1</td>
</tr>
<tr>
<td>Ewes</td>
<td>11</td>
<td>7.0</td>
</tr>
<tr>
<td>Mole</td>
<td>1</td>
<td>.6</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>5.7</td>
</tr>
<tr>
<td>Counseling: Have you or your spouse ever sought help for your marriage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>30</td>
<td>19.1</td>
</tr>
<tr>
<td>No</td>
<td>118</td>
<td>75.2</td>
</tr>
</tbody>
</table>
Table 1.2  
*Demographic Questionnaire Results for Entire Sample (N = 154)*

<table>
<thead>
<tr>
<th>Item</th>
<th>M</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>43.250</td>
<td>10.279</td>
<td>46</td>
</tr>
<tr>
<td>Number of Children</td>
<td>2.240</td>
<td>1.409</td>
<td>6</td>
</tr>
<tr>
<td>Number of Years Married</td>
<td>11.742</td>
<td>9.523</td>
<td>39</td>
</tr>
<tr>
<td>Length of Stay in the U.S.</td>
<td>13.807</td>
<td>8.792</td>
<td>40</td>
</tr>
<tr>
<td>Sex Role Score</td>
<td>74.400</td>
<td>9.415</td>
<td>59</td>
</tr>
<tr>
<td>Marital Satisfaction Score</td>
<td>35.510</td>
<td>6.160</td>
<td>39</td>
</tr>
</tbody>
</table>

Table 2.1  
*Minimum and Maximum Age for Husbands and Wives*

<table>
<thead>
<tr>
<th>Item</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Wives</td>
<td>24</td>
</tr>
<tr>
<td>Husbands</td>
<td>26</td>
</tr>
</tbody>
</table>
Table 2.2
*Mean Age Difference of Husbands and Wives (N = 154)*

<table>
<thead>
<tr>
<th>Item</th>
<th>N</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wives</td>
<td>77</td>
<td>40.788</td>
</tr>
<tr>
<td>Husbands</td>
<td>77</td>
<td>45.507</td>
</tr>
</tbody>
</table>

Table 3
*Mean Score for Husbands and Wives (N = 154)*

<table>
<thead>
<tr>
<th>Item</th>
<th>N</th>
<th>SRE Reduced Mean</th>
<th>MS Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wives</td>
<td>77</td>
<td>34.4762</td>
<td>34.84</td>
</tr>
<tr>
<td>Husbands</td>
<td>77</td>
<td>34.7846</td>
<td>35.41</td>
</tr>
</tbody>
</table>

Note:  
SRE (Sex Role Egalitarianism)  
MS (Marital Satisfaction)
Inferential Analysis

**Instrumentation.** Two survey instruments were utilized for the inferential analysis: ENRICH Marital Satisfaction Scale and The Sex-Role Egalitarianism Scale. Utilizing SPSS 19.0, a reliability and factor analysis was conducted for both scales to determine whether the survey instruments were reliable in this population. Scale reliability and internal consistency required a Cronbach’s alpha of .70 to be acceptable.

Reverse score for 5 items on the ENRICH Marital Satisfaction Scale was done before conducting the reliability analysis. Results of the Cronbach’s alpha for the survey instrument (see Table 4.1) revealed that almost half of the ten variables on the scale had a Cronbach’s alpha higher than .70 making the overall survey and individual variables adequate for the study.

Table 4.1
*Reliability Statistics for MS original Scale*

<table>
<thead>
<tr>
<th>N of Items</th>
<th>Cronbach's Alpha Based on Standardized Items</th>
<th>Cronbach's Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>.723</td>
<td>.709</td>
</tr>
</tbody>
</table>

Although the Cronbach’s alpha for the SRE scale was .70 more than half of the individual items on the scale were below .70. Therefore 9 items were deleted from the scale, thereby increasing the Cronbach’s alpha significantly to .81 (see Table 4.2). This generated a revised SRE scale (see Appendix M). The original scale was compared with the revised scale and the results (see Table 4.3) indicated a high correlation (.89) and significance (p-value of .000); thus, approximately 89% of the information in the original
scale was retained in the new scale, and this was statistically significant. Subsequently, the revised scale was used for the Analysis.

Table 4.2  
Reliability Statistics for original SRE Scale and Revised scale

<table>
<thead>
<tr>
<th>N of Items</th>
<th>Cronbach's Alpha Based on Standardized Items</th>
<th>Cronbach's Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>25*</td>
<td>.666</td>
<td>.700</td>
</tr>
<tr>
<td>16**</td>
<td>.817</td>
<td>.811</td>
</tr>
</tbody>
</table>

* Original  
** Revised

Table 4.3  
A Comparison of original SRE Scale to Revised Scale

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>Approx. T</th>
<th>Approx. Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson’s R*</td>
<td>.890</td>
<td>21.759</td>
<td>.000</td>
</tr>
<tr>
<td>Spearman Correlation**</td>
<td>.879</td>
<td>20.496</td>
<td>.000</td>
</tr>
</tbody>
</table>

Note:  
* SRE (Sex Role Egalitarianism)  
** Revised Scale

Factor analysis was conducted on the revised scale. Factor loading indicated that most items were loaded into the first five components with a cutoff of .4 and accounting for 60.6% of the variance was retained. These reflected salient features of the revised scale for GRB (see Appendix N). The components represented the following categories: Parental roles (beliefs about the equality and or inequality of fathers and mothers regarding various aspects of their roles as parents), employment roles (beliefs about the
equality and inequality of males and females regarding paid employment), social-
interpersonal-heterosexual roles (beliefs about the equality and inequality of males and
females in how they relate to other individuals and to social groups on an interpersonal or
sexual basis), and sex role egalitarianism (beliefs about the equality and inequality of
husbands and wives regarding various aspects of how they relate to each other in and
away from their home). The fifth category was similar to the first and therefore was not
included. These five categories were consistent with the original categories of the SRE
scale. The scale was thus considered appropriate for this study sample.

**Assumption for Inferential Analysis.** Some statistics done in this study were
based on the assumption of normality. In order to ascertain the normality of the variables
tested, the Kolmogorov-Smirnov test was conducted. The results, as shown in Table 4.4,
show that our data could be assumed to be normally distributed.

<table>
<thead>
<tr>
<th>Null Hypothesis</th>
<th>Test</th>
<th>Sig</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The distribution of marital satisfaction is normal with mean 36.13 and deviation 6.01</td>
<td>One sample Kolmogorov-Smirnov test</td>
<td>.258</td>
<td>Retain the Null Hypothesis</td>
</tr>
<tr>
<td>2. The distribution of SRQ reduced is normal with mean 34.63 and standard deviation 9.57</td>
<td>One sample Kolmogorov-Smirnov test</td>
<td>.356</td>
<td>Retain the Null Hypothesis</td>
</tr>
</tbody>
</table>

*Note: Asymptotic Significance is displayed. The significance level is .05*
Inferential Statistics that examines the Hypothesis

Three research questions and hypotheses were explored and tested using paired sample *t*-tests of the Pearson’s correlation coefficient. The summary results of the test are presented in the Tables below.

**Research Question 1.** In an attempt to address the question of whether more congruent gender role beliefs (GRB) were associated with higher marital satisfaction (MS) among immigrant Ghanaian couples, the following hypotheses were constructed.

*Null Hypothesis 1.* More congruent GRB are not associated with higher levels of MS:

*Alternative Hypothesis 1.* Ghanaian immigrant couples who have more congruent GRB will have higher levels of MS.

This test was done by first establishing the MS of each couple (taken as the average of the husband and wife’s MS score) and the congruency in GRB (the difference in the GRB score between husband and wife). Pearson’s correlation measure and its test of significance were then tested for these variables. The results of this correlation test are shown in Table 5.1.

The positive sign of the correlation statistic agreed with the hypothesis that the more congruent the GRB, the higher the MS was likely to be; however, this measure could not reject the null hypothesis (*p*-value .462) and thus it was concluded that congruent GRB scores were not associated with higher MS scores.
Table 5.1

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Inferential Test</th>
<th>Test Statistics</th>
<th>P</th>
<th>Supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>H₀₁</td>
<td>Pearson’s r</td>
<td>.103</td>
<td>.462</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>More congruent GRB are associated with high levels of MS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note = P-value is set at .005 for rejection of Null Hypotheses
GRB=Gender Role Beliefs
MS=Marital Satisfaction

**Research Question 2.** Do immigrant Ghanaian husbands have a higher or lower MS score relative to their wives?

**Null Hypothesis 2.** There is no difference in MS score for immigrant Ghanaian husbands as compared to their wives.

**Alternative Hypothesis 2.** Ghanaian husbands will have higher levels of MS compared to wives. A paired sample t-test was used to examine significance for the difference in the MS scores for husbands and their wives. The results, as shown in Table 5.2, show that the observed higher MS score for wives relative to their husbands (-1.027) was not significant at 5 percent (p-value .095) and therefore the null hypothesis was not rejected; thus there was no difference in MS score for immigrant Ghanaian husbands as compared to their wives.

Table 5.2

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Inferential Test</th>
<th>Test Statistics</th>
<th>P</th>
<th>Supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>H₀₂</td>
<td>Paired t-test</td>
<td>t = -1.690</td>
<td>.095</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>There is a difference in MS Score of Husbands relative to their wives</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Research Question 3.** Is there a difference in GRB between husbands and wives?

**Null Hypothesis 3.** There is no difference in the GRB score of immigrant Ghanaian husbands compared to their wives.

**Alternative Hypothesis 3.** Ghanaian husbands will have lower levels of GRB compared to wives.

A paired sample $t$-test was also used here to examine the mean difference and its significance between husbands and wives. The results, in Table 5.3, show that the higher GRB scores for wives (-0.185) relative to their husbands was not statistically significant ($p$-value .897). The null hypothesis was therefore not rejected and it was concluded that there was no difference in GRB scores of immigrant Ghanaian husbands compared to their wives.

**Table 5.3**

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Inferential Test</th>
<th>Test Statistics</th>
<th>P</th>
<th>Supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>$H_0$3</td>
<td>Paired $t$-test</td>
<td>$t = -0.130$</td>
<td>.897</td>
<td>No</td>
</tr>
</tbody>
</table>

**Regression Analysis**

In order to define the relationship between GRB and MS (dependent variables) and some covariates (independent variables), and explain how these covariates influence GRB and MS, the dependent variables were regressed on the covariates using a generalized linear model. The relationship between nine covariates (gender, age, income, level of education, length of stay in the country, years of marriage, type of marriage –
whether it is the first, second or third marriage, number of children, and whether or not individual couples received counseling) and SRE and MS was analyzed. The result (see Table 6.1) indicated that when GRB was regressed on the covariates, educational level (degree with a $p$-value of .000) and ethnic background ($p$-value .005) had a strong relationship with one’s GRB score. However, when MS was regressed on the nine (9) covariates to examine their influence, only counseling (whether or not a couple went for marriage counseling, with a $p$-value of .000) was strongly associated with MS (see Table 6.2). In particular, the positive parameter estimate for those who did not go for counseling (see Table 6.3) raised some questions about counseling with immigrant couples that will be discussed in Chapter 5.

Table 6.1

*Regression Analysis of SRE on covariates Test of Model Effects-Ethnic Background & Degree*

<table>
<thead>
<tr>
<th>Source</th>
<th>TYPE I</th>
<th>TYPE II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wald Chi-Square</td>
<td>df</td>
</tr>
<tr>
<td>(Intercept)</td>
<td>276.471</td>
<td>1</td>
</tr>
<tr>
<td>Ethnic Background</td>
<td>14.903</td>
<td>4</td>
</tr>
<tr>
<td>Degree</td>
<td>24.028</td>
<td>5</td>
</tr>
</tbody>
</table>

Dependent Variable: SR Score New
Model: (Intercept) Ethnic Background, Degree
Table 6.2

*Regression Analysis MS on Covariates Test of Model Effect*

<table>
<thead>
<tr>
<th>Source</th>
<th>Type I</th>
<th>Type II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wald Chi-Square</td>
<td>df</td>
</tr>
<tr>
<td>(Intercept)</td>
<td>2525.987</td>
<td>1</td>
</tr>
<tr>
<td>COUNSEL</td>
<td>15.490</td>
<td>1</td>
</tr>
</tbody>
</table>

Dependent Variable: Marital Satisfaction (MS)
Model: (Intercept), COUNSEL

---

Table 6.3

*Regression Analysis of MS on covariates Parameter Estimates*

<table>
<thead>
<tr>
<th>Parameter</th>
<th>B</th>
<th>Wald Chi-Square</th>
<th>df</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>30.783</td>
<td>700.982</td>
<td>1</td>
<td>.000</td>
</tr>
<tr>
<td>Counsel = NO</td>
<td>5.231</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counsel = YES</td>
<td>0(^a)</td>
<td>15.490</td>
<td>1</td>
<td>.000</td>
</tr>
</tbody>
</table>

Dependent Variable: Marital Satisfaction (MS)
Model: (Intercept) Counsel
\(^a\) – Set to zero because this parameter is redundant
B – Maximum likelihood estimate
CHAPTER 5: DISCUSSION

Sample Demographic Variables

Participants were taken from the Ghanaian immigrant community living in the tri-state area of New Castle County, Delaware, Orange, New Jersey and Philadelphia, Pennsylvania. Two hundred questionnaires were handed to one hundred couples with the hope that at least fifty couples would participate in the study. Seventy-seven couples filled out questionnaires for this study. A collaborative effort between the researcher and the leaders of the immigrant community accounted for the high response rate for this study.

