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(Bertha Bleckmann)

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“I decided I was a feminist and this seemed uncomplicated to me. But my recent research has shown me that feminism has become an unpopular word. Apparently I am among the ranks of women whose expressions are seen as too strong, too aggressive, isolating, anti-men and, unattractive. Why is the word such an uncomfortable one?”

Speech by UN Women Goodwill Ambassador Emma Watson for the *HeForShe* campaign, New York, 20 September 2014

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ABSTRACT

Although women's gender traditional role in western societies has certainly come a long way in the last few decades, gender inequality is still an important issue in today's world. With the aid of the Ambivalent Sexism Inventory (ASI, Glick & Fiske, 1996), the Fertility and Childbearing Scale (AFCS; Söderberg, Lundgren, Christensson and Hildingsson, 2013), the Pregnancy Anxiety Scale (PAS, Levin, 1991), the Attitude toward Contraceptives Scale (CAS, Kyes, 1987), as well as items on the desire to have children, fear of an unplanned pregnancy, and on attitudes toward reproduction alternatives, this study relates different aspects of womanhood to levels of ambivalent sexism. As ambivalent sexism is known to vary with culture and levels of gender-equality, a Portuguese (N=141) and a German (N=171) sample of nulliparous women between 18 and 35 years (M=24; SD=3.59) were studied, in order to detect variances between two relatively different European cultures. Results partly confirmed both, differences in terms of ambivalent sexism levels between the two nationalities, as well as a variety of correlations between the constructs of ambivalent sexism and the different aspects of womanhood that were considered in this study.

Keywords: Ambivalent Sexism, Fertility, Womanhood, Childbearing, Unplanned Pregnancy, Contraception, Assisted Reproduction, Adoption

Título: Sexismo ambivalente e feminilidade em mulheres nulíparas – Uma comparação entre mulheres portuguesas e mulheres alemãs

RESUMO

Apesar dos papéis tradicionais das mulheres nas sociedades ocidentais terem certamente percorrido um longo caminho nas últimas décadas, a desigualdade de género ainda é um assunto importante no mundo atual. A distinção de sexos reflete-se em tantas situações do dia-a-dia, que quase que poderia ser entendido como algo natural e humano. Mesmo que hoje em dia o sexismo tradicional já não seja encontrado tão frequentemente como os nossos pais ou avós o tiveram que encarar, a teoria de Glick e Fiske (1996) explica a existência de um sexismo mais *moderno* e de como este se manifesta. A teoria do sexismo ambivalente visa explicar de como o sexismo hoje em dia tem dois lados – um lado *benevolente* que se manifesta por aparentes boas intenções e que, à primeira vista, nem parece ser uma antipatia contra as mulheres, em ambivalência com um sexismo *tradicional*, chamado de *hostil*, que transmite a mensagem clara de que a metade masculina do planeta é a espécie superior. Vários estudos já relacionaram o sexismo ambivalente com a igualdade de género existente à volta do mundo, mostrando que são assuntos intimamente correlacionados, uma vez que as atitudes mais ou menos sexistas são produtos de cada cultura, assim como a igualdade de género também é. Considerando que a identidade social da mulher e a maneira como percebe a sua feminilidade é, também, produto daquilo que aprendeu ao longo da vida, assim como do sexismo experienciado, pôs-se a presunção de que os níveis de sexismo emitidos, também possam estar relacionados com os construtos do sexismo ambivalente. Com o apoio do Inventário de Sexismo Ambivalente (ASI, Glick & Fiske, 1996), da Escala de Atitudes em relação à Fertilidade e à Maternidade (AFCS; Söderberg, Lundgren, Christensson e Hildingsson, 2013), da Escala de Ansiedade perante a Gravidez (PAS, Levin, 1991), da Escala de Atitudes em relação ao uso de Contracetivos (CAS, Kyes, 1987) e com itens especificamente criados para o estudo, este teve, então, como intuito relacionar diferentes aspetos da feminilidade com os níveis de sexismo, tanto benevolente como hostil, encontrados. Assim, os aspetos da feminilidade que foram analisados neste estudo são a importância atribuída à fertilidade (nomeadamente em relação ao futuro da participante, como também em relação à identidade social como mulher), a

dimensão de barreira que uma gravidez não planeada causasse, o desejo e a intenção de ter filhos no futuro, as atitudes perante a contraceção, a ansiedade que a ideia de gravidez, parto ou hospitalização evoca, assim como também foi analisada a atitude que as participantes teriam perante a reprodução assistida ou perante a adoção, no caso de receber um diagnóstico de infertilidade pelo seu médico. Como o sexismo é conhecido por variar de acordo com a cultura e de acordo com os níveis de igualdade de género existentes num país, uma amostra de mulheres jovens nulíparas, portuguesas (N = 141) e alemãs (N = 171), entre 18 e os 35 anos ($M=24$; $DP=3.59$) foram estudadas, afim de detetar variações entre duas culturas europeias relativamente diferentes. As amostras foram recolhidas na internet, através da ferramenta *Forms* do *GoogleDrive*, onde voluntariamente preencheram um questionário de 82 itens do tipo Likert. Os resultados confirmaram parcialmente as hipóteses, visto que foram encontradas diferenças em termos de níveis de sexismo ambivalente entre as duas nacionalidades: apesar da amostra total (alemãs e portuguesas em conjunto) ter apresentado correlações altamente significativas entre as duas escalas, as participantes portuguesas demonstraram, em comparação aos as participantes alemãs (sem tomar em conta aspetos de feminilidade), níveis de sexismo hostil significativamente mais altos. A amostra portuguesa mostrou-se também como sendo preditora de dez (dos onze) diferentes aspetos da feminilidade que foram considerados neste estudo: da importância atribuída à fertilidade relativamente ao seu futuro e à sua identidade, do desejo e da intenção que a participante tem para ter filhos no futuro, de atitudes positivas perante a contraceção, da ansiedade que a ideia de gravidez, parto ou associada hospitalização evoca, assim como também da atitude positiva que as participantes teriam perante uma reprodução assistida ou perante a adoção. A nacionalidade alemã mostrou-se como sendo preditora somente da dimensão de barreira que uma gravidez não planeada causasse a participante. Estes resultados vão de encontro com, por exemplo, a avaliação de culturas de Hofstede (Hofstede, 2014a, 2014b), que descreve a povo português como sendo um povo mais tradicional, coletivista, leal ao seu grupo de pertença, solidário, trabalhador e com pouca flexibilidade perante crenças já estabelecidas. Também a estatística sobre a (des)igualdade de género existente em cada um dos dois países, apresentada pela Nações Unidas (United Nations, 2013a, 2013b), confirma a direção na qual os resultados do presente estudo apontam. Além disto, sem tomar em conta a nacionalidade, foi também descoberto que a variável de sexismo (ambivalente,

benevolente e/ou hostil) é correlacionável, ou até preditora, de aspectos de feminilidade (níveis de importância atribuída à capacidade de ter filhos em termos de identidade social feminina; crenças na importância da fertilidade para o futuro; atitudes positivas para com o uso de métodos de contraceção; níveis de medo associados a uma gravidez não planeada; de desejo e de intenção de ter filhos no futuro; de ansiedade relativamente ao parto e à hospitalização associada; atitudes positivas em relação a adoção em caso de infertilidade pela participante ou seu parceiro). Na discussão e na conclusão do presente estudo apresentam-se ainda algumas limitações e sugestões que possam tomados em conta em futuros estudos, assim como é mencionado em que sentido estes resultados possam ser úteis na prática clínica do psicólogo.

Palavras-chave: Sexismo Ambivalente, Fertilidade, Feminilidade, Procriação, Gravidez não planeada, Contraceção, Reprodução assistida, Adoção

Titel: Ambivalenter Sexismus und Weiblichkeit in Nulliparen Frauen – Ein Vergleich zwischen Portugiesischen Frauen und Deutschen Frauen

ZUSAMMENFASSUNG

Obwohl die Ansicht der geschlechtertypischen Rolle der Frau in westlichen Gesellschaften sicherlich in den letzten Jahrzehnten schon viele Fortschritte gemacht hat, ist die Ungleichheit der Geschlechter noch immer ein wichtiges Thema in der heutigen Welt. Mit Hilfe der Skala zur Erfassung von Ambivalentem Sexismus (ASI, Glick & Fiske, 1996), der Skala zur Einstellung gegenüber Fruchtbarkeit und Schwangerschaft (AFCS; Söderberg, Lundgren, Christensson und Hildingsson, 2013), der Schwangerschaftsängstskala (PAS, Levin, 1991), der Skala zur Erfassung der Haltung gegenüber Kontrazeptiva (CAS, Kyes, 1987), und einzelnen Fragen zur Erfassung von Kinderwunsch, Angst vor einer ungewollten Schwangerschaft und Einstellungen zu Fortpflanzungsalternativen, stellt diese Studie verschiedene Aspekte der Weiblichkeit dem Ambivalenten Sexismus gegenüber. Da der Ambivalente Sexismus dafür bekannt ist je nach Kultur und vorhandener Geschlechtergerechtigkeit verschiedene Intensitäten anzunehmen, wurden für diese Studie Portugiesische (N=141) sowie Deutsche (N=171) nullipare, weibliche Teilnehmer zwischen 18 und 35 Jahren in Betracht gezogen, um die Abweichungen zwischen zwei relativ verschiedenen Europäischen Kulturen festzustellen. Ergebnisse bestätigen, zum Teil, Unterschiede zwischen den Sexismus Ebenen beider Nationalitäten, sowie eine Vielzahl an Korrelationen zwischen den Konstrukten des Ambivalenten Sexismus und den verschiedenen Aspekten der Weiblichkeit, die in dieser Studie berücksichtigt wurden.

Schlüsselbegriffe: Ambivalenter Sexismus, Fruchtbarkeit, Weiblichkeit, Gebärfähigkeit, ungeplante Schwangerschaft, Verhütung, Künstliche Befruchtung, Adoption

Titre: Sexisme ambivalent et féminité en femmes nullipares – Une comparaison entre les femmes portugaises et femmes allemandes

RÉSUMÉ

Même si le rôle traditionnel des femmes dans les sociétés occidentales a certainement fait beaucoup de progrès au cours des dernières décennies, les inégalités entre les sexes, reste encore une question importante dans notre monde d'aujourd'hui. Avec l'aide par l'inventaire de le sexisme ambivalent (ASI, Glick & Fiske, 1996), l'échelle envers l'attitude de la fertilité et fécondité (AFCS; Söderberg, Lundgren, Christensson und Hildingsson, 2013), l'échelle de l'anxiété pendant la grossesse (PAS, Levin, 1991), l'échelle envers l'attitude des contraceptifs (CAS, Kyes, 1987), ainsi que des éléments sur le désir d'avoir des enfants, la crainte d'une grossesse non planifiée, et sur les attitudes envers les alternatives concernant la reproduction, cette étude se rapporte sur les différents aspects de la féminité à des niveaux de sexisme ambivalent. Comme le sexisme ambivalent est connu de se varier entre la culture et les niveaux de l'égalité des sexes, une étude était réalisée à travers un échantillon portugais (N=141) et allemand (N=171) des femmes nullipares entre 18 et 35 ans ($M=24$; $SD=3.59$). Ceci, pour détecter les écarts entre les deux cultures européennes, qui sont relativement différents. Les résultats partiellement confirmés à la fois, les différences en termes de niveaux de sexisme ambivalent entre les deux nationalités, ainsi que d'une série de corrélations entre les constructions de sexisme ambivalent et les différents aspects de la féminité qui ont été pris en compte dans cette étude.

Mot-clés: Sexisme ambivalent, Fertilité, Féminité, Procréation, Grossesse non-planifiée, Contraception, Procréation assistée, Adoption.

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1 Introduction

A little boy sticking out his chest and proudly imitating the father's walk, or a little girl putting lipstick all over her face trying to walk in mummy's high heeled shoes – based on biological sex, gender is one of the earliest forms of identification and categorization we come across as humans. Talking about western cultures, gender differentiation exists in traditions, conversations, humor and conflict as well as in explanations of how people drive their car, up to what they eat, study, wish for or believe in. It is so present, that it could seem completely natural (Eckert & McConnell-Ginet, 2013).

Categorizing something or someone is indeed in our nature; it helps us reduce the complexity of our physical and human surroundings (Marques, Pàez, & Rocha Pinto, 2013) – “The human mind must think with the aid of categories... Once formed, categories are the basis for normal prejudgment. We cannot possibly avoid this process. Orderly living depends upon it” (Allport, 1979, p.20). Since investigation around this topic has started, innumerous studies have proven how social categorization shapes and adapts, among others, our judgment, information processing and behavior in different situations (Eckert & McConnell-Ginet, 2013; Johnson & Carpinella, 2011; Marques et al., 2013; Six-Materna, 2008).

Though surely useful (Allport, 1979), categorizing men and women into their gender-typical roles can rapidly turn into sexism. Though maybe overall not anymore as aggressive as it once was, sexism still constitutes a realistic problem in nearly all societies around the globe (Fields, Swan, & Kloos, 2010; Glick & Fiske, 1997, 2011).

Glick and Fiske (1996) have come up with the ambivalent sexism theory, which aims to explain a more *modern* kind of sexism. The authors of this theory believe that both men and women come across a feeling of ambivalence when thinking about female and male attributions: there are *good* and *bad* things to say about a women – on one side one might say that men and women complete each other because one is said to be insensitive and the other one sensitive; On the other side one might hear someone say

that girls shall not burp, for example, because it isn't feminine at all. This is called benevolent and hostile sexism, respectively.

