

Summary Report on Cognitive Interviews for Healthy Marriage Item Development

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**Richard Jakopic
Project Officer
Department of Health and Human Services,
Administration for Child and Families (ACF)**

**By
Lina Guzman, Ph.D.
Kristin Moore, Ph.D.
Gregory Matthews, B.A.
Zakia Redd, M.P.P.**



This report summarizes the approach and findings for the cognitive interviews conducted by Child Trends to develop measures of Healthy Marriage for use in evaluations of federally funded marriage education initiatives. This research was conducted under a grant Child Trends received from the Administration for Children and Families (ACF) to conceptualize and measure healthy marriage and relationships. Specifically, in this report we describe our recruitment approach for the study, the participants' characteristics, protocol development, main findings and recommendations.

The design of this study was informed by the earlier phases of the Healthy Marriage project. Specifically, a review of the literature (Bronte-Tinkew, Guzman, Jekielek, Moore, Ryan, Redd, Carrano, and Matthews, 2003), memorandums written by experts in the field (see Jekielek, Moore, Carrano, and Matthews, 2003), and a compendium of existing items (Carrano, Cleveland, Bronte-Tinkew, and Moore, 2003) were used to identify both the domains of a healthy marriage and relationship and potential items. This report focuses on the final phase of the project, in which a battery of measures were developed and tested on a small sample of married or engaged adults.

Recruitment Approach: A total of 22 cognitive interviews with married and engaged individuals living in the Washington D.C. metropolitan area were conducted by Child Trends staff between September 2004 and January 2005. Participants were recruited through a variety of methods including: 1) flyers posted in laundromats, community centers, bus stops, and community boards; 2) advertisements in the Washington City Paper; and 3) postings on www.craigslist.org. While the exact content of the message varied slightly across the mediums, each noted that married or engaged individuals could earn \$25.00 by participating in a study about what makes a healthy marriage or relationship (see [Attachment A](#)). In the latter part of the study, incentive fees were increased to \$50.00 in order to increase male and father participation.

Interested participants were asked to call in to Child Trends, at which time they were given a short telephone screener interview (consisting of four to six questions) to determine study eligibility. Screener interviews were also used to monitor the diversity of the study's sample with respect to gender, marital and parenthood status, and family income.

At the outset of the interview, respondents were informed of the study's purpose, that participation was voluntary, and that their responses would be remain confidential. Participants were asked to sign a consent form summarizing these points. Permission was also requested to tape record interviews. Participants were provided a copy of the consent form (see [Attachment B](#)).

Participant Characteristics: [Table 1](#) summarizes the demographic background characteristics of the study's participants. A roughly equal number of men (9) and women (13), as well as married (10) and engaged (12) individuals

participated in the study. The study sample was equally divided among parents (11) and non-parents (11) and separate interviews were completed with both partners of six married (2) and engaged (4) couples. Since a central focus of the study was to test the applicability of existing and newly developed items on lower-income and minority populations, most participants were African-American (11), Hispanic (3), or Asian (2) and had a total family income of less than \$45,000 (14). Seven respondents had family incomes under \$25,000. In 2003, residents of the District of Columbia had a median family income of \$50,243. The median income for Washington families with two earners, like many respondents' families, was \$92,679 (U.S. Census Bureau; <http://www.census.gov/hhes/www/income/statemedfaminc.html>).

Table 1: Summary of Background Characteristics of Respondents

	Completed Interviews <i>n</i> = 22
Gender	
Female	13
Male	9
Marital Status	
Married	10
Engaged	12
Children	
Yes	11
No	11
Race	
African-American	11
Hispanic/Latino	3
White	6
Asian	2
Total Family Income	
0-\$25,000	7
\$25,000-\$45,000	7
\$45,000-\$55,000	4
\$55,000+	4
Interviewed Both Members of Couple	
Yes	12
No	10

Development of Interview Protocol: As noted above, the design of the protocol was informed by the earlier phases of the Healthy Marriage project, including a review of the literature, memos from experts in the field, and a compendium of existing measures. Through this process, ten domains were identified: 1) satisfaction, 2) emotional intimacy, 3) interaction, 4) commitment to couple, 5) commitment to children, 6) fidelity, 7) conflict, 8) communication, 9) violence, and 10) marital stability (Moore et al., Forthcoming; Moore et al., 2004). Within each of the domains, items were identified from existing surveys and databases, and priority was given to items that had been previously administered to racially and economically diverse populations (e.g., Fragile Families) and those that demonstrated strong psychometric properties. Since many of the existing measures of relationship quality were written at a fifth or higher grade level or designed with a middle-class population in mind, existing items were often reworded to increase their applicability with less educated and lower-income populations (see below). Items were also created for domains or constructs where measures were not available or existing items were not appropriate. After a set of items was identified for each domain, the full set was reviewed to ensure that the various dimensions of the domain were captured. For example, the literature suggests that is important to capture both the quantity and quality of couple communication and interaction (see Fowers, 2003; Fowers, Bucer, Calbeck, and Harriagan, 2003). Similarly, it is important to distinguish between psychological and physical violence (Johnson 1995).