It was initially thought that the religious and community leaders, out of fear that the results could stigmatize their communities, would decline participation in this study and consequently refuse to grant access to potential participants. On the contrary, the high response rate suggested that the information sessions and follow up calls prior to the study were well accepted by these leaders. The researcher explained to the leaders the importance of the study, filling a huge statistical gap on the Ghanaian population in the United States. The favorable response also suggested that the leaders understood that the research findings could serve as a resource for mental health professionals serving immigrant families in their communities (Yick & Bethold, 2005). Specifically, as a result of this research, family therapists could collaborate with the leaders of these immigrant communities to learn new ways of understanding this growing population in North America.

It was expected that both middle and lower income classes from this population would participate in the study; however, the combined income of couples in the study
suggested the contrary. Lower income immigrants may not have had the opportunity to participate, possibly due to a study design fault that overlooked Ghanaian immigrants living in neighborhoods outside the primary recruitment centers.

Most of the participants had a Christian religious background. Advertisements were placed on community boards in their neighborhoods in hopes of attracting immigrants of other religions and non-religious persuasions. Religious background could account for the slightly above average means score for the MS and GRB of the immigrant population and perhaps the lack of statistical significance in the study. Thousands of miles away from their native country, religion and church attendance seem to be a fundamental source of spiritual and socio-psychological support for this immigrant population. In Ghana, Christianity is the dominant religion. Over 68% of the population professes Christianity and were more likely to travel to the Western hemisphere (North America and Europe) than other parts of the world (Arthur 2008). The majority of Ghanaians perceive these regions of the world as very receptive to their Christian faith when they immigrate.

Religion as a social support seems consistent with a study by Call & Heaton (1997), who found that congruency in religious beliefs and church attendance reduced the incidence of divorce. Some studies (Booth, Johnson, Branaman, & Sica, 1995; Gaunt, 2006) have found no relationship between increase in religious activities and increased marital satisfaction. However, Boyd-Franklin (1989), commenting on religion among black families, stated “…family therapists, in assessing the strengths and coping skills of black families, must be sensitive to the role of religion in the lives of many black people.” (pp. 78).
The respondents’ averaged 11.7 years of marriage. The length of years married could suggest that the couples in this study were younger, traveled more and attended church and community activities. Henderson (2009) indicated that the number of immigrants coming from Africa between 1990 and 2000 had increased exponentially. The distinction between the challenges and stressors encountered by older and younger married couples in regards to their gender role beliefs would be important for clinicians serving this minority group. Future studies could use a longitudinal design to investigate the relationship between length of years married and marital satisfaction of immigrants from this population.

**Cross Tabulation of Scales**

The two scales, SRE (representing couples’ gender role beliefs) and MS (representing couples’ marital satisfaction) were poorly correlated. The results indicated that the higher the individual’s egalitarian beliefs, the less satisfied they were likely to be in their marriage. The SRE score for this study (75 of a possible 125) was above average, while the MS score was only slightly above average (35 of a possible 50). Results for this study were not statistically significant. However, based on the average SRE score of 75 (representing a high egalitarianism), there seems to be a trend that could suggest an acceptance of the United States’ culture by respondents from this population.

It was the researcher’s expectation that couples would score below average on egalitarianism because of their historically patriarchal cultural beliefs. However, the average score of the participants for their GRB and MS suggested a liberal attitude towards traditional gender roles and moderately satisfied in their marital roles respectively. Past studies that investigated the association between these two variables
(SRE, and MS) were inconsistent in their findings (Lye & Biblarz, 1993; Amato & Booth, 1995; Faulkner, Davey & Davey, 2005; Minnotte, Minnotte, Peder, Mannon & Kiger, 2010).

Influence of Covariates on MS and GRB

MS and GRB were regressed on various quantitative and categorical variables to determine whether a relationship existed between them. GRB was regressed on nine covariates. Two of the nine covariates were significantly associated with GRB among couples. Degree and Ethnic background had a significant relationship to GRB. However, for the same nine covariates, only counseling, which asked if the couple had ever received counseling for their marriage, had a significant relationship to couples’ MS. These covariates were examined in the study.

Degree. Level of education was strongly associated with GRB. Among the various levels of education achieved by this immigrant population, those with elementary school education had more egalitarian tendencies compared to those with undergraduate, masters and doctoral degrees. The results suggested that the higher the level of education the lower the tendency was towards having an egalitarian relationship. However, doctoral degree subjects scored higher on GRB than undergraduate and master’s degree subjects. One of the reasons given for immigrating to the United States was to pursue higher education for a better and brighter future. It is possible that those with elementary education joined the work force after immigration and due to family stressors, integrated into the host culture over time, which could lead to high levels of egalitarianism compared to the rest. It is also possible that by the time an immigrant completed his/her doctoral level of studies, he/she would have integrated into the main culture. The host
culture’s influence on an individual over the course of his/her studies may warrant future empirical study, especially regarding the impact on the couple’s relationship.

**Ethnic Background.** Ethnic background was strongly associated with GRB, but not MS. There are five different ethnic and cultural compositions of Ghanaian immigrants in this study: Akan, Ga, Ewe, Ga-Adangbe, Mole-Dagbane and Guan. The study showed the Akans were the largest group (61.7%), followed by Ga (17.1%). Although there was unequal ethnic representation in the sample, their immigration challenges would not be ethnic specific because as a minority group they all encounter similar discrimination experienced by other minorities in the host culture.

Those from the Akan ethnicity tended to be more egalitarian. In Ghana, the Akans are the dominant ethnic group which is comprised of ten different tribes and dialects. The Akan group comes from the eastern, central, western and coastal parts of the country. These groups were more likely to immigrate to the United States because of Ghana’s historical ties with the western world through slavery (Black, 1996; Gordon, 1998). According to McGoldrick (1996), ethnicity interacts with economics, race, class, religion, politics and geography, the length of time since migration, a group’s historical experience, and the degree of discrimination it has experienced. These factors were likely to impact equally on immigrants from Ghana living in the United States as a group. The strong relationship between ethnicity and GRB may be attributed in part to their adherence to the common cultural heritage with the very similar belief system that exists within this community.

**Counseling.** When the dependent variable MS was regressed on the nine covariates, counseling had a strong relationship with MS; that is, whether or not a couple
received counseling was strongly associated with MS for the immigrant couples in this study. Interestingly, previous studies with predominantly Caucasian couples (Orathinkal & Vansteenwegen, 2007; Twenge, Campbell, & Foster, 2003; Rogers and Amato, 1997) have recorded that various demographic variables such as age, education, number of children, length of marriage, and employment status of couples were associated with a couple’s marital satisfaction. However, this study with a black immigrant population did not find a similar relationship with MS, with the exception of counseling. The role of counseling seemed significant to this population, especially as immigrants confronted various sociological issues in a different cultural milieu.

**Hypotheses:** The study asked three basic questions, each with a corresponding hypothesis designed to measure GRB and MS by examining the relationship between GRB and MS among 77 Ghanaian immigrant couples who completed the assessment instruments. The first question (“Among Ghanaian immigrant couples, is GRB associated with their MS?”) generated the hypothesis “Couples who have more congruent GRB will have higher levels of MS” and showed no significant association between MS and couples’ congruent SRE score. The second question (“Do Ghanaian immigrant husbands have a higher or lower level of marital satisfaction relative to their wives?”) generated the hypothesis that Ghanaian husbands will have higher levels of MS compared to their wives. This assertion could not be supported.

The final question (“Are there differences in GRB among husbands and wives?”) and its hypothesis that Ghanaian husbands will have lower GRB compared to their wives also could not be supported in this study. This lack of significance for all three hypotheses may be due to study design, confounding variables, or social desirability issues.
For the initial hypothesis, congruency in GRB (represented by difference in couples’ SRE score) meant that among couples, if their average scores difference on the SRE scale was low, they would have higher MS satisfaction, and if the difference was large then they would have a low MS. While there was no statistically significant difference in the data, the direction of the hypothesis was supported. The lack of statistical significance, as stated earlier, was contrary to the researcher’s expectation given the cultural dynamics of this group. In addition to possible confounding and methodological issues, the above average score of participants on the SRE scale seemed to support the idea that immigrants’ GRB was an important factor and often renegotiated as it related to their family life in a foreign culture (Yeboah, 2008). Secondly, the above average score suggested that one partner in the dyad had embraced a more egalitarian stance than the other and this could impact the overall MS of each spouse. In a similar study of Caucasian couples by Minnotte, Minnotte, Perdersen, Mannon & Kiger (2010), a husband’s congruency with his wife on GRB resulted in a higher MS compared to husbands who were not. That was not the case for immigrant couples in this study.

The second question proposed an examination of the relationship between a couple’s MS, and its hypothesis predicting that husbands would have a high score compared to their wives. Although this also resulted in no statistically significant difference, interestingly, the direction showed that immigrant husbands scored slightly higher in mean score on MS compared to their wives. This was not a surprise. Amato & Booth (1995) found that as wives embraced a more egalitarian stance, their MS declined compared to their husbands which could be similar to the experience of the participants in this study.
Hypothesis 3 suggested that husbands would have a lower GRB score compared to their wives. The results of the third hypothesis suggested that though there was no significant difference between the couples, husbands scored higher on GRB relative to their wives. Overall, there seems to be a consistent direction of immigrant husbands having a slightly higher mean score on both the GRB and MS, relative to their wives. The study results indicated that there was no statistically significant difference between GRB and MS from this sample. The literature on GRB and MS has reported inconsistent results on the relationship between these two variables (Lye & Biblarz, 1993). The pattern of inconsistency between GRB and MS mentioned here seems to agree with recent studies (Faulkner, Davey & Davey, 2005; Ng, Loy, Gudmunson & Cheong, 2008; Minnottte, Minnottte, Pedersen, Mannon & Kiger, 2010).

Implications for Future Studies

There was no significant relationship between GRB and MS among Ghanaian immigrant married couples for this study. The lack of significance may be due to confounding variables or the relatively small sample size. However, some of the findings suggested a directional difference. It is suggested that future studies could explore GRB and MS using a larger sample size.

Immigration theories on acculturation (Phinney, 1990; Berry, 1998) indicate that changes can take place when immigrants encounter a culture at the group level, when they encounter the socio-political systems, and at the individual level in areas like, identity, values, attitudes and behaviors. Consistent with these theories, directional changes like incongruences in husbands’ and wives’ personal attitudes relative to their
GRB and MS were observed among these minority immigrant couples. Length of stay in the country was expected to shed light on couples’ level of acculturation; however, it was poorly correlated with GRB and MS.

It was postulated that though couples from this minority group did not show significant agreement in their gender role expectations, there was the probability that husbands, rather than wives, would benefit more from their role difference, given that in the host culture women continue to advocate for equal gender opportunities in the work force and role balance in domestic arenas of society (Rothenberg, 2001; Minnotte et al., 2010).

A review of the literature suggested that inconsistent findings have been reported in the literature on GRB and MS (Lye & Biblarz, 1993). Future studies could explore covariates such as ethnic background, level of education, and counseling services. These were good correlates of GRB and MS in the study. For example, counseling services had a significant relationship to MS, which is significant to this study’s finding. Future studies could investigate the relationship or influence of the five different ethnicities within the immigrant community on MS. Future research could also look at the intersection of race, power and class, and how that impacts this minority group living in the United States. Black immigrants face similar discriminations as black natives in the host country. How these variables influence the immigrant dyad will be helpful to this field of study.

Finally, research should look for measures that capture the role of the community and church leaders’ influence on immigrant families. As gate keepers of the community they have a role in counseling that mitigates family conflicts when they are present.
Results of such a study could be helpful to better service this minority group. Additionally, future study could explore these suggested covariates using a qualitative research design to capture some of the salient factors that impact GRB and MS.

**Clinical Implications for Couple and Family Therapy**

A significant aspect of this study was that research showed an increase in the rate of immigration for Ghanaian families; however, very little was known about this group because the literature was sparse. It was hoped that the results from this study would contribute focused research about this topic to the body of knowledge already available in the field of Couple and Family Therapy. The results from the regression analysis in this study indicated a significant relationship between GRB and ethnicity. Family therapists must be aware that it is possible to have a couple present for a family session in an inter-ethnic marriage arrangement (marriage between two different ethnic groups) from the Ghanaian culture. It was conjectured that intervention for such couples must be treated as if addressing a bi-racial couple. The differences in ethnicity could be a potential source of stress on a couple’s dyad because each ethnic group could respond to GRB differently post immigration. Information regarding the major ethnic groups in Ghana would enhance the effectiveness of the family therapist working with this population. Additionally, a family therapist must identify his or her own biases, such as subtle, internalized and institutional racism or stereotypes about Africans from the Diaspora, which could cloud his or her perception of this immigrant population, thereby limiting effectiveness in assessing and prescribing meaningful intervention for this population (McGoldrick, 1998).
Gender role differences could be an issue that couples from this minority group will confront in their dyad because of systemic patriarchy in the Ghanaian culture (Yeboah, 2008). It was suggested that, when a couple presents for therapeutic help, it was important for family therapists to be sensitive to power differentials that might underlie the couple’s presenting problem. For example, the findings for this study identified husbands as moving directionally towards egalitarianism, compared to their wives. However, it must be noted that sometimes husbands, rather than their wives, often travel abroad and settle in, sometimes for as long as ten years, before inviting the rest of the family to join them (Yeboah, 2008). Therefore, the husband would have familiarized himself with the host culture prior to the arrival of the rest of the family. The family, as a result, would depend on the guidance of the husband during their integration process into the host culture, which could further result in giving the husband a sense of entitlement, power and control. It also suggests that husbands require the active participation of the wives in the workforce, especially in a culture where black men, rather than women, are the ones confronted with employment difficulties, potentially causing structural difficulties among immigrant families (Black, 1996).