Many articles around the topic of ambivalent sexism have been published since the beginnings of Glick and Fiske's (1996) theory about this special kind of prejudice (Glick & Fiske, 2011). Ambivalent sexism has been successfully related, among many other topics, to negative attitudes toward women that decided not to save their virginity for marriage (Sakallı Uğurlu & Glick, 2003); to women's receptiveness to men's courtship strategies (Hall & Canterbury, 2011), to women's assertiveness in general (Hall & Canterbury, 2011); to benevolent men's sexism in the eyes of women (Bohner, Ahlborn, & Steiner, 2010); to the violation of gender typical roles as in pregnant women seeking for a job (Hebl, King, Glick, Singletary, & Kazama, 2007) or to recent mothers' acts of breastfeeding their babies in public spaces (Acker, 2009).

Considering that levels of sexism are a product of one's education and culture and considering that it depends much on the experienced gender-equality while growing up, different countries around the world present different levels of sexism (Glick et al., 2000, 2004).

In the meantime, other studies, for example of Swedish young women (Söderberg, Lundgren, Olsson, & Christensson, 2011), as well Fields et al.'s (2010) study show how social constructions of gender form perspectives of social identities and change the way young women perceive themselves and their gender typical abilities (giving birth, etc.). The way fertility, childbearing, contraception, adoption, unplanned pregnancies and other aspects of womanhood are perceived, show a clear influence of societies ideas are recognizable.

Taking into account that the women's perception of her womanhood is influenced by education and sexism, and sexism is, too, influenced by culture, this topic addresses to ambivalent sexism and womanhood in the context of two different cultures which both present distinct gender equality indices (Portugal vs. Germany).

2 Literature Review

2.1 Ambivalent Sexism

Glick & Fiske (1996) see sexism as a form of *special* prejudice once it is not easily explained as a uniform antipathy but rather as an intense ambivalence: Perceptions such as ‘women are not competent’ but ‘should be protected and cherished’ can go hand in hand and can be seen in many cultures throughout our planet (Bosson, Pinel, & Vandello, 2010).

Glick & Fiske (2011) initially felt inspired by the “Sympathy for Blacks” and the “White Guilt” consequent to the Civil Rights movement and the theories about *ambivalent* racism that resulted from these occurrences. While traditional racism was performed openly in society up to a certain point, it then became more ambivalent once there was also a “positive pole” (p.2) to be talked about – something that made it easier to justify prejudice beliefs about an out-group, in this case, toward Blacks (Glick & Fiske, 2011). Similar to this, the authors of the ambivalent sexism theory investigated further the ambivalence toward women, as they noticed that women too, despite existing sexism, were confronted with a “women are wonderful”-effect. Despite all the inspiration from this area of study, Glick and Fiske (2011) soon noticed that gender relations were much different from race relations, considering that the nature of relations and interconnections was much bigger in the gender case than in the race case.

To better understand this Ambivalent Sexism Theory (AST), I’ll start by explaining the two poles: the concept of *benevolent* sexism and *hostile* sexism.

Hostile sexism is the “classic” kind of prejudice, like Allport (1979) describes it in *The Nature of Prejudice*. It is an overt kind of sexism (Benokraitis & Feagin, 1986, cit. in Swim & Cohen, 1997) characterized by unambiguous, intended and harmful behavior which treats women as unequal beings (i.e. salary differences up to sexual harassment).

Instead of infantilizing women, as a benevolent sexist would do, a hostile sexist defends behaviors that are clearly meant to be against women and their social role (Bosson et al., 2010). It is an “overt justification of male privilege” (p.841) acted out through negative attitudes against women (Hall & Canterberry, 2011).

Due to many public discussions, this type of sexism acquired a very negative character and therefore lost its public *openness* that it had shown for years (Six-Materna, 2008).

Benevolent sexism is represented by a series of pro-social behaviors towards women, which view and treat them in a stereotypical perspective and as restricted citizens. These behaviors may be, among many others, *opening a door for a lady to pass, paying for dinner, offering to carry her bag or mentioning how good she looks today*. On the first sight they seem to be politically correct as they're usually wrapped in a positive, helpful tone and as they may do create positive feelings for either one involved, or at least give the impression of a well-intentioned idea (Glick & Fiske, 1996). The reason why the authors do see a negative side of these subjectively positive social behaviors is that it underlies traditional stereotyping as in strengthening traditional restrictive gender roles, as well as it impedes gender equality once it brings up a message of male dominance: “the man as a provider and the woman as his dependent” (Glick & Fiske, 1996, p.492) and limits women to roles with less status and power as the roles of the men (Glick & Fiske, 1997). The woman's access to resources is therefore subject to how well she follows her stereotypical gender role (Fields et al., 2010). The members of the dominant group may really believe these self-enhancing ideas and indeed feel affection for who they exploit (Glick & Fiske, 1997).

According to Glick and Fiske (1996) both benevolent and hostile sexism center on social and biological conditions: *paternalism, heterosexuality* and *gender differentiation*. Each of these components reflects a benevolent side and a hostile side.

Paternalism: Anthropologists believe paternalism has been dominant in every phase of cultural evolution (Glick & Fiske, 1996). Not only is the man usually physically stronger (Six-Materna, 2008) he is also frequently more oriented toward social dominance (Lee, Fiske, & Glick, 2010); and had, over decades, more control over

economic, legal and political aspects of the family (Stockard, & Johnson, 1992, cit. in Glick, & Fiske, 1996). As the women traditionally took care of the children, her place was rapidly said to be at home cleaning, cooking and taking care of her family (Stockard & Johnson, 1992 cit. in Glick & Fiske, 1996).

Glick and Fiske (1996) consider that there are two sides to paternalism. On one hand the paternalism can be a rather *dominant* one, which will have a picture of incompetence of the feminine population and that they need the male species to supervise them. On the other hand the authors believe there is also a *protective* kind of paternalism, which requests affection and protection towards women, in order for the *weaker* species to survive (Glick, & Fiske, 1996).

Heterosexuality: It is at this point that the hostility or prejudice mostly differs from others kinds of hostility. Sexuality creates a unique and uncommon power between men and women. While the male may embody a more structural power, Guttentag and Secord (1983, cit. in Glick & Fiske, 1996) propose that women seem to possess a dyadic one: the men have to more or less ‘obey’ or ‘trust’ women to be able to reproduce or get sexually satisfied, or even to have some psychological intimacy (Berscheid, Snyder, & Omoto, 1989) given that stereotypically heterosexual men do not satisfy each other this way.

Thus, woman can be a source of euphoric and intimate feelings, coupled to a desire of *heterosexual proximity*, which represents at the same time a threat of losing power and dominance over the usually subordinate species. This way, the attraction to the female species can be seen by man as an attempt of domination or emasculation (Check, Malamuth, Elias, & Barton, 1985), bringing up a wanting to gain back control – which then turns into *hostile heterosexuality* (Todorov & Bargh, 2002); Pryor, Giedd & Williams, 1995, cit. in Glick & Fiske, 1996).

Gender differentiation: As already alleged previously, since early childhood humans of the western culture tend to use gender based explanations and categorizations for a great variety of issues to the point that doing this might even seem to be natural (Eckert & McConnell-Ginet, 2013). Gender is used more often to categorize others than, for example, age, race or role (Fiske, Haslam, & Fiske, 1991).

This kind of categorization of genders, given Tajfel's (1981) idea that a tendency to distinguish between groups grows stronger when there is social status attached to the membership (creating social ideologies that validate status differences), will lead to what Glick & Fiske (1996) call *competitive gender differentiation*. On a downward comparison with the female species, men (or women which believe to be worthier than other women) can, this way, justify their structural power and boost their self-esteem, just by being part of their in-group (Tajfel, 1981).

Nonetheless, looking at this from a different perspective, Glick and Fiske (1996) noticed that women do seem to be described as having positive traits, which men, somehow, depend on (dyadic dependency on women as spouses, mothers or romantic involvements) and stereotypically lack them selves (*i.e.* sensitivity, patience) – and therefore search contact with the other species: *complementary gender differentiation*.

Given the distinct ways to externalize these two types of sexism, benevolent sexism is often seen as the less aggressive and therefore more accepted type of sexism (Fields et al., 2010). Nevertheless, Bosson et al. (2010) and Dardenne, Dumont, & Bollier (2007) found out that it is rather the other way around. While the hostile sexism is more easily ignored, quickly forgotten or not taken seriously in the first places, benevolent sexism is understood to cause larger damage to a woman's self-esteem (Bosson et al., 2010). She might never talk about the benevolent sexist situations she encounters because she could be afraid of showing an overreaction, in comparison to the people surrounding her that might not see any harm in the same situation (Stangor, Van Allen, Swim, & Sechrist, 2002). This way, even though the initial impact might seem smaller, the consequences may endure over a longer period of time (Bosson et al., 2010).

2.2 Being a woman

Around the time of modernity society started assuming a certain perspective toward women, which said them to be devoted creatures that shall sacrifice their life and womanhood for their children and family. Those were the essential and inherent values that were exclusive to the feminine human being, which brought her power and respect – she was known for her sweetness, abnegation, tenderness and dedication to

others. In detriment to this, other capacities (i.e., outside the house) were said to be unnatural for her (Moura & Araujo, 2004). If a woman would want something other than to get married and have children straight away, chances of being blamed were high and even the existence of a pathology was considered (Barbosa & Rocha-Coutinho, 2012).

Although, as a product of education and socialization (Gillespie, 2003) until today this thought is still more or less present in many societies, nowadays, the pretty picture of the bread-winning male and the childrearing women has gotten a bit paler due to the feminism movements, greater gender equity, strong control over contraceptive methods, innumerable career possibilities, desire for smaller families (Olah & Fahlén, 2013), economic instabilities due to deregulated markets (McDonald, 2006) and changes in social services and benefits (Olah & Fahlén, 2013).

Despite the emergence of a positive female identity separate from motherhood, as well as a widening acceptance of childless women who have fulfilling gender identity (Gillespie, 2003), for most women the idea of being bearing and raising a child is still a very important part of their selves.

To my knowledge, most of the studies about western nulliparous women focus on aspects such as why they are voluntarily childless (Barbosa & Rocha-Coutinho, 2012; Gillespie, 2003), why they postpone childbearing (Tydén, T. Svanberg, Karlström, Lihoff, & Lampic, 2006), or how they experience their sexuality (Muise, Preyde, Maitland, & Milhausen, 2010), not many studies focus on what being fertile *means* to young women.

2.2.1 Meaning of womanhood in young women

In their study, Söderberg, Lundgren, Olsson, & Christensson (2011) found out that fertility is a paradox phenomena. The participants aged between 23 and 27 years and without any experience with pregnancy or parenthood, described fertility to be associated with a feeling of power (that unites them with other women), that has to be suppressed (with contraceptives) because society and themselves have high expectations toward the future. On one side the participants expressed an augmenting

sensation of fertile responsibility to plan life, associated to feelings of joy, blessing and relief, while on the other hand they said to feel great expectations from society to do so at the right time – “the woman should not have children too young and cannot wait too long either” (p.406) – which caused them feelings of responsibility, sorrow and worry (Söderberg et al., 2011).

Fertility, by the participants, is seen as a central part of life, as an *existential ability* to create life, in order to belong to it and feel complete. They stated to feel confident and strengthened as a woman, through the fact that they have a natural capacity of bearing new life, like so many other women did before them over “thousands of years” (p.406). The ability to bear a child also is, as the study reckons, a longing for the future, for something new when the right moment comes (Söderberg et al., 2011).

Participants seemed to attribute more importance to the fact of having the power of choice to have or not have children (even if they weren't sure if they'd want kids in the first place), than to childbearing itself. The negative side to that was described to be running against time and that pressure from others was big: One participant expressed the idea of only hearing how great and important it is for a woman to have children and a family, but that she rarely notices encouragement to everything else there is to life, what she describes to be “so much more” (p.408). These young women imagined that once a woman had the desired number of children and eventually entered menopause she would feel a great comfort and relief of pressure because the choice wouldn't be there anymore, and neither the stress of having to intake of hormones for birth control (Söderberg et al., 2011).

The idea of the creation of a perfect life through a family (love and safety) seemed to be quite present, too, although describing motherhood as an end of being spontaneous and free, in exchange to being limited, taking responsibilities, abdicating their time and having other priorities. To be able to enjoy these aspects of motherhood the women found it important to, while nulliparous, have a good education, a good job, a stable economy and a good home, to travel and to appreciate time with the partner. Once a family is established, the participants say, they'll be able to live each day at a time and focus less on themselves, letting be “what will be” (p.410). If fertility was seen as an obstacle (unplanned pregnancy), the participants felt a high chance of becoming bitter at some points of their lives once they wouldn't get the chance to do

all they plan to do *before* having a child. The decision to have a baby should therefore be taken consciously, once it is a decision one has to “live with for the rest of [my] life” (Söderberg et al., 2011, p.410).

Another aspect that was related to fertility in Söderberg et al.'s (2011) study is responsibility. The participants told that on one side they had a great quality of life due to contraceptives, but with it a high pressure to plan perfectly, as they are given the chance and the power to do so; That on one side they felt pressure to take hormones because of “no place for young adults with kids in society”, on the other were concerned about what consequences of years and years of hormones had on their fertility. The women said to feel stress when thinking about the limits of their biological readiness, together with the feeling of not being ready psychologically, to cope with their health to be fertile as long as possible, with being pregnant and giving birth and with successfully having a relationship at the same time as raising a child (Söderberg et al., 2011).

To this Fields et al.'s (2010) study added that in 99% of the spontaneous essays, about the participant's own views on womanhood, ambivalent sexist themes were contained, indicating that ambivalent sexism is highly relevant when it comes to define gender-based experiences.

