

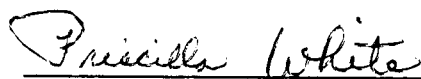
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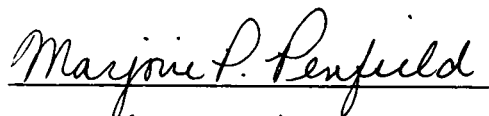
I am submitting herewith a dissertation written by M. Bennet Broner entitled "Relationship of First-Time Parents' Infant Caregiving Activities and Role Transitions to Marital Satisfaction." I have examined the final copy of this dissertation and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Home Economics.

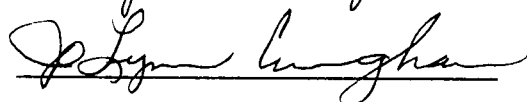


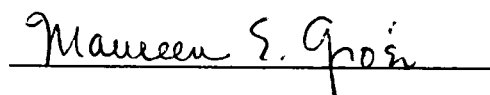
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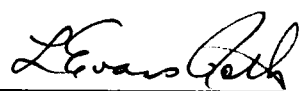








Accepted for the Council:



Vice Chancellor
Graduate Studies and Research

RELATIONSHIP OF FIRST-TIME PARENTS' INFANT CAREGIVING ACTIVITIES
AND ROLE TRANSITIONS TO
MARITAL SATISFACTION

A Dissertation
Presented for the
Doctor of Philosophy
Degree
The University of Tennessee, Knoxville

M. Bennet Broner

June 1982

3060808

DEDICATION

I would like to dedicate this dissertation to members of my family, without whose guidance, support, and tolerance, it could never have been completed. In particular, I would like to dedicate this work to three relatives who meant so very much to me (Anna, William, and Aaron Shapiro), but who cannot be here to share in the joy of its completion.

"Yisgadal v'yiskadash sh'me rabbo,"

ACKNOWLEDGEMENTS

My most heartfelt appreciation is extended to my committee members, both past and present, who made this dissertation possible. I especially wish to thank Brent Miller, Ph.D., who was so influential in helping me to develop professionally during my first two years of doctoral study. I am also very appreciative of the efforts of Gary Peterson, Ph.D. He stepped into the breach left by Dr. Miller's departure and more than ably assisted me in completing my studies and my dissertation. My appreciation is also extended to those other members of The University of Tennessee, Knoxville, faculty and staff who assisted me with the statistical and computer analyses necessary for this paper. I am also thankful to the other graduate students with whom I worked on the Tennessee Transition to Parenthood Program. Finally, I also wish to thank my typist for her assistance in the preparation of this manuscript.

ABSTRACT

Although there is a large body of literature on the transition to parenthood, there has been little effort to organize this information within a theoretical framework. Therefore, the present study will examine and evaluate the data collected in the Tennessee Transition to Parenthood Project in accordance with an hypothesized framework. This framework is based on a review of the literature and a mid-range theory of family career transitions proposed by Rollins and Galligan (1978).

The Tennessee Transition to Parenthood Project was a 2-year longitudinal study of personal and marital variables in relation to the birth of an initial child. The project involved 3 evaluations of each participant couple. The first evaluation was made prior to each baby's birth and the remaining evaluations were made at 6-weeks and 8-months postpartum. The project was completed by 109 couples who were recruited through preparation for childbirth classes.

The hypothesized model for the present study consisted of 5 variables: infant caregiving activities, family role transitions, marital companionship, marital stress, and marital satisfaction. These variables were associated with each other through 9 proposed relationships. Initially, each variable was operationalized by factor analysis. Then, using these operationalized variables, the data obtained from the second set of questionnaires (6-weeks postpartum) were analyzed by path analysis.

It was determined by this analysis that relationships existed within the hypothesized model for both husbands and wives. Although the men in this study seemed to be affected minimally by the transition to parenthood, most of their adverse consequences stemmed from the loss of services provided by their wives (e.g., meal preparation, attention). Women, on the other hand, were

affected to a greater extent by this transition. These effects could be attributed to 2 factors: the increased work load for which they usually had responsibility and the abrupt, relative isolation from adult contacts that they had experienced for a large part of each day.

The findings from the present study support the work of previous researchers on the transition to parenthood. These findings could be useful in preparing people for this transition as well as for discussions about sex-role behaviors. In addition, further research on the transition to parenthood is needed, both within the framework proposed by the present study as well as within alternative theoretical structures.

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CHAPTER I

INTRODUCTION

In recent years, there has been increasing emphasis on the interactive nature of parent-infant relationships, both in terms of theory and research (Bell, 1977; Cook, 1979; Lerner & Spanier, 1978; Lewis & Rosenblum, 1974; Porter & O'Connor, 1975; Roberts, 1979). Prior to this time, infants were commonly portrayed as passive creatures who were acted upon and molded by their parents (Brazelton, 1979; Hartup, 1978). In contrast, contemporary researchers and theorists increasingly have proposed that infants are born with abilities to respond to, as well as influence, their parents in a variety of ways (Bell & Harper, 1977; Brazelton, 1979; Lerner & Spanier, 1978; Lewis and Rosenblum, 1974; Macfarlane, 1977; Sameroff, 1975; Thoman, 1975). Frequently, it is recognized by these authorities that the entrance of an infant into a family system, and the involvement between parents and infant serves to alter a couple's role relationships substantially, including their marital roles (Cook, 1979; Rollins & Galligan, 1978). Consistent with these ideas, the marital relationship is the major focus of this investigation.

Interactions between parents and infants which have impact on the marriage relationship are not static but change developmentally as the infant matures both physiologically and socially (Emde, Gaensbauer, & Harmon, 1976; General Discussion, 1974). According to Bell (1974), for example, there are 2 phases of reciprocal parent-infant interactions. The first is concerned primarily with the support of life and protection and is referred to as caregiving. The second period is characterized by social interaction, which involves exchanges that take on social meaning. These 2 forms of reciprocal interaction are interrelated, though not the same phenomenon.

Caregiving activities often are initiated by the infant through crying and/or fussing behaviors (Bell, 1974, 1977; Emde et al., 1976; Sameroff, 1975). Because these actions "are essentially aversive in nature" (Bell, 1977, p. 126), parents usually respond to these actions by approaching and becoming involved with the infant. In the process of becoming more proximal to the infant, the child's grimacing and spasmodic movements further stimulate parents to reduce these stimuli. It would seem, therefore, that the reduction or prevention of infant distress and the establishment of a regular pattern of infant activities (e.g., feeding, sleeping, and waking) are the primary goals of caregiving (Bell, 1977; Brazelton, 1979; Lamb, 1978; Sameroff, 1975). The prevention or discontinuance of discomforting stimuli may also be a goal of caregiving behaviors (Bell, 1977).

Caregiving interaction is especially prominent during the first 3-months of an infant's life (Bell, 1977; Emde et al., 1976; Sameroff, 1975). This period of infancy is characterized by an irregular sleeping pattern, crying, and fussiness (Bell, 1977; Emde et al., 1976; Parmalee, Wenner, & Schulz, 1964). As the primary parental action during this period is one of responding to the distress sounds of infants (Bell, 1974), neonates may be perceived by parents as unresponsive, less than human objects that require extensive care (Bennett, 1971; Emde et al., 1976).

During the infant caregiving period, however, parents do attribute social significance to certain infant behaviors (e.g., smiling). Despite the apparent meaning that is conveyed by this behavior, these attributes are a function of parental interpretations rather than actual social behaviors which are purposefully emitted by the infant (Bennett, 1971; Brazelton, Koslowski, & Main, 1974; Emde et al., 1976). Interpretations of this kind may assure continued care

for the infant and contribute to his/her well-being by personalizing the infant's behaviors (Bell, 1974, 1977; Brazelton, 1979; Sherrod, Vietze, & Freeman, 1978).

Social interaction, the second phase of parent-infant reciprocal behaviors, refers to noncaregiving involvement on the part of parents that usually is rewarding to them. This phase begins at about the third month of life, when the frequency of sporadic sleeping, crying, and fussiness begin to diminish (Bell, 1977; Emde et al., 1976; Parmalee et al., 1964). The earliest form of social interaction is spontaneous play between parent and child, which develops out of caregiving "as the infant shows a decrease in the duration of crying and fussing and an increase in the time it is awake" (Bell, 1974, pp. 7-8). Deliberate social smiling begins during this period, and the infant is perceived more frequently than s/he had been earlier by his/her parents as having human qualities (Bell, 1977; Emde et al., 1976; Oakley, 1979). Reciprocal social interactions truly begin at this time and eventually replace caregiving as the primary form of parent-infant interaction (Bell, 1974, 1977).

Both caregiving and social interactions are part of a much larger interactive system that may include siblings and/or other relatives as well as the infant's parents (Belsky, 1978, 1979b; Cook, 1979; Klein, Jorgensen, & Miller, 1978; Rollins & Galligan, 1978; Walters & Walters, 1980). Despite the fact that the infant may not be a direct participant in other aspects of the family system, his/her presence and the occurrence of parent-infant interactions affect other dimensions of the family (e.g., the marital relationship) by consuming time, effort, and energy (Klein et al., 1978; Rollins & Galligan, 1978). As Klein and associates (1978) have indicated, a childless couple has to be concerned only with the primary relationship between husband and wife. In contrast, the addition of the first child to a marriage increases the possible

relationships and vastly complicates the system. These new relationships would include (though not be limited to): (a) the manner in which each parent affects the child and the reciprocal-- $HF \rightleftarrows C$,¹ (b) the manner in which the relationship between each parent and the child affects the other parent and the reciprocal-- $(HF \rightleftarrows C) \rightleftarrows WM$, and (c) the manner in which the relationship between 1 parent and the child affects the relationship of the other parent and the child-- $(HF \rightleftarrows C) \rightleftarrows (WM \rightleftarrows C)$. In accordance with these ideas, the couple's marital quality may be affected by both the need for increased activity in the child care role (i.e., infant caregiving activities) and the changes in other family roles (e.g., housekeeper, recreational, provider) that result from the infant's entrance into the family system.

Statement of the Problem

The specific purpose of this investigation was to examine the extent to which infant caregiving activities as perceived by parents and new family role transitions have implications for the marital relationship of new parents during the first 3-months of parent-infant interactions. This phase of infancy (0-3 months) was chosen because it is a period requiring substantial role adjustments for couples which often lead to considerable role stress. This period also may hold few rewards for parents because the infant may be perceived only as an object that complains and requires care (Bell, 1977; Bennett, 1971; Dyer, 1963; Emde et al., 1976; Harper, 1977, Oakley, 1979; Sameroff, 1975). Specifically, this study was an examination of the effects of parents' perceptions of infant

¹ HF corresponds to the husband-father position, WM to the wife-mother position, and C to the child position.

care requirements and the perceived family role changes during the transition to parenthood as they relate to perceived levels of marital satisfaction, marital companionship, and marital stress of couples.

Rationale

A recent change within family life has been that children are no longer seen as the principal motivation for marriage by many adults. Indeed, increasing numbers of couples are weighing seriously the desirability of children with reference to their personal goals and their existing relationships (Bram, 1978; Knox, 1979; Miller, 1978; Stevens-Long, 1979). This is one of the reasons that family size in our society is decreasing and that 2 children have become increasingly the ideal number of children espoused by couples (Knox, 1979). Furthermore, single-child and even childless families are becoming more common and acceptable (Bram, 1978; Knox, 1979, 1980; Stevens-Long, 1979).

A related trend in the literature concerns the empirical identification of specific rewards and costs of children, which determine the extent to which parents value their offspring. Although children most often are assigned a positive value by adults (Fawcett, 1978; Lopata, 1971; Sollie, 1979), increasingly they are being recognized as the precipitant of many conflicts and stressful changes in family life (Glenn & McLanahan, 1982; Miller & Newman, 1978; Walters & Walters, 1980). A prominent finding in this literature is that the presence of children leads to decreased marital satisfaction (Rollins & Cannon, 1974; Rollins & Feldman, 1970; Spanier & Lewis, 1980). This finding seems to be particularly true with a couple's first child (Christensen, 1973; Knox & Wilson, 1978; Miller, 1976; Rollins & Feldman, 1970; Rollins & Galligan, 1978; Russell, 1974). Despite substantial evidence in this area, the many ways in

which the presence and needs of children (especially the first) alter the lives of spouses are only beginning to be explored. The precise manner by which these changes are translated into a decrease in marital satisfaction, however, has not been empirically clarified (Rollins & Galligan, 1978).

A possible explanation for the decline in marital satisfaction is that changes throughout the family role system occur when children enter and alter the set of role relationships established by a couple (Lopata, 1971; Miller & Newman, 1978; Rollins & Galligan, 1978). This perspective involves not only the transition into new family roles (e.g., the child care role) but also the modification of established roles (e.g., the marital companionship role or the housekeeper role). A major focus of this study, therefore, is to examine certain family structural alterations in the housekeeper, leisure, provider, companionate, and recreational roles that result from the parents' involvement with their first child and to determine their relationship to the marital satisfaction of couples having their first child.

This study is potentially unique for 3 reasons. First of all, it is a partial test of some of the ideas proposed by Rollins and Galligan (1978) concerning the influence of family career transitions on marital satisfaction. Second, in contrast to other studies on similar issues, the present study involves path analysis. This is a sophisticated form of testing theoretical models that has received little use in the examination of marital satisfaction (Miller, 1976; Shumm, Southerly, & Figley, 1980). Finally, this study is part of a larger, longitudinal study of marital and personal qualities during the transition to parenthood (Miller, Sollie, Broner, & Graham, 1978). As such, it is an important part of a larger project that is more comprehensive than most of the earlier investigations of this area and addresses several new issues that require

attention. Additional knowledge about the impact of the initial child on marital satisfaction is the principal outcome of this research. This information may assist couples in deciding whether or not to have children. This research also may help couples to anticipate and possibly cope with some of the conflicts/changes that result if they have children.

Theoretical Framework

There are 2 sets of family role relationships involved in the transition to parenthood. The first set is the developing role relationship between parents and neonates. A second set of role relationships involves the spouses with each other. In this study, an effort was made to examine how the presence of a baby and the care s/he requires in the developing parent-child relationship affected his/her parents' marital relationship. Role theory/symbolic interactionism was the theoretical framework used in this investigation because of the concern with perceived role transitions and their perceived effects on other role relationships (Rollins & Galligan, 1978).

Symbolic interactionism is concerned with either the association of 1 person to another within role relationships or while engaged in the role making process. Many of these relationships occur within the environment of an ongoing society and are determined primarily by the existing norms and expectations of that society (Burr, Leigh, Day, & Constantine, 1979; Nye & Gecas, 1976). At micro-levels of human interaction, relationships also are determined by the individual perceptions of people involved in bringing their lines of action into accord with each other (Burr et al., 1979; Elkin & Handel, 1978; Turner, 1970). These relationships are specified and maintained through significant symbols, the use of which conveys social norms and expectations for interaction (Burr et al., 1979; Elkin & Handel, 1978).

The interactions in which people participate occur within the context of roles which "are more or less integrated sets of social norms that are distinguishable from other sets of norms that constitute other roles" (Burr et al., 1979, p. 54). It is the roles associated with the status (positions) of husband/father and wife/mother (Nye & Gecas, 1976) and how these roles are developed or changed by the entrance of a first child that are the concern of this study.

A number of ideas derived from role concepts such as role enactment, role strain, number of roles, and ease of role transitions are useful for the study of child influences on the marital relationship (Burr et al., 1979; Rollins & Galligan, 1978). Role concepts of this kind are applicable to such variables as marital stress, marital satisfaction, and marital companionship (Burr et al., 1979).

As stated earlier, having a baby requires that parents adapt to new roles and modify or maintain established roles (e.g., provider, companionship, domestic) at an acceptable level of performance. The alteration of existing role relationships and accumulation of roles has a number of effects on parents that continue to exist until a satisfactory adjustment to these role changes is accomplished (McCubbin, Joy, Cauble, Comeau, Patterson, & Needle, 1980). These effects include increases in personal and marital stress which, in turn, produce a decrease in satisfaction with the existing marital situation as a whole (Lopata, 1971; Nye, 1976a). Declines in marital quality, therefore, are an important result of the family role transitions that occur in the early stages of parenthood and indicate that a person is having difficulty complying with the expectations of his/her marital roles (Burr et al., 1979; Lopata, 1971).

Marital companionship is another key variable for understanding how marital satisfaction is influenced by involvement in infant caregiving activities. In traditional marriages, companionship and the emotional support of the spouses for each other is less central to the relationship than are such factors as denial of self, rigid role behavior, and maintenance of the couple front (Knox, 1979). Today, however, it is often argued that the marital companionship role has rapidly become a primary determinant of satisfaction and dissatisfaction with marriage (Glenn & Weaver, 1981; Nye, 1976a). Furthermore, marital companionship is an aspect of marriage that is substantially influenced with the addition of an infant and the increase in family role demands (Rollins & Galligan, 1978). Consequently, a couple's marital satisfaction may be influenced both by the entrance of the first child and other family role requirements during the transition to parenthood.

Nominal Definitions

The amount of infant caregiving activities is composed of the amount of activities perceived by a parent as necessary for maintaining an infant's physical well-being. Activities of this sort are part of the performance expected within the child care role of the parent-child relationship (Gecas, 1976). These include such activities as feeding and bathing the infant, as well as those preparatory actions necessary for the performance of these activities (e.g., formula preparation) (Olson, 1979). Also included in this definition are caregiving episodes that are initiated by infant behaviors (e.g., crying and fussing). These behaviors may not only initiate caregiving episodes but also may continue for a substantial period of time after caregiving is completed. Activities that are primarily social and not specifically concerned with the

reduction of infant discomfort (e.g., talking to the baby or playing with him/her) are not included in this definition. These latter activities are a part of the child socialization role, which is independent of the infant caregiving (child care) role (Gecas, 1976).

The amount of family role transitions is defined as the perceived amount of difficulty experienced in adjusting to many of the role changes in the ongoing family roles that occur in conjunction with the entrance of the first child (Belsky, 1978; Burr, 1973; Burr et al., 1979; Cook, 1979; Olson, 1979, 1981). The roles affected by these changes include the recreational, kinship, provider, and housekeeping roles. These family roles are conceptually distinct from the marital companionship role. Whereas the marital companionship role is also an ongoing role, it is one in which both spouses participate together. Recreational, kinship, provider, and housekeeping roles, on the other hand, may be filled by one spouse alone or, if shared, do not require simultaneous participation.

The family role transitions variable is characterized by a continuum that ranges from no difficulty with role changes to a great deal of difficulty involved in these changes. Burr and associates (1979) stated that there was no objective scale by which levels of this variable could be measured. Rather, the determination of what constituted a low or high degree of difficulty was a subjective appraisal made by the individual experiencing these role transitions.

The amount of marital satisfaction is defined as the summation of perceived satisfactions with various aspects of the marital relationship (Burr, 1973; Glenn & Weaver, 1981; Miller, 1976). Marital satisfaction is a subjective appraisal by an individual of the state of his/her marriage (Burr, 1973). This variable can be characterized as a bipolar continuum that extends from a high level of satisfaction to a high level of dissatisfaction (Burr, 1973; McNamara & Bahr, 1980; Miller et al., 1978).

Rollins and Galligan (1978) compared marital satisfaction to 2 other commonly used measures of marital quality: marital adjustment and marital stability. These authors stated that marital stability referred to the continuity or termination of a marriage and was the easiest concept to define, conceptualize, and operationalize. Given that marital stability was dependent upon social pressures, laws, simple continuity, and other factors, these authors concluded that this measure was the least useful as an indicator of marital quality. Correspondingly, these same authors also considered marital adjustment to be a poor indicator of marital quality. Rollins and Galligan (1978) reported that the multidimensional nature of this concept was difficult both to conceptualize and operationalize.

In contrast, these authors argued that marital satisfaction was the better measure of marital quality (Rollins & Galligan, 1978). They contended that greater theoretical support existed for this concept and its antecedents than for alternative measures (e.g., Burr, 1973; Miller, 1976). Marital satisfaction is viewed as being more relevant than marital adjustment or marital stability for evaluating the perceived quality of role performances within a marriage. That is, satisfaction or dissatisfaction with a marriage is more concerned with a person's perceived or subjective evaluation of the relationship rather than an attempt to measure marital quality "objectively."

The amount of marital companionship is defined as the perceived amount of shared activities in which the spouses jointly engage. This variable includes such components as sexual activity, attention to one's spouse, communication, work, and recreation. These activities are measured on a frequency basis, with higher frequencies being indicative of greater companionship.

Companionship appears to be a highly valued component of marriage (Blood Wolfe, 1960; Glenn & Weaver, 1981; Rollins & Feldman, 1970; Rollins & Galligan, 1978), and a sizeable portion of a person's satisfaction with marriage may be explained by this variable (Hawkins, 1968; Miller, 1976). This concept appears to follow a U-shaped curve across the family life cycle. In other words, higher levels of marital companionship develop in the earliest and latest stages of marriage, and lower levels of companionship occur during the time periods between these points when dependent children are living at home (Miller, 1976; Orthner, 1975). The loss of companionship also appears to affect women more than men (Hawkins, 1968; Rollins & Feldman, 1970; Ryder, 1973).

