THE TRANSITION TO PARENTHOOD AND THE EFFECTS OF UNFULFILLED EXPECTATIONS

by

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ABSTRACT

The purpose of this study was to evaluate the effects of mother's unfulfilled childcare and household labour expectations on their marital quality across the transition to parenthood. While including the nature of the childbirth experience. Findings from the 61 first-time mothers who volunteered for this study have shown three patterns of marital change across the transition to parenthood. Mothers have shown negative change in marital quality, no change in marital quality and positive change in marital quality. Unfulfilled childcare and household labour expectations both have a negative effect on the change in mothers' marital quality but neither of these factors affects this change as greatly as mothers' reports of stress during their childbirth experience. The more stressful a mother perceived her childbirth experience the more likely she was to have shown negative change in her marital quality.
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CHAPTER 1

INTRODUCTION

What We Know About the Transition to Parenthood

The transition to parenthood is arguably one of the most important transitions a married couple can make. Much like other transitions, this one brings with it not only change in the roles and responsibilities that husbands and wives take on as new parents, but change in the form of a new family structure. The once marital dyad becomes a family system composed of two parents and their dependent child. According to the human ecology perspective on the transition to parenthood, there are demands on the family systems from a broader sociological context (Bubolz & Sontag, 1993). Therefore, as couples become parents they are taking on a role loaded with societal expectations. These societal expectations define parenthood as one of the most important roles in life.

Undoubtedly having a child has its rewards, but becoming parents can also have its costs. One cost in particular is how the birth of a child affects the marital relationship. "A basic assumption guiding much inquiry is that the addition of a child to the marital dyad disrupts intimacy and communication and thereby results in a deterioration of marital quality or satisfaction" (Belsky & Rovine, 1990, p. 5). As researchers have investigated the dynamics of the marital relationship, they have also come to realize that the marital relationship and a child’s development must be explored as a system because these two concepts influence each other (Gable, Belsky, & Crnic, 1992). It is imperative to examine what variables contribute to a smoother transition to parenthood in order to understand how to create an environment that positively effects a child’s development.
Belsky and Rovine (1990) Parenthood and the Decline in Marital Satisfaction

Belsky and his co-researchers have conducted several studies on the transition to parenthood over the past two decades, among the most influential of which has been the Belsky and Rovine study in 1990. In that study, marital change across the transition to parenthood was explored by examining the difference in “spouses’ experiences of their mates and their marital relationships changed” from prenatal to postpartum (p. 5). Four aspects of the spouses’ marital relationships (love, conflict, ambivalence, and maintenance) were reported to assess the pattern of marital change (Belsky & Rovine, 1990). Change in the above four aspects was more evident in the case of wives than their husbands (Belsky & Rovine, 1990). Although the mean scores of “love” and “maintenance” in the marital relationship declined for both husbands and wives, the mean scores of “ambivalence” in the relationship increased (Belsky & Rovine, 1990). Mean scores of conflict increased for both wives and husbands; however, the results for husbands were not statistically significant (Belsky & Rovine, 1990). In addition, the majority of marital change occurs during the first year of the transition to parenthood.

The transition to parenthood resulted in four distinct patterns of marital change: accelerating decline, linear decline, no change and modest positive increase (Belsky & Rovine, 1990). Belsky and Rovine (1990) report that “at least 50% (and sometimes as much as two-thirds) of [their] sample [indicated] no change or modest positive change over time” (p.12). In addition, “accelerating negative change” only characterized a maximum of 16% of their sample, while “modest positive change characterized between 20% and 35% of the sample” on measurements of conflict and ambivalence (Belsky &
Rovine, 1990, p.12). This study demonstrates that all couples do not follow a general path of decline in marital satisfaction across the transition to parenthood.

During their three-year study, Belsky and Rovine (1990) found that wives who reported declines in love and ambivalence and experienced an increase in conflict also described their infants at three months postpartum “as being more irregular in their daily rhythms of eating and sleeping” compared to wives whose marriages improved (p. 18). Although these researchers suggest that it may be the unpredictability of the infant’s routine that affects the wife’s marital relationship, they are also willing to assume the opposite argument.

*The possibility must also be entertained, however, that even as early as three months postpartum, the infant’s unpredictable nature is a result of emerging problems in the marriage, which could affect the consistency and the sensitivity of parental care and, thereby, the baby’s rhythmicity* (Belsky & Rovine, 1990, p. 18).

**The Impact of the Marital Relationships on a Child’s Development**

Goldberg and Easterbrooks (1984) reported that toddlers who exhibited a secure attachment style were more likely to be members of families in which spouses were satisfied with their marriages. On the other end of the spectrum, Jouriles, Pfiffner, and O’Leary (1988) have reported that marital conflict has been found to coincide with toddler deviance and conduct problems. These are two examples of research which illustrate that marital quality can predict child functioning. It has empirically been found that marital discord is associated with problematic child functioning from infancy through adolescence (Gable et al., 1992; Gordis, Margolin, & John, 1997). In fact, marital
conflict has been identified as a factor that places children at risk for a variety of emotional and behavioural problems (Jouriles, Murphy, & O’Leary, 1989).

Empirical studies have shown that having children brings stability to a marriage in that couples with children are less likely to divorce within the first five years of marriage compared to their non-parent counterparts (Cowan & Cowan, 2000; Shapiro, Gottman, & Carrere, 2000). On the other hand, marital stability does not ensure marital satisfaction (Spanier & Lewis, 1980). It is problematic to argue that all children from dual-parent homes are well-adjusted because, as discussed above, marital discourse, in terms of conflict or violence, can have negative effect on children’s development (Gable et al., 1992; Gordis et al., 1997; Jouriles et al., 1989; Jouriles et al., 1988).

In fact, this increase in conflict and tension in the marital relationship can have a negative impact on children as young as three months of age. So what causes the decline in marital satisfaction to occur for some couples and not for others?

Cowan and Cowan (2000) Unfulfilled Expectations

It is believed that shared expectations concerning responsibilities are important in the maintenance of an ongoing intimate relationship (Backman, 1981). According to Cowan and Cowan (2000), the decline in marital satisfaction across the transition to parenthood is due in large part to spouses’ unfulfilled expectations. In fact, women’s expectations are violated more often than those of their spouses (Belsky, 1985; Belsky, Lang, & Huston, 1986). It is not surprising, therefore, that empirical findings indicate that women are the first to report declines in marital satisfaction after the birth of the first child (Belsky, Spanier, & Rovine, 1983).
It has been argued that the marital satisfaction of wives declines first because their lives are usually affected more substantially by the arrival of their new infant than the lives of their husbands (Pancer, Pratt, Hunsberger, & Gallant, 2000). For example, wives are more likely to take parental leave than husbands, although this is a possibility for husbands in Canada. Having a baby results in some couples taking on more traditional roles and can disrupt what may once have been an egalitarian relationship. Cowan and Cowan (2000) have argued that the more egalitarian a couple’s relationship is before they have a baby, the more difficulty they may have making the transition to parenthood.

Many women cherish their traditional roles as mothers and may not want to have egalitarian roles once they have children. Some women want to take on the traditional role of mother by leaving work and staying home to take care of their babies. They would rather have sole responsibility for the care of their children and have their husbands go to work and fulfill his traditional role as provider. What may restrict couples from performing their ideal traditional roles are barriers such as a lack of financial resources that require both partners to bring home an income.

Not all wives seek to have full responsibility for caring for their child and home. For example, a wife may be a stay-at-home mother fulfilling her traditional role but may expect her husband to do more than his traditional role as provider. Cowan and Cowan (2000) found that some of the wives in their study, who did not have an egalitarian distribution of household labour before their child was born, expected their husbands to help more with household chores after the birth of their child.

Given that not all wives have the same expectations for their husbands during the transition to parenthood, it is important to capture wives’ expectations before and after
the birth of their children. In doing so, I can explore the circumstances in which a wife’s expectations of her husband may change.

Purpose of this Research

The purpose of this research is to explore the theoretical assumption that if a mother’s expectations of her partner are not fulfilled, the mother will experience a decline in marital quality. In addition the childbirth experience and the infant’s temperament will be examined in order to determine the role these variables play in the transition to parenthood. The broader implications of this research would be that limiting declines in marital quality for couples maybe associated with less tension in the marital relationship. In turn, this lack of tension may lead to less conflict and as a result may create an environment in which an infant can thrive.
Marital satisfaction, as defined for this review, is the subjective evaluation of married couples' overall satisfaction with their marriage. There has been an ongoing debate as to whether this is best represented by a U-shaped function (Rollins & Feldman, 1970; Lupri & Frideres, 1981) or by a linear decline (Vaillant & Vaillant, 1993) during the marriage span. A U-shaped function of marital satisfaction is the older of the two arguments supported by family life cycle scholars (Rollins & Feldman, 1970; Rollins & Galligan, 1978). According to them, marital satisfaction begins to decrease after the birth of the first child and only begins to increase again once the children have been "launched" and have left the home (Larson, Goltz, & Munro, 2000).

The U-shaped function of marital satisfaction has been re-evaluated by scholars who questioned the methodology used in supporting these findings (Schram, 1979; Vaillant & Vaillant, 1993). Schram (1979) conducted a review of the family life cycle literature on marital satisfaction and questioned the notion that cross-sectional data can accurately describe changes in a couple's marital satisfaction. She argues that longitudinal rather than cross-sectional data is required to truly capture the dynamics of marital satisfaction throughout the lifespan (Schram, 1979).

Vaillant and Vaillant (1993) conducted a 40-year longitudinal study in which they concluded that "the U-curve of marital satisfaction may be an artifact of the retrospective and cross-sectional study" (p. 238). During their study, spouses' retrospective accounts of the course of their marital satisfaction followed a curvilinear path, while their prospective
reports of their marital satisfaction followed a linear decline (Vaillant & Vaillant, 1993). Therefore, research on marital satisfaction using cross-sectional and/or retrospective data has limitations: it does not account for couples who have divorced (Spanier, Lewis, & Cole, 1975; Vaillant & Vaillant, 1993) and it relies on participants’ memory (Vaillant & Vaillant, 1993). In a longitudinal study following 51 couples over a 40-year span, results indicated that couples’ marital satisfaction steadily declines during the first stage of marriage (1-15 years married) (Vaillant & Vaillant, 1993). During the second stage (16-30 years married) there is a significant difference between the marital satisfaction of wives compared to husbands, with wives having a more significant decline in their marital satisfaction (Vaillant & Vaillant, 1993). However, studies have shown that although wives are the first spouses to report declines in their marital satisfaction, declines in husbands’ marital satisfaction follows (Belsky et al., 1983).

Decline in Marital Satisfaction

Decline in marital satisfaction has been attributed to different factors. For example, decline in marital satisfaction may be due to partner “idealizations” at the beginning of marriage which make the couples vulnerable to “disillusionment” and, therefore, more prone to experience declines in their satisfaction with their marriage (Karney & Bradbury, 1997). Although researchers have recognized that individual differences contribute to differences in marital satisfaction (Kurdek, 1991), the idea of partner “idealization” explains only a portion of marital satisfaction. Other researchers have focused on life transitions and the effects these transitions have on marital satisfaction. One transition that has received significant attention over the past two decades has been the transition to parenthood.
In a ten-year longitudinal study Cowan and Cowan (2000), found that 50% of the couples that remained childless for the first five years of marriage divorced. Of the couples who did have a child in those first five years of marriage, only 20% divorced (Cowan & Cowan, 2000); however, the transition to parenthood has had a "paradoxical effect upon marriages" (Belsky & Hsieh, 1998, p. 2). Having a child can have negative and positive effects on the marital relationships. Couples who have a child have greater marital stability and are less likely to divorce when compared to childless couples (Cowan & Cowan, 2000). At the same time, the transition to parenthood has also been associated with a decline in marital satisfaction (Belsky, 1985; Belsky & Rovine, 1990; Belsky et al., 1983; Levy-Shiff, 1994; Rollins & Galligan, 1978). The idea of having low marital satisfaction yet high marital stability can be explained by the fact that marital satisfaction in itself does not predict marital stability; the relationship is mediated by "alternative attractions" and "external pressures to remain married" (see Spanier & Lewis, 1980).

**Parental and Non-Parental Marital Satisfaction**

Researchers evaluating marital satisfaction during the transition to parenthood have progressed from retrospective studies to longitudinal studies and have most recently started comparing the marital satisfaction levels of non-parental and parental couples (Cowan & Cowan, 2000; Shapiro, Gottman, Carrere, 2000). Some researchers have argued that a decrease in marital satisfaction should not be attributed to the transition to parenthood alone because such a decrease is a normal process that is also experienced by couples who do not have a child (Karney & Bradbury, 1997; White & Booth, 1985). On
the other hand, other researchers have argued that the decrease in marital satisfaction for parental couples is greater than for non-parental couples (Shapiro et al., 2000).

Longitudinal research comparing non-parental and parental couples has shown that a decrease in marital satisfaction may be a normal process regardless of the presence or absence of a child (Karney & Bradbury, 1997). However, a seven-year study conducted by Shapiro et al. (2000) found that couples who had a child, although less likely to divorce, had a greater decrease in marital satisfaction than couples who stayed together and remained childless. By using a non-parental control group, research conducted by both Kurdek (1993) and Shapiro et al. (2000) has shown that while declines in marital satisfaction are a normal process of marriage, couples who are parents generally have greater declines in marital satisfaction than their non-parent counterparts.

As discussed in Chapter 1 marital relationships can effect children’s development, such that families in which spouses were satisfied children exhibited more secure attachment styles. If a decline in satisfaction does not necessarily lead to divorce, because children bring marital stability, then the possible causes of this decline should be examined in order to create a more positive environment for children’s development.

Shared leisure time between spouses has been positively related to marital satisfaction. The presence of children reduces shared leisure time (MacDermid, Huston, & McHale 1990). In a detailed study evaluating the different types of activities that contributed to a decline in marital satisfaction, Kurdek (1993) found that for couples who had children there was a significant decline in frequency of “joint activities.” It is not surprising that couples experience less time together considering the transition to parenthood changes the family structure from a dyad to that of a triad, which creates new
roles for them. I can therefore assume that the presence of children, which decreases couples leisure time together, can indirectly decrease marital satisfaction.

Transition to Parenthood

The transition to parenthood for married couples has been a topic of interest for researchers since the mid 1950s. In an article entitled “Parenthood as crisis,” LeMaster (1957) warns that for most couples the transition to parenthood is very stressful. He states that the transition to parenthood is a time when “roles have to be reassigned, status positions shifted, values reoriented, needs met through new channels.” (LeMaster, 1957, p. 352).

Empirical evidence supports the view that the transition to parenthood has a negative impact on marital satisfaction (Belsky et al., 1983). Longitudinal studies using non-parental control groups have also found that parents generally report greater declines in their marital satisfaction (Kurdek, 1993; Cowan & Cowan 2000; Shapiro et al., 2000). The decline in marital satisfaction across the transition to parenthood appears to be the result of a tendency for family roles to become traditional as husbands and wives become mothers and fathers, with wives assuming more of the traditional female household duties (Belsky & Hsieh, 1998; Cowan & Cowan, 2000). For example, the wife is more likely to be responsible for laundry, cooking, and cleaning in addition to being the main childcare provider.

However, the idea that all couples’ marital satisfaction follows the same pattern across the transition to parenthood has been questioned (Belsky & Rovine, 1990; Cowan & Cowan, 2000; Levy Shiff, 1994; Shapiro et al., 2000). The presence of different patterns of marital change between couples indicates that it would be a “mistake” to
assume that the “average pattern of marital change accurately depicts the experience of each and every couple” (Belsky & Hsieh, 1998, p. 3).

In addition to the Belsky and Rovine (1990) study discussed in Chapter 1, Cowan and Cowan (2000) reported that 18% of the couples who did not participate in their intervention group indicated an increase in marital satisfaction. The intervention group in this case targeted expecting parents. This finding suggests that some couples experience an increase in their marital satisfaction, supporting the notion that different patterns of marital change exist across the transition to parenthood. Shapiro et al. (2000) also found that 33% of wives who became mothers during their six-year longitudinal study reported either no change or an increase in their marital satisfaction.

So why do some couples make smooth transitions to parenthood whereas others have more difficulty? This question has motivated research that has begun to examine the differences among the characteristics of couples as dyads and as individuals across this transition. A new wave of research that evaluates what makes the transition to parenthood different for couples has identified dyadic characteristics of couples (Belsky & Rovine, 1990; Cowan & Cowan, 2000; Feeney, Hohaus, Noller, & Alexander, 2001; Levy-Shiff, 1994; Shapiro et al., 2000) and individual characteristic of parents (Cowan & Cowan, 2000; Feeney, et al., 2001; Levy-Shiff, 1994; Pancer, Pratt, Hunsberger, & Gallant, 2000) as well as the child (Belsky & Rovine, 1990; Levy-Shiff, 1994) as variables that affect the ease in the transition to parenthood.

In an attempt to investigate whether there were characteristics in a couple’s relationship that buffer or stabilize their marital satisfaction across the transition to parenthood, Shapiro et al. (2000) conducted a six-year study with 130 newlywed couples.
These researchers found three predictors of stability in marital satisfaction for wives who eventually became mothers. In no particular order these predictors are: the “fondness and admiration” a husband had for his wife; the “awareness or cognitive room” a husband allocated to his wife and to their relationship; and finally the “awareness or cognitive room” a wife allocated to her husband (Shapiro et al., 2000, p. 67). Shapiro et al. (2000), state that

*The fondness and admiration system in a couple’s relationship can be thought of as the glue that holds the relationship together. Expressiveness can be thought of as the level of awareness each spouse has of their relationship, their spouse, and their spouse’s life. The more fondness for his wife the husband expresses, or the more glue he puts into the relationship, the more satisfied the wife is with the marriage over the transition to parenthood* (p. 67).

Although the above finding is only a relevant predictor of stability in marital satisfaction of one spouse -- the wife -- it is an important finding because it has been shown that a decline in the wife’s marital satisfaction is followed by a decline in the husband’s (Belsky et al., 1983).

