

Combining Parenting and Paid Work

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SIGNED STATEMENT

This thesis contains no material that has been accepted for the award of any other degree or diploma in any university. To the best of my knowledge and belief, this thesis contains no material which has previously been published elsewhere or written elsewhere by another person except where due reference is made in the body of the text.

Suzanne Joy Higgins

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LIST OF PRESENTATIONS

The following presentations have arisen as a result of this doctoral study.

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ABSTRACT

Combining Parenting and Paid Employment

First time parent couples are more likely to be a dual income family now than ever before. In Australia, 65% of employed women in couple families have dependant children, and in couple families with children under five years of age, 52% of mothers are in paid employment. Research consistently shows that women still take on responsibility for family chores, those unpaid jobs which are essential for maintenance of society.

The aim of this study was to examine the experience of first-time parent couples when the mother returned to the paid workforce. An Australian community based sample of 141 participants (69 couples plus 3 women whose partners failed to return questionnaire booklets) were recruited into this longitudinal study for the purpose of comparing single and two-income first-time parent couples. Recruitment occurred prior to the two-income mother returning to paid work and participants were followed for ten months to determine how men and women negotiated the transition from single to two-income status. A number of variables were measured on four occasions over a ten-month period to examine the effects of the transition on each partner and compare the results between the two groups of parents. These variables included marital satisfaction, worker spillover, stress levels, parenting satisfaction, division of household labour and emotional status.

This reasonably well educated sample were mostly aged in their 30's and described themselves as semi-professional or professional in occupation. The majority were born in Australia and had lived together for around four years on enrolment in the study. When they divided their household responsibilities, in some areas they reported quite equitable allotment of chores, (such as decision-making and household tasks) while in other areas women clearly took a larger load (e.g. childcare). Despite some areas of task division being inequitable, two thirds or more of the sample reported being satisfied with how the type of particular family work was divided.

In general this sample reported being less satisfied with their couple relationship than other Australian men and women but this dissatisfaction was not so great as to indicate relationship breakdown. However, men and women in the study

reported similar levels of relationship satisfaction with each other and it was fairly stable over the duration of the study. Single and two-income participants did not differ on their reports of relationship satisfaction indicating employment status did not play a part in how they felt about the couple relationship.

This sample reported slightly less worker spillover into family life than the norms available for the measurement scale used, and men reported higher worker spillover than female participants. As to be expected, the female partners perceived greater spillover from their spouses' work into family life than the men reported. Of particular interest is that single income women reported higher spillover from their 'work' (family responsibilities) than two-income women reported while two-income men reported higher spillover than their single-income counterparts.

The group as a whole appeared less stressed than the validation sample means, this was particularly evident for men in the current study. Single-income women and two-income men reported the most stress over the duration of the study. Men and women in the study reported being less anxious and angry than norms for the scale used although two-income participants, as a group, reported being more anxious and angry than single-income participants.

The degree of attachment felt towards their baby did not differ significantly between men and women in the study although they reported lower levels of attachment than those norms obtained from a sample of women (studied to validate the measure used).

Correlations were carried out to determine if relationships existed between work spillover, work factors and self-reported stress; single income women had the most relationships identified over the four data collection times than other participants. The only exception to this was at Time 1 when four relationships were found for two-income women who were reporting on family responsibilities as their 'work' prior to returning to the paid workforce. The only time unpaid work hours and overtime were positively correlated with worker spillover scores was at Time 4 for single-income men.

It would appear this sample of Australian first-time parents demonstrated a transitional process over a 10-month period, when some were combining

parenting and paid work. They did not appear to be experiencing undue hardship although some evidence of stress existed for some groups of participants. Surprisingly, two-income women did not appear to be the most stressed or distressed group in the sample. If anything, single income women appeared to find their role more stressful and this impacted on other variables.

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Chapter 1

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Chapter 1

Introduction to the Study.

1.0 Interest In The Area Of Combining Parenting And Paid Work

This study arose out of the professional and the personal interests of the researcher. As a nurse who was committed to her career, she envisaged combining it with parenthood when the time came. This proved more challenging than expected.

When working in the area of Maternal and Child Health, the researcher found that many women clients (mothers) expressed anxiety and concern about returning to paid work once their infant was born. Many of these women, while pregnant, had taken advantage of employment award conditions, applied for Maternity Leave and fully expected to return to their previous position with minimal disruption to self and family. After the birth, they had second thoughts. For some women the major stressor was the thought of leaving their baby, for some it was related to workload issues, for others it was purely a matter of enjoying their new role as a mother and not wishing to return to their 'previous life'. It seemed that the researcher's experience was not restricted to herself but was one which other first-time mothers also struggled with, both physically and emotionally.

1.1 Two-Income Families

Contemporary families in developed nations are likely to combine parenthood with paid work. Almost 50% of Australian women with children aged 0-4 years are in the paid workforce (ABS, 2002b). These figures are lower than in the United States where larger proportions of mothers with pre-schoolers are employed, many of them when their infants are less than one-year-old (Hoffman & Youngblade, 1999).

Reasons for combining paid work and parenthood vary but include financial reasons, commitment to career, self fulfilment and unemployed or absent spouse (Nichols, 2002; Romito, 1997; Rosenfeld, 1992; Weber, 1999). Over the past 25 years it has become almost the norm for mothers of dependant children to be in paid employment although there is still a societal expectation that women continue to take major responsibility for the family (Probert, 1999). Numerous clichés have

arisen to describe this combination of roles such as 'the double shift', role overloads, juggling roles, having it all and more.

1.2 Changing Roles

Family roles are changing for men as fathers and spouses. Many men want to be more involved with their children and there is a social expectation that men 'share the load' in the home (Barclay & Lupton, 1999). However there still appears to be the stereotypical father who is the breadwinner for the family and works long hours such as portrayed in television shows such as *The Bill* and *Crime Scene Investigation*. The previous generation of men did not provide a role model for their sons who now seem to be more involved in their children's daily lives and are more likely to have a spouse in paid employment. There appears to be a time of adjustment when men become fathers and a need to develop skills in caring for small infants but, additionally, also adapt to the changing spousal relationship, renegotiate their roles in the home and rethink their breadwinner role.

The roles for women, as noted above, also seem blended. They have fought hard to be able to take an equal position in the paid workforce but have not been able to relinquish major responsibility for household labour (including major responsibility for childcare). These issues of changing roles for men and women will be discussed further in this and the next two chapters.

1.3 Existing Research

The findings from previous research are inconclusive regarding the personal and family impacts of combining parenthood and paid work. There was a flurry of research in the 1980's when maternal employment was rising and community debate on the impact was increasing. In the 1990's there has been less interest in the experiences of young families combining parenthood and paid work and a definite lack of Australian studies in this specific area. In addition, increasing acceptance of an 'adjustment to parenthood' concept for first-time parent couples suggests there is a need to study the issues associated with combining parenthood and paid work. Many studies which have been conducted have been cross-sectional (Pattison & Moyse, 1995) or have gathered data only from women (Nichols, 2002). No studies were located during an extensive literature review that collected baseline data prior to the mothers return to paid work (and therefore the two-income status with a young baby).

In order to fill the gaps in the parenthood and paid work literature, overcome methodological weaknesses in previous studies, a doctoral study was designed. The study being presented in this thesis gathered data from both mothers and fathers (neither of whom had other children), longitudinally, prior to and after the mother in the family had returned to paid employment. In addition single-income families were included in the study to provide a control group to determine which factors (if any) are likely to be most affected by dual income status. By collecting data prior to mothers returning to paid employment, it was possible to have some baseline data. This enabled analysis to determine if there were changes in any of the variables and if there was a pattern indicating that a form of 'adjustment' occurred for these new parent couples as time passed.

1.4 Combining Parenting and Paid Work Study

The aim of the study was to examine the experience of first-time parent couples when the mother returns to the paid workforce and the couple then function as a two-income family with a young baby.

The research questions:

1. What are the experiences of each partner in new parent couples as they negotiate the transition to becoming a two-income family and combine parenting and work?
2. How does the lifestyle differ for single-income and two-income couples in its effects on first-time parent couples?

The objectives of the study were to:

1. determine if the experiences of becoming a two-income family with a young infant differs for mothers and fathers.
2. identify how these families managed the process over a time frame of ten months with both parents in the workforce
3. compare the experiences of two-income families with those of single-income families where (usually) the mother was providing full-time home care duties

The study was set in Melbourne, Australia. Demographics related to Australian families will be presented in order to illustrate the social setting in which the study took place.

1.5 Marriage And Cohabiting In Australia

1.5.1 Marriage rates

During the past 20 years in Australia there has been a decline in the rates of marriage even though the actual number of marriages that took place in 1998 was slightly increased compared to the previous year. The number of people marrying per 1000 in Australia is less than the rates in the USA but more than the numbers marrying in Canada and the United Kingdom (UK). Australian rates were 5.9 per 1000 population in 1998, USA was 8.8 per 1000 in 1996, and the Canadian and UK rates were 5.5 per 1000 in 1995. In addition 67% of Australian couples had cohabited prior to marriage in 1998 (ABS, 1999) while in 1978 only 22% of couples marrying had cohabited. Thus there has been a threefold increase in cohabitation prior to marriage in the past 20 years, which may play a role in the later age for marriage. In the State of Victoria the marriage rate is slightly below the national average at 5.7 marriages per 1000 population (ABS, 1999d).

1.5.2 Age On Marriage

The average age at marriage in Australia in 1998 was 27.7 years for brides and 29.8 years for grooms (ABS, 1999d). In 49% of marriages in 1998, the bridegroom was aged 30 years or more whilst for women, 37% were aged 30 or more. In couples where men and women were marrying for the first time, 43% of men and 21% of women were aged 30 or more. These ages have increased since 1978 when 13% of men and 6% of women marrying for the first time were aged 30 or more (ABS, 1999). These trends towards marrying later have also been identified in New Zealand (Sarantakos, 1996), the USA (Amato, Johnson, & Booth, 2003; Blau, Hahn, & Waldfogel, 2000; Goldstein & Kenney, 2001) and in the UK (Henretta, Grundy, & Harris, 2001).

1.5.3 Cohabitation

Cohabitation instead of marriage, or cohabitation with a chosen partner prior to marriage, is an increasingly acceptable option for Australian couples. Prior to the 1970's, young people left the family home to get married, for employment or educational purposes (McDonald, 1995). Since the 1970's, young Australians increasingly left home to live in a couple relationship as an alternative to early

marriage and by 1998, 68% of couples entering into marriage had previously cohabited (ABS, 1999; McDonald, 1995). McDonald (1995) proposes that cohabitation relationships meet the needs for autonomy and intimacy and are facilitated by the availability of reliable contraception (p.30-31). Cohabitation or de-facto relationships account for about 8% of heterosexual couple relationships and are more common in people aged less than 30 years. In the 1980's and 1990's young people were more likely to leave home in order to live in a spousal type relationship without marriage or to share a home with other young people than for the cited reasons (Gilding, 1997; McDonald, 1995; Sarantakos, 1996).

1.6 Divorce in Australia

1.6.1 History of divorce

Sarantakos (1996) reports that divorce has occurred throughout history but has been given more attention in the last 25 years in Australia, especially since the Family Law Act of 1975. This Act introduced the concept of 'no fault' divorce or 'irretrievable breakdown' as the only basis for divorce and reduced the compulsory time a couple must be separated prior to initiating divorce proceedings (5 years down to 12 months). A marked increase in divorces occurred immediately after this legislative change but this is attributed to a build-up of dissolved marriages which had not been formerly terminated (Gilding, 1997; McDonald, 1995; Sarantakos, 1996). At the close of the 1800's, only about 1% of marriages ended in divorce but this slowly increased during the next century to around 10% of all marriages up until the 1970's. It is likely that in earlier Australian history the social systems worked against marital breakdown. Women, alone or with children, had very little sources of financial support; the welfare systems that exist today were not available in the previous century. In addition, women were considered the property of their husband (or father) and as such could not easily leave an unhappy relationship. The values of the community in the late 1800's included a concept that marriage was a sacrament, was not easily dissolved unless there was due cause. The increase in the rate of divorce from the 1970's has also been noted in New Zealand and the US (Sarantakos, 1996) and in UK (Allan et al., 2001). In UK the Divorce Reform Act was legislated in 1968, with a resulting rise in the divorce rate. Prior to this legislation, divorce could only be obtained if one spouse could prove adultery, desertion or unreasonable behaviour, much like the case in Australia prior to 1975. It is highly probable that Australia addressed the issue of marital relationship breakdown soon after UK and may even have modelled Australian legislation on the Divorce Reform Act.

1.6.2 Rates of divorce

Today around 40% of marriages are likely to end in divorce (McDonald, 1995). The rate of divorce has shown a slight upward trend over the past 20 years. In 1998 the divorce rate was 1.7 per 1000 married population, a rate that is slightly up on the rate in 1987 but less than the rate in 1978 (ABS, 1999). The Australian divorce rate is less than the USA (4.3 per 1000 in 1996) but close to the divorce rates recorded in 1995 in the UK and Canada. The Victorian divorce rate was just below the national average at 1.6 divorces per 1000 population in 1998 (ABS, 1999d).

David de Vaus (1997b) notes that divorce has risen in the past 30 years throughout the developed countries and has been particularly evident in Australia since the Second World War. Prior to the war the divorce rate was fairly stable at around 10% of marriages or 1.25 divorces per 1000 married population but this has more than doubled to 1.8 per married population in 1995 (p.28; 1997b). Comparisons with other countries are difficult due to the variety of factors influencing the divorce rate and the different socio-cultural aspects of the comparison countries (de Vaus, 1997b). Marital breakdown is more likely to occur within the first 5 years of married life than at any other 5-year span during the marriage. However de Vaus cautions against accepting these statistics without considering cohabitation rates and their breakdowns which are not included in the data. It seems likely that if cohabitation breakdown rates were included with the divorce rate, the latter would be much higher.

1.6.3 Remarriage

For couples marrying in 1998, 33% involved a previously married partner. This rate has not changed much from 1978 where 31% of marriages involved a previously married person. Divorce was also occurring at a later age in line with later marital ages. The mean age for divorcing men was 40.5 years and for women was 37.8 years in 1998. This was three years later for both men and women than the average age at divorce recorded a decade earlier (ABS, 1999). This data most likely reflects the later age at marriage and the cohabitation rates of couples today, indicating that divorce was more likely in the first few years of married life (de Vaus, 1997b).

1.6.4 Reasons for divorce

Reasons or causes for divorce are complex and varied. Sociologists tend to list them as including the quality of the relationship between the man and woman, changes in the beliefs about marriage, increased individualism and personal autonomy, attitudinal change, more social equality, changed status of women in marital relationships, increased tolerance for lifestyle options as well as more liberal divorce laws (Gilding, 1997; McDonald, 1995; Sarantakos, 1996).

An Australian study into understanding the reasons for divorce (Wolcott & Hughes, 1999) found three main reasons for marriage breakdown. These are affectional issues (communication, incompatibility, infidelity), abusive behaviours and personality traits and external pressures. In addition, some participants cited the partner's attitude towards children (rather than problems with children) as a cause for the relationship breakdown. Wolcott & Hughes' study of 650 divorced men and women was conducted in 1997. A random sample provided data via telephone survey. Gender differences emerged in this study with more women (than men) reporting abusive behaviours from their spouse, substance abuse by their spouse and being victims of physical violence. The reasons for divorced identified by these study participants tended to be more 'personal' factors whereas the sociologists identify social factors which contribute to divorce.

Prior to the Family Law Act of 1975, the major reasons for divorce were based on those identified in the British Matrimonial Causes Act (Sarantakos, 1996), including adultery, insanity, desertion, and cruelty. A further list of reasons was added with the Matrimonial Causes Act 1961, including conviction for serious crime and separation for five years among others. Prior to 1975, there was an approach to divorce that included determining fault or wrongdoing. This made the process extremely difficult, embarrassing and distressing (Sarantakos, 1996). The Family Law Act of 1975 simplified the process and had a 'no fault' approach (as discussed above) with the only reason or argument being 'irretrievable breakdown'.

To summarise, marriage or cohabiting is viewed as a normal transition in family life (McDonald, 1995). The majority of young people do seek a partner to form a couple relationship with and 80% of young people today see themselves marrying at some time in the future. McDonald explains relationship changes over the past decades as resulting from the increased emphasis on personal autonomy and

increased acceptance of sexual relationships between unmarried adults. Marriage rates increased between 1940 and 1970 and occurred at younger ages as young people wanted sexual relationships, intimacy with a partner and autonomy from parents. The absence of reliable contraception drove people into early marriages, either to achieve the sexual relationship or to cover up an ex-nuptial pregnancy. With the advent of reliable contraception, the sexual relationships were possible without unwanted consequences and de-facto relationships gained acceptance among young people and, gradually, also by their parents. In addition, the advent of the Family Law Act 1975 lifted the social pressure to remain in relationships that were unhappy or dysfunctional (McDonald, 1995).

1.7 A Child Is Born

1.7.1 Fertility rates

Fertility rates are an estimate of the number of children born to each woman of reproductive age. For no growth in the population there would need to be a fertility rate of 1. The trend in Australian fertility rates has been downwards since the beginning of the Second World War with the exception of a surge in 1961 (de Vaus et al., 1997). Since 1979, the birth rate per woman has hovered between 1.84 and 1.92 (McDonald, 1995). The 1994 rate for number of children born to an Australian woman in her lifetime was 1.85 with a further decline to 1.76 in 1998 (ABS, 1999c). It is important to remember that many families have more or fewer children than this, in fact 50% of women aged between 45-59 had 2 or 3 children while 10% were childless according to The 1992 Census (de Vaus et al., 1997). The 1998 Census estimates indicate that, based on current rates, 28% of women will not have children in their lifetime (ABS, 1999c).

The fertility rate takes into account increasing proportions of families are having one or no children while a decreasing number of families have three or more children. The decline in fertility rates for Australian women matches the trend in many other developed countries although compared to some countries such as West Germany, Netherlands, Canada and France; Australia's fertility rate is high (Gilding, 1997; McDonald, 1995; de Vaus et al., 1997). The decline in fertility rate has been attributed to a number of reasons. These include the increased availability of contraception, access to abortion, environmental and social concerns regarding population growth, the movement of married women into the paid workforce, increased access to education by women, and the importance of

career opportunities for women. In addition, delayed marriage and childbearing and increasing numbers of women choosing to remain childless are considered to effect the fertility rate (McDonald, 1995; Sarantakos, 1996; de Vaus et al., 1997).

1.7.2 Birth rates

In the State of Victoria, 62,562 births occurred in the year 2000, which equates to a birth rate of 13.1 births per 1,000 mean population (Riley & Halliday, 2001) or 1.69 births per Victorian woman in 1998 (ABS, 1999d). In the 1960's the birth rate was 20 per 1,000 mean resident population, it decreased to 15.2 in 1986 thus there is an overall downward trend. Almost 72% of Victorian births occurred in the Metropolitan area with just over 26% occurring in rural areas. Seventy five percent of births occurred to married women and 11.8% to women in de-facto relationships. In 1986, 88.1% of births were to married women and only 1.9% to women in de-facto relationships. Australian born women accounted for 75.7% of births with 10% occurring in women who were born in Asia (ABS, 1999c, 1999d, 1999e, 2001a).

The increased age of Australian parents when children are born is also attributed to many of the social changes noted above. Fewer teenage births occurred in 1994 (20.7 births per thousand women) compared to the number of births to teenage mothers in 1971 (55.5 births per thousand women) (de Vaus et al., 1997). Simultaneously, the rates of births to women in the 20-24 year old age group has dropped by 62%, births to women aged 25-29 have almost doubled whilst births to women in the 30-34 year age group have more than quadrupled (de Vaus et al., 1997). In fact, in the year 2000, most Victorian births (almost 35%) occurred to women aged 30-34 (Riley & Halliday, 2001) with only 3.3% occurring to teenage women and 3% to women over 40. Other authors quote similar changes in the birth rates (McDonald, 1995; McGurk, 1997; Newman, 1999; Peterson, 1996; Sarantakos, 1996; Wolcott, 1997; Wolcott & Glezer, 1995). Census data (ABS, 2001a) indicates that the median age for first-time childbearing was 29.4 in 1997 in Australia, which is three years later than the median age was for childbearing in 1977. In 1999-2000, the average age of women giving birth had risen to 29.8 in Victoria (Riley & Halliday, 2001) and 19.1% of Victorian births during this timeframe occurred in women aged 35 and over.

1.7.3 Childfree by choice

The increasing numbers of couples who are childfree by choice, as opposed to childless due to a lack of opportunity, seems to be growing. David de Vaus (1997) quotes Commonwealth census data for 1992 which indicates that 10% of women aged 45-59 (when childbearing is assumed to be completed) were childless. These rates are for women born in the 1940's and 1950's. McDonald (1995) suggests that 20% of women born in the late 1960's will be childless but Australian Bureau of Statistics analysis estimates childless rates will be closer to 30% for women born more recently (ABS, 1999e). This rate is probably double the expected rate resulting from infertility, lack of partnering and reduced access to babies for adoption.

The reasons for voluntary childlessness are related to those social factors mentioned previously i.e.: longer financial dependence on family of origin, a greater and sustained focus on career by women, focus on autonomy rather than family, the feminist movement effects in 1970's, the availability of contraception as well as concerns about the environment and overpopulation in addition to lack of opportunity (Sarantakos, 1996). Some authors (ABS, 1999c, 1999e; Qu, Weston, & Kilmartin, 2000; de Vaus et al., 1997; White, 1990) suggest that voluntary childlessness is related more to the very busy lives people now lead and the increased opportunities and choices women now face. Where once a woman's life was characterised by her children and family, now children and family are just one aspect of her life (ABS, 1999c, 1999e; Qu et al., 2000; de Vaus et al., 1997; White, 1990). A lack of babies available for adoption due to access to pregnancy termination as well as contraceptive use means less choice for those couples that are infertile. In addition, women with ex-nuptial children were keeping their babies instead of giving them up for adoption. Childlessness was reduced for those women who were in their reproductive years 15-20 years after World War 2 due to the 'populate or perish' campaign that occurred after the war. Voluntary childlessness may be due to hedonistic desires (women want to preserve their standard of living), emotional (lack of emotional feelings for children and babies), practical (genetic defects or career aspirations) or idealistic (the world is not suitable) (ABS, 1999c).

The above introduces the social fabric of the Australian family with a particular emphasis on the life stage of young adulthood when individuals partner off and usually, form a family separate from their family of origin. In general young

Australians are marrying later than previous generations and many cohabit prior to making that formal commitment. Around 40% of couples divorce with a significant proportion remarrying. Couples are having less children than their parents and at a later age and this birth rate appears to be falling further. A number of women and couples are remaining childless, many by choice.

1.8 Summary Of Chapters

This first chapter presents an introduction to the study and the demographics relevant to Australian families. The aims and objectives of the Combining Parenting and Paid Work Study are presented as an introduction to the study in this thesis. The social climate of Australia in the latter part of the Twentieth Century was also discussed, including fertility, marriage and cohabitation and divorce.

Chapter two provides a review of the literature regarding maternal employment. It includes the history of female employment, the parental leave situation in Australian employment awards, a brief discussion regarding parental leave in other developed nations and current employment rates for Australian mothers. Additionally, employment of fathers is discussed, with current employment rates in Australia, the breadwinning role and the impact of maternal employment. The impact of maternal employment on the community and social culture, the division of household labour (including care of children), gender roles, the health of women, marital satisfaction and other family members. Family friendly work practices are discussed and the balance between home and work life. Spillover from one role into another is a concept related to stress and tension but can have both a positive and negative effect.

Chapter 3 provides a theoretical model for life-span development. Daniel Levinson's model of adult development (Levinson et al., 1978; Levinson & Levinson, 1996) is discussed and critiqued. As well the Family Transition model, developed by Philip Cowan and Mavis Hetherington (1991a) is presented as a theoretical base for how families develop. Together these models form the conceptual framework for the study. Also in the third chapter is a review of the debate about transition to parenthood and whether or not it constitutes a crisis for parents, and the gender differences in adjusting to parenthood.

The methodology for the study is presented in Chapter 4. It includes the aims and objectives as well as the six hypotheses to be explored in the study. The rationale for a longitudinal approach is provided as well as psychometric data for the measures used for data collection. A discussion of the inclusion criteria for the sample is presented although more extensive discussion of the recruitment challenges occurs in Chapter Seven. Ethical considerations of the study are provided along with the procedures for gaining permission to conduct the study. The procedures for data collection are described as well as strategies for maintaining commitment from the participants.

Demographic and univariate cross sectional results are presented in Chapter Five. Participant profiles for the sample as a whole as well as single-income and two-income participants are provided. Results regarding the differences between participants who completed the four data collection times and those who did not are also provided. Retention strategies and their effectiveness are discussed with the cross sectional results relevant to the hypotheses for the study.

Chapter Six contains the longitudinal results. The hypotheses for the study guide the presentation of these results with the addition of data relating to how satisfied participants are with the division of household labour and care for children.

Discussion of the results presented in the chapters five and six is provided in Chapter Seven. There is a brief summary of the findings as well as more in-depth discussion with reference to the literature. The challenge of recruitment is detailed, as it was a major impediment to commencing data collection.

Chapter Eight discusses the limitations and weaknesses of the study. Recruitment challenges are discussed again with recommendations for improving the process. The attrition rate and retention strategies are examined with suggestions for maintaining participant commitment to the study. Finally, the limitations and implications for further research are presented.

The final chapter in this thesis discusses the implications for clinical practice arising from the study. Maternal and Child Health Nurses are targeted in particular but the findings from the study are of relevance to all health professionals who work with families with young children. Antenatal education,

perinatal and postnatal opportunities, as well as the delivery of accessible services are discussed.

The next chapter will present a literature review including the history of maternal employment and the effects on various aspects of family life. Common areas of research include division of household labour, stress, marital satisfaction, effects on children, health impacts of working mothers and the benefits of maternal employment.

Chapter 2

Parenthood and employment

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Chapter 2

Parenthood and Employment

2.0 Introduction

This chapter reviews the maternal employment literature. It commences with a brief history of female employment and includes current Australian employment rates for both men and women. A significant body of literature exists which examines a variety of issues believed to be effected by the social changes of mothers more formally entering the paid workforce such as division of household labour, health impacts, marital satisfaction and stress.

2.1 History Of Female Employment

In the 1950's men and women functioned according to fairly rigid, segregated roles. Men were considered 'good' husbands and fathers if they were successful at work while women were viewed as psychologically healthy if their roles consisted of being wives and mothers (Barnett, Marshall, Raudenbush, & Brennan, 1993). As wives and mothers, women have always contributed to the family economics in Australia's relatively short history by taking in laundry, maintaining a vegetable patch, assisting on the farm and working in family businesses (Baxter, 1998b; Reiger, 1985). After industrialisation, women often moved outside the house to generate income to augment the family earnings. The various ways women worked were often not detected nor identified as making a financial contribution. Thus women's work was referred to as 'invisible' work particularly in the Western world (Reiger, 1991).

In the early days of white settlement the reality was that women also had a history of paid employment in Australia albeit at lower rates than men. Female convicts were usually employed in domestic service or prostitution (Sarantakos, 1996). Male convicts were more likely to be employed in areas considered masculine such as construction of buildings and roads or farm work. As the industrial revolution developed women moved out of the domestic sphere to add to the family income. Even so, at the end of the nineteenth century the prevalence of female employment was still relatively low and restricted predominately to unmarried women. Female employment increased briefly during the First and

Second World Wars as a form of labour while men were away at war, only to drop again once the men returned from fighting for their country and wanted their jobs back and their women at home. (Aveling & Damousi, 1991; Reiger, 1985; Sarantakos, 1996)

During the First and Second World Wars there was a shortage of traditional labour sources as the men volunteered or were called up to fight for their country. In Australia, as elsewhere, a patriotic call went out for women to fill the gaps left by the men and also to provide labour for the burgeoning, war related industries (Aveling & Damousi, 1991). For the first time in Australia, childcare was funded to enable mothers to participate in the 'war effort'; the community at the time sanctioned all women to contribute their labour to enable the enemy to be beaten (Reiger, 1985; Sarantakos, 1996; Williams, 1991).

Early accounts of Australian history (Baxter, 1998b; Gilding, 1997; Reiger, 1991; Reiger, 1985) suggest that sex role stereotyping occurred more rigidly because of the 1907 family wage concept. This concept embraced the notion that married men had dependants in the form of a wife and children and, therefore, required a wage that could support a family (often referred to as a living or basic wage). The original campaign arose out of union struggles but was endorsed by Justice Higgins in the Harvester Judgement of 1907, which related to the 'family wage case' (Gilding, 1997; Reiger, 1991). The argument was that as women did not have any dependants the men's role in the family became more firmly entrenched as the economic provider for the family. Some historians suggest the Family Wage Concept was responsible for validating lower wages for women, a legacy that continues today (Reiger, 1991; Sarantakos, 1996) in many sectors of the workforce. For example, in 2000 women earn an average of \$A520.6 per week compared to \$A780.2 for males. In every category of occupation, men earned more than women although the hospitality industry, government administration, and the defence forces have the least difference in pay rates (ABS, 2000).

In 1947, only 22 per cent of the workforce was female and the majority of these women were unmarried (Sarantakos, 1996). Conversely, current predictions suggest that by 2005, 60.3% of the workforce will be female. The factors identified

as contributing to the rise in female employment since 1960 are many. They include availability of safe and certain contraception resulting in controlled timing of fertility, smaller family sizes, improved household appliances to reduce the intensity of household labour, increased availability and demand for household items and the second feminist movement espousing equality of the sexes, opportunities for women and roles other than motherhood over the last two or three decades (Baxter, 1998b; Birns & Hay, 1988; Hoffman, 1989; Sarantakos, 1996). During the previous 30 years, women's access to employment has also been facilitated by legislative changes in Australia and elsewhere in the world. These changes include equal work opportunity for women, equal pay, parental leave, and anti-discrimination policies that have been written and mandated for families and employers (Sarantakos, 1996).

2.2 Parental Leave

In Australia, the employment award system entitles one parent at a time to take up to one year of family leave (generally unpaid) following the arrival of a child whether by birth or adoption (Wolcott, 1997). This leave of absence is usually taken by the woman and entitles her to return to her former position of employment, which during her absence can only be filled temporarily. Unpaid maternity leave has been available to public sector employees since the late 1960's, but in the 1970's was broadened to include the private sector. It was expanded again in 1991 to leave for either/both parents so that men had exactly the same rights as women (Sarantakos, 1996). The couple are entitled to a total leave of 12 months but can divide it between themselves. Parental leave is conditional upon the employee having been employed with the current workplace for 12 months prior to taking the leave.

An extensive Australian study of maternity leave (Glezer, 1988) found that of the women who were entitled to this leave, only two thirds actually took it. When public and private sector employees were compared, 76% of the public sector and only 21% of the private sector employees took advantage of the provision. In Glezer's (1988) study, half the participants who were employed in the private sector who were entitled to this leave did not apply as they wanted to cease work. After the baby's birth, 73% of public and private sector employees, who had taken

maternity leave had returned to the paid workforce by the time the baby was 18 months old.

Interestingly, Denmark has had Parental Leave for both parents since 1986 but most men do not make use of this right (Carlsen, 1995). Danish parents are paid a benefit equal to unemployment benefits for the period of Parental Leave, except for public sector employees who have full pay entitlements whilst on this leave. The leave allowed is not more than 24 weeks, which is made up of 14 weeks Maternity Leave and 10 weeks Parental Leave. Carlsen's study (1995) conducted in Denmark in the early 1990s to examine men's use of Parental Leave found only 3% of men take advantage of the leave entitlement although almost 50% take the two weeks Paternity Leave which is available during the Maternity Leave time frame. Carlsen (1995: 55) found that men who take Parental Leave were more likely to work in the public sector, be well educated, work in female dominated workplaces and to have a highly paid partner with career commitments. The barriers which appear to stop men using their Parental Leave entitlements include workplaces not allowing or encouraging them to, women who want to breastfeed and take the full leave entitlement as well as economic reasons. In addition, there are certain to be some personal aspects given the increasingly important role employment plays in men's lives and psychology (Belsky & Kelly, 1994).

Another Nordic country, Finland, has social policies that facilitate equity in employment opportunities for both men and women (Bittman, 1998). Whilst it appears more Finnish women with small children are employed than Australian women, which may be a reflection of the social policies, it does not result in more equal division of household labour. Australian and Finnish men do a similar number of hours of unpaid work per week but Australian women do 22% more unpaid work than Finnish women. It is highly likely that the difference can be accounted for by outsourcing family chores, such as laundry or meals, or less chores being done overall (such as not airing bedding on a regular basis, not mending clothes or less frequent bathroom cleaning).

In the USA, The Family and Medical Leave Act was legislated in 1993. This Act mandates for 12 weeks, unpaid Parental Leave for parents of newborn, adopted

or ill children, in companies with more than 50 employees in every state in the nation. The job of the parent must also be protected for this period of time (Hofferth, 1999). However, 95% of employers are exempt from the Act and only 50% of workers are covered by the Act (Perry-Jenkins, Repetti, & Crouter, 2000). Its provisions are not available to casual workers, same sex couples and it is inaccessible to many low income workers because of the unpaid nature of the leave. The trend is developing where mothers who do take leave, take shorter periods of leave (Dorman, 2001). In the USA, the workplace culture of equating commitment to career with long working hours also exists, which reduces the attractiveness of the leave particularly for fathers (Perry-Jenkins et al., 2000). A USA study (Dorman, 2001) of leave entitlements for parents found that when fathers were able to take leave for childcare purposes, such leave was not widely used. It would appear the mere availability of Parental Leave is insufficient alone to encourage the uptake. As the Glezer study (1988) found in Australian parents, family circumstances played a large role and in the above situations workplace culture obviously also exerts influence. In Australia and elsewhere, men do not appear to take advantage of Parental Leave options for similar reasons but no doubt the sex role stereotyping where men are viewed as the breadwinner for the family is a significant factor.

As has been indicated, a variety of parental leave policies and entitlements exist in many countries. Canadian parental leave options occur in the form of an insurance program which provides for 15 weeks paid maternity benefits and 10 weeks parental benefits at 55% of salary (Lent, Phillips, Richardson, & Stewart, 2000). In the United Kingdom, mothers have up to 40 weeks of maternity leave with 18 weeks of pay being a legislated right (Whitehouse, 2002). Whitehouse (2002: 381) describes the approach to work and family issues in the UK (and Australia) as being a 'minimalist, male breadwinner' style, which has, as a consequence, the bare minimum of conditions and practices to assist families with their work/ home balance.

2.3 Current Employment Rates for Australian Mothers

Dramatic rises in female employment rates have been noted over the past two to three decades particularly among women with dependent children (Wolcott, 1997).

This upward surge contrasts with the earlier pattern of socialisation over many centuries which tolerated female employment as merely a temporary pursuit until marriage when women were then expected to devote their time to bearing and rearing children and supporting the male breadwinner of the family (Sarantakos, 1996). In the late Twentieth Century, employment award conditions have assisted mothers of young children to take leave from paid work to provide care for their infants. Over time, the proliferation of a variety of childcare options has enabled mothers to return to employment while their children are still dependent, especially during the preschool years (Sarantakos, 1996)

In the 1990's it was very common, both in Australia and several other parts of the Western World for families to have both parents in paid employment even when the children were very young and not yet of formal school age. In Australia in 1966, 36% of women aged between 15-64 years were in paid employment but this percentage had increased to 54% 30 years later. Over the last 30 years significant changes are even more apparent for women of childbearing age in the paid workforce with a change from 41% of women aged 25-34 and 43% of women aged 35-44 being employed in 1970, to 68% and 71% respectively by 1996. By 1996, women occupied 43% of the total workforce in this country (Wolcott, 1997).