The amount of marital stress is defined as an individual's perception of the amount of disruption and/or disorganization in his/her marriage relationship (Burr, 1973). Marital stress is a specific form of role strain that is distinct from marital dissatisfaction. More specifically, it is a generalized state of "stress generated within a person when (s)he either cannot comply or has difficulty complying with the expectations of a role or set of "roles" (Burr, 1973, p. 129). The amount of perceived marital stress varies on a unipolar continuum from very little (or no) stress to substantial stress.

Stress is a highly individual response, not only for a given situation but also for one's appraisal of that situation (Burr, 1973; Cox, 1978; McCubbin et al., 1980; Shontz, 1975). Therefore, what may represent a major crisis for 1 person might well have only a minimal effect on another (Cox, 1978; Shontz, 1975). Individual variability of this kind could explain the different levels of "crisis" associated with the first child's birth as reported in the transition to parenthood literature (Dyer, 1963; Hill, 1978; Rollins & Galligan, 1978; Rossi, 1968; Russell, 1974).

To explain the stress experienced by new parents and its effect upon marital quality, Rollins and Galligan (1978) proposed a "role transitions" model. They stated that this stress was a result of changing from a family requiring only marital roles to one requiring both parental and marital roles. The inability of spouses to make these perceived role transitions causes substantial stress to occur (Burr et al., 1979; Cox, 1978; McCubbin et al., 1980).

Assumptions

Several assumptions are made for this study. To begin with, it is assumed that the variables of this study are measurable constructs and that they represent factors that are involved in the transition to parenthood and marital quality. Consistent with the symbolic interaction perspective, it is also assumed that an individual's reported perceptions of an event represent a "reality" which individuals interpret as meaningful and act upon.

Objectives

The major objective of this study was to test a theoretical model concerning the relationships among perceptions of infant caregiving activities, family role transitions, and 3 components of the marital relationship: marital stress, marital companionship, and marital satisfaction as experienced by first-time parents. This study had 11 specific objectives that represent components of the proposed model. These are:

- (a) To determine if there is a relationship between infant caregiving activities and family role transitions,
- (b) To determine if there is a relationship between family role transitions and marital companionship,

- (c) To determine if there is a relationship between infant caregiving activities and marital companionship,
- (d) To determine if there is a relationship between family role transitions and marital stress,
- (e) To determine if there is a relationship between marital companionship and marital stress,
- (f) To determine if there is a relationship between marital companionship and marital satisfaction,
- (g) To determine if there is a relationship between marital stress and marital satisfaction,
- (h) To determine if there is a relationship between family role transitions and marital satisfaction,
- (i) To determine if there is a relationship between infant caregiving activities and marital satisfaction,
- (j) To determine if these relationships are of the same magnitude for both males and females, and
- (k) To examine the theoretical model for indirect effects among the postulated variables.

CHAPTER II

REVIEW OF THE LITERATURE

Understanding infant caregiving and its relationship to marital satisfaction requires the review of a broad range of topics. Although most of these topics are found in the psychological and sociological literature, it is also necessary to refer to the literature on human biological growth and development for material supporting the theoretical arguments of this investigation. After a general review of the "transition to parenthood" literature and reported effects of the first child on marital quality, empirical and theoretical support for the specific objectives (hypotheses) will be presented. The discussion will also specify gender differences, as evidence exists which indicates that the transition to parenthood is different for husbands and wives.

Transition to Parenthood

The difficulties associated with the initial transition to parenthood have received substantial interest for more than 2 decades (Dyer, 1963; Hill, 1978; Hobbs, 1965, 1968; Rollins & Galligan, 1978; Rossi, 1968; Russell, 1974; Ryder, 1974). This interest has been kindled by findings which indicate that the birth of the first child may result in substantial change (and crisis) in existing marital and family roles. Researchers have frequently found support for this belief, though the amount of identified change (and crisis) has ranged from very little change to a great deal of change (Rollins & Galligan, 1978). According to several researchers the amount of change (and crisis) also appeared to depend on which spouse's perceptions of the marriage were being analyzed (Oakley, 1979; Rollins & Galligan, 1978). In much of the research, for example, wives have tended to report greater change (and crisis) than husbands.

Investigators of the transition to parenthood have concentrated on the birth of the first child because the birth of an initial child has been viewed as a highly significant change in marital and family roles (Blood & Wolfe, 1960; Dyer, 1963; Glenn & McLanahan, 1982; Oakley, 1979; Rollins & Galligan, 1978; Rossi, 1968). Several investigators have proposed that the birth of subsequent children necessitates less disruption of established roles than occurs with the first child's arrival (Fawcett, 1978; Knox & Wilson, 1978; Rollins & Galligan, 1978). This decrease in the amount of required change may have resulted from the "practice effect." That is, the work resulting from additional children has been reported as less disruptive for the family system because subsequent performance of the child care role was not a new situation requiring novel adjustments (Burr, 1973; Hilton, 1967; Knox & Wilson, 1978; Sherrod et al., 1978; Thoman, Barnett, & Leiderman, 1971).

Marital Quality

The quality of marital relationships is one of the most frequently studied aspects of the family (Burgess & Locke, 1945; Burgess & Wallin, 1953; Chadwick, Albrecht, & Kunz, 1976; Feldman, 1971; Glenn & Weaver, 1981; Hawkins, 1963; Hicks & Platt, 1970; Miller, 1976; Orden & Bradburn, 1968; Orthner, 1975; Renee, 1970; Rollins & Cannon, 1976; Rollins & Galligan, 1978; Spanier & Lewis, 1980; Spanier, Lewis, & Cole, 1975). In many of these studies, marital satisfaction and/or happiness were the dimensions of marital quality of primary concern (Burr, 1973; Glenn & Weaver, 1981; Rollins & Galligan, 1978). Marital satisfaction, as defined earlier, is the summation of perceived satisfactions with various facets of a marital relationship (Burr, 1973; Rollins & Galligan, 1978). This is a subjective (Burr, 1973) individual evaluation in relation to particular events as they occur or as they accumulate over time.

Several investigators have reported that marital satisfaction follows a U-shaped pattern over the course of the family life cycle. Evidence is provided in several studies that the highest levels of satisfaction occur in the earliest and latest stages of marriage, whereas the lowest levels fall between these extremes (Feldman, 1971; Miller, 1976; Rollins & Cannon, 1974; Rollins & Feldman, 1970; Rollins & Galligan, 1978). This would seem to indicate that marital satisfaction declines and remains at its lowest points when children enter the family and are present in the home (Hicks & Platt, 1970; Miller, 1976; Renee, 1970; Rollins & Galligan, 1978). In contrast, other investigators have reported that marital satisfaction decreased throughout the life of a marriage (Blood & Wolfe, 1960; Hudson & Murphy, 1980; Pineo, 1961; Spanier et al., 1975). A pattern such as this, however, would still indicate that there is a decline in marital satisfaction shortly after new parental roles are entered (Schramm, 1979; Spanier et al., 1975).

Infant Care Activities and the Marital Relationship

The influence exerted by an infant on the marital relationship is perhaps best expressed by Rollins and Galligan (1978), who stated that

the child influences parent-child interaction, which influences behaviors and attitudes of the parent. The parent, also being a spouse, influences marital interaction, which influences the spouse's evaluations of the quality of the marital relationship. Therefore, the child indirectly influences the marital dyad by influencing parent-child interactions, which also indirectly influence marital interaction. Marital interaction is reflected in the marital satisfaction of one or both spouses. (pp. 73-74)

For each parent, then, there are at least 2 different sets of roles involved in the relationship of the infant to marital satisfaction that are independent though interrelated (Belsky, 1978, 1979a, 1979b; Klein et al., 1978). The first

deals with the reciprocal interactions between each parent and the infant. The other deals with the marital interaction itself. Consequently, it is proposed that the parent-child relationship will influence the marital relationship. More specifically, perceived involvement with the first baby (performance of the child care role) (Gecas, 1976) and the perceived changes in established family roles during this period may have a substantial impact on the marital satisfaction of new parents. These effects are conveyed both directly and indirectly through marital companionship and marital stress (see Figure 1).

The Baby Honeymoon

Feldman (1971) postulated that a "baby honeymoon" occurred during the early weeks of a first child's life, which explained why a minimal period of crisis was reported by some of the new parents in his study. Feldman reported that couples were so happy with their new baby that they tended to ignore the difficult adjustments that were required during this early period. In subsequent time periods, however, these difficulties may begin to affect marital satisfaction adversely.

Other researchers have reported findings supportive of the honeymoon concept, though not necessarily with Feldman's rationale for its occurrence (Graham, 1978; Hobbs, 1965; Russell, 1974). For example, Hobbs (1965) hypothesized that although parents may have negative feelings toward their newborns, they may have denied these feelings because they were thought to be socially inappropriate. In contrast, Russell (1974) implied that parents were able to separate the difficulties of early child care from the child him/herself and therefore could report that increases in stress were not apparent.

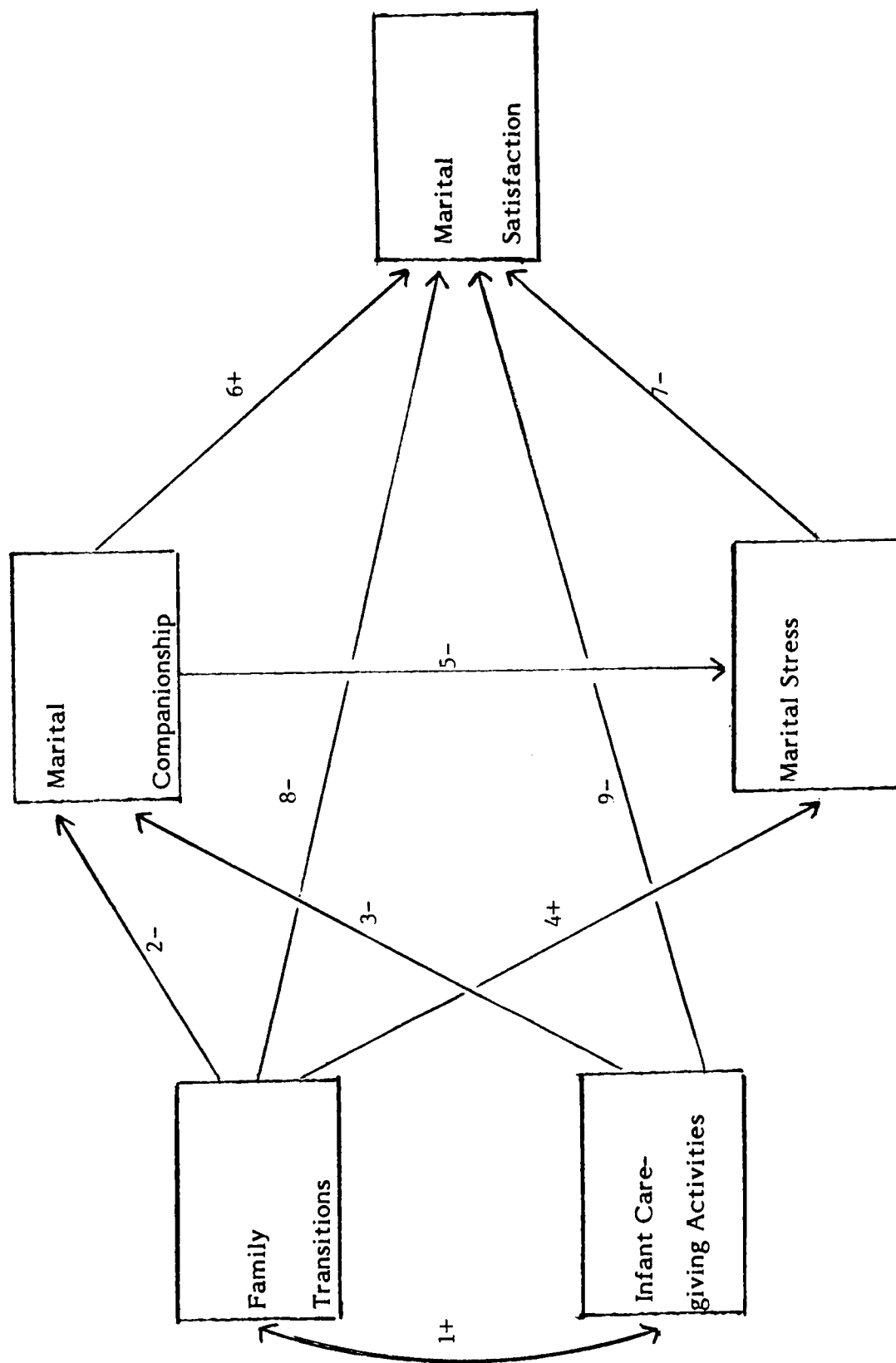


Figure 1. Proposed Relationships of Variables Hypothesized to Influence Marital Satisfaction for Both Men and Women (N = 109)

Other researchers have reported findings which do not support the honeymoon hypothesis (Denny, 1980; Dyer, 1963; Oakley, 1979; Pellegroni & Swartz, 1980). For example, both Dyer (1963) and Oakley (1979) argued that the change from the childless state to that of parenthood was so abrupt and extensive that its effects could not be ignored and were felt immediately. Dyer reported that 91% of the families in his study claimed to have felt moderate to severe stress during the first 6-8 weeks postpartum (1963). He also cited LeMasters (1957), who reported that 83% of the families he studied claimed to have experienced extensive to severe stress during this time period. Oakley (1975) stated that 71% of the women in her study experienced "a deep rooted anxiety state" (p. 143) during the first weeks of baby care. She also reported that 73% of her participants experienced an abrupt drop in marital happiness during this same period of time.

Oakley also reported data that would appear to contradict the honeymoon hypothesis in other ways. For example, 70% of her respondents freely expressed anger toward their children during the early postpartum period. She further reported that her respondents made no distinction between their babies, the neonates annoying behaviors, and/or the chores necessary to care for their offspring (Oakley, 1979).

As can be seen, the literature regarding the baby honeymoon is equivocal. Furthermore, an examination of the general psychological literature on stress does not shed much additional light on this postulated phenomenon. Haggard (1967) for example, in a review of the stress research concluded that "the individual's adaptive mechanisms come to work best when they are needed most, and that (s/)he permits (her/)himself to suffer many of the disturbances when it doesn't matter so much" (p. 322). This opinion seems to support the

honeymoon concept in the sense that parents are too absorbed in child care during the baby's early life to realize how stressful the experience is. Recognition of actual stress levels develops later, when there is less need for extremely high levels of involvement.

In contrast, Coates and associates (1976), reported on a longitudinal cross-lagged study of life events and mental health and concluded that "reactions to events show a durational effect that is presumably maximal at the onset with gradual extinction and that reports of reactions become increasingly positive (rather than negative) over time" (p. 239). From these findings, it would seem that parents would report less rather than more stress as their babies mature, which is the direct opposite of Feldman's contention.

As can be seen, the findings on the temporal effects of stress in the general psychology literature are also contradictory. This lack of conclusiveness may be attributed primarily to the fact that "stress is an individual perceptual phenomenon" (Cox, 1978, p. 18) subject to much variability. Similarly, several authorities have concluded that an individual's interpretation of a stressor and not just the existence of that stressor was important in the production and timing of stress (Appley & Trumbull, 1967; Shontz, 1975).

If Feldman and his supporters are correct, then little (if any) relationship between perceived infant caregiving activities/family role transitions and perceived marital stress/marital satisfaction would be found. On the other hand, if the supporters of the immediate effect hypothesis are correct, then stronger relationships may be demonstrated between these variables.

Infant Caregiving Activities and Family Role Transitions

The present objective is concerned with the relationship between infant caregiving activities and family role transitions as perceived by first-time parents. The hypothesis for this objective proposes that the perceived amount of infant caregiving activities is positively related to the perceived amount of family role transitions (see Figure 1). As many researchers have referred to the consequences of role transitions, this hypothesis is "inherently rational" and commonly accepted (Burr et al., 1979). Indeed, it is difficult to envision a baby (especially a first one) entering a family without some modification of a family's role constellation. This is the case because a family consists of an interrelated set of roles, and changes within any of these role performances may have substantial impact on other role relationships throughout the family system. With the entry of the first child, new roles (e.g., child care) become a part of the family role constellation and existing role responsibilities become altered and reallocated in an attempt to fit these new role performance requirements into the already established family role system.

Furthermore, recent studies support the idea that family roles, particularly housekeeping and professional employment, may also influence infant care activities (the child care role) (Gilbert, Holahan, & Manning, 1981; Olson, 1979, 1981). From her studies, Olson (1981) concluded "that the key factor in predicting positive interactions between mother and child...is the defined importance of the child care role relative to the housekeeping role" (p. 80). She further stated that "although virtually all of these respondents would agree that children are ultimately more important than housework, they varied in the

relative importance assigned to housework, child care, and other activities" (p. 80). Similar findings by other authors also indicate that infant caregiving activities and housekeeping may be in conflict with each other (Belsky, 1978; Pellegroni & Swartz, 1980).

Gilbert and associates (1981) studied the manner in which women simultaneously functioning in maternal and professional roles dealt with the inherent conflict between these roles. These researchers reported that such women experienced a great amount of stress because they found roles of this kind to be in conflict. These researchers further reported that this stress arose regardless of the priority placed on either of these roles in relation to the other role.

Based on these findings, it was determined that the directionality for the relationship between infant caregiving activities and family role transitions was not clear. In the model for this study, therefore, this relationship is represented by a double-headed arrow that does not specify the direction of the relationship. It is also hypothesized that wives would experience this relationship more strongly than husbands. This belief is based on the findings of current researchers that women still retain primary responsibility for both infant care and many family roles (Cowan et al., 1978; Kotelnichuk, 1975; Oakley, 1979; Olson, 1981; Sollie, 1979; Taconis, 1979).

Family Role Transitions and Marital Companionship

The present research objective is concerned with determining the relationship between perceived family role transitions on perceived marital companionship. The associated hypothesis for this objective proposes that the perceived amount of family role transitions is negatively related to the

perceived amount of marital companionship. The support for this objective appears to be quite strong.

For example, Feldman's longitudinal study (cited in Pohlman, 1969) examined how children affected the marital relationship and indicated that with the first child's birth, the amount of time spent by spouses in shared activities often decreased quite sharply. This curtailment of joint activities included those activities that occurred at home as well as those that occurred outside the home. An important element of this decreased marital companionship resulted from added requirements for the performance of domestic roles within the family.

Feldman also reported that conversations between the spouses were cut in half and that the content of these communications changed with the arrival of the first child. Compared to the period before the infant's arrival, the couple's conversations became increasingly baby centered and less concerned with the marital relationship. When the spouses did have time for each other, they were usually too tired to use this time. Sexual activities, another aspect of marital companionship, often was affected adversely by changes in the family role constellation as well (Falicov, 1973; Greenberg & Brenner, 1977; Masters & Johnson, 1966).

In general, studies support the present hypothesis and indicate that a negative relationship exists between family role transitions and components of marital companionship. Consequently, as perceived family role transitions increase, perceived marital companionship may decrease.

Infant Caregiving Activities and
Marital Companionship

The present research objective is concerned with determining the influence of perceived infant caregiving activities (the child care role) on perceived marital companionship. Similar to Objective 2, the present objective examines consequences of role changes within the family system. The hypothesis for this objective proposed that the perceived amount of infant caregiving activities is negatively related to the perceived amount of marital companionship. Support for this objective appears to be quite strong.

Much of the research on the entrance of the first child and marital companionship has made little distinction between infant care activities and family role transitions. Therefore, the literature reported for Objective 2 regarding sexual activities (Falicov, 1973; Masters & Johnson, 1966), shared activities, conversation, and the domestic role (Feldman, cited in Pohlman, 1969) is equally applicable to the present objective.

There are, however, a few researchers who have reported that decreased marital companionship results specifically from infant caregiving activities (involvement in the child care role). For example, Blood (1962) stated that with the entrance of a new baby, spouses "become primarily parents and only secondarily marriage partners" (p. 207). This belief is further supported by results from a study by Lopata (1971), who reported that her sample of women considered themselves to be mothers first and wives second. Similarly, these women ranked the father role as being more important than the husband role. This decrease in emphasis on spousal roles and preference for parental roles also has been reported by several additional researchers (Hoffman & Manis, 1978; Knox, 1979; Sollie, 1979).

The literature relating to Objective 3 also implies that the negative relationship between infant care activities and marital companionship might vary in magnitude for husbands and wives. However, there is no clear indication as to which spouse might experience this relationship to a greater degree.

For instance, the idea that diminished companionship might affect husbands more than wives has been proposed (Blood, 1962; Dyer, 1963; Lerner, 1979; Pittenger & Pittenger, 1977; Udry, 1974; Waletzky, 1979; Wente & Crockenberg, 1976). Several of these authorities have argued that the husband, who was initially the center of his wife's attention, must now relinquish some of this attention to the baby's presence and needs.

Other investigators have reported that this lack of attention by spouses bothered wives at least as much as it bothered husbands (Oakley, 1979; Ryder, 1973; Tolor & DiGrazia, 1976). For example, Ryder (1973) and Oakley (1979) indicated that many of the new mothers in their studies experienced an increased need for attention and viewed their husband's involvement with the infant as being in conflict with the marital relationship. In another study, by Tolor and DiGrazia (1976), women specifically reported an increased desire for affectionate attention and sexual contact during the early postpartum period. It would appear, therefore, that a negative relationship between infant care-giving activities and marital companionship may exist for both spouses.