**Postnatal Expectations of Spouse**

The postnatal expectations of one’s spouse provide another variable that tends to affect the wife’s marital satisfaction more drastically then that of her husband (Belsky, 1985). Expectations of the spouse that have not been met are another reason wives report declines in marital satisfaction (Belsky, 1985; Ruble, Fleming, Hackel, & Stangor, 1988). In fact, wives experience more expectation violations from their spouses than do husbands (Belsky, 1985; Belsky, Lang, & Huston, 1986). Belsky et al. (1986) reported
that 10% of men's variance in marital dissatisfaction can be accounted for by violated expectations, whereas these violations accounted for 25% of the variance in women's marital dissatisfaction.

In general, the arrival of a child affects a woman's life more so than it does a man's (Pancer et al., 2000). For example, most couples anticipate equal involvement in childcare and household responsibility, even if the division of labour is not equal before the birth of their child (Cowan & Cowan, 2000). Although many couples expect equality when they have their first child, women typically assume primary responsibility for both childcare and household responsibilities (Belsky, 1985; Ruble et al., 1988). More recently, Feeney et al. (2001) reported that perceptions of fairness and unfairness of the division of household and childcare tasks after the birth of a child were based on spouses' views of gender roles rather than actual time spent on tasks. "When Partners Become Parents," Cowan and Cowan (2000) encourage couples who are planning to have a baby to "share [their] expectations".

Many husbands and wives who are expecting a baby neglect to share their notions of the ideal family. They seem to assume that once they have decided to have a baby, their ideal family picture will take shape spontaneously (Cowan & Cowan, 2000, p. 206).

This idea that couples should share their expectations of parenthood before the birth of their children is also iterated by Delmore-Ko, Pancer, Hunsberger, and Pratt (2000). Their findings indicate that women and men report different worries and concerns and they anticipate parenthood in different ways. Becoming a parent requires an individual to adapt to changing circumstances and to cope with new caring demands, thus
it is not surprising that personal characteristics of parents are a factor in marital satisfaction during the transition to parenthood.

Individual Characteristics

Individual characteristics have affected marital satisfaction. For example, husbands who view themselves as “nurturing, caring and protecting” experience less of a decline in marital satisfaction as compared to those who do not (Levy-Shiff, 1994, p.14). Studies have also found that “self-esteem” has a positive relationship with marital satisfaction during the transition to parenthood (Belsky & Rovine, 1990).

Levy-Shiff (1994) evaluated the change in marital satisfaction of 102 couples across the transition to parenthood and found that wives who enjoyed being unattached and had difficulty in coping with additional tasks showed a greater decrease in marital satisfaction after the birth of their first child. Furthermore, women who put “high priority” on their careers also experienced a greater decline in marital satisfaction (Levy-Shiff, 1994).

Individual Differences in Prenatal Expectation

Pancer et al. (2000) and Delmore-Ko et al. (2000) examined the effects of individual differences in prenatal expectations on the individual’s postnatal experience. They examined the individuals’ prenatal expectations of what it would be like to be a parent compared to the actual experiences of parents.

Pancer et al. (2000) studied 69 couples three months before the birth of their child and at six months postpartum. The prenatal interview, which consisted of open-ended questions, took place during the third trimester to identify the nature of spouses’ expectations across the transition to parenthood. A postpartum questionnaire focused on
the parent's experiences. These researchers hypothesized that "individuals with more complex expectations prenatally about what parenthood would be like would demonstrate better adjustment after their babies were born than would individuals with more integratively simple expectations" (Pancer et al., 2000, p. 257).

Findings indicated that women who had "more complex expectations" about the parental role demonstrated higher levels of self-esteem, lower levels of depression, and better marital adjustment postpartum (Pancer et al., 2000). Interestingly, these results were not replicated for men; this may be due to the fact that women's lives were more affected by the birth of a child (Pancer et al., 2000).

Delmore-Ko et al. (2000) re-evaluated Pancer et al.'s (2000) data. A cluster analysis of prenatal expectations identified four clusters for men (prepared, fearful, complacent, and mixed) and three clusters for women (prepared, fearful, and complacent). Additional data gathered 18 months postpartum indicated that both men and women in the prepared cluster generally demonstrated better adjustment across the transition to parenthood than any other cluster (Delmore-Ko et al. 2000). This study found that 35% of women and 29% of men reported being fearful of their new roles as parents. In addition, these researchers found that even individuals in the "prepared cluster" had given thought to the difficulties that may be encountered in their new roles as parents.

In addition, Ruble et al. (1988) conducted a study investigating the effects of violated expectations on wives' dissatisfaction with marital relationships, with respect to shared childcare and housekeeping tasks, during their postpartum period. This study consisted of both a cross-sectional and a longitudinal analysis. In the cross-sectional
analysis, 670 women completed questionnaires at one of six different phases across the transition to parenthood. In the longitudinal analysis, 48 women completed questionnaires late in their pregnancy and at three different periods postpartum. These researchers found that wives reported less positive feelings towards their spouse during postpartum than they did during their pregnancy (Ruble et al., 1988). In addition, women reported doing much more of the housework than their husbands.

Due to the fact that these researchers distinguished their measure of childcare from that of household tasks, they were able to conclude that the discrepancies between expected and actual division of household labour were associated with greater dissatisfaction with marriage than discrepancies in childcare (Ruble et al., 1988). Similarly negative effects of the division of household labour on marital relations were also found by both Belsky et al. (1986) and Cowan, Cowan, Heming, Garrett, Coysa, Curtis Boles and Boles, (1985).

One possible reason given for this is that because first-time mothers are inexperienced as parents, their childcare expectations may change postpartum; however, household tasks are experienced before the transition to parenthood takes place and therefore expectations are already set (Ruble et al., 1988). Although violated expectations of mothers affects some aspects of the marital relationship, researchers maintain that these violations do not necessarily affect the “core” of the relationship (Ruble et al., 1988).

Infant Temperament

When couple members become parents one of the difficulties that they may encounter is an infant with a difficult temperament. Temperament can be described as an
infant characteristic, for example whether an infant is easily comforted or whether they cry endlessly are two points at the opposite ends of the infant temperament spectrum. The assumption that an infant’s characteristics would affect parents’ transition to parenthood is reasonable. In fact, there is evidence that difficult infant temperament can “undermine parental functioning” (Belsky, 1984). Belsky and Rovine (1990) found that at three-month postpartum infant temperament reports were “an important determinant of which [mother’s] marriages declined in quality and which improved” (p. 18). In addition, irritable babies perceived as “fussy” or “difficult” place more demands on their parents and therefore make the transition to parenthood more difficult (Feeney et al., 2001).

Unfortunately the effects a child’s characteristics has on their parents’ experiences across the transition to parenthood was not explored or controlled by either Pancer et al. (2000), Delmore-Ko et al. (2000) or Ruble et al. (1988). Although these researchers evaluated the prenatal expectation of parents, they failed to evaluate how the infant’s temperament affected their postnatal experiences. Considering Belsky and Rovine (1990) found infant temperament measures to be the only difference reported between couples who indicated an increase in marital satisfaction across the transition to parenthood and those who reported no change, it would be necessary to conduct studies that controlled for infant temperament.
CHAPTER 3
THEORY AND HYPOTHESES

The addition of a first child into the dyadic couple relationship not only changes the family configuration into a triad, but also creates new roles. Researchers have applied different theoretical frameworks to determine how the transition into parenthood affects marital change, for example, lifespan development (Belsky, 1985) and ecological development (Levy-Shiff, 1994). Such theories can be extensive. Trying to include elements that focus only on the transition into parenthood can be confusing. The symbolic interaction theory, although extensive, has variations that can be applied which focus its theoretical framework. By using the structural approach of role-taking from symbolic interactionist perspective, one can have a more focused theoretical view on transition to parenthood.

It has been suggested that role theory is a sub-theory immersed in the symbolic interactionist framework (Kuhn, 1963). Others have argued that role theory is synonymous with the interaction framework (Stryker, 1964). Burr, Leigh, Day, and Constantine (1979) illustrate the overlapping aspects of these two theories by presenting them on two continua. These two continua are that of subjective versus objective and a macro versus micro orientation (Burr et al., 1979). On the subjective versus objective emphasis continuum, symbolic interactionism is at an intermediate position (Burr et al., 1979). On the same continuum, the portion of role theory that is not overlapping with symbolic interaction theory is at the objective extreme (Burr et al., 1979). On the second continuum which evaluates the micro versus macro orientation, role theory can have
either a macro or micro orientation while symbolic interaction usually has a micro orientation (Burr et al., 1979).

Applying the basic assumptions from symbolic interactionist theory, this study takes a structural view of roles. The structural approach to symbolic interactionism identifies an individual as a role taker. In order to take on a role, individuals have to make transitions in and out of these roles. The ease of transition in and out of roles can be defined as “the degree to which there is a freedom from difficulty in activating [...] a role and the availability of resources to begin [...] a role” (Burr et al., 1979, p. 84). The purpose of this chapter is to evaluate propositions that inform a conceptual hypothesis that relates the quality of spouses’ role enactment across the transition to parenthood to wives’ marital satisfaction.

Integration of Relationships

In order to integrate relationships and deduce conceptual hypotheses, several “middle-range theories” (a theory made up of a group of propositions) were explored. Ease of transition into role theory, quality of role enactment theory and role strain theory are the three middle-range theories that will be evaluated and used to deduce conceptual hypotheses below.

Ease in Transition into the Role of Parent

According to Burr et al.’s (1979) role transition model there are several variables that affect the ease with which a transition into a new role is made. The first premise used from this model to deduce a conceptual hypothesis is as follows:

“The greater the perceived role strain that results from performing the role, the less ease in making the transition into the role [of parent].” (Burr et al., 1979, p. 86).
This minor argues that the more a parent feels strained in their role, the more
difficult the transition into parenthood. This relationship is illustrated in Figure 3.1
below. For example, the greater the perceived difficulties in measuring up to the
obligations and demands of a parental role felt by a mother, the less likely she is to have
an easy transition into motherhood.

Role Strain and the Ease in Transition into a Role

The second premise from Burr et al.’s (1979) role transition model used in this
study to deduce a conceptual hypothesis is as follows:

"The more important and/or definite the transition procedures into a role, the
easier the transition into the role." (Burr et al., 1979, p. 86).

This minor premise argues that the more the transitional procedures is unambiguous the
greater the ease of transitioning into a new role. This relationship is illustrated in Figure
3.2 below. The birth of a child is an unambiguous event; however a mother’s experiences
leading to delivery and shortly after childbirth can also be evaluated as part of the
transitional procedures. Therefore the mother’s experiences during the labour and
delivery of her child may impact the ease in which she makes the transition to
motherhood. Although role strain and the transitional procedures are only two variables
from the Burr et al. (1979) model, the remaining variables impacting the role transitions
will be discussed in Chapter 4 under Control Variables.
Quality of Role Enactment Theory

A second theory component considered in this study is quality of role enactment (Burr et al., 1979). A premise that will be used from the role enactment model to deduce a conceptual hypothesis is as follows:

"The quality of ego's spouse's role enactment influences ego's satisfaction, and this is a positive linear relationship." (Burr et al., 1979, p.70)

This major premise argues that the quality of spouse’s role enactment affects the other spouse’s satisfaction in a positive way. The more a spouse is enacting their role according to ego’s expectations the happier the observing spouse feels. This relationship is illustrated in Figure 3.3.

Role Strain Theory

A third middle-range theory that is relevant to this current investigation is that of role strain (Burr et al., 1979). The two premises from this theory are used to create a concluding proposition are as follows:

"The more [parents'] perceive consensus in the expectations about a role they occupy, the less role strain." (Burr et al., 1979, p.79).
The major premise, which is stated above, argues greater perceived consensus between spouses on the expectations of what makes a good parent, reduces the likelihood of experiencing role strain. Therefore, vagueness or conflict in perceived expectations would result in an increase of role strain experienced by the parents. The term “perceived consensus” is not the same as actual consensus in that the former is an individual measure and the latter is a dyadic measure.

**Deduction of Premises**

The deduction of the premises discussed above and illustrated in Figure 3.4 below gives a positive relationship between perceived consensus of role expectations and ease of transition into new roles. This produces a conceptual hypothesis that states that the more perceived consensus between self and spouse in the expectation of a new role, the easier the transition into this new role.

<table>
<thead>
<tr>
<th>Role Strain</th>
<th>Perceived Consensus of Role Expectations</th>
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**Figure 3.4 Perceived Consensus of Role Expectations and Ease in Transition**

Increased ease of transition into a new role, reduces negative change on the individual enacting that new role, the less tension on the individual and the less strained their relationships may become. Assuming the ease of transition into parenthood is positively related to marital satisfaction, we can deduce a second conceptual hypothesis
illustrated below in Figure 3.5. This new hypothesis holds that perceived consensus in role expectations between spouses is positively related to marital satisfaction. If a wife’s expectations of her own and her partner’s new roles as parents are close her perceptions of what happens, then she is less likely to have a decline in her marital quality.

<table>
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<th>Perceived Consensus of Role Expectations</th>
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<th>Ease of Transition into Parenthood</th>
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</thead>
<tbody>
<tr>
<td>Ease of Transition into Parenthood</td>
<td>+</td>
<td>Marital Satisfaction</td>
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<tr>
<td>Perceived Consensus of Role Expectations</td>
<td>+</td>
<td>Marital Satisfaction</td>
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**Figure 3.5 Ease in Transition and Marital Satisfaction**

**Hypotheses**

A model of wives transition to motherhood is illustrated below in Figure 3.6. Unfulfilled household labour expectations in this model have been created by subtracting Time 2 actual performed household labour by Time 1 expectations of household labour. Unfulfilled childcare expectations in this model have been created by subtracting Time 2 actual performed childcare by Time 1 expectations of childcare. Change in marital quality in this model was created by subtraction of Time 2 marital quality by Time 1 marital quality. Childbirth experience and Child temperament in this model are moderating the relationships between unfulfilled expectations and change in marital quality.
Hypotheses 1 and 2 are based on theory and findings of past studies in which wives’ unmet expectations affected their marital relationship (Belsky et al. 1983; Cowan & Cowan, 1992; Cowan et al., 1988; Ruble et al., 1988). As explored in Chapter 2, wives
who become mothers experience declines in their marital satisfaction before their husbands. Studies have indicated that a wife’s unfulfilled expectations may be a key reason for her decline in marital satisfaction (Cowan & Cowan, 2000).

**H3:** Mothers’ unfulfilled expectations of division of household labour will have a greater effect on reduction in mothers’ marital quality than unfulfilled expectations of division of childcare.

Hypothesis 3 is based on empirical findings indicating that unmet expectations regarding division of household tasks can have a greater effect on wives’ marital decline than unmet expectations regarding childcare (Ruble et al., 1988). Other studies have found that mothers who perceived an increase in household tasks across the transition to parenthood also experienced the most negative changes in marital quality (Belsky et al., 1986). In addition, a comparison of parental and non-parental participants in a study found that parents had a greater increase in conflict regarding the division of labour than their non-parental counterparts (Cowan et al., 1985).

**H4:** Child temperament will moderate the relationship between both divisions of childcare and household labour expectations and change in marital quality.

Hypothesis 4 is based on empirical findings by Belsky and Rovine (1990) which indicate child temperament was a key variable differentiating couples who showed no change in marital satisfaction from those who indicated an increase in marital satisfaction across the transition to parenthood. It would therefore be of great interest to evaluate child temperament as a moderating variable affecting the relationships between both division of childcare and household labour expectations and change in marital quality across the transition to parenthood. This hypothesis assumes that difficult child temperament would predict a negative change in marital quality regardless of childcare and/or household labour expectations fulfillment. Children with difficult temperament
would require more attending to this may strain the couples' relationship even if prenatal expectations of division of childcare and household labour are being fulfilled. Less difficult child temperament would predict no change or positive change in marital quality regardless of childcare and/or household labour expectation fulfillment.

H5: Birth experience will moderate the relationship between both unfulfilled divisions of childcare and household labour expectations and change in marital quality.

Hypothesis 5 is adapted from the "Casual Model of Role Transition Theory" which indicates that the "transition procedures" is positively related to how easily one can move in and out of a role (Burr et al., 1979, p.89). This hypothesis assumes that the mother's childbirth experiences will predict the change in her marital quality. For example, if a mother is expecting to give birth naturally and there are complications which require a Cesarean section, this process may effect her adjustment to the role of mother. In addition, any stressful birth experience from the type of delivery to the atmosphere in the delivery room may affect the overall transition a woman makes into her role as a mother.
CHAPTER 4

METHODS

Sample

The data for this study were collected from volunteer participants residing in the province of British Columbia in the cities of Vancouver, Langley, Port Moody, Maple Ridge, Delta, Richmond, Surrey and New Westminster. Criteria for inclusion were first time pregnant women attending prenatal classes over a period of two months at the following locations: St Paul’s Hospital and various locations contracted through Douglas College. The women were greater than 32 week of gestation, and living with their child’s father. The women in this study were not required to be legally married to their child’s father and therefore are referred to for the remainder of this text as mothers rather than wives.

Design and Procedure

I recruited women through a two-minute presentation. I informed possible participants of the objective of the study and that this study only required the participation of mothers because past research has shown the birth of the first child affects a mother’s life more than a father’s life (Pancer et al., 2000). In addition, women report greater level of decline in their marital satisfaction and this decline for wives tends to precede declines for husbands (Belsky, 1985). I also explained that this was a longitudinal study and required them to provide a contact number and sign a consent form so they could be contacted three months postpartum. The importance of collecting data at both times was emphasized in hopes that participants would cooperate with a second contact attempt by the researcher. I asked participants to volunteer in an effort to
capture a better understanding of how the marital relationship is impacted by the birth of a first child. I emphasized the fact that by gaining a better understanding of what happens to the marital relationship, we hope to improve on and initiate prenatal resources for couples. I answered questions at the end of the presentation and asked individuals who were interested in participating to fill out a questionnaire and return it to their prenatal instructor at the following session.