Once the items were identified for each of the domains, an initial interview protocol was developed by adding cognitive probes (e.g., “In your own words, what did the term XXXX mean to you?” “Can you repeat that question to me?” “What came to mind as you were answering that question?”), where appropriate. Cognitive probes were used to determine whether items were working as intended and to identify items or wording not understood by participants. Responses to cognitive probes were also used to improve question wording. For example, initial question wording was replaced with the terms and language suggested by respondents.

To maximize the utility of the cognitive interviews, an iterative process was used in this study. That is, the interview protocol was revised as problem items or better wording was identified. Additionally, items were revised or added if respondents identified areas or constructs of relationship quality that were not captured by the initial set of questions. As such throughout the field period the interview protocol was continuously revised and updated, and no more than a handful of respondents received any version of the instrument. Attachment C contains the initial and final protocol scripts used in this study.

Interviewers: Three Child Trends’ staff members—Lina Guzman, Greg Matthews, and Zakia Redd—conducted the interviews, each of whom had prior experience conducting in-person, semi-structured interviews. Prior to the commencement of the study, Dr. Guzman held a training session with the two

other interviewers to review cognitive interviewing techniques and question-by-question objectives. To ensure the quality of data, initial interviews conducted by Mr. Matthews and Ms. Redd were directly supervised by Dr. Guzman, and throughout the duration of the study feedback was provided by Drs. Guzman and Moore.

Main Findings: The data collected through the cognitive interviews provided important and valuable information in the development of the measures of Healthy Marriage. Below is a summary of the main findings and implications.

- *What Makes a Healthy Marriage or Relationship?*
 - Interviews with participants revealed a high level of agreement between the ten domains identified as central to a healthy marriage and participants' definitions of healthy marriage or relationship.
 - Among the most common responses provided by participants when asked what makes a healthy marriage were: trust, communication, love, commitment, loyalty, a willingness to work at it, shared values, and understanding.
 - In general, the participants felt that the items included in the interview captured their perceptions and beliefs about what makes a healthy marriage. However, several participants at the beginning of the study noted that a more direct measure of love or emotional connection was needed. Accordingly, such an item (My partner expresses love and affection to me) was added to the protocol and included in the recommended list of items (see below).

- *General issues with wording and comprehension:*
 - As noted above, cognitive interviews are useful in identifying problems with comprehension or question wording.
 - Interviews with foreign-born participants and those with lower levels of education underscored the importance of writing questions that are easily understood across diverse populations. For example, interviews revealed that terms such as "rarely", "criticize or critical", and "overwhelmed" caused problems with participants with low levels of education. Likewise, items that included American colloquialisms, such as "This relationship is for keeps," were not well understood by non-native English speakers and recent immigrants.
 - Accordingly, we recommend that items be written at a third or fifth grade level, and we have revised or eliminated items that were found to cause problems with foreign-born participants.
 - Interviews also revealed that negatively worded items, such as "My partner cannot be trusted to be faithful" or "I can't count on my partner to there for me" caused problems for respondents, irrespective of education level and foreign-born status. Further

examination of these items suggested that problems with such items stemmed from two sources. Initially, several of the negatively worded items were written with contractions such as “don’t” or “can’t”. During probing it became clear that several of the respondents had read the items quickly and had not noticed the contractions, and thus had read the items incorrectly. Items using contractions were revised and the words don’t or can’t were replaced by “do not” and “cannot”. In addition, further interviews indicated that the conjunction of negatively worded items with a response scale of Strongly Agree to Strongly Disagree resulted in a double-negative question whereby respondents had difficulty identifying the appropriate response category, though they may have understood the intent of the question. Therefore, items were revised to eliminate the use of double negatives. Thus, for example, “I *can’t* trust my partner to be faithful” was revised to “I trust my partner to be faithful to me.”