One the aims of the present study is to compare Portuguese with German females in order to find out if these two relatively different European cultures differ, too, in terms of levels of sexism and womanhood. As these ideas, preoccupations and hopes in young women are necessarily interconnected with education and socialization (Gillespie, 2003) it makes sense have a look at some cultural backgrounds specific to the two samples of this study.

2.3 Cultural differences between Portugal and Germany

Considering Hofstede's Cultural Dimensions Theory on cross-cultural communication, the following part will give in insight onto the differences between Portugal and Germany, on what concerns their social values and consequent behavior,

once the “degree of gender differentiation in a country is highly dependent on its national culture” (Hofstede & Hofstede, 2014).

Regarding the first dimension, the *Power Distance Index* – which observes the society’s attitudes on the fact that inequalities necessarily exist among a population – Portugal’s score (63/100) reflects a high and accepted hierarchical distance. This means that, in average, the Portuguese people in powerful positions are acknowledged to have privileges and the employees expect the boss to control everything. Subordinates do not provide bosses with negative information and await their superior to interpret and confront them with the signals they gave about a certain problem. Germany, on the other hand, scored 35/100 in this dimension, which signifies a low power distance. Germany is evaluated to have a strong middle class and determination rights that are relatively extensive. Communication is direct, control is disliked and leadership is best accepted when it bases on the leaders’ expertise (Hofstede, 2014a, 2014b).

The *Individualism Index*, as in interdependence among members of a society, describes the Portuguese culture to not lead very well with change and rates it, after Spain, as the most collectivist country in Europe. The Portuguese is used to his customs and has long-term commitments to his member groups, where they are expected to take responsibility for fellow members. His loyalty outweighs most of societal regulations and public offences lead to shame and loss of face. In contrast, Germany (67/100), second to this evaluation, is known to be truly individualistic, preferring a small family where the parent-children relation is more focused on than the extended family. An intense belief is put into self-actualization, where loyalty, duties and responsibilities are based on personal preference. In terms of communication they are stereotypically among the most direct in the world, with the goal for everyone to learn from mistakes (Hofstede, 2014a, 2014b)

Concerning the *Masculinity Index*, as in ‘trying to be the best’ (masculine) or ‘liking what one does’ (feminine) in terms of motivation, Portugal scored lower (31/100) than Germany (66/100). Portuguese people, as a relatively feminine society, are said to enjoy consensus instead of polarization and competitiveness. Work is considered an act for one to be able to live and incentives as free time and flexibility are welcome. The citizens value solidarity, equality and quality and like to resolve

conflicts with compromise and negotiation. Germany, as a rather masculine country, values performance and divides their children, at the age of ten, into different schools according to this. Contrary to the Portuguese ‘working in order to live’, the German typically ‘lives in order to work’ and draws his self-esteem from this, as well as he enjoys showing status (cars, watches, technical devices; Hofstede, 2014a, 2014b).

The *Uncertain Avoidance Index*, which measures the level of threat felt toward unknown situations, as well as the beliefs and institutions that try to avoid these, classifies Portugal to have scored 99/100 and therefore as preferring to avoid these kind of situations. Firm codes of beliefs and behaviors are upheld and intolerance is shown regarding unorthodox ideas. People have a strong impulse to be busy, to work hard, to be precise and to attain security. Germany (65/100), also among the more avoidant countries, has a culture that values details and well-thought projects in order to attain certainty, intensely relying on expertise instead of giving larger responsibilities to others (e.g. superiors; Hofstede, 2014a, 2014b).

The *Pragmatism Index* evaluated how the cultures typically deal and lead with their past, while confronting challenges of their future. The Portuguese score (28/100) indicates a preference for a more normative thought with a strong preoccupation and respect for traditions, as well as enjoying immediate results more than to save for the future. With 83/100 points Germany classifies for a pragmatic culture where truth is known to depend on situation, context and time. Germans easily adapt traditions to new conditions and have a tendency to save and invest, and perseverance in achieving their goals (Hofstede, 2014a, 2014b).

Lastly, concerning the *Indulgence Index*, both Portugal (33/100) and Germany (40/100) were categorized as having cultures of restraint. This index assesses the point to which people try to control their desires and impulses and shows both countries with a robust sense of control. Both are said to tend toward cynicism and pessimism and to put little emphasis on leisure, controlling the gratification of desires. Both feel that their actions are restricted and that spoiling themselves would be wrong for some reason (Hofstede, 2014a, 2014b).

Considering the United Nation’s indices of Gender Development [which represents the female to male ratio of the Human Development Index (the average achieving of a

long, healthy life, knowledge and a decent standard of living); GDI] Portugal scores slightly higher (0.970) than Germany (0.962; United Nations, 2013a). In terms of the Gender Inequality Index (inequality between men and women, concerning reproductive health, empowerment and labor market) Portugal scored 0.116 though, which reflects a higher inequality between genders than Germany presents (0.046; United Nations, 2013b).

2.4 Previous studies

As various studies from around the world showed, ambivalent sexism is closely related to indicators of inequality between genders (Fields et al., 2010; Glick et al., 2000, 2004). Glick et al. (2000; 2004) also found out that hostile and benevolent sexism scales are closely correlated, with national correlation averages reaching up to .9, meaning that their research shows that nations either strongly endorse *or* reject both hostile sexism and benevolent sexism. This backs up the idea that the two types of sexism are “complementary systems of rewards” (Glick, 2000, p.773). The authors also found that women in relatively gender-traditional nations are found to accept benevolent sexism as much, or even more than men do (Glick, 2000; 2004).

Although studies have correlated aspects of womanhood with ambivalent sexism and others have investigated the relationship between ambivalent sexism and different cultures, so far not many studies have related both: different aspects of womanhood to the levels ambivalent sexism, comparing the samples of two European cultures.

2.5 Current Study – Objective and hypotheses

Taking into account previous studies completed in the domain of ambivalent sexism, the objective of this study is to find out if and how ambivalent sexism is related to specific aspects of womanhood. Given the fact that both, the understanding of womanhood as well as the levels of sexism are related to culture (Gillespie, 2003; Glick et al., 2000; 2004), this study will compare a sample of young, nulliparous women from Germany to a sample of young, nulliparous women from Portugal.

Hypothesis 1 – The participants of the Portuguese sample will show higher levels of belief in hostile and benevolent sexism than the participants of the German sample, once Portugal presents higher levels of gender inequality than Germany.

Hypothesis 2 – Participants which present higher levels of acceptance of hostile and benevolent sexism will also show higher levels of agreement with the different aspects of womanhood:

- a) Higher attribution of meaning of fertility (future importance attributed to fertility, childbearing as a hindrance in the current life situation, childbearing as part of the social identity as women);
- b) More positive attitudes toward having children (desire and intention to have children in the future, fear of getting pregnant unintentionally at present, attitude toward the use of contraceptives);
- c) Higher levels of anxieties related to pregnancy and giving birth (anxiety of being pregnant, anxiety of giving birth, anxiety of the hospitalization associated to childbearing);
- d) More positive attitudes toward reproduction alternatives in case of infertility (attitude toward assisted reproduction and toward adoption).

3 Method

3.1 Participants

For this study, a sample (N=312) of German and Portuguese women between the age of 18 and 35 years ($M=24$; $SD=3.59$), which were not yet mothers, were taken into account.

More specifically, the Portuguese sample contained 141 participants between the ages of 18-35 years ($M=23.83$; $SD=3.43$). While 56.7% of them were *single*, 27.7% communicated to currently be in an *intimate relationship*, 9.2% in a *cohabiting relationship* and 6.4% of them said they were *married*. Regarding their level of education 26.2% of the Portuguese participants said to have finished school (called 12th grade in the Portuguese school system), while 44.7% indicated to possess a Bachelor degree, 7.8% communicated to have completed a post graduation, 18.4% said to have a Master degree and 0.7% a Doctor degree (1.4% preferred not to give an answer).

What concerns their occupation, following data was extracted: 52.5% were students; 12.8% were active in the healthcare area (psychologist, nutritionist, doctors, therapists, nurses, etc.); 5.7% worked in the hospitality sector (waitress, stewardess, receptionist, cook, masseuse, etc.); 5% had administrative jobs (secretary, marketing, quality assurance, accounting, human resources, etc.); 2.8% were involved in sales business (insurance, shops, supermarket, call center agencies; etc.); 2.1% were active in the social area (social work, volunteers, sociologist, etc.); 2.1% had professions to do with technical sciences (engineering, biology, laboratory technicians, etc.); 1.4% said to be working in education (teachers, educators, nannies, etc.); 0.7% were in the armed forces; another 0.7% followed an occupation to do with arts (design, architecture, editor, etc.); while 2.8% were unemployed and 11.3% of the Portuguese participants preferred not to answer this question.

The German sample contained 171 participants between the ages of 18-35 years ($M=24.13$; $SD=3.72$). While 52.6% of them were *single*, 22.2% communicated to currently be in an *intimate relationship*, 19.9% in a *cohabiting relationship*, 2.3% of

them said they were *married* and 0.6% of them *divorced* (2.3% preferred no to answer). Regarding their level of education 5.8% of the German participants said to have done their GSCEs (called *Mittlere Reife* in the German school system), 38% of them indicated to have finished school (called *Abitur* in the German school system) while 36.8% indicated to possess a Bachelor degree, 1.8% communicated to have completed a post graduation, 14.6% said to have a Master degree and 0.6% a Doctor degree (0.6% preferred not to give an answer).

What concerns their occupation, following data was extracted: 44.4% were students; 7% said to be working in education; 6.4% had administrative jobs; 4.7% were active in the healthcare area; 4.7% were involved in sales business; another 3.5% followed an occupation to do with arts; 1.8% were active in the social area; 1.2% worked in the hospitality sector; 1.2% had professions to do with technical sciences; while 0.6% were unemployed and 24.6% refused to answer this question.

No age differences in the Portuguese and German sample were observed, $t(310)=.745$, $p=.45$.

3.2 Procedures

An online survey was submitted through *Google Drive* and enrolled in the summer of 2014, for woman of ages above eighteen, of German and Portuguese Nationality.

The advantage of collecting the data for this study through the Internet were that the participants had a real time access to the questionnaire all around the world and that their information was instant- and automatically decoded and stored, at low monetary and time-saving costs (Guéguen, 2007). The online survey permitted the participants to answer the questions when and wherever they like, at their own pace and once no interviewer was physically present, it might have given the applicants a chance to show more openness to the questions asked.

The necessary information regarding the study and the voluntary nature of their participation were given to the research participants before the beginning of the actual survey.

The participants were reminded of the non-existence of right or wrong answers and were asked to respond according to their reality and experience. Further, they were informed that the questionnaire is anonymous, that all information will be treated confidentially and that it will take them around 10-15 minutes to complete the whole form. No compensation or reward for participation was offered.

Lastly, an email and post contact from the author of the study was given and with a click on the “continue” button the participants agreed to participate.

3.3 Design

The design of this study is cross-sectional.

3.4 Instruments

All of the statements and items of different scales were presented to the participants on a 7-point Likert self-report scale. While “1” represents *I strongly disagree*, “4” means *I neither agree, nor disagree* and “7” signifies *I strongly agree*. Together the following eight scales made up a survey of a total of 82 closed-ended questions - see Attachment I for the survey in English, Portuguese or German.

Taking into consideration the inverted items, higher scores show higher levels of ambivalent sexism, a more positive attitude toward fertility and childbearing, a higher desire or intention to have children, more intense fear of becoming pregnant without the intention to do so, a more positive attitude about the use of contraceptive methods during intercourse, higher levels of anxiety towards pregnancy and more positive attitudes regarding assisted reproduction and/or towards adoption.

a) Ambivalent Sexism

Glick and Fiske launched the *Ambivalent Sexism Inventory* (ASI) in 1996. It was designed to measure the level of one’s agreement with attitudes of ambivalent sexism aside from distinguishing hostile and benevolent sexism. Both scales can also be used separately if needed.

It consists of 22 items, 11 of which are related to hostile sexism (items 2,4,5,7,10,11,14,15,16,18 and 21) and the other 11 being related to benevolent sexism (items 1,3,6,8,9,12,13,17,19,20,22). An example of a hostile sexism item is “Women are too easily offended”, while an illustration of a benevolent sexism item is “A good woman should be set on a pedestal by her man”.

Consistent with the ambivalent sexism theory and with previous research (Glick & Fiske, 1996, 1997; Fields et al. 2010), the benevolent sexism and the hostile sexism scale show a positive correlation of $r=.456$ ($p<.01$) for both of the nationalities together, $r=.478$ ($p<.01$) for the German sample and $r=.502$ ($p<.01$) for the Portuguese sample.

This scale contains inverted items (3,6,7,13,18,21) which have to be taken care of ($7=1/6=2/5=3/4=4/3=5/2=6/7=1$) before the evaluation of the data.

Although the items of the ASI simply reflect themes of the *paternalism, gender differentiation and heterosexuality*, rather than being build up on the experiences of a large number of participants, Fields et al.’s (2010) study showed that the constructs of ambivalent sexism are truly everyday occurrences for women, and not just items of a scale to which participants respond to.

The German version was elaborated by Eckes and Six-Materna (1999).

The Portuguese version of the ASI was translated and adapted by (Gonçalves, Orgambidez-Ramos, Giger, Santos, & Gomes, *in press*).

b) Meaning of fertility and childbearing

The *attitude toward fertility and childbearing scale* (AFCS), designed by Söderberg, Lundgren, Christensson and Hildingsson (2013), used to measure the attitudes toward fertility and childbearing among women who are not yet mothers.