Family Role Transitions and Marital Stress

Research objective 4 examined the relationship between perceived family role transitions and perceived marital stress. In hypothesis form, this objective specifies that the perceived amount of family role transitions is positively related to the perceived level of marital stress.

Marital stress, which is a specific form of role strain within the marital relationship, involves the "felt" inability to meet one's role obligations in a marriage. This phenomenon often occurs during the early postpartum period, a time of substantial role accumulation and reallocation. A disequilibrium in the family role system of this sort is the product of new roles (e.g., child care) as well as the maintenance and modification of already existing family roles that are required (Lopata, 1971; McCubbin, et al., 1980; Rollins & Galligan, 1978).

This subjectively experienced stress originates from the fact that a person's physical and psychological resources are finite and that decisions regarding the allocation of these resources to the infant caregiving role, the spousal role, or other family roles must be made (Bell, Johnson, McGillicuddy-Delisi, & Sigel, 1980; Belsky, 1978; Burr, 1973; Burr et al., 1979; Goode, 1960; Lopata, 1971; McCubbin et al., 1980; Nye, 1976a; Oakley, 1979; Olson, 1979; Rollins & Galligan, 1978). For example, the decision to be a parent first and a spouse second (Blood, 1962; Lopata, 1971; Sollie, 1979) may contribute to marital stress (Burr, 1973; Burr, et al., 1979; Rollins & Galligan, 1978). A decision of this kind may not only affect the marital stress of the spouse making this choice but may also affect the marital stress of his/her mate. This is the case because marital role relationships are reciprocal, and the failure of one spouse to perform his/her marital (and family) roles may contribute to the marital stress of the other spouse (Araji, 1977; Burr, 1973; Burr et al., 1979; Chadwick et al., 1976; Goode, 1960; Nye, 1976a; Schafer & Keith, 1981; Turner, 1970).

The increased work load created by a first child, even a normal and healthy one, is proportionately greater than the increased work load created by subsequent children (Knox & Wilson, 1978; Pohlman, 1969). The entrance of the

first baby "approximately doubles the time spent in housework" (Pohlman, 1969, p. 110) in comparison to the childless state. Cowan and associates (1978) similarly reported that the couples in their study claimed to be spending at least 70 hours weekly "on combined home and baby care" (p. 311). These researchers further reported that the greater the amount of time spent in this work, the greater the reported distress. Similarly, both Dyer (1963) and Russell (1974) stated that this work load was a major factor in the perceived "crisis" and stress that were felt in making the transition to parenthood. In addition, the abruptness of this transition into a new set of roles, and the lack of preparation most people have for them may only enhance the stressfulness of this transition (Burr, 1972; Knox & Gilman, 1974; Lopata, 1971; Miller & Sollie, 1980; Oakley, 1979; Rossi, 1968; Russell, 1974; Wente & Crockenberg, 1976). Conceptualized in this manner, marital stress is the subjective sense of crisis that couples experience as they make the transition to parenthood. It would be expected, therefore, that as the amount of family role transitions increases, marital stress would also increase.

The evidence for this objective also indicates that spouses may differ in the amount of stress they develop in response to family role transitions. That is, wives seem to be affected to a greater extent than husbands (Hobbs, 1965, 1968; Lopata, 1971; Knox & Gilman, 1974; Miller & Sollie, 1980; Oakley, 1979; Roberts, 1979). Gender differences in this relationship may occur because family role transitions connected with the initial child are typically assigned to the maternal position (Belsky, 1979a; Lein, 1979; Tognoli, 1979). Because the husband's roles often are enacted outside the home (Tognoli, 1979), increases in the domestic work load affect him less directly. It appears, therefore, that the hypothesized positive relationship between family role transitions and marital

stress may be stronger for wives because they usually have primary responsibility for housekeeping (and child care) roles (Glenn & McLanahan, 1982; Lopata, 1971).

Marital Companionship and Marital Stress

This research objective examines the relationship between perceived marital companionship and perceived marital stress. The hypothesis for this objective states that the perceived amount of marital companionship is negatively related to the perceived amount of marital stress.

In the present model, the loss of marital companionship to infant care activities and family role transitions is predicted to produce increased marital stress (Bell et al., 1980; Burr et al., 1979; Lopata, 1971; Nye, 1976a). Several researchers have reported this relationship to occur with the birth of a first child (Burr, 1972; Lopata, 1971; Nye & McLaughlin, 1976). Rollins and Galligan (1978) have also suggested that the loss of companionship in marriage contributes to strain in these relationships. This stress may not only arise in the spouse who is primarily involved in the child care role and family role transitions but may also occur in the other spouse. This stress arising in the uninvolved spouse may occur because of the reciprocal nature of role relationship (Araji, 1977; Chadwick et al., 1976; Goode, 1960; Nye & McLaughlin, 1976; Ort, 1950; Rollins & Galligan, 1978; Schafer & Keith, 1981; Turner, 1970).

There also is evidence that differences may exist in the influence of marital companionship on marital stress for husbands and wives. According to Lopata (1971), both spouses were equally likely to experience marital stress as a result of lost companionship. Researchers have given two reasons why this may occur in wives (Dyer, 1963; Hoffman, 1978; Lopata, 1971; Miller & Newman,

1978). First, infant caregiving appears to keep them too busy (and/or tired) to spend time with husbands. Second, many wives seem to realize that they are not meeting their husbands' needs for companionship. Whereas husbands often experience stress for similar reasons, they also have more self-centered reasons, which stem from their wives' extensive involvement with the new infant (Blood, 1962; Fein, 1976; Lerner, 1979; Miller & Newman, 1978; Udry, 1974; Wente & Crockenberg, 1976).

In general, therefore, evidence supports the fifth objective: that a negative relationship should exist between marital companionship and marital stress. Both spouses would be expected to be affected similarly by this loss of companionship.

Marital Companionship and

Marital Satisfaction

The present research objective is an examination of the relationship between perceived marital companionship and perceived marital satisfaction. The hypothesis for this objective proposes that the perceived amount of marital companionship is positively related to the perceived amount of marital satisfaction. This relationship has been examined by a number of researchers (Feldman, 1971; Hawkins, 1968; Hicks & Platt, 1970; McNamara & Bahr, 1980; Miller, 1976; Nye & McLaughlin, 1976; Rollins & Feldman, 1979; Rollins & Galligan, 1978; Turner, 1970). Hawkins (1968), for example, reported that substantial percentages of variance for the marital satisfaction of men (50%) and women (60%) could be accounted for by marital companionship. The findings of other authors also have indicated that shared social activities of husbands and wives were important for marital satisfaction (Bott, 1971; Fawcett, 1978; Gilman & Knox, 1976).

Gilman and Knox (1976) reported that companionate activities outside of the home were associated with increased marital satisfaction for husbands during the first year of their infant's lives. The authors suggested that these holidays might be necessary for maintenance of marital quality. Similar findings regarding companionate activities and the marital satisfaction of wives have been reported by Hawkins (1968) and Hoffman (1978). Taken together, these studies indicate that there is a strong positive relationship between marital companionship and marital satisfaction.

It has been reported in several studies that decreased companionate activity in marriage may influence the marital satisfaction of wives more than it influences this same variable for husbands (Rollins & Feldman, 1970; Rollins & Galligan, 1978; Ryder, 1973). This greater decrease for women may result from two factors: (a) their greater involvement in infant and home care and (b) more extensive isolation than their husbands from sources of companionship outside of the family (social and/or business) (Bischof, 1976; Blood, 1962; Dyer, 1963; Hoffman, 1978; Lopata, 1971; Oakley, 1979).

Marital Stress and Marital Satisfaction

This research objective is concerned with the relationship between perceived marital stress and perceived marital satisfaction. The hypothesis for this objective states that the perceived amount of marital stress is negatively related to the perceived amount of marital satisfaction.

With the birth of a first child, marital stress arises from the perceived role strain generated by the need to allocate limited resources to both new child care roles and the continuing demands from previously established marital and family roles (Bell et al., 1980; Burr, 1972; Burr et al., 1979; Cox, 1978;

Hicks & Platt, 1970; Knox & Wilson, 1978; Lopata, 1971; McCubbin et al., 1980; Pohlman, 1969; Rollins & Galligan, 1978). This marital stress (itself a perceived state) in turn can influence a person's subjective perception of marital satisfaction (Burr et al., 1979; Chadwick et al., 1976; Miller, 1976; Ort, 1950). Apparently, a spouse's overall estimate of his/her marriage satisfaction can be decreased by perceiving his/her own inability (or the inability of his/her spouse) to fulfill roles that are prescribed within their marital relationship (Burr, et al., 1979; Chadwick et al., 1976; Cox, 1978).

According to Rollins and Galligan (1978), there is strong evidence to support the predicted relationship between perceived marital stress (role strain) and perceived marital satisfaction. Several other investigators also have suggested that this relationship is a fairly strong one (Chadwick et al., 1976; Goode, 1960; Ort, 1950). However, no empirical evidence supporting gender differences for this relationship was found.

Family Role Transitions and Marital Satisfaction

The first 7 objectives of this project were related to the indirect effects of infant caregiving activities and family role transitions on marital satisfaction. However, the available literature also suggests that the direct effects of these 2 variables also should be examined. This examination is of value because controlling for the direct effects of these 2 variables on marital satisfaction will allow specification and testing for all relationships possible in the proposed model.

Objective 8, then, is concerned with the possibility that perceived family role transitions may directly affect the perceived marital satisfaction of

couples experiencing the transition to parenthood. It is hypothesized that the perceived amount of family role transitions is negatively related to the perceived amount of marital satisfaction.

It is logical to expect that changes in certain roles (e.g., the domestic role, the provider role, the kinship role, and the recreational role) might well influence perceived marital satisfaction. However, only Lopata (1971) has reported a direct relationship between family role transitions that occur with the arrival of the first child and marital satisfaction. Miller (1976) also discussed this relationship with reference to the presence of children in general but not specifically about the entrance of the first child. Both Dyer (1963) and Russell (1974) discussed the reported difficulty of family role transitions and decreased marital adjustment subsequent to the first child's birth. However, neither author proposed a relationship between these 2 variables. The support that does exist for this hypothesized relationship is largely confined to evidence about domestic role activities.

As stated earlier, with the birth of the first child, the amount of time spent in domestic activities increases dramatically (Cowan et al., 1978; Pohlman, 1969). However, as much of this increase is either directly or indirectly related to the new baby, unrelated components of the domestic role (e.g., meal preparation and/or housecleaning) must either be allowed to deteriorate or must be taken over by the other spouse. This deterioration may occur because time, energy, and space are finite and decisions as to their allocation must be made (Bell et al., 1980; McCubbin et al., 1980). Because the decision is usually made in favor of the new infant and his/her care (Blood, 1962; Knox, 1979; Lopata, 1971), it can be expected that too little time, energy, and space may remain for satisfactory performance of domestic roles.

Such a deficit in domestic role performance may be corrected by assistance in performing these activities by the spouse (Olson, 1981). However, according to several investigators this compensation does not occur (Hoffman, 1978; Hoffman & Manis, 1978; Knox, 1979; Lein, 1979; Oakley, 1979; Scanzoni & Fox, 1980; Tognoli, 1979). The frequent result, therefore, is deterioration in domestic role performance, though neither spouse is likely to find this condition satisfactory. This inadequate performance of domestic roles, in turn, may lead to increased dissatisfaction with the marriage as a whole.

Additional support for the relationship of family role transitions to marital satisfaction is provided by investigators who have studied marital quality across the marital and family career (Burr, 1972, 1973; Burr et al., 1979; Chadwick et al., 1976; Rollins & Galligan, 1978). For example, Burr (1972, 1973) discussed the idea of role incompatibility and marital satisfaction and concluded that the incompatibility of roles (e.g., child care and housekeeping) could lead to decreased marital satisfaction. The strength of this relationship, however, was determined by the value that spouses placed on each of the incompatible roles (Olson, 1981).

Several factors also suggest that the relationship between family role transitions and marital satisfaction is greater for wives than for husbands. For example, women are expected to assume greater responsibility for fulfilling many family roles as well as the child care role (Knox, 1979; Oakley, 1979; Stevens-Long, 1979; Taconis, 1979). With the birth of the first child and the commencement of the child care role, other family roles must be reorganized. Because these roles are primarily the responsibility of the wife, she also may experience the various difficulties created by this reorganization of roles to a greater extent than her spouse (Glenn & McLanahan, 1982).

This difficulty may be further enhanced by the lack of assistance in family role performance most wives receive from their husbands (Schafer & Keith, 1981). Several researchers have reported that husbands, prior to the arrival of the first child, may assist their wives in family role responsibilities. With the birth of this first child, however, men appear to lessen their participation in family role activities (Cowan et al., 1978; Oakley, 1979; Stevens-Long, 1979), whereas wives seem to increase their participation in these roles. In short, the transition to parenthood has a traditionalizing effect on the family role activities performed by spouses of both genders. This phenomenon appears to occur, regardless of how equalitarian the spouses may have been prior to this baby's birth (Blood & Wolfe, 1960; Bott, 1971; Cowan et al., 1978; Feldman, 1971; Hoffman, 1978; Knox, 1979; Lopata, 1971; Oakley, 1979; Pohlman, 1969; Sollie, 1979; Stevens-Long, 1979; Taconis, 1979; Udry, 1974). As a result of the increased number of roles placed upon the wife, her inability to perform all of these roles successfully, and the lack of assistance she receives from her spouse, marital dissatisfaction might well be expected to result (Burr et al., 1979; Glenn & McLanahan, 1982).

Infant Caregiving Activities and

Marital Satisfaction

Objective 9 is concerned with the possibility that perceived infant caregiving activities may directly influence the perceived marital satisfaction of new parents. The hypothesis associated with this objective states that the perceived amount of infant caregiving activities is negatively related to the perceived amount of marital satisfaction.

There are 2 important types of infant caregiving activities: cleaning and feeding (Bell, 1977; Lewis & Feiring, 1978; Oakley, 1979). Cleaning consists primarily of changing diapers and bathing all or part of the baby. Behaviors that are components of cleaning such as parent-infant contact and parental preparation to engage in this activity consume time and energy (e.g., washing and/or purchasing diapers).

Feeding, the second major form of infant caregiving, has been referred to as "the fundamental interaction (between caregiver and child) that can have serious consequences for the physical, emotional, and cognitive growth of the child" (Kallen & Seagull, 1977, p. 64). There are 2 important aspects of the feeding process that have impact on marital relationships. Feeding is quite time consuming (Kallen & Seagull, 1977) and occupies about 30-35% of an infant's wake time during his/her first 3 months of life (Pipes, 1977). Though much of this awake time occurs during the day by 6 weeks of age, 1-2 late night-early morning feedings are still common occurrences (Emde et al., 1976; Parmalee et al., 1964). Infant feeding, particularly bottle feeding, also requires additional preparation time (e.g., purchasing formula, cleaning equipment) which must occur, regardless of whether an infant is responsive or unresponsive (alert and interactive) to a particular feeding (Gaensbauer & Emde, 1973).

As previously indicated, a number of researchers have demonstrated a significant decrease in marital satisfaction with the birth of the first baby. Consistent with the intent of Objective 9, several of the researchers who have studied the transition to parenthood have implied that the presence of the infant and involvement in his/her care (i.e., cleaning and feeding) can directly influence marital satisfaction in a negative manner (Christensen, 1973; Feldman, 1971; Hicks & Platt, 1970; Miller, 1976; Renee, 1970; Rollins & Feldman,

1970; Ryder, 1973; Spanier & Lewis, 1980). This is the case because involvement in the child care role may be in conflict with higher level performance of marital roles.

Researchers also have indicated that gender differences exist for this relationship. This knowledge about gender differences has developed only as parent-infant research has expanded beyond the mother-infant dyad into the father-infant dyad (Kotelchuk, 1973, 1975; Lamb & Lamb, 1976; Nash, 1973; Parke & Sawin, 1976; Sherrod et al., 1978). Findings from the reported studies have indicated that the infant and his/her father influence each other directly, rather than only through the mother (Kotelchuk, 1975; Lamb & Lamb, 1976; Nash, 1973; Parke & Sawin, 1976; Sameroff, 1975).

Studies that compare the activities of father-infant and mother-infant dyads have indicated that women still bear the majority of responsibilities for infant care and the changes this care evokes in the marital relationship (Blood & Wolfe, 1960; Bott, 1971; Cowan et al., 1978; Denny, 1980; Feldman, 1971; Feldman & Nash, 1978; Hoffman, 1978; Kotelchuk, 1975; Lopata, 1971; Oakley, 1979; Rollins & Feldman, 1970; Ryder, 1973; Spanier & Lewis, 1980). This has become increasingly apparent as further study has been made of paternal roles and their activities with infants.

For example, the work load of infant caregiving does not fall equally on both spouses (Belsky, 1978; Cowan et al., 1978; Hoffman, 1978; Kotelchuk, 1975; Schafer & Keith, 1981; Wandersman, 1980). According to several investigators, men desired a more active role in baby care but were often prevented (or detoured) from doing so by their spouses, social expectations, and/or employment conditions (Belsky, 1978, 1979a; Boettcher, 1974; Fein, 1976, 1978; Feldman & Nash, 1978; Lein, 1979; Mackey & Day, 1979; Oakley,

1979; Pittenger & Pittenger, 1977; Tognoli, 1979; Wente & Crockenberg, 1976). Gardner (1943), for example, studied fathers as caregivers and reported that 60% of the fathers she questioned were involved in routine baby care to some extent. However, only 7% did this frequently and the remaining 53% gave only minimal care.

In a more recent study of this topic, Boettcher (1974) reported that the majority of men in her study participated in at least some infant care. The number participating, however, varied widely depending on the particular infant care activity. For example, 80% of the men fed their babies, while only 35% of the men bathed them. In all but one of the infant care activities assumed, more men expected to participate in infant care than actually did so.

Similarly, Knox and Gilman (1974) reported that fathers in their study "were minimally involved in the day-to-day care of their babies" (p. 32). This amounted to feeding their babies 18% of the time and changing them 14% of the time. This low frequency of father involvement also was found by Kotelchuk (1975), who concluded after a series of studies involving several hundred families in the Boston area that

only 7.6% of the fathers shared infant caretaking responsibilities equally with their wives and only 25% of the total had any regular daily child care responsibilities....Even more remarkably, 43% of all fathers reported they never changed diapers at all! (p. 8)

Further support for lower paternal involvement in infant care has come from studies whose authors concluded that men preferred not to feed their babies or take part in other caregiving activities, even when given the opportunity to do so (Cowan et al., 1978; Parke & Sawin, 1976; Rendina & Dickerscheid, 1976; Sawin & Parke, 1979). It appears, therefore, that although fathers are as sensitive as mothers to infant messages and needs for care

(Belsky, 1978; Parke & Sawin, 1976; Sawin & Parke, 1979), they are less involved in infant care. It is hypothesized, therefore, that the negative influence of infant caregiving activities on marital satisfaction is greater for wives than it is for their husbands (Glenn & McLanahan, 1982).

Summary

The present study postulates a theoretical model (see Figure 1, p. 19) which predicts that perceived parental involvement in infant caregiving activities and the associated family role transitions will affect perceived marital quality. As portrayed in Figure 1, infant caregiving activities and family role transitions are exogenous variables and marital satisfaction is the primary dependent variable of the study. The remaining 2 variables, marital companionship and marital stress, are endogenous variables. The study also contains 11 objectives and 9 associated hypotheses that postulate a set of relationships between these 5 variables.

CHAPTER III

METHODS

The present study was based on a subset of data collected for the "Tennessee Transition to Parenthood Project" (Miller et al., 1978). The design of this project was longitudinal and was concerned with the transition to parenthood and its effects on aspects of personal well-being and marital quality.

Hypothesis

The theoretical model for this study involved 6 major variables: infant caregiving activities, family role transitions, marital companionship, marital stress, marital satisfaction, and gender of respondent. The first 5 of these variables are measures of respondents' perceptions of constructs. In conjunction with these variables, 9 hypotheses were examined. These were:

Hypothesis 1. The perceived amount of infant caregiving activities is positively related to the perceived amount of family role transitions, and this relationship is stronger for females than for males.

Hypothesis 2. The perceived amount of family role transitions is negatively related to the perceived amount of marital companionship, and this relationship is equally strong for both spouses.

Hypothesis 3. The perceived amount of infant caregiving activities is negatively related to the perceived amount of marital companionship, and this relationship is equally strong for both spouses.

Hypothesis 4. The perceived amount of family role transitions is positively related to the perceived amount of marital stress, and this relationship is stronger for females than for males.

Hypothesis 5. The perceived amount of marital companionship is negatively related to the perceived amount of marital stress, and this relationship is equally strong for both spouses.

Hypothesis 6. The perceived amount of marital companionship is positively related to the perceived amount of marital satisfaction, and this relationship is stronger for females than for males.

Hypothesis 7. The perceived amount of marital stress is negatively related to the perceived amount of marital satisfaction, and this relationship is equally strong for both spouses.

Hypothesis 8. The perceived amount of family role transitions is negatively related to the perceived amount of marital satisfaction, and this relationship is stronger for females than for males.

Hypothesis 9. The perceived amount of infant caregiving activities is negatively related to the perceived amount of marital satisfaction, and this relationship is stronger for females than for males.