The family therapist, therefore, must be able to explore all contextual variables, such as issues of race, gender inequalities, ethnicity, class, religion, and systemic influences. This broad understanding of contextual variables by the family therapist would help families move beyond conscious awareness of structural changes to identify the unconscious patterns that might impact the couple’s dyad. It would also allow immigrant families in a new environment and their communities to benefit from the professional support in the field of couple and family therapy.
A large percentage of the sample subscribed to a strong sense of faith and spirituality by way of their active participation in church activities. Over 90% of the Ghanaian population subscribed to one form of religion or the other (Wikipedia, 2012). Any family therapist engaging this population would have to consider the subject of faith and spirituality during the therapeutic encounter. This immigrant population comes from a culture where spiritual values are largely upheld as a critical emotional, psychological, and spiritual coping mechanism.

Spiritual values were even more critical for this immigrant group when they traveled to a foreign country and were confronted with the stressors of a new culture, such as being cut off from their extended family system, lack of social networking in the host culture, language barriers, racism, and classism (McGoldrick, 1998). Issues such as child rearing, unemployment, documentation, and support for the extended family system have all been mitigated by their involvement in church activities. Therefore, family therapists, who engage a family in a spiritual dialogue from a family systems perspective, will stand a good chance of connecting quickly with their clients from this group (Walsh, 2009).

The use of a family systems perspective with these families would be easier as the culture of this group lends itself to systems thinking (Botts & Hodes, 1989). Some concepts of systems theory that the therapist could use to assist this cultural group might be: alliances in family structures, family secrets, cutoffs, and multigenerational transmission of family values and patterns of behavior. These norms and practices could be connecting points for engaging couples in therapy.
Family therapists and researchers in the field should be cognizant of the role leaders and community heads play among this minority group. The leaders would be an effective tool in understanding immigrants’ socio-cultural milieu if therapists would collaborate with such leaders prior to engaging the members of the community. Results of this study could be instrumental in improving the therapeutic alliance between the therapist and clients from this ethnic minority group (DeBiaggi, 2002; Ghaffarian, 1998; Hanassah, 1991; Harris, 1998; Sodowsky & Plake, 1992; Sharpe & Heppner, 1991).

**Limitation of the Study**

While a self-report measure was helpful to capture the relationship between GRB and MS, there were limitations. These include the inability to capture the qualitative dimension of the study through interviews or observing couples interact in real life situations. How could that be different from the results for the self-report? Undocumented immigrant couples may not have participated in this study due to a perceived link between the researcher and the justice system, thereby limiting generalizability to the larger community. Class could be a confounding variable which could contribute to a type 1 error. The variable class in future study could be controlled in order to avoid a Type 1 error.

The role of the researcher as an active member of the immigrant community, and the setting of the study, may have influenced participants to respond in a socially desirable manner. A large number of the sample reported being Christian. They could give responses that affirm their faith, rather than reveal their true opinions and this could confound the results. Also, the absence of immigrants with other religious persuasions was a limitation of this study.
There were demographic variables that related well with MS and GRB. It is possible that these variables could give better results for future study. For example, marital counseling strongly correlated with MS, while level of education and ethnic background correlated well with GRB. The intersections of cultural variables such as race and class were not explored. These variables could have significant impact on the MS of immigrant couples. The findings are not generalizable beyond the sample frame from which the sample was drawn.

There are several things that could have been done differently in order to improve this study overall. The sample frame could have been broadened beyond the 5 churches and community centers to include immigrants from other faith communities such as Moslems, Hindus and Animist. Advertisements in the local African newspaper and websites, such as “Ghana web” for the diaspora and social media such as Facebook, could have been utilized. The data collection site could have been more neutral, such as school, neighborhood community and recreational centers. Online presence for recruiting participants and data collection could have been utilized. A pilot study could have been conducted with a segment of the Ghanaian immigrant couples to identify feasibility issues prior to the actual study. The title of the research could be more specific to focus on Heterosexual Ghanaian American couples, as that would better reflect my inclusion criteria for the study. Acculturation as a variable of interest could be used to examine its influence on the marital life of couples. For future study, qualitative research design could be employed. This has the benefit of capturing the unique individual stories of married couples around the variables of interest, GRB and MS. Questions such as “Has
your role in the home changed since you immigrated to the United States” and “How has your role in the home influenced your marital happiness” could be asked.

**Self of the Researcher**

Humans contend with problems at different stages in their lifecycle. I was raised in a single parent home in Ghana, West Africa, with three siblings, until the age of eight. Later, I became part of a blended family with seven siblings.

After college, I became ordained as a pastor in our local church and during those years I was involved in church outreach programs that served and supported poor families in our local communities. Based on my family of origin experiences, I identified with the hardships and trauma experienced by members of the community and those who held on to their core spiritual beliefs as a cornerstone for coping with the stressors of their lives. Social issues such as a lack of shelter, food, health services, unemployment, family conflicts, divorce, blended family issues, risk-taking sexual behaviors of adolescents, and domestic violence were abundant in the community.

My training in pastoral counseling in seminary allowed me to offer my services to address some of the issues presented by families in the community and the church. However, my most recent exposure to the field of psychotherapy and the models used for intervening in family issues motivated me to seek further education in the field, and in particular, family systems’ theories. I began to understand that problems existed in the context of relationships and not just with the people within it. The goal became to enhance my repertoire of interventions used to solve family problems during my work with the hurting and poor.
During therapy, I have engaged families by utilizing a framework overarched by spirituality. In this context “spirituality” implies a person’s sense of the presence of a force that divinely mediates, informs, and transforms human beings’ capacity to create, center, adapt to and transcend the realities of human existence (Fukuyama & Sevig, 1999). Spirituality, offers a sense of belonging and support for the lonely and misunderstood within a community of faith; it offers hope in despair, motivation in discouragement, clarity in confusion, and strength in weakness (Aponte, 2002). For example, my sense of spirituality encompasses creating meaning through the awareness of my core morality and my understanding of how best to interact within my community without disclosing or imposing on my clients my beliefs and practices (Walsh, 2009). I view every occasion as an opportunity to display concern and compassion as I help clients reconcile their problems.

Using spirituality as the focal point of therapy, I am empowered by purpose and connected to my clients and their families. I include empowerment sessions as well as regrouping sessions during interventions. This allows me to offer hope by focusing on the individual strengths and untapped spiritual, moral, and familial resources already within the family system. It helps me understand that individuals are “people with problems and not just victims of problems” (Aponte, 1994, p. 12). This is important when counseling all human beings, regardless of their sexual orientation, cultural and ethnic background, racial differences, or religious values. I believe that before most clients seek help, they would probably have already sought assistance in other places and in various ways, to no avail. After repeated failed attempts in the past, they invite me into their system. I also believe that “a family owns its life and its soul no matter how
much help it needs from a therapist” (Aponte, p. 12). Additionally, my identity as an immigrant therapist can be a bridge between the immigrant couple and the family therapy community in offering mental health services to this population.

Based on my personal belief that people can change, my motivation for the study was to find out whether Ghanaian American immigrant couples continue to hold patriarchal norms while still living in an egalitarian culture such as the United States (Bartley, Blanton, & Gilliard, 2005). Generally, women in egalitarian cultures continue to reject the traditional role at home and continue to redefine their social identities in order to achieve a greater measure of independence and forge a path towards equality with men (Haddad, 2006).

As I conducted this quantitative study, I made a conscious effort not to infuse my bias at any level of the inquiry in order to explore the relationship between gender role beliefs and marital satisfaction within this minority group from my culture. My struggle while conducting the study was that, even if there was a statistical significance in the study’s results, personal questions continued to surface such as: 1. Can a group of people be described as having traits that are culturally prescribed?; 2. How can such traits be distinguished from within the group, especially where inter-ethnic marriages exist in this population?; and 3. In these inter-ethnic marital unions, could gender roles be based on a couple’s ethnic frame of reference? These reflective questions and more helped me as a researcher and clinician to avoid arriving at conclusions about the felt experience of Ghanaian American immigrants and their marital life in the United States. My hope is that this academic journey would continue to help me learn about myself, culture, family, the research process and participants in the study.
Conclusion

This quantitative study was designed to examine the relationship between GRB and MS among Ghanaian immigrant couples living in the tri-states of Pennsylvania, Delaware, and New Jersey in the United States. The most salient finding was the relationship between the demographic variables, such as ethnicity, level of education and counseling, and GRB and MS. GRB was measured using the SRE scale.

It was expected that there would be congruence in GRB resulting in MS among couples and also differences in MS and GRB among couples. The results showed no significant differences. However, husbands in the study were moderately satisfied, but the study showed no significant difference from their wives level of satisfaction. This contributes to the field of study in helping to understand gender dynamics that may exist among these immigrant communities. Husbands were liberal in their traditional GRB, which may show that Ghanaian immigrant husbands may be opposed to gender-based stereotypes and may have embraced aspects of western egalitarianism, consistent with some studies (e.g. Bartley, Blanton, & Gilliard, 2005).

Acculturation theory explains how immigrants who come into contact with a different culture experience change at the personal or group level (Berry, 1990). The results of this study suggested that the immigrant couples from this community, though affected by bicultural difficulties as a result of immigration (Padilla, 2006) were moderately satisfied in their marriage. Acculturation as a variable of interest was not considered for this study’s hypotheses. The original purpose of the research was to do a correlational study of the two variables, GRB and MS in the United States’ culture. The goal was not to test a model or a theory such as acculturation and its relationship to
marital satisfaction. However, future research based on the findings of this study could address acculturation as a variable of interest.

Additionally, future studies could look at other immigration factors, such as the issues of race, class and power, and their influence on marital satisfaction among immigrant couples. Studies of these variables from a qualitative standpoint could help advance knowledge about this population in the United States.

There was good response from immigrant communities and churches willing to be involved in this study. Working with community and church leaders helped in collecting required data for this study. It is suggested that the leaders of these communities are key in accessing reliable data for future research. It is hoped that the results of this study will serve as a springboard for clinicians in understanding the dynamics of gender role and marital satisfaction inherent in the families of this community. Findings also suggest that the family therapist should be knowledgeable in subjects such as spirituality and cross-cultural studies for future engagements with Ghanaians, and perhaps other African immigrants in the Diaspora.
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2007


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Appendix A: IRB Protocol Summary Outline Form

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IRB APPLICATION FORM
FULL REVIEW/EXPEDITED REVIEW

Please type all responses. Handwritten responses will be returned to the applicant.

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Projects for which the level of risk is determined by the principal investigator or Chair of the IRB to be greater than minimal. (Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examination(s) or test(s).

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List all of the co-investigators and Research Personnel for this project. This includes all individuals who will have responsibility for the consent process, data collection from subjects or subject’s records, databases or follow up of research subjects or research data.

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<table>
<thead>
<tr>
<th>E-mail address:</th>
<th>Department:</th>
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<tr>
<th>College or School:</th>
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</table>

**Position:**
- Faculty / Staff / Research Coordinator / Co-Investigator / Other (describe below):

Other (describe your position):

<table>
<thead>
<tr>
<th>Dates of certification. To obtain training go to <a href="http://www.research.drexel.edu/compliance">http://www.research.drexel.edu/compliance</a></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Certification:</th>
<th>Date of Certification:</th>
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</table>

- □ CITI Group Specific Certification: Group 1 □ 2 □ 3 □ (recertification every 2 years)

- □ Responsible Conduct of Research (applicable to NSF grants) | Date: |
- □ Health Information Privacy Security (HIPS) training | Date: |

- □ HIPAA and Medical Research (Drexel Core) | Date: |
- □ HIPAA e-Security (Drexel Core) | Date: |

- □ Biological Shipment Training | Date: |

- □ Laboratory Safety Training (annual) | Date: |
- □ Blood borne pathogen training (annual) | Date: |

<table>
<thead>
<tr>
<th>Original Signature of Investigator or Key Personnel:</th>
<th>Date:</th>
</tr>
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</table>

II. CONFLICT OF INTEREST
Federal Guidelines and the University policy emphasize the importance of assuring there are no financial or other potential conflicts of interest pertinent to this research study that could affect the welfare of human subjects. It is mandatory all investigators sign this section. The undersigned certifies that, to the best of his/her knowledge and belief, that the following questions are answered correctly:

2.1 Does any of the undersigned or his/her immediate family have a significant financial interest with the sponsor or other entities whose financial interest would reasonably appear to be affected by the outcome of this research project?