In total there are 27 items divided into the following three components, which each represent a specific underlying dimension of the construct: *importance of fertility for the future* (items 1,6,8,12,13,16,19,21,26) – as for example: “*Having children is an important part of life*”; *childbearing as a hindrance at present* (items

2,3,4,5,7,9,10,14,15,20,23,27) – as for example: “*Having children would limit my career*”; and *social identity* (items 11,17,18,22,24,25) – as for example “*Becoming a mother is important for my identity as a woman*”.

As the items are listed in order according to their components in the original article of the scale, an online randomizer service (Haahr, 2014) was used to reach the order used in our questionnaire.

The scale was originally published in English by the authors and translated into Portuguese and German by two licensed translators, together with the author of this study.

c) Attitude toward having children

The *desire and intention* participants had to become a mother in the future, was measured by two questions that were specifically designed for this survey: “*Do you feel the desire to have children in the future?*” and “*Do you have the intention of having children in the future?*”

The questions were designed in Portuguese and put into English and German by two licensed translators, together with the author of this study.

The participant’s fear of getting pregnant unintentionally was measured by two questions specifically aimed for this study: “*Are you scared of getting pregnant unintentionally?*” and “*Are you frightened of an unplanned pregnancy?*”

The questions were designed in Portuguese and put into English and German by two licensed translators, together with the author of this study.

The *Contraceptive Attitude Scale* (CAS) was used to estimate the risk participants were to take during sexual activities, as well as the way contraception made them feel.

Kyes designed it in 1987 as the original version of 35 items of self-evaluation. The version used in this survey has been adapted by Reis and Matos (2006) and therefore only consists of 11 items as in “*The contraceptive methods increase sexual desire*” or “*Contraceptive methods make the sex seem too planned*”.

The Portuguese adaptation of this instrument was done by Caldeira, Galhardas, Nobre and Ramiro (2005).

Two licensed translators together with the author of this study translated it to German.

The scale was used through the entire data analysis without the third item, once the reliability of the scale was higher without it.

d) Anxieties related to pregnancy and birth

The *Pregnancy Anxiety Scale* (PAS) was created by Levin (1991) and intends to further study the maternal anxiety during pregnancy and birth of the baby.

It consists of 10 items. Items 1-3 ask about the anxiety about being pregnant – for example: “*Do you fear that you would fall and hurt your baby?*”; items 4-7 investigate the levels of anxiety around childbirth – for example: “*Are you afraid the pain of childbirth would be bad?*” and items 8-10 explore the fear associated to hospitalization alone – for example “*Are you worried that the doctors might not be friendly?*”.

The original scale was written in English. The Portuguese and German versions were translated by two licensed translators, together with the author of this study.

e) Attitude toward reproduction alternatives

Attitude toward assisted reproduction: This part of the survey was especially designed for this study. We adapted six of what seem to be the most common methods of assisted reproduction and asked participants to what degree, and under what kind of circumstances, they would be willing to opt for such methods.

The six most common assisted reproductive methods (in-vitro fertilization, intracytoplasmic sperm injection, gamete intrafallopian transfer, zygote intrafallopian transfer, donor egg and surrogacy) were out taken from a website (Baby Center, 2014) and communicated in a way to fit in with the 7-point Likert scale the whole survey is

based on. Each method was briefly explained, too. For example: “*Intracytoplasmic sperm injection (One of your partner’s sperm is placed inside your egg with a microscopic needle).*”

Attitude toward adoption: participant’s attitude on adoption was measured by two questions specifically intended for this study: “*Would you consider adopting a child if you wouldn’t be able to have children of your own?*” and “*If you were considered infertile by your doctor, would you try to adopt a child?*”

The questions were designed in Portuguese and put into English and German by two licensed translators, together with the author of this study.

The socio-demographic part of the questionnaire was located at the end of the survey and comprised of nine items concerning age, gender, nationality, current country and city the participant is living in, level of education, occupation, marital status and the children’s age and gender, in case the participant happened to be a mother already.

To see values of mean scores, their standard deviations, observed minimum and maximum values, as well as the asymmetry and reliability of each of the instruments used, check Table 4.2.1 located in the descriptive analysis (see next chapter “Results”).

4 Results

The statistical analysis of data was performed with the 22nd version of the software program *Statistical Package for the Social Sciences* (SPSS).

4.1 Preliminary analyses

In a preliminary analysis less than 2% of missing values were found and were substituted by mean value.

4.2 Descriptive Analysis

All variables showed to be normal and adequate for analysis. For complete information, see Table 4.2.1 below.

Table 4.2.1*Descriptive Statistics for different questionnaires and their factors, for all three sample versions*

	Sub-scale	Mean			Std. Deviation			Observed Minimum ¹			Observed Maximum ¹			Asymmetry			Alpha de Cronbach (α)		
		T	G	P	T	G	P	T	G	P	T	G	P	T	G	P	T	G	P
ASI (Glick & Fiske, 1996)	Scale																.90	.91	.90
	BS	3.73	3.83	3.62	1.12	1.19	1.02	1	1	1	6.1	6.1	5.8	-0.16	-0.21	-0.19	.89	.89	.88
	HS	3.62	3.40	3.87	1.17	1.17	1.12	1	1	1	7	7	6.4	-0.18	-0.04	-0.34	.85	.87	.83
DIC	2 items	5.69	5.55	5.87	1.66	1.71	1.59	1	1	1	7	7	7	-1.21	-1.21	-1.48	.96	.96	.97
AFCS (Söderberg et al. 2013)	Scale																.85	.84	.86
	IFF	5.00	4.89	5.14	1.39	1.48	1.27	1	1	1	7	7	7	-0.82	-0.81	-0.74	.91	.92	.89
	CBH	4.88	5.06	4.67	1.23	1.19	1.25	1.5	1.5	1.9	7	7	7	-0.54	-0.65	-0.41	.90	.90	.90
FPU	CBSI	4.75	4.43	5.13	1.23	1.14	1.23	1	1	1	7	7	7	-0.25	-0.12	-0.59	.81	.76	.84
	2 items	4.37	4.06	4.74	1.11	2.18	1.96	1	1	1	7	7	7	-0.20	0.02	-0.47	.94	.97	.89
	Scale																.83	.81	.80
PAS (Levin, 1991)	ABP	3.13	2.68	3.68	1.57	1.49	1.50	1	1	1	7	6.6	7	0.33	0.66	0.03	.69	.68	.65
	AGB	4.75	4.35	5.23	1.48	1.43	1.40	1	1	1	7	7	7	-0.40	-0.28	-0.66	.77	.70	.81
	AH	2.82	2.32	3.44	1.52	1.42	1.41	1	1	1	7	7	6.6	0.39	0.90	-0.02	.74	.83	.62
CAS (Kyes, 1987)	Scale	4.15	3.86	4.50	0.93	0.90	0.85	1.7	1.7	1.9	6.4	6.4	6.3	-0.10	0.34	-0.68	.65	.75	.69
AAR	6 items	4.42	4.17	4.72	1.30	1.30	1.24	1	1	2	7	7	7	-0.37	-0.53	-0.13	.85	.84	.85
AA	2 items	5.66	5.33	6.06	1.41	1.55	1.10	1	1	2	7	7	7	-1.19	-1.03	-1.05	.92	.92	.92

Note: T= Total sample (N=312); G= German sample (N=171); P= Portuguese sample (N=141); ¹Minimum and maximum possible: 1-7; BS = Benevolent Sexism; HS = Hostile Sexism; DIC = Desire and Intention to have a baby in the future; IFF = Importance of Fertility for the Future, CBH = Childbearing as a Hindrance at the present stage of life; CBSI = Childbearing as part of Social Identity as a woman; FPU = Fear of an Unplanned Pregnancy; ABP = Anxiety about the idea of Being Pregnant; AGB = Anxiety about Childbirth itself; AH = Anxiety of the Hospitalization associated to childbirth; ATC = Attitude Toward the use of Contraceptive methods; AAR = Attitude toward Assisted Reproduction in case of infertility; AA = Attitude toward Adoption in case of infertility.

4.3 Effect of Nationality

A series of one-way MANOVA were conducted on the variable sets in order to check for effects of nationality.

On ambivalent sexism results revealed a significant multivariate main effect of nationality, Wilks' $\lambda = .916$, $F(2, 309.000) = 14.16$, $p < .001$, on hostile sexism ($M_{\text{Germany}} = 3.40$ vs. $M_{\text{Portugal}} = 3.87$; $p < .001$), but no significant effects were found on benevolent sexism ($M_{\text{Germany}} = 3.82$ vs. $M_{\text{Portugal}} = 3.61$; $p < .001$).

On the meaning of fertility and childbearing results revealed a significant multivariate main effect of nationality, Wilks' $\lambda = .852$, $F(3, 308.000) = 17.83$, $p < .001$, on childbearing as a hindrance at the present stage of life ($M_{\text{Germany}} = 5.05$ vs. $M_{\text{Portugal}} = 4.66$; $p = .005$), as well as on childbearing as part of social identity as a woman ($M_{\text{Germany}} = 4.43$ vs. $M_{\text{Portugal}} = 5.12$; $p < .001$), though no significant effects were found on the importance of fertility for the future ($M_{\text{Germany}} = 4.89$ vs. $M_{\text{Portugal}} = 5.13$; $p = .116$).

On the attitude toward having children results revealed a significant multivariate main effect of nationality, Wilks' $\lambda = .878$, $F(3, 308.000) = 14.23$, $p < .001$, on the fear of an unplanned pregnancy ($M_{\text{Germany}} = 4.05$ vs. $M_{\text{Portugal}} = 4.74$; $p = .004$), as well as on the attitude toward the use of contraceptive methods ($M_{\text{Germany}} = 3.86$ vs. $M_{\text{Portugal}} = 4.50$; $p < .001$), while no significant effects were found on the desire and intention to have a baby in the future ($M_{\text{Germany}} = 5.54$ vs. $M_{\text{Portugal}} = 5.86$; $p = .088$).

On the anxieties related to pregnancy and birth results revealed a significant multivariate main effect of nationality, Wilks' $\lambda = .830$, $F(3, 308.000) = 21.09$, $p < .001$, on all of the three factors: anxiety about the idea of being pregnant ($M_{\text{Germany}} = 2.67$ vs. $M_{\text{Portugal}} = 3.68$; $p < .001$), anxiety about the idea of giving birth ($M_{\text{Germany}} = 4.35$ vs. $M_{\text{Portugal}} = 5.22$; $p < .001$), and anxiety of the hospitalization associated to childbirth ($M_{\text{Germany}} = 2.31$ vs. $M_{\text{Portugal}} = 3.44$; $p < .001$).

On the attitude toward reproduction alternatives results revealed a significant multivariate main effect of nationality, Wilks' $\lambda = .920$, $F(2, 306.000) = 13.28$, $p < .001$, on the attitude toward assisted reproduction in case of infertility ($M_{\text{Germany}} = 4.16$ vs. $M_{\text{Portugal}} = 4.72$; $p < .001$), as well as on the attitude toward adoption in case of infertility ($M_{\text{Germany}} = 5.34$ vs. $M_{\text{Portugal}} = 6.06$; $p < .001$).

4.4 Correlational Analysis

A Pearson product-moment correlation coefficient was computed to assess the possible correlations between the variables of benevolent and hostile sexism, and the desire and the intention to have a baby in the future, the importance of fertility for the future, childbearing as a hindrance at the present stage of life, childbearing as part of social identity as a woman, fear of an unplanned pregnancy, anxiety about the idea of being pregnant, anxiety about childbirth itself, anxiety of the hospitalization associated to childbirth, attitude toward the use of contraceptive methods, attitude toward assisted reproduction in case of infertility and attitude toward adoption in case of infertility. This was performed for both nationalities together, as well as for each one individually. Following correlations were found (for a complete view of all correlations between variables, see Table 4.4.1, Table 4.4.2, and Table 4.4.3 below). Increased levels of benevolent sexism were significantly correlated with increased levels of hostile sexism for the total sample ($r = .456$), as well as for each country individually (German sample: $r = .478$; Portuguese sample: $r = .502$). For all of the three samples, increases of benevolent sexism levels were also significantly correlated to the desire and intention to have children in the future (total sample: $r = .345$; German sample: $r = .325$; Portuguese sample: $r = .407$) and levels of the importance of fertility for the future ($r = .441$; $r = .429$; $r = .495$, respectively). For all of the sample versions rises in the factor of childbearing as part of their social identity as a woman significantly correlated with levels of benevolent sexism: total sample ($r = .490$), German sample ($r = .528$), and Portuguese sample ($r = .569$). Levels of benevolent sexism also showed to be correlated to attitudes toward the use of contraceptive methods (total sample: $r = .220$; German sample: $r = .238$; Portuguese sample: $r = .320$) and, though slightly less significant, to levels of anxiety of the idea of being pregnant (total sample: $r = .142$; German sample: $r = .164$; Portuguese sample: $r = .211$). While in the total and in the German sample correlations between benevolent sexism and

anxiety about the idea of giving birth ($r=.119$; $r=.159$, respectively) or adopting a child in case of infertility ($r=.123$; $r=.158$, respectively) were found, no significant correlations were found for the Portuguese sample concerning these variables. Nevertheless, the Portuguese sample showed significant correlations between increases of the level of benevolent sexism and increases in anxiety about the idea of being hospitalized for childbirth ($r=.168$).