This longitudinal study consisted of data collection at two different time periods. The first wave of data was collected over a span of 19-weeks from women in their 32-40 week gestation period. The second set of data was collected twelve weeks after the indicated delivery dates on the first questionnaire. A 12-week time period between the two waves of data was chosen because past research has indicated that mothers begin to report changes in the marital quality as early as 12 weeks postpartum (Belsky & Rovine 1990; Cowan & Cowan, 2000). I collected initial data with a short form pencil and paper questionnaire that was given out to all members of the prenatal class and those willing to participate were asked to return their questionnaires. A total of 68 mothers completed and returned the first questionnaire. I conducted telephone interviews with 61 mothers three months after their indicated delivery dates. Of the 68 mothers who consented to participating in this study 7 had provided numbers that were not in service during Time 2 data collection. These seven mothers were excluded from the study. After all the data were collected and the study completed, all participants who completed both stages of this study were sent a brief letter indicating the study’s findings.
Measures

Dependent Variable: Change in Marital Quality from Time 1 to Time 2

Marital quality is defined as "a subjective evaluation of a couple's relationship" (Lewis & Spanier, 1979, p. 269). The dependent variable was evaluated by simple subtraction of Time 2 marital quality reports from Time 1 marital quality reports. Marital quality was evaluated at both data collection points using the Norton (1983) Quality of Marriage Index (QMI), which is a self-reporting scale composed of six items. The QMI asks spouses to report the extent to which they agree or disagree with global statements regarding the quality of their marriage (e.g., We have a good marriage.). The six items that comprise the QMI have had an intercorrelation of 0.76 and represent a unidimensional construct focusing on the evaluative aspects of marital satisfaction (Fincham & Bradbury, 1987; Norton, 1983).

The reliability of change score has been a topic of much discussion; change scores have been criticized for their inability to distinguish between individuals when the "true scores" among individuals is almost the same (Rogosa & Willett, 1983). The difficulties that arise from using change score has been acknowledge and will be taken into consideration during data analysis. As discussed above the dependent variable in this study has been measure using the QMI which is a reliable source. Considering the fact that this measure is reliable the standard error of the mean score of change in marital quality will be examined to asses the presents of true change in marital quality from Time 1 to Time 2.

The QMI was revised for the purpose of this study so that all items are responded to according to a seven-point Likert-type scale with 1 being "Strongly Agree" and 7
being “Strongly Disagree,” yielding total possible scores of 7 to 42. Item number six in the scale “The degree of happiness, everything considered, in your marriage.” (Norton, 1983, p. 147) has been modified and reads “All things considered, I would say my current relationship with my partner is ____.” The change in wording of the question was done in order to elicit a response that does not represent a degree, therefore the original ten-point response scale has been modified to a seven-point response scale (1 = “perfectly happy” to 7 = “very unhappy”). In addition, response items have been rearranged so that lower scores reflect more positive marital satisfaction.

In addition to the QMI, four additional questions reflecting marital satisfaction was asked of the respondents at both Time 1 and Time 2. These four questions reflected current aspects of the relationship such as: “fairness in the relationship”, “time spent together”, “frequency of disagreements” and where the respondent feels her relationship has changed since she became pregnant (Time 1) and had baby (Time 2). These four questions were posed in order to capture aspects of the marital relationship that are not covered by the QMI.

Independent Variables

Unfulfilled Division of Childcare Expectation

Unfulfilled division of childcare (DCC) expectations are defined as DCC expectations held by one partner that are not met by the other partner. Unfulfilled DCC expectations were measured by simple subtraction of postnatal actual-DCC from prenatal expected-DCC.

Time 1 and Time 2: DCC-expectations. DCC expectations are defined as the belief held by one spouse as to what they expect from their partner in terms of caring for
their infant. DCC-expectations were measured using the 12-item childcare and child rearing dimension found in Cowan and Cowan’s (1979) *Who Does What? Questionnaire* a self-report questionnaire. There are currently seven versions of the *Who Does What? Questionnaire* and all versions have three dimensions: childcare and child rearing, household and family tasks and family decisions (See Appendix C). Two versions of the questionnaire were used; the first was the pregnancy version intended for use with couples who are expecting a child and the second was the six-month postnatal version, which was used at the three-month postnatal period. In the prenatal questionnaire, mothers were asked “how would you like it to be when you are parents of a young child (birth to three months),” (see Appendix A question #21). In the postpartum questionnaire, mothers were asked to respond to the 12-items in terms of “how [they] would like it to be,” (see Appendix B question #26). Mothers were asked to give their perception of how they would like DCC-to be on a 9-point scale, where 1 = “I do it all”, 5 = “we both do it equally” and 9 = “he does it all”. The 12 items targeting the DCC include statements such as “feeding the baby”, “playing with baby” and “doing the baby’s laundry.” The Cronbach’s Alpha for the 12 items targeting childcare and child rearing ideal is 0.98 (Cowan & Cowan, 1990)

**Time 2: actual-DCC.** Actual performed childcare is defined as the current behaviour performed pertaining to the caring for and nurturing of the infant. Actual performed childcare was measured using the same 12 items in the *Who Does What? Questionnaire* presented above. However, the questions were introduced differently as the participants are reporting on their perceptions of actual-DCC activity rather than what they expect. The only difference in the measurement of expectation of childcare and
actual childcare measures was in the wording of the questions. Mothers were asked to respond to questions in terms of “how it is now” in order to target their actual DCC (see Appendix B question #26). The Cronbach’s Alpha for the 12 items targeting childcare and child rearing now is 0.95 (Cowan & Cowan, 1990).

Unfulfilled Division of Household Labour Expectations

Unfulfilled division of labour (DHL) expectations are defined as DHL expectations held by one partner that are not met by the other partner. Unfulfilled DHL expectations were measured by simple subtraction of postpartum actual-DHL from prenatal expected-DHL.

Time 1 and Time 2: actual-DHL. Actual-DHL is defined as current behaviours conducted in order to maintain a certain lifestyle. Actual-DHL was measured using the 12-item household and family task dimension found in Cowan and Cowan’s (1988) *Who Does What? Questionnaire*. Although there are currently seven versions of the *Who Does What? Questionnaire*, the 12 household and family task items are identical throughout. (See Appendix D). In order to target the actual-DHL, mothers were asked to respond to the 12 items according to “how it is now.” Mothers were asked to give their perception of actual-DHL on a 9-point scale, where 1 = “I do it all”, 5 = “we both do it equally” and 9 = “he does it all.” The Cronbach’s Alpha for the 12 items targeting the household and family task now is 0.93 (Cowan & Cowan, 2000 as cited in written communication with Whitney Brechwald, September, 07, 2004). Participants were asked to rate items such as who is responsible for “planning and preparing meals”, “taking out the garbage” and “looking after the car”. For a review of the questions see Appendix A question #27 and Appendix B question #29. Overall scores from this scale yield possible
scores of 9 to 108 with lower scores indicating that the majority of housework is done by mothers.

**Time 1 and Time 2: DHL-expectations.** DHL-expectation is defined as a belief held by one spouse that their partners will be responsible for certain household tasks in the future. To measure DHL-expectations, the same household and family task dimension found in Cowan and Cowan’s (1988) *Who Does What? Questionnaire* was used. The questions, however, were posed differently in order to target mothers’ expectations; mothers were asked how they would like it to be. The Cronbach’s Alpha for the 12 items targeting the household and family ideal is 0.97 (Cowan & Cowan, 2000 as cited in written communication with Whitney Brechwald, September 07, 2004). Again, this measure yielded possible scores of 9 to 108 lower scores indicating that the majority of housework is done by mothers.

Although the items in the scale used to measure division of household labour tasks at Wave-1 (DHL-1) and Wave-2 (DHL-2) are identical, the format in which they were asked differed. Each time wave requires two responses for the division of household labour: first how things are now (DHLn-1; DHLn-2) and secondly how they would like things to be (DHLike-1; DHLike-2). At both time waves mothers were asked how the division of household labour is “now” (DHLn-1; DHLn-2). During DHL-1 mothers were also asked “how [they] would like it to be once they are the parents of a young infant (birth to three months)” (DHLike-1). This format was constructed to evaluate mothers’ expectations. During DHL-2 mothers were asked “how would you like it to be” (DHLike-2). This format was constructed to evaluate participants’ current ideal.
Moderators

According to Baron and Kenny (1983) a “moderator is a variable that affects the direction and/or strength of the relationship between” the independent and dependent variable (p. 1174). The moderating variables in this study are child temperament and childbirth experience. Child temperament and childbirth expectations are presumed to change the causal relationship between mothers’ unfulfilled expectations and the change in their marital quality. The moderating effects of these variables were tested through multiple regression models which included an interaction variable. Interaction variables have been created by multiplication of an independent variable by a moderating variable.

Child Temperament

Child temperament is defined as a child’s behaviour. The Fussy-difficult dimension of the Infant Characteristics Questionnaire (ICQ) was used to measure child temperament. The ICQ has been administered to parents of children ages 4-6 months (Bates, Freeland, & Lounsbury, 1979), however in this study it was administered to mothers when their infants were 3 months of age. Administering the questionnaire prematurely at three months of age may possibly diminish the ability to distinguish between “colic” in infants and “difficult temperament” (Written Communication with John Bates, August 23, 2004). This was re-evaluated and considered during analysis of this data. This measurement was administered because past research indicated that a child’s temperament can impact the marital relationship also used the ICQ (Belsky & Rovine, 1990); therefore, it was vital that research evaluating marital quality after the birth of a child explores this variable.
The Fussy-difficult dimension of the ICQ consists of nine items and mothers were asked to respond to the items on a scale of 1 to 7. See Appendix B questions #17 to #25 for an illustration of the nine questions. The Fussy-difficult dimension has been shown to have both internal consistency ($\alpha$ coefficient $= .79$) and reliability ($r = 0.70$) (Bates et al., 1979).

**Childbirth Experience**

The childbirth experience is defined as the overall atmosphere and experience of delivering a baby. The moderating variable childbirth experience was measured using two items: control of non-emergency decisions, and stress of childbirth. Mother were asked at Time 1 if there were any health concerns for her or her baby and what type of birth she was planning on having. These data were than compared to Time 2 results in order to control for any unexpected crisis that may have influenced this study.

**Control of non-emergency decisions during labour.** This first item has been taken from a survey used in the “Great Expectations” study conducted in the United Kingdom (Green & Baston, 2003). The question I was interested in pertains to mothers’ perceived control of non-emergency decision. Both mothers’ prenatal expectations of who should have control of non-emergency decisions during the labour process and who they perceived as having control after the childbirth process was examined. Mothers were asked during the prenatal survey “Assuming there are no complications, who do you expect will make most of the decisions about your labour?” Possible responses are as follows: 1 - “staff should just get on with it”; 2 - “staff should make the decisions but I’d like to be kept informed”; 3 - “staff should discuss things with me before reaching a decision”; 4 - “staff should give their assessment of the situation, but that I will be the
one in control of the decision”; 5 - “I don’t have any expectations”. Three months postpartum mother were asked “How did you feel that most of the non-emergency decisions about your labour were made?” Possible responses are as follows: 1 - “the staff just get on with it”; 2 - “the staff made the decisions but kept me informed”; 3 - “the staff discussed things with me before reaching a decision”; 4 - “staff gave me their assessment but I was in control of the decision.”

**Stress of childbirth experience**. The stress of the overall childbirth process the mother goes through from when she enters the hospital to when she delivers her baby comprises the stress of the childbirth experience. Stress of the childbirth experience was measured at three months postpartum during Time 2 data collection. Mothers were asked to rate the overall stress level of the birthing experience on a scale of 1 to 7. With a possible response of 1= “completely stress free”, 4 = “neutral,” and 7 = “extremely stressful child birth experience.” See Appendix B question #14.

**Control Variables**

Data were collected on six control variables identified by theory and/or past research. First, age was controlled for in this study; both the age of the respondent and their partner were collected. Age was an important variable to consider as a mother’s age can be a factor in her health during pregnancy. In addition, both the age of fathers and mothers can possibly contribute to their desire to have children and therefore initiate planning for children. A second control variable was socio-economic status (SES). Couples with higher levels of SES have reported more egalitarian division of household and family activities (Larson et al., 2000). It is also reasonable to assume that families with higher SES level would have more access to resources such as hired help. This
variable was measured using the educational level of both the respondent and their partner. The higher the level of education the higher the SES recorded. Age and SES needed to be controlled because past research has indicated that a mother’s age and SES level can contribute to her overall marital satisfaction (Larson et al., 2000).

A third control variable was the external support system defined as any person outside the couple’s dyadic unit that helps with childcare. Past research has found that assistance by both external family members and community support with childcare has resulted in lower declines in marital satisfaction postpartum (Cowan & Cowan, 2000; Levy-Shiff, 1994). This variable was measured by asking the respondent both at Time 1 and Time 2 whether they expect (Time 1) or have (Time 2) any outside assistance in childcare.

In addition, anticipatory socialization, defined as “the process of learning such phenomena as norms, values, attitudes, and subtle dimension of a role before being in a social situation where it is appropriate actually to behave in that role” (Burr et al., 1979, p. 84), was also controlled for. Past research has pointed to the social support system around the couple, for example, elders or friends who have had children, as sources from which the couple can learn appropriate expectation of becoming parents (Belsky, 1984; Feeney et al., 2001). Anticipatory socialization was measured by asking the respondents three questions: 1. “Have you ever cared for a child under the age of 2 years old?”; 2. “Have any of your family members or in-laws had children in the past three years?”; and 3. “Have any of your friends had children in the past 3 years?” In the first question we use the word “ever” in order to capture whether or not the respondent has had any past experience babysitting or caring for a younger sibling. The reason for seeking a three-
year timeframe in the second and third questions was because the child the respondent is referring to would be no older than a toddler and the respondent’s experiences with that child would be more current.

A fifth variable that was controlled for was self-identified ethnicity. Ethnicity refers to the cultural group the research participant most identifies with. The majority of findings that have reported on marital satisfaction across the transition to parenthood have been based on North American samples (Belsky & Rovine, 1990; Belsky, et al., 1983; Wright, Henggeler, Craig, 1986). However, according to the human ecology perspective on the transition to parenthood, demands on the family systems from a broader sociological context should also be explored (Bubolz & Sontag, 1993). The amount of support and messages that a family receives from the environment plays a role in how well that family adjusts to the transition to parenthood. Therefore it is important to take cultural background into consideration as a cross-cultural study conducted by Levy-Shift (1994) found participating wives from a non-Western background generally report less declines in marital satisfaction after the transition into parenthood than did participating wives from Western backgrounds. Considering Canada is a multicultural society the ethnic background of participants could influence their experiences and expectations as parents.

Mother’s employment was the sixth and final control variable controlled. Data were collected on the mother’s type of participation in the workforce and if she was employed the length of her maternity leave was noted. Maternity leave refers to the time a mother takes off, from paid employment, before and after the birth of her child. Past research has indicated that mothers who put greater emphasis on employment outside the home
indicated less marital satisfaction after the birth of their first child (Levy-Shift, 1994). This variable was measured at Time 1 and Time 2 by asking respondents questions pertaining to whether or not they were employed before they became pregnant, whether they were on maternity leave and if so, when they plan on going back to work.
CHAPTER 5
RESULTS
Sample Description

Over a span of 19-weeks, 68 mothers were recruited from 14 different prenatal classes to participate in this two-phase study. These classes were held in the following Lower Mainland cities: Vancouver, New Westminster, Maple Ridge, Port Moody, Richmond, Delta, Surrey and Langley. In this two-wave study mothers were asked to complete both waves of data collection. Seven of the 68 mothers who had participated in the first wave did not participate in the second wave of data collection forcing me to remove their Wave-1 data from the study. These seven mothers provided number that were no longer in service and therefore could not be contacted for Wave 2 data collection. This left a total of 61 mothers participated in both waves of data collection. During phase one data collection, 98.4% \((N=60)\) of mothers were in their third trimester, gestation periods ranged from 25 weeks to 38 weeks with a mean of 32 weeks gestation \((SD=2.36)\).

Mothers’ ages ranged from 19 to 43 with a mean of 30 years \((SD=5.01)\) and their partners’ ages ranged from 21 to 48 with a mean of 32 years \((SD=6.02)\). The majority of the participants were Caucasian, 82% of mothers \((N=50)\) and 85.2% of their partners \((N=52)\), the sample also included mothers and partners who classified themselves as East Indian \((3.3% \text{ mothers}; \ 4.9% \text{ partners})\), Oriental \((3.3% \text{ both})\), Hispanic \((3.3% \text{ mothers})\) and Other \((8.2% \text{ mothers}; \ 6.6% \text{ partners})\). Of the participants, 85.2% \((N=52)\) of mothers were married while 14.8% \((N=9)\) classified themselves as common-law/cohabiting couples; the length of time these couples lived together ranged from 4 months to 20 years.
Pregnancies were planned for 75.4 % (N=46) of mothers while 23% (N=14) reported their pregnancies were unplanned, with 1.6% (N=1) not indicating a response. Although none of the mothers in this sample had children, 9.8 % (N=6) reported their partners had children and 3.3% (N=2) reported they had parented their partner’s children. These mothers were still included in the sample because their partner’s children were present during the development of their relationship.

Mothers’ level of education, for the overall sample, was higher than that of partners with the highest percentile having a four-year college degree at 44.3% (N=27). The highest percentile for partners’ level of education, at 24.6% (N=15), was a high school degree followed by 23% (N=14) a four-year college degree. See Table 5.1 below.