Significant financial interest includes the following:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Any ownership interest in excess of 5% of the voting interest or in excess of $10,000 of the fair market Value, regardless of means by which acquired in a publicly traded company (excluding any interest Arising solely by reason of investment in a business by a mutual, pension, or other institutional investment fund over which the investigator or his/her immediate family does not exercise control)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Any ownership interest in a privately held company?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. A position held by the investigator or his/her immediate family as employee, Director, officer, partner or any position of management?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Income (e.g. consulting, salary to the investigator other than from Drexel University or his/her family) of greater than $10,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Any loan from the sponsor or the entity to the investigator of his/her family immediate family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Gifts of any value from the sponsor or entity greater than $100 within the last 12 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have answered “yes” to any of the questions in section 2.1 (A – F) above, complete the box below.
*(Copy and paste the below table, if more boxes are required)*

2.2 Conflict:

If you have more than one collaborator for the project who has a conflict of interest, please complete the Conflict of Interest form that is posted on our website as www.research.drexel.edu/compliance. The additional “Conflict of Interest” form(s) is to be included with your submission.

Name (typed):

Describe reasons for conflict (you may select on of the categories above 2.1 / A – F):

Signature: Date:
2.3 None of the investigators or personnel listed below has a financial conflict of interest associated with this study (use more lines if necessary).

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ken Hardy, Ph.D., LMFT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fred Brako., MDiv</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**III. HIPAA AND MEDICAL RESEARCH**

The Privacy Rule permits covered entities to use or disclose PHI for research purposes either with an individual’s specific written permission, termed an “Authorization,” or without it termed “Waiver of Authorization”, if certain conditions are met. For more information on HIPAA and Medical Research contact ORRC at 215-255-7857 or Chief Compliance & Privacy Officer at 215-255-7819.
### 3.1

**A.** Does the research proposal involve the use and disclosure of research subject’s medical information for research purposes?

- **Yes**  
- **No**

*If your answer is “No”, go to section IV*

*If yes, please use a consent form that contains HIPAA authorization or waiver of authorization if protected health information will not be used. If you need HIPAA waiver, you must complete HIPAA waiver of authorization form.*

**B.** Are you planning to use a database to store protected health information (PHI)?

- **Yes**  
- **No**

**C.** Are you planning to electronically send PHI to another researcher or institution?

- **Yes**  
- **No**

*If yes, provide the name of the investigator and the institution’s name:*

<table>
<thead>
<tr>
<th>Collaborator’s Name:</th>
<th>Institution’s Name:</th>
</tr>
</thead>
</table>

**D.** Are you collecting health information without the use of subject’s identifiers (protected health information such as identifiers that could be used to identify subjects)?

- **Yes**  
- **No**

*If yes, please complete a HIPAA waiver of authorization form posted on the website [www.research.drexel.edu/compliance](http://www.research.drexel.edu/compliance).*

### IV. INSTITUTIONAL AND IRB OVERSIGHT

**4.1** Is this research proposal being reviewed or has completed review at any other institution?

- **Yes**  
- **No**

*If yes, provide the name of the Institution or IRB where review was conducted:*

Attach a copy of ALL materials submitted to the other institution including an approval letter from the other institution.*
V. SUMMARY OF RESEARCH ACTIVITIES

Use lay language at an 8th grade reading level, do not copy and paste or refer to grant or use a scientific abstract.

5.1 Describe the objective(s) of the proposed research including: Purpose, Rationale, Research question, Hypothesis, Background information and Pertinent references.

The purpose of this study is to examine the relationship of gender role beliefs and marital satisfaction among Ghanaian immigrant Couples living in the United States. Both variables will be measured through survey forms. Marital Satisfaction will be measured by the ENRICH Marital Satisfaction Scale (EMS), (Olson, Fournier, & Druckman, 1987). Gender role beliefs will be measured by The Sex-Role Egalitarianism Scale (SRES; King & King, 1993).

Although Ghanaian nationals become actively involved in the socio-cultural domains in the western world, there remains the challenge to reexamine the perception of migrant Ghanaians based on the unique set of experiences that they carry as immigrants in the United States. “The importance of gender as a variable in immigration studies and the experiential differences of men and women justify the study of gender in the immigrant experience” (Yeboah, 2008, p.121).

Determinants of marital satisfaction have been studied before, but not with Ghanaian couples as the sample. Most of the literature on marital satisfaction and gender roles have focused on middleclass White couples (Amato and Booth, 1995; Faulkner, Davey & Davey 2005). Thus the present study will fill a clinical gap in marriage and family therapy, particularly clients who are Ghanaian immigrant couples.

The primary research questions are as follows: Among Ghanaian immigrant couples, are gender role beliefs associated with marital satisfaction? Do Ghanaian men have a higher or lower level of marital satisfaction relative to their wives? Are there differences in gender role beliefs compared between husbands and wives in the study sample? If so, what is the direction?

5.2 Mark the methods that this study will include (check all that apply):

<table>
<thead>
<tr>
<th>CLINICAL</th>
<th>SOCIAL AND BEHAVIORAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Clinical Trial</td>
<td>☑ Descriptive</td>
</tr>
<tr>
<td>☑ Behavioral</td>
<td>☑ Ethnographic</td>
</tr>
<tr>
<td>☑ Prospective Clinical Research</td>
<td>☑ Formative</td>
</tr>
<tr>
<td>☑ Prospective Chart Review</td>
<td>☑ Experimental / Control and Design</td>
</tr>
<tr>
<td>☑ Retrospective Chart Review</td>
<td>☑ Longitudinal</td>
</tr>
</tbody>
</table>

5.3 Describe the research study design or describe experimental procedure.

This is a non-experimental quantitative correlational study involving participants self-report survey. To test for the relationship between gender role beliefs and marital satisfaction, a series of correlations computing the relationship between the SRES and EMS for wives; husbands and the entire sample will be performed.
5.4 Describe the Experimental Procedure or the tasks subjects will be performing.
   Attach surveys, data collection instruments, interview questions, focus group questions, etc.
   Describe the clinical and experimental procedures frequency and duration of educational tests
   including screening, intervention, follow up etc. Generally, research under this category is short
   term lasting less than a year.
   If you anticipate the research will last longer than a year, state how long you anticipate the research to
   continue.
   Research cannot continue past the expiration date even if you are performing data analysis.

When participants arrive at the designated time and location, their informed consent to participate in
the study will be obtained on an individual basis. Once consent is granted, each participant will
receive a packet containing a personal demographic data questionnaire and the following self-
administered questionnaires: The Sex-Role Egalitarianism Scale (SRES) and ENRICH Marital
Satisfaction Scale (EMS). For the purpose of ensuring anonymity, no other identifying sign-in forms
will be used. It is expected that 30 - 35 minutes will be needed to complete the questionnaires.
Separate files will be maintained for consent forms and completed questionnaires, to further ensure
anonymity. In addition, the instruments will be coded by a number and corresponding letter to
identify which partners were a couple. To control for partner collaboration, the researcher will explain
instructions to couple(s).
After completing the questionnaires, participants will be asked to put their packets in the envelope
provided. The envelopes will be sealed and placed in a box provided for collection of study materials.
Light food refreshments will be served after the survey, in appreciation for participation in the study.
During the refreshment, there will be a group debriefing session, intended to allow the researcher to
answer any questions participants may have. If couples need further assistance after the debriefing
sessions, they will be given contact numbers to referral sources to assist them with their mental health
needs in cases where the study may have caused distress.
Data will be entered into the Statistical Package for Social Science, Version 19.0 (SPSS) once
collected. Upon completion of the dissertation requirements, all returned questionnaires will be
shredded, and electronic data will be retained for five years.

VI. PARTICIPANT INFORMATION

6.1 Number of subjects to be enrolled.

   Please make sure that you do not underestimate the number of subjects to be enrolled. In the case of
   medical charts and database, give the number of charts or estimated number of subject's data that
   will be recorded from the database. In the case of surveys provide the number of surveys you will
   be sending. Use an appropriate method to evaluate how many subjects are needed to complete this
   study. Enrolling more subjects than approved is a violation of regulations. If more than the
   approved number is required, you should submit an amendment to your protocol with justification
   for the increase in number for IRB approval.

Enter the appropriate number next to the categories listed below:

<table>
<thead>
<tr>
<th>Research involving direct interaction or observations:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research involving administration of questionnaire:</td>
<td>200</td>
</tr>
<tr>
<td>Research involving personality tests:</td>
<td>0</td>
</tr>
</tbody>
</table>
Research involving quality of life assessment: ☐

Surveys (If you are collecting identifiable information)*: ☐

Number medical charts or files to be reviewed if PHI or identifiers are used*: ☐
If medical charts or files to be reviewed indicate the time period/frame from which the data was collected; (ex: month/year to month/year) ☐

Please note: Prospective collection of data requires written consent of the subjects.

Prospectively obtaining human source material: ☐
(blood, blood products, body fluids, pathological samples)

Other: ☐

*If identifiers are not used or you are using deidentified information, use the Exempt Review Category 4 Form.

6.2 Targeted subject population (Check all that apply).

| ☐ Minors                  | ☐ Pathological samples with identifiers |
| ☐ Fetuses                | ☐ Prisoners                             |
| ☐ Medical Subjects       | ☒ Healthy Subjects                      |
| ☐ HIV-Positive Subjects  | ☐ Decisionally Impaired                 |
| ☐ Use of a database with identifiers | ☐ Students*                             |
| ☐ Pregnant Women         | ☐ Substance Abuse Subjects              |
| ☐ Abortuses              | ☐ Medical Charts or Records identifiers |
| ☒ Mental Health Subjects | ☐ Wards of State                        |

None of the above: ☐

*Mark “students” only when students are directly targeted. Sometimes the targeted population may have students. However, they are not the primary targets.

6.3 Equitable selection process

The process requires consideration of the extent to which a proposed subject population is already burdened by poverty, illness, poor education, or chronic disabilities in deciding whether they are the appropriate population for the proposed study.

Describe below the procedures you will be using to ensure that everyone has an equal chance of being selected with appropriate consent, free of coercion (without deception) and the rights to privacy and confidentiality is respected.
Participants will be recruited from Ghanaian religious organization and Ghanaian Immigrants Associations, in the tri-state area of Delaware, Pennsylvania, and New Jersey.

A letter of intent will be written by this researcher and presented to the leaders of Ghanaian immigrants Associations and Ghanaian religious organization respectively (see APENDIX C). These leaders were identified because they are significant and trusted members of the immigrant communities, as well as a resource to rich social networks. These leaders will assist in the selection process within their communities by making written and verbal announcements for voluntary participation. Advertisements such as posters and flyers with participants’ characteristics (Inclusion and exclusion criteria) will also be placed at religious and community bulletins, ethnic restaurants, hair braiding salons, and taxi stands (see APPENDIX D). Robert Wood Johnson clinical scholars (2009) have documented success recruiting African immigrants at such locations, and thus similar establishments were identified for the proposed study, given its focus on a related immigrant population.

The study will follow all Drexel University's Institutional Review Board (IRB) procedures and policies. As such, prospective respondents will be given the right to deny participation and to discontinue participation in the study at any time, without penalty. Also, during the announcement of the study, a contact number will be given to potential participants to contact the investigator in case further clarity is needed concerning the research study. In collaboration with the community leaders, probable dates, times and locations will be announced to inform potential participants when and where they will need to go to participate.

Participants of the study will be selected based on whether they voluntarily chose to participate in the proposed study. Snowball sampling technique (which will involve identifying respondents who then refer the researcher to other potential participants) will also be used as a sampling technique to help access immigrants who may neither be captured through official advertisements and announcements for this study.

6.4 Inclusion of Children

If this study proposes to include children, this inclusion must meet one of the criterions for risk/benefit assessment according to regulations. Please Check the appropriate box in the next column and on the protocol, and explain how this criterion is met for the study. For more information about inclusion of children please visit http://www.hhs.gov/ohrp/children/.

Minimal Risk in children: The IRB interprets the definition of minimal risk to be that level of risk associated with the daily activities of a normal, healthy, average child. Risks include all harms, discomforts, indignities, embarrassments, and potential breaches of privacy and confidentiality associated with the research. Conceptually, the minimal risk standard defines a permissible level of risk in research as the socially allowable risks which parents generally permit their children to be exposed to in non-research situations. Healthy children, ranging from newborns to teens, experience differing levels of risk in their daily lives. Indexing the definition of minimal risk to the socially allowable risks to which normal, average children are exposed routinely should take into account the different risks experienced by children of different ages.

☑️ Subjects are not children (skip to 6.6)
Subjects are children and they belong to the following category.

NOTE: If the study is clinical or basic research, please check 404, 405, 406 or 407.
If the study involves clinical investigations (drugs, biological or device), please check 21 CFR 50.51, 50.52, 50.53, 50.54 or 50.56.

- **(404) Minimal Risk**
  - 21 CFR 50.51 Minimal Risk

- **(405) Greater than minimal risk, but holds prospect of direct benefit**
  - 21 CFR 50.52 Greater than minimal risk, but holds prospect of direct benefit

- **(406) Greater than minimal risk, no prospect of direct benefit to subjects, but likely to yield generalizable knowledge about the subject’s disorder or condition**
  - 21 CFR 50.53 Greater than minimal risk, no prospect of direct benefit to subjects, but likely to yield generalizable knowledge about the subject’s disorder or condition.