In Australia in 1995, among couples with dependent children, 65% of mothers were in paid employment. In families with the youngest child aged less than five, 52% of mothers were employed (Australian Bureau of Statistics data cited in Wolcott, 1997: 83,84). The latest national figures for employed mothers in Australia indicate that almost 50% of mothers with children aged 0-4 years were in paid employment for the year ending June 2002 (ABS, 2002b). In the USA the employment rates for mothers with dependent children were very similar to the Australian rates (Potuck, 1997). These changes indicate that employment rates for mothers and fathers are becoming similar and this joint commitment impacts on the way families function and the socialisation that is occurring within families. It also indicates that the community needs to examine the way parents are supported as women particularly, continue to seek to combine employment with the years of active parenting.

2.4 Current Employment Rates for Australian Fathers

In 1996 around 38% of men and women in the Australian paid workforce had dependant children representing almost 95% of fathers in two parent couples with dependant children and 65% of women as being employed (Wolcott, 1997).

Nearly all these fathers are employed full-time and preferred to work full-time (Wolcott, 1997). Men earn a higher wage in most industries than women even if they (men and women) are employed for the same hours and in the same position (Bittman & Pixley, 1997). Men have a larger choice of employment opportunities and 80% of management and administrative positions are filled by men (Bittman & Pixley, 1997).

Currently in Australia, legislation ensures equal opportunities exist for men and women but the realities appear to be quite different. There appears to be a belief by some employers that a man with his masculine qualities may be better suited to the position. There are also subtle forms of discrimination against women in particular age groups; presumptions are made about her childbearing plans and therefore the possible disruption to employment in the near or even distant future. Women who take time out of the paid workforce for family reasons are considered less experienced by many employers without consideration being given to the wealth of skill development opportunities that abound once a person becomes a parent or the additional experience obtained by volunteer work which many, mainly women, engage in. It is also probable that gender role attitudes may influence choosing a man for senior positions assuming he will be supporting a family and therefore in need of the higher salary attached or beliefs that women, especially if they are mothers, will not be able to take on the 'arduous' workload associated with many managerial or professional positions. There are still many occupations which are considered gendered such as nursing being for women, truck driving for men, childcare workers being female and engineers being men.

2.5 Employment and breadwinning

Paid employment for men is more likely to be viewed as 'breadwinning' and essential for the economic well-being of the family. On the other hand, the money earned by women is more likely to be considered by both men and women as 'extra' income for the family (Potutcheck, 1997). The reality is that for most

families, having both parents in paid employment is essential for economic survival (Bittman, 1998; Bittman & Pixley, 1997). Potuck (1997) makes the distinction between breadwinning and earning based on a review of the literature and results of a study she carried out in the USA in 1988-1989 with 153 dual-earner couples. In her study, only 8% of husbands and wives were in agreement with each other that breadwinning in the family was a shared responsibility. Fifteen percent of women and 26% of men reported that breadwinning was a fully shared responsibility and appropriately so. In most cases these participants were not spouses of one another. The author suggests a couple of explanations for such perceptions. Current employment institutionalisation means that long hours and enormous dedication is required which dictates that one partner needs to allocate high priority to this role, often leaving the other partner (usually the woman) to take on domestic household responsibilities. Other possible explanations are related to the reality of men being paid higher wages generally (the gender wage gap, p.189) and women being more often employed in those jobs that can be more readily combined with household responsibilities such as part-time supermarket work, nursing and teaching. The study discussed in this thesis will examine whether or not employed women will take greater responsibility for household chores than their male partners. It may be that even though they (the women) are in paid employment, they and their partners may still see the home as primarily their responsibility.

Pedersen (1987) states that in human development research men were first considered as markers of the family socio-economic status. He acknowledges this as an indicator of the significance of the role of generating income for the family but of nothing else. Whilst the socio-economic status of the family does appear to have a significant impact on a whole range of family outcomes, including social and academic achievements of children, health of individual family members, children's intellectual development, emotional and behavioural problems of children, these issues are also related to the fatherhood role. Lamb (1998) cautions against discounting or oversimplifying the fathers' role in the family. The economic support of children and family is a major aspect of the role of fathers and certainly men who are fathers with dependant children are reported to work longer hours than men with older children or no children, and less likely to

have had a bout unemployment in the previous three years (Eggebeen & Knoester, 2001).

2.6 Hours of employment

In the 1990's, men with dependent children were still working many more hours than women with dependant children. Australian men worked on average 41.4 hours per week in non-managerial roles in the private sector in the late 1990's with women working a little less at 38.6 hours (ABS, 2000). They also worked fewer hours in the public sector, 39 hours for men and 37.3 for women. Most of the workers engaged in part-time work were women and this appears to be the case in many countries (Lundberg & Parr, 2000). In Britain in 1993, British men averaged a 47-hour week while British women worked around 24 hours per week in paid employment (Moss, 1995). With men working so many hours, childcare restrictions may actually dictate that women work fewer hours in order to care for the children. As well, the increased flexibility in the workplace may mean that men not only work longer hours but they also take more work home. High unemployment rates in Western countries means that not all men are employed.

Around six million Australians were not in the paid workforce in the year ending February 2001, 60% of them were female and 40% male. These men and women were not looking for work and therefore not counted as unemployed but rather were people of employable age. The main activities while not in paid employment were home duties or childcare for half of these non-employed women while a further proportion (17%) were attending an educational institution. For the men not in paid work, their main activities were holidaying (26%), studying (26%) or retired (ABS, 2001b). It would seem the large numbers of women who were not in paid employment were in unpaid work, (those essential tasks associated with family survival as well as volunteer work) or studying while half of the men were either engaging in leisure activities or studying.

Thus it would seem that despite working fewer paid hours, women may end up, overall, with a much heavier workload and thus gave rise to Hypothesis 1 in the study; Employed mothers will have a larger household labour workload than their male partners

2.7 Impact of Maternal Employment

The increased rate in maternal employment has led to a number of social changes for the community as well as for families. Parke and Kellam (1994) identify maternal employment as one of three major social changes to affect families in the 1970's and 1980's. The increased use of day care for babies and preschool children (and other forms of non-maternal care) and the increased divorce rate are the other major changes identified. The consequences of increased maternal employment include a proliferation of research into the impact of paid employment for mothers, the impact of maternal employment on other family members, increased child care options, changes in the division of household labour, increased demand for the participation of fathers in the daily care of children, the response by community organizations for flexible childcare arrangements (before and after school care, increased flexibility in employment conditions) and an increase in broader role options for both parents.

Families operate in a social system or a community. This reality means that families are not only influenced by a number of institutions in the system they operate in but it also means that whatever happens in families may impact on the wider community institutions as well. As families learn to juggle their parenting and paid work roles, they need additional services that the community provides. The emergence of part-time work could be seen as a community response to the increasing participation of mothers in the paid workforce. Certainly in Australia, women are more likely to work part-time and prefer to work

part-time in order to balance the needs of the family with the work commitments (Wolcott, 1997).

2.7.1 Division of household labour.

Despite women working for an increasing number of hours in paid employment they continue to carry the major responsibility for domestic duties (Goodnow & Bowes, 1994). A study conducted in the United States of America (USA) (Stohs, 1995) of 319 middle class parents (based on education and income) found that employed women spent twelve hours more on household labour each week than

their partners did. Similarly Australian research indicates that women spend between 22 and 27 more hours per week on household chores than their male partners do (Baxter & Western, 1997). The call for men to take on more responsibility for household chores has been ongoing for 25 years (Bittman, 1998) but current research indicates that men are not doing any more and women are actually doing less. This is achieved by either outsourcing tasks, such as cleaning, gardening, laundry, childcare and food preparation or accepting a lower standard of household chores than previously (Bittman, 1998; Gibson, 1999). Some studies (Coltrane, 2000) suggest that a man is inclined to take on more household responsibilities if his spouse works more than 30 hours a week, if she earns the same as or more than him or if her job is classified as professional. It is likely that women in this situation have more power in the relationship or the couple share more egalitarian values. The study described in this thesis examines the division of household labour with both men and women reporting their perceptions.

2.7.2 Satisfaction with division of household labour

Interestingly, a number of studies indicate that up to 86 % of women are very satisfied or somewhat satisfied with this larger workload in the home and up to 97% of men also think the division of household chores is fair (Baxter & Western, 1997, 1998a; Russell, 1996). Baxter and Western (1997) suggest some reasons for women's expressed satisfaction, including the unequal power balance in families, traditional gender role attitudes, and the fact that women in families generally spend less time in paid work than the men. In addition, it is proposed that women are particularly 'grateful' for the contribution of their men in non-traditional areas such as childcare and household chores (Cappuccini & Cochrane, 2000; Coltrane, 2000). This translates to women being satisfied with some contribution rather than none and holding realistically low expectations regarding men's contributions. An Australian study (Russell, 1996) found that study participants who held traditional, ideological values placed greater value on the paid employment of men and the subordinate status of women. Women were perceived as being more skilled at many household tasks while men's leisure pursuits were accepted as being valid reasons for men taking considerably less responsibility for household tasks than women. The study discussed in this thesis

will examine levels of satisfaction with how the couple shares the household chores.

2.7.3 Division of childcare

Presently, fathers are increasingly expected to be more involved in childcare. However, research from Australia and other western countries indicates the reality is still not equal (Baxter & Western, 1997; Bronstein & Cowan, 1988; Cowan & Cowan, 1988a; Hall, 1994; Henderson & Brouse, 1991; Hoffman, 1989; Rustia & Abbott, 1993). There appears to be a small increase in the overall contribution of men to family related chores and this is predominately in the area of childcare (Russell, 1996). Whilst women still spend more total time on housework and childcare than men, fathers are increasing their time spent on childcare (Russell, James, & Watson, 1988). A literature review of division of household labour research since the 1940's (Bryson, 1983) reported similar results to more recent studies. The studies all indicate that men are taking on more responsibility for caring for children. However, Bryson asserts that men have always done more childcare than domestic chores. The contribution from men seems to indicate an increase in playing with children and undertaking activities such as gardening with children. Women continue to change the nappies and take on the other basic chores of childcare (Bryson, 1983; Cappuccini & Cochrane, 2000; Coltrane, 2000).

The study discussed in this study gathers data on the division of childcare from both men and women to determine how Australian couples manage in the late 1990's and early 2000.

2.7.4 A move towards equity?

Hoffman (1989:286) describes men's involvement in household tasks and childcare as showing a 'modest increase' since the rise in maternal employment. Data from two longitudinal studies involving 53 first-time fathers and 69 multiple-time fathers support the premise that 'the culture of fatherhood has changed more rapidly than the *conduct* of fatherhood' (Rustia & Abbott, 1993): 467). These studies indicate that first-time fathers take on more responsibility for childcare tasks when their children are infants than do fathers with more than one child. Thus while the overall workload for women appears to have increased markedly

since taking on paid employment in addition to their domestic work responsibilities, men continue to focus on the hours of their paid employment as being their major contribution to the family responsibilities.

Attempts to understand this unequal division of family tasks have not found definitive answers for why it occurs. Some scholars and researchers have suggested that women see maintaining the major role in the family home as equating to power in family decision-making (Sarantakos, 1996) while other researchers see that men having power is what keeps women committed to family chores (Dempsey, 1998). Other reasons include women being grateful for any assistance and being realistic enough to know men will never take on an equal load (Baxter, 1993). It is highly likely that for some women maintaining unequal proportions of household labour does give them a power base or a sense of having some control. Other women may not be satisfied with the standards their partner may adhere to when undertaking household work and one wonders if there is an element of 'learned helplessness' for men who just never seem to learn tasks such as dividing dirty washing, carrying the dirty clothes to the laundry or even doing comprehensive grocery shopping. Learned helplessness is a behaviour strategy where people may learn not to help themselves due to reinforcement or secondary gains for being helpless. Various studies (Baxter, 2001; De Luccie, 1995; Dempsey, 1998; Manke, Seery, Crouter, & McHale, 1994; Perry-Jenkins et al., 2000) indicate the division of household labour occurs more along gender lines once children enter the family. Some 'battle strategies' developed before children arrive may not be able to be utilised when there is a dependent infant waiting to be fed or dressed.

A study undertaken in the United States in the 1980's by Belsky and Kelly (1994) found that men and women measured contributions in the home using different benchmarks. Women measured the input from their male partners against what they did, whereas men measured their contribution against what their father did and then added the role of breadwinner. Needless to say, when measured against the women's contribution, men's contribution seemed inadequate. When measured against their father's contribution, men's involvement looks rather generous because their fathers were more likely to exist in an era of traditional

roles for men and women (Probert, 2001). The reality of adding a child to the family means an increase in the workload. Women expect more from their partners when a child is born and men themselves report that they want to be more involved with their child (Belsky & Kelly, 1994). It would appear the middle ground is yet to be found.

A small number of studies (Greenstein, 1996; McCreary, Newcomb, & Sadava, 1998; Mintz & Mahalik, 1996; Wille, 1995) have explored the relationship between men's gender role orientation in terms of division of family work, roles for women and their own participation in family life. Mintz and Mahalik (1996) found that men who reported more traditional attitudes were less participative in family work life than those men who reported attitudes that were less traditional. Traditional attitudes were those attitudes that clearly defined the roles for men and women according to societal gendered divisions. The women were required to take primary responsibility for family related tasks and the men accepted the primary responsibility as breadwinner. These less traditional men, labelled by the authors as 'role sharing', were likely to view their wife's interests as more equal to their own. Conversely, traditional men were likely to report feeling pressured to be more successful, powerful, and competitive than role sharing and participative men.

An Australian study by Findlay and Lawrence (1991) of 93 young, recently married, childless couples reported that women generally did more tasks in the household than men and many of the tasks were perceived as gender specific to women, such as cooking, shopping, and cleaning. The men and women were found to hold less traditional attitudes about division of household tasks but the actual division of tasks did not match their ideals. The authors compared their findings with studies conducted 15 years previously and concluded there had been minimal change in task distribution. A second Australian study by Russell (1996) found that more egalitarian task-sharing occurs in those couples who appeared to have less traditional gender role beliefs. However, as this group was childless it would seem they were maintaining a 'childless status quo'. When children are present in a family configuration, the division of household labour tends to revert to traditional patterns even among those couples where non-traditional patterns

previously existed (Coltrane, 2000). The study discussed in this thesis gathers data on gender role beliefs from both men and women.

2.8 Marital Satisfaction

Another impact of maternal employment has been reported to occur in marital satisfaction (Cowan, Philip A Cowan, Heming, & Miller, 1991c; Goodnow & Bowes, 1994; Hoffman, 1989; Sarantakos, 1996). Whilst early parenthood may see new parents reporting a greater 'closeness', more communication and more tenderness since the child's birth this result may not last (Hall, 1994). Couple relationships change both over time and with the birth of the first baby.

Hoffman (1989), in her review of the literature, identified some research conclusions about maternal employment and its impact on marital satisfaction. A few studies have found no impact or that employed women reported higher marital satisfaction. Other studies, which identified deterioration in marital satisfaction, found effects applied particularly to couples with more traditional gender role attitudes, if either partner did not want the mother to be employed, to lower social class samples or if only the father was the reporter (Hoffman & Kloska, 1995). Mothers in middle class couples with higher education reported improved marital satisfaction, especially if the woman was employed by choice rather than necessity and if she was employed part-time (Hoffman & Youngblade, 1999). One study (Grych & Clark, 1999) found it was marital quality and child temperament that predicted parenting stress for fathers rather than the mother's working situation.

It is commonly believed that female employment not only interferes with marital duties but also disturbs the traditional power relationships in marriage (Sarantakos, 1996). It appears that men with employed spouses have less power in the relationship than men whose spouse is not employed, they (the men) are expected to contribute more to household chores, and women who are employed by choice have higher self-esteem. Furthermore, women earning their own money may be perceived as being financially independent, a factor which has been involved in leaving dissatisfying relationships (Perry-Jenkins, 2000). These aspects are likely to be perceived as highly challenging by some men. A review of

200 articles related to maternal employment (Coltrane, 2000) found that women reported higher marital satisfaction if they perceived more equitable household division of labour. However it is likely that marital satisfaction is not related to any one factor alone, such as maternal employment. In Chapter 3 there is further discussion regarding transition to parenthood and the effects on marital satisfaction. It would appear that there is significant adjustment required in the couple relationship with the birth of a baby so it may be difficult to identify specific factors affecting marital satisfaction. The study described in this thesis examines relationship satisfaction and compared single-income and two-income couples to determine if there were any differences. Assumptions are made that all couples in the study have a first baby and therefore provides a degree of homogeneity in the sample. The main factor differing for single-income and two-income couples in this study is the employment status of the women.

2.9 Health Impacts of Maternal Employment

2.9.1 Defining Health

The concept of health has been a concern when the area of maternal employment is being studied. Increasingly, researchers are examining women's experiences specifically rather than generalising results from studying men and assuming these results are transferable. When studies look at the health impact of maternal employment, health may be interpreted as a sense of well being (Pattison & Moyse, 1995), related to fatigue (Weaver & Ussher, 1997), associated with stress (Frankenhaeuser, 1991; Glezer & Wolcott, 1998; Hoffman, 1989) or related to psychological distress (Barnett & Marshall, 1992; Barnett et al., 1993).

Furthermore, the issues may be studied qualitatively (Weaver & Ussher, 1997; Weber, 1999) or quantitatively (Barnett & Marshall, 1992; Theorell, 1989). There appears to be an acceptance that health does encompass all these different definitions and that people report on their health from their own personal perspective of what health means for them. Many of the studies indicated a narrow definition of health and examined the issues from that perspective. Also, many of the studies were cross-sectional (Barnett et al., 1993; Pattison & Moyse, 1995) or cross-sectional and relied on retrospective memory (Houston, Cates, & Kelly, 1992) which reduced the likelihood that health effects resulting from longer term stress would be detected when not measured in a prospective design.

2.9.2 Stress and maternal employment

There are many stresses for employed professional women with small children including heavy workloads, reduced opportunities for relaxation due to competing family need and role conflict (Reifman, Biernat, & Lang, 1991). Some research has identified a tendency for women to allocate priority to their parental role whilst trying to excel in all roles of spouse/worker/parent (Greenberger & O'Neil, 1993). Other studies have found that women who combine the roles of mother and wife with full-time employment do not necessarily experience role conflict as a consequence (Tiedje, Wortman, Downey et al., 1990). In the Tiedje and colleagues' study, participants reported both conflict and enhancement as consequences of their roles and these effects needed to be considered as separate dimensions rather than on a continuum (p. 67).

Other recent studies reported increasingly similar work related stress responses for employed men and women (Lundberg & Parr, 2000). One study by Barnett and colleagues (1993) considered the relationship between job role quality and psychological distress whilst another study (Frankenhaeuser, 1991) compared biochemical levels for men and women in response to psychosocial demands and found more similarities than differences particularly for women in managerial roles. When comparing levels of catecholamines and cortisol in studies of psychophysical stress, men and women's responses over time, appear to be increasingly similar. It was hypothesised this had to do with increasing similarity in roles and in particular work roles. Women in managerial work roles were found to have rising health risks, more similar to men, as they increasingly took up such positions. A third study (Bosma, Marmot, Hemingway et al., 1997) found men and women both had a higher risk of coronary heart disease when subjective and objective measures indicated low job control. These findings challenged a long-held belief that outside work is a greater health risk for men. In fact, the latter author proposes that the health risks for women are increasing to match those of men as they undertake similar roles in the workforce.

Identifying the actual causes of risk to personal health would seem to be an essential task for researchers but it would seem that studies have failed to

conclusively identify the home as a major source of stress and poor health for employed women. The study discussed in this thesis examines whether employment status impacts on daily stress levels thus measures the variables of anxiety, anger, hassles (stress) and self-esteem. It will be possible to review hours of work and stress variables but also employment status and stress variables. When stress is identified, is it due to the longer worker hours, the degree of autonomy and control available in the work role, the socio-economic status of the worker, personality aspects, employment conditions, balancing work and family or, most likely, an idiosyncratic formula for each individual worker? The challenge for researchers is to identify those factors that can be manipulated in order to avoid negative impact on health.

2.9.3 Role function, mental health, and childbirth recovery

A study (Mike, McGovern, Kochevar, & Roberts, 1994) into role function and mental health in employed mothers at six months postpartum found 82 % of their sample had one or more limitations to their role function. This small study of 44 participants assessed the physical and emotional health problems that impacted on roles related to job, study, childcare, being a spouse or partner or involved in community activities. The limitations to role function identified included feeling tired or poorly (unwell) and adverse effects on the ability to accomplish as much work as usual, or to be as careful as usual. A five-item self-report questionnaire measured mental health, and was being tested in the study for construct validity and reliability. The items were sourced from a larger scale; the Mental Health Inventory, which was a mental health survey, designed for the general populations. Items included statements such as 'Have you felt so down or sad that nothing could cheer you up? (Mike et al., 1994); 218). The possible responses ranged from 'all of the time' to 'none of the time' on a 6-point likert scale. Interestingly, the study participants were not identified as having decreased mental health compared to the general population. This is remarkable given that the first year after birth is seen as the time when women are most at risk to experience depression. Emerging information suggests that recovery from childbirth may take longer than assumed (Woollett & Parr, 1997) and therefore assessing the impact of employment on the health of women needs to consider this particularly when the study is conducted in the first year or two after childbirth.

Mike et al. (1994) may have found different results if they had used a larger and more diverse sample, and if data sources other than only the mothers themselves were incorporated in the study. The study in this thesis gathers data from both men and women who are couples thus ensuring men's voices are heard and the possibility that a different picture may be available when different data sources exist. There is always a risk of participants providing information they think the researcher wants to hear.

2.9.4 Benefits of maternal employment

Other literature (Baruch, Biener, & Barnett, 1987; Greenberger & O'Neil, 1993; Hoffman, 1989; Houston et al., 1992) refers to the benefits of paid employment for women's health, whether or not they are mothers. Mothers in paid employment are frequently found to be healthier than mothers who are full-time homemakers if the following conditions prevail: if they choose to work (as opposed to economic necessity), have employment with some sense of autonomy, if they are from lower socio-economic groups, have supportive supervisors at work and if their demands are from fewer rather than several competing sources (Greenberger & O'Neil, 1993; Hoffman & Youngblade, 1999; Houston et al., 1992). However, Tiedje et.al. (1990) proposed women may simultaneously experience conflict and enhancement from their roles. It appears that while employment seems to be associated with better physical and mental health for mothers, when infants and young children are involved the effects are not so clear cut (Romito, 1994). A woman's mental health may be negatively affected if she has one or more pre-school-age children, a lack of support from her spouse, and concerns about the childcare alternative she is providing. Paid employment for women may contribute to an improved economic situation for the family which is considered to contribute to improved health.

2.9.5 Control and health effects

An increasing body of literature and research is identifying 'control' as an important factor in understanding the relationship between socio-economic status and health (Bosma et al., 1997; Koolhaas & Bohus, 1989). Control is a two-pronged construct where an individual may have some measure of control but so too, does the environment. The relevance to maternal employment is as follows. Firstly, a

woman may have some choice about whether or not she is employed, though for many it may be a financial imperative, which goes against what her preferred choice would be. Secondly, the very nature of families being a dynamic environment may mean that what happens in the family may be beyond the control of the mother yet she may be greatly affected by it. An example would be a sick child who cannot attend school or childcare. The mother may have pressing commitments associated with her employment and find it very stressful balancing her home and work obligations.

Just as the family may be viewed as an environment, paid employment is a particular environment also. Some workplaces offer flexible work practices or other family-friendly conditions of employment, such as undertaking some work at home, being able to use sick leave as carer's leave, part-time work, flexible starting and finishing times, taking overtime as time in lieu of pay and paid parenting leave (Gray & Tudball, 2002; Loscocco & Spitze, 1990; Lundberg & Parr, 2000; MacDermid, Williams, Marks, & Heilbrun, 1994; Parkes, 1989; Wolcott & Glezer, 1995). Other places may not acknowledge their employees have a life outside work and make enormous demands or have expectations that place great stress on workers with families.

It may be that both environmental and individual components are essential in understanding how different women cope with combining parenting and paid work (Bosma et al., 1997; DeMeis & Perkins, 1996; Koolhaas & Bohus, 1989; Lynch, Smith, Kaplan, & House, 2000). Personality traits may assist in managing stress generated by the balancing act but these traits may not be useful if the work environment is such that the job must be completed before finishing up for the day or if sick leave may not be utilised to care for sick children.

2.9.6 Summary of Health Impacts of Maternal Employment

Despite a great deal of research into combining family responsibilities with paid employment, results do not clearly identify all health impacts for all women. The controversies in the literature probably indicate that for some women, having multiple roles will enhance their health status whilst for others it may impair their health. Besides, it is possible that factors relevant to the combination of paid work

and family responsibilities, such as freedom of choice, job satisfaction, and suitable support from others may also be as relevant to women who are full-time homemakers as they are for mothers in paid employment (Barnett et al., 1993; Houston et al., 1992).

Many methodological limitations of the research conducted relating to this topic can be identified that may help explain the inconsistent research findings. These include cross sectional designs only; a narrowed focus of study, small sample size, research carried out on men only and assumed to be relevant to women, and searching for negative health impacts to the exclusion of positive aspects. Additionally, identifying relationships between variables but failing to look sufficiently at the quality of the roles, assumptions that the home is stress free compared to the workplace and neglecting to determine the baseline health of individuals are also evident in many studies (Barnett & Marshall, 1992; Barnett et al., 1993; Baruch et al., 1987; Frankenhaeuser, 1991; Greenberger & O'Neil, 1993; Hoffman, 1989; Houston et al., 1992; Reifman et al., 1991).

2.10 Implications for workers with families

How men and women balance paid work and family life indicates there are employment factors that make this balance more achievable (Wolcott & Glezer, 1995) including flexible working hours, paid parental leave, carer's leave, access to a telephone for personal contact, being able to work part-time and being able to undertake some work at home. Often these factors are double-edged. For instance, working overtime provides more income for the family but also disrupts family life and opportunities for greater task sharing and quality time for communication and interaction. This could also be an issue with taking work home, workers may be present in the home but not actually available for the family. While both men and women prefer flexible work practices, these were more often available to those workers in management or professional positions rather than to those in lower paid or less skilled work (Fallon, 1997).

2.10.1 Workplace changes

Changes in the workplace have seen a renewed focus on organisational downsizing, profits and relocations (Fallon, 1997). These changes mean that

many workers feel less secure in their jobs and thus less likely to be assertive about their home-related needs. Conversely, the changes in the workplace may mean that employers are more likely to value the investment of training workers and consequently some employers are more prepared to be flexible for staff returning from parenting leave. Examples of this include allowing new parent employees to return to work part-time or to undertake some work from home, to work shorter days or to use sick leave as family leave when children are ill and unable to access their usual child care options. Fallon (1997) suggests there is a major role for employers in ensuring a balance between home and work needs and demands to benefit not only the health of the employees but also the health and prosperity of organizations.

2.10.2 Worker spillover

Work Spillover is a concept related to stress and tension from the workplace spilling over or impacting on other areas of life, commonly into family life. A study conducted by Barnett and Marshall (1992) found there were no negative spillover effects for employed mothers from the job on to the parenting role, or from the parenting role on to the job. In their study (Barnett & Marshall, 1992), positive effects from the job onto the parenting role were reported by the participating women. This comparative study examined the impact of maternal employment in a sample of nurses and social workers and found that employed mothers were at no greater risk from spillover than employed women who were not mothers. Other findings were that the women in troubled relationships with their children, tended to be sheltered somewhat if they (the mothers) were in rewarding jobs. Another study (MacDermid et al., 1994) found reduced tension between family and work life, particularly for women working in smaller organisations if the worker had close relationships with work colleagues. Other spillover effects (Houston et al., 1992) found in a sample of employed and unemployed women related to quantitative role overload and an under-utilisation of skills in the employment role. Both groups reported more tension and effects on the marital relationships as well as health problems. Having more social support appeared to mediate these effects. The study described in this thesis gathers data on spillover from 'work' impacting on family life. The data is collected from the participants themselves, their perceptions but also from their

spouse on the spillover from the spouses' work into family life.

2.10.3 Hours of work

An Australian study found extended work hours were reported to have a negative effect on stress for both high and low income male earners (Weston, Qu, & Soriano, 2002). The extended work hours affected a sense of available time, resulting in the worker feeling pressured and a lower sense of life satisfaction. The counter balance was that men in the study reported higher emotional rewards when they worked longer hours but there were flow-on negative effects to the spousal relationship. It may be that men, having their occupation heavily connected to their sense of self and their commitment to the breadwinner role for the family, have more difficulty than women in disentangling the two roles.

A literature review into work and family in the 1990's (Perry-Jenkins et al., 2000) found an increasing body of research which demonstrated chronic work stress appears to impact on families when role overload or conflicting feelings occur. The authors acknowledged that studies do not prove direct correlations between work stress and individual or family functioning. It would appear that spillover effects are mediated by the quality of work in the employment role, personality style of both worker and family members, quality of childcare, coping style and social support. Unfortunately this review mainly referred to the situation in the US but it would appear similar findings have been reported in other developed nations (Baxter & Western, 1997; Bittman, 1998; Whitehouse, 2002; Whittock, Edwards, McLaren, & Robinson, 2002).

2.11 Stress, coping and well-being.

In order to provide some understanding of why people may react differently to life events it is essential to have some awareness of contemporary stress and coping theory, and the role that stress plays in health and well-being. The study described in this thesis examines first-time parent couples at a time in their life when a major life transition occurs (having a first baby) in the context of combining paid work with a new role. Literature previously discussed indicates that parents may experience more stress when major changes occur around the time of major life transitions.

Stress was originally considered a construction industry term, which referred to load bearing structures and the resultant physical strains the design might be exposed to (Lazarus, 1998b). W. B. Cannon and Hans Selye are credited with foundational work in stress research with an emphasis on the bodily reactions mediated by the adrenal medulla and the adrenal cortex (Koolhaas & Bohus, 1989). Richard Lazarus is credited with identifying the important role that psychological factors play in the stress process. Thus a term that originated in physics was transferred to psychology, particularly after the Second World War when interest in combat-related emotional breakdowns in soldiers arose. The relationship between combat and distress was expanded when it became obvious to early psychologists that everyday life events could produce a similar syndrome in some people. American psychological theories favoured at the time included behaviourism and positivism, which aided the development of a model whereby input and output were considered the main tenets of stress and stress responses.

In the 1950's, Lazarus and colleagues questioned the simplistic model of stress which existed at the time, that failed to account for inconsistent responses to the same stressors. They concluded that individual differences mediated the relationship between input and output. Over the next few decades, research and debate confirmed there was not an adequate model to explain stress and coping. Rather a complex model existed, which saw interplay between physiological responses, previous life experiences, personality style, and psycho-emotional components. The cognitive appraisal process of potential stressors was considered an integral part of the model (Lazarus, 1998b).

Lazarus argued (1993) that psychology has been hampered by the scientific rigour self-imposed over its development in the twentieth century. He also believed the lack of clear language in the area of stress and coping has proved to be confusing to the debate on stress. Despite these constraints, Lazarus has contributed greatly to the theoretical development of a stress and coping model that is widely accepted today. He believed that the stress process model must have the following four components: a stressor that may be internal or external, an appraisal of the 'imminent danger', coping strategies, which may be

emotional or physiological or behavioural, and finally a stress reaction. The stressor may be perceived by the individual, as either harmful, threatening, beneficial or a challenge.

Stress has long been associated with life stages or developmental life changes, such as puberty and parenthood. As noted above, the way this stress is experienced and managed by individuals depends on their life experiences, the coping strategies they bring to the stage, the significance of the event and their stress reaction. Thus individuals and couples experience the transition to parenthood differently. For some it is a life stage that challenges them, in both positive and negative ways, but for others it is a time of contentment and well-being (Barclay, Everitt, Rogan, & Wyllie, 1997; Belsky & Kelly, 1994; Berman & Pedersen, 1987; Cowan, Cowan, Coie, & Coie, 1979; Crnic & Greenberg, 1990; Elliot, Watson, & Brough, 1985; Feldman, 1987; Green & Kafetsios, 1997; Weaver & Ussher, 1997; Woollett & Parr, 1997). As well, the way in which the individual manages the balance between work and family will likewise be mediated by the challenges that arise in each area and the coping strategies available to them.

One of the variables examined in this study is that of stress, measured with an instrument called the Hassles Scale (Kanner, Coyne, Schaefer, & Lazarus, 1981). The Hassles scale is a predictor of psychological symptoms of stress and health status and may be a predictor of adaptational outcomes. The study examined negative emotions (anger and anxiety) and well-being measures and compared these between single-income and two-income parents to see if the latter evidenced higher levels of stress.

2.12 Summary

Existing research indicates that family roles and role options are changing, albeit slowly. Yet women continue to carry the major burden at home whilst engaging in paid employment even though fathers are increasingly involved in childcare and some household labour if conditions are 'right'. This heavy load does not appear to affect women's health although role overload occurs for some women in particular situations.

It appears that women who are in the paid workforce are healthier and happier compared to women who are totally at home. This situation is more likely to exist if they choose to work, have spousal support, have good quality child care, if their children are at least of school age and if their employment allows some degree of autonomy and flexibility.

How people cope with stress is important to understand when considering human development. Stress has long been considered a factor in life-span development but not always a negative influence. Individual differences appear to play a part in how a person responds to stress, and stress is implicated in health and well-being. Transitional life stages generate a degree of stress and the transition to parenthood is no exception. Language and norms are important to consider when examining reactions to transitions, as certain terms like crisis denote a negative connotation when dictionary definitions explain a variety of similar, but different meanings.

Marital satisfaction seems to decrease temporarily when children enter the family and it appears that men whose wives work full-time may find the relationship less satisfying at this time. Studies have failed to conclusively show that maternal employment affects marital satisfaction in a negative manner and some have suggested that women who are in paid employment may be happier in their couple relationship than those women who are full time homemakers.

Gender role attitudes may be either positively or negatively related to maternal employment. Men with traditional gender role beliefs are less likely to contribute to household labour to the same extent as men who hold more equitable beliefs. Studies show that even when couples hold more contemporary beliefs, division of household labour tends to occur along gender lines and even more so once children are born.

Governments in many Western countries have provided the legislative framework to facilitate broader roles (both in the workplace and in the home) for men and women and to encourage employers to be more family friendly. This is evidenced

3.1.2 Common Life-Span Phases

The major life-span phases are commonly accepted as infancy, toddler-hood, preschool and early childhood, middle childhood, adolescence, adulthood, which incorporates early and middle adulthood, and finally old age and death (Peterson, 1996). The length of time for each phase varies according to the theory but childhood phases tend to be of shorter duration than adult phases. Each phase of human development has one or more particular points of focus for the most important 'tasks' to be accomplished during the stage. The points of focus are spread across the core themes mentioned above. For example, according to Erikson's point of view (Welchman, 2000), young adulthood (early 20's to 35 years although Erikson does not give a definite age) has the major point of focus on partnering and forming a home and family, encapsulated in his epigenetic continuum of love and intimacy versus isolation and despair. In middle adulthood (35-60 years) there tends to be a shifting of focus from career to family with time spent on reflection and the passing of time (Evans, 1967; Welchman, 2000).