Design

The data for the project were obtained through mailed self-report questionnaires completed between February, 1978, and June, 1979. Husbands and wives responded to separate forms containing identical items and 3 assessments of each couple were made. These assessments took place (a) during the sixth and seventh months of pregnancy, (b) at about 6 weeks postpartum, and (c) at about 8 months postpartum. The responses to the infant caregiving activities, family role transitions, marital stress, marital companionship, and marital satisfaction scales of the second set of questionnaires (6 weeks postpartum) were considered in the present study.

Each questionnaire consisted of a number of scales, many of which were not used in the present study (see Appendix A for an outline of all the scales used in the project). Sociodemographic data, including questions on family income, individual education, and individual employment were acquired on all 3 occasions. Also included were questions on the respondents' perceptions of self-esteem, their present lives, their marriages, and the values they placed on children. On the second questionnaire, questions were included pertaining to labor and delivery experiences, infant feeding, actual baby characteristics, parental experiences, enjoyments, and gratifications.

Procedure

Even though only the second of 3 questionnaires used for the Tennessee Transition to Parenthood Project was the source of the data for the present study, the procedure for the entire project will be reviewed. The purpose here is to provide an overview of the entire project and to place the second questionnaire within its proper context.

The overall purpose of the larger project and the informed consent form (see Appendices B and C) were presented verbally to each respondent in preparation for childbirth classes by researchers involved in the study. Married couples in which the wife was carrying the initial child were asked to participate. Those couples who met these criteria and expressed willingness to participate were given a packet containing the initial questionnaires (1 for the husband and 1 for the wife). A cover letter, informed consent forms, and an addressed stamped envelope also were given to them for return of the materials. Each couple was asked to complete the individual questionnaires without consultation or comparison of responses and return them within 2

weeks. Their names and telephone numbers were obtained so that reminders could be made if the questionnaires were not received within 2-3 weeks of their distribution. When each set of questionnaires was returned, the couples' names, addresses, and telephone numbers were placed on a master list and a code number was assigned to them.

The timing for mailing the subsequent questionnaires was determined by the estimated date of childbirth as reported by the wife on her first questionnaire. Each couple was called on or about that date to determine if their baby had been born. If so, his/her arrival dictated when the remaining 2 questionnaires were mailed to the parents.

The second questionnaire was mailed prior to the baby's sixth week of life. This questionnaire, with a letter urging completion and return, was sent to the couples with return envelopes. If the baby was not born when the first call was made, the couple was called again in about 2 weeks. The same procedure for timing the subsequent questionnaires then was followed.

If the second (and/or third) questionnaires were not returned within a 2-week period, the family was contacted by telephone to inquire about difficulties in completing the questionnaires. If the questionnaires were not received by 2 weeks after this call, a second call was made. After another 2 weeks, if the questionnaires were still not returned, a letter was sent urging their completion. If this proved ineffective, a registered letter followed, also urging completion. This lengthy follow-up procedure was more characteristic of the third set of questionnaires than it was of the second. Of the 17 couples who did not complete the study, the major reasons for the lack of response were separated/divorced, moved without a forwarding address, and lost interest in the study.

Sample

A total of 163 married couples completed the study. Of these couples, 109 were having their first child, with the remaining 54 couples constituting a comparison group of childless couples. This latter group was not considered in the present investigation.

The childbearing couples for the project were obtained through "preparation for childbirth" classes in Knoxville, Tennessee. These classes were held at 3 local hospitals: Fort Sanders Presbyterian Hospital, Saint Mary's Medical Center, and the The University of Tennessee Memorial Hospital. Classes were also sponsored through the local Lamaze Association. As the couples chose to become pregnant, to attend these classes, and to participate in the project, they constituted a purposive nonprobability sample.

Attempts to acquire a sample from the general population for greater representativeness were unsuccessful. These attempts included newspaper advertisements, flyers distributed in apartment complexes, and posters in clinics and physicians' offices. However, only 1 couple responded to these announcements.

Although the couples who attended these childbirth preparation classes were probably not representative of the entire population of pregnant couples, the various classes were attended by couples with diverse characteristics (see Appendices D and E). The couples from these various classes, however, did not volunteer with the same frequency. Therefore, the sample may not even typify all of the couples attending these classes.

Sample Characteristics

The infants born to the parents included in this study had a median age of 6 weeks at the time the second questionnaire was completed. The majority of the respondents were Caucasian and from middle-class backgrounds (educationally and economically).

The average age of the wives in this study was 26.37 years, with an age range of 19-38 years and a standard deviation of 3.12 years. Their husbands were about 2 years older, averaging 28.31 years old with a range of 19-42 years (standard deviation 3.88 years). On the average, the wives reported that they had been married 3.75 years (standard deviation 2.04 years) before their first child was born. The husbands reported an average marriage length of 3.81 years with a standard deviation of 2.07 years. The marriages of the couples in this study ranged in length from 6 months to 8 years.

The overall educational attainment of the respondents was high, with the majority having at least some college or technical school education. In general, the wives had completed some college education or had completed a technical school program. Their husbands were somewhat more educated and tended to have graduated from college. A substantial number of these parents had attended or completed a graduate program (Table 1).

Table 1
Education Completed by the Parents

Education levels	Percent	
	Wives (N = 109)	Husbands (N = 109)
Some high school	.9	.9
Completed high school	12.8	3.7
Some college or technical school	37.6	28.7
Completed college or technical school	27.5	28.7
Some graduate school	12.8	15.7
Completed graduate school	8.3	22.2

The average combined income for the couples, at the time of the first evaluation was in the \$15,000-\$19,999 range. However, the respondents' incomes varied quite widely across the entire income range (Table 2).

Table 2
Income Levels of the Parents

Income level	Couples (N = 108) %
Below \$6,000	6.5
\$6,000-\$9,999	7.4
\$10,000-\$14,999	25.9
\$15,000-\$19,999	16.7
\$20,000-\$24,999	25.0
Over \$25,000	18.5

Overall, the characteristics of the sample appear to fit the picture of first-time parents reported elsewhere in the literature (Blood & Wolfe, 1960; Cowan et al., 1978; Fawcett, 1978; Glenn & McLanahan, 1982; Hoffman, 1978; Kotelchuk, 1975; Lopata, 1971; Oakley, 1979; Olson, 1981; Stevens-Long, 1979; Taconis, 1979). The items used to assess the sociodemographic variables are displayed in Appendix F.

Measurement

Five previously developed instruments were used in this study: (a) the Role Transitions Checklist (Roberts, 1979), (b) the Baby's Behavior Checklist (Roberts, 1979), (c) the Marital Satisfaction Scale (Miller, 1976), (d) the Marital Companionship Scale (Miller, 1976), and (e) the Marital Stress Scale (Graham, 1978). The analytic procedures used to analyze the responses to these scales were factor analysis and reliability analysis. Path analysis was subsequently used to test the hypotheses of this study.

Factor Analysis

The variables in the present study were operationalized by applying factor analysis to the responses of the sampled participants to the 5 scales. Subprogram FACTOR of SPSS was used for this analysis (Nie, Hull, Jenkins, Steinbrenner, & Bent, 1975). This program permits the determination of whether a scale of many items may be "reduced to a smaller set of factors...that may be taken as source variables accounting for the observed interrelations of the data" (Nie et al., 1975, p. 469). Subprogram FACTOR offers a variety of techniques for achieving this goal. Principal factoring with iteration (PA2) was selected along with varimax rotation for the present study. This is an orthogonal rotation which maximizes the squared loadings in each column of the constructed factor matrix. According to Nie and associates (1975), both of these options are the most widely used techniques in factor analysis. For the present study, a factor loading of .40 or greater was used to determine whether an item was to be used as part of the operationalized variable. Factor analysis was performed for 3 reasons: (a) to determine if the marital satisfaction and marital stress scales measured phenomena that were

independent of each other, (b) to operationalize the variables for the study and to determine whether the scales were measuring multidimensional phenomena, and (c) to improve the content validity of the scales by deleting items that were not appropriate for the present study (as indicated by a factor loading of less than .40).

Reliability Analysis

Subprogram RELIABILITY of SPSS (Hull & Nie, 1979) was used for the reliability analyses. These analyses were performed for each scale and for each factor within each scale (less any items which had factor loadings less than .40). Cronbach's alpha, an internal consistency estimate of reliability, was used in the present study.

Path Analysis

Path analysis was the principal analytic procedure used for this study. This type of analysis is an extension of multiple regression and is particularly suited for examining theoretical models. This is the case because it permits the examination of indirect effects, joint effects, and direct effects (Shumm et al., 1980).

Although path analysis does not itself demonstrate causality, it is useful in determining the relationships among an hypothesized set of relationships that are placed in a theoretical order (Heise, 1975; Li, 1975; Nie et al., 1975). The use of path analysis is appropriate here because this study was designed to test a theory concerning the possible influence of first-born children on marital satisfaction both directly and through intervening variables (Rollins & Galligan, 1978).

Instrumentation

Role Transitions Checklist. The Role Transitions Checklist was used to measure the family role transitions variable. This checklist, as used by Roberts (1979), was a minor modification of the "Extent of Crisis" Checklist developed by Hobbs (1965). This instrument was used for the present study because the items consider crisis-producing elements of the transition to parenthood (LeMasters, 1957; Mace, 1958). The 23 items of this scale include such difficulties as spending less time with friends, sleep problems, and decreased time for self. Several role transitions are assessed by this scale, including those which occur within the kinship, provider, recreational, and companionship roles. The item responses consist of a 6-point scale, which Hobbs (1965) entitled "degree of bother" and which Roberts changed to "ease or difficulty of transition" (1979). The response categories included "very easy," "fairly easy," "a little difficult," "somewhat difficult," and "very difficult." The sixth category allowed respondents to respond to a particular question as "not applicable." For the present study, those items for this scale that duplicated items on the other scales of the study were deleted. The scale, as used in the present study, consisted of 13 items, which are shown (along with the complete scale) in Appendix G.

Factor analysis for this scale revealed that 11 of the 13 items clustered in 3 factors (see Table 3). The first factor for the family role transitions scale contained 6 items representing perceived changes in domestic and personal routines. The items for this factor included less time with friends, changed domestic routines, increased domestic work load, changes in housekeeping standards, meal irregularity, and less time for one's self. The alpha reliability coefficient for this factor was .81.

Table 3

Varimax Rotated Factor Matrix of 13 Items
of Family Role Transitions (N = 218)

Items	Factor loadings			H ²
	1	2	3	
<u>Factor 1: domestic/personnel routine changes</u>				
Less tie with friends (#4)	<u>.55</u>	<u>.11</u>	.07	.32
Changes in routines (sleeping, eating, etc.) (#5)	<u>.63</u>	.10	.34	.53
Increased work load at home (#7)	<u>.68</u>	.16	.24	.54
Changes in housekeeping standards #9	<u>.66</u>	.13	.16	.48
Irregularity of meals (#15)	<u>.49</u>	.23	.20	.33
Decreased time for self (#18)	<u>.60</u>	.30	.27	.53
<u>Factor 2: provider role changes</u>				
Changes in career or life plans (#13)	.19	<u>.59</u>	.24	.44
Changes in employment status of wife (#22)	.09	<u>.99</u>	.04	1.00
<u>Factor 3: consequences of role changes for personal well-being</u>				
Difficulty in falling asleep (#12)	.08	.35	<u>.48</u>	.36
Fatigue, tiredness (#21)	<u>.48</u>	.12	<u>.69</u>	.72
Irritability of self (#23)	<u>.32</u>	.09	<u>.64</u>	.53
<u>Non-loading variables</u>				
Advice from inlaws (#2)	.38	.06	.27	.22
Increased costs (#17)	.27	.38	.08	.22
Percent of variance explained from rotated correlation matrix				
Eigenvalues	44.9	29.6	25.5	
	2.79	1.84	1.58	
Factor reliability	.81	.66	.66	
Scale reliability: .83				

The second factor contained 2 items which appeared to assess perceived changes in the provider role. Specifically, these items concerned changes in career or life plans and changes in the employment status of wives. The alpha reliability coefficient for this factor was .66.

The third factor for this scale seemed to represent perceived changes in personal well-being that resulted from role changes. The 3 items in this factor concerned difficulty in falling asleep, fatigue, and irritability. This factor had an alpha reliability coefficient of .66.

In addition to the items which loaded on the 3 factors, 2 items failed to attain a factor loading of .40 or greater and were dropped from the scale. These items were "advice from inlaws" and the "cost increase" (monetary) associated with the new baby. The overall alpha reliability coefficient for this scale, as used in this study, was .83. The original checklist, designed by Hobbs (1965) had a split-half reliability coefficient of .62. Roberts reported alpha reliability coefficients of .76 for mothers and .78 for fathers in her study (1979).

Besides resulting in a 3-factor solution, the factor analysis demonstrated that 2 of the items did not load on any of the 3 dimensions. Accordingly, these items were not used for the subsequent path analyses.

Baby's Behavior Checklist. The Baby's Behavior Checklist (Appendix H) was used to measure the perceived amount of infant caregiving activities. This checklist is a slight modification (in format) of that developed by Roberts and Miller (Roberts, 1979). This scale was derived in part from the Neonatal Perception Inventory (Broussard & Hartner, 1970). The present scale contains 15 sets of statements that deal with infant behaviors (e.g., sleeping, eating, crying, and elimination), and each set of statement consists of 4 alternatives

ranging from the least disruptive behavior to the most disruptive behavior. A typical set of statements would look like this:

- _____ 1. Is seldom or never hard to quiet,
- _____ 2. Is sometimes hard to quiet,
- _____ 3. Is frequently hard to quiet,
- _____ 4. Is usually hard to quiet.

For the present study, 2 changes were made in the interpretation of this scale. To begin with, it was more precise to refer to this measure as "perceived" rather than "actual" infant behaviors requiring parental involvement because the required involvement in infant care was assessed from the viewpoint of the parents' perceptions. In addition, this scale was limited to infant behaviors that required caregiving involvement from the parent(s) and was not considered a global measure of infant actions. Therefore, 2 questions (numbers 11 and 12) which dealt with non-caregiving behaviors (smiling and eye contact) were not included when the path analyses were conducted.

Analysis of the Baby's Behavior Checklist with Subprogram FACTOR (Nie et al., 1975) demonstrated that 13 of the 15 items assessed by this scale resulted in a 5-factor solution. These 5 factors are discussed below (and specified in Table 4).

The first factor concerned parental perceptions of their involvement with the infant as a result of his/her distress. Four items concerned with the frequency of crying, quieting ease, quieting predictability, and quieting difficulty loaded at the .40 level or greater on this factor. The alpha reliability coefficient in this case was .77.

The second factor contained 3 items related to an infant's perceived sleeping and eating regularity. In this case, the 3 items dealt with the sleeping

Table 4
Varimax Rotated Factor Matrix of 15 Items
of Infant Behaviors (N = 218)

Items	Factor loadings					H ²
	1	2	3	4	5	
<u>Factor 1: distress</u>						
Cry frequency (#7)	<u>.53</u>	.26	.15	.05	-.04	.38
Ease quieting (#8)	<u>.75</u>	.02	-.07	.00	.02	.57
Quieting predict- ability (#9)	<u>.63</u>	.08	-.03	-.09	.18	.45
Quieting diffi- culty (#10)	<u>.78</u>	.02	.15	.04	-.00	.63
<u>Factor 2: sleeping/eating regularity</u>						
Sleep schedule pre- dictability (#2)	.19	<u>.72</u>	-.00	.11	.01	.56
Frequency awake (#3)	.19	<u>.52</u>	.26	.22	-.08	.42
Eating regularity (#4)	-.01	<u>.65</u>	.05	.14	.25	.50
<u>Factor 3: social rewards</u>						
Smile frequency (#11)	.09	.19	<u>.81</u>	.05	-.02	.70
Eye contact (#12)	.11	.09	<u>.52</u>	-.05	.10	.30
<u>Factor 4: cleaning</u>						
Wetting frequency (#13)	-.06	.17	.01	<u>.50</u>	-.00	.28
Soiling frequency (#14)	.05	.08	.08	<u>.50</u>	.13	.28
<u>Factor 5: feeding time</u>						
Time feeding (#5)	.08	.05	.14	.13	<u>.41</u>	.21
Feeding predict- ability (#6)	.05	<u>.46</u> ¹	.09	.15	<u>.46</u> ¹	.48
<u>Non-loading variables</u>						
Hours baby sleeps (#1)	.22	.13	-.33	-.07	-.13	.19
Spitting up (#15)	-.02	.05	-.08	.25	.19	.11

Table 4 (Continued)

Items	Factor loadings					H ²
	1	2	3	4	5	
Percent of variance explained from rotated correlation matrix						
	33.2	26.2	19.7	11.6	9.3	
Eigenvalues	2.00	1.58	1.19	.70	.40	
Factor reliability	.77	.68	.60	.39	.40	
Scale reliability:	.72					

¹ Although this item loads equally on both Factors 2 and 5, it fits better conceptually in Factor 5.

and eating schedule of the infant, as well as the infant's frequency of awakening during the night. The alpha reliability coefficient for this factor was .68.

The third factor characterized parental perceptions of infant social behaviors. The 2 items on this factor concerned the frequency of infant smiling and the frequency of infant eye contact with his/her caregiver(s). The alpha reliability coefficient for this factor was .60.

Factor 4 concerned perceptions of the frequency that a couple's infant needed to be changed and/or cleaned. This factor consisted of 2 items: wet diaper and dirty diaper frequency. The alpha reliability coefficient for this factor was quite low (.39).

The final factor concerned the perceived amount of time necessary to feed an infant. This factor consisted of 2 items which inquired about the amount of time necessary to feed an infant at each feeding, as well as the respondent's perceptions about the predictability of the length of each feeding period. The alpha reliability coefficient of Factor 5 also was quite low (.40).

Two of the 15 items of the infant caregiving activities scale were found to have factor loadings less than .40 and were not used to operationalize the infant care variable. These 2 items were the "number of hours the baby slept each day" and "how frequently s/he spat up milk." For the 13 items of this scale that had a factor loading of .40 or greater, the alpha reliability coefficient was .72. Roberts (1979) reported alpha reliability coefficients of .68 for mothers and .60 for fathers for the entire scale. Denny (1980) reported an overall Cronbach's alpha reliability coefficient of .69. She also stated that this instrument's "validity was assessed by 3 University of Tennessee professors (from the Department of Child and Family Studies), who agreed that the scale was an accurate measure of perceptions of actual baby behaviors" (p. 24).

With the aid of factor analysis, the infant caregiving activities scale was operationalized for this study. Although Factors 4 and 5 had quite low individual reliability coefficients (.39 and .40, respectively), they were not deleted from this scale because the items comprising these factors were important facets of infant caregiving and because these items had factor loadings greater than .40. Factor 3, which concerned social rewards, was deleted because it measured parental perceptions of infant social behaviors, rather than infant caregiving activities. For the present study, therefore, infant caregiving activities consisted of 4 factors: distress, sleeping/eating regularity, cleaning, and feeding time.

Marital Satisfaction Scale. The Marital Satisfaction Scale was developed by Miller (1976) and was used in this study to measure the marital satisfaction variable (see Appendix I). It contains 7 items which assess the degree of satisfaction for 7 aspects of an individual's marital relationship. According to Miller (1976), this scale was based on areas of marriage that earlier researchers considered to be important for the satisfaction of marital partners (Burgess & Cottrell, 1939; Terman, 1938). The 7 areas concern the handling of money, recreation, amount of affection, chore performance, relations with inlaws, sexual relations, and religious beliefs. Participants were asked to report their level of satisfaction with these 7 aspects of marriage in terms of 5 Likert-type response categories (very dissatisfied, a little dissatisfied, satisfied, quite satisfied, and perfectly satisfied).

Analysis of this scale with Subprogram FACTOR (Nie et al., 1975) determined that 6 of the items which constituted this scale represented a single factor. These items were "handling of money," "going out for fun," "affection in marriage," "chores about the house," "dealings with inlaws," and "sexual

relations." The item with a factor loading less than .40, "religious beliefs and activities," was deleted from the scale for the path analyses.

The alpha reliability coefficient for the marital satisfaction scale measured on the 6 items was .77. In an earlier analysis, Miller (1980) also reported an inter-item consistency coefficient of .77 for this scale. Denny (1980) reported that this instrument was assessed for validity in the same manner as the Baby's Behavior Checklist. The factor loadings for this scale are displayed in Table 5.

Marital Stress Scale. The Marital Stress Scale (Appendix J), as developed by Miller (Graham, 1978), was based on the work of Perlman (1975) and was used in the present study to operationalize the marital stress variable. This scale measures the amount of strain, irritation, and distress a spouse experiences as a result of his/her daily life and circumstances with his/her mate. There are 7 items in this scale, each of which asks for a spouse's evaluation concerning the intensity of stress resulting from the reciprocal role relationships of marriage. Each respondent to this instrument was asked to report his/her levels of being "bothered," "tense," "bored," "frustrated," "unhappy," "worried," and "neglected" using the responses very much, somewhat, a little, or not at all.

Factor analysis demonstrated that the 7 items of this scale all had factor loadings of .40 or greater and constituted a single factor (Table 6). The alpha reliability coefficient for the marital stress scale was .82. Miller (1980) reported that this scale had an inter-item consistency coefficient of .86 and Denny (1980) reported that this instrument had both construct and content validity. This report was based on its review (as were earlier discussed instruments) by faculty members.