- *Applicability of Fragile or Vulnerable Couple Items:*
 - Several items included in the protocol were designed to identify couples whose relationships are vulnerable or on the brink of dissolution (e.g., “My partner and I are practically strangers” and “Our relationship feels empty to me”). Many of these items were adapted from the Fragile Family and other similar studies and have been shown to be predictive of dissolution (see McLanahan, Garfinkel, Reichman, Teitler, Carlson & Audiger 2003; Carlson, McLanahan, England 2004).
 - In general, the participants of this study did not respond well to these items. For example, several noted that it was odd to see these items in a study of healthy marriage or asked why a couple would be together if they felt, for example, that they were practically strangers.
 - While the majority of respondents understood the intent of these items and were able to respond, their comments and the lack of variation in their responses (i.e., most participants strongly disagreed with such statements) suggest that, at least, in a baseline study of couples entering marriage education programs, the utility of multiple fragile or vulnerable couple items may be limited, in particular given space and time constraints.

- *Measuring Physical Violence:*
 - As noted above, the presence or absence of violence is important to measure. In this study, we adapted a set of items that have been used in large-scale studies such as the National Survey of Families and Households (NSFH). These items distinguish between varying levels of violence, as well capture the frequency of violent acts.

- In general, the items appeared to have worked well among our participants. Interestingly, comments on this set of items were divided across gender lines. While female participants, in general, thought that distinguishing between various acts of physical violence may lead to more accurate reporting among women, male participants felt the opposite. That is, female participants thought that having detailed descriptions of violent acts may help some women recognize unhealthy acts in their relationship as being violent. In contrast, some male participants reported that men would be more likely to respond affirmatively to an item that asked about physical violence in general, such as “Our fights sometimes become physical” than to report that they had specifically hit, shoved, or choked their partner.
- These findings suggest that administering different measures of physical violence to men (generic) and women (specific) may lead to more accurate reporting of physical violence, or that we need both types of measures.
- *Support for Marriage Education:*
 - In addition to asking participants about the quality of their marriage or relationship, we included a small number of items to gauge participants’ perceptions of marriage education programs.
 - Overall, we found high levels of support for marriage education programs among the study participants. Most believed that couples could benefit from participating in such programs, a finding that echoes the results of the Florida, Utah, and Oklahoma statewide surveys (Johnson et al. 2002; Schramm, Marshall, Harris, & George, 2003; Karney, Garvan, & Thomas, 2003).
 - In general, participants felt that couples could most benefit from programs or classes that focused on building communication, conflict resolution, money management and parenting skills, as well as family planning. While most participants felt that couples could most benefit from marriage education programs and classes when they first marry, many felt that couples at all stages of marriage could benefit from such services. Indeed, several of the participants had attended or were currently attending premarital counseling or preparatory classes and thought that they could learn something about the relationship from participating in the study.
- *Recommendations:*
 - One of the immediate goals for conducting these cognitive interviews was to identify measures of healthy marriage that could be used in the Supporting Healthy Marriage Baseline Study. Below is the list of items that we have recommended for use in that study. (Attachment D contains a full list of items across the

domains for consideration in future waves of Supporting Healthy Marriage.)

- Together the recommended measures tap into the various aspects of marital quality including emotional intimacy (items 2 and 9), interaction (items 1, 4, and 18), commitment to the couple (items 6 and 12) and children (items 7 and 11), communication (items 8 and 13), conflict (items 3, 5, and 20) violence (14, 15, 16 and 17)¹, fidelity (item 10) and satisfaction (item 19).²
- Each of the items listed below were thoroughly tested and findings from the cognitive interviews suggest that they capture important aspects of each domain and are well understood by respondents. For example, several respondents reported that the ability to listen and to have someone who listens to you is key to a healthy marriage or relationship (see item 8). Similarly, many respondents reacted positively to item 4, “We enjoy doing even ordinary, day-to-day things,” because it captured what they perceived to be an important aspect of their relationship. Moreover, this item seemed to capture satisfaction with interaction irrespective of family resources or amount of time couples spent together. Several noted that no matter how busy things got or whether or not they have money, they can always enjoy spending time with their partner while doing household chores or other daily activities.
- Findings from this study have also helped to inform other projects. For instance, the findings and lessons learned from the study were shared with the Building Strong Family measurement team. Several of our recommended items have been included in the BSF baseline study. Additionally, we have forwarded a shorter list of our recommended items to ESCL-B for inclusion in the pretest fatherhood questionnaire for the kindergarten and first-grade cohort. Last, the study’s findings were presented at a number of professional meetings and conferences in 2005, including the Population Association of America and the American Association of Public Opinion Research.
- It would be extremely helpful to augment the work done to date with pilot testing of the questions in a large and diverse sample, to examine data quality, scale reliability, and construct validity, and to see whether and how scales might be shortened.
- On the following page, a short set of items suggested for the Strengthening Healthy Marriage baseline instrument is provided.

¹ Multiple violence items are included in order to distinguish between physical and psychological violence.

² Relationship duration will be measured in through background and relationship history questions.

SHM Draft Questions for Baseline Data Collection Instrument

The following statements describe the way some people feel about their spouse/partner and their relationship in general. Please tell me whether you *strongly agree, agree, disagree, or strongly disagree* with the following statements.