Increased levels of hostile sexism showed significant correlations with increases of levels of following variables, in all of the three sample versions (total, German and Portuguese): the desire to and intention to have children in the future ($r=.247$; $r=.263$; $r=.193$, respectively); the importance of fertility for the future ($r=.285$; $r=.271$; $r=.279$, respectively); childbearing as part of social identity as a woman ($r=.390$; $r=.350$; $r=.362$, respectively); the fear of an unplanned pregnancy ($r=.222$; $r=.159$; $r=.248$, respectively); attitudes toward the use of contraceptive methods ($r=.331$; $r=.252$; $r=.330$, respectively) and attitudes toward adoption in case of infertility ($r=.216$; $r=.156$; $r=.211$, respectively). Results of the total sample, as well of the German sample, show significant correlations between levels of hostile sexism and the anxiety about the idea of giving birth ($r=.218$; $r=.209$, respectively); as well as for levels of hostile sexism and anxiety of the hospitalization associated to childbirth ($r=.233$; $r=.204$, respectively). A significant correlation was also found between the increase of levels of hostile sexism and anxiety of the idea of being pregnant in both the total sample ($r=.198$) and the Portuguese sample ($r=.183$). Last, concerning only the Portuguese sample, correlations between the intensification of levels of hostile sexism and levels of childbearing as a hindrance at the present stage of life were found ($r=.192$).

Table 4.4.1*Bivariate Correlations among all variables – Total (N=312)*

	BS	HS	IFF	CBH	CBSI	DIC	FPU	ATC	ABP	AGB	AH	AAR	AA
BS	--	.456	.441	.067	.490	.345	.086	.220	.142	.119	.106	.004	.123
HS		--	.285	.078	.390	.247	.222	.331	.198	.218	.233	.060	.216
IFF			--	-.282	.689	.858	-.148	.157	.218	.227	.178	.140	.305
CBH				--	-.032	-.195	.532	.310	.154	.245	.021	.022	-.031
CBSI					--	.596	.164	.369	.321	.356	.343	.072	.219
DIC						--	-.112	.179	.189	.275	.147	.169	.320
FPU							--	.352	.280	.291	.194	-.003	.011
ATC								--	.341	.391	.387	.163	.303
ABG									--	.443	.485	.157	.258
AGB										--	.485	.177	.204
AH											--	.164	.257
AAR												--	.399
AA													--

Darker gray - Correlation is significant at the 0.05 level (2-tailed); Lighter gray - Correlation is significant at the 0.01 level (2-tailed); BS = Benevolent Sexism; HS = Hostile Sexism; DIC = Desire and Intention to have a baby in the future; IFF = Importance of Fertility for the Future, CBH = Childbearing as a Hindrance at the present stage of life; CBSI = Childbearing as part of Social Identity as a woman; FPU = Fear of an Unplanned Pregnancy; ABP = Anxiety about the idea of Being Pregnant; AGB = Anxiety about Childbirth itself; AH = Anxiety of the Hospitalization associated to childbirth; ATC = Attitude Toward the use of Contraceptive methods; AAR = Attitude toward Assisted Reproduction in case of infertility; AA = Attitude toward Adoption in case of infertility.

Table 4.4.2*Bivariate Correlations among all variables, for the German sample (N=171)*

	BS	HS	IFF	CBH	CBSI	DIC	FPU	ATC	ABP	AGB	AH	AAR	AA
BS	--	.478	.429	.049	.528	.325	.076	.238	.164	.159	.143	.057	.158
HS		--	.271	.049	.350	.263	.159	.252	.115	.209	.204	.012	.156
IFF			--	-.323	.621	.875	-.244	.013	.197	.184	.084	.177	.325
CBH				--	.038	-.255	.572	.419	.137	.282	.018	-.066	-.076
CBSI					--	.504	.108	.249	.284	.289	.231	.069	.154
DIC						--	-.236	.061	.155	.216	.070	.242	.352
FPU							--	.329	.224	.260	.121	-.123	-.057
ATC								--	.209	.313	.232	-.015	.132
ABG									--	.385	.481	.113	.197
AGB										--	.400	.065	.102
AH											--	.101	.186
AAR												--	.371
AA													--

Darker gray - Correlation is significant at the 0.05 level (2-tailed); Lighter gray - Correlation is significant at the 0.01 level (2-tailed); BS = Benevolent Sexism; HS = Hostile Sexism; DIC = Desire and Intention to have a baby in the future; IFF = Importance of Fertility for the Future, CBH = Childbearing as a Hindrance at the present stage of life; CBSI = Childbearing as part of Social Identity as a woman; FPU = Fear of an Unplanned Pregnancy; ABP = Anxiety about the idea of Being Pregnant; AGB = Anxiety about Childbirth itself; AH = Anxiety of the Hospitalization associated to childbirth; ATC = Attitude Toward the use of Contraceptive methods; AAR = Attitude toward Assisted Reproduction in case of infertility; AA = Attitude toward Adoption in case of infertility.

Table 4.4.3

Bivariate Correlations among all variables, for the Portuguese sample (N=141)

	BS	HS	IFF	CBH	CBSI	DIC	FPU	ATC	ABP	AGB	AH	AAR	AA
BS	1	.502	.495	.058	.569	.407	.145	.320	.211	.148	.168	-.023	.148
HS		1	.279	.192	.362	.193	.248	.330	.183	.119	.137	.027	.211
IFF			1	-.209	.802	.830	-.043	.317	.207	.251	.261	.048	.235
CBH				1	-.013	-.094	.575	.361	.311	.340	.166	.208	.151
CBSI					1	.711	.146	.366	.221	.307	.310	-.053	.171
DIC						1	.023	.288	.184	.316	.186	.031	.230
FPU							1	.308	.272	.256	.180	.080	.011
ATC								1	.326	.336	.385	.252	.432
ABP									1	.387	.340	.076	.188
AGB										1	.453	.197	.206
AH											1	.086	.175
AAR												1	.362
AA													1

Darker gray - Correlation is significant at the 0.05 level (2-tailed); Lighter gray - Correlation is significant at the 0.01 level (2-tailed); BS = Benevolent Sexism; HS = Hostile Sexism; DIC = Desire and Intention to have a baby in the future; IFF = Importance of Fertility for the Future, CBH = Childbearing as a Hindrance at the present stage of life; CBSI = Childbearing as part of Social Identity as a woman; FPU = Fear of an Unplanned Pregnancy; ABP = Anxiety about the idea of Being Pregnant; AGB = Anxiety about Childbirth itself; AH = Anxiety of the Hospitalization associated to childbirth; ATC = Attitude Toward the use of Contraceptive methods; AAR = Attitude toward Assisted Reproduction in case of infertility; AA = Attitude toward Adoption in case of infertility.

4.5 Regression Analysis

A multiple linear regression was calculated in order to find out if age, nationality, benevolent sexism or hostile sexism are possible significant predictors for the variables used in the study. The results showed following (for more information see the tables in the Attachment II):

Age revealed itself to be a significant predictor of the importance for fertility in the future ($\beta = .046$); of childbearing as a hindrance at the present stage of life ($\beta = -.101$); of the fear of getting pregnant unintentionally ($\beta = -.198$); and attitude toward contraceptives ($\beta = -.033$).

Nationality showed to be a predictor of all variables, more specifically of importance for the fertility for the future ($\beta = .330$); of childbearing as a hindrance at the present stage of life ($\beta = -.467$); of childbearing as part of social identity ($\beta = .749$); of FPU ($\beta = .486$); of the desire and the intentions participants had to have children in the

future ($\beta = .377$); of the attitude toward contraceptives ($\beta = .593$); of the anxiety of being pregnant ($\beta = .996$); of the anxiety about the idea of giving birth ($\beta = .826$); of the anxiety about hospitalization ($\beta = 1.071$); of the attitude toward assisted reproduction ($\beta = .551$); as well as for the attitude toward adoption ($\beta = .686$).

We discovered Benevolent Sexism to be a significant predictor of the importance of the fertility for the future ($\beta = .531$); of childbearing as part of the social identity as a woman ($\beta = .512$); of the desire and the intention to have children in the future ($\beta = .480$); of attitudes toward contraceptives ($\beta = .131$); as well as of the anxiety about the idea of giving birth ($\beta = .192$).

Hostile Sexism exposed itself to be a significant predictor of childbearing as part of the feminine social identity ($\beta = .120$); of the fear of getting pregnant unintentionally ($\beta = .289$); of the attitude toward the use of contraceptives ($\beta = .145$); of the anxiety about the hospitalization associated with childbirth ($\beta = .156$); and of attitudes toward adoption ($\beta = .151$).

5 Discussion

5.1 Results

The purpose of the current study was to link the level of agreement nulliparous women between 18 and 35 years showed with ambivalent sexism to different aspects of womanhood, such as the meaning of fertility and childbearing (future importance attributed to fertility, childbearing as a hindrance in the current life situation, childbearing as part of the social identity as women); the attitude toward having children (desire and intention to have children in the future, fear of getting pregnant unintentionally at present, attitude toward the use of contraceptives); the anxieties related to the idea of pregnancy and giving birth (anxiety of being pregnant, anxiety of giving birth, anxiety of the hospitalization associated to childbearing); and finally the attitude toward reproduction alternatives in case of infertility (attitude toward assisted reproduction and toward adoption).

Hypothesized was that the Portuguese sample will show greater levels of ambivalent sexism, once they show to be a more tradition-valuing country with lower levels of gender equality than Germany; and that higher levels of belief in ambivalent sexism will show to be correlated to higher agreement with the aspects of womanhood tested in this study.

Partly confirming hypothesis 1, results of the nationality effect indicated higher levels of belief in hostile sexism in the Portuguese sample than in the German sample. These results can be explained by the existence of a greater gender inequality in Portugal, compared to Germany (Glick et al., 2000; Hofstede, 2014a, 2014b; United Nations, 2013b).

Yet, considering no significant effect of nationality was found on benevolent sexism, the difference between the cultures was not as great as expected. This might be due to a movement toward a European identity by young Europeans, as Pierre Bourdieu (cit. in Farrell, 2010) explains. Through the forming of various multicultural memberships with others (internet, exchange programs, etc.) an accumulation of different cultural backgrounds forms new social identities in young people (Farrell, 2010). That might,

have influenced young European women and their opinion on certain behaviors regarding men or other women, and this way has turned it more uniform.

Consistent with previous research (Glick & Fiske, 1996, 1997, 2000; 2004; Fields et al. 2010) though, both scales of the ambivalent sexism inventory showed high correlations between each other, for all three sample versions.

Partly confirming hypothesis 2, ambivalent sexism was found to be the predictor of some aspects of womanhood tested in this study:

- Meaning of fertility and childbearing – Ambivalent sexism (both hostile and benevolent sexism scale) was a predictor of childbearing as an important part of the social identity as a woman, while benevolent sexism was found to be a predictor of the level of importance fertility had to women, regarding their future. Furthermore, a correlation between levels of hostile sexism and levels of importance of fertility for the future was found. Exclusively in the case of the Portuguese sample, levels of hostile sexism were also correlated to see childbearing as a hindrance at the present stage of the life.

Believing in ambivalent sexism means to, on one side, thinking that women should be cherished, protected and set on a pedestal, because men need them in order to feel complete; while on the other hand one also believes in the fact that a lot of women complain too much about inequalities and discriminations because they are longing for power and control over men (Glick & Fiske, 1996). The fact that this kind of thinking predicts the importance that a woman attributes to her capacity of childbearing as part of her social identity makes sense with the idea of an ambivalent sexist woman cherishing her feminine ability to create life (which gives her feelings of union, joy and blessing; Söderberg et al., 2011), while at the same time being upset about the fact that some women abuse this unique capacity to gain control over men and playing with them.

Similarly benevolent sexism can be explained to predict the importance given to fertility in the future. To believe in benevolent sexism is to believe in the image of an

(traditionally) ideal women, which should create and care for her family, while to attribute importance to fertility means to long for the creation of a (traditionally) perfect family (i.e. mother, father, child) in the future (Söderberg et al., 2013).

- Attitude toward having children – Ambivalent sexism showed to predict levels of attitudes the participants had toward the use of contraceptive methods during intercourse, while hostile sexism predicted the participant's fear of an unplanned pregnancy. Benevolent sexism predicted the desire and the intention participant's had to have children in the future, although higher levels of hostile sexism were, too, correlated to higher levels of desire and intention to have children in the future;

Higher levels of sexism remit to valuing gender traditional roles (Glick & Fiske, 1996), which imply creating a family once conditions and time are right and could, this way, explain why more sexist women enjoy a quality of life and take the chance to plan their family life carefully, which they are both given through contraceptives (Söderberg et al., 2011).

Hostile beliefs predicting greater fear of an unplanned pregnancy might have to do with the fact that high hostile beliefs refer to a rather unambiguous antipathy towards women, which maybe do not want children in the first place.

The fact that being benevolent sexist predicts the desire to have children in the future is easily explained, as the results in the previous section: believing in the gender traditional role of women predicts the acting out of a gender traditional role, and therefore is therefore closely related to an intense wish to have children.

- Anxieties related to pregnancy and birth – Hostile sexism was exposed to be a predictor of anxiety about the idea of hospitalization associated to childbirth while, on the contrary, levels of anxiety toward hospitalization of the Portuguese sample were correlated to their levels of benevolent sexism. Furthermore, benevolent sexism showed itself to

be a predictor of levels of anxiety on the idea of giving birth, though levels of hostile sexism were, too, correlated. Levels of ambivalent sexism showed to be correlated to the anxiety related to the idea of being pregnant;

Women, which have rather hostile beliefs toward their own species, might feel as less of a part of the in-group (women) or as less of a women (considering gender typical role), which might cause higher levels of anxiety towards the chances of being treated in an unfriendly manner at the hospital, while being in such gender-typical situation (i.e. bearing a child).