<table>
<thead>
<tr>
<th></th>
<th>Mothers</th>
<th></th>
<th>Partners</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Completed high school degree</td>
<td>3</td>
<td>4.9</td>
<td>15</td>
<td>24.6</td>
</tr>
<tr>
<td>Some college</td>
<td>9</td>
<td>14.8</td>
<td>10</td>
<td>16.4</td>
</tr>
<tr>
<td>Post-secondary certificate program</td>
<td>15</td>
<td>24.6</td>
<td>9</td>
<td>14.8</td>
</tr>
<tr>
<td>Two-year college degree</td>
<td>3</td>
<td>4.9</td>
<td>6</td>
<td>9.8</td>
</tr>
<tr>
<td>Four-year college degree</td>
<td>27</td>
<td>44.3</td>
<td>14</td>
<td>23</td>
</tr>
<tr>
<td>Post-baccalaureate certification/Masters</td>
<td>3</td>
<td>4.9</td>
<td>6</td>
<td>9.8</td>
</tr>
<tr>
<td>Completed an advanced degree beyond the Masters</td>
<td>1</td>
<td>1.6</td>
<td>1</td>
<td>9.8</td>
</tr>
<tr>
<td>TOTAL=</td>
<td>61</td>
<td>100</td>
<td>61</td>
<td>100</td>
</tr>
</tbody>
</table>
Of the 61 mothers in this sample 75.4% \((N=46)\) reported having full-time employment, while 11.5% \((N=7)\) reported part-time employment and an additional 13.1% \((N=8)\) reported no employment. During the first phase of this study, 29.5% \((N=18)\) of mothers reported they would not work after the birth of their child, 29.5% \((N=18)\) reported they would return to part-time employment and 41% \((N=25)\) reported they would return to full-time employment. During the second phase of this study the majority of mothers, 68% \((N=42)\), reported postponing entry back to the workforce for a year or longer, 18% \((N=11)\) reported staying home indefinitely and 13.1% \((N=8)\) reported entry back into the workforce in less than one year.

**Description of Main Variables**

**Dependent Variable: Change in Marital Quality**

The dependent variable change in marital quality was measured using the Norton (1983) Quality of Marriage Index (QMI). This 6-item scale was used to collected data during both waves of this two-wave longitudinal study. This scale was measured by a summative index of 6-items measured on a 6-point Likert-type scale. A distribution of the 61 valid cases with no missing data for both time waves is discussed below.

**Time 1: Marital Quality**

During the first wave \((QMI-1)\) of data collection the internal consistency of the QMI scale as measured by the Cronbach alpha coefficient is 0.92. Scores had a range of 2.5 with a minimum score of 3.5 and a maximum score of 6.0. The mean, median, and mode were 5.6, 5.83, and 6, respectively with a standard deviation of 0.51. A histogram illustrating the distribution of QMI-1 data can be found in figure 5.1 below. Skewness was significant at -1.70 with a standard error of 0.31. This scale was constructed from an
attitudinal measure, the QMI, and skewness is common in such attitudinal measures. The Kurtosis was also significant at 3.51 with a standard error of 0.60.

**Time 2: Marital Quality**

During the second wave (QMI-2) of data collection the internal consistency of the QMI scale as measured by the Cronbach alpha coefficient is 0.91. Scores had a range of 2.67 with a minimum score of 3.33 and a maximum score of 6.0. The mean, median, and mode are 5.47, 5.67, and 5.83, respectively with a standard deviation of 0.55. A histogram illustrating the distribution of QMI-2 data can be found in Figure 5.1 below. Skewness was significant at -2.06 with a standard error of 0.31. The Kurtosis was also significant at 5.12 with a standard error of 0.60. See Appendix C for a distribution of scores at both QMI-1 and QMI-2.

**Figure 5.1 Histogram of Wave 1 and Wave 2 Marital Quality Data (N=61)**

There is a moderately strong correlation of 0.65 between QMI-1 and QMI-2. Although both QMI-1 and QMI-2 data on marital quality were skewed the dependent variable, change in marital quality, has a skewness of 0.15 with a standard error of 0.31 which is not significant. For a histogram illustrating the distribution of change in marital quality see Figure 5.2 below. Due to the fact that the dependent variable being examined is the
change in marital quality and not marital quality at any specific time wave, having significant skewness at QMI-1 and/or QMI-2 is not problematic.

**Figure 5.2 Histogram of the Change in Marital Quality Recoded (N=61)**

Change in Marital Quality

The dependent variable, change in marital quality, was computed by simple subtraction of QMI-2 data from QMI-1 data. Results were then recoded so that a negative score indicated a decline in marital quality and a positive score indicated an increase in marital quality, with a score of 0 representing no change. Scores have a range of 2.33 with the minimum score at -1.00 and a maximum score at 1.33. The mean, median and mode are -0.12 (Std. Error of Mean=5.70 E-02), -0.17, and 0.00, respectively with a standard deviation of 0.44. The Kurtosis was not significant at 1.19 with a standard error of 0.60. The correlation between change in marital quality and QMI-1 was -0.35; this correlation was not as strong as that between change in marital quality and QMI-2. The correlation between change in marital quality and QMI-2 is 0.49.

In evaluating the change in marital quality I was interested in examining the direction in which change took place and whether this trend was representative of all 61 participating mothers. Results indicate three pattern of change in mothers’ marital quality
data. The three patterns of change in marital quality observed among the 61 participating mothers are: Decrease in marital quality ($N=34; 55.74\%$); No change in marital quality ($N=12; 19.67\%$); Increase in marital quality ($N=15; 24.59\%$). See Table 5.2 for the distribution of QMI-1 scores and the three patterns of change in marital quality amongst this distribution from time-1 to time 2.

**Table 5.2 Pattern of Change in Marital Quality ($N=61$)**

<table>
<thead>
<tr>
<th>Time 1 QMI Scores</th>
<th>Declined #</th>
<th>Declined %</th>
<th>No Change #</th>
<th>No Change %</th>
<th>Increased #</th>
<th>Increased %</th>
<th>Total #</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.0</td>
<td>13</td>
<td>65</td>
<td>7</td>
<td>35</td>
<td>0</td>
<td>-</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>5.83</td>
<td>13</td>
<td>76.47</td>
<td>4</td>
<td>23.5</td>
<td>0</td>
<td>-</td>
<td>17</td>
<td>100</td>
</tr>
<tr>
<td>5.67</td>
<td>2</td>
<td>66.6</td>
<td>0</td>
<td>-</td>
<td>1</td>
<td>33.3</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>5.50</td>
<td>1</td>
<td>33.3</td>
<td>0</td>
<td>-</td>
<td>2</td>
<td>66.6</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>5.33</td>
<td>0</td>
<td>-</td>
<td>0</td>
<td>-</td>
<td>2</td>
<td>100</td>
<td>2</td>
<td>100</td>
</tr>
<tr>
<td>5.17</td>
<td>1</td>
<td>16.66</td>
<td>0</td>
<td>-</td>
<td>5</td>
<td>83.33</td>
<td>6</td>
<td>100</td>
</tr>
<tr>
<td>5.00</td>
<td>1</td>
<td>33.3</td>
<td>0</td>
<td>-</td>
<td>2</td>
<td>66.6</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>4.83</td>
<td>1</td>
<td>25</td>
<td>1</td>
<td>25</td>
<td>2</td>
<td>50</td>
<td>4</td>
<td>100</td>
</tr>
<tr>
<td>4.67</td>
<td>1</td>
<td>100</td>
<td>0</td>
<td>-</td>
<td>0</td>
<td>-</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>4.33</td>
<td>0</td>
<td>-</td>
<td>0</td>
<td>-</td>
<td>1</td>
<td>100</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>3.50</td>
<td>1</td>
<td>100</td>
<td>0</td>
<td>-</td>
<td>0</td>
<td>-</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>34</td>
<td>55.73</td>
<td>12</td>
<td>19.67</td>
<td>15</td>
<td>24.59</td>
<td>61</td>
<td>100</td>
</tr>
</tbody>
</table>
Independent Variables

Time 1 and Time 2: Division of Household Labour

The independent variable, division of household labour (DHL), was measured using the 12 household task items found in Cowan and Cowan's (1979) *Who Does What? Questionnaire*. In order to improve the Cronbach alpha coefficient scores and decrease the components being measured, five items were removed from this 12-item scale and analysis continued with a 7-item scale. Once the 5-items were removed from this scale and the data from these items dropped from the study further analysis indicated an increase in alpha scores. A list of the 12 task items including the 5-items that were removed can be found below in Table 5.3.

**Table 5.3. The 12 Household Task Items from Cowan & Cowan (1979) "Who Does What? Questionnaire."**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Planning and preparing meals **</td>
</tr>
<tr>
<td>2</td>
<td>Cleaning up after meals</td>
</tr>
<tr>
<td>3</td>
<td>Repairs around the home</td>
</tr>
<tr>
<td>4</td>
<td>House cleaning</td>
</tr>
<tr>
<td>5</td>
<td>Taking out the garbage</td>
</tr>
<tr>
<td>6</td>
<td>Buying groceries, household needs</td>
</tr>
<tr>
<td>7</td>
<td>Paying bills**</td>
</tr>
<tr>
<td>8</td>
<td>Laundry: washing, folding, ironing</td>
</tr>
<tr>
<td>9</td>
<td>Writing letters/making calls to family and friends**</td>
</tr>
<tr>
<td>10</td>
<td>Looking after the car</td>
</tr>
<tr>
<td>11</td>
<td>Providing income for our family **</td>
</tr>
<tr>
<td>12</td>
<td>Caring for plants, garden, yard**</td>
</tr>
</tbody>
</table>

** Item removed from the scale
Time 1: Division of household labour. Of the 61 valid cases 3 had missing data on one of the 12 household task items. The tasks missing a response were that of “repairs around the home” ($N=1$) and “looking after the car” ($N=2$). In order not to lose data mean scores on the original 12 task items were calculated for each of these 3 participants and that mean was used to replace the missing data.

DHLn-1 data collected indicates the 7-item scale as having an internal consistency as measured by the Cronbach alpha coefficient of 0.63. Scores had a range of 6.71 with a minimum score of 1.14 and a maximum score of 7.86. The mean, median, and mode are 5.22, 5.29, and 5.57, respectively with a standard deviation of 1.09. Skewness was not significant at -0.50 with a standard error of 0.31. The Kurtosis was also not significant at 2.28 with a standard error of 0.60.

During DHLike-1 data collection the internal consistency of the 7-item scale as measured by the Cronbach alpha coefficient is 0.60. Scores had a range of 5.14 with a minimum score of 3.43 and a maximum score of 8.57. The mean, median, and mode are 5.74, 5.71, and 4.86, respectively with a standard deviation of 0.97. Skewness was not significant at 0.42 with a standard error of 0.31. The Kurtosis was also not significant at 0.69 with a standard error of 0.60.

Time 2: Division of household labour. Of the 61 valid cases, four had missing data on one of the 12 household task items. The tasks missing a response were that of “repairs around the home” ($N=2$) and “looking after the car” ($N=2$). Again in order not to lose data mean scores on the original 12 task items were calculated for each of these 4 participants and that mean replaced the missing data.
On DHLn-2 data collected, the 7-item scale had an internal consistency as measured by a Cronbach alpha coefficient of 0.71. Scores had a range of 7.43 with a minimum score of 1.00 and a maximum score of 8.43. The mean, median, and mode are 4.81, 4.86, and 4.86, respectively with a standard deviation of 1.31. Skewness was not significant at -0.55 with a standard error of 0.31. The Kurtosis was also not significant at 1.53 with a standard error of 0.60.

During DHLike-2 data collection, the internal consistency of the 7-item scale as measured by the Cronbach alpha coefficient was 0.58. Scores had a range of 5.57 with a minimum score of 2.86 and a maximum score of 8.43. The mean, median, and mode are 5.64, 5.71, and 6.71, respectively with a standard deviation of 1.01. Skewness was not significant at -0.13 with a standard error of 0.31. The Kurtosis was also not significant at 0.61 with a standard error of 0.60.

Division of household labour expectation fulfillment. The variable of DHL expectations fulfillment was computed by simple subtraction of DHLn-2 data from DHLike-1 data. Results were then recoded so a 0 score indicates mothers’ expectations for DHL were met. A positive score indicated mothers’ expectations of father involvement in DHL are exceeded and a negative score indicated unfulfilled expectations. Scores had a range of 5.43 with a minimum score of -4.29 and a maximum score of 1.14. The mean, median and mode are -0.92, -0.71, and 0, respectively with a standard deviation of 1.16. Skewness was not significant at -0.64 with a standard error of 0.31. The Kurtosis was not significant at 0.43 with a standard error of 0.60.

Time 1 and Time 2: Division of Childcare. The independent variable, division of childcare (DCC) activities, was measured using the 12 childcare item tasks found in two
versions of Cowan and Cowan's (1979) *Who Does What Questionnaire*. The expectant couples' version of the questionnaire was used during Wave-1 data collection and the six-month postpartum couples version was applied during the second wave. Although the 12 childcare items applied to measure this variable are identical to those found in the *Who Does What Questionnaire*, the instructions for both versions were modified to meet the purposes of this study. Expectant couples responded to the 12 childcare items by indicating "how I would like it to be" when we are parents of a young infant (birth to three months). The six-month postpartum couple's version was modified so that the questionnaire was directed to mothers at three months postpartum. At three months postpartum couples responded to the same 12-items by describing "how it is now" in addition to "how I would like it to be". This scale represented by a summative index of 12-items measured on a 9-point scale. Response scores on DCC Time 1 scale ranged from 1 to 9: a score of 1 = mother does it all, 5 = task is shared equally and 9 = father does it all. In order to improve our Cronbach alpha coefficient scores and decrease the components being measured, three items where removed from this 12-item scale and analysis continue with a 9-item scale. Removing those three items resulted in 61 cases with no missing data. The three removed task items are indicated in Table 5.4 below.
Table 5.4. The 12 Childcare Task Items from Cowan & Cowan (1979) "Who Does What? Questionnaire."

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Deciding about the baby’s feeding schedule**</td>
</tr>
<tr>
<td>2</td>
<td>Feeding the baby**</td>
</tr>
<tr>
<td>3</td>
<td>Changing the baby’s diapers; dressing the baby</td>
</tr>
<tr>
<td>4</td>
<td>Bathing the baby</td>
</tr>
<tr>
<td>5</td>
<td>Deciding whether to respond to the baby’s cries</td>
</tr>
<tr>
<td>6</td>
<td>Responding to the baby’s crying in the middle of the night</td>
</tr>
<tr>
<td>7</td>
<td>Taking the baby out: walking, driving, visiting, etc</td>
</tr>
<tr>
<td>8</td>
<td>Choosing toys for the baby</td>
</tr>
<tr>
<td>9</td>
<td>Playing with the baby</td>
</tr>
<tr>
<td>10</td>
<td>Doing the baby’s laundry</td>
</tr>
<tr>
<td>11</td>
<td>Dealing with the doctor regarding the baby’s health</td>
</tr>
<tr>
<td>12</td>
<td>Arranging for baby sitters or child care**</td>
</tr>
</tbody>
</table>

** Item removed from the scale

** Time 1: Expectations of division of childcare. During the first wave of division of childcare (DCC-1) data collection the internal consistency of this revised 9-item scale as measured by the Cronbach alpha coefficient was 0.64. Scores had a range of 2.22 with a minimum score of 3.22 and a maximum score of 5.44. The mean, median, and mode are 4.52 (Std. Error of Mean=6.10E-02), 4.56, and 5.0, respectively with a standard deviation of 0.48. Skewness was not significant at -0.47 with a standard error of 0.31. The Kurtosis was also not significant at -0.04 with a standard error of 0.60.
Time 2: Division of childcare. There were two measures of the division of childcare during the second wave of data collection. Both measures evaluated the same 9-item DCC task discussed above. The first measure is "how it is now" (DCCN-2) evaluating mothers' perception of current divisions of childcare. The second is "how [mothers] would like it to be" (DCCL-2) evaluating the mothers division of childcare ideals. There were 61 valid cases with no missing data.

DCCn-2 data collected indicated the 9-item scale as having an internal consistency as measured by a Cronbach alpha coefficient of 0.66. Scores had a range of 4.11 with a minimum score of 1 and a maximum score of 5.11. The mean, median, and mode are 3.06, 3.11, and 3.22, respectively with a standard deviation of 0.89. Skewness was not significant at -0.04 with a standard error of 0.30. The Kurtosis was also not significant at -0.26 with a standard error of 0.60.

During DCCL-2 data collection the internal consistency of the 9-item scale as measured by the Cronbach alpha coefficient was 0.62. Scores had a range of 3.44 with a minimum score of 2.00 and a maximum score of 5.44. The mean, median, and mode are 4.08, 4.11, and 4.56, respectively with a standard deviation of 0.74. Skewness was not significant at -0.56 with a standard error of 0.30. The Kurtosis was also not significant at -0.09 with a standard error of 0.60.

The difference of scores between DCCn-2 and DCCL-2 was computed by simple subtraction of DCCL-2 from DCCn-2. Positive scores indicated that current husband DCC involvement exceeds mothers' ideal views about husband DCC involvement; negative scores indicated that mothers would like more husband involvement in DCC. A score of 0 indicates mothers' ideals were equal to the current state of husband
involvement in DCC. Differences of scores results have a range of 3.11 with a minimum score of -2.89 and a maximum score of 0.22. The mean, median, and mode were -1.02 (Std. Error of Mean =9.08 E-02), 0.89, and -0.89, respectively with a standard deviation of 0.71. Skewness was not significant at -0.32 with a standard error of 0.30. The Kurtosis is also not significant at -0.58 with a standard error of 0.60.

**DCC expectation fulfillment.** The variable of DCC expectations fulfillment was computed by simple subtraction of DCCn-2 data from DCCL-1 data. Results were then recoded so a 0 score indicated mothers’ expectations for DCC were met. A positive score indicated mothers’ expectations of father involvement in DCC were exceeded and a negative score indicated unfulfilled expectations. Scores had a range of 4.22 with a minimum score of -4 and a maximum score of 0.22. The mean, median, and mode were -1.46, -1.33, and -1.33, respectively with a standard deviation of 0.93. Skewness was not significant at -0.32 with a standard error of 0.31. The Kurtosis was not significant at -0.19 with a standard error of 0.60. There is a correlation of 0.17 between DCCL-1 and DCCn-2.

