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Ambivalent sexism and the "do"s and "don't"s of pregnancy: Examining attitudes toward proscriptions and the women who flout them

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ABSTRACT

Pregnant women are subjected to popular and official advice to restrict their behaviour in ways that may not always be warranted by medical evidence. The present paper investigates the role of sexism in the proscriptive stance toward pregnancy. Consistent with expectations, both hostile and benevolent sexism were associated with endorsement of proscriptive rules such as "pregnant women should not take strenuous exercise" (Study 1, $n = 148$). Also as predicted, hostile but not benevolent sexism was associated with punitive attitudes to pregnant women who flout proscriptions (Study 2, $n = 124$). In tandem with recent findings, the present results show that hostile as well as benevolent sexism is associated with proscriptive attitudes surrounding pregnancy.

1. Introduction

Pregnancy is a cause for celebration in the lives of many women, but is also a cause of anxiety and controversy over what they should and should not do. Taboos, both ancient and modern, surround the types of food and drink women should consume during pregnancy, the places they should go, the exercise they should take, and even the states of mind that they should experience. Some of these taboos, such as smoking, are corroborated by medical evidence of harm to foetal development. Other taboos are not, such as drinking tap water (see Sutton, Douglas, & McClellan, in press, for an inventory of some of these folkloric taboos). Even official advice is sometimes more proscriptive than may be warranted by medical evidence (Gavaghan, 2009; Lowe & Lee, 2010; O'Brien, 2007). For example, many government health agencies and non-government organizations advise women to refrain altogether from alcohol, in spite of meta-analytic findings that light levels of alcohol consumption (1–2 U once or twice a week) are harmless (Henderson, Kesmodel, & Gray, 2007) and studies that suggest that it might even provide a small benefit to foetal development (Kelly et al., 2009). Even some advocates of this advice concede that there is scant evidence of harm (e.g. Nathanson, Jayasinghe, & Roycroft, 2007).

Some of the taboos surrounding pregnancy have not only failed to protect mother and baby but may have imperilled them. In many cultures, pregnant women have been subjected to "confinement" to their homes, depriving them of exercise (Gélis, 1991). They have also been deprived of nutritious foods such as rice (Meyer-Rochow, 2009). In contemporary Western cultures, pregnant women who flout conventional prohibitions may experience confusion, guilt and stigma (Gavaghan, 2009; Raymond, Beer, Glazebrook, & Sayal, 2009; Roberts & Nuru-Jeter, 2010). Pregnant women who pursue non-traditional activities such as applying for jobs, and particularly jobs that are stereotypically masculine, run the risk of derogation (Hebl, King, Glick, Singletary, & Kazama, 2007).

Researchers in the humanities, social sciences, and medicine have considered why the reach of the prohibitive societal stance toward pregnant women tends to extend beyond the grasp of medical evidence. One reason to impose such prohibition is an aversion to risk. Risk aversion is normally adaptive but has deleterious manifestations in which a lack of evidence about the risks associated with a behaviour is taken to suggest that the behaviour is dangerous (Furedi, 2001; Lommen, Engelhard, & van den Hout, 2010; Lowe & Lee, 2010). The focus of the present article is on another possible motivator of prohibitions: sexism. Scholars and medical researchers have speculated that sexist attitudes motivate prohibitive attitudes towards pregnant women. For example, Gavaghan (2009) argues that "singling out one sex for particular monitoring and lecturing from healthcare professionals....is, on the face of it, a straightforwardly sexist policy" (p. 302).

Glick and Fiske's (1996) model of sexism provides a useful framework for understanding how it may contribute to societal prohibitions on pregnant women. They proposed that across historical and cultural boundaries, "women have been revered as well as reviled" (p. 491). They put forward the concept of *ambivalent sexism* to encapsulate this conjunction. The two facets of ambivalent sexism are *hostile* and *benevolent* sexism, which are psychometrically distinguishable and have several unique correlates (e.g., Travaglia, Overall, & Sibley, 2009). Hostile sexism is a negatively valenced

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cluster of attitudes toward women that reviles them as manipulative, devious, complaining, and competitive with men. Benevolent sexism is comprised of warm but ultimately patronizing attitudes that revere women as deserving of men's affection and protection, and as more moral, sensitive and sympathetic than men.

Consistent with Glick and Fiske's (1996) original conceptualization, research findings suggest that ambivalent sexism perpetuates the subordination of women by presenting them with both carrot and stick. Hostile sexism is the stick, threatening vilification of women who are perceived not to meet idealized standards of femininity. Benevolent sexism is the carrot, promising esteem and protection of women who are seen to live up to these standards (Hebl et al., 2007; Sibley & Wilson, 2004).