- **(407) Research not otherwise approvable under the above; however, research presents a reasonable opportunity to understand, prevent, or alleviate a serious problem affecting the health or welfare of children. It requires further review by the Secretary of Department of Human Health Services (DHHS). Contact ORRC for further information (215-255-7857) on how to obtain this review from DHHS**
  - 21 CFR 50.54 Clinical investigations not otherwise approvable that present an opportunity to understand, prevent, or alleviate serious problem affecting the health or welfare of children.

- **(408) The study may involve the use of children who are wards of the state**
  - 21 CFR 50.56 if the study may involve the use of children who are wards of the state

---

If wards of the state are used as study subjects, justify below why it is necessary to include them. Describe below if wards of the state are going to be included in the study, whether you have included an advocate to the child (single advocate for multiple children may be acceptable). If so, provide name of the advocate and describe the qualifications of the person to be an advocate to those children. Child advocate must be approved by the IRB. No child who is a ward will become a research subject without the written permission/consent from the duly appointed guardian.

---

6.5 Explain below how above criterion for category is met for this study.

---

6.6 Provide justification for exclusion of children

If this study excludes children, NIH guidelines advise that the exclusion be justified so that the potential for benefit in not unduly excluded. If there is potential for direct benefit to subjects in this study provide justification why children are excluded in this study.
☐ No direct benefit established (exclusion of children permissible)
☐ Potential for direct benefit exists, if so, provide justification for exclusion below

6.7 Age Range (If exact ages are known, include ages).
☐ 0 – 7
☐ 8 – 17 (Include child’s assent and parental permission form)
☐ 18 – 65 (Include consent form)*
☐ 65 and Older

Confirm exact ages to be included: [18-65]*

*For surrogate or proxy consenting contact OR call (215-255-7857) or go to www.research.drexel.edu/compliance for further information

6.8 Gender
☐ Includes all Genders / Number of Males by %: 50 / Number of Females by %: 50
☐ Only Males / Number of Males: 
☐ Only Females / Number of Females: 

6.9 The procedures may place the subject at more than minimal risk.
☐ Yes
☒ No

Minimal Risk means that the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater in and of themselves from those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. "Minimal Risk" does NOT include administration of medication or use of any device placed inside the body.

6.10 Does study include questionnaires with sensitive areas (such as alcohol/drug abuse, sexual behavior, HIV status)?
☐ Yes
☒ No

If yes, make sure to describe in the protocol the precautions you have taken to maintain confidentiality
6.11 Recruitment/Treatment location(s) (Mark “X” as Applicable)

If research is going to be conducted at an outside institution, please provide a letter from that institution’s administrative official approving recruitment of subjects at their institution. Please be aware that some institutions may have their own IRB. In such cases approval from the outside institution’s IRB for recruiting subjects will be mandatory. Check all that apply.

<table>
<thead>
<tr>
<th>At an outside institution*</th>
<th>Community Center (Please Specify): Delaware Ghanaian Association, Grace chapel outreach ministry, The Apostolic Church, The Ghanaian Presbyterian Church of Philadelphia, ICGC Liberty center New Jersey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary / Secondary Schools</td>
<td></td>
</tr>
<tr>
<td>HUH</td>
<td>Drexel University</td>
</tr>
<tr>
<td>DUCOM (non clinic)</td>
<td>DUCOM Clinics</td>
</tr>
<tr>
<td>DUCOM HIV Clinic</td>
<td>SCHC</td>
</tr>
<tr>
<td>Inpatient</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Neither</td>
<td>Subject’s Home (Please Specify):</td>
</tr>
<tr>
<td></td>
<td>Nursing Home (Please Specify):</td>
</tr>
</tbody>
</table>

Requires approval letter from the nursing home.

<table>
<thead>
<tr>
<th>International Location*</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Include an approval letter from the International location.</td>
</tr>
</tbody>
</table>

There is no direct recruitment of subjects, but my study involves:

- ☒ Administration of questionnaire
- ☐ Personality tests
- ☐ Quality of life assessment
- ☒ Surveys
- ☐ Collecting existing information from a database

* Research conducted by Drexel University personnel elsewhere falls under the oversight of DUCOM IRB even though it is conducted elsewhere. Such research must have been approved by the local equivalent of an International location or local IRB (e.g., Temple University, etc) before they can be approved by DUCOM IRB. When there is no local IRB, the approval must come from the local administrative unit which has taken local ethical issues into consideration and provide approval for the study. For additional information on International issues, go to [http://www.hhs.gov/ohrp/international/](http://www.hhs.gov/ohrp/international/). This OHRP site has an International Compilation of Human Subject Research Protections. This compilation helps investigators with laws, regulations, and guidelines where the research will be conducted, to assure those standards are met.
6.12 Describe the recruitment process to be used explaining where and who will approach potential subjects to take part in research study and what will be done to protect individual's privacy and confidentiality in this process.

A letter of intent will be written by this researcher and presented to the leaders of Ghanaian immigrants Associations and Ghanaian religious organization respectively (see APENDIX C). These leaders were identified because they are significant and trusted members of the immigrant communities, as well as a resource to rich social networks. These leaders will assist in the selection process within their communities by making written and verbal announcements for voluntary participation. Advertisements such as posters and flyers will also be placed at religious and community bulletins, ethnic restaurants, hair braiding salons, and taxi stands, with information of dates and times of the study. (see APPENDIX D). Participants of the study will be selected based on whether they voluntarily chose to participate in the proposed study.

6.13 Are subjects chosen from records, and/or is any information about the subjects gathered about them originate from a database? [ ] Yes [ ] No

If yes, who gave approval for use of records (attach approval letter).

6.13.1 Will the supplier of records/data strip all identifiers from such records before sending them to you? [ ] Yes [ ] No

If no, provide a protocol and consent form

6.13.2 Are these “private” medical or student records? [ ] Yes [ ] No
If yes, provide the protocol, consent forms, letters from administrators, etc., for securing consent of the subjects for records. Only written documentations for the cooperation/permission from the record holder or custodian of the records are acceptable.

6.14 Are tissues or biologic samples prospectively obtained for this study?

- [ ] Yes
- [X] No

If yes, how are samples obtained?

6.14.1 Are they fresh samples drawn from subjects?

- [ ] Yes
- [X] No

If “yes” provide the protocol and consent forms for drawing such samples and a letter from the source stating that they will be providing samples with all identifiers stripped.

6.15 What is the proposed method of recruitment/advertisement? (Check all that apply)

- [X] Bulletin boards
- [ ] Electronic media
- [ ] Letters to subjects
- [ ] Print ads
- [ ] Radio / TV
- [ ] Web Cast
- [X] Other (Please Describe): Church Announcement, Community Announcement, Flyers

If advertisements are used where will they be viewed, displayed or posted?

*Please submit your advertisement or recruitment letter with your application.*
6.16 Explain how or who will approach potential subjects to take part in the research study and what will be done to protect individuals’ privacy in this process.

Initial contact of subjects identified through a records search must be made by the official holder of the records (i.e. primary physician, therapist, public school official, etc.)

Church announcements and posted flyers will inform potential participants of the study. Interested couples will contact the researcher directly for more information and/or inclusion in the study to protect their privacy.

6.17 Clearly specify proposed remuneration to subject(s).

- **NONE**

  Monetary (Amount): $ [ ]

  - Voucher / Yes / No / Value: $ [ ]

  - Gifts / Gift Type: [ ] / Value of Gift: $ [ ]

  - Lottery / Lottery Amount: $ [ ]

6.18 Inclusion and Exclusion or Subjects in this Research Study

**Describe criteria for inclusion and exclusion of subjects in this study**

6.18.1 Inclusion Criteria:

The participants will be Ghanaian adult immigrants to the United States. The sample will be a subset of the Ghanaian adult immigrants residing in tri-State area of Delaware and Pennsylvania and New Jersey. The participants’ inclusion criteria shall be heterosexual married couples with both partners who are Ghanaian born. Ages 18-65. The couples must be fluent in reading and writing in English.

6.18.2 Exclusion Criteria:

The exclusion criteria shall be adult immigrants from other parts of Africa to the United States, Ghanaian couples who were born in the United States, divorced, widowed or never married single individuals, non English speaking or limited English speaking couples, and participants under the age of eighteen years.
6.19 Accepting Gifts or Finders fees
Are there finders fee or recruitment bonus associated with this study?

The IRB policy prohibits researchers from accepting gifts such as finder’s fees, recruitment bonus or any incentives connected with the subject enrollment or completion of the study that will be paid directly to the research staff.
### VII. RISKS AND BENEFITS

#### 7.1 Does the Research involve any of these possible risks or harm to subjects?  
(Check all that apply)

- [ ] Use of drugs
- [ ] Use of a device
- [ ] Use of private records (educational and medical records)
- [ ] Use of deceptive technique
- [ ] Psychological stress
- [ ] Social Risk (isolation)
- [ ] Employment or financial risk
- [ ] Sensitive, offensive, threatening or degrading
- [ ] Deprivation
- [ ] Privacy or confidentiality
- [ ] Other risks (Please Specify):

#### 7.2 Describe the nature and degree of (probability and magnitude) the risk or harm checked above.  
The described risks/harms must be included in the consent form.

There are no anticipated serious risks and discomforts. Some psychological stress may result from filling out the survey forms as it relates to an individual's marital status, especially when the person is dissatisfied with current state of marriage as it pertains to gender roles.

#### 7.3 Describe what steps will be taken to minimize risks/harms and to protect subjects' welfare.  
If subjects are from more than one vulnerable population identify each group and answer this question for each group.

There will be emphasis that, at any time, a participant is free to stop completing the survey as they are volunteering to participate of their own free will.

#### 7.4 Describe what you will do if unanticipated risks occur.  
Unforeseen or unanticipated risks could occur with any research. If unforeseen risks occur explain what you will do to take care of the problem, including reporting such an event to the Office of Regulatory Research Compliance.

Should unanticipated risk occur: 1) Participant will be encouraged to discontinue the study as an immediate options. 2) A list of mental health services with phone numbers for therapy, available in the region will be given to each participant as a resource in the event that the study invokes emotional issues. The mental health centers will be informed of the confidential nature of the study and will be alerted that referrals have been made for possible services. 3) If the risk is severe crisis hotline will be contacted or call 911 for immediate medical assistance. 4) Any serious unanticipated risks will be reported Immediately to the office of Regulatory Research Compliance.
7.5 Describe the anticipated benefits of this research for individual subjects in each subject group. 

It is important to state that subjects may not have direct benefit from participating in this study.

While there may be no direct benefits to subjects for participating in this study, individuals and/or couples may benefit from increased awareness of gender role beliefs and marital satisfaction. Participation may promote self awareness of current marital condition and a motivation for couples' discussion around the topic for marital health.

7.6 Describe the anticipated benefits to the society and how benefits outweigh risks.

Researchers identified characteristics associated with congruent gender role beliefs and marital satisfaction among couples as mutual love, mutual trust, mutual respect, mutual support, corresponding religious beliefs, loyalty/fidelity, mutual give and take, similar philosophy of life, enjoyment of shared fun, and shared interest. (Bradbury, Fincham, & Beach, 2000; Crawford, Houts, Huston, & George, 2002; Gaunt, 2006; Kaslow & Robinson, 1996; Lye & Biblarz, 1993; Minnotte, Minnotte, Pedersen, Mannon & Kiger’s, 2010; Wong & Goodwin, 2009).

VIII. CONFIDENTIALITY OF DATA

8.1 Will you record any direct identifiers, names, social security numbers, addresses, telephone numbers, etc?  

☐ Yes  
☐ No

*If yes, explain why it is necessary to record findings with identifiers. If there is a coding system which you will use to protect against disclosure of these identifiers, please include the system in the box below. Also, describe the provisions you have taken to maintain confidentiality of data.

8.2 Will you retain a link between study code numbers and direct identifiers after the data collection is complete?  

☐ Yes  
☐ No

*If yes, explain why this is necessary and state how long you will keep this link.

8.3 Will you provide the link or identifier to anyone outside the research team?  

☐ Yes  
☐ No

*If yes, why, and to whom the link will be provided.

8.4 Where, how long and in what format (such as paper, digital, electronic records, video, audio and photograph) will data be kept? In addition describe what security methods will be used to protect this data and when will they be destroyed?  

The PI will retain a copy of all consent forms signed by each participant in the study for at least three(3) years after completion of the research. All information is confidential and anonymous and no identifiable information will be written or typed on the survey. Surveys will be coded with a number that will not be linked to the participant. Once the study is completed all surveys will be destroyed as
specified by the university guidelines of approved research studies.

8.5 Will you place a copy of the consent form or other research study information on the subject’s record such as medical or personal or educational record? This information should be mentioned on the consent form.

If yes, explain why this is necessary.

8.6 Federal Certificate of Confidentiality

If the data contains information about illegal or reportable behavior, obtain a Federal Certificate of Confidentiality (COC). To obtain the certificate visit the NIH Certificates of Confidentiality kiosk at http://grants2.nih.gov/grants/policy/coc/index.htm. Federal COC is given to all projects irrespective NIH funding to the proposed project. NIH provides COC after DUCOM IRB’s approval of the project. When you apply for COC, provide a copy of the application and copy of the approval letter when COC is obtained.