Benevolent sexist beliefs explaining the existence of higher anxiety toward childbirth could possibly be justified by the fact that this is of the most intense, and performance-requiring moments for a woman (Söderberg et al., 2011), especially when attached to benevolent beliefs. This way, it could cause higher levels of anxiety.

- Attitude toward reproduction alternatives – Acceptance of hostile sexism predicted positive attitudes towards adopting a child in case of infertility (German sample showed correlations between benevolent sexism and positive attitudes toward adoption, too).

The fact that hostile sexism predicts more positive attitudes toward adopting a child in case of one of the partner's infertility might have to do, again, with the fact of feeling more antipathy than sympathy toward women and therefore more easily opt towards a biologically more *unnatural* way to have a family.

Coherent with the partial confirmation of both hypotheses, nationality showed to be a relevant predictor of certain aspects of womanhood. This way, compared to German women, Portuguese women were a predictor for considering fertility important for the future, i.e. seeing children as an essential part of life, and for considering the ability to bear a child and to be fertile as an important part of the social identity as a women. Being Portuguese also predicted higher levels of fear toward an unplanned pregnancy, a more intense desire to have children in the future and more positive attitudes toward

the use of contraceptive during sexual activities with a partner. Similarly, being of Portuguese nationality predicted higher levels of anxieties related to the ideas of pregnancy, birth and associated hospitalization. Furthermore, Portuguese nationality was also a predictor for more positive attitudes toward reproduction alternatives, as in assisted reproduction and adoption, in case of an infertility diagnosis of the participant or the participant's partner.

These results are consistent with Hofstede's (2014b) evaluation of the Portuguese Nation as one that beliefs in loyalty and responsibility within their in-group (family, extended family), which works in order to live rather than lives in order to work, which values compromise, collectivism (interdependence between member) instead of individualism, a country which values solidarity, traditions, day-by-day living and firm codes of belief. Further, these results make sense with the partial confirmation of the second hypothesis, which indicated that Portuguese participants had higher levels of belief in hostile sexism, in a way that they believe that a woman should act in respect to her gender-traditional role (having children and taking care of them and the family), in order to get rewarded or not get punished.

The only variable that wasn't predicted by the Portuguese nationality was predicted by the German nationality: being German predicted the participant to consider childbearing, at her current stage of life, as a hindrance. This makes sense considering the evaluation of the German culture (Hofstede, 2014a) as a working, individualistic, career-oriented population which values status, expertise and self-actualization and detailed planning. Priorities where unplanned babies could very easily interfere.

5.2 Limitations and future studies

However, this study presented some limitations.

Once it was done as an Internet study, the nature of participation is less clear as in a face-to-face survey, not to mention that this type of questionnaire only reaches women who have a connection to the Internet in the first place. Regarding the topic of the study, this might have interfered considering that some women living in more unfavorable conditions (restricted access to electricity, Internet or information in

general) might not have participated at all, meaning that the present results might correspond to a rather middle class population.

Also, in order to be able to say that the results are most probably due to education and socialization, and therefore culture, asking about nationality nowadays might not be enough, especially in an online study. Many people do not live where they are born, especially young nulliparous people. On some aspects concerning womanhood (e.g. “I find it hard to imagine a life without children”), education and the culture one interiorized might reflect intensely, while the indications up to what point a child might be a hindrance at present may rather reflect the (social) conditions the participant is living at her present stage of life. It maybe would have been more useful to directly ask what nationality the participant would categorize her education in to be surer about the nature of the results found.

Furthermore, I think it would have been useful to find out more information regarding the women that participated, to better understand the connection between sexism and womanhood. Regarding the feedback received on the survey, especially women who had already been considered infertile, as well as homosexual women who did not see themselves have babies, were unhappy with the questions asked because no space was given for them to express their different, but surely common, conditions.

Due to a deficiency of technical optimization regarding the online survey tool *Forms* from *GoogleDrive*, in some cases it was reported that only four of the seven possible answers of the Likert scale used, were visible to the participants. This meant that some participants using mobile phones or tablet computers only saw options 1-4, which invalidated their whole participation. I think it would be useful to mention this (e.g. “*If you are using a mobile phone or a tablet computer, before you start, please make sure that you can see 7 possible answers for each item – if not, please try to complete this survey on another device (portable or desktop PC), or try refreshing this page*”) in the introduction to future online studies.

For future studies reflecting on sexism and womanhood, I believe it would be interesting to explore aspects regarding the women’s self-esteem or overall satisfaction with her, for example, romantic relationships (or other major daily life situations), to be able to further explore the operationalization of this issue. During the

running of this study I noticed that many women (and men) were not aware of the *benevolent, subtle* kind of sexism in our everyday lives, and with this, they are not aware of the harm it can cause to their own or others' relationships, self esteem and satisfaction. While the knowledge and opposition to hostile sexism is high, benevolent kind of sexism was often understood as human nature and the natural relationship between men and women.

It would also be interesting to see if these results would show in a replication of the study in different cultures and/or with bigger samples.

6 Conclusion

Sexism (especially benevolent sexism) might not yet be experienced as a problem by everyone, once it is disguised with seemingly good intentions and as a part of a rewarding system; but on a variety of levels it interferes everyday lives.

A major German Newspaper, for example, recently alerted to the fact that myths around mother- and womanhood are dangerous, especially to women in ambivalent situations such as an unplanned pregnancy. The pressure that builds up through continuously making it seem that motherhood is automatically and inevitably connected to an everlasting happiness (myths such as “the best thing that can happen to a woman is to give birth and to care for a child”) makes women all over the world take radical actions such as legal and illegal abortions, keeping the child out of morally based reasons or even ‘aborting’ and getting rid of the fetus themselves (Hasel, 2014). This is only one of the examples that shows the pressure that is created by continuously referring to gender-traditional roles in our otherwise quite modern new world.

This way, from a clinical point of view the outcomes of this study therefore seem to be valid and of good use. The present study opens up new ways of thought throughout this topic and reflects on some aspects important to the domain of psychology and healthcare in general.

They might be important to professionals working with mothers-to-be or young women in general, considering that sexism and womanhood are closely related and can interfere with different behaviors once sexism is able to predict levels of anxiety towards aspects of womanhood, attitudes toward reproduction alternatives, perceived pressure to act second the definition of what a happy woman should be and regulate belief about the self’s and others’ basic human right to be treated equally without judgments and prejudice.

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8 Attachments

Attachment I-A

Survey for English-speaking participants

Note: The **titles in bold** of the different scales are merely for the reader's better understanding of how the survey was presented to participants; the titles themselves were not visible in the actual survey.

Ambivalent Sexism Inventory (ASI) by Glick & Fiske, 1996

ASI1EN. No matter how accomplished he is, a man is not truly complete as a person unless he has the love of a woman.

ASI2EN. Many women are actually seeking special favors, such as hiring policies that favor them over men, under the guise of asking for equality.

ASI3EN. In a disaster, women ought not necessarily to be rescued before men.

ASI4EN. Most women interpret innocent remarks or acts as being sexist.

ASI5EN. Women are too easily offended.

ASI6EN. People are often truly happy in life without being romantically involved with a member of the other sex.

ASI7EN. Feminists are not seeking for women to have more power than men.

ASI8EN. Many women have a quality of purity that few men possess.

ASI9EN. Women should be cherished and protected by men.

ASI10EN. Most women fail to appreciate fully all that men do for them.

ASI11EN. Women seek to gain power by getting control over men.

ASII2EN. Every man ought to have a woman whom he adores.

ASII3EN. Men are complete without women.

ASII4EN. Women exaggerate problems they have at work.

ASII5EN. Once a woman gets a man to commit to her, she usually tries to put him on a tight leash.

ASII6EN. When women lose to men in a fair competition, they typically complain about being discriminated against.

ASII7EN. A good woman should be set on a pedestal by her man.

ASII8EN. There are actually very few women who get a kick out of teasing men by seeming sexually available and then refusing male advances.

ASII9EN. Women, compared to men, tend to have a superior moral sensibility.

ASII20EN. Men should be willing to sacrifice their own well being in order to provide financially for the women in their lives.

ASII21EN. Feminists are making entirely reasonable demands of men.

ASII22EN. Women, as compared to men, tend to have a more refined sense of culture and good taste.

Desire and Intention to have Children (DIC)

QDI1EN. Do you feel the desire to have children in the future?

QDI2EN. Do you have the intention of having children in the future?

Attitude towards Fertility and Childbearing Scale (AFCS) by Söderberg, Lundgren, Christensson and Hildingsson (2013)

AFC1EN. Having a child is a way for me to add new elements in life.

AFC2EN. Taking responsibility for a child does not fit into my current life.

AFC3EN. Having children would limit my life right now.

AFC4EN. Having children would limit my leisure time activities.

AFC5EN. Childbearing does not fit into my life right now.

AFC6EN. I look forward to one day becoming a mother.

AFC7EN. Having children would limit my career.

AFC8EN. Having children will develop me as a person.

AFC9EN. Being a mother would take too much of my own time.

AFC10EN. It is important for me to have my own stable economy when I have children.

AFC11EN. My fertility makes me feel communion with other women.

AFC12EN. I talk to my friends about having children in the future.

AFC13EN. It is important to me to be fertile.

AFC14EN. Having children would limit socializing with my friends.

AFC15EN. I do not want to take responsibility as a mother now.

AFC16EN. It is important to me to be able to get pregnant anytime.

AFC17EN. When I have children, my life must be prepared for living with children.

AFC18EN. It is important for me that the child is born in a nuclear family i.e. mother, father, children.

AFC19EN. I can imagine being pregnant and giving birth.

AFC20EN. Having children would limit my study opportunities.

AFC21EN. Having children is an essential part of life.

AFC22EN. It is important for me to have a stable relationship when I have children.

AFC23EN. It is important for me to choose when to get pregnant.

AFC24EN. Being fertile is important for my identity as a woman.

AFC25EN. Becoming a mother is important for my identity as a women.

AFC26EN. I find it hard to imagine living a life without children.

AFC27EN. An unplanned pregnancy would hinder me in my current life.

Fear of an Unplanned Pregnancy (FPU)

QFP1EN. Are you scared of getting pregnant unintentionally?

QFP2EN. Are you frightened of an unplanned pregnancy?

Pregnancy Anxiety Scale (PAS) by Levin, 1991

PAS1EN. Has anyone frightened you about having a baby?

PAS2EN. Have you read anything that frightened you about having a baby?

PAS3EN. Do you fear that you would fall and hurt your baby?

PAS4EN. Are you afraid the pain of childbirth would be bad?

PAS5EN. Are you going to ask for pain medicine in delivery?

PAS6EN. Do you fear about being cut when the baby is born?

PAS7EN. Are you afraid your baby would not be normal?

PAS8EN. Are you afraid you would be alone in the hospital?

PAS9EN. Are you worried that the doctors might not be friendly?

PAS10EN. Are you worried that the nurses might not be friendly?

Contraceptive Attitude Scale (CAS) by Kyes, 1987

CAS1EN. The contraceptive methods increase sexual desire.

CAS2EN. The contraceptive methods make sex seem more romantic.

(CAS3EN. I feel I would be comfortable talking about contraception with my friends.)

CAS4EN. People should use contraceptives regardless of knowing their sexual partner for a longer or a shorter time.

CAS5EN. The contraceptive methods can really make intercourse more pleasurable.

CAS6EN. There is no difficulty in the use of contraceptive methods.

CAS7EN. Using contraceptives makes a relationship seem too permanent.

CAS8EN. Sex is nice if you use a contraceptive method.

CAS9EN. It pays to use contraceptives even though the monetary costs are high.

CAS10EN. Contraceptive methods make sex seem too planned.

CAS11EN. I feel better about myself when using contraceptive methods.

Attitude toward Assisted Reproduction (AAR)

Imagine that you'd find out that you (or your partner) have a fertility problem. In order to try to get pregnant indicate to what degree you'd consider the following techniques of artificial fertilization:

ASR1EN. In vitro fertilization (Your eggs are combined with your partner's sperm in a dish in a laboratory. Embryos develop for 3-5 days before being placed in your uterus).

ASR2EN. Intracytoplasmic sperm injection (One of your partner's sperm is placed inside your egg with a microscopic needle).

ASR3EN. Gamete intrafallopian transfer (Your eggs are combined with your partner's sperm in a dish in a lab, then surgically injected into your fallopian tubes. Fertilization happens naturally from here on).

ASR4EN. Zygote intrafallopian transfer (Your eggs are mixed with your partner's sperm in a dish in a lab, then surgically placed in your fallopian tubes. Your doctor will wait until fertilization occurs to place your embryos inside of you).

ASR5EN. Donor eggs or embryo (An egg/embryo donated by another woman is mixed with your partner's sperm and the resulting embryo is implanted in your uterus).

ASR6EN. Surrogacy (Another woman carries your embryo and gives the baby to you after birth).

Attitude toward Adoption (AA)

QAA1EN. Would you consider adopting a child if you wouldn't be able to have children of your own?

QAA2EN. If you were considered infertile by your doctor, would you try to adopt a child?

Sociodemographic Information

Sex (*feminine/masculine*) / Age / Nationality / Current city and country you are living in / Level of Education / Profession / Marital Status (*single/ married/ divorced/ widow/ cohabiting partnership/ intimate relationship*) / Do you have children? (y/n) / If so, what age and gender are they?

Attachment I-B

Survey for Portuguese-speaking participants

Note: The **titles in bold** of the different scales are merely for the reader's better understanding of how the survey was presented to participants; the titles themselves were not visible in the actual survey.