In keeping with the theory of ambivalent sexism, we propose that both hostile and benevolent sexism are relevant to prohibitions on pregnant women, because these prohibitions have a dual function. First, they are at least ostensibly *protective*, motivated to preserve the welfare of pregnant women and their children. This protective function is likely to appeal to benevolent sexists, who have been shown to endorse protective proscriptions in other domains (Moya, Glick, Exposito, de Lemus, & Hart, 2007). The second function of proscriptions, whether intended or not, is that they are potentially *derogatory*. By definition, proscriptions on pregnant women limit the sphere of socially legitimized choices that women can make, and thus tend to be disempowering. Feminist scholarship has suggested that proscriptions also tend to belittle women in domains such as abortion by implying that they are incapable of making appropriate choices autonomously (Sheldon, 1993). Further, proscriptions that have a moral tone provide, as we have seen, the basis for hostile, punitive responses to women. This derogatory function of proscriptions is likely to appeal to individuals high in hostile sexism.

Thus far, these propositions remain largely untested. The one published investigation of associations between sexism and attitudes toward pregnant women was conducted by Sutton et al. (in press). They asked undergraduate participants to complete the ambivalent sexism inventory (ASI: Glick & Fiske, 1996) and then some weeks later, in an apparently unrelated study, to indicate whether they would intervene to prevent pregnant women from engaging in proscribed behaviours (e.g., refusing to serve pregnant women alcohol). Sutton et al. (in press) reasoned that willingness to intervene in this paternalistic fashion reflects a desire to protect the welfare of mother and baby. Such interventions shield women from the ensuing risks of negative health consequences. Consistent with this reasoning, benevolent sexism was positively related to willingness to intervene, and this association was partially mediated by the perception that a range of behaviours are unsafe during pregnancy.

1.1. The present research

The present studies build on existing research by examining whether in addition to benevolent sexism, hostile sexism is relevant to the societal stance toward pregnant women. In so doing, they are concerned with different outcomes than willingness to intervene (cf. Sutton et al., in press). In Study 1, we examine the relationship between sexism and the endorsement of proscriptive statements about pregnancy, for example "Pregnant women should not drink alcohol". In accordance with our theoretical analysis of the protective and derogatory function of such proscriptions, we expect their endorsement to be positively associated with both hostile and benevolent sexism. In Study 2, we assess negative attitudes to pregnant women who flout conventional proscriptions, including the judgement that their behaviour is worthy of punishment. In accordance with the theory of ambivalent sexism, we expect hostile sexism to be uniquely and positively associated with these punitive attitudes.

2. Study 1

2.1. Method

2.1.1. Participants

Undergraduate volunteers at an English university (not studying psychology) were paid for their participation as part of a battery of measures for unrelated studies. The testing session was advertised on internal websites and various locations around campus as was conducted by a female research assistant. Participants were paid £10 for their participation. There were 91 women and 57 men (M = 20.6 years).

2.2. Materials

2.2.1. Ambivalent sexism

The ASI (Glick & Fiske, 1996, α = .83 contains two subscales, each 11 items (0 = "strongly disagree", 5 = "strongly agree", for hostile sexism (α = .82 e.g., "Most women fail to appreciate fully all that men do for them"), and benevolent sexism (α = .73: e.g., "Many women have a quality of purity that few men possess"). Means for each scale were calculated after some items were reverse scored according to the coding instructions of Glick and Fiske (1996).

2.2.2. Endorsement of proscriptions

On the same response scale, participants indicated whether they agreed with four proscriptive statements, each beginning with "Pregnant women should not...". These were "drink any alcohol in case of harm to the fetus", "consume soft cheese, cured meats and similar foods that may harbour listeria", "consume seafood", and "take strenuous exercise" (α = .55).

3. Results and discussion

3.1. Participants' gender

Men scored higher than women on both hostile sexism (M = 2.53, SD = 0.83, M = 2.12, SD = 2.12 respectively), $F(1, 146) = 9.37$, p = .001, and benevolent sexism (M = 2.43, SD = 0.73 and M = 2.18, SD = 0.77 respectively), $F(1, 146) = 4.01$, p = .047. However there was no difference between men and women on endorsement of proscriptions (men M = 3.37, SD = 0.77, women M = 3.28, SD = 0.67), $F(1, 146) = 0.57$, p = .451. Preliminary hierarchical regressions examining possible interactions between participants' gender and (mean-centred) sexism showed that gender did not qualify the relationship between hostile sexism (p = .301) nor benevolent sexism (p = .114) and endorsement of proscriptions. Thus, participants' gender was excluded from further analyses.

3.2. Hypothesis tests

To test the hypothesis that hostile, benevolent and therefore ambivalent sexism would be positively related to endorsement of proscriptions, we calculated Pearson product-moment correlations. These are presented in Table 1 with means and variance.

As predicted, both hostile and benevolent sexism were positively associated with endorsement of proscriptions. When we entered hostile and benevolent sexism into a regression model, $F(2, 145) = 5.35$, p = .006, R^2 = .07, they were each marginally significant, positive predictors of endorsement of proscriptions: hostile sexism β = .16, t = 1.90, p = .059, and benevolent sexism β = .15, t = 1.78, p = .078. Thus, the results show benevolent and hostile