8.6.1 Will you obtain a COC for this project?

☐ Yes (submit a copy of the application and copy of the award when approved).
☒ No (COC is not required for this project since the study does not contain reportable illegal behavior).

IX. INFORMED CONSENT PROCESS

Informed consent is a process, not just a form. Information must be presented to enable persons to voluntarily decide whether or not to participate as a research subject. It is a fundamental mechanism to ensure respect for persons through provision of thoughtful consent for a voluntary act. The procedures used in obtaining informed consent should be designed to educate the subject population in terms that they can understand. Therefore, informed consent language and its documentation (especially explanation of the study’s purpose, duration, experimental procedures, alternatives, risks, and benefits) must be written in "lay language", (i.e. understandable to the people being asked to participate). For further information on obtaining informed consent go to www.research.drexel.edu/compliance. Under guidelines, go to Article 4 of the guidelines book to obtain proper informed consent. *For surrogate or proxy consenting contact ORRC (215-255-7857) or go to www.research.drexel.edu/compliance

9.1 Describe what you will be saying to the subjects to introduce the research. Build this section based upon your responses to sections 6.11 and 6.12.

This is a long and important document. If you sign it, you will be authorizing Drexel University and its researchers to perform research studies on you. This is a 10 item and 25 item survey. You should take your time and carefully read it. You can also take a copy of this consent form to discuss it with your family member, attorney or any one else you would like before you sign it. Do not sign it unless you are comfortable in participating in this study. If you sign this consent form you will still be able to discontinue or stop your participation in the study at any time. If you wish further information regarding your rights as a research subject or if you have problems with a research-related injury, for medical problems Please contact the institution’s Office of Research Compliance by telephoning 215-762-3453
9.2 In relation to actual data gathering, when will you be discussing consent and obtaining documentation?

Informed consent discussion and signature will be obtained prior to any participation in the study.

9.3 Will the Principal Investigator (PI) be securing all of the informed consents?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If no, please provide the names of individuals who will obtain informed consent and a brief description of how the PI plans to train these individuals to familiarize them with the project and obtain informed consent and answer subjects’ questions.

Fred Brako: Co-investigator

9.4 What questions will you be asking to assess the subjects’ understanding of the risks and benefits of participation?

- Open ended questions are more appropriate than those requiring yes/no response.

What is your understanding of the title for this study: Examining Gender Role Beliefs and Marital Satisfaction of Ghanaian Immigrant Couples in the U.S.A?

What is your understanding of the objective of this study?

What is your understanding of the benefits of this study?

What is your understanding of the risks of this study?

What questions/concerns do you have about the benefits of this study?

What questions and concerns do you have about the objective of this study?

What questions/concerns do you have about the risks in this study?

9.5 Are you requesting for a waiver of consent?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If you wish to request (a) a waiver of informed consent or (b) a waiver of the consent procedure requirement to include all or alter some or all of the elements of informed consent (45 CFR 46.116(d)), you must document the responses to each of the following four statements.

| a. The research in its entirety involves no greater than minimal risk. | Yes / No |
| b. The waiver of informed consent will not adversely affect the rights and welfare of the subjects. | Yes / No |
| c. It is not practicable to conduct the research without the waiver/alteration (Neither lack of adequate funds or inconvenience are acceptable justifications for impracticality). | Yes / No |
| d. Whenever appropriate subjects will be provided with additional pertinent information after their participation. | Yes / No |
Please (a) describe the reason(s) why the waiver is necessary, and (b) explain whether the entire informed consent is being waived or only certain required elements are being waived. (If so, list which elements will be waived):

NOTE: If a waiver is granted under the above conditions, documentation of informed consent (i.e., signed consent form) is also waived. Even if the waiver is granted, the IRB may require other conditions, including but not limited to providing subjects with an information sheet (written summary) about the research.

X. ATTESTATION AND SIGNATURES FOR NON-MEDICAL IRB AND EXPEDITED REVIEWS WITHOUT THE USE OF DRUGS OR DEVICES.

IF DRUGS AND DEVICES ARE USED, ANSWER ALL QUESTIONS STARTING AT QUESTIONS NUMBER 13.

<table>
<thead>
<tr>
<th>Name of the PI (typed):</th>
<th>Ken Hardy PhD, LMFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Signature of PI:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

I agree to use procedures with respect to safeguarding human subjects involved in this research that conform to the University’s Policies. I will not begin my research until I have received written notification of final IRB approval. I will promptly report any unexpected or otherwise significant adverse events or unanticipated problems or incidents that may occur in the course of the study. If changes in investigative procedures involving human subjects are called for during the research program covered by this application, I shall seek prior approval of the changes from the IRB. I also understand that I must return to the IRB for re-approval of my project at least annually or at the frequency the IRB has determined to review this research; however, not less than annually. I will maintain all records of this research according to DUCOM IRB guidelines and other federal, state and local regulations. If these conditions are not met, I understand that approval of this research could be suspended or terminated. I will permit the IRB to inspect my research records according to DUCOM IRB guidelines.

<table>
<thead>
<tr>
<th>Name (typed):</th>
<th>Stephanie Brooks, PhD., LMFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

COMPLETE THE FOLLOWING SECTIONS IF YOU ARE CONDUCTING MEDICAL RESEARCH INVOLVING DRUGS, DEVICES or USE of RADIATION, OR USE BIOHAZARDS OR CONDUCTING GENE THERAPY TRIALS.

PLEASE ANSWER ALL OF THE APPROPRIATE QUESTIONS BELOW

XI. STUDIES INVOLVING NEW DRUGS, DEVICES OR OFF-LABEL USE OF A MARKETED DRUG/DEVICE
11.1 The proposed research procedures are apart from and are beyond diagnostic therapeutic needs of the subject.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, explain why?

11.2 This study will be conducted under an IND (Investigational New Drug Application) or an IDE (Investigational Device Exemption)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, provide:

- Name of Sponsor: 
- Copy of device brochure and patient packet insert
- IND #
- IDE #
- 501(k) submission # (Premarket Notification 510(k) submissions for medical devices)

11.3 If this study involves the use of a device indicate the risk from use of the device as one of the following:

<table>
<thead>
<tr>
<th>SIGNIFICANT RISK</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SIGNIFICANT RISK</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

(PLEASE NOTE: IRB RESERVES THE RIGHT OF FINAL DETERMINATION OF RISK CLASSIFICATION).
(PLEASE NOTE THAT SIGNIFICANT RISK DEVICES REQUIRE APPLICATION TO FDA FOR AN INVESTIGATIONAL DEVICE EXEMPTION NUMBER).

This study involves the use of drugs not indicated on the labeling.

| Yes | No |

Drugs administered to subjects in combination with other drugs that is not considered standard of care.

| Yes | No |

XII. RADIATION EXPOSURE
12.1 This study involves research subjects receiving radiation exposure (e.g. X-rays, CT, Fluoroscopy, DEXA, PQCT (Peripheral Quantitative Computed Tomography), FDG (a form of PET imaging with fluorine deoxy-glucose), Tc-99m, and MRI) that they would not be receiving if they are not enrolled in this study.

If your answer is NO, skip questions 12.2 to 12.4 below.

12.2 Does the protocol involve exposure to radiation?

<table>
<thead>
<tr>
<th>Standard of Care Procedure</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Procedure</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

12.3 Name of the Investigator (Authorized User):

VIII. BIOSAFETY

13.1 Does the protocol involve use of biohazards or recombinant material?

If your answer is NO, skip questions 13.2 and 13.3 below.

13.2 The study involves drawing or use of human source material (i.e., human blood, blood products, tissues or body fluids).

IF YES PROVIDE THE NAME OF EACH PERSON BELOW:

Name (typed):

If yes, contact the Office of Safety and Health at 215-895-5891 for information on blood borne pathogens requirement on training, vaccination, work practices and exposure control plan.
13.3 Has the protocol been submitted for Biosafety Committee review? (To be entered by Office of Regulatory Research Compliance)

Yes
No

Date of submission: MM/DD/YYYY

Date of Approval: 

Initials of Coordinator: 

XIV. ATTESTATION AND SIGNATURES FOR STUDIES INVOLVING THE USE OF DRUGS, BIOLOGICS, DEVICES, RADIATION AND BIOHAZARDS

I agree to use procedures with respect to safeguarding human subjects involved in this research that conform to the University Policies. I will not begin my research until I have received written notification of final IRB approval. I will promptly report any unexpected or otherwise significant adverse events or unanticipated problems or incidents that may occur in the course of the study. If changes in investigative procedures involving human subjects are called for during the research program covered by this application, I shall seek prior approval of the changes from the IRB. I also understand that I must return to the IRB for re-approval of my project at least annually or at the frequency the IRB has determined to review this research; however, not less than annually, I will maintain all records of this research according to DUCOM IRB guidelines and other federal, state and local regulations. If these conditions are not met, I understand that approval of this research could be suspended or terminated. I will permit the IRB to inspect my research records according to DUCOM IRB guidelines.

Name of the PI (typed):

Original Signature of PI: Date:

As Department Chair, Division Head or Dean, I acknowledge that this research is in keeping with the standards and objectives set by my department and I acknowledge that the Principal Investigator has met all departmental requirements for review and approval of this project.

Name (typed):

Signature: Date:

Version: 07-12-2010
Appendix B: IRB Approval Notice with Consent

---

**Drexel University College of Medicine**

**Office of Regulatory Research Compliance**

**APPROVAL OF PROTOCOL**

November 2, 2012

Kenneth Hardy, Ph.D.
Couple and Family Therapy
Mailstop: 905

Dear Dr. Hardy,

On November 2, 2012 the IRB reviewed the following protocol:

<table>
<thead>
<tr>
<th>Type of Review:</th>
<th>Continuing Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Examining Gender Role Beliefs and Marital Satisfaction of Ghanaian Immigrant Couples in the U.S.A.</td>
</tr>
<tr>
<td>Investigator:</td>
<td>Kenneth Hardy, Ph.D.</td>
</tr>
<tr>
<td>IRB ID:</td>
<td>1109000154R001</td>
</tr>
<tr>
<td>Funding:</td>
<td>Internal</td>
</tr>
<tr>
<td>Grant Title:</td>
<td>None</td>
</tr>
<tr>
<td>Grant ID:</td>
<td>None</td>
</tr>
<tr>
<td>IND, IDE or HDE:</td>
<td>None</td>
</tr>
<tr>
<td>Documents Reviewed:</td>
<td>Periodic Report Form, Previously Stamped Consent Form, Advertisement and Data Collection Tools</td>
</tr>
</tbody>
</table>

According to 45 CFR 46.109 (e), this study is Approved Expedited Renewal for Data Analysis Only.

The IRB approved the protocol from November 7, 2012 to November 6, 2013 inclusive. Before November 6, 2013 or within 30 days of study close, whichever is earlier, you are to submit a completed Continuing Review Progress Report and required attachments to request continuing approval or closure.

If continuing review approval is not granted before the expiration date of November 6, 2013 approval of this protocol expires on that date.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL.

Sincerely,

[Signature]

Danyelle S. Gibson

1601 Cherry Street, Suite 10444 • Philadelphia, PA 19102 • Phone 215-255-7857 • Fax 215-255-7874

www.research.drexel.edu • www.drexelmed.edu

In the tradition of Woman’s Medical College of Pennsylvania and Hahnemann Medical College®

Philadelphia Health & Education Corporation dba Drexel University College of Medicine is a separate not-for-profit subsidiary of Drexel University. Drexel University is not involved in patient care.
Office of Regulatory Research Compliance

APPROVAL NOTICE WITH CONSENT

TO: Kenneth V. Hardy, Ph.D.
Mental Health Program / CNHP - Family Therapy
Mailstop 705

FROM: Danyelle S Gibson, Alternate Member
Institutional Review Board (IRB #3)
Drexel University College of Medicine
1601 Cherry Street, Suite 10444, 3-Parkway, Philadelphia, Pa 19102
Tel: 215-255-7864 Fax: 215-255-7874

SUBJECT: Examining Gender Role Beliefs and Marital Satisfaction of Ghanaian Immigrant Couples in the U.S.A.

SPONSOR: Internal

PROJECT No: 1044695. PROTOCOL No: 19965, ACTION No: 58640
Type: New Period; 1 Seq; 1. DETAIL No: 278577
USE CONSENT FORM DATED: 11/08/2011

RE: 11/08/11 – According to 45 CFR 46.110, this study is Approved Expedited Category 7. This study will enroll 200 subjects recruited from various Ghanaian Religious Organizations and the Ghanaian Immigrants Associations throughout the tri-state area.

Included in the Approval: Consent Form and Study Flyer

Date: 11/10/2011

On behalf of the Committee, I am pleased to inform you that the subject protocol has been reviewed and APPROVED AS SUBMITTED for the period indicated above. We operate under many Government requirements. As a result, this approval is granted with the following understandings:

1. The attached consent form indicated above must be used unless a subsequent notification is approved in writing by the IRB. Remember that each subject enrolled in the study (and/or their guardian) must sign this consent form; preferably, the signatures are witnessed or acknowledged. You must give each subject a copy of the consent form. For record keeping and storage contact the Office of Research Compliance. Please keep these forms readily available (NOT in patients’ charts).