3.1.3 Influences On Life-Span Development

Social and cultural influences impact on life span development and bring about minor or major changes for each generation. While the timing of each phase and the actual tasks associated may change from generation to generation, there tends to be socially accepted norms for life-stages. The term 'social clock' refers to the timing of life stages being set by the society (social norms) rather than biological age (Berger, 2001). Age related events tend to predominate in developed nations where laws may stipulate responsibility for voting, the ability to obtain a driver's licence, marriage and the independence to take on debt through loans and transactions. There are also cultural and/or legislatively determined timetables for becoming financially independent, having a baby, and retiring from paid employment. Less developed nations do not seem to be as rigid about life stages being closely aligned with certain biological ages, perhaps due to shorter life spans and fewer available role options (Berger, 2001). Currently, in most Western cultures, people can expect to live around 80 years while in less developed nations, life span is often 50 years or less for the average person although this varies considerably across nations. Some countries such as India and Nepal may also provide more flexible timetables for people with higher socio-economic status versus lower status or 'castes'. In developed nations a lower socio-economic status will precipitate certain life tasks such as becoming

financially independent, completing study, marrying earlier (particularly for women) (Berger, 2001; Peterson, 1996; Weiten, 1998).

3.2 Levinson's Theory Of Adult Development

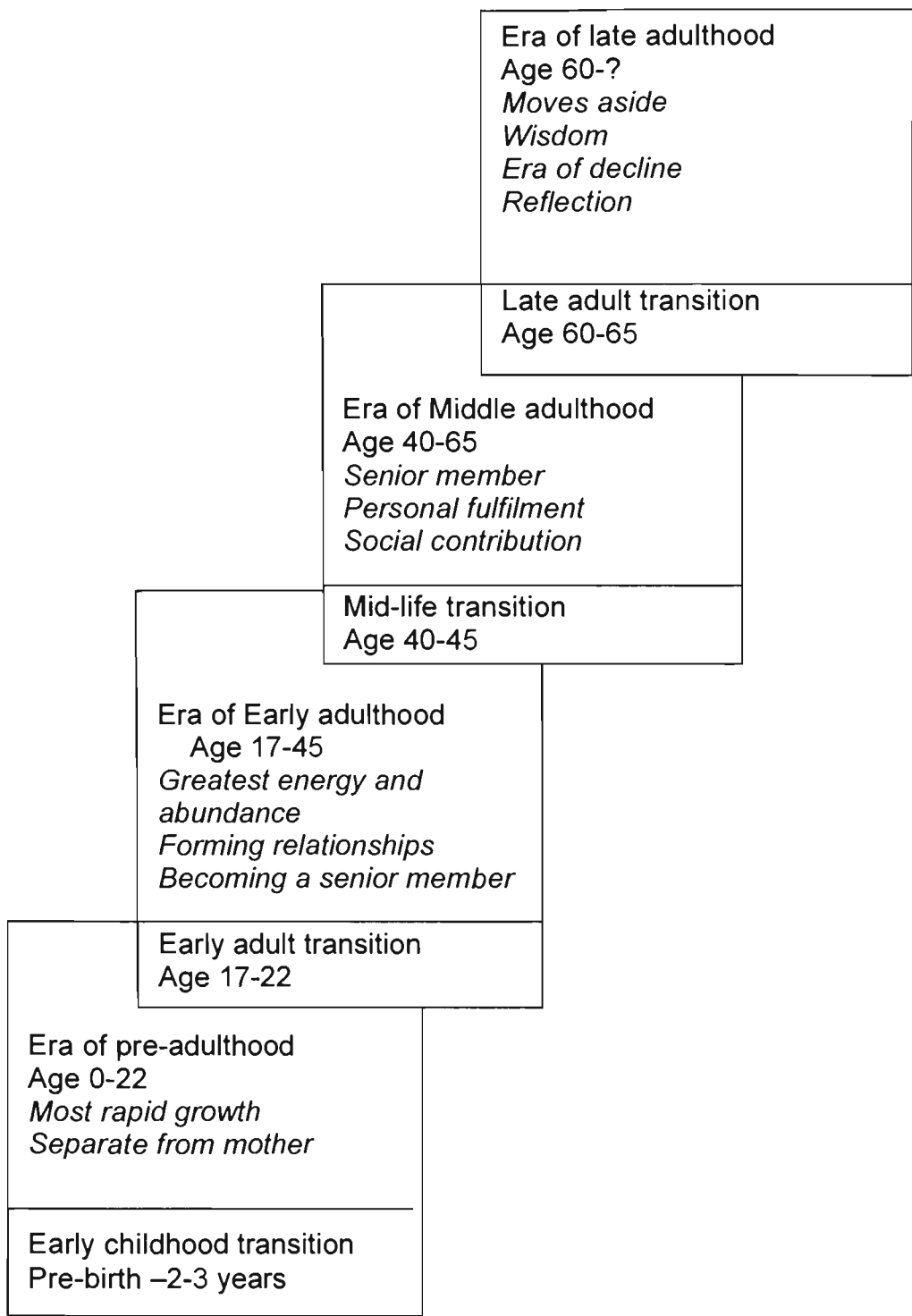
The life span model selected as a theoretical framework for this Parenting and Paid Work study is a theory that focuses on adult development. Daniel J Levinson, a behavioural scientist with experience in psychology, psychiatry, and sociology, proposed that there were deficits in knowledge about adult development (Levinson et al., 1978). He suggested that previous theorists believed the development of personality stopped at the end of childhood and little credence was given to ongoing development in adulthood. As a result he designed a research study, in collaboration with other Yale University staff in the field, to study men in their middle adult years (aged 35-45 years) and gain some data to enable this deficit to be addressed. In later years (Levinson & Levinson, 1996) he replicated the study with women. The findings were surprisingly similar for both men and women and indicated there was an orderly progression across middle adulthood through four main phases, which he termed eras, in life (see Figure 3.1).

3.2.1 Levinson's Study

Levinson's initial study (1978) included a sample of 40 men in the USA, aged between 35-45 years that underpinned his theory of Adult Development. The men were born between 1923 and 1934 and therefore had experienced 'major social changes such as the depression of the 1930's, World War 11, the Korean War' (p. 8) and other events of social significance. Four occupational subgroups, designed to represent all sectors of society, were identified to guide recruitment. These subgroups were industry workers, business executives, university biologists, and authors (fiction). Two companies provided opportunities to recruit the workers and executives while two universities provided the biologists. The authors were selected from a list compiled by 'word of mouth' from critics, editors, teachers, and other informants.

The sample was diverse in socio-economic and ethnic terms, religious and educational categories. The sample was selected in 1969 with data collected over a two year time frame, mostly using biographical interviews to elicit the subjects' life stories, but also on some occasions from wives (Levinson et al., 1978). From his findings he developed an initial theory about adult development.

Figure 3.1 Levinson’s Model Of Life Cycle Development



Adapted from Levinson et al, 1978, and Levinson and Levinson, 1996.

3.2.2 The Theory

Levinson’s theory of the life cycle identified four main phases. *Pre-adulthood* begins at conception until 22 years of age. *Early adulthood* spans the years from age 17 to 45 whilst *middle adulthood* covers the 40-65 years before the final stage of *late adulthood* from 60 years till death. Levinson’s concept included transitional periods. These transitional periods are time frames when the individual is

completing one phase and entering the next, hence the apparent overlap in the phases (Levinson, 1986; Levinson et al., 1978; Levinson & Levinson, 1996). In his latest publication, published after his death, there is an additional phase mentioned in the conclusion, late, late adulthood which spans 80 years plus (Levinson & Levinson, 1996).

Levinson's concept of a life cycle proposes that everyone goes through the same basic sequences of eras providing a sense of order although individuals may follow different pathways to reach these (Levinson, 1986; Levinson et al., 1978). Gender, race and culture, social class, time in history, genetics, and specific circumstances determine the different pathways. His theory of adult development is illustrated symbolically by the concept of seasons. The life cycle in its entirety is all four seasons of the year. Each season is essential to the other seasons, intertwined yet separate, preparing for the next, and building on the previous season. Each season is called an era in Levinson's model.

According to Levinson, the development of an individual has depth; it occurs simultaneously on several dimensions within a framework and may be travelled differently by people although the sequencing is the same for men and women. The framework is provided by eras. An era is a 'time' in the life span (Levinson et al., 1978) lasting around 25 years. Levinson describes an era as more than a stage in the life cycle, but rather as a structural framework which supports growth and development on a daily basis. He likens an era to an act of a play or a segment of a book (p. 18-19), which gives an overview of the time frame covered. Eras make up the life cycle; each era, whilst having its own bio-psycho-social character, makes a distinct contribution to the whole. There is also a cross over period in eras as noted above, some overlapping of eras, usually lasting around five years which Levinson calls transitions. As one era nears completion, another starts (Levinson, 1986; Levinson et al., 1978).

Early adulthood lasts from age 17 to 45 years and is credited as having the greatest energy and abundance occurring during this 'season'. Early adulthood phase is followed by a mid-life transition between 40-45 years that leads into Middle Adulthood. During middle adulthood, people focus on career, lifelong partnerships, family and establishing one's place in society during early adulthood. Most people combine career and parenthood as their core components during this phase as well as entering into major financial commitments, such as purchase of

a home or taking on investment, which frequently give rise to considerable stress. According to Levinson and colleagues, developmental tasks tend to occur in an orderly, cumulative process as a person moves from conception to death (Levinson, 1986; Levinson et al., 1978). Each task involves small steps within the larger task. These small steps may not occur in succession for all people although Levinson (1978; 1986) proposed an underlying order in the human life course, which is predestined through human evolution. He proposed that the order of events might be shaped by personality traits, social structure, culture, social roles, major life events and biology but the basic nature and timing are preordained. Many people may not set up a home with a life partner and have a child until certain career goals are met; other people may end up having a child during adolescence and then put energy into their career development when that child is more independent.

In Australian society, adulthood is a time where one generally commences work, chooses a life partner, procreates, and cares for family. Previous generations generally worked earlier and established families earlier but contemporary Australian adulthood tasks are delayed as discussed further on in this chapter. The developmental tasks for adulthood can be summarised as including identity, love, work and career, parenting, civic responses, further cognitive development and forming friendships (Peterson, 1996). Levinson (1986) calls this phase 'early adulthood' and it encompasses the ages of 17-45 years. He describes it as the phase where people not only have the greatest energy and abundance (of money, possessions, career choice) but also the greatest challenges and stress. The individual will experience a biological peak in their 20's and 30's, they will pursue their aspirations and establish their place in society. Raising a family is a major early focus and reaching a more senior position in social groups occurs towards the end of the era (Levinson et al., 1978).

3.2.3 Critical Analysis Of The Theory

A critical question for deliberation is whether Levinson's theory of adult development remains relevant for current times. Certainly there seems to be some congruence between the stages and the tasks identified for each stage but perhaps it is the 'social clock' that has reset the timing. The social clock refers to the timing that occurs in society for significant life tasks, it may vary between cultures or societies and certainly for time in history. Examples would be the average age of marriage. In Australia, the current generation are marrying later

than their parents, this change in timing may be related to other factors occurring in Australian society (Sarantakos, 1996). Such factors include spending longer time in education and career preparation, living together as a couple without being married, unemployment affecting financial independence, and the availability of contraception to delay or avoid pregnancy (Sarantakos, 1996). Levinson's theory does postulate that time in history will be one of the factors which direct the pathway of an individual's development to a greater or lesser degree (Levinson et al., 1978).

Levinson's suggested ages for pre-adulthood ends at around 22 years of age and the tasks are related to making some preliminary choices for adult life. The men who participated in Levinson's landmark study were born between 1923 and 1934 (Levinson et al., 1978), therefore it would not be surprising if there are major incongruencies between the model and the current social reality. In developed countries today, young people frequently remain at school for a longer period of time (Sarantakos, 1996), in tertiary education many take double degrees to broaden career options and dependency on parents/ family lasts longer. In Australia, prior to the 1970's, larger numbers of young people left school during secondary education, these people earned money to be financially independent of parents and married earlier (McDonald, 1995). McDonald now states that since the 1970's, financial independence lags behind social independence for many young people (1995: 26) leading to tension between young people and their parents.

While couples are having babies later in the developed countries (ABS, 2001a; McDonald, 1995; Vaus et al., 1997), the biological age of middle adulthood seems to encompass the common life tasks that occur in contemporary society. Current generations in developed countries do consolidate their career and do embark on forming a family so this life stage still seems applicable today. Towards the end of the middle adulthood era, individuals move to take on a more senior role in their social group and are viewed as senior, a contrast to how they were viewed at the beginning of the life stage. Even with these changes, the model with the Early Adult Transition, describes a sequence of events that still seem to be undertaken by most people in the Australian community.

Levinson emphasizes that while timetables for tasks may change, the sequence remains relatively stable in the life cycle. He hypothesizes this is linked to

evolution (Levinson, 1986; Levinson et al., 1978). The precursors to Levinson's theory (psychoanalytic, cognitive and learning theories) were quite rigid in attributing what they believed to be the major influences on the development of humans. Almost a century ago, the social context was considered to exert major influence with much less importance attached to biology and genetics (Berger, 2001; Peterson, 1996; Weiten, 1998). Levinson's model of adult development ascribes multi-factorial influences to a human's development and seems to be inclusive of all people, from different cultures and races of the world.

Yet this is a theory that has been developed originally with only a small number of white North American male subjects (Gilligan, 1987). Levinson's initial study included only men (Levinson et al., 1978) so it would not be surprising if his model was not a good fit for women. However, in Levinson's recent work (1996) this does not seem to be so. The orderly stages seem just as relevant for women, the tasks appear to be appropriate and they fit within the age frames. Levinson found that men and women shared much in common in their adult development but there were some differences. Although he found men and women progressed through the same sequence of eras and at the similar ages, he noted 'variations due to gender, class, race, culture, historical epoch, specific circumstances and genetics.' (Levinson & Levinson, 1996). Variations included marrying earlier among lower socio-economic groups or marrying earlier in the older study participants. It is highly possible that had the women for the study been recruited in 1969 along with the men, the theory may not have been such a good fit for both genders. Women were recruited for the study in the 1980's when 20 years had elapsed since the recruitment of the men in 1969. This 20 year time frame was a time when there were major changes in the perception of roles for men and women, major increases in employment for women and mothers and a move towards more equitable gender role attitudes. In effect, by the time the women were studied, they perhaps were more like men in terms of educational opportunities and occupational opportunities (Sarantakos, 1996).

One wonders if it is a stroke of luck that the model fits or does it only fit for women in developed countries who have embraced the dual role option (motherhood and career) now available? If the model were to be applied to women in developing countries, timing would be different. Most likely they would be commencing a family during the Pre-adult Stage and many would not be developing a career during the Early Adulthood phase. Therefore developmental tasks may be

attended to and other role options, if available, may occur but the 'social clock' for the less developed nation would influence timing. It would seem the model's flexible approach caters for people in the more developed nations rather than those developing countries.

After the original study, Levinson and his co-researchers expressed surprise (p. 318) when they discovered such stability in age and order of progression despite the different socio economic and cultural backgrounds (1978). The model proposed that each stage and episode is as equally important as the preceding and subsequent ones. The concept of seasons is used to illustrate the value of each season (stage) over the life. Stability creates structure and then instability (transitional phases) foreshadows change. This differs with theories, such as Piaget's cognitive theory (Turner & Helms, 1995) which ascribed hierarchical structure to the order of development and suggest that progression to the next phase is either impossible or hampered by failure to achieve the set tasks.

Levinson, (1986) proposed that a focus on adult development has been neglected due to assumptions promoted by Freud, Piaget, and others that most development was completed by the end of childhood and early adolescence. He gives credit to Jung for challenging Freud on the concept that most development occurs in childhood and for Jung's own work in the study of adult development (Levinson et al., 1978) Levinson also credits Erikson with a major contribution to the study of adult development although suggests his later work is less well recognised than Erikson's work on childhood development. More recent publications suggest that Erikson's work in the study of adult development has greatly influenced Levinson (Allen, 1997; Welchman, 2000) and Levinson himself acknowledges drawing on Erikson's work in the development of his own theory of the life cycle (1986: 6).

In the 1950's, Erik Erikson's theory outlined the stages of personality development by identifying a series of major tasks, which required mastery in order to successfully move onto the next phase. He is considered a 'neo-Freudian' as he was a student of Freud, he acknowledged Freud's model and basic tenets but adapted it and formed his own model of psychoanalytic theory (Berger, 2001). In the Erikson model there are eight stages, which cover the entire life span, departing from the childhood-limited theory of Freud. These include the first four stages that cover childhood to the age of 11 years, the identity crisis of

adolescence, and three adult stages covering the ages of 21 years - death (Evans, 1967; Welchman, 2000).

While Erikson's 'Eight Stages of Man' are widely accepted and valued in the fields of developmental psychology, counselling theory and practice, and interdisciplinary studies (Welchman, 2000), there have been many criticisms over the years. Welchman (2000) has summarised the criticisms as falling into the following four main areas; Erikson's idealism, social and political implications of his work, subjective influence of own gender and culture and criticisms of methodology and style (p. 119). These criticisms are discussed elsewhere in the literature without a conclusion being reached as to which, if any, seriously attack the credibility of the model (Berger, 2001; Gilligan, 1987; Peterson, 1996; Welchman, 2000). It is always wise to view a developmental model as imperfect and dynamic given that it is attempting to illustrate an imperfect and dynamic object (human being).

For the purpose of this thesis, Levinson's life cycle (Levinson, 1986; Levinson et al., 1978; Levinson & Levinson, 1996) is the model used to illustrate the steps people progress through as they grow and develop. It describes the processes of joining with another person to form a spousal relationship, have children and provide the environment for the children to grow and develop into adults and then move into future phases in their life. While shortcomings of the model include not being readily applicable to people from developing countries and originally being developed from the study of men, it would seem that being developed in the latter part of the twentieth century it has a constancy but also a flexibility which facilitates its application to people in contemporary Australia.

A major attraction of the model proposed by Levinson and colleagues (1978) is the very flexibility, which accepts that there are time frames for a particular developmental phase, time frames that will vary for individuals and generations. The emphasis is more that there is a progression through development, which provides a sense of structure rather than 'building blocks' which must be acknowledged before moving onto the next one. Gilligan (1987) suggests that adult men and women develop in a mirror image of each other. Men focus on their careers and individuality in early adulthood, becoming more family orientated and connected to others as they reach middle adulthood. Women on the other

hand seem to be connected to others first and then move towards separating and focussing on their careers as they approach middle adulthood.

A study examining how the effect of having less time left (to live) affected choices of social contacts, found that those participants who had less time remaining selected more familiar social contacts and emotional social goals became more important (Fung, Carstensen, & Lutz, 1999). The theoretical basis for the article is 'socio-emotional selectivity theory' (Carstensen, 1993) and four different studies were carried out with Chinese people in Hong Kong and USA participants. Results from the study indicated that younger people did not choose more familiar social contacts unless they perceived time was limited. Older people did select more emotionally meaningful social partners. This theory does not support Gilligan's (1987) theoretical stance regarding mirror image development in full. However it may go some way towards explaining why men seem to change their priorities, after some years of career building. Levinson's theory of adult development is inclusive of both men and women's asynchronised development by banding together the major tenets of family and career within one main life stage.

The focus of the Parenting and Paid Work study is to determine if, with the social and cultural changes of contemporary Australia, this developmental phase has additional challenges given that many families currently combine parenting with dual income status. In particular does two-income status make the adjustment to parenthood more difficult? For this thesis early and middle adulthood are the developmental phases of most relevance.

3.3 Transitional Theory

Another term used to describe the theoretical process of growth and development includes 'Transitional Theory' (Cowan, 1991a). This ties very well with the concept of developmental theory being an ongoing process and incorporating movement through the stages. For the purpose of this thesis, developmental theory will be the model of the expected events facing most people at a certain age or stage.

Transitional theory describes the actual process of moving from one age/stage to the next, which is considered complete when the person achieves some level of equilibrium and incorporates the new tasks or challenges to their lifestyle and

behaviours. Levinson (1986) allocates equal importance to the eras of adult development as well as to the cross era transitions. He suggests there is overlap between eras with the next one starting as the previous one nears completion during a period lasting around five years. During each era there is a stabilisation of development, during the cross era transitions there is change and adaptation in preparation for the next phase. While there is a sense of maturity in the previous era there is a sense of infancy as the next era is negotiated. The transitional phase is a time for making decisions, choices, and commitments thus 'shaping' the next era or creating a 'life structure' (p. 7).

In addition, there is a concept of 'normative transition', which refers to that transition which occurs for most people in a defined group (Cowan, 1991a). Alternatively, there are non-normative transitions which refer to those events that are not expected to occur to most people, such as being a passenger on an aeroplane that crash lands. Cowan (1991) is critical of theorists who blur the line between normative and non-normative transitions or assume the theory which explains non-normative transitions may be applied to normative transitions. Levinson (1986) is also critical of those theorists who have studied adaptation and single events then proposed the application of this knowledge to general transitional theory. He suggests it is necessary to study the preceding and following events with just as much concentration as studying the actual change process.

3.4 Family Development

A family is described by the Australian Family Law Act 1975 as the 'natural and fundamental group unit in society' (McDonald, 1995) although the structure of a family is not described. The Australian Bureau of Statistics (ABS, 1993: 6) defines a family as a group of 'two or more persons who live in the same household and relate to each other by blood, marriage, (including de-facto marriage), fostering or adoption'. Families may be made up of a variety of people and relationships, with or without blood ties; there may be young children, grown-up children or no children at all. There may be cultural aspects to what constitutes a family and there may be extended family or immediate family. McDonald (1995) suggests that Australians define families differently at different times in their lives and the definitions change over time. More recent definitions of family in Australia are struggling with the concept of homosexual couples with and without children. According to McDonald (1995:5), there are three main criteria used to define

family; co-residence, relationship and affinity. In addition, personal circumstances and cultural norms will influence the definition. He concludes that there is not a single definition for what a family is, each family will define the definition differently, and the definition will change over time as the family relationships and transitions change.

Sociologists are more likely to define the family as a social unit (Gilding, 1997) and consider aspects such as kinship, marriage and household. Kinship refers to blood ties and linkage through marriage. Marriage refers to linkages between groups and rearrangement of relationships. Household refers to the group sharing the home and may include extended family households or even multiple families in one household. Sarantakos (1996) identifies other family constellations that are accepted and have been accepted for many years despite the rather narrow perception portrayed in the study discussed below. He identifies (p.6) structure, composition, mode of control, descent, and settlement and position in the family as the more common family types referred to in the literature.

Family is rated as most important for Australians, rated above career, religion, friends and even health (David de Vaus & Wolcott, 1997a). A study conducted in an Australian University found 90% of the 602 student respondents agreed that families are made up by 'a combination of marital status, parental status, living in the same household, heterosexuality and affinity' (Sarantakos, 1996). Australian families seem to come in a range of configurations and sizes and debate ensues regarding whether people need to have blood ties, emotional ties, commitments, or purely physical connections such as sharing accommodation in order to qualify as a 'family'. Various definitions exist (McDonald, 1995) but for the purpose of this thesis a family is the name given to the group of people from which we originate and spend our time growing up with (family of origin) and also to the couple relationship formed in adulthood which may then go on to have children together. Couple relationships may be heterosexual or homosexual but in this thesis, a couple refers to a heterosexual couple.

An Australian study *Australian Living Standards Study* examined aspects of satisfaction with family life (Weston, 1997). The results showed that male and female participants indicated a high level of satisfaction with many characteristics of family life particularly in family relationships, children's well-being and life as a whole. The results indicated that parents rated higher satisfaction with parent-

child relationships in families where the youngest child was a preschooler and the least satisfaction (although still generally satisfied) when the youngest child was between 12 and 15 years. Parents rated high satisfaction with their children's well-being and were highly satisfied with the spousal relationship. In addition they were highly satisfied with their life as a whole and were satisfied with their housing and overall living standard (p.132). Weston (1997) proposed that family well-being is an important characteristic and needs to be better understood by conducting large, non-clinically based studies. She highlights the unbalanced view often portrayed in the media regarding the challenges and problems confronting contemporary families, rather than focussing on the reality that most families function well and are highly satisfied with their lives.

As families are a dynamic concept they also 'develop' (Cowan, 1991a). Family developmental theory is similar to life-span developmental theory. The theory describes phases in the 'life' of a family. When a couple make a commitment to live together and set up a home they are a beginning family although each partner belongs to a family of origin. When the first and subsequent children are born they enter another phase or transition. As children grow up there is further adjustment and transition until finally adult children leave the family home and the couple are once again alone together. Growing older together and preparing for old age and death are further phases in the life of a family.

These phases are embedded in socio-cultural traditions as discussed above but there are similarities around the world. In some communities and cultures, the coupling may be arranged by other family members, it may occur when the young people are still in their teen years or, in Australia now, be more likely to occur when people are in their mid to late twenties. There is likely to be some form of ceremony to celebrate the commitment to one another and there is nearly always an expectation that children will be born. The concept of transition, that is, how people progress from one stage to another is also useful in family developmental theory. Just as people negotiate the movement through developmental life stages, so too do they negotiate their way through family stages.

In summary it appears that families generally accept to have some form of relationship i.e. through blood ties or commitment, and may be currently living under the same roof or may have previously shared a home. They are an important social unit that are expected to meet needs for companionship,

nurturing, economics, connection, and support. They are valued by Australians (Sarantakos, 1996) and have been in existence for as long as history has been recorded. Contemporary families are more complex and diverse than in previous generations and the definition of a family appears to be a dynamic interpretation of the many constellations that currently exist in our society.

This present study is about a phase in the life of a family, that of combining parenting and paid work. Previous generations experienced the phase of having a first child but generally had the mother at home full time to care for the husband and child (Probert, 2001). Contemporary families experience a greater proportion of maternal employment than any previous generations, almost 50% of Australian mothers with children aged between 0-4 years were in the paid workforce in 2001 (ABS, 2002b). Developmental theory was initially generated earlier in the twentieth century when maternal employment was not as widespread and social expectations of family life were different. As a result theories about the growth and development of people and families do not specify how this particular 'step' of employment and parenthood becomes incorporated in the model. Specifically, the focus of this study is on people negotiating the transition of being parents for the first time, usually as a single income couple due to the current industrial awards which allow maternity leave in Australia and the social setting which expects this maternity leave to be taken, unpaid usually, for up to a full year. The couples then, often, become a dual income family as the mother returns to the paid workforce after a variable period.

3.5 Transition to Parenthood

The transition to parenthood is accepted as a time of change for couples but there is disagreement in the literature regarding the degree of this change. Some authors describe the transition to parenting as a crisis (Hall, 1994), as a stressful experience (Henderson & Brouse, 1991), as an opportunity for personal growth and development (Cowan, 1988), as a time of adjustment and change (Belsky & Kelly, 1994; Ruchala & Halstead, 1994; Weaver & Ussher, 1997), as not particularly stressful or difficult (Elliot et al., 1985) or as requiring more research. It may be that the language used to discuss the time of change when a child is born causes confusion. The use of the word crisis does tend to denote distress but in fact is defined in the Macquarie dictionary as '*a decisive or vitally important stage in the course of anything; a turning point; a critical time or occasion:*' (p. 437). Certainly the birth of a child meets that definition of a crisis.

3.5.1 Crisis or adjustment?

The transition to parenting was first described as a crisis in 1957 by LeMasters and thereafter cited in numerous publications (Cowan et al., 1991c; Elliot et al., 1985; Feldman, 1987) giving rise to much debate. Cowan and colleagues (1991c) assert that there is increased risk of distress during the transitional phase for couples who are parents. They identify this transitional phase as the time from birth to when the first child is aged two but may vary from one and a half to three and a half years after the first child is born (p.88). The Cowan's longitudinal research (Cowan et al., 1991c) indicates that the parent couples in their study report significant distress as well as a decline in marital satisfaction. In addition, these couples report individual dilemmas regarding their sense of self, dissatisfaction with the division of family work in the home, changing and conflicting thoughts about who should care for their children (parental care versus external child care options), changed relationships with their own parents, and adjustment in social contacts, networks and career directions.

Men and women appear to adjust to parenthood differently and have different antecedents, which predict the degree of difficulty they may experience in the adjustment phase (Cowan et al., 1991c; Elliot et al., 1985; Feldman, 1987). Feldman's (1987) study found that predicting strain during this transitional phase was more successful when within couple data analysis was undertaken. She clarified this process by describing the transition to parenthood as a 'family event' rather than only an individual event. The findings of her study indicate a more complex interaction effect in the family than some studies may show.

3.5.2 Adjustment to parenthood

Belsky and Kelly's (1994) landmark study that followed 250 couples for three years described the transition to parenthood as a normative or natural evolution. The author concluded that the process had the potential to polarise the couples but this effect was mediated by the couples' ability to negotiate the differences caused by their own life experiences, which are brought into the equation. Belsky and Kelly's study (1994) found around 50% of the participants reported a decrease in their marital satisfaction over the duration of the study. Thirty percent of couples reported no change and the remaining 20% reported an improvement in the marital relationship.

Elliot and colleagues (1985) defined a family crisis as 'a disruptive event leading to a reorganisation of roles and relationships within the family' (p.28). Their study of 122 women examined the transition to parenting and found that the majority of women (65%) in their study did not find the birth and subsequent role change a stressful or difficult experience. However, the couples participating in the study who were rated high on marital satisfaction were more likely to report their baby as more 'rewarding'. The majority of women were satisfied with their marital relationship during pregnancy and at 3 and 12 months after the birth of the child. These couples also reported a decrease in socialising as a couple after their baby's birth. This normative transition appears to generate significant change for couples thus requiring adjustment. In addition, there are the pragmatic factors of learning new skills, for the mother to recover physically from the birth experience, having new responsibility for a tiny person and the ongoing daily demands of caring for an infant. Elliot and colleagues (1985) found that those women who reported the birth of their child as difficult or a crisis were also more likely to report antenatal psychological distress and depressed mood in the postnatal period.

An Australian study by Morse et al (2000) focussed on mood and adjustment for first time parent couples over a period from mid pregnancy until four months after the birth. Findings indicated that 20% of first time mothers and 12% of fathers were significantly distressed mid pregnancy and this distress continued until the early postpartum phase for many of the distressed group. The findings identified a number of predictors which marked a vulnerability in both men and women, including young age in women, gender role stress in men particularly, low social support and poor relationship functioning. The authors also identified a need to consider behaviours which may be used to self manage or hide distress particularly by men but which are not generally asked about in the self report measures commonly used in research of this nature. Such strategies may include use of workaholism, drugs, and alcohol. The authors suggest that identification of antenatal negative mood provides the ideal opportunity for early intervention to avoid or minimise postnatal distress. This contemporary study supports findings from Feldman's USA study (1987) reported more than a decade earlier.

As the baby gets older, there appear to be fewer difficult times and more enjoyment experiences between mother and baby (Elliot et al., 1985). Elliot's study of 122 primiparous and multiparous women collected data by self-report measures and interviews commencing in the first half of pregnancy and extending

to the end of the first postnatal year. The primary aim of the study was to determine if the transition to parenthood was a crisis for British couples. Fifty three percent of mothers in the study reported (retrospectively) finding the adjustment to the baby in the first few weeks after the birth as moderately or considerably difficult. This rate had dropped to 34% at six months after birth and to only 6.5% at one year after the birth. As well, at six months after the birth, 7% of mothers reported having no pleasure from their baby but by 12 months all women were reporting it as a positive experience. The authors did not explain the reasons for this gradual change in perceived difficulty in adjusting to their baby. Some suggestions might be that mothers, given time, adjust to the demands of parenthood; as babies age they get easier to manage (or understand), bonding and attachment may enhance the relationship, mothers become more confident as they develop child care skills, babies provide more feedback as they grow and develop and finally physical recovery by some women following the birth may affect early enjoyment of their infant.

Many studies have focussed on mood disorders associated with transition to parenthood (Creedy & Horsfall, 1991; Crnic & Greenberg, 1990; Elliot et al., 1985; Mike et al., 1994; Morse, Buist, & Durkin, 2000; Romito, 1994). Woollett and Parr (1997) suggest that a narrow focus on postnatal depression (PND) causes other issues associated with parenthood to be missed. Such issues may include physical recovery after birth, sleep deprivation, physical and emotional workloads of caring for young infants as well as identity role changes. These authors argue that challenges such as these affect a greater number of new parents and need to be addressed in research and resource allocation.

3.5.3 Gender and adjustment to parenthood

Longitudinal studies (Belsky & Kelly, 1994; Cowan et al., 1991c) show that men and women experience the transition to parenthood differently and at different rates. As well, it appears the adjustment phase is ongoing before, during, and after the birth of their baby. The Cowan and Belsky studies indicate that pre-morbid personality and experiences tend to predict how the individual parents negotiate the transition to parenthood and their relative success in maintaining a harmonious or satisfactory couple relationship. Skills such as conflict resolution or problem solving appear to be important factors in maintaining equilibrium in the couple relationship. In addition, the degree of personal satisfaction the individual parent felt prior to the birth in areas such as work, relationships and themselves

seemed to predict the degree of stress report in the post birth phase (Belsky & Kelly, 1994; Cowan et al., 1991c). A study into 'predicting strain' in parents of 6-month-old infants also found different predictors for men and women (Feldman, 1987). For women, a bad marriage, low instrumentality and being responsible for the masculine chores in the home, predicted parenthood strain. The predictors for men were high general stress, young age at marriage, unplanned pregnancy and negative expectations of the pregnancy and parenthood experience. Not only did they experience different predictors but knowing information about the spouse proved useful in predicting strain thus indicating transition to parenthood is a 'family' event rather than an individual event.

Work appears to be an important issue for men especially and seems to remain so after they become a parent (Belsky & Kelly, 1994; Cowan et al., 1991c). In one longitudinal study, a pie chart was used to illustrate sense of self by reflecting proportions of roles (Cowan et al., 1991c). Men and woman both identified role changes before and after the birth of their first baby. Both parents reported the role of parent taking a larger proportion of the pie after the baby was born but for men, their role of worker remained relatively unchanged from the pre-birth response. The piece of the pie allocated to 'worker' for women was much smaller after the baby was born even if she was employed. For both men and women, the role of spouse/lover was reduced after the birth. These findings were very similar to the 'Penny Game' used in another longitudinal study into parenthood transition (Belsky & Kelly, 1994). Parents had to allocate pennies to one of three roles as a reflection on the proportion of their lives the role fills. The three roles were parent, spouse, and worker. Prior to the baby's birth, men and woman allotted similar numbers of pennies to the worker role but this changed after the baby was born. Mothers allocate more pennies to the parent role whereas fathers allocated most pennies to the worker role, relatively unchanged from the pre-birth allocation. Feldman's study (1987) also found that men seemed to increase their focus on work and their role in being primary provider for the family. This increased focus was attributed to the worry and responsibility that men feel when their spouse leaves work to have the baby as well as related to their sense of the social role of breadwinner.

Men appear to take longer to develop paternal love when their baby is born but appear more committed to financial support of their family (Belsky & Kelly, 1994). They often work longer hours, take a second job and still maintain or seek social

outlets. A man's priorities remain very similar to the way they were before the birth of his baby. He wants to be more involved in fatherhood but sees breadwinning as part of his contribution. He measures his contribution against what his father did and feels he measures up rather well. His wife measures his contribution against what she does in their new family situation and finds he does rather poorly.