Mark one answer for EACH question.

	<u>Strongly</u>		<u>Strongly</u>
	<u>Agree</u>	<u>Agree</u>	<u>Disagree</u>
		<u>Disagree</u>	<u>Disagree</u>
1. My partner and I get along well together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I can count on my partner to be there for me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Our arguments get too heated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. We enjoy doing even ordinary, day-to-day things together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am satisfied with the way we handle our problems and disagreements.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I view our relationship as lifelong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My partner is the type of parent I want for my child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My partner listens to me when I need someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My partner expresses love and affection to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I trust my partner to be faithful to me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. We are BOTH committed to being there for the child(ren).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. We believe in sharing the hard times as well as the good times ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. It is easy for me to talk with my partner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>All of the</u>	<u>Most of</u>	<u>Some of</u>
	<u>time</u>	<u>the time</u>	<u>the time</u>
			<u>None of the</u>
			<u>time</u>
In the past year, how often has your partner...			
14. Yelled or screamed at you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Treated you like an inferior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Blamed you for his/her problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. In the past year, have your disagreements ever become physical?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. In general, when you are not asleep, how many hours do you spend <i>together</i> with your partner on:			
a. an average weekday? _____hours			
b. an average weekend day? _____hours			
19. On a scale from 0 to 10, where 0 is not at all satisfied and 10 is completely satisfied, taking all things together how would you describe your relationship with your partner? _____Enter Response			

References

- Bronte-Tinkew, J., Guzman, L., Jekielek, S., Moore, K., Ryan, S., Carrano, J., Matthews, G. (2003). Conceptualizing and measuring "Healthy Marriage" for empirical research and evaluation studies: A review of the literature and annotated bibliography. Washington, DC: Child Trends.
- Carlson, M., McLanahan, S., England, P. (2004). *Union formation in fragile families*. Princeton, NJ.: Center for Research on Child Wellbeing
- Carrano, J., Clelland, K., Bronte-Tinkew, J., Moore, K.A. (2003). *Conceptualizing and measuring healthy marriage for empirical research and evaluation studies: A compendium of measures*. Washington, DC.: Child Trends.
- Fowers, B. J. (2003). *Conceptualizing and measuring healthy marriages and positive relationships*. Unpublished memo commissioned by Child Trends.
- Fowers, B. J., Bucker, J., Calbeck, K. B., & Harrigan, P. (2003). *How do social scientists define a good marriage?* Unpublished manuscript.
- Jekielek, S., Moore, K., Carrano, J., Matthews, G. (2003). *Conceptualizing and measuring healthy marriage for empirical research and evaluation studies: Recommendation memos from experts in the field*. Washington, DC: Child Trends.
- Johnson, C.A., Stanley, S.M., Glenn, N.D., Amato, P.R., Nock, S.L., Markman, H.J., & Dion, M.R. (2002). *Marriage in Oklahoma: 2001 Baseline Statewide Survey on Marriage and Divorce*. Stillwater, OK: Oklahoma State University Bureau for Social Research.
- Johnson, M.P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family*, 57(2), 283-294.
- Karney, B.R., Garvan, C.W., & Thomas, M.S. (2003). *Family formation in Florida: 2003 Baseline survey of attitudes, beliefs, and demographics relating to marriage and family Formation*. Gainesville, FL: University of Florida.
- McLanahan, S. Garfinkel, I., Reichman, N., Teitler, J., Carlson, M., Audigier, C. N. (2003). *The Fragile Families and Child Wellbeing Study: Baseline National Report*. Princeton, NJ.: Bendheim-Thoman Center for Research on Child Wellbeing.
- Moore, K., Bronte-Tinkew, J., Jekielek, Guzman, L., S., Ryan, S., Redd, Z., & Carrano, J. (Forthcoming). Healthy marriages and healthy relationships: Conceptualization and measurement. In S. Hofferth and L. Casper (Ed.), *Measurement Issues in Family Demography*. Manhwah, NJ: Lawrence Erlbaum and Associates.
- Moore, K. A., Jekielek, S.M., Bronte-Tinkew, J., Guzman, L., Ryan, S., & Redd, Z. (2004). What is a "healthy marriage"? Defining the concept. (Research Brief). Washington, DC: Child Trends.
- Schramm, D., Marshall, J., Harris, V., & George, A. (2003). *Marriage in Utah: 2003 Baseline Statewide Survey on Marriage and Divorce*. Salt Lake City, UT: Utah Department of Workforce Services.

U.S. Census Bureau (2005). State median family income.
<http://www.census.gov/hhes/www/income/statemedfaminc.html>.