Table 5

Principal Factor Matrix for 7 Items
of Marital Satisfaction (N = 218)

Items	Factor loadings	H ²
<u>Factor 1: marital satisfaction</u>		
The way <u>money</u> is handled in your marriage (#1)	<u>.48</u>	.23
The things you and your mate do when you go out for entertainment, fun (#2)	<u>.71</u>	.51
The amount of <u>affection</u> in your marriage (#3)	<u>.70</u>	.50
The way <u>chores</u> around the house are performed (#4)	<u>.58</u>	.34
The way you and your mate deal with <u>inlaws</u> in your marriage (#5)	<u>.44</u>	.19
<u>Sexual relations</u> in your marriage (#6)	<u>.65</u>	.42
<u>Non-loading item</u>		
<u>Religious beliefs and activities</u> in your marriage (#7)	.39	.16
Percent of variance explained from correlation matrix		
100		
Eigenvalue	2.35	
Scale reliability: .77		

Table 6
Principal Factor Matrix for 7 Items
of Marital Stress (N = 218)

Items	Factor loadings	H ²
<u>Factor 1: marital stress</u>		
When you think of these things, how		
<u>bothered</u> do you feel (#1)	<u>.73</u>	.53
How <u>tense</u> do you feel (#2)	<u>.69</u>	.47
How <u>bored</u> do you feel (#3)	<u>.45</u>	.20
How <u>frustrated</u> do you feel (#4)	<u>.76</u>	.58
How <u>unhappy</u> do you feel (#5)	<u>.74</u>	.55
How <u>worried</u> do you feel (#6)	<u>.66</u>	.44
How <u>neglected</u> do you feel (#7)	<u>.46</u>	.22
Percent of variance explained from correlation matrix		
	100	
Eigenvalue	2.99	
Scale reliability: .82		

The marital satisfaction and marital stress scales were factor analyzed together to ensure that these variables were assessing conceptually independent variables. The results of this analysis are found in Table 7. Whereas the independent analyses of these factors demonstrated that each consisted of a single factor, the joint analysis resulted in 2 factors being produced for each scale. However, it was clear from this analysis that the marital satisfaction and marital stress scales were independent.

In comparison to the individual analyses of these scales, this combined analysis showed some slight differences in the factor loadings. Whereas the "religious beliefs and activities" item on the satisfaction scale did not attain a .40 loading on the individual analysis, it did attain this level on the joint analysis. Conversely, although all 7 items of the stress scale loaded above the .40 level on the individual analysis, the "neglected" item fell below this point on the joint analysis.

Marital Companionship Scale. The Marital Companionship Scale (Appendix K) was developed by Miller (1976) and was used to measure the marital companionship variable in the present study. This scale contains a list of 7 general types of activities that married couples do together and was based on the findings of earlier researchers (Orden & Bradburn, 1968). These activities include "a stimulating exchange of ideas," "laughing," "taking a walk," "working," "visiting friends," "going out for entertainment," and "chatting." Participants were asked to respond to these activities in terms of the frequency of their occurrence using a 6-point scale: none or never, maybe once a month, 2-3 times a month, about once a week, 2-3 times a week, and everyday or more.

The 7 items of the marital companionship scale all loaded above the .40 level and separated into 2 factors (see Table 8). As a whole, this scale had an

Table 7

Varimax Rotated Factor Matrix of 7 Items
of Marital Satisfaction and 7 Items
of Marital Stress (N = 218)

Items	Factor loadings				H ²
	1	2	3	4	
<u>Factor 1: marital stress</u>					
When you think of these things, how <u>bothered</u> do you feel (#1)	<u>.68</u>	-.18	-.10	.17	.53
How <u>tense</u> do you feel (#2)	<u>.77</u>	-.04	-.11	-.04	.61
How <u>frustrated</u> do you feel (#4)	<u>.73</u>	-.17	-.09	.14	.58
How <u>unhappy</u> do you feel (#5)	<u>.63</u>	-.23	-.20	.26	.56
How <u>worried</u> do you feel (#6)	<u>.62</u>	-.17	-.10	.13	.44
<u>Factor 2: marital satisfaction</u>					
The way <u>money</u> is handled in your marriage (#1)	-.19	<u>.53</u>	.09	-.02	.33
The things you and your mate do <u>when you go out</u> for entertainment, fun (#2)	-.18	<u>.55</u>	.36	-.17	.49
The way <u>chores</u> around the house are performed (#4)	-.08	<u>.64</u>	.15	-.03	.44
The way you and your mate deal with <u>inlaws</u> in your marriage (#5)	-.17	<u>.41</u>	.20	.16	.26
<u>Religious beliefs and activities</u> in you marriage (#7)	-.05	<u>.40</u>	.10	-.23	.23
<u>Factor 3: marital satisfaction</u>					
The amount of <u>affection</u> in your marriage (#3)	-.24	.30	<u>.74</u>	-.21	.74
<u>Sexual relations</u> in your marriage (#6)	-.10	.31	<u>.68</u>	.06	.58
<u>Factor 4: marital stress</u>					
How <u>bored</u> do you feel (#3)	.28	-.05	-.04	<u>.77</u>	.67
<u>Non-loading item of marital stress</u>					
How <u>neglected</u> do you feel (#7)	.33	-.08	-.31	.30	.30

Table 8

Varimax Rotated Factor Matrix of 7 Items
of Marital Companionship (N = 218)

Items	Factor loadings		H ²
	1	2	
<u>Factor 1: in-home activities</u>			
Have a stimulating <u>exchange</u> of ideas (#1)	<u>.73</u>	.13	.54
<u>Laugh together</u> or share a joke (#2)	<u>.72</u>	.28	.59
<u>Work together</u> on a project (#3)	<u>.48</u>	.17	.26
Spent some time <u>chatting</u> together (#7)	<u>.64</u>	.19	.45
<u>Factor 2: out-of-home activities</u>			
<u>Visit friends together</u> (#4)	.15	<u>.71</u>	.53
Go out for <u>entertainment</u> or recreation (#5)	.18	<u>.76</u>	.61
<u>Take a drive or walk</u> just for fun (#6)	.28	<u>.50</u>	.33
Percent of variance explained from rotated correlation matrix			
Eigenvalues	54.9	45.1	
	1.82	1.49	
Factor reliability			
Scale reliability: .77	.74	.71	

alpha reliability coefficient of .77. In earlier research, Miller (1980) reported this scale to have an inter-item consistency coefficient of .78 and Denny (1980) reported evidence in favor of the instrument's face and content validity after having it reviewed by 3 University of Tennessee professors.

Factor 1 contained 4 items which may be characterized as joint activities that couples could do at home. These four items were "exchanging ideas," "laughing together," "chatting together," and "working together on a project." The alpha reliability coefficient for this factor was .74.

The second factor consisted of 3 items which may be characterized as joint activities that could be done outside of the home. These items were "visiting friends together," "going out for entertainment," and "taking a drive or walk for fun." The alpha reliability coefficient for this factor was .71. Because all of the items in this scale had factor loadings above .40, no items were deleted.

Operational Definitions

The 5 variables for this study were operationalized by the use of the COMPUTE procedure of SPSS (Nie et al., 1975). In each case, the responses to each instrument were summated by assigning numerical values to each response category and then totaling these responses for each respondent.

The role transitions checklist. For this scale an easy transition was coded as 1 and a very difficult transition was coded as 5. The higher the resultant score, the higher was the respondent's perceived difficulty with family role transitions.

Baby's behavior checklist. The responses to this scale were coded as 1 for the least difficult behaviors, while the most difficult behaviors were coded as 4.

The higher the resultant score, the more infant caregiving activities that were perceived as being required by a participant's baby.

Marital satisfaction scale. The responses to this scale were coded with a 1 for the very dissatisfied category, while a 5 was assigned to responses in the perfectly satisfied category. In this case, the higher the summated score, the higher was the respondent's level of perceived marital satisfaction.

Marital companionship scale. For this scale responses in the none or never category were coded as 1, while responses in the everyday or more category received a 6. The higher the resultant score, the higher was the participant's level of perceived marital companionship.

Marital stress scale. For this last scale, the not at all category of responses was coded as 1 and the very much category of responses as 4. On this basis, the higher the respondent's score, the higher was his/her level of perceived marital stress.

Data Reduction and Transformation

The Tennessee Transition to Parenthood Project investigators obtained data from 326 respondents (163 couples). As each set of questionnaires was received from the participants the responses were transferred to coding sheets, to punch cards, and finally to magnetic disk for computer analysis. There were 589 variables on a total of 9 cards for each respondent. The data on the coding sheets were quality checked against the questionnaires on a sampling basis (i.e., every tenth questionnaire). Similarly, the punched cards were quality checked against the coding sheets, as well as mechanically verified.

Plan of Analysis

This study focused on 6 variables including 2 exogenous variables (infant caregiving activities and family role transitions), 2 endogenous variables (marital companionship and marital stress), 1 dependent variable (marital satisfaction), and 1 control variable (gender of respondent). Relationships among these variables (as discussed earlier) were examined by path analyses; separately for male and female respondents (Shumm et al., 1980). Subsequently, these models were reduced by deleting relationships for which a .05 significance level was not attained (Heise, 1969; Land, 1969; Miller, 1976). In addition, descriptive or sociodemographic characteristics of the sample used for this study were presented. These analyses were performed using the IBM 360/65, IBM 370/3031, and the DECsystem 10 facilities at The University of Tennessee Computing Center. The Statistical Package for the Social Sciences (SPSS) (Hull & Nie, 1979; Nie et al., 1975) was the packaged computer program used for this study.

Cases in which an item response was missing were conserved for all 3 analyses (factor, reliability, and path) by replacing missing values of an item by that item's mean (Nie et al., 1975). Although this approach decreases the variance of the item responses, it has the advantage of maintaining the size of the data set available for analysis (Hull & Nie, 1979; Lee, 1975; Nie et al., 1975). Although a degree of freedom is lost for each substitution from the error component of the F -test for each relationship in the path analyses (Lee, 1975; Rickmers & Todd, 1967), the possible loss of significant relationships resulting from this procedure is negated by the sample size ($N = 109$).

CHAPTER IV

RESULTS

Analysis of the path model in this study was performed with Subprogram REGRESSION of SPSS (Nie et al., 1975), which assumes a linear, additive, and fully recursive system (Heise, 1969; Land, 1969). Initially, the entire model (all variables and all postulated paths) was analyzed. This procedure was performed separately for the male and female respondents to avoid the effects of multicollinearity, which may have arisen if the responses of both spouses had been jointly analyzed (Heise, 1969; Shumm et al., 1980).¹ The variables for this analysis were entered simultaneously into the regression equations. The means, standard deviations, and response ranges for the 5 variables are displayed in Table 9.

Results were obtained for both a complete and a reduced model for each gender of respondent. Reduction of the complete model was accomplished by deleting paths for which the F -value was not significant at the .05 level of significance (Heise, 1969; Land, 1969; Miller, 1976). Figures 2 and 3, as well as Table 10, illustrate the results from the complete model.

The Complete Model

Hypothesis I

The first hypothesis stated that the perceived amount of infant caregiving activities is positively related to the perceived amount of family role transi-

¹ Multicollinearity is the condition of excessively high intercorrelation between independent variables. If the responses of both spouses are considered together, they may well compete for the same variance in the dependent variable and yield spurious results (Shumm et al., 1980).

Table 9
Descriptive Statistics for the 5 Variables
of the Complete Model by Gender

Variable name	N	$\bar{X}$	SD	Possible range of responses
<u>Males</u>				
Infant Caregiving Activities (ICA)	107	20.42	4.26	11-44
Family Role Transitions (FRT)	101	35.43	12.68	11-55
Marital Satisfaction (SAT)	108	22.19	3.95	6-30
Marital Stress (STR)	109	9.44	2.58	7-28
Marital Companionship (COM)	108	28.86	5.46	7-42
<u>Females</u>				
Infant Caregiving Activities (ICA)	109	20.54	4.51	11-44
Family Role Transitions (FRT)	109	37.95	9.59	11-55
Marital Satisfaction (SAT)	109	22.28	4.31	6-30
Marital Stress (STR)	109	10.12	3.52	7-28
Marital Companionship (COM)	109	28.40	5.62	7-42

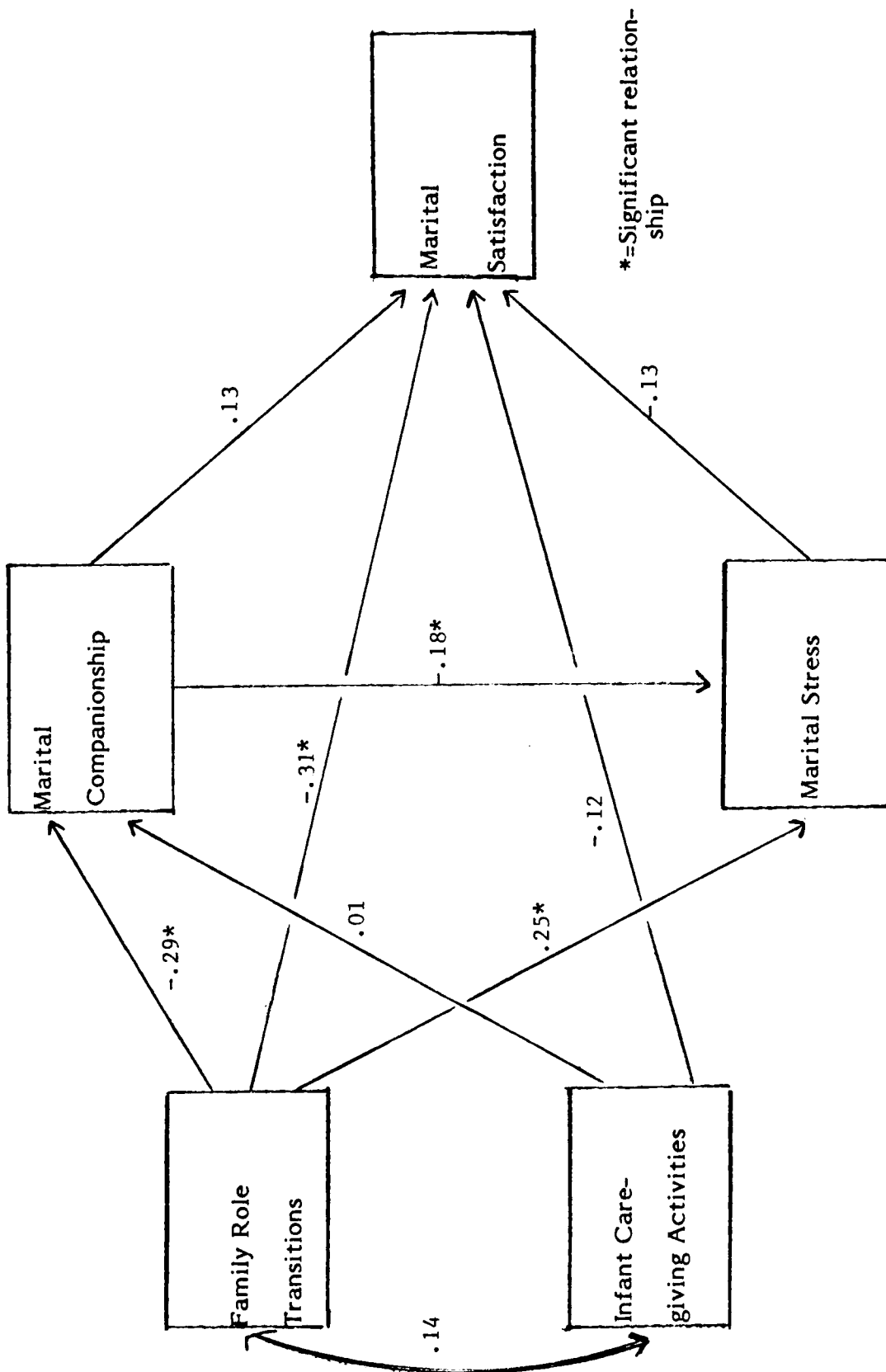


Figure 2. Path Coefficients for Complete Male Model with all Variables Included (N = 109)

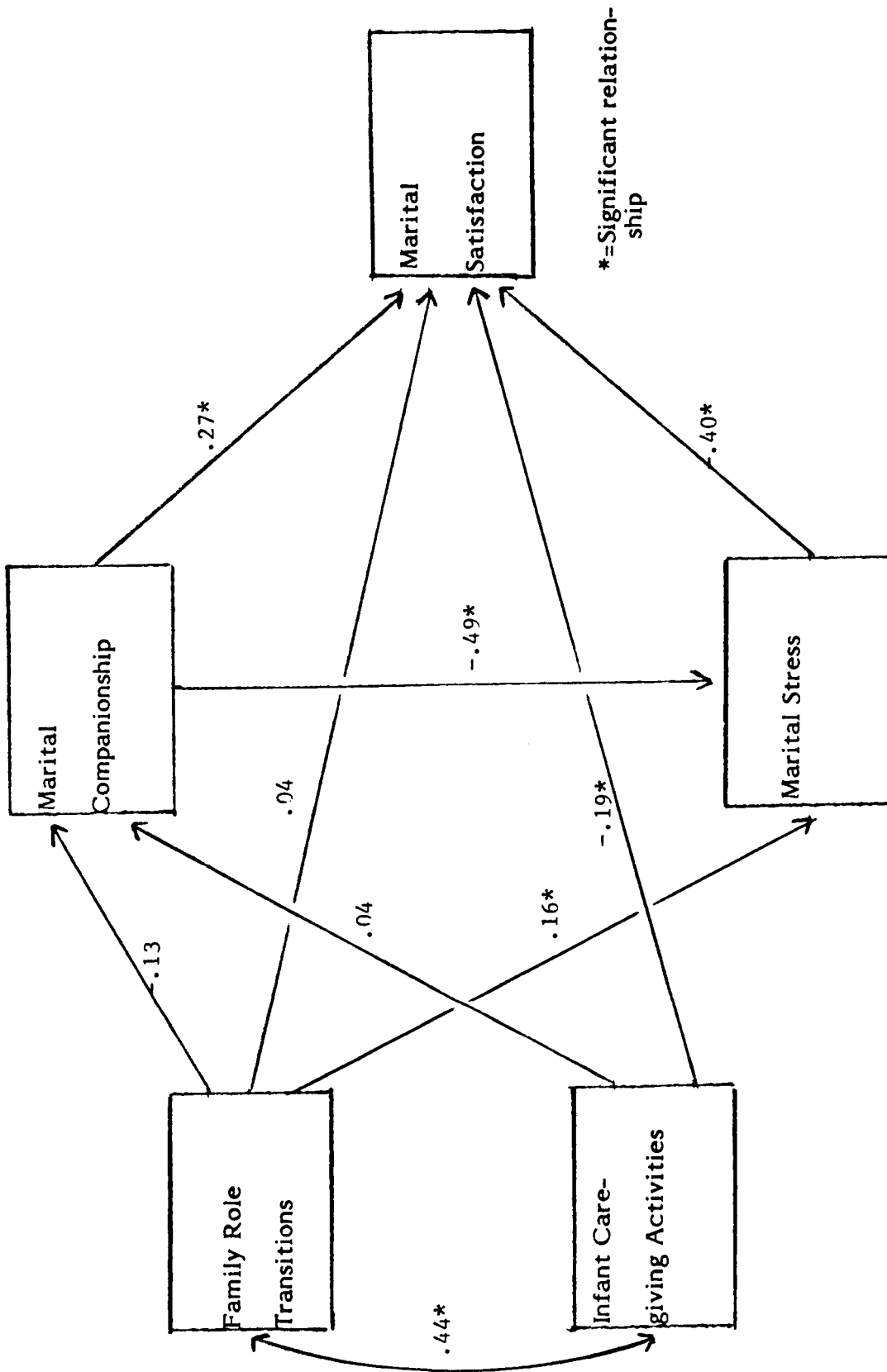


Figure 3. Path Coefficients for Complete Female Model with all Variables Included (N = 109)

Table 10
Path Coefficients for Complete Model

Dep. var.	Indep. var.	df	r ¹	b ²	F
<u>Male (N = 109)</u>					
FRT	ICA	1,107	.14	.14	2.03
COM	ICA	2,106	-.03	.01	.02
	FRT	2,106	-.29	-.29	9.67**
STR	FRT	2,106	.30	.25	6.84**
	COM	2,106	-.25	-.18	3.66**
SAT	COM	4,104	.25	.13	1.96
	STR	4,104	-.27	-.13	1.87
	ICA	4,104	-.18	-.12	1.79
	FRT	4,104	-.40	-.31	10.41**
<u>Female (N = 109)</u>					
FRT	ICA	1,107	.44	.44	25.93*
COM	ICA	2,106	-.02	.04	.15
	FRT	2,106	-.11	-.13	1.50
STR	FRT	2,106	.22	.16	3.76**
	COM	2,106	-.51	-.49	35.43**
SAT	COM	4,104	.48	.27	9.43**
	STR	4,104	-.56	-.40	20.46*
	ICA	4,104	-.23	-.19	5.11**
	FRT	4,104	-.23	-.03	.08

¹ Bivariate coefficient (Pearson r)

² Standardized regression (path) coefficient

* p < .001

** p < .01

** p < .05

** p < .06

tions, and this relationship is stronger for females than for males. Accordingly, the bivariate coefficient for the male participants on this relationship was not significant ($r = .14$, $F = 2.03$). In contrast, the same relationship was strongly significant for the female participants ($r = .44$, $F = 25.93$). Consequently, partial support for Hypothesis 1 was provided because a stronger relationship was demonstrated for females than for males.