Women seem to experience a more immediate maternal love for their baby, often during the pregnancy (Belsky & Kelly, 1994). Post birth it is an intensely emotional time for women with mood changes as well as the recovery from the birth. In addition, fatigue appears to be a major problem for most women and stress rises over the first year of the baby's life. Women want a supportive partner who will share the increased load in the home not just a 'helper'. Her priority is the baby and the home even if she is employed (Belsky & Kelly, 1994)

There seems to be a new sense of family once a baby joins the couple. There is now a new biological link, options for role changes for both parents, a need for unity and increased closeness to their own parents. Men reported the baby as adding another dimension to the couple relationship and as a 'playmate'. Men reported they felt more responsible and 'mature' with this new life role (Belsky & Kelly, 1994; Cowan, 1988). The coping strategies may be tested by this transition and particularly by some aspects such as sleep disturbance and physical demands leaving less time for the couple relationship. However, the baby can also add dimensions to the couple's experiences such as strengthening couple bonds, adding personal fulfilment, giving new meaning to life and increasing cohesiveness between them (Miller & Sollie, 1980).

3.5.4 Age and impact on parenthood transition.

In Morse et al's (2000) Australian study, age was a significant factor in mid-pregnancy distress for women, but not for men. It was detected particularly in the younger pregnant women (20-24 years) and the older group aged 35-42 years (Morse et al., 2000). Postnatal distress was still evident in these age groups although for older women, it dissipated more rapidly therefore suggesting they were coping with new motherhood better than expected. For men, being married when younger and coupled with unplanned pregnancy predicted strain in the parenting role (Feldman, 1987).

3.5.5 When couples have a baby

It seems important to clarify the language used when discussing the transition to parenting. As pointed out above, the term 'crisis' when used in English *denotes stress, disaster, emergency, accident and urgency*. However it also means *plight, turning point, climax and crossroads* (Delbridge, 1985). Thus when using the term crisis in relation to parenting transition it would seem essential to define the way the term is being used. As well, the concept of transition to parenthood appears to be either normative or non-normative. The latter concept is used to describe responses that the majority of parents do not or will not experience. It would appear that most parents experience a degree of adjustment to parenthood with the birth of their first baby. The adjustment phase may be more or less difficult for parents depending on a range of factors impacting on the couple. Such factors may include the age of the parents, their relationship quality between the parents, level of available social support, prior experience with managing babies, personal confidence, family of origin experiences, personality style, life skills and temperament of the baby. Furthermore, the timing of the pregnancy may impact on the adjustment difficulty for the couple. Stress and coping theory (Lazarus & Folkman, 1984) may also provide further understanding in the variety of responses experienced in this life event.

3.6 Gender Roles

Gender role is a sociological construct consisting of expectations, socialization and attitudes related to the roles men and women take in a culture or society (Stoltz-Loike, 1992). Whilst some confusion may exist regarding the terms used to refer to the extent of men and women's roles, the literature appears to use sex roles or sex differences when describing biologically ordained factors. Gender roles or gender differences are used when referring to socially and culturally ordained elements of roles for men and women (Barnett et al., 1993; Peterson, 1996; Stoltz-Loike, 1992). Gender roles have a historical component in that they may vary or change over time (cohort effects) and vary in different cultures. Sex roles, being biologically driven, tend to remain more static and innate (Barnett et al., 1993). This thesis will use the term gender role to refer to those roles prescribed by Western society, which could be undertaken by either men or women but are generally seen to pertain to one or the other sex.

Stereotyped gender roles are those roles that are seen to 'belong' to either men or women. They are socially defined assumptions about how men and women

should behave, feel, think and be, based on culturally accepted beliefs and experiences. They are roles that could be adopted by either sex but are culturally appointed to one sex. In Australia, a woman takes primary responsibility for childcare and household work (Probert, 2001). She is expected to not only enjoy this role but to feel fulfilled by it. If she does not feel this way then she would be considered 'not normal' by society in developed nations. The problem with stereotyped gender roles is they restrict opportunities for individuals or force individuals to adopt roles they would prefer not to. They create a sense of restriction, obligation, normality or ownership for that gender and are oversimplifications of how people should be (Baruch et al., 1987; Peterson, 1996; Stoltz-Loike, 1992).

The acquisition of gender role occurs from birth. There appears to be four main theories regarding role acquisition (Peterson, 1996; Renzetti & Curran, 1995; Stoltz-Loike, 1992). These theories involve identifying with same sex parent, social learning theory, cognitive developmental theory, and Sandra Bem's (Bem, 1993) enculturation theory.

The gender role options for women in developed countries are currently changing with evidence of conflict as women take up more roles but retain more traditional roles. This time of change has been evident for the last three decades at least and may be attributed to a number of reasons. Women being available to replace men in employment during the WW11, the conflicting message to 'populate or perish' campaign in the post war period (in order to get women out of the men's jobs and back into the home), the advent of reliable birth control in 1960, the second wave of feminism which occurred in the 1970's, the rise in consumerism and desires for increased earning capacity and the improved educational opportunities for women may have played some part in the changing role options for both men and women in Western society (Sarantakos, 1996). The result of these changes for women has amplified the number of role options available and, in particular, has provided the opportunity for women to combine the roles of motherhood and paid employment. In the 1950's women were viewed as psychologically healthy if they were wives and mothers whilst men were expected to be successful at work to be considered good husbands and fathers (Barnett et al., 1993). In the 1990's and the new century, the messages may not be quite so clear but opportunities for other roles do exist (Barnett et al., 1993). These roles include having a career, being highly educated, participating in previously male

dominated occupations and being politically involved. There has been a shift towards women having a role as 'economically productive citizens' since the 1950's (Probert, 1999 #141; Novack & Novack, 1996; Probert, 2001) although society still promotes motherhood as the female's primary role and to have stereotyped beliefs about what children need. The gender role attitudes of participants in this study are examined to provide knowledge about how they perceive the roles available for women.

3.7 Chapter Summary

Theories abound to describe human development. Generally, there are detailed explanations, arising out of extensive research, to explain human and personality development. Specific tasks have been identified which are associated with each life stage but when development does not proceed smoothly there are explanations detailing the possible results. Social and cultural settings provide a background and influence for the way people age all over the world.

Families are defined as people related by blood, commitment, residence, or contact. Contemporary families in the 21st century demonstrate a variety of structures and are considered to be embedded in specific socio-cultural backgrounds. Theories have been developed to describe the way families begin, function and grow. Families are dynamic structures, changing over time and effecting change in the society they exist in. Australians value family and historically families have been in existence since recording commenced.

Transition to parenthood is a life stage that most Australians will negotiate in their lifetime. Debate currently continues regarding whether or not parenthood constitutes a crisis or is a normative event with most couples rising to the challenge with minimal distress. Nonetheless, research indicates that most people experience changes in the couple relationship. However despite couples reporting increased fatigue and a lengthy period of adjustment, which fortunately improves, as baby gets older, they also generally report an increase in their satisfaction with life.

It appears that women and men experience the transition differently. Spousal factors seem to impact on the overall parental adjustment thus indicating a set of rather complex issues at play, particularly, with the birth of the first baby. She

bonds with baby earlier than he does, and wants a family focus while he feels the overwhelming need to be a good economic provider for the family while they both adjust at a different pace.

Gender role theory describes and ascribes social roles to men and women. This theory relates to how babies and children learn the roles expected of them and the social boundaries that exist. Gender roles change over time and also across cultures. Since the Second World War 1939-1945, gender role options for men and women have been expanding with the result that gender role boundaries are more blurred in Australia than in previous generations. What does seem to remain constant in Western societies is the belief that motherhood is and should be the primary role for women when children are born and that the child's needs are paramount.

This chapter provides a theoretical background for the study of combining parenting and paid employment. Two theoretical models are presented, one for adult development and the other for family development. Together they provide the conceptual framework for the study. The next chapter will present the methodology for the study.

Chapter 4

Methodology

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Chapter 4

Methodology

4.0 Introduction

This study was specifically designed to address gaps in the literature related to maternal employment and transition to parenthood. The methodology employed for the study was a longitudinal design with data collection on 4 occasions over 11 months in order to capture any changes over time. Given that couples experience an adjustment stage to the birth of their first baby, it was reasonable to assume that there may be some additional adjustment necessary when other lifestyle changes occurred, such as the mother returning to the paid workforce.

The design of the study presented in this thesis enabled baseline data to be collected from both single-income and two-income families prior to the two-income mothers' return to the paid workforce. Data was collected from both parents in the couple relationship. In this way, the experiences of single and two-income families as well as men and women could be compared to determine any differences in the groups. In particular, a major aim was to detect change in families after the mother returned to paid work. The use of repeated measures enabled specific key variables to be studied at each data collection time in order to determine if the characteristics of the additional adjustment process for the two-income family were different to the process in single-income families. Thus the study is designed to not only find out how couples managed when combining parenting and paid work but also to uncover their experience over time.

4.1 Aims.

The **aim** of the study was to examine the experience of first-time parent couples when the mother returned to the paid workforce. Including couples who were *planning* to become two-income earners, couples who had made the decision to remain on a *single-income* for at least a year and couples where both parents were *already employed* provided major opportunities to compare experiences across the groups.

4.2 Objectives Of The Study

The **research questions**:

1. What are the experiences of each partner in new parent couples as they negotiate the transition to becoming a two-income family and combine parenting and work?
2. How does the lifestyle differ for single-income and two-income couples in its effects on first-time parent couples?

The **objectives** of the study were to:

1. determine if the experiences of becoming a two-income family with a young infant differs for mothers and fathers.
2. compare the experiences of two-income families with those of single-income families where (usually) the mother was providing full-time home care duties.

The **research hypotheses** to be explored included:

1. Employed mothers will have a larger household labour workload than their male partners.
2. Marital satisfaction for both men and women in two-income families will change over the course of the study.
3. There is a relationship between work factors and measures of well-being as mothers and fathers negotiate the transition to two-income status.
4. Parents in two-income families will report a higher level of daily stress than the parents in single-income families over the course of the study.
5. 'Between group' and 'within group' variation in levels of anxiety and anger will be identified for men and women in single and two-income groups over the course of the study. Two-income parents will experience more anger and anxiety than single-income parents.

6. The level of parenting satisfaction will be similar for all parents irrespective of couple employment status.

4.3 Research design

The study was a longitudinal, repeated measures prospective, analytical study. Data collection occurred on four occasions over 11 months using questionnaire booklets compiled of self-report, valid and reliable measures. The booklets were distributed and returned by reply paid mail.

Longitudinal research was selected to enable the process of returning to paid work to be studied. The researcher assumed there would be an adjustment phase for first-time parent couples when the mother returned to work after the birth of their baby. Longitudinal research is ideally suited to those studies where a developmental process is being examined (LoBiondo-Wood, 1994). Longitudinal research enables participants to be studied over time thus enabling variables to be evaluated using the same participant. In effect, this is similar to having a control group because many factors remain stable, thus increasing the possibility that any changes are due to the 'treatment effect' or the effect being studied. It may be possible to identify and investigate early trends and to determine if variable effects remain over time by using the same measures to collect the data. Care needs to be taken to ensure that the measures are reliable and valid when repeated by the same person on more than one occasion (test-retest reliability) (Loewenthal, 1996).

Longitudinal design overcomes the limitations of cross sectional studies, the major issue being the opportunity of inferring causality. When participants are studied over time, the data can be compared at each data collection time thus adding to the internal validity of study. Data collected at any one data point reflects what is happening at that particular time only. When data are collected at a number of points, a pattern can emerge which adds knowledge and understanding to the issue being studied (LoBiondo-Wood, 1994). It is also possible in many longitudinal studies to identify early trends.

There are also disadvantages to longitudinal research. For the researcher, it is

usually more costly to undertake and more time consuming. Additionally, a great deal of data may be generated adding to the time, effort, complexity and cost of data analysis. Time required for data collection may be quite drawn out unless recruitment of all participants occurs at the same time. The very nature of the design means participant attrition is usually unavoidable although strategies may be employed to promote participants continuing in the study. These may include incentives to continue; some explicitly perceived benefit for participants, provision of feedback on the progress of the study, rewards, or payment for commitment (Gilliss, Lee, Gutierrez et al., 2001; Killien & Newton, 1990).

4.3.1 Rationale for research design.

Questionnaires were used to collect data in this study for both pragmatic reasons and for accuracy. Initially, the sample size target was 200 couples and interviewing on four occasions over the time frame was not considered feasible nor achievable. Therefore, accurate data collection methods needed to be employed to ensure the success and credibility of the study. Valid and reliable measures identified in the literature were available to measure the variables of interest and it was possible to administer these by mail. The geographic area targeted for recruitment was large, covering all areas of metropolitan Melbourne and mail was considered an appropriate and economical means of data collection (LoBiondo-Wood & Haber, 1994). The researcher resided in Melbourne and had professional contacts that may have facilitated recruitment for the study. The literature review into the topic of interest helped to dictate the variables of interest, the importance of including men in the study and also possible data collection methods. To include employed men and women in the study it was essential to consider their availability as well as the realistic availability of the researcher. Questionnaires and mail seemed to provide the convenience required.

A prospective study is designed to collect data as the event of interest (e.g. maternal employment) is unfolding. This design aspect strengthens the credibility of the study. There are weaknesses associated with relying on memory to accurately detect changes for the individual participant and for the couples and gathering data when the experience is most recent is more likely to reveal

accurate information (Fink & Kosecoff, 1985; LoBiondo-Wood & Haber, 1994; Loewenthal, 1996).

4.4 METHODS

4.4.1 Sample

The sample was drawn from first-time parent couples that resided together, in Melbourne, Victoria, Australia. Initially, a community-based sample was sought from Maternal and Child Health Centres (MCHCs) throughout Melbourne which are attended by around 96% of new parents (Scott, 1987). When this avenue failed to deliver the required number of participants, other solutions were sought. These included the researcher having the opportunity to discuss her proposed study in written interviews in local newspapers and participating in live talk-back sessions on community radio. In addition, paid advertising and an editorial by the researcher in a parenting newspaper were utilised. Participants already enrolled in the study were also asked to pass on information sheets and to tell friends about the study in attempts to boost the number of participants (snowballing). The main disadvantages of snowball sampling are a lack of diversity in the subjects and the nonprobability nature of the technique (LoBiondo-Wood & Haber, 1994).

The *Inclusion criteria* included the following:

1. Two-income participants were couples who currently had one partner in full-time employment and the other partner planning to return to work, full or part-time, 4-8 weeks after enrolment.
2. The single-income participants were couples who had one partner in full-time employment and planned to remain a single-income family for the duration of the study.

In addition all participants were;

3. Able to read and write English.
4. Married or cohabitating parents with their first infant.

5. Parents of infants that were between three and fifteen months old at entry to the study.
6. The infants were healthy with no chronic problems or disabilities.
7. Both members of the couple agreed to participate.

As the study commenced, a third group emerged during the recruitment phase. These were couples where the mother had already returned to the paid workforce and thus the couple had been operating as a two-income family for a period of at least three months. These participants expressed great interest in being involved in the study and, given the challenges of recruitment, were admitted to determine if there were additional issues from this group, which could add to the value of the study. This group was called the *established-employment* group. The Established Employment group may represent the 'Status Quo', that is the couple with a young infant who are both employed. The 'Status Quo' may not be static but rather illustrate a dynamic situation that changes over a much longer period of time than the study was conducted. This participant group was not included in data analysis when the hypotheses were being explored nor when results were presented for comparing single-income and two-income groups. They were included in some demographics and occasionally when whole sample results were presented. Generally this group were older, their babies were older on enrolment in the study and they had been living together longer as a couple than single-income and two-income participants.

Couples with an infant aged less than 15 months old were targeted for this study. The infant age cut off had been determined based on the employment award system in Australia that allows maternity leave for up to twelve months (Glezer, 1988). Three extra months were allowed to cater for those families who may have taken additional entitled leave. Anecdotal evidence indicates that many families regard a twelve-month period as ideal for mothers to be at home with their infant before returning to work. The infant age for parental entry to the study was not less than three months of age. This entry age was determined to allow some adjustment time for the family with their new infant prior to the additional

adjustment of returning to work. Results from research into new parenthood (Barclay & Lupton, 1999; Belsky & Kelly, 1994; Demo & Cox, 2000; Feeney, Hohaus, Noller, & Alexander, 2001; Leonard, 1993) indicate the first few weeks and months are particularly challenging for the new family. It could be assumed that by three months postpartum, the behaviour patterns of the newborn and the skill development of the parents would be more established. Another inclusion criteria was that the infant be healthy and free from disability, to ensure normative experiences were not distorted by a baby with complex health issues.

Couples rather than one of the parents only were targeted for participation in the study for a number of reasons. It is acknowledged that single parenting has a range of unique issues and challenges that may be dissimilar to those of two parent families. To promote homogeneity of subject, two parent families were sought. Much of the existing research has been conducted on fathers (Hall, 1994; Henderson & Brouse, 1991; Rustia & Abbott, 1993), or mothers only (Barnett & Marshall, 1992; Mike et al., 1994; Romito, 1997; Weaver & Ussher, 1997). Very few studies could be located which had collected data from both parents using the same variables so this planned approach was expected to provide new information.

Cohabiting couples were identified for this study as the researcher sought to avoid some methodological problems evident in other studies mentioned in this thesis. Data collected from couples living together would also enable participants to reflect on a joint experience, that of their own family. Also, when data analysis compares men and women's experiences there is the opportunity to compare intra-dyad as well as inter-dyad experiences. There is a scarcity of research in the area of early parenthood with data collected from men yet inferences are often drawn without hearing from men themselves. The researcher worked hard to ensure men's voices were heard in this important area of study.

4.4.2 Accessing Maternal and Child Health Centres

As mentioned previously MCHCs were selected as the ideal venue to recruit new parents with their firstborn infant. Maternal and Child Health Centres in

Metropolitan Melbourne were selected, a large city of 3.4 million people providing a range of socio-economic groups.

When the study commenced in 1997 the Youth and Family Services Division of the Victorian Government Human Services Department was responsible for the Maternal and Child Health Program. The researcher approached this Division for permission to access clients attending MCHCs but was referred to Line Managers of Local Municipalities. Line Managers managed the department or section that Maternal and Child Health Services reported to in each Local Municipality. There were 25 Line Managers approached seeking permission to write to Maternal and Child Health Co-ordinators to ask for assistance in recruitment.

Informal consultations with Maternal and Child Health Nurses (MCHNs) revealed that many of them made autonomous decisions regarding their availability or preparedness to participate or collaborate in research. In accordance with ethical research practice, permission was sought at two levels to access clients at MCHCs. Each local council had a Maternal and Child Health Nurse Coordinator from whom permission was sought to approach each individual Maternal and Child Health Nurse (MCHN). These senior staff then granted access to MCHNs in accordance with individual local government policy and procedure.

More than 150 letters were sent to MCHNs explaining the study and requesting their assistance in recruiting target group participants (Appendix C). In order to recruit a range of socio-economic groups all MCHNs were requested to collaborate in recruiting participants who met the selection criteria by drawing the attention of all attending first-time parents to the study and distributing the information envelopes provided. The nurses were supplied with a poster for display purposes containing details of the study and inviting participation. Nurses decided individually whether they displayed the posters or not. Information envelopes containing two copies of a Plain Language Participant Statement, consent form to participate to be signed and returned, data collection questionnaire booklet for time one and reply paid envelopes for returning these were provided to each centre.

Accessing participants proved a convoluted process as detailed above. A total of 25 Line Managers in 25 municipalities were approached seeking permission to approach Maternal and Child Health Co-ordinators. Each of the 25 local councils had a Maternal and Child Health Nurse Coordinator from whom permission was planned to be sought to approach each individual Maternal and Child Health Nurse. Some Line managers declined on behalf of the MCHNs (5), some Line managers passed the request directly onto the Co-ordinator (5) and some consented to Co-ordinators being approached (15). These senior staff then granted access in accordance with individual local government policy and procedure.

Five Maternal and Child Health Co-ordinators agreed to be the distributor to the MCHNs (67 nurses in total) in their municipalities. For the remainder, permission was granted to contact the nurses directly. More than 150 letters were sent to Maternal and Child Health Nurses explaining the study and requesting their assistance in recruiting target group participants (Appendix C). From a possible 386 MCHNs, 104 agreed to assist in recruitment. A total of 778 information envelopes were distributed to 101 MCHC's (some nurses worked 2 centres and shared the allocation between both).

4.4.3 Sample Size

Sample size was determined by Power Analysis (Cohen, 1992) to ensure that the sample was large enough to illustrate normal variance of levels of marital satisfaction. Sixty-four couples was the number determined to be large enough to demonstrate this variance but it was decided to enlarge the sample to allow for participant dropout, a fact of life in longitudinal studies. The goal was to use a non-probability sample of 100 couples for the target group and 100 couples for the control group. Realities of the research recruitment process meant this goal was not achieved. Further details regarding the challenges of recruitment are discussed in Chapter 7. Power Analysis is a process of determining the sample size necessary for achieving statistically significant results in research and avoiding the possibility of a type one error (rejecting null hypothesis when it is actually true) (Cohen, 1992). For estimating sample size in this study, the Dyadic Adjustment Scale (Spanier, 1976) was used. With α set at 0.5%, power 80% and

2 Tailed, a minimum sample size of 64 couples (in each group) to detect a medium difference on the DAS scores in 2 independent sample means was determined (Cohen, 1992).

The eventual reality was a community-based sample of 69 cohabiting couples and three women (whose partners did not complete the questionnaire booklets despite agreeing to do so) with their firstborn healthy infants. A total of 141 participants (69 couples and 3 women) were recruited into the study over 1998, 1999 and 2000. Data collection ceased by December 2000.

4.5 Ethical Considerations.

Permission to conduct the study was originally sought from Royal Melbourne Institute of Technology (RMIT) University and granted in October 1997. Due to relocation of the Principal Supervisor to Victoria University, the Faculty of Human Development Human Research Ethics Committee at this university approved the transfer of the study in September 1999. The study was carried out according to the ethical guidelines, including informed consent, storage, and control of collected data, anonymity, and confidentiality, and supervision of the study by an experienced researcher (See Appendix A).

All participants received a written Plain Language Statement (Appendix B) explaining the study, procedures, and benefits as well as informing them of their right to withdraw at any time. They were informed where the completed thesis could be found and all promised a brief report of results. All subjects were asked to sign and return a consent form with their first questionnaire booklet, a copy of the consent form was provided for participants' own records. Contact details were provided for the researcher, supervisor, and University Ethics Committee. When the change of University occurred, all participants were notified, in writing, and provided with new contact details. It was difficult to determine if any participants were lost due to transfer but certainly no participant informed the researcher that transfer was a problem in their continued participation in the study.

4.6 Research Instruments

A questionnaire booklet was developed for data collection. Included in the booklet was a questionnaire eliciting demographic information as well as a range of widely used and validated psychological measures and scales (See Appendix B). The scales included the following;

4.6.1 Division of Household Labour

1. The 'Who Does What?' (Cowan & Cowan, 1988a) questionnaire is a 60-item, self-report tool that measures perceptions of how family responsibilities and household tasks are divided as well as satisfaction with current arrangements. A third dimension of childcare task division, covering general childcare and specific time frames of childcare is also part of the instrument. In all there are four subscales and numerous single items, relevant to each subscale. For example, with the childcare subscale, single items were asked regarding the degree of satisfaction with how childcare was divided. The subscales are measured on a 9-point scale ranging from 'she does it all' (1) to 'he does it all' (9). A score of 5 indicates equity in how the task is shared. The single items are measured on either 3-point or 5-point scales ranging from 'very satisfied' (1) to 'very dissatisfied' (3 or 5). The subject also has the opportunity to identify how she/he would *prefer* responsibilities to be divided but this facility was not utilised in this study due to the design. Psychometric properties are very good with $\alpha = .92-.99$.

4.6.2 Relationship functioning.

2. Marital Satisfaction was measured using the original 32-item Dyadic Adjustment Scale (Spanier, 1976). The instrument consists of four subscales; satisfaction, cohesion, consensus and affectional expression and is valid for use with married or cohabiting couples. The possible range of scores, 0-151 is compiled from items with a 0-4 or 0-5 range with the exception of one item that had a range of 0-6 and 2 items with 0-1 range. Psychometric properties are very good with $\alpha = .86-.96$. Spanier's (1976) original validation study was carried out with a non-probability sample of 218 married participants and 94 divorced subjects. The married

participants were recruited by approaching companies in a Pennsylvanian County and the divorced participants were recruited by mailing questionnaires to all recently divorced couples in the same area. The mean age of participants was just over 35 years. These participants were predominantly Christian, mainly working or middle class and most had children. Validity correlations with the most commonly used relationship quality scale at the time, the Locke-Wallace Marital Adjustment Scale were reported at .86 and .88. The DAS has been validated for use with Australian samples and found to be consistently reliable (Antill & Cotton, 1982). The overall mean for the scale was 113.13 (sd 14.77) in the Antill & Cotton (1982) Australian validation study. This was a sample of 108 married couples and 68 cohabiting individuals, with an age range of 19-65 years. Seventy-eight percent of participants were Australian and New Zealand born with a range of socio-economic groups although lower Socio-economic status (SES) participants were difficult to recruit. The married couples had been married from two months to forty-two years, (mean= 11 years). The mean DAS score from participants in the original validation study (Spanier, 1976) was 114.8 (sd17.8) for married samples and differentiated well the mean DAS score for divorced samples, which was 70.7 (sd 23.8). A score of 90 indicates a distressed relationship (Spanier & Filsinger, 1983) and the lower the score the lower the relationship satisfaction. A score of 100 has also been used as clinical cut-off for indicating marital distress (Cowan & Cowan, 1995). Test-retest reliability for the subscales and DAS as a whole were very good ranging from $r=.75$ (Affectional Expression subscale) - $.87$ (whole scale) with a two week separation between administration (Carey, Spector, Lantinga, & Krauss, 1993).

There are four subscales to the DAS; (i) Dyadic Consensus (extent of agreement between couple on important matters), (ii) Dyadic Cohesion (extent couples do activities together), (iii) Dyadic Satisfaction (extent of satisfaction with relationship at present time) and (iv) Affectional Expression (extent to which couple is satisfied with how they express affection and sex in the relationship). The range of scores for Dyadic

Consensus (13 items) is 0-65, Dyadic Cohesion (5 items), 0-24, Dyadic Satisfaction (10 items), 0-50 and Affectional Expression (4 items), 0-12 (Spanier & Filsinger, 1983). In Spanier's (1976) original article the mean subscale score for Dyadic Consensus was reported to be 57.9 but later corrected to 51.9 (Spanier & Filsinger, 1983). This error was also reported by Antill and Cotton (1982).

3. Parenting satisfaction, enjoyment, and attachment was measured by a newly developed Australian Postnatal Attachment Scale (Condon & Corkindale, 1998). This 19-item scale is available in a maternal and paternal version with psychometric properties reported from the maternal version at $\alpha=0.78$ for internal consistency and a satisfactory test-retest correlation coefficient at 0.70 (Condon & Corkindale, 1998). This recently developed maternal version of the scale was developed to measure 'in a quantitative sense, the strength of the mother's emotional attachment to her infant during the first postnatal year' (p. 62). No published information on the reliability and validity of the paternal version is available as yet (Corkindale, 2002). Neither versions of the scale have been widely used. A literature search using the following electronic databases failed to reveal any published studies using the scale; Academic Search Elite database, Cinahl, PsycINFO, and Social Sciences Plus. Personal communication with the authors revealed much of the work has been done in studies of antenatal experiences of expectant parents (Condon, 1997; Corkindale, 2002).

4.6.3 Psychological Status

4. The State-Trait Personality Inventory (STPI) (Spielberger, Jacobs, Crane et al., 1979) is a self-report scale that measures the three emotions of anxiety, anger and curiosity. The scale has two versions measuring transitory emotional conditions (state) and personality dimensions (trait). Each subscale has 10-items. This study used four of the subscales for anger and anxiety, state and trait. Psychometric properties are very good with internal consistency $\alpha= .80-.84$. Fourteen-day test-retest reliability ranges from low stability for state anger; state anxiety at 0.43 and

moderate stability for trait anger at 0.70 and trait anxiety at 0.66 (Jacobs, Latham, & Brown, 1988). Low stability is considered acceptable for state anger and anxiety because it refers to situation specific emotions, which vary momentarily. The norms used for comparison purposes in this study are those means provided for Working Adults (p.17), the age group used for women are those means for 23-32 years and for men, 33 years or older (Spielberger et al., 1979) based on median age for men and women participating in the study. The trait subscales were only administered at Times 1 and 4 as they are considered more stable personality dimensions and unlikely to change from month to month.

5. The Hassles Scale (Kanner et al., 1981) consists of 117 items referring to daily 'hassles', which are defined as 'irritants, which can range from minor annoyances to fairly major pressures, problems or difficulties'. Daily hassles are rated for frequency, severity, and intensity. For this study, only the intensity and frequency scores are reported. The frequency score is a count of the number of hassles experienced (range 0-117) whilst intensity is measured on a 3 point scale where 1='somewhat severe' to 3 ='extremely severe' (range 0-3). The validation study means frequency score was 20.5 (17.7) and the mean intensity score was 1.47 (0.39). The intensity score is a sum of the severity scores (range 0-351) divided by the frequency score (Kanner et al., 1981) whereas the severity score is highly correlated to the frequency score. The Hassles scale is a predictor of psychological symptoms of stress and health status and may be a predictor of adaptational outcomes (Kanner et al., 1981; Weinberger, Hiner, & Tierney, 1985). Test-retest reliability was very good at $r=0.79$ for frequency of hassles and satisfactory for intensity, $r= .48$ when the scale was administered monthly for 10 months (Kanner et al., 1981).
6. Self Esteem Scale (Rosenberg, 1965)) is a 4-point, 10-item Likert type scale, which measures self-concept or global self-attitude. 'As an outcome measure, self esteem is considered to be an indicator of psychological adjustment' (p. 120) (Curbow & Somerfield, 1991). A variety of scoring methods has occurred over the years (Curbow & Somerfield, 1991) most

commonly using a 4 or 5-point Likert scale, true-false response, or a seven point Guttman scale. Some studies have utilised a scoring system whereby a low score denotes a high self esteem while others have reverse coded the items to illustrate high score equals high self esteem. This study used this latter approach with a 4 point Likert scale, where 0='strongly disagree' and 3= 'strongly agree'. Therefore the theoretical range of scores is 0-30. A cut-off score above the halfway mark generally indicates 'extremely high' self-esteem (Curbow & Somerfield, 1991). A two-week test-retest reliability is satisfactory with $r = .85$ (Wylie, 1989) and over a seven month period $r = .63$. Other studies have reported test-retest reliability of $r = .74$ over seven months (Revenson, Wollman, & Felton, 1983). Internal consistency is acceptable regardless of scoring method with $\alpha = .76-.87$ (Curbow & Somerfield, 1991).

7. The Worker Spillover Scale (Small & Riley, 1990) is a 20-item, 5-point Likert scale where 5='strongly agree' to 1='strongly disagree'. It measures specific cause-effect relationships linking work to home life experienced by the subjects. Matching survey questionnaires of this scale were developed to enable spouses to also evaluate the impact of work spillover. The realms of marital relationships, parent-child relationships, leisure, and home management were examined using responses regarding time, energy, and psychological processes. These realms can be specifically examined using four subscales inherent in the scale. Internal consistency is very good with $\alpha = .93$ for the overall scale. Possible scores for the total Worker Spillover Scale (WSS) range from 20 (indicating low spillover from work to home) to 100 (high spillover from work to home). The highest possible score for the WSS is 100, which represents a score of 5 on all 20 items. The higher the score, the higher the level of spillover into family life. The mean WSS score reported in the validation study (Small & Riley, 1990) was 53.67 (23.97).

The matching Spouse Spillover Scale (Small & Riley, 1990) is also a 20-item, 5-point Likert scale where 5= 'strongly agree' and 1= 'strongly disagree'. This scale measures the impact of the spouse's work on marital

relationships, parent-child relationships, leisure and home management from the respondent's own perspective. The Scale was administered on each of the four data collection. Possible scores for the total Scale range from 20 (indicating participant perceives low spillover from spouses' work to home) to 100 (high spillover from work to home). The highest possible score for the matching Spouse Spillover Scale (SSS) is 100, which represents a score of 5 on all 20 items. The higher the score, the higher the perceived spillover from the spouse's work into family life. The mean SSS score reported in the validation study (Small & Riley, 1990) was 52.45 (24.79).

For the WSS, all participants were requested to complete it including those who were not in paid employment. All participants were asked to reflect on their work, which may be paid employment or home duties. When reflecting on the partner's work for the Spouses' Spillover Scale, the partner's work was referred to as either paid work or home duties.

4.6.4 Gender Role Attitudes

- 8. Attitudes Towards Women Scale (Spence & Helmreich, 1978). The Scale has three versions, all of which measure attitudes toward the roles, rights and privileges women may have. The 15-item version was used in this study and was reported by the authors of the tool to correlate well, $r = .91$ with the original 55-item Attitudes Towards Women Scale (ATW). Internal consistency is very good with $\alpha = .89$ for the 15-item scale in a sample of college students (age range not identified in the original literature source). This scale was reported to be the most commonly used measure of attitudes towards women (Beere, 1990). Gender role attitudes was administered only at Times 1 and 4 as they were considered to be a more stable way of thinking and unlikely to change from one month to the next.

Table 4.1 provides a summary of all these scales indicating the subscales where appropriate.

Table 4. 1: Variable classes and Measures used to gather data.

<i>Variable</i>	<i>Measures</i>
Division of Labour	Who Does What (Cowan & Cowan, 1988a) <ul style="list-style-type: none">- Decision-making subscale- Family tasks subscale- General Childcare subscale- Specific Childcare subscale
Relationship Functioning	Dyadic Adjustment Scale (Spanier, 1976) <ul style="list-style-type: none">- Dyadic Consensus subscale- Dyadic Cohesion subscale- Dyadic Satisfaction subscale- Affectional Expression subscale Parenting Attachment Scale (Condon & Corkindale, 1998) Maternal and paternal versions
Psychological Status	State-Trait Personality inventory (Spielberger et al., 1979) <ul style="list-style-type: none">- Trait Anger- Trait Anxiety- State Anger- State Anxiety Daily Hassles Scale (Kanner et al., 1981) Self Esteem Scale (Rosenberg, 1965) Worker Spillover Scale (Small & Riley, 1990) Spouse Spillover Scale (Small & Riley, 1990)
Gender Role attitudes	Attitudes Towards Women Scale (Spence & Helmreich, 1978)
Demographics/ Background information	

4.7 Procedures

4.7.1 Data Collection

Data collection occurred by mail on four occasions over an 11-month time frame. Information envelopes for Time 1 were either distributed by MCHNs or posted by the researcher after telephone contact from interested parents. Time 1 was planned to occur approximately one month prior to the primary care giver's return to paid work. Time 2 was scheduled for one month after return to work, Time 3

occurred at four months after the two-income women returned to work and Time 4 was ten months after their return to work. Data collection for the single-income couples and established employment couples spanned a 10-month period designed to match the experiences of the two-income families. For the single-income group, Time 1 occurred on enrolment, Time 2 was one month later, Time 3 was three months later (i.e. 4 months after enrolment) and Time 4 was ten months after recruitment.