**Moderators**

**Child Temperament**

The internal consistency of the 9-item fussy-difficult ICQ scale as measured by the Cronbach alpha coefficient was 0.83. Scores had a range of 4.22 with a minimum score of 1.44 and a maximum score of 5.67. The mean, median, and mode were 3.09, 3.22, and 3.33, respectively with a standard deviation of 0.91. Skewness was not significant at 0.40 with a standard error of 0.31. The Kurtosis was also not significant at 0.13 with a standard error of 0.60.
Childbirth Experience

Who had control of non-emergency decisions during labour. Of the 61 mothers in the study, four did not respond this item on the second wave of this question; these four mothers had scheduled Caesarean-sections and did not feel this question pertained to them. Data from the four mothers who did not respond to this question was entered as missing and scores for this item were therefore computed from the remaining 57 participating mothers. Scores had a range of 3 with a minimum score of 1 and a maximum score of 4. The mean, median, and mode are 3.25, 4, and 4, respectively with a standard deviation of 0.91. Skewness was significant at -0.96 with a standard error of 0.32. The Kurtosis was not significant at -0.08 with a standard error of 0.62. The Pearson correlation coefficient of 0.23 between control of non-emergency decisions and the dependent variable change in marital quality was significant at a p ≤ 0.05 level (2-tailed).

Stress of childbirth experience. Of the 61 valid cases, scores had a range of 6 with a minimum score of 1 and a maximum score of 7. The mean, median, and mode were 4.01, 4, and 5, respectively with a standard deviation of 1.63. Skewness was not significant at -0.02 with a standard error of 0.31. The Kurtosis was also not significant at -0.88 with a standard error of 0.60. There was a -0.35 correlation between the variable stress of the childbirth experience and the dependent variable significant at a p ≤ 0.01 level (2-tailed). Table 5.5 below illustrates the means and standard deviations of the dependent, independent and moderating variables.
### Table 5.5 Descriptive Statistics of the Dependent, Independent and Moderating Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>M</th>
<th>SD</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in marital quality</td>
<td>-0.12</td>
<td>0.45</td>
<td>61</td>
</tr>
<tr>
<td>Division of childcare expectations fulfillment</td>
<td>-1.46</td>
<td>0.94</td>
<td>61</td>
</tr>
<tr>
<td>Division of household labour</td>
<td>-0.92</td>
<td>1.16</td>
<td>61</td>
</tr>
<tr>
<td>Infant temperament</td>
<td>3.09</td>
<td>0.91</td>
<td>61</td>
</tr>
<tr>
<td>Control of non-emergency decisions</td>
<td>3.25</td>
<td>0.91</td>
<td>57</td>
</tr>
<tr>
<td>Overall childbirth experience</td>
<td>4.01</td>
<td>1.63</td>
<td>61</td>
</tr>
</tbody>
</table>

### Control Variables

#### Mother's and Father's Age

According to data collected on the 61 valid cases, fathers' ages ranged from 21 to 48 years old with a range of 27. The mean, median, and mode for fathers were 32, 31, and 28 respectively. Descriptions of mothers' ages were presented earlier in this chapter in sample description above. A histogram illustrating the distribution of ages for both mothers and fathers can be found below in Figure 5.3. Skewness was not significant for mother and fathers at 0.30 and 0.50 respectively with a standard error of 0.31. The Kurtosis was also not significant for mothers and fathers at -0.13 and -0.21 respectively with a standard error of 0.60.
Figure 5.3 *Mothers’ and Fathers’ Ages (N=61)*

Mother’s and Father’s Levels of Education

The control variable level of education was measured using two items. The first asked mothers to indicate their most recent level of education and the second asked mothers to indicate their children’s father’s most recent level of education. Respondents had eight possible responses to choose from ranging from “less than high school” (code =1) to “an advance degree beyond a Masters” (code = 8). Table 5.1 above indicates the distribution of education levels for mothers and fathers in this sample.

According to the data collected, mothers’ and fathers’ education level ranged from 2 (completed high school) to 8 (completed an advanced degree beyond a Masters). The median and mode for mothers were both 6; fathers were 4, and 2 respectively. Of the 61 cases, the majority 44.26% (*N*=27) of mothers had four-year college degrees with the second most common level of education amongst mothers being post-secondary certification at 24.59% (*N*=15). In comparison to the 61 cases, the majority of fathers had completed high school at 24.59% (*N*=15), and the second most common level of education amongst fathers, at 22.95% (*N*=14), was four-year college degrees. Ordinal data was assumed to be intervals when entered in regression equations.
External Support with Childcare

The control variable external support with childcare was measured using a single item that asked respondents whether family, friends and/or daycare services assisted them with childcare postpartum. The possible responses to this item were no (code = 0) and yes (code = 1). Data collected indicated that of the 61 valid cases 69% ($N=42$) did not have any external support and 31% ($N=19$) reported that they did receive assistance with childcare on a weekly basis.

Anticipated Socialization

The control variable anticipated socialization was measured by an index that was computed by summation of the following three questions: 1. Have you ever cared for a child under the age of 2? 2. Have any of your family members or in-laws had children in the past three years? 3. Have any of your friends had children in the past 3 years? Each of the above questions had a possible response of “no” (code=0) and “yes” (code=1). Therefore, a score of 0 indicates no anticipated socialization and a score of 3 indicates the highest level of anticipated socialization for the respondent. Of the 61 cases, 3% ($N=2$) indicated a score of 0, 31% ($N=19$) of mothers indicated scores of 3, the remaining 66% ($N=40$) of mothers reported some type of anticipated socialization.

Mother's and Father's Self-Identity Ethnicity

The control variable self-identity ethnicity was measured using two items. Mothers to indicate their own ethnicity from a possible list provided with a section marked “other” for any possible missed ethnicities. See Appendix A question #3 for the list of possible ethnicities that were provided for respondents. The second asked mothers to indicate the ethnicity of their child’s father. Data collected indicated that there were
over 5 different ethnicities in this sample. These different ethnicities were discussed
above in the sample description. Due to the fact that there was such a large Caucasian
population in the sample the responses were recoded and ethnicity was split into two
categories, Caucasian (code=0) and non-Caucasian (code=1).

**Mother’s Employment**

The control variable mother’s employment was measured using two items asked
during the first and second wave of data collection. In the first item, which was asked
during the first wave, respondents were asked whether they worked full-time (code=2),
part-time (code=1) or if they were unemployed (code=0). Of the 61 cases 75.4% (N=46)
were employed full-time, 11.5% (N=7) were employed part-time and 13.1% (N=8) were
unemployed. Again, this ordinal data was assumed to be intervals in a regression.

In the second item, which was asked during the second wave of data collection,
respondents were asked how long they anticipate being away from work caring for their
child. Possible responses were as follows: less than a year off work (code=1), equal to or
greater than a year off work (code=2) and indefinitely off work (code=3). Of the 61 cases
13.1% (N=8) planned to take less then a full year off work, 68.9% (N=42) planned to take
equal to or more than a year off work and 18% (N=11) planned to indefinitely leave
work.
Table 5.6. *Pearson Correlation Coefficients Matrix of Important Variables.*

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
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<td>1. Change in MQ</td>
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<td>8. Stress of childbirth</td>
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<td>-.23</td>
<td>.06</td>
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<td>-.24</td>
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<tr>
<td>experience</td>
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<td>10. Mother's education</td>
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<td>.15</td>
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<td>.30</td>
<td>.03</td>
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<td>.11</td>
<td>.64</td>
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<td>.07</td>
<td>-.04</td>
<td>.12</td>
<td>.31</td>
<td>-.20</td>
<td>-.22</td>
<td>.01</td>
<td>.003</td>
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</tbody>
</table>

**p < 0.01 level (2-tailed). *p < 0.05 level (2-tailed). N=61 in all variables except variable #11 (N=57). Several control variables were omitted due to the fact that they are not statistically correlated with any main variables. These omitted variables include: mother's socialization, mothers' and fathers' age and race.**
Hypothesis Testing

Hypotheses will be tested using bivariate correlation procedures and regression analyses. Correlations will be considered significant at a $p \leq 0.05$ level. Prior to hypothesis testing, a correlation matrix was run computing Pearson’s correlation coefficients for all the main variables, those variables that are significantly correlated are illustrated in Table 5.6 above. In addition, a correlation matrix was run computing Pearson’s correlation coefficients for all control variables and the dependent, independent and moderating variables, in order to highlight the fact that there is no statistically significant correlation between the dependent variable and any of the control variables. See Table 5.7 below. Taking into consideration the fact that control variables identified do not have a significant relationship to the dependent variable and those variables used to compute our dependent variable, control variables will not be entered into any regression models.
### Table 5.7 Pearson Correlation Coefficients for the Effects of the Control Variables on all Dependent, Independent and Moderating Variables.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Age of mother</th>
<th>Age of father</th>
<th>Race of mother</th>
<th>Race of father</th>
<th>Mother's education</th>
<th>Father's education</th>
<th>Extra Support</th>
<th>Anticipated Socialization</th>
<th>Type of work</th>
<th>Time off work</th>
</tr>
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<tbody>
<tr>
<td>MQ at time 1</td>
<td>.062</td>
<td>.158</td>
<td>-.028</td>
<td>-.082</td>
<td>.044</td>
<td>.063</td>
<td>-.030</td>
<td>-.206</td>
<td>.075</td>
<td>.081</td>
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<td>MQ at time 2</td>
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<td>.000</td>
<td>.038</td>
<td>.138</td>
<td>.066</td>
<td>-.102</td>
<td>.158</td>
<td>.005</td>
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<tr>
<td>Change in MQ</td>
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<td>-.227</td>
<td>.094</td>
<td>.098</td>
<td>.098</td>
<td>.116</td>
<td>-.232</td>
<td>.109</td>
<td>-.098</td>
</tr>
<tr>
<td>DCC expectation fulfillment</td>
<td>.109</td>
<td>.065</td>
<td>-.135</td>
<td>-.113</td>
<td>.151</td>
<td>.304*</td>
<td>.311*</td>
<td>-.021</td>
<td>.141</td>
<td>-.027</td>
</tr>
<tr>
<td>DHL expectation fulfillment</td>
<td>-.002</td>
<td>-.044</td>
<td>-.242</td>
<td>-.024</td>
<td>.220</td>
<td>.271*</td>
<td>.122</td>
<td>-.103</td>
<td>.168</td>
<td>-.105</td>
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<td>Child temperament</td>
<td>.062</td>
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<td>-.207</td>
<td>-.217</td>
<td>-.034</td>
<td>-.034</td>
<td>-.200</td>
<td>-.178</td>
<td>.020</td>
<td>-.117</td>
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<tr>
<td>Stress of childbirth experience</td>
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<td>.005</td>
<td>.030</td>
<td>-.174</td>
<td>-.194</td>
<td>-.178</td>
<td>-.222</td>
<td>-.206</td>
<td>-.083</td>
<td>.054</td>
</tr>
<tr>
<td>Control of non-emergency decisions</td>
<td>.267*</td>
<td>.290*</td>
<td>.058</td>
<td>-.058</td>
<td>.071</td>
<td>.185</td>
<td>.014</td>
<td>-.068</td>
<td>.071</td>
<td>.110</td>
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</tbody>
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* . p ≤ 0.05 level (2-tailed).
Hypothesis 1

Hypothesis 1 states that unfulfilled expectations of mothers' division of childcare are related to negative change in mothers' marital quality. Recall that a negative score for change in marital quality represents a decline in marital quality; a negative score for division of childcare expectation fulfillment represents unfulfilled expectations. This hypothesis is supported by the data, such that mothers who have unfulfilled division of childcare expectations are more likely to have a decline in marital quality. Due to the fact that the dependent variable is significantly correlated with both of our independent variables and a moderating variable, as illustrated in Table 5.6, a three-model regression analysis is used to test the above hypothesis (see Table 5.8). In Model 1, the independent variable is childcare expectation fulfillment and the dependent variable is change in marital quality. The beta for Model 1 is 0.34, significant at \( p \leq 0.01 \) level. R squared for Model 1 is 0.11 with a SE of estimate at 0.41. In Model 2, the independent variable division of childcare expectation fulfillment is entered along with division of household labour expectation fulfillment. The beta for Model 2 drops to 0.24, and is no longer statistically significant. R squared for Model 2 increases to 0.13 with a SE of estimate at 0.42. In Model 3, the same is entered with the addition of the moderating variables stress of the childbirth experience and mother's control of non-emergency decisions. The beta for Model 3 drops further to 0.15, and is no longer significant. R squared for Model 3 increases to 0.22 with a SE of estimate at 0.40. The beta for division of childcare expectation fulfillment for Model 1 in Table 5.11 below is lower than the bivariate correlation due to data missing from missing from four respondents. As mentioned above,
data in regards to mother’s control of non-emergency decisions is based on \( N=57 \) due to missing data from 4 participating mothers. The bivariate correlation of 0.37 (\( r^2 = 0.13 \)) illustrated in Table 5.6 above, between division of childcare expectation fulfillment and change in marital quality remain the best model as it is based on data from a larger sample size (\( N=61 \)).

**Table 5.8 Standardized Regression Coefficients for the Effects of Division of Childcare Expectation Fulfillment on the Change in Marital Quality.**

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of Childcare Expectation Fulfillment</td>
<td>0.34**</td>
<td>0.24</td>
<td>0.15</td>
</tr>
<tr>
<td>Division of Labour Expectation Fulfillment</td>
<td>0.15</td>
<td>0.12</td>
<td></td>
</tr>
<tr>
<td>Stress of Childbirth Experience</td>
<td>-0.27*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother’s Control of Non-emergency Decisions</td>
<td>0.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R squared</td>
<td>0.11**</td>
<td>0.13*</td>
<td>0.22*</td>
</tr>
</tbody>
</table>

\*\* \( p \leq 0.01 \) level (2-tailed).

\* \( p \leq 0.05 \) level (2-tailed).

**Hypothesis 2**

Hypothesis 2 states that unfulfilled expectations of mothers’ division of household labour are related to negative change in mothers’ marital quality. As previously
discussed, a negative score for division of household labour expectation fulfillment represents unfulfilled expectations. This hypothesis is supported by data, such that mothers who have unfulfilled division of household labour expectations are more likely to have declines in marital quality. A three-model regression analysis is used to test the above assumption. (See Table 5.9). In Model 1, the independent variable is division household labour expectation fulfillment and the dependent variable is change in marital quality. The beta for Model 1 is 0.30, significant at \( p \leq 0.05 \) level. R squared for Model 1 is 0.09 with a SE of estimate at 0.42. In Model 2, the independent variable division of household labour expectation fulfillment is entered along with division of childcare expectation fulfillment. The beta for Model 2 drops considerably to a low 0.15 and is no longer statistically significant. R squared for Model 2 increases to 0.13 with a SE of estimate at 0.41. In Model 3, the same variables are entered with the addition of the moderating variables stress of the childbirth experience and mother's control of non-emergency decisions. The beta for Model 3 decreases further to 0.12, and remains statistically insignificant. R squared for Model 3 increases to 0.22 with a SE of estimate at 0.40.

The beta for division of household labour expectation fulfillment for Model 1 in Table 5.9 is lower than the bivariate correlation due to data missing from four respondents. As mentioned above, data in regards to mother's control of non-emergency decisions is based on \( N=57 \) and is missing data from four participating mothers. The bivariate correlation of 0.33 (\( r^2 = 0.11 \)) between division of household labour expectation fulfillment and change in marital quality, illustrated in Table 5.6 above, remains the best model as it is based on data from \( N=61 \).
Table 5.9 Standardized Regression Coefficients for the Effects of Division of Household Labour Expectation Fulfillment on the Change in Marital Quality.

<table>
<thead>
<tr>
<th>Division of labour expectation</th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulfillment</td>
<td>0.30*</td>
<td>0.15</td>
<td>0.12</td>
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<tr>
<td>Division of childcare expectation</td>
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</tr>
<tr>
<td>fulfillment</td>
<td>0.24</td>
<td>0.15</td>
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</tr>
<tr>
<td>Stress of childbirth experience</td>
<td></td>
<td></td>
<td>-0.27*</td>
</tr>
<tr>
<td>Mother’s control of non-emergency</td>
<td></td>
<td></td>
<td>0.12</td>
</tr>
<tr>
<td>decisions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R squared</td>
<td>0.09*</td>
<td>0.13**</td>
<td>0.22*</td>
</tr>
</tbody>
</table>

** p ≤ 0.01 level (2-tailed).

* p ≤ 0.05 level (2-tailed).

Hypothesis 3

Hypothesis 3 states that unfulfilled expectations of mothers’ division of household labour will have a greater effect on change in mothers’ marital quality than unfulfilled expectations of division of childcare. This hypothesis is rejected. In order to determine which of these two independent variables have a greater effect on the dependent variable a two-model regression was run. This two-model regression is illustrated in Table 5.10 below. In Model 1, the independent variable is division of childcare expectation fulfillment and the dependent variable is change in marital quality. The beta for Model 1
is 0.37, significant at $p \leq 0.01$ level. R squared for Model 1 is 0.13 with a SE of estimate at 0.42. In Model 2, the independent variable division of childcare expectation fulfillment is entered along with division of household labour expectation fulfillment. The beta for Model 2 drops considerably to 0.26 and is no longer statistically significant; however the beta for division of household labour expectation fulfillment in this model is even lower at 0.17 and statistically it, too, is insignificant.

**Table 5.10** Standardized Regression Coefficients for the Effects of Division of Childcare and Household Labour Expectation Fulfillment on the Change in Marital Quality.