Hypothesis 2

This hypothesis stated that the perceived amount of family role transitions is negatively related to the perceived amount of marital companionship, and this relationship is equally strong for both spouses. Hypothesis 2 was only partially supported because this relationship was significant for males but not for females. The path coefficient for men was $-.29$, with an associated F -value of 9.67 . For the female participants, the path coefficient was $-.13$, and its F -value was 1.50 .

Hypothesis 3

The third hypothesis stated that the perceived amount of infant caregiving activities is negatively related to the perceived amount of marital companionship, and this relationship is equally strong for both spouses. Hypothesis 3 was not supported for both spouses. The path coefficient for males was $.01$ (F -value = $.02$), and the path coefficient for females was $.04$ (F -value = $.15$).

Hypothesis 4

The fourth hypothesized relationship proposed that the perceived amount of family role transitions is positively related to the perceived amount of

marital stress, and this relationship is stronger for females than for males. The path coefficient for this relationship in the male model was .25, with a companion F -value of 9.67. For females, these same figures were .16 and 3.76 respectively. Though this relationship was significant for males, it was not significant at the predetermined .05 level for females. However, this relationship for females was significant at the .06 level of significance. Gender differences, therefore, for this relationship were opposite to the prediction of Hypothesis 4.

Hypothesis 5

The fifth hypothesis for this study proposed that the perceived amount of marital companionship is negatively related to the perceived amount of marital stress, and this relationship is equally strong for both spouses. The hypothesized gender equality for Hypothesis 5 was not substantiated as this relationship was found to be significant only for wives at the predetermined .05 level of significance. The path coefficient for the male respondents was $-.18$ (F -value = 3.66) and achieved significance only at the .06 level. In the case of females, the relationship between marital companionship and marital stress exhibited a significant negative path coefficient ($-.49$, F -value = 35.43).

Hypothesis 6

The sixth hypothesis for this study proposed that the perceived amount of marital companionship is positively related to the perceived amount of marital satisfaction, and this relationship is stronger for females than for males. The path coefficients obtained for Hypothesis 6 supported the hypothesized positive relationship for the female participants only. While the path coefficient for

males was only .13, with an F -value of 1.96, the path coefficient for females was .27, with a significant F -value of 9.43.

Hypothesis 7

Hypothesis 7 stated that the perceived amount of marital stress is negatively related to the perceived amount of marital satisfaction, and this relationship is equally strong for both spouses. Accordingly, this hypothesis was only partially supported because the relationship between marital stress and marital satisfaction was significant for females only. The path coefficient of -.13 and F -value of 1.87 for males were not significant. For females, the path coefficient was -.40 and its companion F -value was 20.46.

Hypothesis 8

This hypothesis postulated that the perceived amount of family role transitions is negatively related to the perceived amount of marital satisfaction, and this relationship is stronger for females than for males. The present analysis supported the hypothesized inverse relationship for the male respondents only. The path coefficient for the male model was -.31 and the F -value was 10.41. In contrast, a path coefficient of -.03 and an F -value of .08 indicated that the same relationship did not attain significance within the female model.

Hypothesis 9

The final hypothesis stated that the perceived amount of infant caregiving activities is negatively related to the perceived amount of marital satisfaction, and this relationship is stronger for females than for males. Accordingly, the

path coefficient for the relationship predicted by Hypothesis 9 supported the negative relationship for females but not for males. The nonsignificant path coefficient for males was $-.12$ with an accompanying F -value of 1.79 , whereas the significant path coefficient for females was $-.19$ with an associated F -value of 5.11 .

The Reduced Model

The complete model for this investigation was reduced by eliminating paths for which the path coefficient and F -values did not attain statistical significance (Heise, 1969; Land, 1969; Miller, 1976). The reduced model was then reanalyzed with Subprogram REGRESSION (Nie et al., 1975).

Males

The male model was reduced to 3 relationships significant at the predetermined $.05$ level and 1 relationship which was significant at $.06$ (see Figure 4 and Table II). The significant relationships were: (a) between family role transitions and marital companionship (Hypothesis 2), (b) between family role transitions and marital stress (Hypothesis 4), and (c) between family role transitions and marital satisfaction (Hypothesis 8). The relationship between marital stress and marital companionship (Hypothesis 5) was significant only at the $.06$ level. Nevertheless, it was retained in the reduced male model because of its theoretical significance and its proximity to the predetermined $.05$ level of significance (Heise, 1969; Miller, 1976; Myers, 1979).

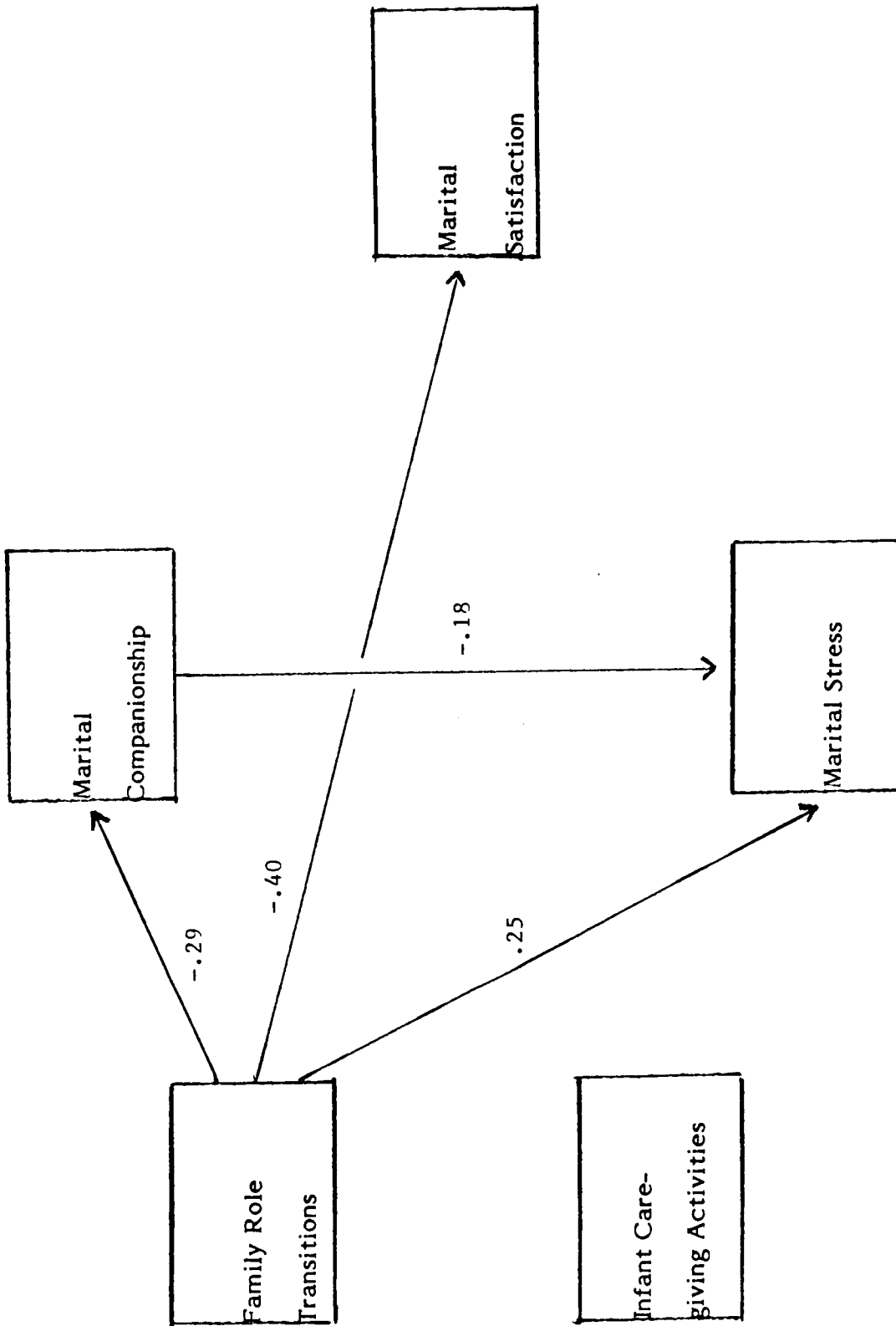


Figure 4. Path Coefficients for Reduced Male Model with all Variables Included (N = 109)

Table 11
Path Coefficients for Reduced Male Model (N = 109)

Dep. var.	Indep. var.	df	r^1	b^2	F
COM	FRT	1,107	-.29	-.29	9.84**
STR	FRT	2,106	.30	.25	6.84**
	COM	2,106	-.25	-.18	3.66**
SAT	FRT	1,107	-.40	-.40	20.02*

¹Bivariate coefficient (Pearson r)

²Standardized regression (path) coefficient

* $p < .001$

** $p < .01$

** $p < .05$

** $p < .06$

Within the reduced model, only the relationship between family role transitions and marital satisfaction was substantially stronger than in the complete model. The path coefficient for this relationship in the reduced model was $-.40$ (F -value = 20.02) as compared to $-.31$ in the complete model. For the other 3 relationships in the reduced model, the path coefficients and F -values were essentially unchanged from their levels in the complete model.

Females

The female model was reduced to 5 significant relationships at .05 and 1 relationship that was significant at .06 (see Figure 5 and Table 12). The relationships significant at .05 were: (a) between infant caregiving activities and family role transitions (Hypothesis 1), (b) between marital companionship and marital stress (Hypothesis 5), (c) between marital companionship and marital satisfaction (Hypothesis 6), (d) between marital stress and marital satisfaction (Hypothesis 7), and (e) between infant caregiving activities and marital satisfaction (Hypothesis 9). The relationship between family role transitions and marital stress (Hypothesis 4) was significant only at .06, but was retained in the present model.

Two of these 6 relationships were slightly stronger in the present model than they had been in the complete model. The values for these relationships were: (a) a path coefficient of $-.41$ (F -value = 21.75) for the relationship between marital stress and marital satisfaction as compared to $-.40$ in the complete model and (b) a path coefficient of $-.20$ (F -value = 7.12) for the relationship between infant caregiving activities and marital satisfaction as compared to $-.19$ in the complete model. The remaining 4 relationships in the reduced model demonstrated path coefficients and F -values that were essentially unchanged from their levels in the complete model.

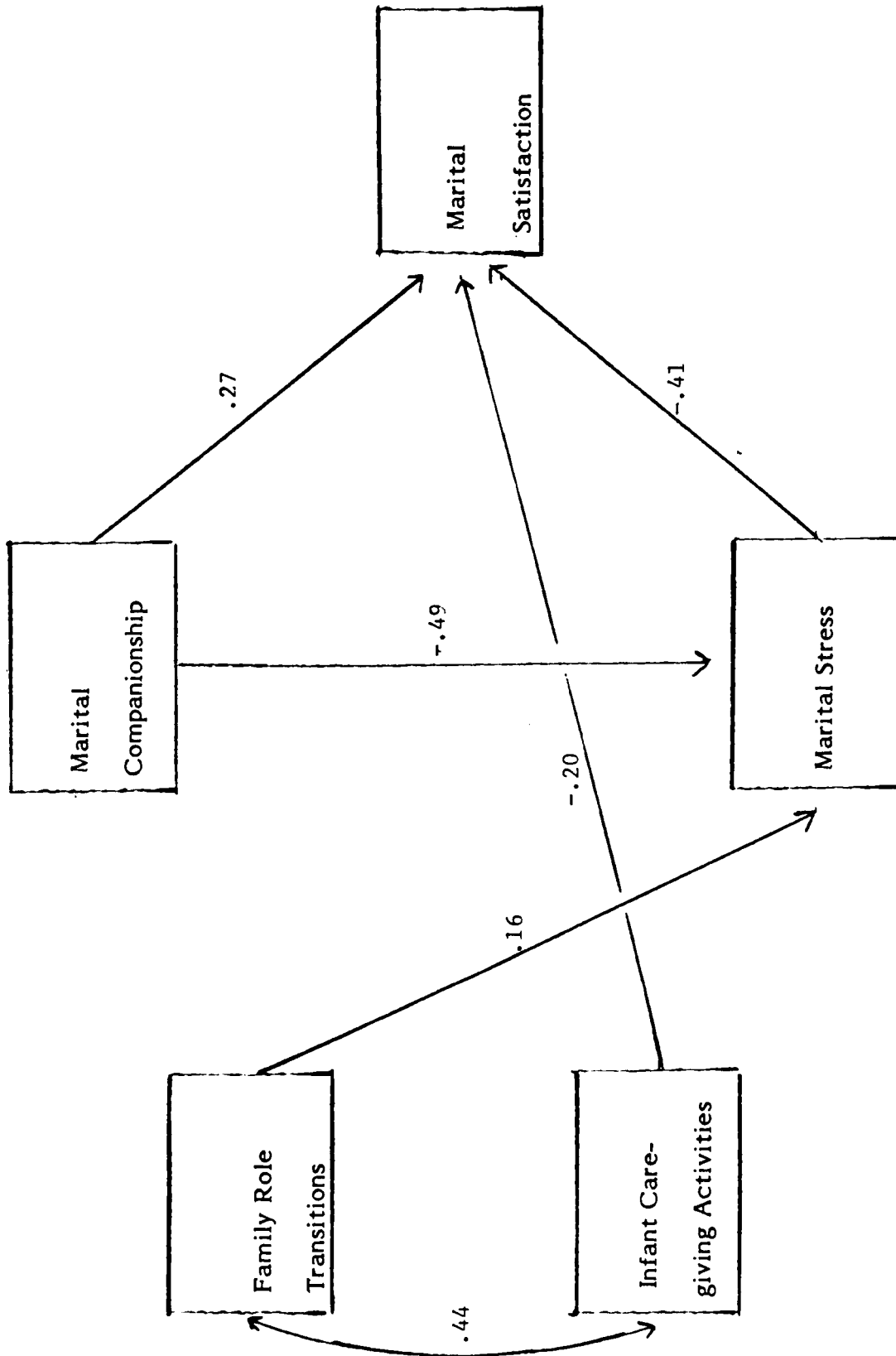


Figure 5. Path Coefficients for Reduced Female Model with all Variables Included ($N = 109$)

Table 12
Path Coefficients for Reduced Female Model (N = 109)

Dep. var.	Indep. var.	df	r^1	b^2	F
FRT	ICA	1,107	.44	.44	25.93*
STR	COM	2,106	.22	-.49	35.43*
	FRT	2,106	-.51	.16	3.76**
SAT	COM	3,105	.48	.27	9.54**
	STR	3,105	-.56	-.41	21.75*
	ICA	3,105	-.23	-.20	7.12**

¹Bivariate coefficient (Pearson r)

²Standardized regression (path) coefficient

* $p < .001$

** $p < .01$

**
* $p < .06$

Total Effects

The total effects were computed for those cases in the reduced models in which both a direct and an indirect path existed between a dependent variable and an independent variable. The total effect was determined by adding together the direct and indirect effects between the 2 variables under consideration (Asher, 1976; Duncan, 1975; Li, 1976; Nie et al., 1975). These effects were represented by the appropriate path coefficients. The formula for this process is $TE = DE + (IEa)(IEb)$.²

For the male model, only the relationship between family role transitions and marital stress had both direct and indirect components, with the latter component being expressed through marital companionship. The total effect for this set of variables was represented by a coefficient of .30. This included a direct effect of .25 which represented the path coefficient between family role transitions and marital stress. The indirect effect of this equation was .05 which was the product of the path coefficient between family role transitions and marital companionship (-.29) and the path coefficient between marital companionship and marital stress (-.18).

For the female model, there were 2 sets of variables for which there were both direct and indirect effects. The first set of variables involved the direct and indirect paths between marital companionship (the independent variable) and marital satisfaction (the dependent variable). The indirect effect between these 2 variables was conveyed through the intervening marital stress variable. A total effect for the relationship between these 2 variables

²In this formula, TE=total effects, DE=direct effects, and IE=indirect effects.

was .47 and represented a combination of the direct effect path coefficient of .27 and an indirect effect value of .20. This indirect coefficient was the product of the path coefficient between marital companionship and marital stress (-.49) and the path coefficient between marital stress and marital satisfaction (-.41).

The second set of variables for which there were both direct and indirect effects consisted of infant caregiving activities as the independent variable and marital satisfaction as the dependent variable. The indirect component between these 2 variables involved the family role transition and marital stress variables. The total effect for this relationship was a coefficient of -.23, composed of a direct effect (or path coefficient) of -.20, and an indirect effect of -.21. In this case, the indirect effect was the product of the path coefficient between (a) infant caregiving activities and family role transitions (-.44), (b) family role transitions and marital stress (.16), and (c) marital stress and marital satisfaction (-.40).

CHAPTER V

DISCUSSION AND SUMMARY

The present study has been an examination of the impact of the initial child on marital satisfaction as postulated by Rollins and Galligan (1978). A model consisting of 5 variables and their expected relationships was constructed (see Figure 1, p. 19). Path analysis was then used to test these predicted relationships (Nie et al., 1975).

Discussion of the Results

Hypothesis I

In the last chapter, evidence was reported which supports the relationship between infant caregiving activities and family role transitions for women. This finding is consistent with previous research which has indicated that equalitarianism has not extended into traditional female roles (Cowan et al., 1978; Kotelchuk, 1975; Oakley, 1979; Olson, 1979, 1981; Sollie, 1979; Taconis, 1979). Instead, this result seems to demonstrate that increased involvement in the child care role (infant caregiving activities) had implications for other family role activities and the personal well-being of wives but not husbands (Cowan et al., 1978; Olson, 1979, 1981; Pohlman, 1969). That is, women seemed to experience many transitions in family roles that were associated with increased involvement in infant care. By contrast, husbands did not appear to experience the same kind of transitions in family role performances. This might be the case because they are traditionally less involved in the child care role and related domestic activities. An explanation of this kind was supported by data from the third set of questionnaires (8 months postpartum) of the

Tennessee Transition to Parenthood Project. At that time, both spouses reported that the wife was the primary adult participant in all of the caregiving activities examined in the study (e.g., preparing the baby's food, feeding the baby, cleaning the baby, taking the baby to the physician, soothing the baby when s/he cried). These results are displayed in Appendix L.

Hypothesis 2

The relationship between family role transitions and marital companionship proposed in Hypothesis 2 was found to be significant for husbands only. Although earlier investigators had not reported that perceived marital companionship was affected differentially by family role transitions during the transition to parenthood, the present results appeared to support the contrary position.

One explanation for these findings might be that husbands perceived the increased role transitions of the wife as being in conflict with the companionship role (Olson, 1979, 1981; Schafer & Keith, 1981). A finding of this kind has important implications for the marital relationship of these couples because previous researchers have indicated that husbands may expect that wives should maintain their pre-parent level of marital companionship as a reward for the husbands' efforts in the provider role (Schafer & Keith, 1981). Wives, on the other hand, may have neither the time nor the energy to meet these expectations. Furthermore, the present results appeared to indicate that wives did not view either their own or their husbands' involvement in role transitions as being in conflict with marital companionship.

Hypothesis 3

Hypothesis 3, in which a relationship between infant caregiving activities and marital companionship was proposed, was found to be nonsignificant for both genders. Given the findings of earlier researchers that supported this hypothesis (Lerner, 1979; Oakley, 1979; Ryder, 1973; Tolor & DiGrazia, 1976; Wente & Crockenberg, 1976), the absence of any relationship between these variables for both spouses was unexpected.

For wives, this lack of relationship seemed to demonstrate that their intensive involvement with infant care might not have been viewed as being in conflict with the companionship role (Olson, 1979). That is, the importance that was assigned to the needs of infants may have alleviated their concern about the incompatibility between infant care and marital companionship roles (Blood, 1962; Hoffman & Manis, 1978; Lopata, 1971; Olson, 1979, 1981; Schafer & Keith, 1981; Sollie, 1979).

It is possible that no relationship existed for fathers because they, too, placed the baby's needs above their own (Blood, 1962; Hoffman & Manis, 1978; Lopata, 1971; Sollie, 1979). However, an additional explanation for husbands may be that less involvement by them (in contrast to mothers) in infant care may have explained why decreases in perceived marital companionship did not result for them (Belsky, 1978; Cowan et al., 1978; Schafer & Keith, 1981; Wandersman, 1980). Considered in conjunction with the results reported earlier for family role transitions, these findings seemed to indicate that changes in the role performance of wives that directly affected husbands (e.g., increased spousal fatigue, irregular meal scheduling) were more important to the husbands' loss of companionship than was either their wives' or their own direct involvement in infant care.

Hypothesis 4

It was proposed in this hypothesis that family role transitions and marital stress were related and that this relationship would be stronger for wives. Conversely, the present study found the positive relationship to be stronger for husbands.

This difference for spouses indicated that males were more likely than females to perceive greater marital stress after family role changes with the birth of the first baby. These findings were somewhat unanticipated, because other researchers have indicated that women may experience greater marital stress than men with this transition (Belsky, 1979a; Lein, 1979; Lopata, 1971; Tognoli, 1979).