Escala de Sexismo Ambivalente (ASI) de Glick e Fiske, 1996

ASI1PT. Independentemente quão acompanhado um homem esteja, ele nunca está completo até que ame uma mulher.

ASI2PT. Muitas mulheres atualmente procuram favores especiais, como as políticas de emprego que as favorecem perante os homens, sob o ideal de pedirem igualdade.

ASI3PT. Num desastres, devem socorrer-se as mulheres antes dos homens.

ASI4PT. A maior parte das mulheres, interpreta comentários inocentes como sendo comentários sexistas.

ASI5PT. As mulheres ofendem-se muito facilmente.

ASI6PT. As pessoas nunca estão verdadeiramente felizes na vida sem que estejam romanticamente envolvidas com uma pessoa do sexo oposto.

ASI7PT. As feministas tentam que as mulheres alcancem mais poder que os homens.

ASI8PT. Muitas mulheres têm uma qualidade de pureza que poucos homens possuem.

ASI9PT. As mulheres deviam ser acarinhadas e protegidas pelos homens.

ASII10PT. Muitas mulheres não apreciam verdadeiramente tudo aquilo que os homens fazem por elas.

ASII11PT. As mulheres procuram ganhar o poder através do domínio dos homens.

ASII12PT. Todos os homens devem ter uma mulher que adorem.

ASII13PT. Os homens estão incompletos sem as mulheres.

ASII14PT. As mulheres exageram os problemas que têm no emprego.

ASII15PT. Assim que uma mulher consegue que um homem se comprometa, geralmente procura pôr-lhe «rédea curta».

ASII16PT. Quando as mulheres perdem com um homem numa competição justa, elas, tipicamente, queixam-se de serem alvos de discriminação.

ASII17PT. Uma boa mulher deveria ser colocada num pedestal pelo seu homem.

ASII18PT. Muitas mulheres conseguem um «pontapé de saída» provocando os homens, mostrando-se sexualmente disponíveis, e depois recusando os seus avanços.

ASII19PT. As mulheres comparativamente aos homens, tendem a ter uma sensibilidade moral superior.

ASII20PT. Os homens devem estar na disposição de sacrificar o seu próprio bem-estar, de forma a sustentarem financeiramente a mulher.

ASII21PT. As feministas fazem exigências pouco razoáveis aos homens.

ASII22PT. As mulheres, comparativamente com os homens, tendem a ter um sentido de cultura e gosto mais refinados.

Desejo e intenção de ter filhos no futuro (DIC)

QDI1PT. Deseja ter crianças no futuro?

QDI2PT. Tem a intenção de ter crianças no futuro?

Escala de atitudes em relação a fertilidade e reprodução (AFCS) de Söderberg, Lundgren, Christensson e Hildingsson (2013)

AFC1PT. Ter uma criança é uma forma para eu adicionar novos elementos à minha vida.

AFC2PT. Assumir a responsabilidade por uma criança não se enquadra com o meu estilo de vida atual.

AFC3PT. Ter crianças limitaria a minha vida neste momento.

AFC4PT. Ter crianças limitaria as minhas atividades no tempo livre.

AFC5PT. Ter uma criança não se enquadra com a minha vida agora.

AFC6PT. Espero um dia ser mãe.

AFC7PT. Ter crianças limitaria a minha carreira.

AFC8PT. Ter crianças desenvolver-me-á como pessoa.

AFC9PT. Ser mãe tomaria demasiado do meu tempo livre.

AFC10PT. É importante para mim ter a minha economia estável quando tiver crianças.

AFC11PT. A minha fertilidade faz-me sentir em comunhão com outras mulheres.

AFC12PT. Falo com os meus amigos acerca de ter filhos no futuro.

AFC13PT. É-me importante ser fértil.

AFC14PT. Ter crianças limitaria a minha socialização com amigos.

AFC15PT. Não quero assumir as responsabilidades de mãe agora.

AFC16PT. É importante para mim poder engravidar a qualquer altura.

AFC17PT. Quando tiver crianças, a minha vida deve estar preparada para viver com crianças.

AFC18PT. É importante para mim que o meu filho nasça numa família nuclear, i.e. mãe, pai, irmãos.

AFC19PT. Consigo imaginar-me grávida e dar à luz.

AFC20PT. Ter crianças limitaria as minhas oportunidades de estudos.

AFC21PT. Ter crianças é uma parte essencial da vida.

AFC22PT. É importante para mim ter uma relação estável, quando tiver crianças.

AFC23PT. É-me importante decidir quando engravidar.

AFC24PT. Ser fértil é importante para a minha identidade como mulher.

AFC25PT. Ser mãe é importante para a minha identidade como mulher.

AFC26PT. Custa-me imaginar uma vida sem crianças.

AFC27PT. Uma gravidez não planeada dificultaria a minha vida atual.

Medo de uma gravidez não planeada (FPU)

QFP1PT. Tem receio de engravidar inesperadamente?

QFP2PT. Você tem medo de uma gravidez não planejada?

Escala de ansiedade perante a gravidez (PAS) de Levin, 1991

PAS1PT. Já alguém a assustou em relação a ter uma criança?

PAS2PT. Já leu algo que a assustou em relação a ter uma criança?

PAS3PT. Receia cair e magoar a criança?

PAS4PT. Receia a dor de parto?

PAS5PT. Pedirá anestesia ou analgésicos, aquando do parto?

PAS6PT. Receia ser cortada quando a criança nascer?

PAS7PT. Receia que a criança não seja normal?

PAS8PT. Receia estar sozinha no hospital?

PAS9PT. Preocupa-se com a possível antipatia dos médicos?

PAS10PT. Preocupa-se com a possível antipatia das enfermeiras?

Escala de atitudes face ao uso de métodos contraceptivos (CAS) de Kyes, 1987

CAS1PT. Os métodos contraceptivos aumentam a vontade sexual.

CAS2PT. Os métodos contraceptivos fazem as relações sexuais parecer mais românticas.

CAS3PT. Eu sentir-me-ia à vontade se conversasse sobre contraceção com os meus amigos.

CAS4PT. As pessoas devem usar contraceptivos independentemente de conhecerem o seu parceiro sexual há mais ou menos tempo.

CAS5PT. Os métodos contraceptivos podem realmente tornar a relação sexual mais agradável.

CAS6PT. Não há dificuldade nenhuma no uso de métodos contraceptivos.CAS7PT. Usar métodos contraceptivos faz um relacionamento parecer demasiado permanente.

CAS8PT. O sexo é agradável se for usado um método contraceptivo.

CAS9PT. Vale a pena usar contraceptivos mesmo que os custos monetários sejam elevados.

CAS10PT. Os métodos contraceptivos fazem as relações sexuais parecer demasiado planeadas.

CAS11PT. Sinto-me melhor comigo próprio(a) quando uso métodos contraceptivos.

Atitudes face à reprodução assistida (AAR)

Imagine que descobre que você (ou o seu parceiro) tem um problema de fertilidade. Para tentar engravidar indique em que grau concordaria com as seguintes técnicas de fertilização artificial:

ASR1PT. Fertilização *in vitro* (Os seus ovários são, em conjunto com os espermatozoides do seu parceiro, colocados numa placa de laboratório. Os embriões desenvolvem dentro de 3-5 dias para depois serem colocados no seu útero).

ASR2PT. Injeção intracitoplasmática de espermatozoides (Um dos espermatozoides do seu parceiro é colocado, com a ajuda de uma seringa microscópica, no seu ovário).

ASR3PT. Transferência intratubária de gâmetas (Os seus ovários são, em conjunto com os espermatozoides do seu parceiro, colocados numa placa de laboratório e,

depois, injetados nas suas trompas de falópio. A fertilização segue o seu caminho natural à partir daqui).

ASR4PT. Transferência intratubária de zigotos (Os seus ovários são, em conjunto com os espermatozoides do seu parceiro, colocados numa placa de laboratório e, depois, injetados nas suas trompas de falópio. O seu médico vai esperar até que a fertilização aconteça para colocar o embrião dentro de si).

ASR5PT. Ovários ou embriões doados (Um ovário/embrião doado por outra mulher é misturado com os espermatozoides do seu parceiro e o embrião resultante é colocado dentro do seu útero).

ASR6PT. Maternidade de substituição (Outra mulher carrega o seu embrião e dá-lhe o bebé depois do parto).

Atitudes face à adoção (AA)

QAA1PT. Consideraria adotar uma criança, caso não pudesse ter uma sua?

QAA2PT. Se o seu médico a considerasse infértil, tentaria adotar uma criança?

Informação sociodemográfica

Género (*f/m*) / Idade / Nacionalidade / Cidade e país em que reside / Habilitações literárias / Profissão / Estado civil (*solteira/ casada/ divorciada/ viuva/ em união de facto/ em relação íntima*) / Tem filho(s)? (*sim/não*) / Se sim, indique a idade e o género do(s) seu(s) filho(s).

Attachment I-C

Survey for German-speaking participants

Note: The **titles in bold** of the different scales are merely for the reader's better understanding of how the survey was presented to participants; the titles themselves were not visible in the actual survey.

Skala zur Erfassung des ambivalenten Sexismus (ASI) – Glick und Fiske, 1996

ASI1DT. Egal wie erfolgreich ein Mann auch sein mag, ohne eine Frau, die ihn liebt, fehlt ihm etwas sehr Wichtiges.

ASI2DT. Viele Frauen versuchen unter dem Deckmantel der Gleichberechtigung, besondere Vergünstigungen zu erlangen, z. B. eine Bevorzugung bei der Besetzung der Arbeitsstelle.

ASI3DT. Bei einer Katastrophe sollten Frauen vor Männern gerettet werden.

ASI4DT. Die meisten Frauen interpretieren harmlose Äußerungen oder Handlungen als frauenfeindlich.

ASI5DT. Frauen sind zu schnell beleidigt.

ASI6DT. Man kann in seinem Leben erst richtig glücklich sein, wenn man einen Partner hat, den man liebt.

ASI7DT. Was Feministinnen wirklich wollen, ist, dass Frauen mehr Macht bekommen als Männer.

ASI8DT. Viele Frauen besitzen eine Art von Ehrlichkeit, die nur wenige Männer besitzen.

ASI9DT. Frauen sollten von Männern umsorgt und geschützt werden.

ASII0DT. Die meisten Frauen sehen gar nicht, was Männer alles für sie tun.

ASII1DT. Frauen versuchen, Macht zu erlangen, indem sie Männer immer mehr beherrschen.

ASII2DT. Jeder Mann sollte eine Frau haben, die er wirklich liebt.

ASII3DT. Männer sind ohne Frauen unvollkommen.

ASII4DT. Frauen übertreiben Probleme, die sie am Arbeitsplatz haben.

ASII5DT. Hat eine Frau erst mal einen Mann "rumgekriegt", dann versucht sie, ihn an die kurze Leine zu legen.

ASII6DT. Wenn Frauen in einem fairen Wettkampf gegenüber Männern den Kürzeren ziehen, behaupten sie gerne, sie seien diskriminiert worden.

ASII7DT. Eine Frau sollte von ihrem Mann auf Händen getragen werden.

ASII8DT. Viele Frauen haben Spaß daran, mit Männern zu "spielen", indem sie sich erst verführerisch geben, und dann aber die Annäherungsversuche der Männer zurückweisen.

ASII9DT. Verglichen mit Männern haben Frauen das bessere moralische Empfinden.

ASII20DT. Ein Mann sollte bereit sein, sein eigenes Wohl zu opfern, um für seine Frau zu sorgen.

ASII21DT. Feministinnen stellen an Männer vollkommen überzogene Forderungen.

ASII22DT. Verglichen mit Männern haben Frauen einen feineren Sinn für Kultur und einen besseren Geschmack.

Wunsch und Absicht in der Zukunft Kinder zu bekommen (DIC)

QDI1DT. Haben Sie den Wunsch irgendwann Kinder zu bekommen?

QDI2DT. Haben Sie die Absicht irgendwann Kinder zu bekommen?

**Einstellung gegenüber der Fruchtbarkeit und Gebärfähigkeit (AFCS) –
Söderberg, Lundgren, Christensson und Hildingsson (2013)**

AFC1DT. Ein Kind ist ein Weg für mich, meinem Leben neue Elemente hinzuzufügen.

AFC2DT. Die Verantwortung für ein Kind zu übernehmen, passt nicht in mein momentanes Leben.

AFC3DT. Kinder zu haben würde mein momentanes Leben eingrenzen.

AFC4DT. Kinder zu haben würde meine Freizeitaktivitäten begrenzen.

AFC5DT. Ein Kind zu gebären würde im Moment nicht in mein Leben passen.

AFC6DT. Ich freue mich darauf, eines Tages Mutter zu werden.

AFC7DT. Kinder zu haben würde meine Karriere einschränken.

AFC8DT. Kinder zu haben wird mich als Person weiterentwickeln.

AFC9DT. Eine Mutter zu sein würde zu viel meiner Zeit in Anspruch nehmen.

AFC10DT. Es ist wichtig für mich, in wirtschaftlicher Stabilität zu leben, wenn ich Kinder bekomme.

AFC11DT. Meine Fruchtbarkeit lässt mich die Gemeinschaft mit anderen Frauen spüren.

AFC12DT. Ich rede mit meinen Freunden darüber, später Kinder zu bekommen.

AFC13DT. Es ist wichtig für mich fruchtbar zu sein.

AFC14DT. Kinder zu haben würde mein gesellschaftliches Leben mit Freunden einschränken.

AFC15DT. Ich möchte jetzt nicht die Verantwortung als Mutter übernehmen.