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of childcare expectations</td>
<td>0.37**</td>
<td>0.26</td>
</tr>
<tr>
<td>Division of labour expectations</td>
<td></td>
<td>0.17</td>
</tr>
<tr>
<td>R squared</td>
<td>0.13**</td>
<td>0.15**</td>
</tr>
</tbody>
</table>

**$p \leq 0.01$ level (2-tailed).**

**Hypothesis 4**

Hypothesis 4 states that the child’s temperament will have an effect on change in marital quality. This hypothesis is rejected. Child temperament, as measured by fussy-difficult subsection of Bates et al., (1979) ICQ, did not correlate with any of the main variables in this study; refer to Table 5.6. Belsky and Rovine’s (1990) finding that child temperament is a variable that differentiates couples who report no change in their
marital quality across the transition to parenthood from couples who report increase in their marital quality, was not supported in the study.

**Hypothesis 5**

Hypothesis 5 states that the birth experience will have an effect on the change in mothers' marital quality. As previously stated, the concept of birth experience will be measured by two different variables -- the variable of mother’s perception of who had control of non-emergency decisions during the birth and the variable mother’s perception of the stress of her childbirth experience. As Table 5.6 illustrates, the two variables are not correlated and are thus independent of each other, however both variables significantly correlate with the dependent variable change in marital quality. The Pearson correlation coefficients for the dependent variable is 0.28 (p ≤ 0.05 level) with control of non-emergency decisions, and is -0.35 (p ≤ 0.01 level) with stress of the childbirth experience.

Recall that a rating of 1 indicates hospital staff having made decisions without discussing matters with the mother and a 4 indicates that hospital staff gave the mother the information and she had complete control of the decisions. A positive relationship between the control of non-emergency decisions and the dependent variable is indicated by the data, such that the greater the mother’s perception of having control over non-emergency decision during childbirth, the greater her likelihood of having positive change in marital quality. Mothers rated the overall stress level of their childbirth experience on a scale of 1 to 7, with 1 indicating a “completely stress free” experience and 7 indicating an “extremely stressful” experience. There is a negative relationship between stress of the childbirth experience and the dependent variable, such that the
greater the mother's perception of a stressful childbirth experience the more likely she will experience negative change in marital quality. See Figure 5.4.

**Figure 5.4 Scatter Plots of Childbirth Experience Variables and the Dependent Variable**

In order to test the above hypothesis, an interaction variable was created between each of the moderating variables and our two independent variables, division of labour expectation fulfillment and division of childcare expectation fulfillment. Each of these four interaction variables were added to a three-model regression illustrated in Tables 5.11a through 5.11d. A three-model regression is utilized in all four regressions, with Model 1 measuring the independent variable, in Model 2 the moderating variable is added and in the third and final model the interaction variable is added to the regression.
Table 5.11a. Standardized Regression Coefficients for the Moderating Effects of the Control of Non-emergency Decisions on Division of Household Labour Expectation Fulfillment in Relation to Change in Marital Quality.

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of labour expectation fulfillment</td>
<td>0.30*</td>
<td>0.24</td>
<td>0.67</td>
</tr>
<tr>
<td>Mother’s control of non-emergency decisions</td>
<td>0.20</td>
<td>0.06</td>
<td></td>
</tr>
<tr>
<td>Interaction between labour expectations fulfillment and control of non-emergency decisions</td>
<td>-0.431</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R squared</td>
<td>0.09*</td>
<td>0.13*</td>
<td>0.15*</td>
</tr>
</tbody>
</table>

* $p \leq 0.05$ level (2-tailed).

In Table 5.11a above Model 1, is computed with the independent variable division household labour expectation fulfillment and the dependent variable is change in marital quality. The beta for Model 1 is 0.30, significant at $p \leq 0.05$ level. R squared for Model 1 is 0.09 with a SE of estimate at 0.42. In Model 2, the moderating variable control of non-emergency decisions is entered along with division of household labour expectation fulfillment. The beta for Model 2 drops to 0.24, and is no longer statistically significant. R squared for Model 2 increases to 0.13 with a SE of estimate at 0.41. In Model 3, the same is entered with the addition of the interacting variables between division of
household labour and mother's control of non-emergency decisions. The beta for Model 3 increases to 0.67 but remains insignificant. R squared for Model 3 increases to 0.15 with a SE of estimate at 0.41.

**Table 5.11b. Standardized Regression Coefficients for the Moderating Effects of the Control of Non-emergency Decisions on Division of Childcare Expectation Fulfillment in Relation to Change in Marital Quality.**

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of childcare expectation fulfillment</td>
<td>0.34**</td>
<td>0.27*</td>
<td>0.91</td>
</tr>
<tr>
<td>Mother's control of non-emergency decisions</td>
<td>0.18</td>
<td>-0.18</td>
<td></td>
</tr>
<tr>
<td>Interaction between childcare expectations fulfillment and control of non-emergency decisions</td>
<td>-0.63</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R squared</td>
<td>0.11**</td>
<td>0.14*</td>
<td>0.17*</td>
</tr>
</tbody>
</table>

** p ≤ 0.01 level (2-tailed).

* p ≤ 0.05 level (2-tailed).

In Table 5.11b above, Model 1 is computed with the independent variable division childcare expectation fulfillment and the dependent variable change in marital quality. The beta for Model 1 is 0.34, significant at p ≤ 0.01 level. R squared for Model 1 is 0.11 with a SE of estimate at 0.41. In Model 2, the moderating variable control of non-emergency decisions is entered along with division of childcare expectation fulfillment.
The beta for Model 2 drops to 0.27, but is significant at $p \leq 0.05$ level. R squared for Model 2 increases to 0.14 with a SE of estimate at 0.41. In Model 3, the same is entered with the addition of the interacting variables between division of childcare and mother's control of non-emergency decisions. The beta for Model 3 increases to 0.91 but is no longer significant. R squared for Model 3 increases to 0.17 with a SE of estimate at 0.41.

**Table 5.11c. Standardized Regression Coefficients for the Moderating Effects of the Stress of Childbirth Experience on Division of Labour Expectation Fulfillment in Relation to Change in Marital Quality.**

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of labour expectation fulfillment</td>
<td>0.33**</td>
<td>0.29*</td>
<td>0.11</td>
</tr>
<tr>
<td>Stress of childbirth experience</td>
<td>-0.31*</td>
<td>-0.25</td>
<td></td>
</tr>
<tr>
<td>Interaction between labour expectations fulfillment and stress of childbirth experience</td>
<td>0.21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R squared</td>
<td>0.11**</td>
<td>0.20**</td>
<td>0.21**</td>
</tr>
</tbody>
</table>

** p $\leq$ 0.01 level (2-tailed).

*  p $\leq$ 0.05 level (2-tailed).

In the above table, Model 1 is computed with the independent variable division household labour expectation fulfillment and the dependent variable change in marital quality. The beta for Model 1 is 0.33, significant at $p \leq 0.01$ level. R squared for Model 1 is 0.09 with a SE of estimate at 0.42. In Model 2, the moderating variable stress of...
childbirth experience is entered along with division of household labour expectation fulfillment. The beta for Model 2 drops to 0.29, but remain statistically significant at $p \leq 0.05$ level. R squared for Model 2 increases to 0.18 with a SE of estimate at 0.48. In Model 3, the same is entered with the addition of the interacting variables between division of household labour and overall childbirth experience. The beta for Model 3 decreases further to 0.11 and is no longer statistically significant. R squared for Model 3 decreases to 0.17 with a SE of estimate at 0.41. The addition of the interaction variable seen in Model 3 of Table 5.11c does not explain as much of the variance in the dependent variable as does Model 2. Model 3 is rejected because the Beta is insignificant and the variance explained does not increase.

Table 5.11d. *Standardized Regression Coefficients for the Moderating Effects of the Stress of Childbirth Experience on Division of Childcare Expectation Fulfillment in Relation to Change in Marital Quality.*

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of childcare Expectation fulfillment</td>
<td>0.37**</td>
<td>0.30*</td>
<td>0.13</td>
</tr>
<tr>
<td>Stress of childbirth experience</td>
<td>-0.28*</td>
<td>-0.37</td>
<td></td>
</tr>
<tr>
<td>Interaction between childcare Expectations fulfillment and Stress of childbirth experience</td>
<td>-0.22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R squared</td>
<td>0.13**</td>
<td>0.21**</td>
<td>0.21**</td>
</tr>
</tbody>
</table>

**$p \leq 0.01$ level (2-tailed).
* $p \leq 0.05$ level (2-tailed).

In Table 5.11d above, Model 1 is computed with the independent variable division childcare expectation fulfillment and the dependent variable is change in marital quality. The beta for Model 1 is 0.37, significant at $p \leq 0.01$ level. $R^2$ squared for Model 1 is 0.13 with a SE of estimate at 0.42. In Model 2, the moderating variable control of non-emergency decisions is entered along with division of childcare expectation fulfillment. The beta for Model 2 drops to 0.30, but is significant at $p \leq 0.05$ level. $R^2$ squared for Model 2 increases to 0.21 with a SE of estimate at 0.40. In Model 3, the same is entered with the addition of the interacting variables between division of childcare and mother's control of non-emergency decisions. The beta in Model 3 increases to 0.46 but is no longer significant. $R^2$ squared for Model 3 increases to 0.21 with a SE of estimate at 0.41. Model 2 is accepted and Model 3 is rejected because the addition of the interaction variable does not significantly increase the variance explained but instead removes the statistically significant correlations between the main variable correlations.

As indicated by the four regression Tables 5.11a through 5.11d, the control of non-emergency decision and stress of the childbirth experience do not modify the relationships between the independent variables, division of household labour and division of childcare expectation fulfillment, and the dependent variable change in marital quality. Therefore, from this point on the two childbirth experience variables will be referred to as independent variables.

Although, the five hypotheses above were developed based on previous research and theory, analysis of the data in this study have both supported and rejected these hypotheses. For example, contrary to previous assumptions, this study found that the
fulfillment of division of childcare expectations affected the change in martial quality as much as fulfillment of division of household labour expectations, thus hypothesis three is rejected. The most interesting indication of my data analyses is that the stress of the childbirth experience has the greatest effect on marital quality three-months postpartum, yet it has no relationship with any of my main variables. These findings and possible explanations of my results will be discussed in the following chapter.
CHAPTER 6

DISCUSSION AND CONCLUSION

Discussion

In this study, mothers who make a transition to parenthood report declines in their marital quality as early as three months postpartum. There were three patterns of change in marital quality among mothers: decline, no change, and increase. Over 55% ($N=34$) of the 61 participating mothers reported declines in their marital quality. This was not surprising since previous investigations have found that mothers report declines in marital quality (e.g. Belsky & Rovine, 1990; Cowan & Cowan, 2000). Over 19% ($N=12$) of the mothers in this study reported no change in their marital quality and over 24% ($N=15$) actually reported an increase in their marital quality three months postpartum. The different patterns of change reported in this study are similar to the previous findings by Belsky and Rovine (1990). In addition, the presence of different patterns of change in marital quality supports the hypothesis that not all couples are affected by this transition in the same manner.

After a series of longitudinal studies it has been widely accepted that the transition to parenthood is a difficult period for the many couples (Cowan & Cowan, 2000). Indeed, the well known researcher John Gottman states that “40 to 70% of couples experience stress, profound conflict and drops in marital satisfaction [when a new baby is brought home], all of which affect their baby’s care” (Gottman, 2004). There has been acknowledgement of the fact that as most couples make the transition to parenthood their marital quality declines, but the causes of this decline are less widely accepted.
The transition to parenthood has been shown to trigger more traditional gender-role enactment by parents (Cowan & Cowan, 1988), yet some mothers assume that when baby comes home they will have more egalitarian gender roles, with their husbands providing additional support in areas of household labour and childcare activities (Cowan & Cowan, 2000). In an attempt to predict the type of change in couples' marital quality, I examined the effects of violated expectations in regards to both divisions of labour and childcare activities. In addition to these variables, mothers' change in marital quality was also evaluated in association with the infant and the overall childbirth experience. External support system and fathers' education are the only control variables discussed because they are the only control variables that were significantly correlated to mothers' unfulfilled expectations. The association of all of these variables to the change in mothers' marital quality will be discussed below under the relevant hypothesis. Control variables mentioned in previous chapters were not significantly correlated with change in mothers' marital quality and therefore are excluded from further discussion.

The correlations between change in marital quality and marital quality reported both during Wave-1 and Wave-2 are statistically significant. Mothers who reported high marital quality during Wave-1 were more likely to show negative change in their marital quality and mothers who reported high marital quality at Wave-2, three months postpartum, were more likely to have had positive change in their marital quality. Interestingly, only the Wave-2 marital quality correlates with both division of childcare expectation fulfillment and division of household labour expectation fulfillment (see Table 5.6 in Chapter 5) such that the higher the marital quality reported during Wave-2, the more likely a mother's expectations were fulfilled. This suggests that present reports
of marital quality may be more relevant to expectation fulfillment than past reports of marital quality. The major focus of this study is, however, the change in marital quality across this transition into motherhood. The remainder of this chapter discusses variables as they relate to this change.

Unfulfilled Division of Childcare Expectations

It was hypothesized that mothers’ unfulfilled division of childcare expectations negatively influenced the change in marital quality three months postpartum. Mothers who had their childcare expectations unfulfilled were more likely to have negative change in their marital quality than mothers who have their expectations fulfilled or exceeded by their partner. Positive change in marital quality was indicated by some of the mothers who had their expectations violated. In general, however, the greater the violations of expectations, the more likely mothers were to experience negative change in marital quality. These findings suggest that mothers’ unfulfilled expectations regarding childcare can affect her marital quality across the transition to parenthood.

Mothers’ division of childcare expectation fulfillment was significantly correlated with father’s education level. The higher the father’s education level reported, the more likely the mothers’ childcare expectations were fulfilled. It is not possible to conclude from these results whether or not educated fathers’ education levels are associated with egalitarian or traditional role taking. According to Cowan and Cowan (2000) in order for couples to have their expectations met they need to communicate them with each other. These results might imply that fathers with higher levels of education have healthier communication skills and it is these skills that allow for better communication between the couple in regards to mother’s expectations.
In addition, external support was significantly correlated with unfulfilled expectations, such that mothers who received external support caring for their child on a weekly basis were more likely to report childcare expectation fulfillment. This could be due to the fact that an external person who can give the mother some time to herself would lessen her need for such support from her partner. Furthermore, mothers’ Wave-2 reports of fairness in their relationship three months postpartum were significantly correlated with division of childcare expectation fulfillment and not unfulfilled division of household labour expectations. The more the childcare expectations are fulfilled, the more likely the mother is to report overall fairness in her current relationship.

Unfulfilled Division of Household Labour Expectations

These findings lead me to hypothesize that when mother’s expectations for household labour are unfulfilled they are more likely to have negative change in their marital quality than mothers who have their expectations fulfilled or exceeded by their partner. Again, much like the findings on the division of childcare expectations, the greater the violation of household labour expectations, the more likely the mother will have negative change in her marital quality across the transition to parenthood.

Mothers’ reports of how they would like the division of household labour to be in their third trimester were similar to the reports mothers made on this question at three months post partum. These findings suggest that mothers’ expectation of fathers’ involvement in the division of household labour does not significantly change from when they are in their third trimester to the time their children are three months old. This small change in mothers’ expectation of division of household labour is for a more egalitarian division in labour. Cowan and Cowan (2000) reported that some mothers in their study
expect a more egalitarian division of labour after their children were born than they experienced in their relationship before they became pregnant. The expectation for future egalitarian division of household labour seems to only set mothers up to have greater violations of their expectations, as the birth of a child triggers more traditional role-taking by parents (Cowan & Cowan, 2000). These results might imply that couples who take on more traditional roles would make a smoother transition to parenthood and thus show lower levels of change in their marital quality.

Mothers' report they are doing more household labour at three months post partum than they reported doing in their third trimester. According to this data, not only are the majority of mothers having their division of household labour expectations violated, but they are actually doing more of the household labour once their child is three months of age. Feeney et al. (2001) also found that mothers were spending more time on division of household labour tasks after their children were brought home. The more time mothers' spent on house hold tasks and childcare task the less time they had to spend with their husbands and this could lead to possible resentment form their husbands and could effect their relationship (Feeney, et al., 2001).

A surprising finding in this study was the fact that fairness in the relationship reported at three months post partum was not correlated with unfulfilled division of labour expectations. Mothers' perception of the division of household labour reported at three months postpartum was, however, correlated with her perception of fairness in the relationship at that time. These findings might suggest that mothers' current perceptions of overall fairness are not related to her unfulfilled division of labour expectations but rather only to the current division of labour. It is important to point out that this study
found no correlation between postpartum reports of overall relationship fairness with either the change in her marital quality or to prenatal and postpartum marital quality reports. This is an important observation because it hinders any assumptions that fulfillment of the division of labour is not related to change in marital quality because it is not related to the overall fairness of the marital relationship.

**Unfulfilled Division of Childcare Expectations vs. Unfulfilled Divisions of Household Labour**

Unfulfilled division of childcare and household labour are both associated with mother's change in marital quality. Although it was hypothesized that the fulfillment of division of labour expectations would have a greater effect on the change in mothers' marital quality than division of childcare expectations, this data shows both expectations have similar effects on the change in mothers' marital quality. Regression models discussed in Chapter 5 suggest an overlapping of explained variance by division of childcare and household labour. Unfulfilled childcare expectations can predict 13% of the variance in change in marital quality based on this data and unfulfilled division of household labour can predict 10% of this variance. Considering the fact that a regression model consisting of both these variables can predict 15% of this variance, I assume there is shared variance in how these two variables effect the change in marital quality. This assumption is based on the fact that in this study when one of these variables is controlled for, the percentage of variance does not increase as much as would be expected compared to variables that do not have overlapping effects on the change in marital quality. This might suggest that unfulfilled prenatal expectations set by mothers have a similar effect on the marital relationship regardless of whether they pertain to a previously experience
task, such as household tasks, or new inexperienced tasks, such as childcare tasks. This contradicts Ruble et al.'s (1988) hypothesis that because couples have familiarity with division of household labour task, unmet expectations of these tasks would have a greater effect on the marital relationship.