The questionnaire booklets (See Appendix B) were slightly different for men and women due to the maternal and paternal versions of the Parenting Attachment Scale. The covers of the questionnaire booklets were colour coded for gender (his and hers) and data collection time (Time 1, 2, 3 or 4) to minimise data entry mistakes. For each data collection time, the questionnaire booklets for couples were sent out together. A brief 'Thank You' letter was enclosed with contact details for the researcher and two reply paid envelopes. The pilot study indicated that some participants might be more explicit in their replies if they had privacy for returning them. Hence the option was provided for participants to return their questionnaires together in a single envelope or in separate envelopes.

4.7.2 Maintaining commitment

In order to reduce attrition in the study, a number of strategies were employed. At the initial point of contact, potential participants received a printed flyer detailing the study purpose and process. During this phase, participants were invited to telephone the researcher if they had questions or concerns about the study throughout its duration. When the consent form and Time 1 questionnaire booklets were returned, all participants received an initial 'Thank You' letter, which again outlined the contribution required and promised a brief report of results. They were also informed when the next questionnaire booklet would be sent. With each data collection point, a letter was enclosed thanking the participants for the previous contribution and informing them of the next data collection point. In addition, at each Christmas, participants received a card and brief newsletter outlining the progress of the study. The newsletter also contained some preliminary data analysis such as average age of participants, mean age of baby on enrolment, number of participants

and expected completion date of the thesis. All babies also received a birthday card for their next birthday.

Maternal and Child Health Nurses received two newsletters outlining the progress of the study, Christmas cards and a brief report of results. After Time 4 each participant received a 'Thank You' letter outlining the time frame of the remainder of the study. In addition participants were informed that a copy of the final thesis would be kept in the Victoria University Library should they wish to read it.

If participants did not return their questionnaire booklets within one month, a reminder letter was sent outlining how important their contribution was and offering further booklets in case the originals had not arrived or had been misplaced. Early on in the study, if the participant failed to return the questionnaire, no further data collection was obtained although data already collected was utilized in the study. However, as the study progressed, reminder letters were still sent but the participant was sent the data collection booklets for the remainder of the study. In some cases participants remained in the study by returning questionnaires thus a full data set is not available for a small number of participants. These strategies were designed to maintain the commitment to participate in the study.

4.8 Data Analysis

Data was analysed using the Statistical Package for Social Sciences (SPSS, 1999) using the maximum data set available for each data collection time. Both cross sectional and longitudinal analyses were carried out.

Significance level: The significance level for detecting a Type 1 error was set at 5% ($p < .05$) unless otherwise noted.

Descriptive analysis: Descriptive analysis was carried out on all variables to summarise and organize the data and thus describe the sample.

Inferential Analysis: Univariate and ANOVA for repeated measures were used to test hypotheses regarding differences between the groups and across time (within groups) when measures were administered on four occasions. When a

difference was identified by ANOVA for repeated measures, contrasts were carried out to determine where the difference lay, using Time 1 as a baseline. Contrasts were only performed using Time 1 as a baseline because this was before the two-income mothers had returned to paid work and therefore considered to provide more meaningful information. If only two time periods were being compared, Student's t test was utilised with Bonferroni adjustments to control for Type 1 errors with multiple analyses.

With ANOVA for repeated measures, if the Assumption of Sphericity (Mauchly test of sphericity) was violated, the multivariate test of Wilks' lambda was reported.

4.8.1 Missing Data

Missing data was dealt with in several ways. Some scales had instructions for dealing with missing data for example the STPI (Spielberger et al., 1979). These instructions were followed if available. If a complete scale or data collection time was not completed, the case was not included in the data analysis (Hair, Anderson, Tatham, & Black, 1995). For Likert type scales, if a small number of items were missing for a scale, the missing item was replaced with the nearest whole number mean for that item. If the scale was scored in such a way that decimal places were considered important, the missing item was replaced with the mean for that item, including up to 2 decimal places (Hair et al., 1995).

4.9 Summary

The study utilises a comparative, prospective, longitudinal design. The main target group was first-time parents with a young infant prior to resuming two-income status. The comparison groups were single-income couples where the mother was providing full-time care to the couples infant and a group of first-time parents where both partners of the couple were already engaged in dual-income status on enrolment in the study.

The data was collected on four occasions over an 11-month period (10 months for single-income couples). A questionnaire booklet was compiled that included specifically designed components eliciting demographic information and childcare

where appropriate. As well, valid and reliable measures were embedded in the booklet and the whole was administered by mail. Both partners in the couple were enrolled in the study and completed their own data collection booklets. The variables measured on each data collection time included division of household labour, childcare and child responsibility, moods (anger and anxiety), stress levels, relationship satisfaction, parenting satisfaction, spillover from work into home, self esteem, gender role attitudes and demographics.

Chapter 5 will report on the descriptive and cross sectional results from the study.

Chapter 5

Demographic and Cross Sectional Results

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Chapter 5

Demographic and Cross Sectional findings

5.0 Introduction

Descriptive and cross sectional results will be presented in this chapter. Results will be presented for the sample as a whole and all data obtained are discussed. When comparison of groups occurs, single-income and two-income groups of participants are compared. The findings for men and women are also presented and compared.

Established employment group data was compared with data from the two-income group to see if there were significant differences on demographics. On almost every demographic variable there were significant differences, $p < .05$ so they could not be treated as one group. When data is presented for the sample as a whole, the data from established employment group participants and 'other' are included. When comparative data analysis occurs, data from these groups were excluded. Attrition rate was greatest from participants in the established employment group.

5.1 Participants

One hundred and forty one participants met the entry criteria and enrolled in the study following recruitment via Maternal and Child Health Centres, print media articles and paid advertising in parenting magazines. The participants were sixty-nine couples and three individual women whose husbands had failed to return the questionnaire, thus 69 men and 72 women were enrolled.

Participants formed three groups: 57 participants (28 Fathers and 29 mothers) in the two-income group, 46 participants (22 fathers and 24 mothers) in the single-income group, 34 (17 Fathers and 17 mothers) in the established employment group and four participants (2 fathers and 2 mothers) who did not clearly fit any of the group criteria. In this latter group of four, one male partner had been retrenched and was looking for work whilst another male participant had experienced a work related trauma and had been on leave from work as a result

Table 5.0 Participant retention rate

	Women N=72			Men N=69		
	N	Completed	Non-completers	N	Completed	Non-completers
Two-income	29	22	7	28	19	9
Single-income	24	20	4	22	16	6
Established employment	17	10	7	17	9	8
Other	2	2		2	2	
Total	72	54	18	69	46	23

5.1.1 Attrition

One hundred participants completed the study (54 women and 46 men) out of an original 141 who enrolled. Only one couple from the two-income group provided feedback as to why they could not complete the study. Sadly the woman died sometime between Time 3 and Time 4 data collection, her partner understandably did not provide further details. Participants who did complete the study were compared with non-completers, on the following variables, to determine if there were significant differences. Demographics such as education level, Time 2 income, usual occupation, age of participant, and baby age on enrolment to the study were compared. There were no significant differences found, $p>.1$ between completers and non-completers.

Data obtained from men and women were examined separately. In addition to the above demographics, baseline gender role attitudes, relationship satisfaction, stress levels and emotions were compared between completers and non-completers in the study. There were no significant differences found between male completers and non-completers, $p>.05$. Women who completed the study were significantly different to non-completing women in gender role attitudes only, $p= .047$. Women with lower pro-feminist attitudes were more likely to be lost to the study.

When participants were compared by income group and gender, some additional differences were found.

Two-income group: A total of 29, two-income women enrolled in the study and 22 completed data collection at Time 4. There were no significant differences between completers and non-completers, $p> .1$ in this group. A total of 28 two-

income men enrolled in the study, 19 completed Time 4 data collection. A significant difference was found in education levels between completers and non-completers, $p = .014$ with those men with a trade qualification or less, more likely to be lost to the study.

Single-income group: A total of 24 single-income women enrolled in the study and 20 completed Time 4 data collection. Significant differences were found on participant age, $p = .044$ with younger participants more likely to be lost to the study. In addition significant differences were found on gender role attitudes, $p = .008$ with those women with lower pro-feminist attitudes less likely to complete the study. Twenty-two single-income men enrolled in the study and 16 completed data collection for Time 4. Single-income men who reported a higher worker spillover score at Time 1 were less likely to complete the study, $p = .017$. Non-completers reported a mean spillover score of 67.2 compared to 53.9 for those single-income men who completed the study.

Established-employment groups: A total of 17 women who had already returned to paid work on enrolment in the study returned data at Time 1 and 10 completed Time 4 data collection. No significant differences were detected between completers and non-completers on any of the variables examined, $p > .05$. Seventeen men whose partners were already in paid work enrolled in the study and 9 completed data collection at Time 4. No significant differences were detected between men who completed and those who did not complete the study on any of the variables examined.

Table 5.1: Two-income family data collection timetable

MEASURE	TIME 1	TIME 2	TIME 3	TIME 4
Background information	Yes	Yes	Yes	Yes
Who Does What?	Yes	Yes	Yes	Yes
Dyadic Adjust. Scale	Yes	Yes	Yes	Yes
State-Trait	Yes	State- Yes	State- Yes	State- Yes
Personality Inventory		Trait- No	Trait- No	Trait- No
Work and Spouse	Yes	Yes	Yes	Yes
Spillover Scale				
Daily Hassles Scale	Yes	Yes	Yes	Yes
Self esteem Scale	Yes	Yes	Yes	Yes
Postnatal Attachment Scale	Yes	Yes	Yes	Yes
Attitudes Towards	Yes	Yes	Yes	Yes
Women Scale				

Table 5.2: Single-income family data collection timetable

MEASURE	Time 1	Time 2	Time 3	Time 4
Background Information	Yes	Yes	Yes	Yes
Who Does What?	Yes	Yes	Yes	Yes
Dyadic Adjust. Scale	Yes	Yes	Yes	Yes
State-Trait	Yes	State- Yes	State- Yes	State- Yes
Personality Inventory		Trait- No	Trait- No	Trait- No
Worker and Spouse	Yes	Yes	Yes	Yes
Spillover Scales				
Postnatal Attachment Scale	Yes	Yes	Yes	Yes
Daily Hassles Scale	Yes	Yes	Yes	Yes
Attitudes Towards	Yes	Yes	Yes	Yes
Women Scale				
Self Esteem Scale	Yes	Yes	Yes	Yes

Participant profile

5.1.2 Age

The age of participants ranged from 19 to 52 years with a median age of 34 years for the men and 32 years for women.

Two-income group: The median age for the two-income group was 32.5 years. Women in this group had a median age of 32 and men, 32.5 years.

Single-income group: The median age was 32 years with a range of 19-44. The median age for the women in this group was 31 years and for the men was 32.5 years.

Established employment group: Participants in this group were a little older with a median age of 34.5 years and a range of 28-52 years. The median age for women in this group was 33 years and for men was 35.5 years.

When mean ages were examined using Independent t-tests, for single-income and two-income couples, there were no significant differences detected between two-income and single-income group, $t(101)=1.244$, $p=.216$. When income groups were examined for gender differences in age, no significant difference was detected between single-income women and two-income women, $t(51)=1.671$, $p=.101$ nor between two-income and single-income men, $t(48)=.190$, $p=.850$.

5.1.3 Time living together

The length of cohabitation time ranged from 12 to 194 months (just over 16 years) with a median time of 48 months (4 years). Just over 36% of participants had been living together for 25-48 months and 19.1% had been living together for 49-72 months.

Single-income and two-income groups: When two-income and single-income groups were examined, around 40% of both groups reported living together for 25-48 months. Twenty-six percent of two-income and 21.7% of single-income participants reported living together for 49-72 months. On enrolment in the study, around 15% of couples in both groups were experiencing their first 2 years of living together.

Independent t-tests revealed no significant differences in 'time living together' detected between the two groups, $t(101)=-1.389$, $p=.169$.

5.1.4 Babies of participants

Of the couples enrolled, 48.9% had female babies and 51.1% had male babies matching the Victorian proportions of male to female babies born in 2000 (Riley &

Halliday, 2001). The mean age of all babies on enrolment into the study was 7.14 months (s.d. 3.64) with a range of 3-15 months. When baby age was examined according to employment group, babies in the two-income group had a mean age of 6.33 (2.71) months compared with a mean baby age of 6.09 (3.67) in the single-income group. The mean baby age for babies in the established employment group was 9.65 (3.97). When mean baby age was examined using Independent t-tests, no significant difference in baby age was detected between single-income and two-income groups, $t(101) = -.379$, $p = .705$. Babies in the single-income group were younger on enrolment in the study.

Table 5.3: Demographic Profile

	Sample	Men	Women	Single-income	Two-income
N=	141	69	71	46	57
Age (Median)	33	34	32	32	32.5
Age range	19-52	26-52	19-38	19-44	23.5-42
Baby gender	48.9% female			41.3% female	47.4% female
Baby age (Median) (months)	7			4	5
MeanTime living together (months)	67.23			64.15	53.25
Country of birth % (n=)					
Australia/ NZ	87.2(123)	85.5(59)	87.5(63)	89.1(41)	86(49)
UK/ USA	8.5(2)	7.2(5)	9.7(7)	10.9(6)	7.1(4)
Asia	2.1(3)	1.4(1)	2.8(2)		1.8(1)
PNG/ Middle East	2.1(3)				5.3(3)
Educational Level % (n=)					
Higher degree	25.7(36)	22.1(15)	29.2(21)	20.0(9)	28.1(16)
Tertiary	30.7(43)	35.3(24)	26.4(19)	37.8(17)	21.1(12)
Diploma	14.3(20)	11.8(8)	16.7(12)	13.3(6)	14.0(8)
Trade/TAFE	7.9(11)	10.3(7)	5.6(4)	6.7(3)	8.8(5)
Secondary	21.4(30)	20.6(14)	22.2(16)	22.2(10)	28.1(16)
Occupation % (n=)					
Small Bus. owner					
Executive	1.4(2)	2.9(2)		4.3(2)	
Professional	7.1(10)	8.7(6)	5.6(4)	2.2(1)	8.8(5)
Semi-professional	51.8(73)	50.7(35)	52.8(38)	52.2(24)	45.6(26)
Shop Assistant	12.1(17)	15.9(11)	8.3(6)	13.0(6)	14.0(8)
Trade/ Craft person	14.9(21)	5.8(4)	23.6(17)	17.4(8)	19.3(11)
Unskilled/semi skilled	6.4(9)	10.1(7)	2.8(2)	4.3(2)	7.0(4)
Other	5.7(8)	5.8(4)	5.6(4)	4.4(2)	5.3(3)
	0.7(1)		1.4(1)	2.2(1)	

5.1.5 Country of birth

The majority of participants were born in English speaking countries with 84.4% (n= 119) born in Australia, 7.1% (10) in the United Kingdom, 1.4% (2) in USA and 2.8% (4) in New Zealand. The remaining participants came from Asia (2.1%, n=3), Papua New Guinea (1.4%, n= 2) and the Middle East (.7%, n= 1). Using Independent t-tests, no significant difference in country of birth was detected between the single-income and two-income groups, $t(101) = .101$, $p = .920$.

5.1.6 Level of education and occupation

Education level: Just over 56% (79) of participants had completed some tertiary education. Almost half of these 79 participants had a higher degree (n= 36) Fourteen percent (n= 20) had a diploma from an educational institution, 7.9% (n= 11) had completed a trade qualification, and 21.4% (n= 30) had completed secondary education.

Just over 53% (n= 28) of two-income participants had completed tertiary education with half having a higher degree qualification. Nine percent (n= 5) had a trade qualification and 28% (n=16) had completed secondary education only. Fifty-eight percent (n=26) of single-income participants had completed tertiary education, with around a third of these (n=9) having a higher degree. Almost 7% (n=3) had a trade qualification and 22% (n=10) reported completing secondary schooling.

When level of education for single-income and two-income groups was examined using Independent t-tests, there was no significant difference between the group means, $t(100) = -.469$, $p = .640$.

Occupation: Almost 6% (n=8) of the participants described their usual occupation as unskilled/ semi-skilled work, 6.4% (n=9) as a tradesperson or craftsperson, 14.9% (n=21) as shop assistants, 12.1% (n=17) described themselves as semi-professional and 51.8% (n=73) described themselves as professional. Seven percent (n=10) described themselves as executives, 1.4% (n=2) as small business owner and one person (.7%) described himself or herself as 'other'.

Two-income group: Just over 68% (n=39) of two-income participants described themselves as professional, semi-professional or executive for occupational

group. Nineteen percent (n=11) described themselves as shop assistants and 12 % (n=7) as trade or semi-skilled.

Single-income group: Just over 67% (n=31) of single-income participants described themselves as professional, semi-professional, or executive for occupational group. Seventeen percent (n=8) described themselves as shop assistants and almost 7 % (n=4) as trade or semi-skilled.

The sample was skewed towards professional and semi-professional occupations. When usual occupation was examined for single-income and two-income couples using Independent t-tests, there was no significant difference between the two group means; $t(101) = -.800, p = .426$.

Table 5.4: Demographic Profiles examined for significant differences between single-income and two-income groups.

	Single-income and two-income		Single-income and two-income men		Single-income and two-income women	
	t(df)	p	t(df)	p	t(df)	p
Baby Age	.433 ^a (101)	.666	.221 ^a (48)	.826	.313 (51)	.755
Baby gender	-.611 (101)	.374	-.383 (48)	.703	-.473 (51)	.638
Time living together	-1.389 ^a (101)	.169	-.838 (48)	.406	-1.159 (51)	.252
Age	1.874 (101)	.064	.190 (48)	.850	1.671 (51)	.101
Usual occupation	-.800 (101)	.426	-1.474 (48)	.147	.277 (51)	.783
Country of birth	.101 (101)	.920	1.119 ^a (48)	.269	-1.529 ^a (51)	.137
Education	-.469 (101)	.640	-.271 (47)	.788	-.369 (51)	.714

^aAssumption of Homogeneity violated; unequal variances assumed

5.1.7 Demographic Profile for Single-Income and Two-income Participants

A number of the demographic variables were examined to determine if there were any differences between single-income and two-income groups. An Independent t-test was used to determine if any differences were statistically significant. There

was no significant difference in baby age and gender, time living together as a couple, participant age, usual occupation, country of birth, education level or Time 1 income between the two groups. The results can be found in Table 5.4.

5.2 Reasons For Returning To Work

Participants were asked to identify their own or their partner’s reason for returning to the paid workforce. Participants could select from a list of six choices as well as having the opportunity to provide an alternative reason (other). Of the 70% (n=86) of two-income families, almost half nominated financial reasons (49%), 27% (n=23) selected commitment to career, 10.5%(n=9) were bored, 10.5% (n=9) made the decision jointly with their partner and almost 3% (n= 3) nominated ‘other’ as their reason. Almost 30% (n= 35), the single-income participants, indicated the mother would not be returning to paid employment in the next 12 months.

Table 5.5: Return to work reason (n= 121)

Reason	N	Percent %
Financial reasons	42	34.7
Commitment to career	23	19.0
Bored	9	7.4
Joint decision with partner	9	7.4
Single-income	35	28.9
Other	3	2.5
Total	121	99.9

5.2.1 Combined Income

Participants were asked to nominate from a given list, which income group illustrated their combined income to give a total household income. On enrolment, 134 (95%) of participants contributed this information. Just over 6.5% (n=9) earned less than \$30,000 while 36% (n=51) earned between \$30,001 and \$60,000. Twenty-eight percent (n=40) reported earning between \$60,001 and \$90,000 and 9.7% (n=13) earned between \$90,001 and \$115,000. The highest income earners were those earning more than \$115,000 and 19% (n=26) of the sample reported falling into this income category. At Time 2, less participants reported earnings between \$30,001-\$60,000 (n=31) while more reported earning \$60,001-\$90,000 (n=43). At Time 1, all participants in both the two-income group and the single-income group were single wage earning families.

Single-income group: Just over 48% (n=27) of single-income families reported earning between \$30,001 and \$60,000 at Time 1. At Time 2, the proportion of single-income couples earning between \$30-60,000 had reduced to 40.5%(n=17). Just over 27% (n=11) of single-income families reported earning between \$60,001 and \$90,000 at Time 1 and 33.3%(n=14) reported earnings in this category at Time 2.

Two-income group: By comparison, 48% (n=27) of two-income families also reported earning between \$30,001 and \$60,000 at Time 1 but only 32% (n=14) reported earnings in this category at Time 2. Twenty-five percent (n=14) of two-income families reported earnings between \$60,001 and \$90,000 at Time 1 and this increased to 39% (n=17) at Time 2. The proportion of two-income participants reporting earnings above \$115,000 was stable with just over 21% (n=12) at Time 1 and almost 23% (n=10) at Time 2. This study sample is skewed towards higher income earners.

When Time 1 income was examined for single-income and two-income couples, there was no significant difference in mean income between the two groups; $t(99)= 1.460, p= .147$.

This changed by Time 2 when Independent t-tests revealed a significant difference in income groupings between the single-income and two-income earners; $t(99)= 2.331, p= .022$. Examination of the data revealed 52% (n=22) of single-income families earned \$60,000 or less compared to 34% (n=15) in the two-income group. Almost 23% (n=10) of two-income families earned more than \$115,000 compared to 9.5% (n=4) of single-income families.

Table 5.6: Combined income

	Time 1		Time 2	
	N=	Percent	N=	Percent
<30,000	9	6.7	10	8.5
\$30,001-60,000	51	35.8	31	26.3
\$60,001-90,000	40	28.4	43	36.4
\$90,001-115,000	13	9.7	13	11
>\$ 115,001	26	19.4	21	17.8
Total	139	100	118	100

5.2.2 Contracted Hours Of Employment

At Time 1 the median contracted hours of employment were 38 hours per week and this remained stable for each data collection time, dropping slightly at Time 2 to 37.88 hours. The hours worked per week ranged from 1-97, the latter participant was a barrister who reported his contracted hours as 97 per week for Time 3 (but was only working 38 hours at Time 1 and 35 hours per week at Time 2. No data was collected from this participant for Time 4). If the data from this participant is removed from the analysis, the median working hours per week for the group remains at 38 for Time 3.

Table 5.7: Employed hours

	Time 1	Time 2	Time 3	Time 4
Employed n=	83	95	78	79
Not employed n=	58	22	22	21
Median Contracted hours	38.00	37.88	38.00*	38.00
- Men	38.00	40.00	40.00	40.00
- Women	00	22.50	22.00	21.00
Contracted 1-24 hours	13.3%	26.4%	26.9%	28.2%
Contracted 33-40 hours	74.7%	56%	56.4%	55.1%
More than 40 hrs	9.6%	8.8%	11.6%*	10.2%
Paid overtime: yes	21%	22.7%	15.6%	15.4%
Unpaid hours 5 hrs or less	18.4%	19.2%	12.1%	20.3%
Unpaid hours 6 hrs or more	22.4%	21.9%	18.2%	17.6%

* one participant, a barrister reported contract hours as 97 hours per week.

Many participants reported working some ‘essential but unpaid hours’ at each data collection time. To collect this data a single question was asked at each time point. This data was converted to 3 categories; (i) None (*no extra essential but unpaid hours*), (ii) 5 hours or less per week and (iii) 6 hours or more. At Time 1, 59% (N=) of all participants were employed, 81% (N=) at Time 2, 78% (N=) at Time 3 and 79% (N=) at Time 4. Between 30 and 40% of employed participants worked some ‘essential but unpaid hours’ as part of their employment at each data collection time. Paired t-tests were carried out to determine if there was a significant difference between the ‘unpaid but essential hours’ worked at Time 1 compared to Times 2, 3 and 4. The results were evaluated against a Bonferroni

adjusted alpha of .016. There were no significant differences detected for those participants working 5 unpaid hours or less, $p > .03$ or those participants working 6 unpaid hours or more, $p > .04$.

Table 5.8: Unpaid but essential hours of employment for whole sample.

	Time1	Time2	Time3	Time4
Unpaid hours 5 hrs or less (p=)	18.4%	19.2%	12.1%	20.3%
Unpaid hours 6 hrs or more (p=)	22.4%	21.9%	18.2%	17.6%
Employed n= All participants	83	95	78	79

Table 5.9: Unpaid but essential hours of employment for single-income and two-income men and women.

		Women				Men				Sample	
Categories Per week	Time	N	Single-income %	N	2 income %	N	Single-income %	N	2 income %	N (employed N)	%
5 hours or less %	1	na		na		3	14.3	5	20.8	14 (76)	18.4
	2			2	10.0	3	18.8	1	6.7	14 (73)	19.2
	3			1	5.3	1	6.3	2	18.2	8 (66)	12.1
	4			1	3.4	5	33.3	4	22.2	15 (74)	20.3
6 hours or more%	1					6	28.6	4	16.7	17 (76)	22.4
	2			2	10.0	3	18.8	4	26.7	16 (73)	21.9
	3			2	10.5	1	6.3	4	36.3	12 (66)	18.2
	4			2	10.0	4	26.7	6	33.3	13 (76)	17.1

5.2.3 Permanent Or Temporary Return To Work

On enrolment in the study, participants were asked to note if the mother's return to work was temporary, permanent or unsure. Single-income couples were asked not to respond (26% of sample). Ninety-eight participants responded. Fifteen participants (15%) noted the return to work was considered temporary, 68.5% (67) reported it was a permanent arrangement and 16.5% (16) were unsure.

5.3 Cross Sectional Results

5.3.1 Gender Role Attitudes

Gender role attitudes were measured at Time 1 and Time 4 using the Attitudes Towards Women Scale (Spence & Helmreich, 1978). The mean (s.d) score on

the AWS for the sample as a whole was 38.44 (5.55) at Time 1 and 38.42 (5.31) at Time 4 indicating the gender role attitudes were stable across time, $p=.954$. Men and women reported significantly different scores on the AWS at Time 1; $t(132)= 3.232$, $p= .002$ and Time 4; $t(98)= 2.462$, $p= .016$. At both times the men reported having less pro-feminist attitudes than women although their attitudes were skewed toward the pro-feminist end of the continuum.

When the sample of single-income and two-income participants was examined, the mean (sd) score was 37.82 (5.43) at Time 1 and 37.83 (5.12) at Time 4. There were significant gender differences as again men reported significantly less pro-feminist scores than women at Time 1, $t(97)= 2.87$, $p= .005$ and Time 4, $t(75)= 2.18$, $p= .036$. There were no significant differences between single-income and two-income earners at either data collection time and no interaction between gender and income group, $p> .3$.

5.3.2 Self Esteem

Self esteem was measured using Rosenberg's Self Esteem Scale (Rosenberg, 1965). The Scale, which measures self-concept or global self-attitude, was administered on each of the four data collection occasions. Cross-sectional results for the sample as a whole revealed no significant difference in self esteem score between men and women at Time 1; $F(1,140) = .246$, $p= .621$, Time 2; $F(1,116) = .484$, $p= .488$, Time 3; $F(1,199) = .077$, $p= .782$, or Time 4; $F(1,97) = .010$, $p= .921$. Self-esteem scores were stable across each time, ranging from 22.97 for men at Time 2 to 24.07 for women at Time 4.

When results were compared for single-income and two-income women, the Assumption of homogeneity of variance was violated for Time 2 for this sample of women, $p= .022$. There was no significant differences in self esteem scores for single-income or two-income women at any data collection time, $p> .05$. Two-income women did report higher mean self-esteem scores than single-income women each data collection time.

Table 5.10: Gender role attitudes and self esteem scores for single-income and two-income men and women

Women						Men			
Single income			Two-income			Single-income		Two-income	
Variables	Time	N=	Mean (s.d.)	N=	Mean (s.d.)	N=	Mean (s.d)	N=	Mean (s.d)
Self esteem									
	1	24	22.91(5.3)	29	23.24(4.9)	22	23.09(3.3)	28	23.14(4.3)
	2	22	21.77(6.5)	22	24.50(3.7)	20	23.80(4.0)	22	22.86(5.0)
	3	21	22.86(6.1)	21	24.52(4.5)	18	23.56(4.3)	18	24.94(5.5)
	4	20	23.55(6.1)	22	23.91(4.0)	16	24.44(3.4)	18	24.44(5.7)
Gender role attitudes									
	1	22	38.95(5.9)	27	38.1(4.2)	22	36.0(6.3)	28	34.3(7.3)
	4	20	39.9(3.9)	22	38.0(5.0)	16	37.0(5.7)	19	36.0(5.3)

5.3.3 Relationship Functioning

Marital satisfaction was measured using the full Dyadic Adjustment Scale (DAS) (Spanier, 1976). Analyses used the maximum data available from single-income and two-income participants for each data collection time. Data was examined by gender, and by employment group and gender. Cross sectional results are presented below.

The mean score for the sample as a whole was very similar at each of the four data collection times ranging from 109.63 to 107.35. Students' t-tests were carried out to compare the mean DAS scores for this sample to those reported in an Australian confirmatory study (Antill & Cotton, 1982) and to those reported in the original validation study for the measure (Spanier, 1976). There was a significant difference, $p < .001$ between mean DAS scores for this study sample as a whole at each data collection time. Participants in this study reported a lower level of relationship satisfaction than those in both the original Spanier (mean 114.8, 1976) and the Australian confirmatory (mean = 113.13, 1982) studies.

Analysis using Students' t-test was undertaken with a sample of single-income and two-income women combined to determine if the means at each data collection time still differed significantly from the means reported in the Australian validation study (Antill & Cotton, 1982). There was a significant difference at each data collection time, $p < .05$ with female participants in the current study reporting less relationship satisfaction.

Table 5.11: Mean scores for Dyadic Adjustment Scale and subscales

Scale/subscale	Time	Mothers				Fathers			
		Single-income		Two-income		Single-income		Two-income	
		n		n		n		n	
Full DAS	1	24	108.71	29	112.41	22	109.32	28	108.59
	2	22	108.38	22	108.21	20	107.77	22	107.20
	3	21	107.53	21	112.20	18	105.22	18	110.01
	4	20	105.87	21	111.22	16	109.81	18	108.29
Dyadic cohesion	1	24	16.67	29	17.31	22	16.82	28	16.5
	2	22	16.23	22	16.18	20	15.28	22	16.77
	3	21	15.54	21	16.29	18	15.17	18	16.33
	4	20	15.69	21	16.14	16	16.13	18	15.94
Dyadic Consensus	1	24	49.63	29	50.78	22	48.77	28	48.74
	2	22	49.67	22	48.28	20	48.59	22	47.77
	3	21	49.95	21	52.38	18	47.82	18	50.12
	4	20	48.2	21	51.52	16	49.5	18	49.11
Affectional expression	1	24	8.21	29	8.74	22	8.77	28	8.54
	2	22	8.5	22	8.56	20	8.5	22	8.25
	3	21	8.13	21	8.81	18	7.84	18	8.61
	4	20	7.8	21	8.43	16	8.63	18	8.06
Dyadic Satisfaction	1	24	34.21	29	35.57	22	34.95	28	34.82
	2	22	33.98	22	35.18	20	35.4	22	34.41
	3	21	33.91	21	34.72	18	34.39	18	34.94
	4	20	34.18	21	35.12	16	35.56	18	35.18

Similar results were found when analysis was carried out with mean DAS scores on a sample of two-income and single-income men at each data collection time against the mean reported in the Antill and Cotton (1982) study. There was a significant difference in mean relationship satisfaction scores at each data collection time between men in the current study and those participants in the Australian validation study, $p < .005$. Men in the current study reported lower relationship satisfaction.

Cross sectional analysis by gender and group.

One-way ANOVA was carried out to determine if there was a significant difference in DAS scores reported between men and women at each data collection time.

The mean DAS scores for women ranged from 110.73 to 108.3 and for men, 109.05 to 107.47. None of these differences between men and women were statistically significant at any data collection time, $p > .05$.

One-way ANOVA was conducted to determine if there was a difference in DAS scores between women in the single-income and two-income groups and between men at each data collection time. The mean DAS scores ranged from 112.41 to 108.21 for two-income women and from 108.71 to 105.87 for single-income women. These differences were not statistically significant at any data collection time; $p > .05$. The mean DAS scores ranged from 110.01 to 107.2 for two-income men and from 109.81 to 105.22 for single-income men. These differences were not statistically significant at any data collection time; $p > .10$.

5.3.4 Worker Spillover

Data was examined for the full scale (i) for the sample as a whole, then (ii) by gender and finally (iii) by employment group and gender.

Table 5.12: Worker Spillover Scale mean scores

Sample	Time 1 mean (std dev)		Time 2 mean (std dev)		Time 3 mean (std dev)		Time 4 mean (std dev)	
	N		N		N		N	
Whole sample	141	53.51 (13.79)	117	54.7 (15.27)	100	54.4 (14.55)	98	51.66 (15.16)
Women	53	48.95 (11.87)	44	51.46 (16.23)	42	51.31 (13.91)	41	48.85 (15.25)
-2 income	29	45.16 (10.56)	22	46.34 (16.6)	21	45.02 (15.47)	21	45.39 (12.24)
Single-income	24	50.41 (12.16)	22	53.08 (14.57)	21	53.6 (11.52)	20	47.5 (14.2)
Men	50	58.26 (14.12)	42	58.00 (13.59)	36	57.89 (14.61)	34	54.98 (14.54)
-2 income	28	58.07 (17.4)	22	58.67 (16.81)	18	60.93 (15.27)	18	56.67 (13.62)
Single-income	22	53.88 (10.54)	20	56.75 (9.13)	18	56.13 (11.79)	16	51.63 (13.27)

The mean scores reported in the validation study (Small & Riley, 1990) were 53.67 (23.97). For the sample in this study, the mean scores ranged from 53.51

(13.79) at Time 1 to 51.66 (15.16) at Time 4. A One-sample Student's t-test was carried out using the validation study mean as the criterion to determine if any mean scores from Time 1 through to 4 were significantly different. No significant differences were detected, $p > .05$.

When WSS for all men and all women were examined separately, significant differences were found. Men in this study reported higher WSS scores at each data collection time but this was only significant at Time 1, $p = .009$ and Time 2, $p = .018$. Women reported less spillover from their work into their family life than men, and the scores were significantly different at Time 1, $p = .001$ and Time 4, $p = .025$.

When data from 2-income and single-income participants together were examined, the means ranged from 54.84 at Time 2 to 50.84 at Time 4 but none were significantly different to the mean reported in the validation study, $p > .05$ (Small & Riley, 1990). Data was also examined separately for 2-income participants and single-income participants with no significant differences found when compared with the validation study mean.

Cross sectional analysis by gender and group.

Data were analysed using a 2 (male, female) x 2 (single-income, two-income) between subjects factorial ANOVA to examine reported WSS. Homogeneity of Variance assumption was met for each data collection time except for Time 2.

Time 1: There was a significant difference in WSS scores between men and women at Time 1, $F(1,102) = 14.95$, $p < .001$. Men reported higher spillover from work into family life (58.26) than women reported (48.6). Two-income women had not yet returned to the paid workforce thus all women reported on their home duties as work. Although the single-income women reported higher spillover from their work (50.19) into family life than did two-income women (47.29) this difference was not statistically significant, $p = .384$. Two-income men reported higher spillover from work into family life (58.86) than single-income men reported (57.5) but this difference also, was not significant, $p = .724$.

Time 2: Again there was a significant difference in WSS between men and women, $F(1,85) = 6.53$, $p = .012$ with men reporting more spillover from work into family life (58.95) than women (50.92). The interaction between income groups by gender was not significant, $p > .1$.

Time 3: There was a significant difference in WSS between men and women at Time 3, $F(1,77)= 4.56$, $p= .036$. Men reported higher spillover from work into family life (56.92) than women reported (50.08). The interaction between income groups by gender was not significant, $p> .1$.