A possible explanation for the stronger relationship for men is that "husbands may feel that inequity should exist in their favor because they are the primary 'bread-winners'" (Schafer & Keith, 1981, p. 366). That is, while men may have experienced marital stress because they wished their own needs to be met, their wives were in a situation in which it was very difficult for them to meet their husbands' expectations.

By contrast, the lower relationship between family role transitions and marital stress for the women of this study may reflect a lack of assistance by husbands with household activities (Olson, 1979, 1981; Schafer & Keith, 1981). Furthermore, 2 related explanations can be offered for this weaker relationship within the female model as compared to the male model. First, marital stress resulting from inadequate domestic role performance may have been minimized for wives because infant care activities could have been viewed by them as having priority over domestic activities. Second, it is possible that the lack of assistance with domestic activities by husbands and the resulting marital stress

for wives may have existed prior to the baby's arrival. Consequently, only a small increment of stress may have been added with the birth of the first baby.

Hypothesis 5

The hypothesized relationship between marital companionship and marital stress was found to be significant for both husbands and wives, though stronger for the wives. This finding is consistent with the findings of other researchers who have reported that marital stress increases with the entrance of the first child and the subsequent declines of marital companionship (Burr, 1972; Lopata, 1971; Nye & McLaughlin, 1976).

Equal levels of marital stress had been expected for both spouses because the literature was equivocal in regard to which spouse would experience the greater level of marital stress as marital companionship was decreased. Contrary to this prediction, however, wives reported a higher level of perceived stress resulting from perceived deprivations in marital companionship than did their husbands.

As specified earlier, the wives' perceptions of insufficient marital companionship did not appear to be related to their involvement with infant care or other family role activities. Instead, the concern of wives for marital companionship may have resulted from their increased expectations that husbands should compensate them with companionship for their efforts within the child care and other family roles. This perceived variation in marital companionship by wives, in turn, had an important influence on the marital stress they experienced.

This may suggest that these women placed a greater emphasis on companionship with their spouses because they were now experiencing greater isolation at home than before the infants' arrival (Bischof, 1976; Blood, 1962; Dyer, 1963; Hoffman, 1978; Lopata, 1971; Oakley, 1979). In addition to evidence provided by other researchers, data from the present study also support this "increased isolation" (at least from work-related companionship) explanation. That is, comparisons of the wives' employment status before and after the first child's birth indicated that there was a substantial drop in their full-time and part-time employment outside of the home (see Appendix M). Furthermore, if this expected companionship from their spouses did not materialize, then a greater level of marital stress may have resulted (Bernard, 1972). Yet another explanation is that any marital stress experienced by these wives might have resulted from their own guilt over not meeting their husbands' needs for companionship, rather than their own loss of companionate activities (Dyer, 1963; Hoffman, 1978; Lopata, 1971; Miller & Newman, 1978).

Finally, the weaker relationship between marital companionship and the husbands' perceptions of marital stress may have resulted because the husbands' needs for companionship may have been met through their contacts with other adults outside the family. Simply stated, these men were not limited to their homes for as much of the day as were their wives (Bischof, 1976).

Hypothesis 6

In this hypothesis it was proposed that there was a positive relationship between marital companionship and marital satisfaction and that this

relationship would be stronger for wives. Accordingly, the analysis of this prediction revealed a significant, positive relationship for wives only. This finding is consistent with findings reported by previous investigators who have examined the relationship between marital companionship and marital satisfaction (Bott, 1971; Dyer, 1963; Feldman, 1971; Gilman & Knox, 1976; Hawkins, 1968; Lopata, 1971; McNamara & Bahr, 1980; Miller, 1976; Nye & McLaughlin, 1976; Oakley, 1979; Rollins & Feldman, 1970; Rollins & Galligan, 1978; Ryder, 1973; Turner, 1970). The limited daily peer contacts of women after the arrival of their infants may explain why this relationship is significant for wives only (Dyer, 1963; Lopata, 1971). Consequently, deprivation of marital companionship during the transition to parenthood may have decreased the wives' perceptions of marital satisfaction. This may have been the case because they viewed spousal companionship as compensation for decreased contact with other adults (Hawkins, 1968; Rollins & Feldman, 1970). In contrast, men occupy provider roles more frequently and have greater opportunity to interact with peers on a daily basis outside of the home. The result is that men seem to place less emphasis on marital companionship as a basis for marital satisfaction (Rollins & Feldman, 1970).

Hypothesis 7

It was proposed in Hypothesis 7 that marital stress and marital satisfaction were related negatively and that this relationship would be equal in strength for both spouses. Despite this expectation, Hypothesis 7 was supported for wives only. That is, the marital satisfaction of wives was predicted by the perceived marital stress they experienced during this early period of parenthood.

This decline in perceived marital satisfaction might have resulted from stress which arose in these women as their husbands failed to meet their expectations for marital companionship (Burr et al., 1979; Chadwick et al., 1976; Cox, 1978; Dyer, 1963; Hoffman, 1978; Lopata, 1971; Miller & Newman, 1978). Alternatively, decreased marital satisfaction for women in response to increased marital stress may have arisen as husbands failed to provide assistance with child care and/or domestic role activities (Burr et al., 1979; Chadwick et al., 1976; Goode, 1960; Rollins & Galligan, 1978; Schafer & Keith, 1981).

Hypothesis 8

A stronger relationship for wives between family role transitions and marital satisfaction was proposed for the eighth hypothesis. Contrary to this prediction, however, the results for this hypothesis revealed a strong negative relationship for husbands only.

In previous research on the transition to parenthood, the impact of domestic roles on marital satisfaction has been the primary means of studying the relationship between family role transitions and marital satisfaction. Evidence from several studies has indicated that the level of marital satisfaction perceived by wives may be affected by family role transitions for 3 reasons: (a) the increased number of activities placed upon them by the birth of the first child, (b) their inability to maintain all of these activities at an acceptable level of performance, and (c) the lack of spousal assistance they received in their performance of these activities (Bell et al., 1980; Burr et al., 1979; McCubbin et al., 1980; Olson, 1979, 1981; Schafer & Keith, 1981). In contrast to earlier studies, results from this investigation indicated that the

marital satisfaction of wives was indirectly, though not directly, affected by family role transitions. This influence on marital satisfaction was conveyed through the relationship of family role transitions with marital stress.

For husbands, on the other hand, the present research appears to be in agreement with an earlier study by Schafer and Keith (1981), which indicated that husbands become dissatisfied if they perceived their spouses' performance of family roles as being in conflict with their own well-being. The men of this study may have expected their own needs for attention and service to be equal to (and possibly more important than) the needs of the new infant (Lerner, 1979; Waletzsky, 1979).

Hypothesis 9

For the final hypothesis it was proposed that there was a relationship between infant caregiving activities and marital satisfaction which was stronger for females than for males. Consistent with this prediction, a negative relationship was found to exist for wives, though not for husbands. Findings of this type may result from the intensive involvement of mothers and the lower involvement of fathers in infant care (Cowan et al., 1978; Hoffman, 1978; Knox & Gilman, 1974; Kotelchuk, 1975; Parke & Sawin, 1976; Sawin & Parke, 1979; Schafer & Keith, 1981; Wandersman, 1980).

Given the finite resources and infant care demands new mothers face (Olson, 1981), the marital satisfaction of these women may decline with the entrance of the first infant. This possibility is supported by a substantial number of researchers who have reported direct relationships between infant caregiving activities and marital satisfaction (Christensen, 1973; Feldman, 1971; Hicks & Platt, 1970; Miller, 1976; Renee, 1970; Rollins & Feldman, 1970;

Ryder, 1973; Spanier & Lewis, 1980). This relationship also may be reflective of the wives' dissatisfaction with the lower involvement of husbands in infant care activities.

Conceptualizing the Reduced Models

The reduced male model. An overall assessment of the reduced male model during the transition to parenthood indicated that marital satisfaction seemed to be influenced by the family role transitions variable rather than the infant caregiving activities variable. This lack of influence by infant caregiving may have resulted from general social expectations that legitimized less involvement by males than females in the child care role (Belsky, 1978; Bernard, 1972; Cowan et al., 1978; Kotelchuk, 1975; Oakley, 1979; Olson, 1979; Schafer & Keith, 1981; Taconis, 1979). Evidence in support of this explanation was provided by another study from the Tennessee Transition to Parenthood Project (Sollie, 1979). That is, traditional sex-role expectations regarding the performance of child care and domestic roles seemed to be characteristic of the male participants in this study.

An important aspect of the male model was that perceived changes in family roles (especially those related to husband's well-being) were predictive of perceived levels of marital satisfaction, marital companionship, and marital stress. Such results imply that changes in family role performance by wives may have been perceived by husbands as lessening their personal well-being within the marital relationship (Lerner, 1979; Pittenger & Pittenger, 1977; Waletzsky, 1979).

The lack of significant paths between marital companionship, marital stress, and marital satisfaction also poses a rather self-centered image of

husbands resulting from other relationships for "instrumental" variables (Knox, 1979; Stevens-Long, 1979). Although husbands appeared to be substantially influenced by the loss of instrumental services (family role transitions) during the transition to parenthood, the loss of companionate aspects of marriage was only minimally stressful and did not predict their marital satisfaction. These husbands seemed to expect their wives to fulfill instrumental family roles (Sollie, 1979) and placed less value on the companionate dimensions of marriage (Bernard, 1972; Bischof, 1976; Sollie, 1979; Stevens-Long, 1979).

The importance of the relationship between family role transitions and marital satisfaction for husbands is also consistent with a study by Schafer and Keith (1981) in which men perceived the maintenance of their comfort (e.g., meals on time, minimal household responsibilities) as being a fairly inflexible expectation. This self-centered orientation fits well within the concept of traditional marriage, in which wives are expected to provide domestic services in exchange for the provider role performance of husbands (Bernard, 1972).

The reduced female model. Assessment of the model for wives, on the other hand, demonstrated a different and more complex set of relationships than was the case for the reduced model for husbands. To begin with, strong relationships were evident between perceived infant caregiving activities and perceived family role transitions. Given the previous research indicating that mothers of firstborns bear the primary responsibility for both of these roles, the present finding for this relationship was anticipated (Belsky, 1978; Cowan et al., 1978; Hoffman, 1978; Oakley, 1979; Scanzoni & Fox, 1980; Tognoli, 1979; Wandersman, 1980). Consistent with the predictions for this study, the infant caregiving activities variable was directly related to the marital satisfaction of

these women. In contrast, the family role transitions variable predicted marital satisfaction indirectly through the intervening variable, marital stress.

The remaining variable in the model, marital companionship, was influenced by neither of the exogenous variables, family role transitions and infant caregiving activities. Nevertheless, the marital companionship variable was related to marital satisfaction both directly and indirectly. The indirect effect of marital companionship on marital satisfaction was conveyed through the intervening variable, marital stress.

Despite its complexity, the female model can be conceptualized in terms of 2 conditions. The first interpretation pertains to the lack of assistance wives received with infant care and domestic activities. A second factor may be the relative isolation experienced by new mothers which appeared to contribute to the marital outcomes identified in this study. As discussed earlier, the entrance of a first child greatly increased the amount of work, fatigue, and personal stress of wives (Cowan et al., 1978; Knox & Wilson, 1978; Pohlman, 1969). Difficulties of this sort arise because time and energy are finite and insufficient to cope easily with infant care in addition to the continuing demands of family (e.g., the domestic role) and marital roles (e.g., marital companionship) (Bell et al., 1980; Belsky, 1978; Burr et al., 1979; McCubbin et al., 1980; Olson, 1979; Rollins & Galligan, 1978). Although these women may have desired (or even requested) spousal assistance with these activities (Schafer & Keith, 1981), their husbands' traditional value orientation may have resulted in little actual sharing of these responsibilities (Sollie, 1979). This lack of assistance from husbands, in turn, may have resulted in increased marital stress and decreased marital satisfaction for these wives (Araji, 1977; Chadwick et al., 1976; Goode, 1960; Rollins & Galligan, 1978; Schafer & Keith, 1981).

Another important idea is that these women may have experienced insufficient daily contact with social networks outside the family as a result of the first child's entrance (Bischof, 1976; Blood, 1962; Dyer, 1963; Hoffman, 1978; Lopata, 1971; Oakley, 1979). Because regular social contact with peers is important for personal well-being (Cox, 1978; Elkin & Handel, 1978), these women may have desired but not received compensatory companionship with their spouses (Oakley, 1979; Ryder, 1976; Tolor & DiGrazia, 1976). Under these circumstances, marital companionship was an important predictor of marital satisfaction during this period. Insufficient levels of marital companionship may have contributed to higher levels of marital stress and lower levels of marital satisfaction for these wives (Bernard, 1972). The strong negative relationship between marital companionship and marital stress may have occurred because wives defined this lack of companionship as a role discrepancy on the part of their husbands (Araji, 1977; Burr et al., 1979; Chadwick et al., 1976; Cox, 1978).

Symbolic Interactionism and the Transition to Parenthood

The symbolic interactional framework seemed appropriate for the present topic for 2 reasons. First, symbolic interactionism is concerned with the relationships of persons to each other within role relationships and the role-making process. Second, this framework is concerned with the determination of roles by existing social norms and expectations. Both of these issues are especially important for the role transitions and marital role relationships which occur during the early months of parenthood.

The present findings contradicted the contentions of those investigators who have argued that marital (and family) role relationships have moved away from traditional definitions of roles to one that is more responsive to companionate, equalitarian expectations (Bernard, 1972; Glenn & Weaver, 1981; Knox, 1979; Nye, 1976a; Nye & Gecas, 1976; Stevens-Long, 1979). Instead, the present results are consistent with the findings of other researchers who have indicated that the majority of marriages continue to respond to traditional expectations for sex-role divisions (Araji, 1977; Belsky, 1978; Cowan et al., 1978; Gilbert et al., 1981; Hoffman, 1978; Oakley, 1979; Schafer & Keith, 1981; Stevens-Long, 1979; Tognoli, 1979). Indeed, Sollie (1979) analyzed the people used in this study in regards to their sex-role attitudes, gender behavior attitudes, and their attitudes towards children. Her conclusion was that the couples in this sample held traditional beliefs in each of these areas.

Consistent with the idea of traditional marriage, marital expectations define and separate the roles of the spouses on a fairly rigid basis. Husbands are expected to function in the provider role and to perform those chores which are "traditionally" masculine in nature (e.g., home maintenance and lawn care) (Bernard, 1972; Blood & Wolfe, 1960; Knox, 1979). Wives, on the other hand, are expected to fill complementary and supportive roles consisting of the child care and domestic roles (Bernard, 1972; Blood & Wolfe, 1960; Stevens-Long, 1979).

Because of the wide divergence between husband/father and wife/mother roles in traditional marriages, men may seek companionate activities from individuals with whom they have common role performances (i.e., associates at work) (Bernard, 1972; Bischof, 1976; Stevens-Long, 1979). In short, these men are enculturated to perceive marriage as an institutional relationship (Stevens-

Long, 1979) in which emotional and affective dimensions are of secondary importance.

Within a traditional marriage relationship, wives are encouraged by social expectations to be dependent on their husbands for certain kinds of role performance (Bernard, 1972). That is, wives perform domestic and child roles in return for the assurance that their spouses will perform instrumental, companionship, and provider role functions (Bernard, 1972; Blood & Wolfe, 1960; Stevens-Long, 1979).

Another expectation in traditional marriage is that wives should be dependent upon their husbands rather than upon peer networks for companionship (Bernard, 1972; Gilbert et al., 1981; Sollie, 1979). Women, therefore, are expected to share emotional concerns and recreational activities with their spouses (though not domestic and child care activities). Despite this concern for companionate roles, however, the sex-role divisions and structure of traditional marriages often interfere with shared activities. Consequently, many women come to perceive this sex-role divisions as inequitable, despite the fact that they have been socialized into the attitude that this is the acceptable form of marriage (Bernard, 1972; Gilbert et al., 1981; Knox, 1979). This perceived imbalance often is expressed by women as decreased marital satisfaction (Bernard, 1972; Ort, 1950; Rollins & Feldman, 1970; Sollie, 1979).

It would appear, therefore, that the traditional form of marriage fosters a state of role discrepancy during the transition to parenthood. That is, the behaviors of 1 spouse often become increasingly discrepant from the expectations of the other spouse (Burr et al., 1979; Goode, 1960; Nye, 1976a; Ort, 1950; Rollins & Galligan, 1978; Turner, 1970). Accordingly, the concept of role discrepancy could be used to explain the findings for both spouses in the

present study. From the husbands' perception, role discrepancies may have been apparent in the wives' inability to meet their expectations for a variety of domestic services during the transition to parenthood. However, from the wives' perspective, possible deficiencies in the performance of marital companionship, child care, and domestic roles may result in substantial role discrepancies.

In summary, it appears that 2 different mechanisms governed the transition to parenthood for the men and women in this study. The men entered the transition either with traditional expectations for marriage and family roles or very soon relied on these beliefs after the entrance of first infants (Cowan et al., 1978; Kotelchuk, 1975; Olson, 1979; Scanzoni & Fox, 1980; Schafer & Keith, 1981; Sollie, 1979). Traditional beliefs of this kind appeared to have insulated these men from the majority of influences on marital quality that this transition may have produced. Indeed, the assessment of marital satisfaction by these men appeared to be principally based on their traditional beliefs about marriage and the extent to which the presence of a first infant interfered with their spouses' abilities to perform domestic and family functions. Conversely, women appeared to be affected to a greater extent by the transition to parenthood because they appeared to have greater involvement in infant care and domestic activities than their spouses (Glenn & McLanahan, 1982). Furthermore, the need for marital companionship from their husbands appeared to be an important issue which influenced the marital stress and marital satisfaction of these wives.

Limitations of the Study

There are at least 3 methodological factors that may have exerted an influence on the findings from the present study. These 3 issues are the sampling procedure, the instrumentation, and the statistical analysis.

Sampling Procedure

The generalizability of the present study may be reduced because the participants consisted of a self-selected, nonprobability sample composed of couples who chose to become pregnant, to attend preparation for childbirth classes, and to participate in the present study. The subject pool was limited to a convenience sample of participants in childbirth education classes because this arrangement permitted easy access to a sufficient number of pregnant couples. Other attempts to recruit participants for the study were not successful.

Despite the limitation of participant selection, the participants in this study were similar in their beliefs about sex-role attitudes and childbearing to the participants of other studies (Glenn & McLanahan, 1982). Given these similarities, and the nature of the sampling process, the findings of this study may not be limited to its participants.

Instrumentation

Reliability. In general, the reliability coefficients of the scales and their component factors were of moderate strength (.60-.83), though two factors of the Baby's Behavior Checklist had low reliability values of .39 and .40. However, given that the entire scale (reliability of .72) and not individual factors were used for the analysis, the low reliability of these 2 factors was not extremely detrimental to the study.

Validity. As with the most social science instrumentation, the measures used in this study have received only limited evaluation for validity other than face and content validity. In the present study, however, all of the scales were factor analyzed and items which did not achieve a factor loading of .40 or greater were deleted. These deletions and the identification of constructs (or factors) had the effect of evaluating the instruments for construct validity (Kerlinger, 1975).

Statistical Analysis

Path analysis requires the establishment of a system of variables in which the directionality for relationships is suggested (Li, 1975). These postulated relationships and directionality are based on a review of the literature and systematic theory-building procedures (Burr, 1973). Nevertheless, the cross-sectional nature of the data and the correlational nature of path analysis are only suggestive of directionality based on previously existing theory.

Path analysis also permits the simplification of a theory through the deletion of nonsignificant relationships from the proposed model (Heise, 1969; Land, 1969; Miller, 1976). However, there is no agreed upon procedure for these deletions and the choice of a procedure is largely a subjective one (Heise, 1969; Land, 1969). For the present study, it was initially decided to delete all paths from the reduced models that were not significant at .05. However, it was decided subsequently to include 2 paths in the reduced models that were significant at .06. This decision was made for 2 reasons: (a) the theoretical support for these relationships and (b) the proximity of the .06 level of significance to the predetermined .05 level (Myers, 1979). Though this decision was appropriate to the present study, it is one that may be questioned by other

researchers. According to Myers (1979), the validity of such a decision lies in "whether or not (the conclusions of the study) are supported by subsequent replications of the experiment or by differently designed investigations of the hypotheses in question" (p.55).

Implications for Theory and Further Research

Rollins and Galligan (1978) proposed a mid-range theory to explain the influence of family career transitions (e.g., transition to parenthood) on marital satisfaction. This influence was predicted to be both direct and indirect, with the latter influences being expressed through intervening variables such as marital stress and marital companionship. Path analysis was determined to be appropriate for testing this theory because it has the capacity to examine both direct and indirect relations.

The proposed model for this study was examined separately for husbands and wives because earlier researchers had indicated that spousal differences for several of the hypothesized relationships in the model could be expected. In the present study it was determined not only that such differences did exist but that the transition to parenthood for husbands and wives may be influenced by different patterns of relationships. Thus, gender differences should be taken into account in future studies which address similar questions.

The findings from the present study appear to support the possibility raised by earlier researchers (e.g., Araj, 1977; Bernard, 1972; Chadwick et al., 1976; Knox, 1979; Lopata, 1971; Nye & McLaughlin, 1976; Rollins & Feldman, 1970; Sollie, 1979; Udry, 1974) that men and women may have different expectations for marriage. Distinctive attitudes of this kind in equalitarianism/traditionalism are important throughout the family life cycle as well

as during the transition to parenthood (Houseknecht & Macke, 1981; Rollins & Cannon, 1974; Rollins & Feldman, 1970).