1601 Cherry Street, 3 Parkway Building, Suite 10444 • Philadelphia, PA 19102 • Phone 215-255-7857 • Fax 215-255-7874
www.research.drexel.edu • www.drexelmed.edu

In the tradition of Woman’s Medical College of Pennsylvania and Hahnemann Medical College®
Philadelphia Health & Education Corporation dba Drexel University College of Medicine is a separate not-for-profit subsidiary of Drexel University. Drexel University is not involved in patient care.
Appendix C: Recruiting Volunteers for a Research Study Bulletin

Drexel University
Recruiting Volunteers for a Research Study
Parish/Community Bulletin

Research Title:
Examining Gender Role Beliefs and Marital Satisfaction of Ghanaian Immigrant Couples in the U.S.A.

Research Objective:
The purpose of this study is to gather information regarding the dynamics of Ghanaian married couples, living in the United States of America, how they relate to each other, and their perception of marriage while living in a foreign country. Your participation will involve filling out four questionnaires that will take approximately thirty minutes. This is a one-time event, and no further participation will be required.

Information for Research Subject Eligibility:
You can participate in this study if you are married, over the age of 18 years, and both were born in Ghana. One or both spouses immigrated to the United States of America after turning 18 years old. Individuals under the age of eighteen, unmarried individuals and those born in the United States of America are unable to participate in this study.

Participants may or may not have children in order to participate. The information is confidential and every measure possible has been taken to ensure anonymity.

Remuneration:
This study is voluntary. There will be no remuneration. However, light refreshment will be served during the debriefing session, after forms are completed.

Location of research and person to contact for further information
If you are interested in participating in this study, please contact:

Fred Brako
(267) 471-0032
Bellet Building Room 424

This research is conducted by a researcher who is a member of Drexel University.
Appendix D: Recruiting Volunteers for a Research Study

Drexel University
Recruiting Volunteers for a Research Study

Research Title:
Examining Gender Role Beliefs and Marital Satisfaction of Ghanaian Immigrants in the USA

Research Objectives:
We are looking forward to meeting with Ghanaian husbands and wives who are willing to volunteer and share their views about marriage life while living in the USA. The study hopes to understand whether different views of gender role by couple have any influence on marriage life. This survey is conducted anonymously and takes approximately 30 minutes to complete.

Information for Research Subjects Eligibility:
You can participate if you are 18 years and above, Ghanaian born, able to read and speak English and currently married. If you meet the above criteria, please contact us using the contact information provided below.

Remuneration:
This study is voluntary. There will be no remuneration. However, light food refreshment will be served in appreciation for participation in the study.

Location of the research and person to contact for further information:
If you are interested in participating in this study, please contact:

Fred Brako
(267) 471-0032
Bellet building Room 424

This research is conducted by a researcher who is a member of Drexel University

APPROVED
Office of Regulatory Research Compliance
Protocol # 1109000154-01 (19965)
Approval Date: 11/9/11
Expiration Date: 11/07/12
Appendix E: Consent to take part in a Research Study

1. SUBJECT NAME: ____________________________

2. TITLE OF RESEARCH: Examining Gender Role Beliefs and Marital Satisfaction of Ghananian Immigrant Couples in the USA

3. INVESTIGATOR'S NAME: Dr. Ken Hardy, PhD; Co-Investigator: Fred Brako, MDIV

4. RESEARCH ENTITY: Drexel University.

5. CONSENTING FOR RESEARCH STUDY: This is a long and important document. If you sign it, you will be authorizing Drexel University and its researchers to perform research studies on you. You should take your time and carefully read it. You can also take a copy of this consent form to discuss it with your family member, attorney, or anyone else you would like before you sign it. Do not sign it unless you are comfortable with participating in this study.

6. PURPOSE OF RESEARCH: You are being asked to participate in a research study. The purpose of this study is to explore married Ghanaian couples who were born in Ghana but living in America. Marriages of Ghanaian couples are being investigated because very little research has examined the complex nature of Ghanaian culture in the United States of America and the way in which husbands and wives relate to each other.

The study involves research being conducted to partially fulfill the dissertation requirements for a doctorate in Couple and Family Therapy at Drexel University.

You are able to participate in this study because you have met baseline criteria. The baseline criteria includes: couples who are married, participants who are eighteen years and above, and both were born in Ghana but immigrated to the United States of America after turning 18 years old. Individuals under the age of 18, unmarried individuals, and those who were born in the United States of America are unable to participate in this study. You may end your participation at any point.

7. PROCEDURES AND DURATION: You understand the following will be done as a part of this research study. Participation involves filling out a personal demographic data questionnaire, and the following self-administered questionnaires: The Sex-Role Egalitarianism Scale and ENRICH Marital Satisfaction Scale. The questionnaires cover areas such as your beliefs about the gender role and marital satisfactions as it related to your experience as a married Ghanaian living in the United States of America.
For the purpose of ensuring anonymity, no other identifying sign-in forms will be used. You understand that you will be asked to fill out three questionnaires, and the following data collection will take approximately 30 minutes. This data collection is a onetime event.

8. RISKS AND DISCOMFORTS/CONSTRAINTS: Potential risks of involvement in the research study include the possibility of some anxiety or discomfort related to the status of your marriage due to your response to questions on the survey forms. At any time, you may choose not to answer a question(s) that you do not feel comfortable answering. Upon completing the questionnaires if you feel individual/couples therapy is warranted, referrals will be provided.

9. UNFORESEEN RISKS: Participation in this study may involve unforeseen risks. If unforeseen risks occur, they will be reported to Drexel University Office of Regulatory Research Compliance once they are reported to the Investigators.

10. BENEFITS: There may be no direct benefits from participating in this study. The main benefit of being involved in this study includes, but is not limited to, the ability to contribute to the knowledge and understanding of Ghanaian couples and their marital experience with gender role beliefs in the United States.

If you would like a copy of the findings of the study, I will be happy to provide one for you. You will, however, receive no compensation for your participation in the study.

11. ALTERNATIVE PROCEDURES: The alternative is not to participate in this study. You may also withdraw from participating at any time.

12. REASONS FOR REMOVAL FROM STUDY: You may be required to stop participation in the study before the end for any of the following reasons:

   (a) If all or part of the study is discontinued for any reason by the investigator, or university authorities
   (b) If you are a student, and participation in the study is adversely affecting your academic performance.
   (c) If you fail to adhere to the requirements for participation established by the researcher.

13. VOLUNTARY PARTICIPATION: Your participation in this study is completely voluntary, and you can refuse to be in the study or may choose to withdraw at any time. There will be no negative consequences if you decide not to participate or to stop.

14. RESPONSIBILITY FOR COST: Participation in this study will be of no cost to you.
15. IN CASE OF INJURY: If you have any questions or believe you have been injured in any way by being in this research study, you should contact Dr. Ken Hardy at telephone number (215) 762-6930. However, neither the investigator nor Drexel University will make payment for injury, illness, or other loss resulting from your participation in this research project. If you are injured by this research activity, medical care including hospitalization is available, but may result in costs to you or your insurance company because the University does not agree to pay for such costs. If you are injured or have an adverse reaction, you should also contact the Office of Regulatory Research Compliance at (215) 255-7857.

16. CONFIDENTIALITY: In any publication or presentation of research results, your identity will be kept confidential, but there is a possibility that records which identify you may be inspected by authorized individuals such as representatives of the couples and family therapy administration, the Institutional Review Boards (IRBs), or employees conducting peer review activities. You consent to such inspections and to the copying of excerpts of your records, if required by any of these representatives.

17. OTHER CONSIDERATIONS: If you wish further information regarding your rights as a research subject or if you have problems with a research-related injury, for medical problems please contact the Institution's Office of Regulatory Research Compliance by telephoning 215-255-7857.

18. CONSENT:

- I have been informed of the reasons for this study.
- I have had the study explained to me.
- I have had all of my questions answered.
- I have carefully read this consent to take part form, have initialed each page, and have received a signed copy.
- I give consent voluntarily.

DO NOT SIGN THIS INFORMED CONSENT AFTER THIS DATE

Subject or Legally Authorized Representative

Date

Investigator or Individual Obtaining the Consent

Date

List of Individuals Authorized to Obtain Consent:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Day Phone #</th>
<th>24 Hr Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ken Hardy</td>
<td>Principal Investigator</td>
<td>215. 762. 6930</td>
<td>215. 762. 6930</td>
</tr>
<tr>
<td>Fred Brako</td>
<td>Co-investigator</td>
<td>267. 471. 0032</td>
<td>267. 471. 0032</td>
</tr>
</tbody>
</table>

APPROVED
Office of Regulatory Research Compliance
Protocol # 1109000154-01 (19965)
Approval Date: 11/08/11
Expiration Date: 11/07/12
Appendix F: Background Information

CODE: ________ DATE: _______________

A. Age ______

B. Gender: MALE_______ FEMALE_______

C. Number of Children________

D. Please circle and list children’s gender and age:
   Child 1 (Male/female), Age ( ), Child 2 (Male/Female), Age ( ),
   Child 3 (Male/female), Age ( ), Child 4 (Male/female), Age ( ),
   Child 5 (Male/female), Age ( ), Child 6 (Male/female), Age ( ),
   Child 7 (Male/female), Age ( ).

E. What is your ethnic background? (Circle one) a) Akan b) Ga-Adangbe, c) Ewe
   d) Gurma, e) Grusi, f) Mole g) Other_______________

F. Highest degree completed- (Check one)
   a) Elementary _____
   b) Junior secondary____
   c) Senior secondary ____
   d) College____
   i) Master’s degree____
   j) PhD_____

G. Are you presently employed? Yes____ No____
H. Personal income per annum (excluding your spouse income). Please check the range that applies to you.

- Less than $14,000___
- $14,000 to $24,000___
- $24,000 to $34,000___
- $34,000 to $44,000___
- $44,000 to $54,000___
- $54,000 to $64,000___
- $64,000 to $74,000___
- Over $74,000______

I. What is your religious affiliation? ______________________

J. Number of years married? ______________________

K. Have you or your spouse ever sought help for your marriage? Yes____ No____

L. This is your first ____ or Second ___marriage

M. Number of years in the United States___________

N. Which of these statements describes how you and your spouse came to the United States? Please circle one:

   I. We were married in Ghana before my partner traveled to the United States and I joined her/him later.

   II. We were already married in Ghana before we left for the United States together.

   III. My partner was already living in the United States, came back to Ghana to marry me, and I joined her/him later.

   IV. My partner and I met in the United States and got married.

   V. Met in Ghana but married in the United States.
### Appendix G: SRES Scale

Below are statements about men and women. Read each statement and decide how much you agree or disagree. We are interested in what society says. We are not interested in what society does. Please do not write any statements. Remember to circle only one of the five choices for each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>A = Agree</th>
<th>SA = Strongly Agree</th>
<th>N = Neutral or undecided or no opinion</th>
<th>D = Disagree</th>
<th>SD = Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The family home will run better if the father, rather than the mother, sets the rules for the children.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>It should be the father's responsibility, not the mother's, to plan the child's birthday party.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>Cleaning up the dishes should be the shared responsibility of husbands and wives.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>Education should be encouraged for qualified women to enter technical fields like engineering.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>Women have as much ability as men to make major business decisions.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>Home economics courses should be acceptable for male students as for female students.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>1. Education should be encouraged for qualified women to enter technical fields like engineering.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>2. Women have as much ability as men to make major business decisions.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>3. Home economics courses should be acceptable for male students as for female students.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>4. Women should not have an equal chance for professional training.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>5. Men and women should be given an equal chance for professional training.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>6. It is in a woman's role to pull down more than she earns.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>7. The family home will run better if the father, rather than the mother, sets the rules for the children.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>8. It should be the father's responsibility, not the mother's, to plan the child's birthday party.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>9. The husband should be the head of the family.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>10. In charge of planning a party, women are better judges of which people to invite.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>11. It is in a woman's role to pull down more than she earns.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>12. When a couple is invited to a party, the wife, not the husband, should accept or decline the invitation.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>13. The husband should be the head of the family.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>14. Women should be treated the same as men when applying for student loans.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>15. It is in a woman's role to pull down more than she earns.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>16. Important career-related decisions should be left to the husband.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>17. A woman should be careful not to appear smarter than the man she is dating.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>18. Women are more likely to talk about men's affairs than the men they know.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>19. A husband should not make decisions about the household affairs.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>20. It is not appropriate for a mother, rather than a father, to change the baby's diapers.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>21. When two people are dating, it is best if they have their social life around the man's friends.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>22. Men and women should be treated the same when applying for student loans.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>23. Women are just as capable as men are to run a business.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>24. Equal opportunity for all jobs requires that an ideal job be the same for all.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>25. Men and women should be treated the same.</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>D</td>
<td>D</td>
</tr>
</tbody>
</table>

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Appendix H: Couple Satisfaction Scale

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2010

Permission to Use Couple Satisfaction Scale

We are pleased to give you permission to use the Couple Satisfaction Scale in your research project, teaching or clinical work with couples or families. You may either duplicate the materials directly or have them retyped for use in a new format. If they are retyped, acknowledgement should be given regarding the name of the instrument, the developers’ names, and Life Innovations.

In exchange for providing this permission, we would appreciate a copy of any papers, theses or reports that you complete using the Couple Satisfaction Scale. This will help us to stay abreast of the most recent developments and research regarding this scale. We thank you for your cooperation in this effort.