Time 4: There was a significant difference in WSS between men and women at Time 4, $F(1,74)= 5.16$, $p= .026$. Men reported higher spillover from work into family life (54.76) than women reported (47.58). The interaction between income groups by gender was not significant, $p> .1$.

5.3.5 Spouse Spillover Scale

The Spouse Spillover Scale (SSS) was administered at each data collection time to all participants. The participants reported according to their own perception of their spouse's work related spillover into family life.

Table 5.13: Spouse Spillover Scale mean scores

Sample	Time 1 mean (std dev)		Time 2 mean (std dev)		Time 3 mean (std dev)		Time 4 mean (std dev)	
	N		N		N		N	
Whole sample	141	49.44 (12.4)	117	51.55 (13.9)	100	50.57 (13.44)	100	49.22 (14.1)
Women	53	53.11 (13.4)	44	56.64 (14.13)	41	53.85 (14.08)	41	55.02 (13.22)
2 income	29	51.40 (15.37)	22	57.91 (15.52)	20	53.00 (15.89)	21	54.71 (15.35)
Single-income	24	55.17 (10.48)	22	55.37 (12.83)	21	54.67 (12.45)	20	55.35 (10.93)
Men	50	45.64 (10.71)	42	47.55 (11.32)	36	44.72 (11.17)	34	42.97 (11.98)
2 income	28	45.3 (11.19)	22	48.05 (12.98)	18	42.67 (11.06)	18	42.89 (11.53)
Single-income	22	46.08 (10.3)	20	47.01 (9.47)	18	46.78 (11.22)	16	43.06 (12.85)

The mean SSS score reported in the validation study (Small & Riley, 1990) was 52.45 (24.79). For the total sample in this study the mean scores ranged from 51.55 (13.9) at Time 2 to 49.22 (14.1) at Time 4, thus were lower than validation study means. A One-sample Student's t-test was carried out using the validation study mean as the criterion to determine if any mean scores from Time 1 through to Time 4 were significantly different to the validation study mean. The mean

scores were significantly different at Time 1; $p = .005$ and Time 4; $p = .026$. The scores reported by participants in this study were lower than the validation study mean of 52.45 indicating a perception of less work spillover from the partner's work into family life (Small & Riley, 1990).

Data was also examined separately for men and women. Women reported higher SSS scores at each data collection time in the current study than those means reported in the validation study but these differences were not statistically significant, $p > .05$. Men reported less spillover from their spouse's work than the mean reported in the validation study at each data collection time and this difference was highly significant, $p < .008$.

When data from a sample of 2-income and single-income participants were examined, similar results were found. The means for this group ranged from 49.48 at Time 1 to 52.2 at Time 2, which were lower than the mean of 52.45, reported in the validation study. The mean SSS was significantly different only at Time 1, $t(102) = -2.376$, $p = .019$ (Small & Riley, 1990).

Cross sectional analysis by gender and group.

Data were analysed using a 2 (male, female) by 2 (single-income, two-income) between subjects factorial ANOVA to examine perceptions of spillover from spouses' work into family life at each data collection time.

At Time 1 there was a significant difference between men and women in the perceptions of how much spillover from their spouse's work affected family life, $F(1, 102) = 9.545$, $p = .003$. Women reported a much higher perceived level of spillover from their partner's work into family life (mean = 53.11) compared to the degree of spouse spillover perceived by the men (45.64). There was no difference in perceptions of spouse's work spillover between single-income and two-income groups although at Time 1, all the women were in full time home duties. Men were therefore reporting on how much spillover occurred from the women's home duties into other aspects of family life.

At Time 2, women again reported a higher level of perceived spillover from their partner's work into family life (mean = 56.64) compared to the level of spillover perceived by men (47.55). This difference was highly significant, $p = .002$. There

was no significant difference in perception of spillover from spouses' work between the single-income and two-income groups (51.39, 52.98), $p = .520$.

Time 3: The trend for all women to perceive greater spillover from their spouses' work into family life (mean = 53.85) than men perceived (mean= 44.72) continued at Time 3. The difference in the perception between men and women was highly significant, $F(1,76) = 9.558$, $p = .003$. There was no significant difference in spouse's work related spillover reported by the groups of single-income and two-income participants, $p = .342$.

At Time 4 there was a highly significant difference in the degree of work spillover from spouses' work perceived by men and women, $F(1,74) = 16.333$, $p < .001$. Women reported higher spillover from their partner's work into family life than the men reported (55.02, 42.97). When single-income and two-income couples were compared, there was almost no difference in their perceptions of how work spillover affected family life (49.89 vs. 49.26).

5.3.6 Psychological Status: Stress

Daily stress was measured by the Hassles Scale (Kanner et al., 1981). The results for the Hassles Scale are reported separately as hassles frequencies and hassles intensity.

Table 5.14: Daily Hassles Scale mean scores

Mothers					Fathers				
Variable	Time	Single income		Two-income		Single income		Two- income	
		N		N		N		N	
Daily Hassles Scale Frequencies	1	24	21.67(13.57)	29	19.10(11.09)	22	17.27(8.25)	28	16.93(11.10)
	2	22	25.18(13.34)*	22	17.14(11.82)	20	13.15(8.15)	22	16.27(14.89)
	3	21	20.81(10.65)*	21	14.23(8.11)	18	13.39(6.86)	18	17.93(10.15)
	4	20	20.61(12.93)	22	14.23(12.17)	16	11.88(7.01)	19	15.29(8.83)
Intensity	1	24	1.45(.38)	29	1.41(.3)	22	1.36(.34)	28	1.45(.4)
	2	22	1.52(.40)	22	1.31(.43)	20	1.24(.45)	22	1.53(.51)
	3	21	1.45(.3)	21	1.33(.39)	18	1.32(.4)	18	1.37(.39)
	4	20	1.32(.31)	22	1.35(.45)	16	1.13(.39)*	19	1.49(.44) ^a

* $p < .05$ ^aEqual variances not assumed

5.3.7 Hassles Frequency Scores

The mean Hassles frequency score for the group as a whole ranged from 19.78 at Time 1 to 16.58 at Time 4 indicating the number of hassles had declined over time. Student's t-test was carried out to determine if the study group mean varied significantly from the mean scores reported in the validation study. When compared to the validation mean of 20.5 (17.7) (mean of 9 scores, over 9 months for all participants) (Kanner et al., 1981), significant differences were found at Time 3, $p = .018$ and Time 4, $p = .001$. A trend towards significance was also found at Time 2, $p = .051$. Study participants reported less stress than those in the validation study.

Cross sectional analysis by gender and group

Factorial ANOVA and independent t-tests were carried out to determine if gender, employment status or an interaction between the two had an effect on the Hassles frequency scores at each data collection time using the sample of single-income and two-income participants.

At Time 1, there were no significant differences between men and women, $F(1,99) = 2.051$, $p = .155$, or between single-income and two-income participants, $F(1,99) = .449$, $p = .504$ and no interaction effect between employment group and gender, $F(1,99) = .249$, $p = .619$. Single-income women reported more hassles (21.67, $sd = 13.57$) than two-income women (19.1, $sd = 11.09$). Single-income men reported slightly more stress (17.27, $sd = 8.25$) than two-income men reported (16.93, $sd = 11.1$).

At Time 2 there was a significant interaction between gender and employment group $F(1,82) = 4.359$, $p = .04$ and a significant difference in hassles frequency scores between men and women, $F(1,82) = 5.572$, $p = .021$. Women in the single-income group reported more stress than those in the two-income group (25.18 vs. 17.14) and women reported more stress than men (21.16 vs. 14.79).

At Time 3 there was a significant interaction between gender and employment status $F(1,74) = 7.231$, $p = .009$. Single-income women reported more stress than two-income women (20.81 vs. 14.22) while for men the reverse was true, two-income men reported more stress than single-income men (17.93 vs. 13.39). The difference in mean hassles frequencies reported between single-income and two-

income women was greater than the difference between single-income and two-income men.

At Time 4 there was a significant interaction between gender and employment status $F(1,73)= 3.961$, $p= .05$ with single-income women and two-income men reporting more stress.

5.3.8 Hassles Intensity Scores

The intensity of hassles was also collected as a component of the Daily Hassles scale. The range of possible scores were from 0-3 and obtained by a 3-point severity rating for each hassle reported, these ratings were summed and divided by the frequency score to provide an indicator of the intensity of the hassle experienced (Kanner et al., 1981).

The mean intensity scores for the group as a whole ranged from 1.41 at Time 1 down to 1.35 at Time 4 with intensity decreasing over time. When compared to the validation study means of 1.47 (Kanner et al., 1981), this sample reported a lower intensity of hassles at each data collection time, $p < .05$. Women in the sample reported a lower intensity of hassles at each data collection time when compared to the mean of 1.49 (mean over 9 months for females) but this was only statistically significant at Time 4, $p = .014$. Men reported less intensity of hassles but when compared to the validation study mean of 1.43 (mean over 9 months for males), the difference was not statistically significant, $p > .1$.

Cross sectional analysis by gender and group

Factorial ANOVA and independent t-tests were carried out to determine if gender, employment status or an interaction between the two had an effect on the Hassles intensity scores at each data collection time for single and two-income participants. There were no significant differences in Hassles intensity scores between men and women at any of the four data collection times, $p > .05$. Women reported a higher intensity of hassles than men, at each time but this difference was not statistically significant. There were also no significant differences in hassles intensity scores between single-income and two-income employment groups at any of the data collection times, $p > .05$. Two-income participants reported more intense hassles at Times 1, 2 and 4 while single-income participants reported more intense hassles at Time 3 only.

A 2 (male, female) by 2 (single-income, two-income) analysis of variance was carried out to determine if there were interaction effects.

At Time 1 women reported more intense hassles than men (1.43 vs. 1.41) and two-income participants reported more intensity of hassles than single-income participants (1.43 vs. 1.41). These differences were not significant between men and women, $F(1,99) = .119$, $p = .731$ or between two-income and single-income participants, $F(1,99) = .077$, $p = .782$. There was no interaction between gender and employment group, $F(1,99) = .733$, $p = .394$.

At Time 2 there was a significant interaction between gender and employment group $F(1,82) = 6.798$, $p = .011$. Women in the single-income group reported more intense hassles than those in the two-income group (1.52 vs. 1.31) and two-income men reported more intense hassles than single-income men (1.53 vs. 1.24). Women reported more intense hassles than men (1.42 vs. 1.39) but this difference was not statistically significant, $F(1,82) = .060$, $p = .806$.

At Time 3 Single-income women reported more intense hassles than two-income women (1.45 vs. 1.33) while for men the reverse was true, two-income men reported more stress than single-income men (1.37 vs. 1.32). Overall, the single-income group reported more intense hassles than the two-income group (1.39 vs. 1.35) and women reported more intense hassles than men (1.39 vs. 1.35). None of these differences were statistically significant, $p > .05$.

At Time 4 there was a trend towards significance for employment status $F(1,73) = 3.706$, $p = .058$ with two-income participants reporting greater intensity of hassles (1.41 vs. 1.24). Independent t-tests identified a significant difference in hassles intensity scores between single-income and two-income men $t(33) = 2.571$, $p = .015$. There was no interaction in hassles intensity scores between gender and employment status $F(1,73) = .119$, $p = .078$ although two-income women and two-income men reported more intense hassles than the women and men in the single-income group.

5.3.9 Psychological Status: Anger and Anxiety

Anger and anxiety were measured by using the State-Trait Personality Inventory (STPI) subscales of trait-anger and trait-anxiety and state-anger and state-anxiety

(Spielberger et al., 1979). Data was examined by gender, and by employment group and gender. STPI means are provided for a range of age groups in the manual for administration of the scales (Spielberger et al., 1979). Women's scores were compared to the mean provided for the age group 23-32 years given the median age of women in this study was 32 years. Men's scores were compared to the mean provided for those aged 33 years and older given the median age of men in this study was 34. The results will be presented for Trait-anxiety and Trait-anger, State-anxiety and State-anger, in that order. The trait subscales were administered at Times 1 and 4 while the State subscales were administered at each data collection time. Results will be found in Tables 5.15 and 5.16.

Trait-anxiety: The mean (sd) trait-anxiety score for all the women in the study was 17.42 (4.56) at Time 1 and 15.77 (4.87) at Time 4. When compared against the norm of 17.99, it was found to be significantly different at Time 4 only, $t(52) = -3.316$, $p = .002$. Women in this study reported a lower level of trait-anxiety than those in the normative study for the scale. Men's scores were compared against the norm of 16.27 but no significant differences were found at either data collection time, $p > .1$ (16.92, 15.73 vs. 16.27).

Trait-anger: The mean (sd) trait-anger score for all the women in the study was 17.66 (5.39) at Time 1 and 17.11 (4.15) at Time 4. When compared against the norm of 18.45, it was found to be significantly different at Time 4, $t(52) = -2.35$, $p = .023$. Women in this study reported a lower degree of trait-anger than the women in the normative study for the scale. The mean (sd) trait-anger score for all men in the study was 17.00 (5.26) at Time 1 and 15.48 (3.07) at Time 4. Men's scores were compared against a norm of 17.41 and, like women were found to be highly significantly different at Time 4, $t(45) = -4.27$, $p < .001$. Men in this sample reported less trait-anger than those in the normative study for the scale but it was only significant at Time 4.

State-anxiety: The mean (sd) state-anxiety score for the all women in the study ranged between 15.86 (4.72) at Time 1, 15.73 (5.04) at Time 2, 15.03 (4.65) at Time 3 to 15.72 (4.49) at Time 4. When compared against the norms of 18.64, it was found to be highly significantly different at each data collection time, $p < .001$. Women in this study reported a lower level of state-anxiety than the norms for the scale. For men, the mean (sd) state-anxiety scores were 15.26 (4.38) at Time 1,

15.07 (5.48) at Time 2, 16.53 (5.68) at Time 3 and 14.57 (4.57) at Time 4. Men's scores were compared against a norm of 16.89 and significant differences were found at Time 1, $p= .003$, Time 2, $p= .014$, and Time 4, $p= .001$. Men in this study reported less state-anxiety than those in the normative study for the scale.

State-anger: The mean (sd) state-anger scores for all the women in the study ranged from 12.22 (3.95) at Time 1, 11.78 (3.75) at Time 2, 10.89 (1.9) at Time 3 to 10.95 (1.58) at Time 4. When compared against the norm of 13.71, it was found to be highly significantly different at each data collection time, $p< .003$. Women in this study reported a lower level of state-anger than the norms for the scale. For men, the mean (sd) state-anger scores were 12.04 (3.64) at Time 1, 11.57 (4.33) at Time 2, 11.13 (2.43) at Time 3 and 10.85 (1.51) at Time 4. Men were compared against a norm of 13.29 and significant differences were found at Time 1, $p= .006$, Time 2, $p= .004$, and highly significant differences at Times 3 and 4, $p< .001$. Men in this study reported less state-anger than norms for the scale.

Table 5.15: State and Trait anger and anxiety mean scores for single-income and two-income participants

Variables	Time	Women		Men	
		N		N	
State-anxiety	1	72	15.86(4.72)	68	15.26(4.38)
	2	58	15.73(5.04)	58	15.07(5.48)
	3	53	15.03(4.65)	47	16.53(5.68)
	4	53	15.72(4.49)	46	14.57(4.57)
State-anger	1	72	12.22(3.95)	68	12.04(3.64)
	2	57	11.78(3.75)	57	11.57(4.33)
	3	53	10.89(1.90)	47	11.13(2.43)
	4	53	10.92(1.58)	46	10.85(1.51)
Trait-anxiety	1	72	17.42(4.56)	68	16.92(4.57)
	4	53	15.77(4.87)	45	15.73(4.54)
Trait-anger	1	72	17.66(5.39)	69	17.00(5.26)
	4	53	17.11(4.15)	46	15.48(3.07)

Cross-sectional analysis by couple, gender and group.

Couple differences: Paired sample t-tests were carried out to determine if there were significant differences between spouses' mean scores on Trait and State anger and Trait and State anxiety subscales with a Bonferroni adjusted alpha of

.025. A significant difference was only found between the couples' at Time 4 on trait anger scores, $t(33) = -2.39$, $p = .023$. Women reported higher trait-anger scores at Time 4 only (16.95) compared to their partner (15.14).

Two-way ANOVA was used to determine if gender or employment group differences existed on the mean subscale scores at any of the data collection times.

Time 1: There were no significant differences between men and women on trait-anxiety $F(1, 99) = .959$, $p = .330$, trait-anger $F(1, 99) = .421$, $p = .518$, state-anxiety $F(1, 98) = .296$, $p = .587$ or state-anger $F(1, 98) = .121$, $p = .729$. There were no significant differences by group between single-income and two-income groups on trait-anxiety $F(1, 99) = .109$, $p = .742$, trait-anger $F(1, 99) = .557$, $p = .457$, state-anxiety $F(1, 98) = 2.976$, $p = .088$ or state-anger $F(1, 98) = 2.112$, $p = .149$. There were no interaction effects between gender and employment group on any of the subscales, $p > .05$.

Table 5.16: State and Trait anger and anxiety mean scores for single-income and two-income mothers and fathers

		Mothers				Fathers			
		Single-income		Two-income		Single income		Two- income	
Variables	Time	N		N		N		N	
State-anxiety	1	24	14.58(3.83)	29	16.44(5.67)	22	14.35(4.25)	27	15.7(4.57)
	2	21	15.45(5.96)	22	15.86(5.41)	20	13.7(4.05)	22	16.23(6.69)
	3	21	14.9(5.16)	21	13.67(4.02)	18	15.83(4.91)	18	16.22(6.04)
	4	19	14.16(3.34)	22	16.77(5.64)	16	12.18(2.83)	19	15.42(4.91)
State-anger	1	24	11.39(2.85)	29	11.87(4.15)	22	11(2.45)	27	12.64(4.24)
	2	20	12.35(4.33)	22	11.69(4.14)	20	10.32(1.09)	21	12.92(6.46)
	3	21	11.1(2.39)	21	10.14(.36)	18	10.56(.92)	18	11.18(3.06)
	4	19	10.58(.69)	22	11.05(1.68)	16	10.31(.6)	19	11.37(2.01)
Trait-anxiety	1	24	18.08(5.3)	29	16.83(4.46)	22	15.36(4.37)	28	17.35(4.97)
	4	20	16.45(5.75)	21	15.28(4.2)	16	14.13(3.28)	19	16.08(5.26)
Trait-anger	1	24	18.01(5.34)	29	17.41(5.36)	22	17.55(5.93)	28	16.57(4.56)
	4	20	17.65(3.84)	21	16.29(4.2)	16	14.63(3.48)	19	15.58(2.63)

Time 2: There were no significant differences between men and women on state-anxiety $F(1, 81) = .287, p = .594$ or state-anger $F(1, 79) = .122, p = .728$. There were no significant differences between single-income and two-income groups on state-anxiety $F(1, 81) = 1.410, p = .239$ or state-anger $F(1, 79) = .943, p = .335$. There were no interaction effects between gender and employment group on either of the subscales, $p > .05$.

Time 3: There were no significant differences between men and women on state-anxiety $F(1, 74) = 2.308, p = .133$ or state-anger $F(1, 74) = .306, p = .582$. There were no significant differences between single-income and two-income groups on state-anxiety $F(1, 74) = .182, p = .671$ or state-anger $F(1, 74) = .2512, p = .618$. There were no interaction effects between gender and employment group on either of the subscales, $p > .05$.

Time 4: Group membership exerted an effect as there was a significant difference in state-anxiety scores between single-income and two-income groups, $F(1, 72) = 8.029, p = .006$, two-income participants reported more situational anxiety (16.15) than single-income participants reported (13.26). There was also a significant difference in state-anger scores $F(1, 72) = 5.120, p = .027$ between single-income and two-income participants with two-income group reporting more anger (11.2) compared to single-income group (10.86). There was a significant difference between all men and all women on trait-anger scores $F(1, 72) = 4.681, p = .034$, with women reporting higher levels of anger proneness (16.95) compared to the men (15.14). There were no significant differences between men and women on trait-anxiety $F(1, 72) = .378, p = .541$, state-anxiety $F(1, 72) = 2.557, p = .114$ or state-anger $F(1, 72) = .028, p = .866$. There were no significant differences between single-income and two-income groups on trait-anxiety $F(1, 72) = .058, p = .810$ or trait-anger $F(1, 72) = .131, p = .718$. There were no interaction effects between gender and employment group on any of the subscales, $p > .05$.

5.4 Hypothesis 1: Division of Household Labour

Employed mothers will have a larger household labour workload than their partners.

This hypothesis was examined using the four subscales of the scale 'Who Does What: Influence in Decision-making', household and family tasks, general

childcare and specific childcare all of which are considered to make up 'household labour' (Cowan et al., 1979). Results are shown in Table 5.17.

Table 5.17: Division of family work

'Who does what'	Time	Women				Men				Sample	
		N	Single-income Mean (s.d)	N	2 income Mean (s.d)	N	Single-income Mean (s.d)	N	2 income Mean (s.d)	N	Mean (s.d)
Decision making	1	24	5.01 (.72)	29	4.85 (.70)	22	5.13 (.87)	28	4.97 (.79)	141	4.94 (.71)
	4	20	5.00 (.63)	22	4.77 (.74)	16	4.82 (.61)	19	4.92 (.51)	100	4.86 (.64)
H/hold tasks	1	24	4.92 (.79)	29	4.51 (.81)	22	5.19 (.69)	28	5.01 (.69)	141	4.87 (.76)
	2	22	4.92* (.98)	22	4.26 (.85)	20	5.16 (.81)	22	4.75 (.69)	117	4.79 (.86)
	3	21	4.81 (1.04)	21	4.39 (.85)	18	4.90 (.79)	18	4.83 (.72)	100	4.75 (.91)
	4	20	4.69 (.91)	22	4.55 (.8)	16	5.01 (.69)	19	4.90 (.70)	100	7.85 (.78)
General c/care	1	24	2.89 (.85)	29	2.81 (.93)	22	3.08 (.88)	28	3.15 (.80)	141	3.16 (.93)
	2	22	2.78 (.84)	22	3.12 (.92)	20	3.03 (.90)	22	3.15 (.76)	117	3.23 (.96)
	3	21	2.80 (.70)	21	2.30 (1.04)	18	2.92* (.75)	18	3.64 (.94)	100	3.28 (.97)
	4	20	2.94 (.85)	22	3.22 (.85)	16	3.29 (.70)	19	3.45 (.69)	100	3.45 (.9)
Specific c/care	1	24	3.05 (.94)	29	2.98 (1.24)	22	3.27 (.99)	28	3.46 (1.1)	141	3.49 (1.16)
	2	22	3.05 (.86)	22	3.53 (1.05)	20	3.40 (1.01)	22	3.78 (1.06)	117	3.71 (1.11)
	3	21	3.35 (.99)	21	3.95 (1.07)	18	3.70 (.89)	18	4.23 (1.0)	100	3.93 (1.12)
	4	20	3.54 (1)	22	3.83 (1.08)	16	3.98 (.89)	19	4.36 (1.16)	100	4.07 (1.07)

*p< .05 **p< .01 ***p< .001 These results relate to differences between single-income and two-income groups only. Gender differences are discussed in the text.

5.4.1 Influence in Decision-making

This subscale was only administered at Times 1 and 4, it was considered the way the couple made decisions was more likely to be stable across the duration of the study.

Cross sectional analysis: gender and employment group.

(ii) Data were analysed using a 2 (male, female gender) x 2 (single-income, two-income) between-subjects factorial ANOVA to examine 'influence in decision-making' at Time 1 and Time 4 separately.

There was no significant difference in 'influence in decision-making' scores between men and women, single-income and two-income groups and no interaction effect between gender and employment group, $p > .05$ at Time 1 or Time 4.

5.4.2 Household and Family Tasks

The second domain measured by the 'Who does What' was the division household and family tasks (Cowan et al., 1979). Data was examined for the sample as a whole and by employment group and gender.

Analysis of total groups

When mean scores of men and women were examined separately, there was a significant difference in the mean sharing of household tasks scores at Time 1, $p = .001$, Time 2, $p = .016$ and Time 4, $p = .026$. Men consistently reported means of 4.9-5 whilst women reported mean scores of around 4.6. Given they were reporting on their own perception of how the family tasks were shared, men reported that more equitable sharing occurred whilst women indicated they (women) did a larger proportion of the household tasks. This difference in perception was evident at each data collection time.

Cross sectional analysis: gender and employment group.

Data were analysed using a 2 (male, female gender) x 2 (single-income, two-income) between-subjects factorial ANOVA to examine reported division of household tasks scores at each time frame.

Time 1: At Time 1 there was a highly significant difference in reported division of household tasks scores between men and women, $F(1,99) = 7.46$, $p = .007$.

Women reported that they did more of the household chores than the men reported the women doing. There was also a significant difference between single-income and two-income groups in reported division of household labour scores $F(1,99) = 4.1$, $p = .046$ with the two-income group reporting that the women did a larger portion of the household chores than the single-income group reported. There was no significant interaction effect between gender and employment group, $p > .05$. There was no significant difference between single income and two-income women in the division of household labour at Time 1, $p = .069$ or men, $p = .356$.

Time 2: At Time 2 there was a significant difference in reported division of household labour scores between men and women, $F(1,82)= 4.12$, $p= .046$. Women reported that they did more of the household chores while men reported more equitable sharing occurred (or that women did very little more than men). There was also a highly significant difference between single-income and two-income groups in reported division of household labour scores $F(1,82)= 8.84$, $p= .004$ with the two-income group reporting that the women did more of the household labour and single-income participants reporting more equitable sharing of household labour. There was no significant interaction effect between gender and employment group, $p> .05$.

There was a significant difference between single income and two-income women in the division of household labour at Time 2, $p= .022$ but not between single-income and two-income men, $p= .356$. Single-income women reported more equitable sharing of household tasks occurred in their relationship.

Time 3: At Time 3 there were no significant differences in the division of household tasks reported by men and women, between single-income and two-income groups and no interaction effect between gender and employment group, $p> .05$. Again men and women reported different perceptions of how the work was divided with men reporting slightly more equitable sharing, but both men and women reported mean scores close to 5. There was no significant difference between single income and two-income women in the division of household labour at Time 3, $p= .159$ or men, $p= .769$.

Time 4: At Time 4 there was no significant difference in reported division of household labour between men and women, single-income and two-income groups and no interaction effect between gender and employment group, $p> .05$. Men and women again reported different perceptions of how the work was divided with men reporting slightly more equitable sharing occurred. Both men and women reported mean scores close to 5. There was no significant difference between single income and two-income women in the division of household labour at Time 4, $p= .597$ or men, $p= .654$.

5.4.3 Division of General Childcare

The third domain measured by the 'Who Does What' scale (Cowan et al., 1979) is that of sharing of general childcare ('deciding about our child's meals', responding

to our child's crying in the middle of the night', 'playtime with our child' and 'doing our child's laundry') measured on each of the four data collection times. Data was examined by gender and by employment group and gender.

No mean score was greater than 3.64 for men or women in two-income and single-income groups with the majority of mean scores hovering around 3. This score indicated that both partners reported that women undertook a greater share of the general childcare. The increase in mean score at each data collection time thereafter indicated a shift towards more equitable division of general childcare over time. Thus after women returned to paid work and families in the two-income group resumed joint paid employment, two-income men increasingly did more of the general childcare in the two-income group. Reports from each partner of how childcare was divided were more stable over time in the single-income participants.

Cross sectional analysis by gender and group.

Data were analysed using a 2 (male, female) x 2 (single-income, two-income) between-subjects factorial ANOVA to examine reported division of general childcare scores separately at each of the four data collection.

At Time 1 there were no significant differences in reported division of general childcare scores between men and women, in either the single-income or two-income groups and no interaction effect between gender and employment group, $p > .05$. Women reported doing a slightly larger share of the general childcare than men reported the women did, but this difference was not significant. Two-income participants reported that women did a larger share of the general childcare in their families than single-income participants reported, but all participants reported the women did a much larger proportion than the men did. There were no significant differences in division of general childcare at Time 1 between single-income and two-income women, $p = .733$ or between single-income and two-income men, $p = .747$.

At Time 2 there were no significant differences in reported division of general childcare scores between men and women, single-income and two-income groups and no interaction effect between gender and employment group, $p > .05$. Again women reported doing a larger proportion of the general childcare than men reported the women did, although both genders indicated men did slightly more of

the general childcare at Time 2 than at Time 1. Single-income participants reported women doing a larger share of the general childcare in their families than the two-income couples reported. There were no significant differences in division of general childcare at Time 2 between single-income and two-income women, $p = .207$ or between single-income and two-income men, $p = .639$.

At Time 3 there were no significant gender differences in reported division of general childcare scores between men and women. There was a significant difference in the division of general childcare scores reported by single-income and two-income groups, $F(1,74) = 9.25$, $p = .003$. The two-income group reported women did a little less of the general childcare than single-income participants reported (3.46 vs. 2.86). There was no interaction effect between gender and employment group, $p > .05$. Women again reported doing more of the general childcare than men reported the women did, but both genders reported the men contributed to more of the general childcare as the study progressed. So at Time 3, men were doing more than they did at Time 1 and 2, although women still took the major share of general childcare. There were no significant differences in division of general childcare at Time 3 between single-income and two-income women, $p = .076$ but there was a significant difference between single-income and two-income men, $p = .016$ with two-income men reporting more equitable sharing of general childcare care occurred in their relationship.

At Time 4 there were no significant gender differences in reported division of general childcare between men and women, single-income and two-income groups and no interaction effect between gender and employment group, $p > .05$. The reported division of general childcare at Time 4 followed the pattern above. That is, women reported doing more than men reported the women did, but both genders acknowledged women did the greater share of general childcare. Two-income participants reported women did a little more of the general childcare than they did at Time 3 but in single-income couples, the reverse was the case as men did a little more of the general childcare. There were no significant differences in division of general childcare at Time 4 between single-income and two-income women, $p = .287$ or between single-income and two-income men, $p = .492$.

5.4.4 Division of Specific Childcare

The fourth domain measured by the 'Who Does What' scale (Cowan et al., 1979) was the division of specific childcare. This subscale examines care-giving for the

baby during time segments on both weekdays and weekends. This incorporates the contribution of fathers who were, for the most part, employed Monday to Friday, and measured on each of the four data collection times. Analyses used the maximum data available for each data collection time. Cross sectional data analysis was carried out by gender and employment group for each time frame.

The mean scores for single-income and two-income parents ranged between 2.98 to 4.36 with the majority of scores hovering around 3.5. The increase in mean scores at each data collection time indicated a shift towards more equitable division of specific childcare between the parents was reported by these subgroups. All men seemed to increase their contribution as the study progressed, both men and women reported this trend except between Times 3 and 4 when two-income women reported a slight decrease in the division of specific childcare, with women picking up a larger share of the work.

Cross sectional analysis by gender and group.

Data were analysed using a 2 (gender) x 2 (employment group, single-income, two-income) between-subjects factorial ANOVA to examine reported division of specific childcare scores at each of the four data collection.

At Time 1 there were no significant differences in reported division of specific childcare scores between men and women, single-income and two-income groups and no interaction effect between gender and employment group, $p > .05$.

Examination of the means indicated the women reported doing a greater share of the specific childcare than the men reported the women did (i.e. men are reporting they, themselves, are doing more than the women give them credit for) but this difference was not significant. Two-income women reported doing a greater share of the specific childcare at Time 1 compared with the reports of the single-income women in their family, even though neither group of women was in paid employment at the time of data collection. Two-income men reported doing more of the specific childcare than single-income men, a different perception than the women reported. There were no significant differences in division of specific childcare at Time 1 between single-income and two-income women, $p = .826$ or between single-income and two-income men, $p = .544$.

At Time 2 there were no significant differences in reported division of specific childcare scores between men and women. There was a significant difference in

the reported division of specific childcare by single-income and two-income groups, $F(1,82)= 4.141$, $p= .045$ with two-income participants reporting that men did more in their families than single-income participants reported men doing. There was no interaction effect between gender and employment group, $p> .05$. Examination of the means indicated two-income women and two-income men both reported a more equitable division of specific childcare occurred in their families than the reports from single-income men and women. Women still did a larger share of the specific childcare but men contributed more in the two-income families. There were no significant differences in division of specific childcare at Time 2 between single-income and two-income women, $p= .099$ or between single-income and two-income men, $p= .235$.

At Time 3 there were no significant differences in reported division of specific childcare scores between men and women. There was a significant difference in the division of specific childcare scores reported by single-income and two-income groups, $F(1,74)= 6.279$, $p= .014$. The two-income group reported the women did a little less of the specific childcare than single-income participants reported. There was no interaction effects between gender and employment group, $p> .05$. There were no significant differences in division of specific childcare at Time 3 between single-income and two-income women, $p= .070$ or between single-income and two-income men, $p= .103$.

At Time 4 there was a significant difference in division of specific childcare reported by men and women, $F(1,73)= 4.113$, $p= .046$. Women reported doing a greater proportion of the specific childcare than men reported the women did. There were no significant difference in the scores reported by single-income and two-income groups regarding the division of specific childcare and no interaction effect between gender and employment group, $p> .05$.

There were no significant differences in division of specific childcare at Time 4 between single-income and two-income women, $p= .366$ or between single-income and two-income men, $p= .293$.

5.4.5 Comparing reports of the Division of General and Specific Childcare.

As explained in Chapter 4, measuring how the couple divided childcare was undertaken by using the two subscales of the 'Who Does What' tool (Cowan et al., 1979). Specific childcare measures different time slots on weekdays and

weekends while general childcare measures more general tasks that are part of caring for children. The specific childcare subscale gives equal weighting to weekdays and weekends thus enabling a computation that *includes the contribution by men when they are available* to be measured.

The mean scores of the division of specific childcare were slightly higher than those reported in general childcare at each data collection time, indicating the participants reported more equitable sharing of childcare when using the specific childcare subscale. Women and men reported the women still did more of the childcare regardless which scale was used to account for it. These differences between the subscale scores were highly significant at each data collection time, $p < .001$. (See Table 5.11). Thus both subscales, although measuring division of childcare, measured the task sharing differently.

Table 5.18: Comparing General and Specific childcare reports.

	Employ- ment Group	Time 1 Mean (std. dev)		Time 2 Mean (std. Dev)		Time 3 mean (std. dev)		Time 4 mean (std. dev)	
		General C/care	Specific c/care	General c/care	Specific c/care	General c/care	Specific c/care	General c/care	Specific c/care
Sample		3.16*** (.93)	3.49 (1.16)	3.23*** (.96)	3.71 (1.11)	3.28*** (.97)	3.93 (1.11)	3.45*** (.90)	4.07 (1.07)
N=		141	141	117	117	100	100	100	100
Female	Single- income	2.89 (.85)	3.05 (.94)	2.78 (.84)	3.05 (.86)	2.80** (.70)	3.35 (.99)	2.94** (.85)	3.54 (1)
n=		24	24	22	22	21	21	20	20
	2 income	2.81 (.93)	2.98 (1.24)	3.12* (.92)	3.53 (1.05)	3.30* (1.0)	3.95 (1.07)	3.22** (.85)	3.83 (1.08)
n=		29	29	22	22	21	21	22	22
Male	Single- income	3.08 (.88)	3.27 (.99)	3.03* (.9)	3.40 (1.01)	2.92*** (.75)	3.70 (.89)	3.29** (.70)	3.98 (.89)
n=		22	22	20	20	18	18	16	16
	2 income	3.15 (.80)	3.46 (1.1)	3.15*** (.76)	3.78 (1.06)	3.64 (.94)	4.23 (1.0)	3.45** (.69)	4.36 (1.16)
n=		28	28	22	22	18	18	19	19
Groups Total n=		103	103	86	86	78	78	77	77

* $p < .05$ ** $p < .01$ *** $p < .001$

In the two-income group, at Time 1 the difference between the subscale scores was not significant ($p = .055$) while being highly significant at all other times (Time 2; $p < .001$, Time 3; $p = .001$, and Time 4; $p < .001$). When two-income women were compared on both subscales, significant differences were found at Time 2 ($p = .037$), Time 3 ($p = .01$) and Time 4 ($p = .008$). Two-income men reported highly

significantly different scores at Time 2 ($p < .001$) and Time 4 ($p = .001$) while at Time 3 ($p = .054$), differences were not significant. At all times the specific childcare reports indicated men contributed a greater share in the work of caring for children than the general childcare subscale point towards.