Furthermore, the present study suggested that examination of nonmarital companionship for husbands and personal well-being for wives may be appropriate for any future studies that address the transition to parenthood. An examination of nonmarital companionship for husbands seems appropriate because no relationship was found between perceived marital companionship and the perceived marital satisfaction of men. Furthermore, other investigators have reported that nonmarital companionship may be more important to husbands than marital companionship (Bernard, 1972; Bischof, 1976; Stevens-Long, 1979). Personal well-being in wives also should receive attention in future studies inasmuch as some of the wives in the present study may have experienced personal deprivation in marital companionship (Bernard, 1972).

Future research that addresses the transition to parenthood requires a longitudinal design in which there is an antepartum assessment and multiple postpartum evaluations extending over the first postpartum year. In addition, cross-lagged analysis as well as path analysis is recommended for future studies.¹ This analytical approach would be useful in more thoroughly examining Feldman's Baby Honeymoon Hypothesis. The present study showed that marital stress was a prominent factor for both spouses in the early postpartum

¹Cross-lagged analysis is a means of determining whether or not an exogenous variable influences a dependent variable (or vice-versa) when both variables are measured at several points in time (Bohrnstedt, 1969). In the present situation, this form of analysis could be used to determine if marital (and individual) stress were more influenced by the exogenous variables of the study in the immediate postpartum period or later in time.

period. Whereas this finding somewhat contradicts Feldman's hypothesis, no definitive comments can be made about his assertion without a longitudinal study and cross-lagged analysis.

Another implication of this research is that the Baby's Behavior Checklist needs to be expanded to strengthen the reliability of the Cleaning and Feeding Time factors which were low in the present study. In addition, questions need to be added which assess whether one or both spouses actually enacts caregiving activities (role performance). The extent to which each spouse becomes involved in these activities and how satisfied each spouse is with his/her own and the spouse's contribution also should be measured. Similarly, an assessment that measures how difficult the parents perceive the infant to be (Roberts, 1979) and the amount of reinforcement the parents perceive themselves as receiving from the infant should be included.

The family role transitions variable also needs to be measured in greater depth with other assessments of family role behaviors being included in the Role Transitions Checklist. One instrument to be included in future studies should be a measure of family role activities performed by each spouse and his/her mate, as well as his/her satisfaction with this performance. Such an instrument would be useful in determining if the role behaviors within a marriage followed a traditional or equalitarian pattern in families (Araji, 1977). If used in a longitudinal project, this instrument would also be useful in determining if changes in spousal role performance occurred during the transition to parenthood and the extent of this change (Cowan et al., 1978; Oakley, 1979).

Another useful instrument would be a measure that explores the implications of female employment more thoroughly. This instrument would be useful

in determining whether the marital relationships of employed versus unemployed women are differentially affected by the entrance of first babies (Gilbert et al., 1981; Glenn & McLanahan, 1982; Housekcht & Macke, 1981; Roberts, 1979).

Finally, both the Marital Stress and Marital Companionship Scales need to be expanded. For example, the Marital Stress Scale needs items that reflect more specific irritations (e.g., lack of spousal assistance with specific infant care and/or domestic activities). The companionship scale needs an additional checklist that would include specific leisure/recreational activities (and their frequency of occurrence) in which couples jointly engage. Questions concerning the degree that each spouse values marital companionship also should be included.

Implications for Preparation for Parenthood Programs

Results from this study could be incorporated into family life, preparation of parenthood, or similar programs (Glenn & McLanahan, 1982). This material could be used to discuss the transition to parenthood and its potential influences upon the marital dyad. Furthermore, the findings of this study (as well as the findings of other researchers) could be used to acquaint both men and women with the different types of stress each spouse might experience during the early months of parenthood as well as methods for coping with this stress.

The findings from this research, combined with earlier works, might be useful in discussing equalitarian and traditional sex-role expectations in marriage. These studies could be used to demonstrate the problems that women face as they try to balance and perform child care, domestic, and marital roles.

It is possible that an examination of women's roles may assist some men in developing more equalitarian perspectives.

Several researchers have discussed the need for (and the effects of) postpartal support groups that involve both husbands and wives (Wandersman, 1978, 1980; Wandersman, Wandersman, & Kanh, 1980). The findings of the present study would seem to support the utility of such groups for parents of both genders. For example, these groups may substitute (at least in part) for the restricted peer contacts and companionship that new mothers experience. In contrast, these groups may assist husbands to understand the intensity of their wives' role involvement and role strain and may provide them with support in changing their perceptions of sex roles and gender-specific activities.

Groups of this kind may serve as a means of reducing stress for both parents during the transition to parenthood by providing information about domestic and infant care activities. These groups may also provide parents with a source of babysitters so that couples could spend additional time in joint recreational and/or leisure activities.

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APPENDICES

APPENDIX A

Components of the Transition
to Parenthood Survey

<u>Administrations</u>		
<u>1</u> (3-9 months pregnant)	<u>2</u> (5-6 weeks postpartum)	<u>3</u> (8 months postpartum)
A. Background Information	A. Employment Status	A. Employment Status
B. Average Baby's Characteristics	B. Family Income	B. Family Income
C. Personal Feelings	C. Personal Feelings	C. Personal Feelings
1. Well-being	1. Well-being	1. Well-being
2. Self-esteem	2. Self-esteem	2. Self-esteem
D. Marital Feelings	D. Marital Feelings	D. Marital Feelings
1. Satisfaction	1. Satisfaction	1. Satisfaction
2. Stress	2. Stress	2. Stress
3. Companionship	3. Companionship	3. Companionship
4. Conflict Resolution	4. Conflict Resolution	4. Conflict Resolution
E. Parental Values	E. Parental Values	E. Parental Values
	F. Labor Experiences	F. Your Baby's Characteristics
	G. Delivery Experiences	G. Husband and Wife Roles
	H. Feeding	
	I. Your Baby's Characteristics	
	J. Parental Experiences	
	K. Enjoyments and Gratifications	

APPENDIX B

Purpose of the Project

The Transition to Parenthood Study
(Please keep for your information)

WHAT?	We are conducting a study about the transition to parenthood by comparing couples who are and are not now expecting their first baby.
WHY?	Because most couples experience ups and downs after the birth of their first baby, and we think there would be fewer "downs" if more was known about this transition.
WHAT WILL I GET OUT OF THIS?	We hope that your participation will help clarify your own feelings and values about parenthood, and perhaps stimulate discussion of these issues with your husband or wife.
WHAT WILL OTHERS GET OUT OF IT?	Your participation will help us learn how the transition to parenthood can be made more smoothly for others. The information obtained will also be helpful to those who plan and teach parenthood preparation classes.
WHAT DO I HAVE TO DO?	You will have three similar questionnaires - one now, another in about three months, and the last in about 8 months. The questionnaires will take about half an hour to complete each time. Husband's and wife's responses should be given privately and separately, and we will keep answers strictly confidential.
WHAT IF I HAVE QUESTIONS OR PROBLEMS	Please feel free to contact: DR. BRENT C. MILLER Child & Family Studies 974-5316 1218 White Avenue Knoxville, Tennessee 37916

APPENDIX C

Informed Consent Form

The transition to parenthood study being conducted in the Department of Child and Family Studies has been explained to me. I have had the opportunity to ask questions about the study.

I understand that those conducting the study will:

1. continue to promptly answer any questions I might have about the study and my participation in it;
2. not do or say anything that could reasonably be expected to be harmful to me in any way;
3. protect the confidentiality of my responses by assigning me a code number and never associating my name with the answers that I give;
4. be willing to share the overall results with me at my request.

By agreeing to participate in the study I understand that I will:

1. respond to three separate questionnaires several months apart;
2. be answering questions mostly about my own feelings and experiences regarding marriage and parenthood;
3. be free to leave any questions unanswered;
4. be free to stop participating at any time.

signed (husband)

signed (wife)

date

signed (project director)

APPENDIX D

Table 13

Age and Years of Marriage of the Study Participants
by Childbirth Education Class

Characteristic	Husbands		Wives	
	$\bar{X}$	SD	$\bar{X}$	SD
<u>Fort Sanders Presbyterian Hospital (N = 22 couples)</u>				
Age	29.96	4.57	27.01	3.89
Years married	3.50	2.24	3.59	2.26
<u>Saint Mary's Medical Center (N = 26 couples)</u>				
Age	28.04	3.79	26.19	2.77
Years married	3.85	1.71	3.89	1.75
<u>The University of Tennessee Memorial Hospital (N = 10 couples)</u>				
Age	28.60	3.31	28.00	3.50
Years married	4.20	2.70	4.20	2.70
<u>Lamaze Association (N = 50 couples)</u>				
Age	27.64	3.63	25.70	2.79
Years married	3.14	1.82	3.10	1.82
<u>Other¹ (N = 1 couple)</u>				
Age	30.0	----	29.00	----
Years married	1.00	----	1.00	----

¹This is the only couple obtained by advertising outside of the childbirth education classes.

APPENDIX E

Table 14

Education and Income of the Study Participants
by Childbirth Education Class

Characteristic	Husbands		Wives	
	Median	Range	Median	Range
<u>Fort Sanders Presbyterian Hospital (N = 22 couples)</u>				
Education ¹	4.30	4	3.44	4
Income ²	4.90	4	4.79	4
<u>Saint Mary's Medical Center (N = 26 couples)</u>				
Education ¹	3.77	4	3.67	4
Income ²	4.21	4	4.06	4
<u>The University of Tennessee Memorial Hospital (N = 10 couples)</u>				
Education ¹	4.83	3	3.50	5
Income ²	4.50	5	4.75	5
<u>Lamaze Association (N = 50 couples)</u>				
Education ¹	4.12	5	3.36	4
Income ²	3.38	5	3.44	5
<u>Other³ (N = 1 couple)</u>				
Education ¹	6.00	-	6.00	-
Income ²	4.00	-	4.00	-

- ¹ 1 = Some high school or less
 2 = High school graduate
 3 = Some college/technical school
 4 = College/technical school graduate
 5 = Some graduate study
 6 = Graduate degree

- ² 1 = Less than \$6,000
 2 = \$6,000-\$9,999
 3 = \$10,000-\$14,999
 4 = \$15,000-\$19,999
 5 = \$20,000-\$24,999
 6 = \$25,000 and above

Table 14 (Continued)

³This is the only couple obtained by advertising outside of the childbirth education classes.

APPENDIX F

Sociodemographic Questions

A. BACKGROUND INFORMATION. Check or fill in the appropriate blank for each of the following questions. Please respond to every item.

- A1. In what year were you born? _____
- A2. How long did you know your spouse before marriage?
_____ years and/or _____ months
- A3. How long have you been married? (to the nearest month)
_____ years and _____ months
- A4. What is the highest level of education you have completed?
____ some high school or less
____ high school graduate
____ some college/technical school
____ college graduate
____ some graduate study
____ graduate degree
- A5. What is your current employment status?
____ employed part time
____ employed full time
____ unemployed
- A6. What is your current or most recent job? (describe) _____

- A7. Here is a table of income levels. Circle the letter in front of the amount of your and your spouse's total combined income last year.
- | | |
|----------------------|-----------------------|
| A. less than \$6,000 | D. \$15,000-\$19,999 |
| B. \$6,000-\$9,999 | E. \$20,000-\$24,999 |
| C. \$10,000-\$14,999 | F. \$25,000 and above |

APPENDIX G

Role Transitions Checklist

J. Parental Experiences

Some common experiences of new parents are listed below. Please indicate how easy or difficult they were for you to cope with by checking the appropriate box.

	Very easy	Fairly easy	A Little Difficult	Somewhat Difficult	Very Difficult	Does not apply
J1. Husband showing too much attention to the baby						
J2. Advice from inlaws						
J4. Less time with friends						
J5. Changes in routines (sleeping, eating...)						
J6. Husband showing too little attention to the baby.						
J7. Increased work load at home						
J8. Negative feelings toward the baby						
J9. Changes in housekeeping standards						
J10. Changes in my sexual feelings and responses						
J11. Feeling "distant" from husband						
J12. Difficulty in falling asleep						
J13. Changes in career or life plans						
J14. Changes in sexual responses of husband						

		Very easy	Fairly easy	A Little Difficult	Somewhat Difficult	Very Difficult	Does not apply
J15.	Irregularity of meals						
J16.	Sharing husband's time and attention with the baby						
J17.	Increased costs						
J18.	Decreased time for myself						
J19.	Changes in wife's figure						
J20.	Uncertainty about myself as a parent						
J21.	Fatigue, tiredness						
J22.	Changes in employment status of wife						
J23.	Irritability of self						

Modified Role Transitions Checklist

- J2. Advice from inlaws.
- J4. Less time with friends
- J5. Changes in routines (sleeping, eating...).
- J7. Increased work load at home.
- J9. Changes in housekeeping standards.
- J12. Difficulty in falling asleep.
- J13. Changes in career or life plans.
- J15. Irregularity of meals.
- J17. Increased costs.
- J18. Less time for myself.
- J21. Fatigue, tiredness.
- J22. Changes in employment status of wife.
- J23. Irritability of self.

APPENDIX H

Baby's Behavior Checklist

In each set of items below check the statement which you think best describes your baby now. Be as accurate as you can, but please mark one answer for each item, even if you have to guess.

OUR BABY:

14. ☐ 1 Sleeps 16-20 hours in 24 hours.
☐ 2 Sleeps 12-16 hours in 24 hours.
☐ 3 Sleeps 8-12 hours in 24 hours.
☐ 4 Sleeps less than 8 hours in 24 hours.
15. ☐ 1 Sleeps on a predictable schedule throughout the day and night.
☐ 2 Sleeps on a predictable schedule most of the time.
☐ 3 Sleeps on a predictable schedule part of the time.
☐ 4 Sleeps on an unpredictable schedule.
16. ☐ 1 Sleeps through the night.
☐ 2 Awakens once during the night.
☐ 3 Awakens 2-3 times during the night.
☐ 4 Awakens more than 3 times during the night.
17. ☐ 1 Eats on a regular schedule.
☐ 2 Eats at regular intervals most of the time.
☐ 3 Eats at regular intervals part of the time.
☐ 4 Eats at irregular intervals.
18. ☐ 1 Requires 20-30 minutes to feed (average feeding).
☐ 2 Requires 30-45 minutes to feed (average feeding).
☐ 3 Requires 45-60 minutes to feed (average feeding).
☐ 4 Requires more than 60 minutes to feed (average feeding).
19. ☐ 1 Is usually predictable about how long feedings will take.
☐ 2 Is frequently predictable about how long feedings will take.
☐ 3 Is sometimes predictable about how long feedings will take.
☐ 4 Is seldom predictable about how long feedings will take.
110. ☐ 1 Cries hardly at all.
☐ 2 Cries occasionally.
☐ 3 Cries frequently.
☐ 4 Cries most of the time.
111. ☐ 1 Is usually quieted (from crying) by something we do.
☐ 2 Is frequently quieted (from crying) by something we do.
☐ 3 Is sometimes quieted (from crying) by something we do.
☐ 4 Is seldom or never quieted (from crying) by something we do.

112. ☐ 1 Is usually predictable about what will quiet him/her.
☐ 2 Is frequently predictable about what will quiet him/her.
☐ 3 Is sometimes predictable about what will quiet him/her.
☐ 4 Is seldom or never predictable about what will quiet him/her.
113. ☐ 1 Is seldom or never hard to quiet.
☐ 2 Is sometimes hard to quiet.
☐ 3 Is frequently hard to quiet.
☐ 4 Is usually hard to quiet.
114. ☐ 1 Smiles at me frequently.
☐ 2 Smiles at me fairly often.
☐ 3 Smiles at me sometimes.
☐ 4 Smiles at me seldom or never.
115. ☐ 1 Looks me in the eye frequently.
☐ 2 Looks me in the eye fairly often.
☐ 3 Looks me in the eye occasionally.
☐ 4 Looks me in the eye seldom or never.
116. ☐ 1 Has wet diapers less than 5 times in 24 hours.
☐ 2 Has wet diapers 5-10 times in 24 hours.
☐ 3 Has wet diapers 10-15 times in 24 hours.
☐ 4 Has wet diapers more than 15 times in 24 hours.
117. ☐ 1 Has dirty diapers 1-3 times in 24 hours.
☐ 2 Has dirty diapers 4-5 times in 24 hours.
☐ 3 Has dirty diapers 6-7 times in 24 hours.
☐ 4 Has dirty diapers more than 7 times in 24 hours.
118. ☐ 1 Spits up milk 0-3 times in 24 hours.
☐ 2 Spits up milk 4-6 times in 24 hours.
☐ 3 Spits up milk 7-9 times in 24 hours.
☐ 4 Spits up milk more than 9 times in 24 hours.

APPENDIX I

Marital Satisfaction Scale

D. MARITAL FEELINGS. Please mark how satisfied you are now with each of the following aspects of your marriage. Check the box that is closest to your present feelings.

How satisfied are are you <u>currently</u> with	Very DIS- satisfied	a little DIS- satisfied	satisfied	quite satisfied	perfectly satisfied
D1. the way <u>money</u> is handled in your marriage.					
D2. the things you and your mate do <u>when you go</u> <u>out</u> for enter- tainment, fun.					
D3. the amount of <u>affection</u> in your marriage.					
D4. the way <u>chores</u> around the house are per- formed.					
D5. the way you and your mate deal with <u>in-</u> <u>laws</u> in your marriage.					
D6. <u>sexual rela-</u> <u>tions</u> in your marriage.					
D7. <u>religious</u> <u>beliefs</u> and <u>activities</u> in your marriage.					

APPENDIX J

Marital Stress Scale

Now think of all the pleasures and problems that go into daily life with your mate.

	very much	somewhat	a little	not at all
D8. When you think of these things, how <u>bothered</u> do you feel?				
D9. how <u>tense</u> do you feel?				
D10. how <u>bored</u> do you feel?				
D11. how <u>frustrated</u> do you feel?				
D12. how <u>unhappy</u> do you feel?				
D13. how <u>worried</u> do you feel?				
D14. how <u>neglected</u> do you feel?				

APPENDIX K

Marital Companionship

In the next questions we want you to estimate how often things have happened in your marriage. We are not so interested in your feelings as in your most accurate report of how often these things occur.

How often have you and your mate done these things together in the <u>past month</u> ?	None or Never	Maybe once a month	Two or three times a month	About once a week	Two or three times a week	Everyday or more
D15. had a stimulating <u>exchange of ideas</u>						
D16. <u>Laughed together</u> or shared a joke.						
D17. <u>worked together</u> on a project						
D18. <u>visited friends together</u>						
D19. gone out for <u>entertainment or recreation</u>						
D20. taken a <u>drive or walk</u> just for fun						
D21. spent some time <u>chatting</u> together						

APPENDIX L

Table 15

Reported Participation in Infant Care at
8 Months Postpartum

Activity ¹	Husbands		Wives	
	$\bar{X}$	SD	$\bar{X}$	SD
Prepares baby's food	2.32 (N=107)	.76	3.96 (N=109)	.77
Feeds baby during the day	2.19 (N=108)	.70	3.95 (N=106)	.77
Feeds baby during the night	2.06 (N=95)	.94	4.07 (N=97)	.99
Bathes baby	2.05 (N=109)	.89	4.04 (N=107)	.86
Diapers and dresses baby	2.61 (N=109)	.64	3.50 (N=109)	.59
Buys things for baby	2.34 (N=109)	.67	3.84 (N=109)	.80
Takes baby to doctor	1.94 (N=108)	.87	4.27 (N=108)	.84
Soothes baby when crying	2.67 (N=109)	.53	3.41 (N=109)	.61

- ¹ 1 = Spouse always performs this activity
 2 = Spouse usually performs this activity
 3 = Both spouses equally perform this activity
 4 = I usually perform this activity
 5 = I always perform this activity

APPENDIX M

Table 16

Employment Status of Study Wives Before
and After Their Child's Birth¹

Employment Status	Ante- Partum (N = 107)	Post- Partum (N = 108)
Full-time	65	25
Part-time	16	7
Unemployed	26	76

¹ $t(108) = 8.63, p < .0001$

VITA

M. Bennet Broner was born in the Bronx, New York, on November 6, 1947. His family moved to Miami, Florida, in 1956, and he resided there until 1967, when he completed his studies at Miami-Dade Community College. Mr. Broner continued his studies at the University of Southern Florida in Tampa, Florida. He was graduated from this university in 1970 with a Bachelor of Arts degree in Zoology. In 1975, he was awarded a Master of Science degree in Guidance and Counseling from Nova University of Advance Technology, Fort Lauderdale, Florida.

Mr. Broner was married to Truus H. Broner-Delfos, a certified nurse-midwife, on July 21, 1973. They have two children, both daughters, who were born in October, 1978, and June, 1980. Before moving to Knoxville for his doctoral studies, Mr. and Mrs. Broner resided in Fort Lauderdale, Florida; Crown Point, Indiana; and Jackson, Mississippi.

Mr. Broner is presently employed as health educator and program consultant for the Professional Register of Nursing Services, Inc., of Knoxville, Tennessee. His professional interests center about reproduction, the transition to parenthood, and the development and evaluation of wholistic health care programs related to family development and well-being.