Although parenthood is a new experience for both mother and father, mothers may find themselves doing more of the childcare and receiving less help from their partners than they had expected. As mentioned above, the shift to more traditional roles once a baby is brought home may be unexpected by mothers, and may result in disappointments. This shift to more traditional gender roles once a baby is brought home is also very welcomed by some couples. Couples are composed of individuals so the experiences of one mother can be very different from the next not only in terms of how much her partner helps but also in terms of the help she expects from him. I am not arguing that traditional “gender-roles” are the cause of all declines in the marital quality but rather pointing out the fact that the shift of roles does take place.

As mothers make a transition to motherhood not only do they find themselves taking on more division of childcare and household labour tasks, as found in this and previous investigations (Cowan & Cowan, 2000; Feeney et al., 2001), but there may also be expected to have instinctive knowledge of their new role. During postpartum data collection one mother said

"The most frustrating part of being a mother has been the idea that I should know what to do. My husband assumes I know what to do and when to do it because I am the mother. Like I have had a child before or something."
We must acknowledge that the experience of having a child in the house is a new one and the care the child requires on a day-to-day basis is also new to most mothers. Ruble et al.'s (1988) hypothesis that childcare is "intrinsically" rewarding in itself to mothers and that violations of childcare expectations do not affect the parent's relationship as much as household labour. I conclude that it would be misleading to assume that unfulfilled expectations regarding the division of childcare activities will not impact the relationship as much as expectations concerning the division of household labour. For example, an irritable child that is perceived as "fussy" or "difficult" could place greater demands on their mother (Feeney et al., 2001). If the child's temperament leads a mother to question her knowledge and abilities of enacting her new role than childcare would not be "intrinsically" rewarding.

**Child Temperament**

Child temperament was not significantly correlated with any of the main variables in this study. There were two possible reasons for why this data does not support a previous investigation by Belsky and Rovine (1990) which found child temperament to be an important factor in distinguishing couples who showed no change in marital quality from those who reported positive change. The first reason for a difference in findings was based on the instrument used to measure child temperament the second reason was based on the age at which the child's temperament was measured.

The instrument used to measure child temperament in this study was the Infant Characteristic Questionnaire (ICQ) (Bates et al., 1979). The ICQ consisted of 24-items and yield four subscales: fussy/difficult, unadaptable, dull, and unpredictable (Bates et al., 1979). This instrument was also used by Belsky and Rovine (1990), however in their
study the questionnaire was used in its entirety. For the purpose of this study the fussy/difficult subscale consisting of 9-items was used Considering the fact that I wanted to keep the length of my questionnaire short enough so that mothers could complete it in 30 minutes I chose to use the fussy/difficult subscale because past investigations have shown that the “fussy” or “difficult” children create more problems for parents trying to adjust to their new roles as parents (Feeney et al. 2001).

The second difference between this investigation and the one conducted by Belsky and Rovine (1990) was the fact that they measured child temperament at both three months old and nine months old. Due to the fact that previous investigation found child temperament even when measures at three months affected mothers’ marital quality (Belsky & Rovine, 1990) it was assumed that measuring it at this time point would result in significant findings. In hindsight, when the 9 items are re-evaluated there are items that may not be appropriate for this age. For example the question which asks the mothers to perceive their children’s general mood may not be appropriate at three months postpartum. See Appendix B question # 23.

The discrepancies in child temperament between this study and previous investigations may come down to the mere fact that this study failed to capture the child’s true temperament. Where temperament can even be accurately measured at three months is cause for further investigation.

Childbirth Experience

Initially, I hypothesized that the stress of the childbirth experience would have a moderating effect on the relationship between division of childcare and household labour and mother’s marital quality; however my findings did not support this assumption. As
discussed in Chapter 5, the stress of the childbirth experience did not have any moderating effects on any of the relationships analyzed. Nevertheless, the childbirth experience was associated with change in marital quality, such that mothers who reported no change in their marital quality were more likely to have reported a neutral childbirth experience and less likely to report extremely stressful or completely stress-free childbirth. Mothers who reported positive change in their marital quality were less likely to report an extremely stressful childbirth experience. Reports of the level of stress during the childbirth experience ranged from an extremely stressful to a completely stress-free experience for mothers who had negative change in their marital quality.

The stress of the childbirth experience was also associated with the presence of medical complications during childbirth. Mothers who had medical complications during childbirth were more likely to report the childbirth experience as more stressful during three months postpartum. The stress of childbirth is not solely due to the presence of medical complications, as the absence of these complications does not appear to eliminate mother’s reports of extremely stressful childbirth experiences. Although the majority of the mothers in this study reported more neutral levels of stress during childbirth, some mother who did not report any medical complications reported an extremely stressful childbirth experience.

Stress of the childbirth experiences reported by mothers was not associated with their level of control over non-emergency decisions during the labour process. Three months after giving birth to their first child, mothers’ perception of control over non-emergency decisions did not appear to be related to levels of stress she associated with her childbirth experience. Although the majority of participating mothers felt that they
were in control of non-emergency decisions during labour, the level of stress encountered during their childbirth experiences varied greatly. The implication of this may be that the level of stress a mother perceives is not associated to decisions that she has control over. Previous investigations have found mothers’ control of non-emergency decision to play an important role in her childbirth experience (Green, & Baston, 2003). The discrepancy in findings of this study may be caused by the fact that mothers’ perceptions of her childbirth experience were reported at three months post partum. Mothers’ perceptions of stress during her childbirth experience may have been more salient than whether she felt in control of non-emergency decision. Mother’s control of non-emergency decision during labour were, however, associated with change in marital quality such that mothers who had positive change in marital quality were also more likely to have perceived greater control levels of control.

Mother’s control of non-emergency decisions was also associated with both division of labour and division of childcare expectations. Mothers who felt they had more control over non-emergency decisions were more likely to have their division of labour expectations fulfilled. In addition, mothers who felt they had more control over non-emergency decisions were also more likely to have their division of childcare expectations fulfilled. Whether it is the unfulfilled expectation that predicts control of non-emergency decisions or whether it is the other way around is unclear. Although unfulfilled expectations have been computed from two different time waves of data, the question remains whether or not the second wave of data is influenced by the mother’s control over decisions or vice versa. Mothers were asked to respond to questions
pertaining to the labour and delivery three months after they experienced it; this could be problematic because new experiences could possibly effect their perceptions.

Furthermore, a mother’s control over non-emergency decisions was also associated with the overall fairness she reported in her relationship postpartum. Mothers who believed that their relationship was “somewhat unfair to their partner” were more likely to report having felt in control of non-emergency decision as compared to mother who felt their relationship were equal to both partners or felt their relationships were in some way unfair to them. This finding further supports the possibility that the current state of a mother’s relationship could possibly be impacting her perceptions of her childbirth experience.

Conclusion

There were three patterns of change in marital quality reported in this study. The majority of couples at approximately 55% were found to have reported negative change, whereas roughly 24% were found to have positive change and approximately 19% no change in their marital quality. This study has further supported the hypothesis that marital quality declines after the birth of a couple’s first child, however, it has also drawn attention to the role of this transitional process itself and the effects it may have on the changes in marital quality. Although the findings of this study are not definite it draws attention to the transitional process and how this process may impact the transition to parenthood.

The change in marital quality across the transition to parenthood has been associated with unfulfilled expectations in areas of division of household labour and childcare. Unfulfilled division of childcare expectation is correlated with unfulfilled
household expectations; unsurprisingly the effects these two variables had on the change in mothers’ marital quality are somewhat similar. Analysis in the result chapter above lead to the conclusion that there is a great deal of overlapping of variance in change in mothers’ marital quality predicated by unfulfilled expectations in these areas.

Although unfulfilled expectations in division of household labour and childcare are associated with mothers’ marital quality, the stresses of the childbirth experiences appear to have the greatest effect on the change in her marital quality. This may suggest that the stress of the childbirth experience is a more important factor when predicting the change in a mother’s marital quality. A strong correlation between stress of the childbirth experience and the change marital quality implies that the transitional process is an important factor to consider when examining the transition to parenthood. When evaluating the transition to parenthood, the labour and delivery of the child could be considered the transitional process. According to the “Causal Model of Role Transition Theory” there is a positive relationship between the “transitional procedure” and how easily one can move in and out of a role (Burr et al., 1979, p.89). In Chapter 3 where I was developing the hypothesis on this study, I assumed that the transitional process would have a moderating effect on the relationships between my independent (unfulfilled childcare and household labour expectations) and dependent (change in mother’s marital quality) variables. The data, however, has shown that the transitional process itself has a direct relationship with the dependent variable and no relationship with the independent variables of mothers’ unfulfilled expectations. This leads me to assume that the transitional process, in this case the overall childbirth experience, is an important predictor of how this transition will affect the couple’s marital quality.
In addition, one could speculate that the findings of this study are questionable based on the fact that mothers are asked to report on their overall childbirth experience three months after the event. It could be suggested that the current state of the relationship influences a mother’s perception of past birth experiences. This is an important factor to take into consideration and the analysis between all measures of division of labour and division of childcare found no correlations between them and mothers’ reports on her overall childbirth experience. Furthermore, there was no correlation between mothers’ overall childbirth experiences and measures that evaluated the state of their current marital relationship. This would further suggest that mothers’ reports of her overall childbirth experience are independent of how she perceives her current marital relationship.

Limitations

This study has five main limitations: no control group; a limited sample size; a loss of participants due to the nature of this study; the study had a non-random sample; and lastly, a self-selection bias among the participants.

A possible limitation of this study is that there is no control group. There are no couples in this study who have not experienced the transition to parenthood and therefore change in marital quality based on natural passage of time can not be compared. The lack of a control group, however, should not inhibit the findings of this research because this study is evaluating the different types of changes in marital quality that new parents experience. However in support of the argument that children affect a couple’s marriage Shapiro et al. (2000), conducted a seven year study in which they found that couples who
have children have a greater overall decline in their marital relationship as compared to couples who have not yet had children.

This two-wave longitudinal study was limited in the number of participating mothers who volunteered to take part in it. Although I spent six months recruiting first-time mothers, this was a specific target group and the limited number of women who met the study's conditions hindered my efforts. In addition, I was asking mothers to participate in a longitudinal study which required them to give future input and this may have also limited the number of mothers willing to participate.

Given the longitudinal nature of this study, there was also some Wave-1 data that had to be omitted because participants did not provide Wave-2 data. I started with data from 68 mothers and seven failed to participate in the second wave of the study as they could not be reached. Their contact information was no longer valid as the phone numbers they had provided were out of service. With a sample size of only 61 mothers many of the statistical analyses were not conclusive and lead to more speculation rather than conclusions. Although it took six months in order for these 61 mothers to be recruited, future studies should attempt to recruit a larger sample size.

The fourth limitation of this study is the fact that the participants in the study were not randomly selected. First-time mothers were recruited from prenatal classes, which are not mandatory and some even have a fee associated with them. Although attending these classes was the only feasible option I had in order to recruit volunteers, future studies should look at recruiting volunteers through obstetrician gynaecology offices and through newspaper advertisements in order to obtain a more random sample.
A fifth limitation in this study is that of self-selection bias. The recruitment of first-time mothers for this study was strictly voluntary. I cannot conclude as to why some mothers participated and others did not, but this in itself may have limited certain mothers who may have certain personality characteristics that I cannot account for. In addition, mothers who did volunteer could have an agenda of their own and have certain personality characteristics that do not represent the overall population of mothers. Again, as mentioned above, if a greater number of mothers were recruited through different avenues, the larger resulting sample size would be the most ideal option in order to minimize the limitations found in this study.

Implications for Future Research

This study further supports the knowledge that the transition to parenthood can have a negative affect on a mother’s marital quality. It also supports Cowan and Cowan’s (2000) finding that unfulfilled postpartum expectations in the areas of division of household labour and childcare are cause for this negative affect on marital quality. Although previous investigations have reported on mothers and fathers’ experiences during labour and delivery (Feeney et al., 2001) and different impacts high-risk and low-risk pregnancies may have on marital relationships (Mercer, Ferketich, & DeJoseph, 1993), there has not been a great deal of investigation on how the childbirth experience effects the change in marital quality. This study has found that the stress of the childbirth experience reported at three months postpartum, affects the change mothers’ experience across the transition to parenthood.

The question remains as to whether the stress of the childbirth experience is meaningful after three months postpartum. Does it continue to significantly affect the
marital relationship during the first year of the child's life where the majority of decline in marital satisfaction takes place (Cowan & Cowan, 2000)? Future research should evaluate couples over a longer period of time in order to add further knowledge on the effects of a mother's childbirth experience. In addition, future research should also consider evaluating factors that may affect a mother's perception of her overall childbirth experience, such as her individual characteristics.

Previous research by Delmaore-ko et al. (2000) has evaluated individual differences in parents' perceptions of their new roles as parents. They identified four clusters for men (prepared, fearful, complacent, and mixed) and three clusters for women (prepared, fearful, and complacent) (Delmore-Ko et al., 2000). The prepared cluster generally demonstrated better adjustment across the transition to parenthood than any other cluster (Delmore-Ko et al. 2000). If these cluster were utilized to identify mothers' and fathers' perceptions of their childbirth experience a greater understanding of this experience and its impact on the couples relationship could be identified. The goal of all future research should be to bring more knowledge and understanding in order to support parents through their transition to parenthood; a transition that brings with it new roles and responsibilities.
REFERENCES


Belsky, J., Lang, M., & Huston, T. L. (1986). Sex-typing and division of labor as determinants of marital change across the transition to parenthood. *Journal of research in personality*, 50, 517-522


APPENDIX A

Mother's Questionnaire

Time 1

Instructions: There are four sections of this questionnaire. Please try to answer all of the questions clearly. Occasionally you will be required to skip over certain questions so be sure to read the special instructions carefully when they appear (all instructions are capitalized and enclosed in brackets). If you are uncertain about some facts, please try to answer to the best of your knowledge we are only interested in your independent response. Your independent response to this questionnaire is essential to the success of this study.

SECTION I:

In this first section we have some questions about you, your partner and your upcoming birth.

1. What is your age? ______ years

2. What is your partner’s age? ______ years

3. Which of the following group(s) best classifies your racial and ethnic background?
   
   _____ Caucasian
   _____ Native North American
   _____ East Indian
   _____ Oriental
   _____ Black
   _____ Hispanic
   _____ Other (please specify) __________

4. Which of the following group(s) best classifies your partner’s racial and ethnic background?
   
   _____ Caucasian
   _____ Native North American
   _____ East Indian
   _____ Oriental
   _____ Black
   _____ Hispanic
   _____ Other (please specify) __________

5. Have you ever parented a child? _____ No  _____ Yes
6. Was your current pregnancy planned? _____No / _____Yes

7. What is your due date for the birth?
   day _____ month _____ year _____

8. Does your partner have any other children?
   _____No _____Yes

9. Have you ever cared for a child under the age of 2?
   _____No _____Yes

10. Have any of your family members or in-laws had children in the past three years?
    _____No _____Yes

11. Have any of your friends had children in the past 3 years?
    _____No _____Yes

12. At this time do you and/or your physician anticipate any medical complications during your birth?
    _____No _____Yes

13. What kind of birth do you anticipate having?
    _____Vaginal _____Caesarean Section

14. How important is it to you to have a "natural" or vaginal birth?
    _____Extremely Important
    _____Very Important
    _____Somewhat Important
    _____Somewhat Unimportant
    _____Very Unimportant
    _____Extremely Unimportant

15. Where do you expect to have your baby?
    _____Hospital
    _____Home
16. Are you worried about the thought of pain in labour?

- No, I’m not worried about it at all 1
- Yes, I’m a bit worried about it 2
- Yes, I’m very worried about it 3

17. Which of these options would you prefer ideally?

- The most pain-free labour that drugs can give me 1
- The minimum quantity of drugs to keep the pain manageable 2
- To put up with a lot of pain in order to have a completely drug-free labour 3
- Other (please say what)

18. Assuming there are no complications, who do you expect will make most of the decisions about your labour?

- Staff should just get on with it, that’s their job 1
- Staff should make the decisions but I’d like to be kept informed 2
- Staff should discuss things with me before reaching their decisions 3
- Staff should give their assessment of the situation but I should still be the one in control of the decision 4
- I don’t mind 5

19. Do you intend to use breathing and relaxation exercises during labour?

- Yes definitely 1
- Yes probably 2
- Don’t know 3
- Probably not 4
- Definitely not 5
20. Whether or not you are intending to use breathing and relaxation exercises, please could you tell us how useful you would expect them to be?

I am sure that they would allow me to control the pain 1
I think that they would be very helpful in controlling the pain 2
I think they would probably help a bit 3
I wouldn’t expect them to help at all 4
I have no expectations 5

SECTION II: EXPECTATIONS FOR INFANT CARE AND FEEDING

21. Please show how you would like you and your partner to divide the family tasks related to children. Using the number on the scale below show HOW I WOULD LIKE IT TO BE when you are parents of a young infant (birth to three months) down the right hand side.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>we both do this</td>
<td>about equally</td>
<td>he</td>
<td>does it all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HOW I WOULD LIKE IT TO BE

| A. Deciding about the baby’s feeding schedule |
| B. Feeding the baby |
| C. Changing the baby’s diapers; dressing the baby |
| D. Bathing the baby |
| E. Deciding whether to respond to the baby’s cries |
| F. Responding to the baby’s crying in the middle of the night |
| G. Taking the baby out: walking, driving, visiting, etc |
| H. Choosing toys for the baby |
| I. Playing with the baby |
| J. Doing the baby’s laundry |
| K. Arranging for baby sitters or child care |
| L. Dealing with the doctor regarding the baby’s health |
22. When we have our baby I expect that our division of childcare will be?