In the single-income group, the difference in childcare subscale mean scores were significant at Time 2 ($p = .016$) and highly significant at Time 3 and 4 ($p < .001$). Single-income women reported significant differences between the subscale scores at Time 3 ($p = .004$) and Time 4 ($p = .006$). Single-income men reported significant differences between the subscales at Time 2 ($p = .042$) and highly significant differences at Time 3 ($p < .001$) and Time 4 ($p = .001$). The mean scores indicated more equitable sharing of childcare was reported when using the specific childcare subscale, compared with the reports of division of childcare on the general childcare subscales.

5.5 Hypothesis 6

The level of parenting satisfaction will be similar for all parents irrespective of couple employment status.

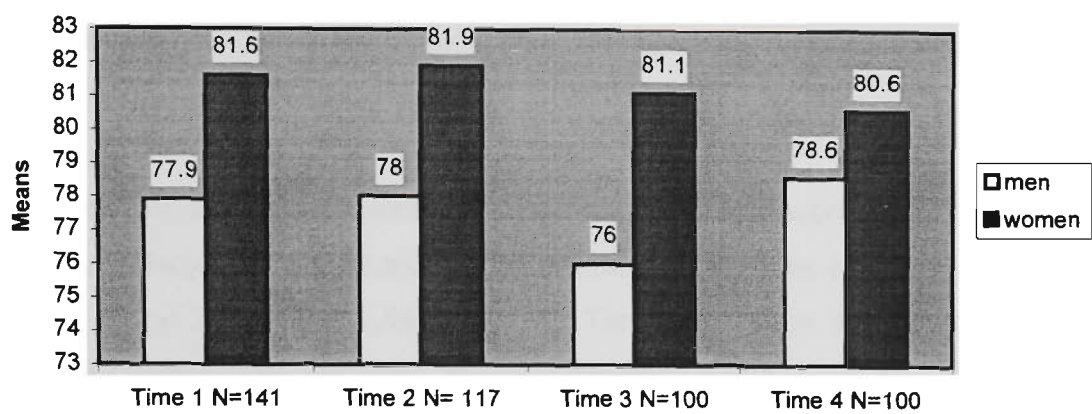
Parenting satisfaction was measured using the full Maternal and Paternal Postnatal Attachment Scale (PAS) (Condon & Corkindale, 1998). Analysis used the maximum data available from single-income and two-income participants for each data collection time. Data was examined by gender and by employment group and gender.

The mean parenting attachment score for the sample as a whole ranged from 79.96 at Time 2 to 79.18 at Time 3. Women reported higher scores (range 80.63 to 81.85) than men (range 76- 78.62) at each data collection time. When the samples of single-income and two-income men and women were examined separately, similar mean scores were obtained.

The mean obtained in the validation study (Condon & Corkindale, 1998) was 84.1 and this was obtained from women with 8-month-old babies. Attempts to locate a norm for men were not successful (Corkindale, 2002) so mean PAS scores from men will not be compared against any norms. The mean of 84.1(6.7) was used as the normative comparison for women given the median age of babies on parental enrolment in this study was 7 months for the sample as a whole. As a

comparison, the validation study mean was 84.6 (7.0) from women with 4-month-old babies and 82.9 (7.6) from women with 4-week-old infants.

Figure 5.1 Parenting Attachment Scores for men and women



Using the sample as a whole, Student's t-test revealed a significant difference between the mean scores from women in this study against the norm of 84.1 at Time 2, $p = .015$ and a highly significant difference at Times 1, 3 and 4, $p < .007$. Women in this study reported a lower PAS score than those in the validation study.

Table 5.19: Means (sd) of Parenting Attachment Scale

		Women				Men				Sample	
	Time	N	Single-income Mean (s.d)	N	2 income Mean (s.d)	N	Single-income Mean (s.d)	N	2 income Mean (s.d)	N	Mean (s.d)
Parenting attachment scale	1	24	82.01 (5.91)	29	80.22 (7.93)	22	78.31 (8.01)	28	78.00 (7.73)	141	79.8 (7.27)
	2	22	79.94 (6.84)	22	82.19 (7.89)	20	78.1 (8.62)	22	77.63 (10.16)	117	79.96 (8.04)
	3	21	78.32 (8.36)	21	82.73 (7.42)	18	77.26 (8.49)	18	77.19 (9.76)	100	79.2 (8.3)
	4	20	80.92 (7.86)	22	78.75 (8.84)	16	80.06 (7.6)	19	77.56 (9.65)	100	79.7 (7.96)

The mean PAS score from two-income mothers differed significantly from the validation study means both at Time 1 ($p = .014$), and Time 4 ($p = .010$). Two-income mothers reported lower PAS scores at each data collection time. Single-

income mothers reported significantly lower PAS scores than the validation mean of 84.1 at Times 2 ($p = .010$) and 3 ($p = .016$).

Cross sectional analysis by gender and group.

Data was analysed using a 2 (male, female) by 2 (single-income, two-income) between-subjects ANOVA to examine PAS scores at each data collection time. All data available from the single-income and two-income participants were included in these analyses.

There were no significant differences between men and women in the degree of attachment they reported at any data collection time: Time 1, $F(1,99) = 3.814$, $p = .054$, Time 2 $F(1,82) = 3.143$, $p = .080$, Time 3 $F(1,74) = 3.879$, $p = .053$ and Time 4, $F(1,73) = .279$, $p = .599$. Women reported higher PAS scores than men at each data collection time.

There were no significant differences in PAS scores by group between single-income and two-income participants at any data collection time, Time 1, $F(1,99) = .524$, $p = .471$, Time 2 $F(1,82) = .255$, $p = .680$, Time 3 $F(1,74) = .883$, $p = .350$ and Time 4, $F(1,73) = 1.405$, $p = .240$. Further there was no interaction between gender and employment group at any data collection time, $p > .4$. Two-income participants reported higher PAS scores than single-income participants at Time 2 and 3, single-income participants reported higher scores at Times 1 and 4.

When paired t-tests were carried out to examine the difference between partners in a couple, there was a significant difference in PAS scores at Time 1 ($p = .010$), Time 2 ($p = .025$) and Time 3 ($p = .033$). Wives or female partners reported higher PAS scores than their partner at each data collection time (Time 1, 81.25 vs. 78.1; Time 2, 81.14 vs. 77.85; Time 3, 80.21 vs. 77.23; Time 4, 79.83 vs. 78.7).

5.6 Summary

This chapter provided descriptive and cross-sectional results based on the study's hypotheses. Cross-sectional results provide a snapshot in time, or, as in this study, 4 snapshots. One hundred participants completed the study out of 141 who originally enrolled. The attrition rate (around 30%) is quite respectable for studies of this design. This reasonably well-educated sample were aged in their early 30's and most described themselves as semi-professional or professional in occupation. The majority were born in Australia and had lived together for around

four years on enrolment in the study. There were no significant differences on demographic variables between single-income and two-income groups with the exception of family income at Time 2. Two-income participants reported higher income after the mother had returned to paid work.

5.6.1 Single-income and two-income women.

Single-income women were more stressed and less satisfied with their couple relationship than two-income women. The latter group reported a temporary drop in the level of relationship satisfaction at Time 2 (one month after returning to paid work) only. Single-income women also reported more stress and more intense stress on most data collection occasions and more negative moods.

5.6.2 Single-income and two-income men.

Around 20% of men were required to work extra 'unpaid but essential' hours of employment at each data collection time. More men in the two-income group reported working six or more of these extra hours weekly and were more likely to report a higher perceived level of spillover from their work into family life. After two-income women returned to paid work, men in this group reported more stress and more intense stress than their single-income counterparts as well as more negative emotions. Both groups of men reported similar levels of relationship satisfaction and similar levels of attachment to their infant.

5.6.3 Division of household labour

The cross-sectional results indicated that participants reported equitable division of decision-making in their relationship, almost equitable division of household labour but gender related division of childcare. Women appeared to take on major responsibility for childcare and both men and women reported this. As the study progressed, both men and women reported men appeared to contribute more to the care of their child.

The next chapter provides longitudinal results from the study.

Chapter 6

Longitudinal and multivariate findings

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Chapter 6

Longitudinal and Multivariate findings

6.0 Introduction

This chapter contains longitudinal and multivariate results. Measures were administered on either two or four occasions. Findings from ANOVA for repeated measures are reported here under each hypothesis. If the Mauchly test of Sphericity was violated, the multivariate test of Wilks' lambda was reported. When only 2 time periods were reported, Student's t-tests were applied. Missing data were dealt with as described in chapter 4.

6.1 Longitudinal Results

6.1.1 Gender Role attitudes

A paired sample t-test found no significant differences in gender role attitudes for the sample as a whole between Time 1 and 4; $t(96) = .057$, $p = .954$.

Data was then examined by gender and employment groups using analysis of variance for repeated measures. The within subjects factor TIME had 2 levels (Time 1 and Time 4). Time 1 was on enrolment in the study and Time 4 was ten months after two-income mothers returned to paid employment for two-income couples or ten months after enrolment for single-income participants. The two between subjects factors had two levels; gender (male and female) and employment group (single-income or two-income).

The mean scores on the Attitudes Towards Women Scale (AWS) (Spence & Helmreich, 1978) ranged between 36.02 and 40.44. Analysis of variance revealed a significant between subjects effect for gender, $F(1,71) = .015$ with men reporting less pro-feminist attitudes than women. There were no significant differences between single-income and two-income participants $F(1,71) = 2.296$, $p = .134$ and no interaction between gender and employment group, $p = .582$. Within subjects analysis revealed no significant differences in scores across the two data collection times, $F(1,71) = .001$, $p = .978$, no interaction between time and gender, $p = .762$, time and employment group, $p = .854$ or time, gender and employment group, $p = .982$. Single-income men and women reported slightly more pro-feminist attitudes than two-income men and women but these differences were not significant, $p > .1$.

6.1.2 Self Esteem

Self esteem was measured using Rosenberg's Self Esteem Scale (Rosenberg, 1965). This scale, which measures self-concept or global self-attitude, was administered on each of the four data collection occasions. Self esteem scores were compared between men and women. There were no significant differences detected across time, Wilks' $\Lambda = .917$, $F(3, 207) = 2.053$, $p = .118$ and there was no significant interaction between time and gender, Wilks' $\Lambda = .995$, $F(3,207) = .117$, $p = .950$.

Further analysis was employed to determine if there were any significant differences between single-income and two-income women across time. There were no significant differences detected across time, Wilks' $\Lambda = .951$, $F(3, 111) = .603$, $p = .618$ and there was no significant interaction between time and gender, Wilks' $\Lambda = .819$, $F(3,111) = 2.580$, $p = .069$. There was no significant difference in self esteem between single-income and two-income men across time, Wilks' $\Lambda = .860$, $F(3, 90) = 1.520$, $p = .231$ and there was no significant interaction between time and gender, Wilks' $\Lambda = .820$, $F(3,90) = 2.054$, $p = .129$.

Table 6.0 Self esteem and gender role attitudes for single-income and two-income men and women.

		Women				Men			
		Single income		Two-income		Single-income		Two-income	
Variables	Time	N	Mean (s.d.)	N	Mean (s.d.)	N	Mean (s.d)	N	Mean (s.d)
Self esteem	1	24	22.91(5.3)	29	23.24(4.9)	22	23.09(3.3)	28	23.14(4.3)
	2	22	21.77(6.5)	22	24.50(3.7)	20	23.80(4.0)	22	22.86(5.0)
	3	21	22.86(6.1)	21	24.52(4.5)	18	23.56(4.3)	18	24.94(5.5)
	4	20	23.55(6.1)	22	23.91(4.0)	16	24.44(3.4)	18	24.44(5.7)
Gender role attitudes	1	22	38.95(5.9)	27	38.1(4.2)	22	36.0(6.3)	28	34.3(7.3)
	4	20	39.9(3.9)	22	38.0(5.0)	16	37.0(5.7)	19	36.0(5.3)

6.2 Hypothesis 1: Division of Household Labour

Employed mothers will have a larger household labour workload than their partners.

6.2.1 Influence in Decision-making

Mean for total sample

(i) The mean score obtained at Times 1 and 4 was very similar at both data collection times. A mean of 5 indicated equitable division of 'influence in decision-making', so the means (standard deviation) of 4.94 (.71) at Time 1 and 4.86 (.64) at Time 4 indicated close to equitable division of 'influence in decision-making' reported across both time periods by all participants in the study.

Longitudinal analysis for total sample

(ii) A paired sample t-test found no significant differences in the 'influence in decision-making' scores for the sample as a whole between Time 1 and 4 $t(99) = 0.90$, $p = .929$.

Longitudinal analysis of gender and employment group across Time

(iii) Data was then examined by gender and employment groups using analysis of variance for repeated measures. The within subjects factor TIME had 2 levels, Time 1 was on enrolment to the study, Time 4 was ten months after return to paid employment for the two-income group. For single-income parents the data collection times corresponded to Time 1 on enrolment and Time 4 was ten months later. The between-subjects factor had 2 levels, single-income and two-income. The file was split to provide separate analyses for men and women. The means again were reported to be close to 5 (a range of 4.75-5) indicating that men and women in each employment group reported perceived equity in 'influence in decision-making'. See Table 6.1 below.

Cases were then examined for participants in the single-income and two-income groups to determine if significant differences between both income groups existed. An analysis of variance revealed no significant difference in mean decision-making influence between single-income and two-income subjects; $F(1,73) = 1.07$, $p = .304$ or between men and women; $F(1,73) = .007$, $p = .932$. Within-subjects analysis revealed no significant difference in scores across the two data collection times. There were no significant interaction effects of group by time; $p = .344$, gender by time; $p = .740$ or gender, group and time, $p = .115$ (See Table 6.1).

Table 6.1 Influence in decision-making, by employment group

	Employment group	n	Time 1 Mean (std. dev)	Time 4 Mean (std. Dev)	p
Female	Single-income	19	4.94 (.67)	5.00 (.63)	.60
	2 income	21	4.77 (.65)	4.77 (.74)	.96
Male	Single-income	15	5.00 (.52)	4.82 (.61)	.23
	2 income	18	4.77 (.75)	4.92 (.51)	.25

6.2.2 Household and Family Tasks

The second domain measured by the ‘Who does What’ is that of household and family tasks (Cowan et al., 1979).

Longitudinal analysis of whole sample across time

Using analysis of variance for repeated measures, analyses were conducted to determine if there were significant differences in the reported division of household tasks across the four data collection times using two samples of single-income and two-income subjects. Within-subjects ANOVA found no significant differences for the sample as a whole across time; $F(3,201)= 1.52, p= .211$

Longitudinal analysis of gender and employment group across time

Data were then analysed by gender and employment groups (single-income and two-income) using analysis of variance for repeated measures. The with-in subjects factor TIME had 4 levels, Time 1 on enrolment to the study, Time 2 one month after the mother returned to paid work, Time 3 at 4 months after her return to work and Time 4 was 6 months later (ie ten months after return to paid employment). For single-income parents the data collection times corresponded with Time 1 being enrolment and Time 4, ten months later. The between-subjects factor had 2 levels, single-income and two-income. The file was split to provide separate analyses for men and women. The means were close to 5 (a range of 4.27-5.26) indicating that men and women in each employment group reported a perception of equity in how they divide household tasks.

Cases were then examined to determine if there was a significant difference in scores reported by two-income and single-income men and women across the

four data collection times. No significant differences were found in the reported division of household tasks across the four data collection times, $F(3, 71) = .152$, $p = .211$. An analysis of variance revealed no significant differences in mean scores on division of household labour between single-income and two-income subjects; $F(1,67) = 3.9$, $p = .053$. A significant difference between men and women was detected, $F(1,67) = 4.47$, $p = .038$ indicating that men and women reported the division of household tasks differently. Both men and women reported that women did a larger share of the tasks with women reporting they did more than men reported the women did. Within-subjects analysis revealed no interaction effect between time and gender; $F(3,65) = .825$, $p = .482$, and time and employment groups, $F(6,65) = 2.478$, $p = .062$. The interaction between time, gender and employment groups was also not significant $F(6, 65) = .333$, $p = .801$.

6.2.3 Division of General Childcare

The third domain measured by the 'Who Does What' scale (Cowan et al., 1979) was examined by gender and by employment group and gender alone across time.

Longitudinal analysis of gender and employment group across time

Analysis of variance for repeated measures was carried out to explore the effects of time on division of general childcare using 2 income and single-income subjects as the determining factor. The within subjects factor TIME had 4 levels again. A highly significant difference was found among the four data collection times, Wilks' $\Lambda = .842$, $F(3,68) = 4.26$, $p = .008$. Simple contrasts revealed significant differences between Times 1 and 3, $F(1,70) = 6.31$, $p = .014$ and between Times 1 and 4, $F(1,70) = 7.82$, $p = .007$ indicating a shift occurred towards more equitable sharing of general childcare between the parents over time, as the study progressed and the child grew older. Analyses of variance for repeated measures were carried out to explore the effects of employment group and gender across the data collection times. The between-subjects factor had 2 levels, single-income and two-income.

There were no significant interaction effects for time and gender or time, gender and employment group. A significant interaction effect was found for time and employment group, Wilks' $\Lambda = .879$, $F(3,65) = 2.99$, $p = .037$. Simple contrasts revealed the effect was significant between Times 1 and 2; $p = .026$ and highly significant between Times 1 and 3; $p = .004$. Examination of the means confirmed

that over time, both men and women reported that men contributed an increased amount to the general childcare although women continued to do the major proportion. Men and women in the two-income group reported that men increased their contribution at Time 2 and again at Time 3 from the baseline at Time 1. Single-income couples reported a more stable division of general childcare, which actually saw those men reducing their contribution by a small amount at Time 2 ($p > .05$) but reporting a similar division of general childcare at Time 3 when compared to Time 1.

The file was split to provide separate analyses for men and women. There was no significant difference in general childcare task division reported over time by the women, Wilks' $\Lambda = .853$, $F(3,35) = 2.017$, $p = .129$. There was no interaction between time and employment group, $p = .067$. There were significant differences over time for men, Wilks' $\Lambda = .743$, $F(3,28) = 3.236$, $p = .037$. Simple contrasts revealed a significant difference in contributions to general childcare between Times 1 and 4, $p = .011$ indicating men report increasing their contribution to childcare by Time 4. There was no interaction effect for men between time and employment group, $p = .506$.

6.2.4 Division of Specific Childcare

The fourth domain measured by the 'Who Does What' scale (Cowan et al., 1979), the division of specific childcare (caring for the baby during time segments on both weekdays and weekends) on each of the four data collection times. Analysis used the maximum data available for each data collection time. Longitudinal data analysis was carried out by gender, employment group and finally by employment group, gender and time.

Longitudinal analysis of gender and employment group across time

Data from single-income and two-income participants were examined using analysis of variance for repeated measures, to determine if they reported different scores for division of specific childcare. The within subjects factor TIME had 4 levels.

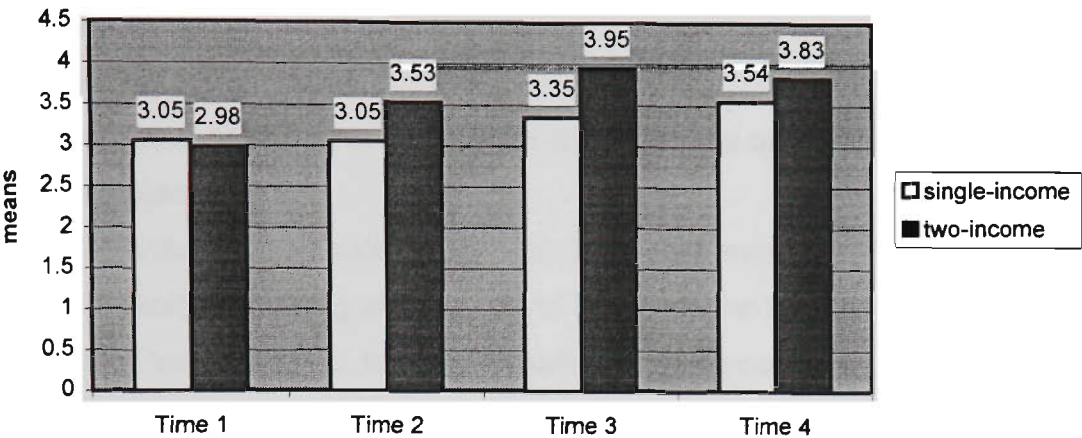
Within-subjects analysis indicated there was a highly significant difference in the division of specific childcare scores across time; $F(3,207) = 18.18$, $p < .001$ with more equitable sharing of tasks between the parents occurring over the duration of the study. When contrasts were carried out to determine where the difference

lay, all comparisons revealed significant differences in reports at Times 2, 3 and 4 when compared to how specific childcare was shared at Time 1. The differences were significant between Time 1 and 2, $p = .012$, highly significantly different between Times 1 and 3 ($p < .001$) and Times 1 and 4 ($p < .001$). The results indicated a move towards more equitable sharing of specific childcare over the course of the study, as men increased their contribution and women decreased theirs. There was no interaction between time and gender; $p > .05$, or time, group and gender, $p = .512$. The interaction between time and group was just outside conventional levels of significance, $p = .056$.

Between-subjects results revealed a trend towards conventional significance between men and women in the reported division of specific childcare over time ($p = .054$). Examination of the means indicated there was a move towards more equal sharing of specific childcare reported by both men and women as the study progressed but that men and women reported different perceptions of how the specific childcare was divided. Women reported they did a larger share than men reported the women did. The mean score for each data collection point indicated that men were contributing to a larger proportion of the specific childcare as the study progressed. So by Time 4, men were contributing more than at all other data collection times. Both men and women reported the increase in contribution by men.

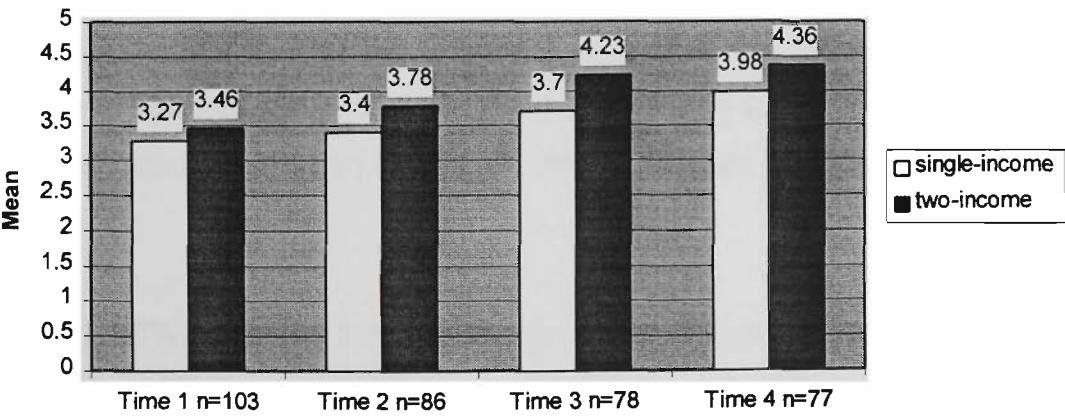
Analysis of variance for repeated measures was carried out to explore the effects of employment group for men and for women across the data collection times, with the between-subjects factor having two levels, single-income and two-income. For all the women there was a significant difference in the division of specific childcare over time, $p = .001$ but the differences between single-income and two-income women were not consistent, $p = .372$. To determine where the significant difference lay, the contrast option was utilised. For women, significant differences occurred between Time 1 and 3, $p < .001$, and Time 1 and 4, $p = .002$. Women reported doing less of the specific childcare as the study progressed thus doing the largest share at Time 1 but less at Times 3 and 4. Significant interactions between time and group effects occurred between Time 1 and 2, $p = .036$, and Time 1 and 3, $p = .026$. Two-income women reported a greater decrease in their proportion of specific childcare over time than single-income women reported. See Figure 6.1 below.

Figure 6.1 Specific childcare means reported by single-income and two-income mothers



For all the men, there was a significant difference in their specific childcare scores over time, Wilks' $\Lambda = .417$, $F(3,28) = 13.037$, $p < .001$ but no significant differences were detected between the single-income and two-income men over time, $p = .427$. Significant differences were detected in the total group of men between Time 1 and 2, $p = .012$, and a highly significant difference in mean scores between Time 1 and 3, and Time 1 and 4, $p < .001$. All men reported an increase in their contribution to specific childcare as the study progressed. Two-income men reported doing a greater proportion of specific childcare than single-income men reported but as reported above this difference was not significant. See Figure 6.2 below.

Figure 6.2 Specific childcare means reported by single-income and two-income men



6.2.5 Satisfaction with division of household labour.

For each of the subscales (decision-making, household tasks, general and specific childcare) single items assessed how satisfied the participants were with

how the work was divided. The results are reported for the sample of single-income and two-income, men and women. Cross tabulation of employment groups with the variables (single item satisfaction levels), was performed, Chi-square results are reported below.

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

A single-item determined satisfaction with how each member of the couple influenced decision-making at Time 1 and Time 4. The five potential responses varying from 'very satisfied' to 'very dissatisfied' were collapsed into three categories, 'satisfied', 'neutral' and 'dissatisfied'.

The results indicated that 87% of both women and men were satisfied with the way the couple divided family decision-making at Time 1. The results were very similar at Time 4, when 83% of women and 84% of men were satisfied. Single-income and two-income women reported similar levels of satisfaction at Time 1, while for men, 93% of two-income men reported being satisfied compared to only 82% of single-income men but this difference was not statistically significant, $p = .415$. At Time 4, more of the single-income women (85%) reported higher levels of satisfaction with how the couple divided decision-making compared to two-income women (82%), and 90% of two-income men were satisfied compared to 81% of single-income men, but again these differences were not statistically significant; $\chi^2 (2, N=35) = 1.286, p = .526$.

In your relationship with your partner, who would you say has the influence in decision-making?

The perception of who held the most influence in decision-making in the couples' relationship was measured at Time 1 and Time 4 by a single item. Possible responses included; 'woman has more', 'man has more' and 'we have about equal influence'.

At Time 1, 30% of women believed the woman had more influence in the couple relationship, 18% thought men had more influence and 52% believed there was 'about equal influence' in decision-making in their own relationship. Two-income women believed only 10% of men had more influence in their relationship compared to 25% of single-income women. There was no significant difference

between the single-income and two-income groups of women in their perception of the 'influence in decision-making', $\chi^2 (2, N=53) = 2.083, p = .353$.

At Time 4 the results were similar with 26% of women believing the woman had more influence, 14% believing the man had more influence and 60% believing they had about equal influence. Only 15% of single-income women believed women had more influence in their decision-making compared to 36% of two-income women. Sixty five percent of single-income women believed there was equal influence in their relationship compared to 54% of two-income women. Differences were not significant between the employment groups in 'influence in decision-making', $\chi^2 (2, N=42) = 2.891, p = .236$ for women at Time 4.

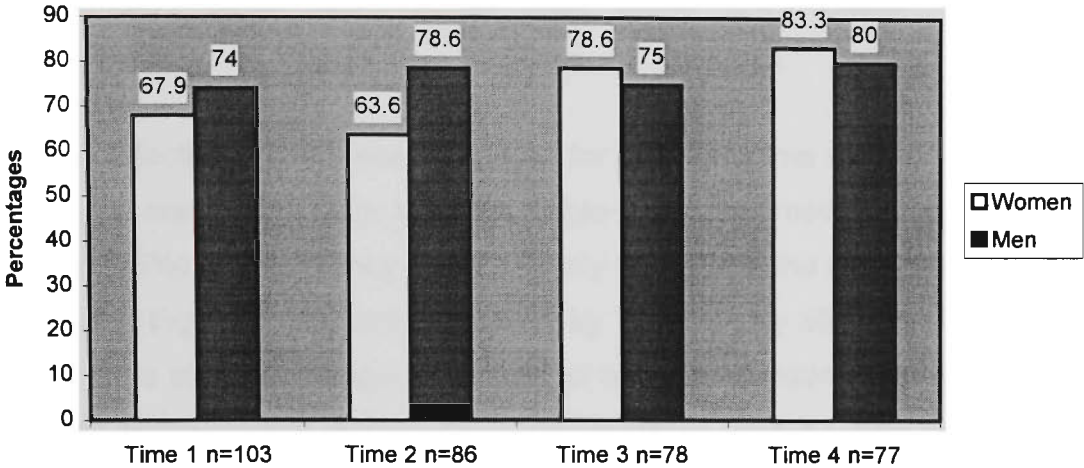
At Time 1, 20% of men believed the woman had more influence in the couple relationship, 17% thought men had more influence and 63% believed there was 'about equal influence' in decision-making in their own relationship. Two-income men believed only 10% of men had more influence in their relationship compared to 23% of single-income men, and 68% of the two-income men perceived their relationships had equal influence compared to 59% of single-income couples. These differences were not significant between employment group for men and their perception of 'influence in decision-making' at Time 1, $\chi^2 (2, N=50) = 1.324, p = .516$.

At Time 4 the results were different with 32% of men believing the woman had more influence, 12% believing the man had more influence and 56% believing they had about equal influence. Thirty eight percent of single-income men believed women had more influence in their decision-making compared to 26% of two-income men. Only 5% of two-income men believed men had more influence in decision-making compared to 19% of single-income men and a larger proportion of two-income men (68%) believed there was equal influence in decision-making in their relationship compared to 44% of single-income men. Again, there was no significant differences between employment group and perceptions of who held the most 'influence in decision-making' for men, $\chi^2 (2, N=35) = 2.653, p = .265$.

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

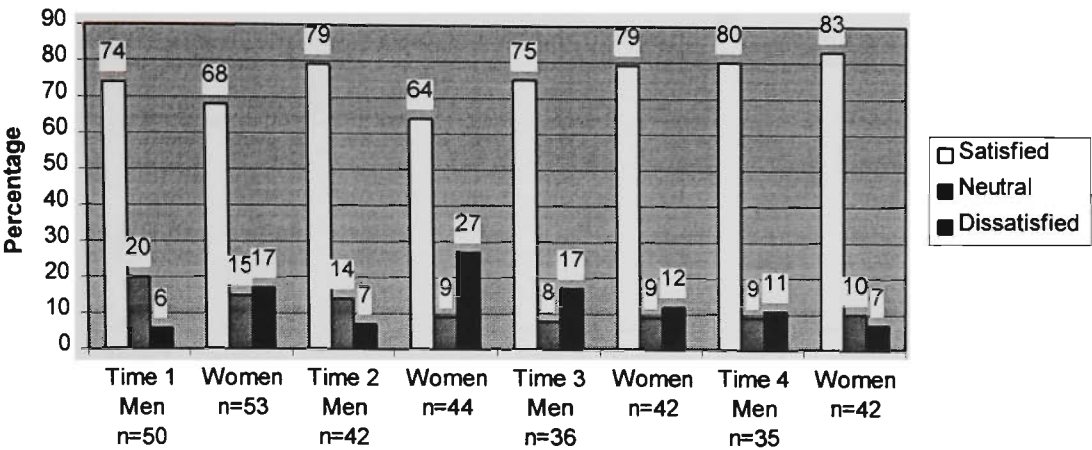
The Family tasks subscale was administered at each data collection time and included an item relating to satisfaction with division of family tasks. The five possible responses varied from very satisfied to very dissatisfied but were collapsed into 3 categories, 'satisfied', 'neutral' and 'dissatisfied'. The results are presented in Figure 6.3 for single-income and two-income participants.

Figure 6.3 Division of h/hold labour satisfaction levels.



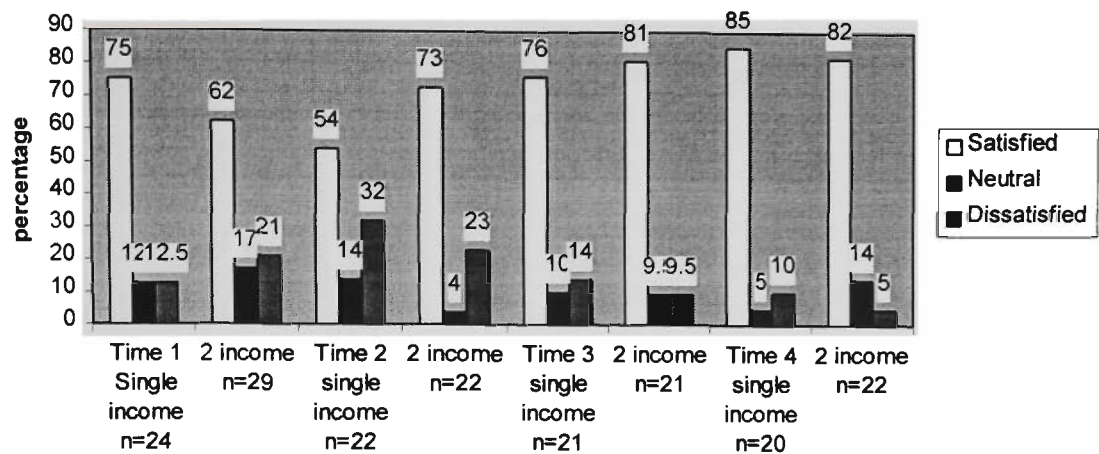
At Times 1 and 2, men reported being more satisfied than women with the division of household tasks. At Times 3 and 4, women reported being more satisfied than the men, however there was a significant relationship between satisfaction and gender at Time 2 only, $\chi^2(2, N=86) = 6.167, p = .046$. By Time 4, 80% of males and 83.3% of females were satisfied with how they, as couples, divided the household tasks. This level of satisfaction was the highest for both men and women over the duration of the study. The results indicated that the responses of both the men and women approximated each other in feeling satisfied, neutral or dissatisfied with how they divided the household tasks by Time 4 when compared to the other three data collection times. (See Figure 6.4).