AFC16DT. Es ist mir wichtig, jeder Zeit in der Lage zu sein schwanger zu werden.

AFC17DT. Wenn ich Kinder bekomme, muss mein Leben für das Leben mit Kindern vorbereitet sein.

AFC18DT. Es ist wichtig für mich, dass das Kind in einer Kernfamilie geboren wird, d.h., Mutter, Vater, Kinder.

AFC19DT. Ich kann es mir vorstellen schwanger zu sein und ein Kind zu gebären.

AFC20DT. Kinder zu haben würde meine Möglichkeiten einschränken, mich weiterzubilden.

AFC21DT. Kinder zu haben ist ein wesentlicher Bestandteil des Lebens.

AFC22DT. Es ist für mich wichtig eine stabile Beziehung zu führen, wenn ich Kinder bekomme.

AFC23DT. Es ist für mich wichtig zu entscheiden, wann ich schwanger werde.

AFC24DT. Fruchtbar zu sein ist wichtig für meine Identität als Frau.

AFC25DT. Mutter zu werden ist wichtig für meine Identität als Frau.

AFC26DT. Ich finde es schwer, sich ein Leben ohne Kinder vorzustellen.

AFC27DT. Eine ungeplante Schwangerschaft würde mich in meinem jetzigen Leben behindern.

Angst unbeabsichtigt schwanger zu werden (FPU)

QFP1DT. Haben Sie Angst ungewollt schwanger zu werden?

QFP2DT. Fürchten Sie sich vor einer ungeplanten Schwangerschaft?

Schwangerschaftsangst-Skala (PAS) – Levin 1991

PAS1DT. Hat Ihnen irgendjemand Angst davor gemacht, ein Kind zu bekommen?

PAS2DT. Haben Sie irgendetwas gelesen, was Ihnen Angst gemacht hat ein Kind zu bekommen?

PAS3DT. Haben Sie Angst, dass sie hinfallen und ihrem Baby weh tun würden?

PAS4DT. Haben Sie Angst vor den Schmerzen einer Geburt?

PAS5DT. Werden Sie um Schmerzmittel bitten, wenn Sie gebären?

PAS6DT. Haben Angst geschnitten zu werden, wenn das Baby zur Welt kommt?

PAS7DT. Haben Sie Angst, dass ihr Baby vielleicht nicht normal sein wird?

PAS8DT. Haben sie Angst, sie könnten im Krankenhaus einsam sein?

PAS9DT. Haben Sie Angst, dass die Ärzte vielleicht nicht nett sind?

PAS10DT. Haben Sie Angst, dass die Krankenschwestern vielleicht nicht nett sind?

Skala zur Erfassung der Einstellung gegenüber Verhütungsmitteln (CAS) – Kyes,1987

CAS1DT. Verhütungsmittel steigern die sexuelle Lust.

CAS2DT. Verhütungsmittel lassen Sex romantischer scheinen.

CAS3DT. Mir würde es nichts ausmachen, mit meinen Freunden über Verhütungsmittel zu reden.

CAS4DT. Paare sollten Verhütungsmittel benutzen unabhängig davon ob man sich längere oder kürzere Zeit kennt.

CAS5DT. Verhütungsmittel können den Geschlechtsverkehr wirklich angenehmer machen.

CAS6DT. Es bestehen keine Schwierigkeiten bei der Benutzung von Verhütungsmitteln.

CAS7DT. Die Benutzung von Verhütungsmitteln lässt eine Beziehung als zu dauerhaft erscheinen.

CAS8DT. Sex ist angenehm, wenn man Verhütungsmittel benutzt.

CAS9DT. Es lohnt sich Verhütungsmittel zu benutzen, selbst wenn die monetären Kosten hoch sind.

CAS10DT. Verhütungsmittel lassen Sex als zu sehr geplant erscheinen.

CAS11DT. Ich fühle mich wohler, wenn ich Verhütungsmittel benutze.

Einstellung gegenüber künstlicher Befruchtung (AAR)

Stellen Sie sich vor, Sie finden heraus, dass Sie ein Fruchtbarkeitsproblem haben. Geben Sie an, zu welchem Grad Sie folgende Techniken der künstlichen Befruchtung in Betracht ziehen würden, um ein Baby zu bekommen:

ASR1DT. In-vitro-Fertilisation (Ihre Eierstöcke und das Spermia ihres Partners werden auf einer Schale in einem Labor platziert. Nachdem sich der Embryo 3-5 Tage ausgebildet hat, wird er in Ihren Uterus eingepflanzt).

ASR2DT. Intracytoplasmatische Spermieninjektion (Einer der Spermien Ihres Partners wird durch eine mikroskopische Nadel in Ihren Eierstock gelegt).

ASR3DT. Intratubaren Gametentransfer (Ihre Eierstöcke werden mit dem Spermia Ihres Partners in einer Schale in einem Labor kombiniert, dann chirurgisch in Ihre Eileiter injiziert. Die Befruchtung geschieht auf natürliche Weise von hier aus).

ASR4DT. Intratubaren Zygotentransfer (Ihre Eierstöcke werden mit dem Spermia Ihres Partners in einer Schale in einem Labor kombiniert, dann chirurgisch in Ihre Eileiter injiziert).

ASR5DT. Eier oder Embryo Spender (Ihr Arzt wird warten, bis die Befruchtung stattgefunden hat, um Ihnen dann die Embryonen in den Uterus einzupflanzen).

ASR6DT. Leihmutterchaft (Eine andere Frau trägt Ihr Embryo aus und gibt Ihnen das Baby nach der Geburt).

Einstellung gegenüber Adoption (AA)

QAA1DT. Würden Sie es in Betracht ziehen ein Kind zu adoptieren wenn sie unfruchtbar wären?

QAA2DT. Würden Sie, wenn Sie von Ihrem Arzt als unfruchtbar erklärt werden würden, versuchen ein Kind zu adoptieren?

Soziodemographische Information

Geschlecht (*f/m*) / Alter / Nationalität / Land und Stadt in der Sie momentan wohnen /
Ausbildung / Beruf / Familienstand (*ledig/ verheiratet/ geschieden/ verwitwet/ in
einer Lebenspartnerschaft/ in einer intimen Beziehung*) / Haben Sie Kinder? (*ja/nein*)
/ Wenn ja, bitte geben Sie deren Alter und Geschlecht an.

Attachment II

Multiple Linear Regression Analysis in Tables

Table 1

Importance of fertility for the future

	B	Std. Error	Beta	<i>t</i>
Step 1:				
Constant	3.970	0.587	0.000	6.759
Germany - Portugal	0.257	0.158	0.092	1.627
Age	0.027	0.022	0.071	1.255
Step 2:				
Constant	1.090	0.608	0.000	1.792
Germany - Portugal	0.330	0.146	0.118	2.261
Age	0.046	0.020	0.119	2.350
Benevolent sexism	0.096	0.070	0.081	1.383
Hostile sexism	0.531	0.072	0.426	7.389
R2 = .479b, R2ajus = .22, F(4,307) = 22.891***				

Table 2

Childbearing as a hindrance at present

	B	Std. Error	Beta	<i>t</i>
Step 1:				
Constant	7.990	0.492	0.000	16.230
Germany - Portugal	-0.420	0.132	-0.170	-3.173
Age	-0.104	0.018	-0.304	-5.676
Step 2:				
Constant	7.723	0.575	0.000	13.428
Germany - Portugal	-0.467	0.138	-0.189	-3.381
Age	-0.101	0.018	-0.295	-5.484
Benevolent sexism	0.093	0.066	0.089	1.419
Hostile sexism	-0.019	0.068	-0.017	-0.277
R2 = .351b, R2ajus = .112, F(4,307) = 10.772***				

Table 3*Childbearing as part of social identity*

	B	Std. Error	Beta	<i>t</i>
Step 1:				
Constant	4.387	0.499	0.000	8.792
Germany - Portugal	0.690	0.134	0.280	5.145
Age	-0.027	0.019	-0.078	-1.442
Step 2:				
Constant	1.509	0.489	0.000	3.082
Germany - Portugal	0.749	0.118	0.304	6.369
Age	-0.008	0.016	-0.024	-0.514
Benevolent sexism	0.120	0.056	0.114	2.135
Hostile sexism	0.512	0.058	0.465	8.857
R2 = .601b, R2ajus = .352, F(4,307) = 43.326***				

Table 4*Desire and intention to have children in the future*

	B	Std. Error	Beta	<i>t</i>
Step 1:				
Constant	4.876	0.702	0.000	6.947
Germany - Portugal	0.326	0.189	0.098	1.730
Age	0.014	0.026	0.031	0.546
Step 2:				
Constant	2.144	0.765	0.000	2.803
Germany - Portugal	0.377	0.184	0.113	2.052
Age	0.032	0.025	0.070	1.309
Benevolent sexism	0.121	0.088	0.086	1.384
Hostile sexism	0.480	0.090	0.323	5.310
R2 = .381b, R2ajus = .134, F(4,307) = 13.031***				

Table 5*Fear of unplanned pregnancy*

	B	Std. Error	Beta	<i>t</i>
Step 1:				
Constant	8.466	0.823	0.000	10.283
Germany - Portugal	0.622	0.221	0.147	2.811
Age	-0.209	0.031	-0.356	-6.794
Step 2:				
Constant	7.417	0.952	0.000	7.794
Germany - Portugal	0.486	0.229	0.115	2.127
Age	-0.198	0.031	-0.339	-6.490
Benevolent sexism	0.289	0.109	0.161	2.657
Hostile sexism	-0.012	0.112	-0.006	-0.103
R2 = .420b, R2ajus = .166, F(4,307) = 16.468***				

Table 6*Attitude toward the use of contraceptives*

	B	Std. Error	Beta	<i>t</i>
Step 1:				
Constant	4.238	0.368	0.000	11.531
Germany - Portugal	0.631	0.099	0.336	6.384
Age	-0.042	0.014	-0.161	-3.051
Step 2:				
Constant	3.066	0.410	0.000	7.481
Germany - Portugal	0.593	0.098	0.316	6.027
Age	-0.033	0.013	-0.127	-2.499
Benevolent sexism	0.145	0.047	0.182	3.083
Hostile sexism	0.131	0.048	0.157	2.709
R2 = .475b, R2ajus = .215, F(4,307) = 22.329***				

Table 7*Anxiety about the idea of being pregnant*

	B	Std. Error	Beta	<i>t</i>
Step 1:				
Constant	2.741	0.630	0.000	4.350
Germany - Portugal	0.992	0.169	0.314	5.857
Age	-0.044	0.023	-0.100	-1.864
Step 2:				
Constant	1.508	0.726	0.000	2.076
Germany - Portugal	0.996	0.174	0.315	5.708
Age	-0.035	0.023	-0.081	-1.513
Benevolent sexism	0.085	0.083	0.063	1.022
Hostile sexism	0.192	0.086	0.136	2.241
R2 = .376b, R2ajus = .13, F(4,307) = 12.66***				

Table 8*Anxiety about the idea of giving birth*

	B	Std. Error	Beta	<i>t</i>
Step 1:				
Constant	3.829	0.599	0.000	6.392
Germany - Portugal	0.870	0.161	0.294	5.400
Age	-0.014	0.022	-0.035	-0.642
Step 2:				
Constant	2.694	0.690	0.000	3.903
Germany - Portugal	0.826	0.166	0.279	4.985
Age	-0.006	0.022	-0.014	-0.251
Benevolent sexism	0.151	0.079	0.120	1.913
Hostile sexism	0.118	0.082	0.089	1.449
R2 = .346b, R2ajus = .108, F(4,307) = 10.443***				

Table 9*Anxiety about the idea of hospitalization*

	B	Std. Error	Beta	<i>t</i>
Step 1:				
Constant	1.864	0.599	0.000	3.113
Germany - Portugal	1.118	0.161	0.367	6.946
Age	-0.028	0.022	-0.065	-1.236
Step 2:				
Constant	0.748	0.690	0.000	1.084
Germany - Portugal	1.071	0.166	0.351	6.461
Age	-0.019	0.022	-0.045	-0.851
Benevolent sexism	0.156	0.079	0.120	1.972
Hostile sexism	0.110	0.081	0.081	1.355
R2 = .412b, R2ajus = .159, F(4,307) = 15.711***				

Table 10*Attitude toward assisted reproduction*

	B	Std. Error	Beta	<i>t</i>
Step 1:				
Constant	3.624	0.538	0.000	6.735
Germany - Portugal	0.551	0.145	0.212	3.807
Age	0.000	0.020	-0.001	-0.014
Step 2:				
Constant	3.477	0.631	0.000	5.512
Germany - Portugal	0.551	0.152	0.212	3.640
Age	0.001	0.020	0.002	0.035
Benevolent sexism	0.010	0.072	0.009	0.134
Hostile sexism	0.023	0.074	0.020	0.312
R2 = .213b, R2ajus = .033, F(4,307) = 3.661***				

Table 11*Attitude toward adoption*

	B	Std. Error	Beta	<i>t</i>
Step 1:				
Constant	5.017	0.578	0.000	8.686
Germany - Portugal	0.731	0.155	0.258	4.705
Age	-0.017	0.022	-0.045	-0.812
Step 2:				
Constant	3.922	0.665	0.000	5.896
Germany - Portugal	0.686	0.160	0.242	4.290
Age	-0.009	0.021	-0.023	-0.419
Benevolent sexism	0.151	0.076	0.126	1.982
Hostile sexism	0.110	0.079	0.087	1.396
R2 = .320b, R2ajus = .091, F(4,307) = 8.743***				