<table>
<thead>
<tr>
<th>Description</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>All = me</td>
<td>1</td>
</tr>
<tr>
<td>me = husband</td>
<td>2</td>
</tr>
<tr>
<td>me = All</td>
<td>3</td>
</tr>
<tr>
<td>me = All</td>
<td>4</td>
</tr>
<tr>
<td>All = All</td>
<td>5</td>
</tr>
</tbody>
</table>

23. Do you intend to have a relative, daycare, or nanny assist in the care of your child during the first three months?

__No__  __Yes__

IF YES, for how many days a week? ___ Days

How many hours per day? ___ Hours

SECTION III: DIVISION OF HOUSEHOLD LABOUR

In this section we ask you a set of questions on how you and your partner divide certain household tasks.

24. Please show how you and your partner divide the family tasks listed here. Using the number on the scale below show **HOW IT IS NOW** down the left hand side and **HOW I WOULD LIKE IT TO BE** when you are parents of a young infant (birth to three months) down the right hand side.

<table>
<thead>
<tr>
<th>Description</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
</tr>
<tr>
<td>I do it all</td>
<td></td>
</tr>
<tr>
<td>We both do this</td>
<td></td>
</tr>
<tr>
<td>About equally</td>
<td></td>
</tr>
<tr>
<td>He does it all</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>HOW IT IS NOW</th>
<th>HOW I WOULD LIKE IT TO BE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Planning and preparing meals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Cleaning up after meals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Repairs around the home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. House cleaning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Taking out the garbage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Buying groceries, household needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Paying bills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Laundry: washing, folding, ironing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Writing letters/making calls to family and friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Looking after the car</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION IV: CURRENT PARTNER RELATIONSHIP

In this section we ask you several questions about yourself and your relationship with your partner.

25. What is your current relationship with your partner?
   - Legally married
   - Common-law or cohabiting partner
   - Other (Please Specify: ____________________________)

26. Are you currently living with your partner?
   - No
   - Yes

27. How long have you been living with your current partner (if married, please include any time that you may have lived together prior to this marriage)
   - Years
   - Months

28. In general, how satisfied are you with the way you and your partner divide the family tasks?

   | Very Satisfied | Pretty Satisfied | Neutral | Somewhat Dissatisfied | Very Dissatisfied |
   | 1              | 2                | 3       | 4                    | 5                  |

29. Overall how fair would you say your relationship is today?
   - Very unfair to me
   - Somewhat unfair to me
   - Fair to both
   - Somewhat unfair to my partner
   - Very unfair to my partner

30. Disagreements occur in all relationships. How often would you say that you and your partner have disagreements about things in the past week?
31. During the past week, about how often did you and your partner spend time alone with each other talking or sharing an activity?

- Never
- Less than once a week
- About once a week
- Several times a week
- Almost every day
- Daily

32. The following statements are ways that couples might describe their relationship. For each statement, please indicate from 1 to 6 how strongly you feel that it accurately describes your current relationship.

1 = Strongly agree
2 = Agree
3 = Agree somewhat
4 = Disagree somewhat
5 = Disagree
6 = Strongly disagree

[PLEASE CIRCLE THE MOST APPROPRIATE NUMBER]

<table>
<thead>
<tr>
<th>Statement</th>
<th>SA</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. We have a good marriage</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>b. Our relationship is very stable</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>c. Our relationship is strong</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>d. This relationship makes me happy...</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>e. I really feel like part of a team with my partner</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

33. All things considered, I would say my current relationship with my partner is?

perfectly very usually somewhat somewhat very
happy happy happy happy unhappy unhappy

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
</tbody>
</table>

34. Since you first found out that you were pregnant, how would you say that your relationship with your partner has changed?

- It has become much less fulfilling and rewarding
It has become a little bit less fulfilling and rewarding
_____ It has remained pretty much the same
_____ It has become a little bit more fulfilling and rewarding
_____ It has become much more fulfilling and rewarding

[PLEASE CIRCLE THE MOST APPROPRIATE NUMBER]
35. When we have our baby I expect that our division of household labour will be?

All
me
=
husband

1-2-3-4-5

SECTION V: EMPLOYMENT INFORMATION

In this final section, we want to get a little bit of information about your employment situation.

36. Prior to becoming pregnant, did you work at a permanent job from which you received pay?

_____ No  ____ Yes

37. During the past week have you worked at a permanent job from which you received pay?

_____ No  ____ Yes

[IF YOU ANSWERED YES TO EITHER QUESTION 36 OR QUESTION 37 PLEASE COMPLETE QUESTIONS 38 TO 43]

38. How many hours a week (do you/did you) usually work?

______ Hours per week

39. How many additional hours (do you/did you) spend working at job related tasks at home?

______ Hours per week

40. How would you characterize your job?

_____ Upper Level Professional/Manager
_____ Lower Level Professional/Manager
_____ Self-Employed Entrepreneur
_____ Sales or Clerical
_____ Service Worker
41. Do you intend to take parental leave from work.

___ No
___ Yes, beginning before the baby’s due date.
___ Yes, after the baby is born.

42. How long do you anticipate being away from work caring for your child?

___ Months ___ Years ___ Indefinite

43. After your child is born and you return to work, how many hours a week do you anticipate you will be working?

___ Hours per week

44. What is the highest level of education that you have completed?

___ Less than high school
___ Completed high school degree
___ Some college
___ Post-secondary certification program
___ Two-year college degree (e.g., AA degree)
___ Four year college degree (e.g., BA, BSc, etc.)
___ Masters degree or post-baccalaureate certification
___ Completed an advanced degree beyond the Masters (e.g., PhD, MD)

45. How many years of schooling have you completed?

___ years

46. What is the highest level of education that you partner has completed?

___ Less than high school
___ Completed high school degree
___ Some college
___ Post-secondary certification program
___ Two-year college degree (e.g., AA degree)
___ Four year college degree (e.g., BA, BSc, etc.)
___ Masters degree or post-baccalaureate certification
___ Completed an advanced degree beyond the Masters (e.g., PhD, MD)
47. How many years of schooling has your partner completed?

______ years

Thank you for completing this questionnaire. If you have any questions do not hesitate to contact us. We look forward to talking to you after your delivery.
APPENDIX B

Mother’s Questionnaire

Time 2

Instructions: There are five sections of this questionnaire. Please try to answer all of the questions clearly. Occasionally you will be required to skip over certain questions so be sure to read the special instructions carefully when they appear (all instructions are capitalized and enclosed in brackets). If you are uncertain about some facts, please try to answer to the best of your knowledge we are only interested in your independent response. Your independent response to this questionnaire is essential to the success of this study.

SECTION I:

In this first section we have some questions about your birth and your infant.

1. What is the gender of your child?
   ____ boy / ____ girl

2. What is your child’s birth date?
   day ____ month ____ year ____

3. Did you have any medical complications during your birth?
   ____ No / ____ Yes

4. Was there any health concern for your child?
   ____ No / ____ Yes

5. What kind of birth did you have?
   Vaginal ____ Caesarean section ____

6. Where did you have your child?
   ____ Hospital
   ____ Home
   ____ Other (Please say where) ________________
### [PLEASE CIRCLE THE MOST APPROPRIATE NUMBER]

7. Was the pain of labour exactly as you expected it to be?

- No, not at all 1
- Yes, in some ways 2
- Yes, exactly 3

8. Did you use breathing and relaxation exercises during labour?

<table>
<thead>
<tr>
<th>Yes, all the time</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes most of the time</td>
<td>2</td>
</tr>
<tr>
<td>Only for a bit</td>
<td>3</td>
</tr>
</tbody>
</table>

9. If yes how useful did you find the breathing and relaxation exercises?

| They allowed me to control the pain completely | 1 |
| They were very helpful in controlling the pain | 2 |
| They only helped a bit | 3 |
| They did not help at all | 4 |

10. Did you receive any medication during labour?

| Yes | 1 |
| No | 2 |
| Not Sure | 3 |

11. Did you feel under any pressured to use medication?

| Yes, a lot | 1 |
| Yes, a bit | 2 |
| No, not at all | 3 |
| On the contrary, I felt encouraged not to | 4 |
| Quite the opposite, I felt under a lot of pressure not to | 5 |

12. How do you feel now about having had, or not having had, medication?

| I am pleased about it | 1 |
| I have mixed feelings | 2 |
I am quite unhappy about it 3
I have no particular feelings either way 4
Other (please say what)  

13. How did you feel that most of the non-emergency decisions about your labour were made?

The staff just got on with it 1
The staff made the decision but kept me informed 2
The staff discussed things with me before reaching a decision 3
The staff gave me their assessment but I was in control of the decision 4

14. Overall how would you rate your childbirth experience?

<table>
<thead>
<tr>
<th>Completely Stress Free</th>
<th>Neutral</th>
<th>Extremely Stressful</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
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<td>6</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
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</tbody>
</table>

SECTION II: INFANT CARE AND FEEDING

Now we would like to ask you some questions about how you manage infant care and feeding tasks for your baby.

[PLEASE CIRCLE THE MOST APPROPRIATE NUMBER]

15. Now that you have your child at home what are your expectations around the division of childcare activities?

All me Equal All my husband
1-----------------2----------------3----------------4----------------5

16. Over the past week have you breastfed your child?

___ No / ___ Yes
17. How easy or difficult is it for you to calm or soothe your baby when he/she is upset?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>very easy</td>
<td>about average</td>
<td>difficult</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

18. How many times per day, on the average, does your baby get fussy and irritable—
for either short or long periods of time?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1-2 times</td>
<td>3-4 times</td>
<td>5-6 times</td>
<td>7-9 times</td>
<td>10-14 times</td>
<td>more than</td>
</tr>
<tr>
<td>per day</td>
<td>per day</td>
<td>per day</td>
<td>per day</td>
<td>per day</td>
<td>per day</td>
<td>15</td>
</tr>
</tbody>
</table>

19. How much does your baby cry and fuss in general?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>very little; much less than the average baby</td>
<td>average amount; about as much as the average baby</td>
<td>a lot; much more than the average baby</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. How easily does your infant get upset?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>
| very hard to upset—
even by things that upset most babies | about average | very easily upset by things that wouldn’t bother other babies |

21. When your baby gets upset (e.g., before feeding, during diapering, etc.), how vigorously or loudly does he/she cry and fuss?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>very mild intensity or loudness</td>
<td>moderate intensity or loudness</td>
<td>very loud or intense, really cuts loose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. How does your baby react when you are dressing him/her?
23. What kind of mood is your baby generally in?

1 2 3 4 5
very happy neither serious nor happy serious

24. How changeable is your baby’s mood?

1 2 3 4 5
changes seldom, and about average changes often
changes slowly when and rapidly
he/she does change

25. Please rate the overall degree of difficulty your baby would present for the average mother.

1 2 3 4 5 6 7
super easy ordinary, some problems highly difficult
to deal with

26. Please show how you and your partner divide the family tasks related to children. Using the number on the scale below show HOW IT IS NOW down the left side and HOW I WOULD LIKE IT TO BE down the right hand side.

1 2 3 4 5 6 7 8 9

I ___ we both do this he ___
do it all about equally does it all

HOW IT IS NOW HOW I WOULD LIKE IT TO BE

A. Deciding about the baby’s feeding schedule
B. Feeding the baby
C. Changing the baby’s diapers; dressing the baby
D. Bathing the baby
E. Deciding whether to respond to the baby’s cries
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>F. Responding to the baby's crying in the middle of the night</td>
<td></td>
</tr>
<tr>
<td>G. Taking the baby out: walking, driving, visiting, etc</td>
<td></td>
</tr>
<tr>
<td>H. Choosing toys for the baby</td>
<td></td>
</tr>
<tr>
<td>I. Playing with the baby</td>
<td></td>
</tr>
<tr>
<td>J. Doing the baby’s laundry</td>
<td></td>
</tr>
<tr>
<td>K. Arranging for baby sitters or child care</td>
<td></td>
</tr>
<tr>
<td>L. Dealing with the doctor regarding the baby’s health</td>
<td></td>
</tr>
</tbody>
</table>

27. Does a relative, daycare, or nanny assist in the care of your child?

   _ No / _ Yes

   IF YES, for how many days a week? ____
   and for how many hours per day? ____

SECTION III: DIVISION OF HOUSEHOLD LABOUR

In this section we ask you a set of questions on how you and your partner divide certain household tasks.

[PLEASE CIRCLE THE MOST APPROPRIATE NUMBER]

28. Now that you have your child at home what are your expectations around the division of household labour?

   All me Equal All my husband
   1-------------2-----------------3-----------------4------------------5

29. Please show how you and your partner divide the family tasks listed here. Using the number on the scale below show **HOW IT IS NOW** down the left hand side and **HOW I WOULD LIKE IT TO BE** down the right hand side.

   1 2 3 4 5 6 7 8 9

   I _ do it all
   we both do this _______________________
   about equally _______________________
   he _______________________
   does it all
SECTION IV: CURRENT PARTNER RELATIONSHIP

In this section we ask you several questions about yourself and your relationship with your partner.

[PLEASE CIRCLE THE MOST APPROPRIATE NUMBER]

30. Now that our child is at home my expectation for the division of household labour is?

All me = All my husband
1-----------2-----------3-----------4-----------5

31. Overall how fair would you say your relationship is today?

____ Very unfair to me
____ Somewhat unfair to me
____ Fair to both
____ Somewhat unfair to my partner
____ Very unfair to my partner

32. Disagreements occur in all relationships. How often would you say that you and your partner have disagreements about things in the past week?
33. During the past week, about how often did you and your partner spend time alone with each other talking or sharing an activity?

- Never
- Less than once a week
- About once a week
- Several times a week
- Almost every day
- Daily

34. The following statements are ways that couples might describe their relationship. For each statement, please indicate how strongly you feel that it accurately describes your current relationship.

1 = Strongly agree
2 = Agree
3 = Agree somewhat
4 = Disagree somewhat
5 = Disagree
6 = Strongly disagree

<table>
<thead>
<tr>
<th>Statement</th>
<th>SA</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. We have a good marriage</td>
<td>1  2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>b. Our relationship is very stable</td>
<td>1  2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>c. Our relationship is strong</td>
<td>1  2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>d. This relationship makes me happy</td>
<td>1  2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>e. I really feel like part of a team with my partner</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

35. All things considered, I would say my current relationship with my partner is?

<table>
<thead>
<tr>
<th>Happiness Level</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perfectly happy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very happy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usually happy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat happy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat unhappy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very unhappy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perfectly unhappy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very unhappy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usually unhappy</td>
<td></td>
<td></td>
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<tr>
<td>Somewhat unhappy</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very unhappy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

36. Since you have given birth to your baby, how would you say that your relationship with your partner has changed?

- It has become much less fulfilling and rewarding
It has become a little bit less fulfilling and rewarding
It has remained pretty much the same
It has become a little bit more fulfilling and rewarding
It has become much more fulfilling and rewarding

SECTION V: EMPLOYMENT INFORMATION

37. Were you working for pay before you became pregnant?
   ____ No / ____ Yes

[IF YES TO QUESTION 37, PLEASE ANSWER QUESTIONS 38 TO 41]

38. Are you on parental leave from work?
   ____ No / ____ Yes

39. In the past week how many hours a week did you work?
   ____ Hours per week

40. In the past week how many additional hours did you spend working at job related tasks at home.
   ____ Hours per week

41. How long do you anticipate being away from work caring for your child?
   ____ Months  ____ Years  ____ Indefinite

Thank you for completing this questionnaire. If you have any questions do not hesitate to contact us.
APPENDIX C

Description of the Distribution of Scores for Both Time Waves.

Table 1

<table>
<thead>
<tr>
<th>QMI Scores</th>
<th>First Wave</th>
<th>Second Wave</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.0</td>
<td>20 (32.786%)</td>
<td>7 (11.475 %)</td>
</tr>
<tr>
<td>5.83</td>
<td>17 (27.868 %)</td>
<td>17 (27.868 %)</td>
</tr>
<tr>
<td>5.67</td>
<td>3 (4.918 %)</td>
<td>10 (16.393 %)</td>
</tr>
<tr>
<td>5.50</td>
<td>3 (4.918 %)</td>
<td>7 (11.475 %)</td>
</tr>
<tr>
<td>5.33</td>
<td>2 (3.278 %)</td>
<td>7 (11.475 %)</td>
</tr>
<tr>
<td>5.17</td>
<td>6 (9.836 %)</td>
<td>2 (3.278 %)</td>
</tr>
<tr>
<td>5.00</td>
<td>3 (4.918 %)</td>
<td>2 (3.278 %)</td>
</tr>
<tr>
<td>4.83</td>
<td>4 (6.557%)</td>
<td>5 (8.196 %)</td>
</tr>
<tr>
<td>4.67</td>
<td>1 (2.639 %)</td>
<td>1 (2.639 %)</td>
</tr>
<tr>
<td>4.33</td>
<td>1 (2.639 %)</td>
<td>1 (2.639 %)</td>
</tr>
<tr>
<td>3.50</td>
<td>1 (2.639 %)</td>
<td>1 (2.639 %)</td>
</tr>
<tr>
<td>3.33</td>
<td>0 (0 %)</td>
<td>1 (2.639 %)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>61 (100%)</td>
<td>61 (100%)</td>
</tr>
</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th>Wave of Study</th>
<th>X</th>
<th>Med.</th>
<th>Mode</th>
<th>SD</th>
<th>Range</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Wave</td>
<td>5.5929</td>
<td>5.8333</td>
<td>6.0</td>
<td>0.5124</td>
<td>3.50-6.0</td>
<td>0.9214</td>
</tr>
<tr>
<td>Second Wave</td>
<td>5.4727</td>
<td>5.6667</td>
<td>5.83</td>
<td>0.5504</td>
<td>3.33-6.0</td>
<td>0.9090</td>
</tr>
</tbody>
</table>

APPENDIX D

The Seven Versions of the *Who Does What?* Questionnaire

1-one for couples without children (if they had children, what might they do)
2-one for expectant couples (how they think it will be)
3-one for couples with 6 month olds
4-one for couples with 18 month olds
5-one for couples with three-to-five-year olds
6-one for couples with 10 year olds
7-one for couples with adolescents