In closing, I hope you find the Couple Satisfaction Scale of value in your work with couples and families. I would appreciate hearing from you as you make use of this inventory.

Sincerely,

David H. Olson, Ph.D.
Appendix I: Researcher’s Instructions

I would like to welcome and thank everyone for taking the time to attend today's data collection session. As you make yourselves comfortable and get ready to fill out the survey instruments, I would just like to go over a couple of things.

Please keep your answers to yourself, do not share your answers or discuss your answers with anyone, including your partner. If you have a question regarding any of the questions/statements please let me know. Once you have finished please put all of your surveys in the provided envelope. Make certain that you and your partner have both put all of your surveys in the same envelope. Seal the envelope and put it in the box by the door. Please take your time and thank you again.
Appendix J: Debriefing Session

I would again like to thank everyone for taking the time to participate in my data collecting process. In the event that anyone may feel much different emotionally than when you first arrived, I would like to give you referral sources to assist you with free individual or couple mental health services.
Appendix K: Contact Information for Referral Sources

I again thank you for taking the time to participate in my data collecting process. In the event that anyone may feel much different emotionally than when you first arrived, I would like to suggest the following mental health referral sources for your consideration:

<table>
<thead>
<tr>
<th>Intercultural family services</th>
<th>Multicultural family Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>4225 Chestnut Street</td>
<td>7016 Terminal Sq. Ste 1A-4A</td>
</tr>
<tr>
<td>Philadelphia 19104</td>
<td>Upper Darby 19082</td>
</tr>
<tr>
<td>215-3861261</td>
<td>484-461-8660</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Multicultural Counseling Services</th>
<th>Multicultural family Institute</th>
</tr>
</thead>
<tbody>
<tr>
<td>260 Chapman Road, Newark, DE 19702-302-292-1334</td>
<td>328 Denison Street Highland Park, NJ 08904</td>
</tr>
</tbody>
</table>
Appendix L: Letters from Ghanaian Community Organizations

March 9, 2011

Dear Fred,

DATA GATHERING

On behalf of the Session of the United Ghanaian Community Church, I hereby write to grant your request to gather data from members of our congregation in response to your dissertation research surveys. Arrangements will be made to enable you distribute the surveys, and for participants to respond to the questions on Sundays after service.

If you need any further assistance in this regard, please do not hesitate to contact me.

Sincerely,

[Signature]

Rev. Kobina Ofosu-Donkoh, Ph.D.

Fred Brako,
302 De Rose Ct.,
Bear DE, 19701.
March 27, 2011

Pastor Fred Brako
302 De Ross Ct
Bear, DE 19701

Dear Pastor Brako:

I am delighted at the opportunity to have you attend our monthly community association meetings in order to gather data for the surveys that you have prepared for your dissertation. I will make an announcement about your data collection at our scheduled meeting dates and encourage couples to participate, so they can fill out the survey.

I wish you all the best as you continue your research.

Your Sincerely,

[Signature]

Kwabena O. Sarfo
Publicity Officer
Fred Brako
302 De Rose Ct
Bear DE, 19701

Dear Fred

I am delighted at the opportunity to have you visit our church to conduct a survey for your dissertation. I will announce your data collection and encourage married couples to fill out the survey. I pray all the best for you as you continue the research.

Yours in Christ

Rev. Richard Darko
Fred Brako
302 De Rose Ct
Bear DE, 19701

March 02, 2011

Dear Fred,

Thank you for requesting to use the members of The Apostolic Church International, Delaware Assembly as a focus group for your research topic.

I am delighted at the opportunity to have you visit our Church in order to gather the necessary data for the surveys that you have prepared for your dissertation. I will inform and encourage couples in the Church to meet with you this Sunday afternoon, after our main service, so they can fill out the survey.

We wish you all the best as you continue the research.

Remain Blessed.

In the Service of His Majesty,

Rev. Richard Amponsah
Fred Brako  
302 De Rose Ct  
Bear DE, 19701

March 20, 2011

Dear Fred,

The leadership of ICGC New Jersey assembly has approved your request to visit our church to gather data from couples about their relationship for your dissertation. Announcement will be made and posters placed on the bulletin board to encourage couples to meet with you on the appointed Sunday after service, so they can fill out the survey.

Our prayers are with you as you continue your research.

Blessings,

Yours in His service,

Rev. Seth Senanu Kpodo
**Appendix M: Revised scale after removing nine items on the Original Scale**

<table>
<thead>
<tr>
<th>Item</th>
<th>Corrected Item-Totals Correlation</th>
<th>Squared Multiple Correlation</th>
<th>Cronbach's Alpha if Item Deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRQ5</td>
<td>.386</td>
<td>.247</td>
<td>.802</td>
</tr>
<tr>
<td>SRQ6</td>
<td>.492</td>
<td>.371</td>
<td>.794</td>
</tr>
<tr>
<td>SRQ7</td>
<td>.455</td>
<td>.423</td>
<td>.798</td>
</tr>
<tr>
<td>SRQ8</td>
<td>.552</td>
<td>.419</td>
<td>.791</td>
</tr>
<tr>
<td>SRQ10</td>
<td>.305</td>
<td>.259</td>
<td>.811</td>
</tr>
<tr>
<td>SRQ11</td>
<td>.440</td>
<td>.380</td>
<td>.799</td>
</tr>
<tr>
<td>SRQ12</td>
<td>.486</td>
<td>.471</td>
<td>.796</td>
</tr>
<tr>
<td>SRQ13</td>
<td>.394</td>
<td>.397</td>
<td>.802</td>
</tr>
<tr>
<td>SRQ15</td>
<td>.359</td>
<td>.452</td>
<td>.804</td>
</tr>
<tr>
<td>SRQ16</td>
<td>.461</td>
<td>.379</td>
<td>.799</td>
</tr>
<tr>
<td>SRQ17</td>
<td>.338</td>
<td>.252</td>
<td>.806</td>
</tr>
<tr>
<td>SRQ18</td>
<td>.281</td>
<td>.219</td>
<td>.810</td>
</tr>
<tr>
<td>SRQ19</td>
<td>.359</td>
<td>.292</td>
<td>.804</td>
</tr>
<tr>
<td>SRQ20</td>
<td>.528</td>
<td>.474</td>
<td>.792</td>
</tr>
<tr>
<td>SRQ21</td>
<td>.382</td>
<td>.386</td>
<td>.802</td>
</tr>
<tr>
<td>SRQ23</td>
<td>.475</td>
<td>.423</td>
<td>.796</td>
</tr>
</tbody>
</table>
Appendix N: Sex Role Egalitarian Matrix

<table>
<thead>
<tr>
<th>SRE Factors</th>
<th>COMPONENT 1</th>
<th>COMPONENT 2</th>
<th>COMPONENT 3</th>
<th>COMPONENT 4</th>
<th>COMPONENT 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRQ 5</td>
<td>.475</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SRQ 6</td>
<td>.580</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SRQ 7</td>
<td>.559</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SRQ 8</td>
<td>.653</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>SRQ 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.537</td>
</tr>
<tr>
<td>SRQ 11</td>
<td>.526</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SRQ 12</td>
<td>.603</td>
<td>-.455</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SRQ 13</td>
<td>.511</td>
<td></td>
<td>-.515</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SRQ 15</td>
<td>.465</td>
<td>-.660</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SRQ 16</td>
<td>.576</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SRQ 17</td>
<td>.426</td>
<td>.458</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SRQ 18</td>
<td></td>
<td></td>
<td></td>
<td>.505</td>
<td></td>
</tr>
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<td>SRQ 19</td>
<td>.474</td>
<td></td>
<td>-.568</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SRQ 20</td>
<td>.653</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SRQ 21</td>
<td>.485</td>
<td>.576</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SRQ 23</td>
<td>.574</td>
<td></td>
<td>-.437</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Extraction Method: Principal Component Analysis
a. 5 components extracted
## Appendix O: MS Initial Table

### MS Tests of Model Effects on covariates

<table>
<thead>
<tr>
<th>Source</th>
<th>Wald Chi-Square</th>
<th>df</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Intercept)</td>
<td>37.974</td>
<td>1</td>
<td>.000</td>
</tr>
<tr>
<td>CoupGen</td>
<td>2.991</td>
<td>1</td>
<td>.084</td>
</tr>
<tr>
<td>ETHBAC</td>
<td>6.185</td>
<td>4</td>
<td>.186</td>
</tr>
<tr>
<td>DEGREE</td>
<td>1.866</td>
<td>5</td>
<td>.867</td>
</tr>
<tr>
<td>EMPLMT</td>
<td>.094</td>
<td>1</td>
<td>.759</td>
</tr>
<tr>
<td>INCOME</td>
<td>3.037</td>
<td>7</td>
<td>.882</td>
</tr>
<tr>
<td>COUNSEL</td>
<td>17.566</td>
<td>1</td>
<td>.000</td>
</tr>
<tr>
<td>TYPMARI</td>
<td>2.653</td>
<td>2</td>
<td>.265</td>
</tr>
<tr>
<td>HOWCOM</td>
<td>5.752</td>
<td>5</td>
<td>.331</td>
</tr>
<tr>
<td>AGE</td>
<td>.140</td>
<td>1</td>
<td>.708</td>
</tr>
<tr>
<td>NUMKIDS</td>
<td>.222</td>
<td>1</td>
<td>.637</td>
</tr>
<tr>
<td>YRSMARI</td>
<td>.698</td>
<td>1</td>
<td>.404</td>
</tr>
<tr>
<td>LENTSTAY</td>
<td>.000</td>
<td>1</td>
<td>.989</td>
</tr>
</tbody>
</table>

Dependent Variable: MSQCORENEW
Model: (Intercept), CoupGen, ETHBAC, DEGREE, EMPLMT, INCOME, COUNSEL, TYPMARI, HOWCOM, AGE, NUMKIDS, YRSMARI, LENTSTAY
### Appendix P: SRES Table

#### SRE Tests of Model Effects on covariates

<table>
<thead>
<tr>
<th>Source</th>
<th>Wald Chi-Square</th>
<th>df</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Intercept)</td>
<td>18.330</td>
<td>1</td>
<td>.000</td>
</tr>
<tr>
<td>CoupGen</td>
<td>.334</td>
<td>1</td>
<td>.563</td>
</tr>
<tr>
<td>ETHBAC</td>
<td>14.686</td>
<td>4</td>
<td>.005</td>
</tr>
<tr>
<td>DEGREE</td>
<td>21.516</td>
<td>5</td>
<td>.001</td>
</tr>
<tr>
<td>EMPLMT</td>
<td>1.239</td>
<td>1</td>
<td>.266</td>
</tr>
<tr>
<td>TYPMARI</td>
<td>4.191</td>
<td>2</td>
<td>.123</td>
</tr>
<tr>
<td>HOWCOM</td>
<td>7.712</td>
<td>5</td>
<td>.173</td>
</tr>
<tr>
<td>AGE</td>
<td>2.842</td>
<td>1</td>
<td>.092</td>
</tr>
<tr>
<td>NUMKIDS</td>
<td>4.044</td>
<td>1</td>
<td>.044</td>
</tr>
<tr>
<td>LENTSTAY</td>
<td>4.168</td>
<td>1</td>
<td>.041</td>
</tr>
</tbody>
</table>

Dependent Variable: SRESCORENEW
Model: (Intercept), CoupGen, ETHBAC, DEGREE,EMPLMT, TYPMARI, HOWCOM, AGE, NUMKIDS, LENTSTAY
Vita

Fred Brako

EDUCATION
Drexel University, Philadelphia, PA
Ph.D., Couples and Family Therapy, 2012
Post-Master’s Certificate -Couples and Family Therapy, 2007
Westminster Theological Seminary, Philadelphia, PA
Master of Divinity (Counseling Major), 2003
Central University College, Accra, Ghana, W. Africa
B.A. (Theology), 1996
Certificate of Continuing Education, Philadelphia, PA
Faith Based Initiative Conference (Having Faith in Recovery), 2008
Cognitive-Behavioral treatment (PESI), 2008
Working with Domestic violence Survivors”, 2008
Certifcate Program, Forest, VA
American Association of Christian Counselors, 2001
Certificate Program, Marietta, Georgia
Active Parenting Today, 2001

PROFESSIONAL EXPERIENCE
Family Therapy Treatment Program (Intern) Mobile Therapist
United Family Services (Intern) Mobile Therapist
Met with families for out-patient and in-home services.
Dock Woods Community (Staff), Lansdale, PA, 2002-2005
Created mentoring programs for the children and youth in the community and provided counseling services
International Central Gospel Church, Ghana District Supervising Minister
New Covenant Church of Philadelphia, PA Counselor/Pastoral Care Min. /Assoc. Pastor
Counselling Services

SELECTED PUBLICATIONS
- Book: Don’t Run from the Battle /No Huya De La Batalla (Spanish version): A new look at Prayer and spiritual warfare.
- Book: Spice up Your Intimacy Life Now: Addressing couple intimacy issues.

AFFILIATIONS
- American Association of Marriage and Family Therapists(Member)
- American Association of Christian Counselors (Member)

COMMUNITY SERVICE/AWARDS
- Equipping National Leaders Award, Philadelphia PA
- Peace Maker Award Philadelphia (NIM), Philadelphia PA