Figure 6.4 Division of h/hold labour - satisfaction levels for men and women



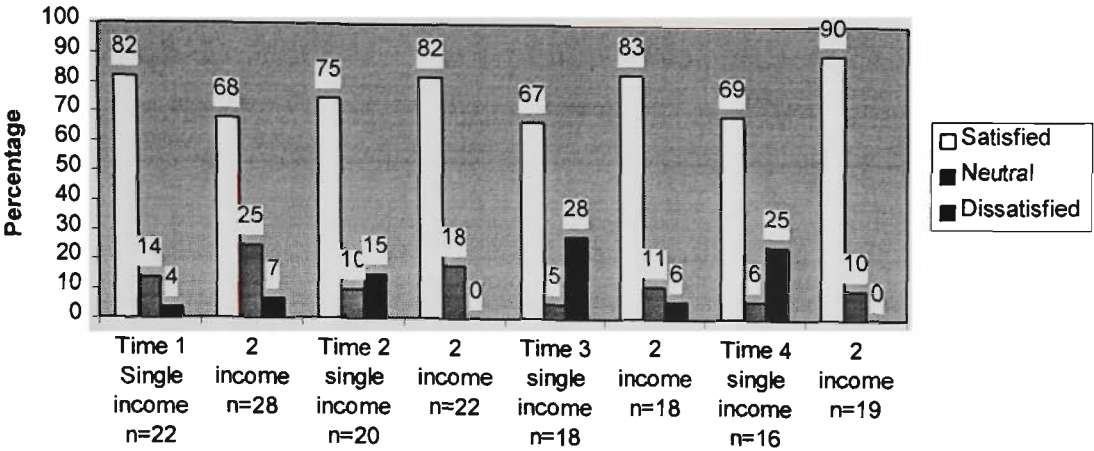
When satisfaction levels were compared for single-income and two-income women, on enrolment (Time 1), more single-income women reported being satisfied (75%) with how they divided family tasks than the two-income women (62%) (See Figure 6.5 below). However by Time 2, only 55% of single-income women were satisfied compared to 73% of two-income women. The satisfaction levels for single-income women increased again at Time 3 (76%) and 4 (85%). For two-income women, the proportion who were satisfied with how the couple divided family tasks increased steadily as the study progressed. By Time 4, 82% were satisfied compared to only 62% at Time 1. Simultaneously, the proportion of two-income women who reported feeling dissatisfied with how they and their partner divided household labour decreased over the course of the study (Time 1, 21% to 5% at Time 4). For single-income women, at Time 2, 32% reported feeling dissatisfied compared to only 10% at Time 4. Over the course of the study, there were no significant relationships between employment group and satisfaction levels, $p > .3$.

Figure 6.5 Division of h/hold labour satisfaction levels for single-income and two-income women



On enrolment into the study, single-income men reported a high level of satisfaction with how the couple divided family tasks (82%) compared with only 68% of two-income men (See Figure 6.6 below). This difference was statistically significant. At Time 1, both employment groups were operating as single-income families as in the two-income group the mother had not yet returned to paid work. At this time only 1 single-income man (4.5%) reported being dissatisfied with how the household labor was divided. Over the course of the study, more single-income men reported being dissatisfied (Time 2= 15%, Time 3 =28% and Time 4= 25%) with how the labor was divided resulting in a decrease in the proportion of single-income men who were satisfied over the course of the study until Time 4 when 69% reported being satisfied. Conversely, two-income men reported increasing levels of satisfaction (Time 2= 82%, Time 3= 83% and Time 4= 90%) and minimal dissatisfaction (Time 1=7%, Time 4= 0%). Two-income men were more likely to report feeling neutral about how household labor was divided although the relationship between employment group and satisfaction levels was not statistically significant, $p> .1$. The difference between single-income and two-income men was greatest in their levels of satisfaction and dissatisfaction at Time 4, $\chi^2 (2, N=35)= 5.402, p= .067$ with single-income men less satisfied (69%)and more dissatisfied (25%) than two-income men (90%, 0%).

Figure 6.6 Division of h/hold labour - satisfaction levels for single-income and two-income men



In general, how satisfied are you with the way you and your partner divide the work outside the family?

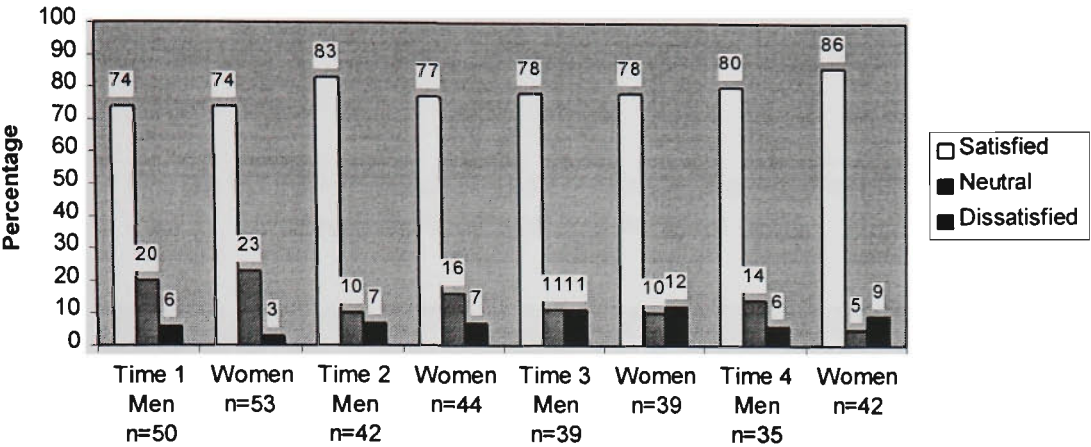
The Family tasks subscale was administered at each data collection time and included an item relating to work outside the family. The five possible responses ranging from 'very satisfied' to 'very dissatisfied' were collapsed into 3 categories, 'satisfied', 'neutral' and 'dissatisfied'. The results are presented in Table 6.2 for single-income and two-income participants.

Table 6.2 Satisfaction with division of work outside the family.

Income group	Gender		Time 1 %(n=)	Time 2 %(n=)	Time 3 %(n=)	Time 4 %(n=)
2 income	Female	Satisfied	75.9(22)	81.8(18)	71.4(15)	90.9(20)
		Neutral	20.7(6)	18.2(4)	14.3(3)	9.1(2)
		Unsatisfied	3.4(1)	0	14.3(3)	0
	Male	Satisfied	75.0(21)	86.4(19)	83.3(15)	84.2(16)
		Neutral	17.9(5)	13.6(3)	16.7(3)	15.8(3)
		Unsatisfied	7.1(2)	0	0	0
Single-income	Female	Satisfied	70.8(17)	72.7(16)	85.7(18)	80.0(16)
		Neutral	25.0(6)	13.6(3)	4.8(1)	10.0(2)
		Unsatisfied	4.2(1)	13.6(3)	9.5(2)	10.0(2)
	Male	Satisfied	72.7(16)	80.0(16)	72.2(13)	75.0(12)
		Neutral	22.7(5)	5.0(1)	5.6(1)	12.5(2)
		Unsatisfied	4.5(1)	15.0(3)	22.2(4)	12.5(2)

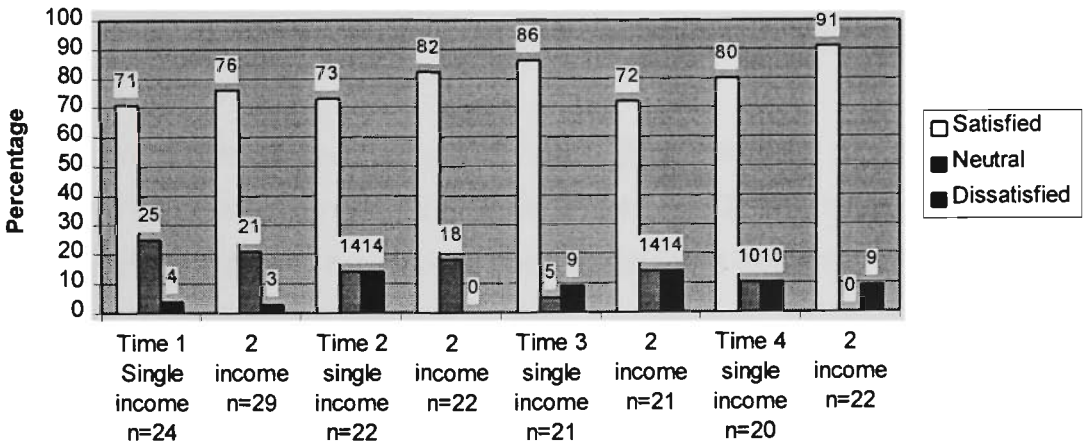
There were no significant relationships detected between gender and 'division of outside work' satisfaction levels at any data collection time, $p>.3$ when the satisfaction levels were compared between men and women.

Figure 6.7 Division of outside work - satisfaction levels for men and women



Women reported high levels of satisfaction with how the couple divided ‘work outside the home’ ranging from 74% at Time 1 to 86% at Time 4. See Figure 6.8 below. Two-income women reported higher levels of satisfaction with how the couple divided ‘outside work’ than single-income women except at Time 3 when almost 86% of the latter group reported being satisfied compared to just over 71% of the two-income women. There were no significant relationships detected between satisfaction with how outside work was divided and employment group for women, $p > .1$.

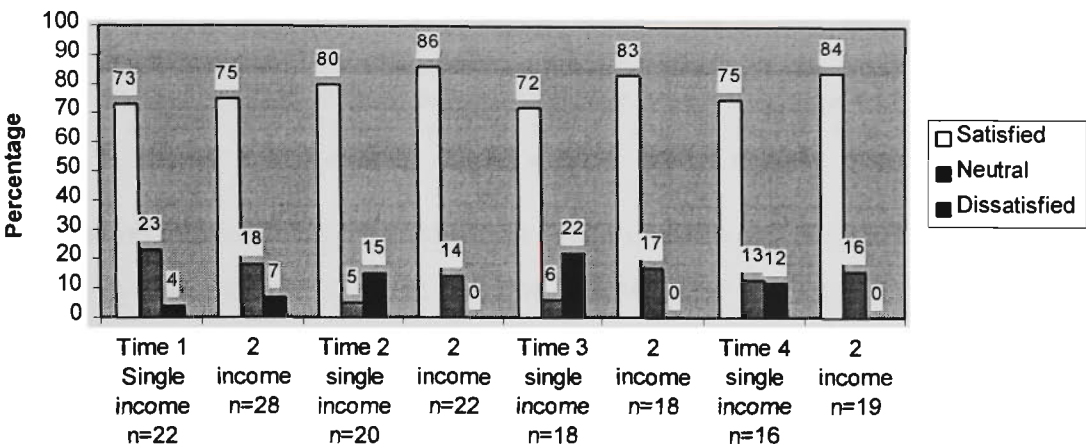
Figure 6.8 Division of outside work - satisfaction levels for single-income and two-income women



All men reported similar high levels of satisfaction with how the couple divided ‘outside work’, with a range of 74% to 83% over the four data collection times. Figure 6.9 shows satisfaction levels graphically. Seven percent of men in the two-income group reported being dissatisfied with the sharing of outside work at Time 1 (their partners were yet to re-enter the paid workforce) but reported no

dissatisfaction on the next three data collection times. Single-income men were less satisfied than two-income men at each data collection time. There were no significant relationships detected between men’s employment group and level of satisfaction with how outside work was divided at any data collection time, $p > .05$.

Figure 6.9 Division of outside work satisfaction levels for single-income and two-income men

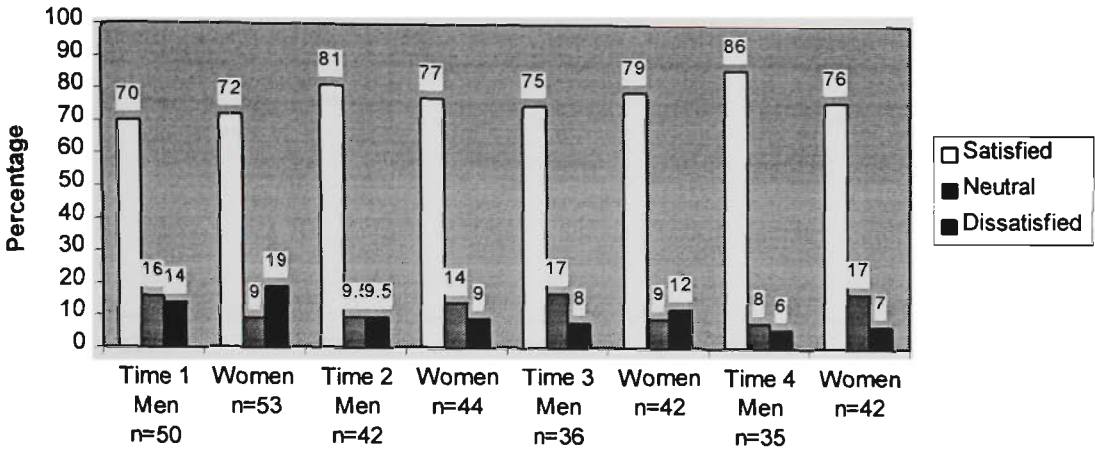


In general, how satisfied are you with the way you and your partner divide the family tasks related to children?

The childcare subscale was administered at each data collection time and included an item about how the couple divided family tasks related to childcare. The five possible responses ranging from ‘very satisfied’ to ‘very dissatisfied’ were collapsed into three categories, ‘satisfied’, ‘neutral’ and ‘dissatisfied’. The results are presented below for single-income and two-income participants.

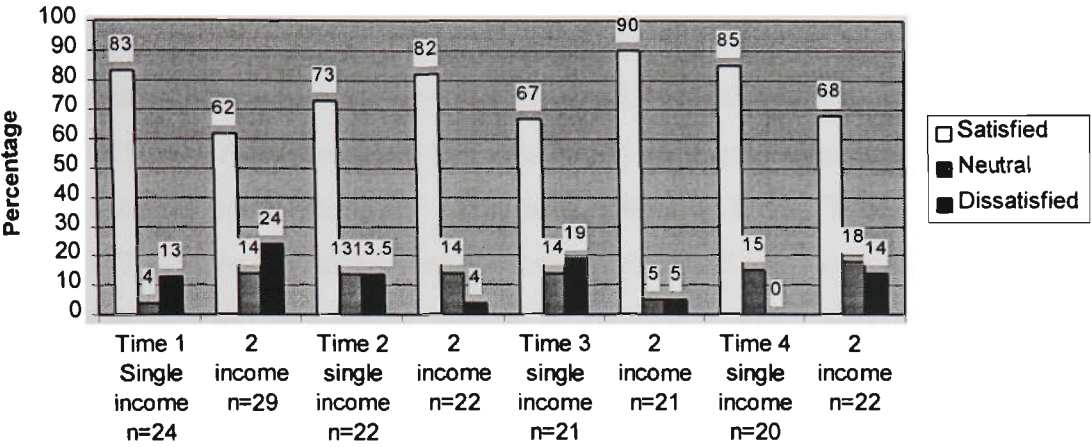
Men and women reported very similar levels of satisfaction at Times 1, 2 and 3 when 70-81% of men reported being satisfied and 72-77% of women reported being satisfied with how the couple divided childcare tasks ($p > .5$). Figure 6.10 shows satisfaction levels reported by men and women. At Time 4, 86% of men reported feeling satisfied with how childcare tasks were divided compared to 76% of women. At each data collection time slightly more women reported being dissatisfied with how the couple divided childcare tasks except for Time 2 when 4 (9.5%) men and 4 women (9.1%) reported feeling dissatisfied. There were no significant relationships detected between gender and level of satisfaction with how family tasks related to childcare were divided, $p > .5$.

Figure 6.10 Division of childcare tasks - satisfaction levels for men and women



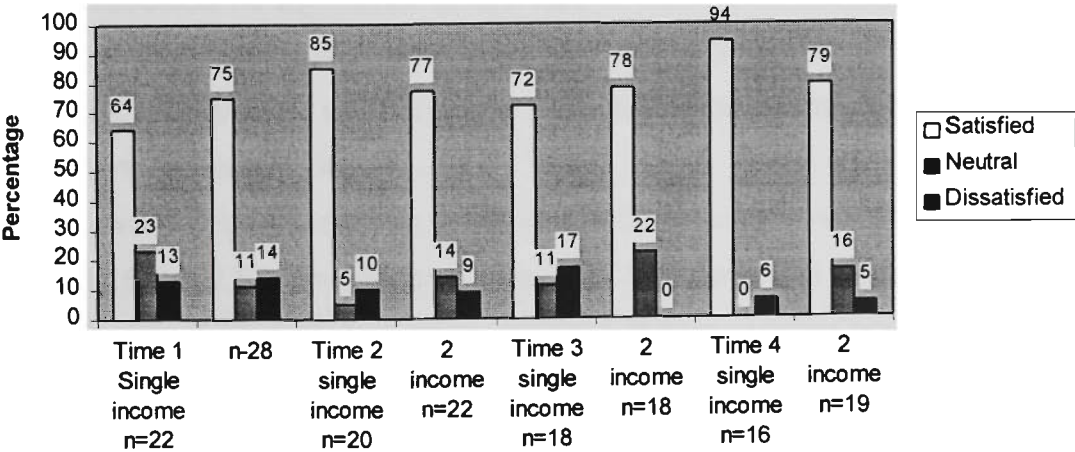
The smallest proportion of 'satisfaction' with how the couple divided childcare was reported by two-income women at Time 1 when 62% reported being satisfied and 24% unsatisfied. This compares to 83% of single-income women who reported being satisfied and 13% dissatisfied at Time 1. Figure 6.11 shows the satisfaction and dissatisfaction levels for women. As the study progressed and after two-income women returned to the paid workforce, this group (two-income women) reported higher levels of satisfaction at Times 2 and 3 but at Time 4, satisfaction levels dropped to 68% again which meant that a larger percentage of two-income women were more satisfied with the sharing of childcare after the woman's return to paid work. This positive change was increased at one and four months after her return. Satisfaction levels for single-income women ranged from 67% at Time 3 to 85% at Time 4. Time 3 data revealed the lowest level of satisfaction and the highest level of dissatisfaction for single-income women over the study duration, four months after enrolment. There were no significant relationships detected between level of satisfaction with division of childcare and employment group for women, $p > .1$.

Figure 6. 11 Division of childcare tasks - satisfaction levels for single-income and two-income women



The proportion of two-income men who reported feeling satisfied with how the couple divided family tasks related to childcare remained fairly constant over the course of the study, ranging from 75% at Time 1 to 79% at Time 4. Figure 6.12 demonstrates the degree of satisfaction and dissatisfaction reported by single-income and two-income men. Single-income men did not report satisfaction levels at such a constant rate, ranging from 64% at Time 1 to 94% at Time 4. No two-income men reported being dissatisfied with the division of childcare at Time 3. There were no significant relationships detected between employment group and satisfaction with childcare task division for men detected over the course of the study, $p > .1$.

Figure 6.12 Division of childcare tasks - satisfaction levels for single-income and two-income men



6.3 Hypothesis 2: Relationship Functioning

Marital satisfaction for both men and women in two-income families will change over the course of the study.

Marital satisfaction was measured using the full Dyadic Adjustment Scale (Spanier, 1976). Analysis used the maximum data available from single-income and two-income participants for each data collection time. Table 5.11 in Chapter 5, page 113 shows the cross-sectional data obtained for the scale and subscales. Data was examined by gender, and by employment group and gender. Longitudinal results are presented below.

Longitudinal analysis of gender and employment group across time

Analysis of variance for repeated measures was carried out to determine if there were significant differences in marital satisfaction for 2 income and single-income subjects across time. The with-in subjects factor TIME had four levels, Time 1 was on enrolment to the study, Time 2 was one month after the mother returned to paid work, Time 3 was 4 months after her return to work and Time 4 was 6 months after Time 3 (i.e. ten months after return to paid employment). For single-income parents the data collection times corresponded. No significant differences were detected in DAS scores over time for the samples of single-income and two-income participants, Wilks' $\Lambda = .892$, $F(3,201) = 1.59$, $p = .193$.

Analysis of variance for repeated measures was carried out to determine if gender and employment group had any effect on DAS scores over time. The between subjects factor had two levels, single-income and two-income. Analysis of variance revealed no significant differences in mean DAS scores of men and women, $p = .509$, no significant differences in mean DAS scores for single-income and two-income groups, $p = .209$ and no interaction between gender and employment group, $p = .349$.

A trend towards significance was detected in DAS scores over time, Wilks' $\Lambda = .889$, $F(3,165) = 2.62$, $p = .059$ but there were no interaction effects between time and gender $p = .552$, time and group, $p = .382$ or time, gender and group $p = .230$. An examination of the contrasts option revealed a significant difference between Time 1 and 2, $p = .037$ and a trend towards conventional significance between Time 1 and 3, $p = .055$.

6.3.1 DAS Subscales

The four DAS subscales, Dyadic Cohesion, Dyadic Consensus, Affectional Expression and Dyadic Satisfaction were examined to determine if there were differences in reported scores for men and women, between women in the two employment groups and between men in the two employment groups.

One-sample t-tests were used to determine if the mean scores from the study sample were significantly different from the means reported in the corrected validation study (Spanier & Filsinger, 1983). Results are presented separately for groups of single-income and two-income women and single-income and two-income men.

The **Dyadic Cohesion subscale** mean scores differed significantly for each income and gender group at each data collection time, $p < .05$ with the exception of single-income men at Time 3; $p = .074$. The groups reported higher satisfaction with the level of agreement on important issues when compared to the Spanier, (1976) validation study means of 13.4.

The **Dyadic Consensus** mean score in the validation study (Spanier, 1976; Spanier & Filsinger, 1983) was 51.9 (corrected from a typographical error in the original article). For this sample, single-income women reported being less satisfied at Time 1, $p = .049$ and Time 2, $p = .05$ with a trend towards significance at Time 4, $p = .055$. Two-income men reported being less satisfied with the level of agreement on important matters at Time 1, $p = .006$ and Time 2, $p = .018$. Single-income men reported a mean score which was statistically significantly lower at Time 1, $p = .004$, Time 2, $p = .011$ and Time 3, $p = .003$. When mean scores from the current sample groups were compared to this mean score, all reported being less satisfied with the amount of agreement on important matters in their relationship with the exception of two-income women at Time 3 but these differences were not statistically significant $p = .67$.

The mean **Affectional Expression subscale** score from the validation study was 9 (Spanier, 1976; Spanier & Filsinger, 1983). Study subgroups reported being less satisfied with the level of affection and sex in their relationships at each data collection time than indicated by the validation study mean, but this was only statistically significant for single-income men at Time 3, $p = .037$.

The mean **Dyadic Satisfaction subscale** score from the validation study was 40.5 (Spanier, 1976; Spanier & Filsinger, 1983). All subgroups in the current study reported being less satisfied with their relationship at the time of data collection with means ranging from 33.91 to 35.57. These means were highly significantly lower than the validation study mean at every data collection time, $p < .001$.

6.3.2 DAS Subscales and Gender

There were no significant gender differences detected between men and women in **Cohesion, Consensus, Affectional Expression** or **Satisfaction** subscales at any data collection time, $p > .05$.

6.3.3 DAS subscales and employment group: Women

One-way ANOVA was conducted to determine if there was a difference in DAS subscale scores between women in the single-income and two-income group at each data collection time. The Homogeneity of Variance assumption was met for each data collection time; $p > .05$. There were no significant differences detected between single-income and two-income women in **Cohesion, Consensus, Affectional Expression** or **Satisfaction** subscales at any data collection time, $p > .05$, even though single-income women reported lower **Cohesion, Consensus, Affectional Expression** subscale scores than two-income women at Time 1, 3 and 4 and at each data collection time on the **Satisfaction** subscale. However, these differences were not statistically significant; $p > .1$.

6.3.4 DAS subscales and employment group: Men

One-way ANOVA was conducted to determine if there was a difference in DAS subscale scores between men in the single-income and two-income group at each data collection time. The Homogeneity of Variance assumption was met for each data collection time; $p > .05$ except for Time 4 on the Cohesion subscale. There were no significant differences detected between single-income and two-income men in **Cohesion, Consensus, Affectional Expression** or **Satisfaction** subscales at any data collection time, $p > .1$.

6.4 Hypothesis 3: Well-being

There is a relationship between work factors and measures of well-being as mothers and fathers negotiate the transition to two-income status.

To test hypothesis 3, Spearman's Rho Correlation coefficient was used to determine whether a relationship exists between work spillover, work factors and self-reported stress. As the data did not meet the assumptions underlying correlation, the non-parametric test was used for analysis (Coakes & Steed, 2001).

6.4.1 Relationship between work factors and well being in women

The Spearman's Rho Correlation Coefficient was used to examine whether there was a relationship between work factors, (hours of paid work, overtime, unpaid work) related to employment as well as Worker Spillover Scale (WSS) into family life. Well-being measures included scores on trait and state anger and anxiety, self-esteem and hassles frequency scores. See table 6.4 below.

Two-income women: At Time 1, significant positive relationships were found in two-income women between worker spillover scores (reporting home duties as their work) and state anger, $\rho = .392$, $p = .035$, trait anxiety, $\rho = .39$, $p = .037$, hassles frequency, $\rho = .376$, $p = .045$ and a negative relationship with self-esteem, $\rho = -.393$, $p = .035$. At Time 2, a moderate positive relationship was found between worker spillover scores (from paid employment) and hassles frequencies, $\rho = .427$, $p = .047$. At Times 3 and 4, no significant relationships were apparent.

Table 6.3 Means and standard deviations on moods, hassles, and worker spillover measures for single-income and two-income participants

Mothers						Fathers			
Variables	Time	Single-income		Two-income		Single-income		Two- income	
		N		N		N		N	
State-anxiety	1	24	14.58(3.83)	29	16.44(5.67)	22	14.35(4.25)	27	15.7(4.57)
	2	21	15.45(5.96)	22	15.86(5.41)	20	13.7(4.05)	22	16.23(6.69)
	3	21	14.9(5.16)	21	13.67(4.02)	18	15.83(4.91)	18	16.22(6.04)
	4	19	14.16(3.34)	22	16.77(5.64)	16	12.18(2.83)	19	15.42(4.91)
State-anger	1	24	11.39(2.85)	29	11.87(4.15)	22	11(2.45)	27	12.64(4.24)
	2	20	12.35(4.33)	22	11.69(4.14)	20	10.32(1.09)	21	12.92(6.46)
	3	21	11.1(2.39)	21	10.14(.36)	18	10.56(.92)	18	11.18(3.06)
	4	19	10.58(.69)	22	11.05(1.68)	16	10.31(.6)	19	11.37(2.01)
Trait-anxiety	1	24	18.08(5.3)	29	16.83(4.46)	22	15.36(4.37)	28	17.35(4.97)
	4	20	16.45(5.75)	21	15.28(4.2)	16	14.13(3.28)	19	16.08(5.26)
Trait-anger	1	24	18.01(5.34)	29	17.41(5.36)	22	17.55(5.93)	28	16.57(4.56)
	4	20	17.65(3.84)	21	16.29(4.2)	16	14.63(3.48)	19	15.58(2.63)
Worker spillover scale	1	24	50.19(11.83)	29	47.29(12.05)	22	57.5 (12.08)	28	58.86(14.38)
	2	22	53.06(15.28)	22	48.78(17.3)	20	58.15 (10.12)	22	59.68(14.52)
	3	21	53(11.56)	21	46.16(15.6)	18	56.39 (11.47)	18	57.44(17.02)
	4	20	47.5(14.2)	21	47.67(13.45)	16	51.63 (13.27)	18	57.56(13.09)
Spouse spillover scale	1	24	55.17 (10.48)	29	51.4 (15.37)	22	46.08(10.3)	28	45.3 (11.19)
	2	22	55.37 (12.83)	22	57.91(15.52)	20	47.01(9.47)	22	48.05(12.98)
	3	21	54.57(12.45)	20	53 (15.89)	18	46.78(11.22)	18	42.67(11.06)
	4	20	55.35(10.93)	21	54.71(15.35)	16	43.06(12.85)	18	42.89(11.53)
Hassles	1	24	21.67(13.57)	29	19.10(11.09)	22	17.27(8.25)	28	16.93(11.10)
Frequencies	2	22	25.18(13.34)*	22	17.14(11.82)	20	13.15(8.15)	22	16.27(14.89)
	3	21	20.81(10.65)*	21	14.23(8.11)	18	13.39(6.86)	18	17.93(10.15)
	4	20	20.61(12.93)	22	14.23(12.17)	16	11.88(7.01)	19	15.29(8.83)
Hassles	1	24	1.45(.38)	29	1.41(.3)	22	1.36(.34)	28	1.45(.4)
Intensity	2	22	1.52(.40)	22	1.31(.43)	20	1.24(.45)	22	1.53(.51)
	3	21	1.45(.3)	21	1.33(.39)	18	1.32(.4)	18	1.37(.39)
	4	20	1.32(.31)	22	1.35(.45)	16	1.13(.39)*	19	1.49(.44) ^a

* $p < .05$ ^aEqual variances not assumed

Single-income women: At Time 1, significant positive relationships were found between worker spillover scores (defined as home duties) and trait anxiety, $\rho = .576$, $p = .003$, hassles frequencies, $\rho = .518$, $p = .009$ and a negative relationship with self-esteem, $\rho = -.421$, $p = .040$. At Time 2, a moderate relationship was found between worker spillover scores and hassles frequency, $\rho = .452$, $p = .035$ and a negative relationship with self-esteem, $\rho = -.493$, $p = .020$. At Time 3, positive relationships were found between worker spillover scores and state anger, $\rho = .458$, $p = .037$, state anxiety, $\rho = .567$, $p = .007$, hassles frequency, $\rho = .535$, $p = .013$ and a negative relationship with self-esteem, $\rho = -.566$, $p = .007$. At Time 4, positive relationships were identified between worker spillover scores and state anger, $\rho = .498$, $p = .030$, state anxiety, $\rho = .529$, $p = .020$, trait anxiety, $\rho = .519$, $p = .019$ and a negative relationship with self-esteem, $\rho = -.494$, $p = .027$. At each data collection time, single-income women reported on their home duties as 'work'.

6.4.2 Relationship between work factors and well being in men

Two-income men: At Time 1, a positive significant relationship was found between worker spillover scores and trait anger, $\rho = .416$, $p = .028$ and hassles frequency, $\rho = .464$, $p = .013$. At Time 2, a moderate positive relationship was found between worker spillover scores and state anger, $\rho = .559$, $p = .008$. At Time 3, no relationships were apparent. At Time 4, a significant positive relationship was found between worker spillover scores and trait anxiety, $\rho = .482$, $p = .043$.

Single-income men: At Time 1, significant positive relationships were found between worker spillover scores and state anger, $\rho = .536$, $p = .010$, and state anxiety, $\rho = .507$, $p = .016$. At Time 2, there were significant positive relationships between worker spillover scores and state anger, $\rho = .554$, $p = .011$ and state anxiety, $\rho = .573$, $p = .008$. At Time 3, there was no significant relationships were apparent. At Time 4, there were significant positive relationships between worker spillover scores and overtime worked, $\rho = .522$, $p = .038$, and unpaid extra hours, $\rho = .520$, $p = .047$.

Table 6.4 Spearman's Rho Correlation Coefficient between Worker Spillover Scale and work factors and self-reported stress.

Variable	Two-income women (n)	Single-income women (n)	Two-income men (n)	Single-income men (n)
State Anger				
Time 1 rho=	.178 (29)	-.121 (24)	.198 (27)	.536*(22)
Time 2 rho=	.228 (22)	.130 (20)	.559**(21)	.554* (20)
Time 3 rho=	-.079 (21)	.451* (21)	.326 (18)	-.201 (18)
Time 4 rho=	.157 (21)	.498* (19)	-.073 (18)	.102 (18)
State Anxiety				
Time 1 rho=	.392* (29)	.213 (24)	.342 (27)	.507* (22)
Time 2 rho=	.158 (22)	.324 (21)	.424* (22)	.573** (20)
Time 3 rho=	.290 (21)	.567*(21)	.268 (18)	-.005 (18)
Time 4 rho=	.200 (21)	.529 (19)	.343 (18)	.086 (18)
Trait anger				
Time 1 rho=	.200 (29)	.038 (24)	.416* (28)	.116 (22)
Time 4 rho=	-.227 (20)	.263 (20)	-.005 (18)	.034 (18)
Trait anxiety				
Time 1 rho=	.390* (29)	.576**(24)	.289 (28)	.314 (22)
Time 4 rho=	.342 (20)	.519* (20)	.482* (18)	-.173 (16)
Hassles frequency				
Time 1 rho=	.376* (29)	.518** (24)	.464* (28)	.014 (22)
Time 2 rho=	.427* (22)	.452* (22)	.358 (22)	.115 (20)
Time 3 rho=	.236 (21)	.535* (21)	.168 (18)	-.050 (18)
Time 4 rho=	.276 (21)	.349 (20)	.144 (18)	.023 (16)
Self Esteem Scale				
Time 1 rho=	-.393* (29)	-.421* (24)	-.286 (28)	-.077 (22)
Time 2 rho=	-.154 (22)	-.493*(22)	-.217 (22)	-.251 (20)
Time 3 rho=	-.430 (21)	-.566**(21)	-.450 (18)	-.298 (18)
Time 4 rho=	.029 (21)	-.494* (20)	-.307 (17)	-.402 (16)
Paid work				
Time 1 rho=	NA	NA	.078 (28)	-.241 (22)
Time 2 rho=	.160 (21)	NA	.326 (20)	.286 (19)
Time 3 rho=	.113 (21)	NA	.252 (18)	.236 (17)
Time 4 rho=	.355 (17)	NA	.111 (18)	-.111(16)
Overtime				
Time 1 rho=	NA	NA	.119 (27)	.407 (22)
Time 2 rho=	.040 (22)	NA	.132 (18)	-.280 (19)
Time 3 rho=	-.214 (21)	NA	.419 (18)	-.331 (17)
Time 4 rho=	.052 (19)	NA	-.271 (18)	.552* (16)
Unpaid extra hours				
Time 1 rho=	NA	NA	.059 (24)	-.106 (21)
Time 2 rho=	.081(20)	NA	.368 (15)	.271 (16)
Time 3 rho=	-.003 (19)	NA	.568 (11)	.188 (16)
Time 4 rho=	.028 (19)	NA	-.103 (17)	.520* (15)

*correlation is significant at the .05 level (two tailed)

** correlation is significant at the .01 level (two tailed)

6.4.3 Worker Spillover

Data was examined for the full scale across time, by gender and by employment group and gender.

Longitudinal analysis of gender and employment group across time

Analysis of variance for repeated measures was carried out to explore the effects of time on WSS scores across the four data collection times for the single-income and 2-income sample. Analysis of variance for repeated measures was conducted using gender. A between-subjects effects was found for gender across time, $F(1,65) = 7.99$, $p = .007$. Examination of the means demonstrated that women reported a lower level of work spillover into family life at each data collection time than men report. Work for women included either home duties or paid employment. The interaction between gender and time was not significant, $F(3,201) = .100$, $p = .960$. Analysis of variance for repeated measures was conducted for gender and income group. Results revealed no significant difference in mean WSS scores between the two employment groups, $F(3,65) = .217$, $p = .643$. Thus there was no significant interaction between gender and employment group, $p = .096$, nor between time and gender $p = .959$, time and group, $p = .427$ or time, gender and group $p = .685$.

The file was split to provide separate analyses for men and women. Analysis of variance for repeated measures was carried out to determine if work spillover into family life differed between single-income and two-income men or between single-income and two-income women across time. For women, there was no significant difference in WSS scores across time, Wilks' $\Lambda = .895$, $F(3,34) = 1.33$, $p = .281$ and no interaction between time and group, Wilks' $\Lambda = .902$, $F(3,34) = 1.23$, $p = .314$. Single-income women did report a greater spillover from their work (home duties) into family life than two-income women reported. Two-income men reported greater spillover from work into family life than single-income men reported but this difference was not significant across time, $F(3,87) = 2.21$, $p = .093$ and there was no statistically significant interaction effect between time and group, $p = .830$.

6.4.4 Spouse Spillover Scale

The Spouse Spillover Scale (SSS) was administered at each data collection time to all participants. The participants reported according to their own perception of their spouse's work related spillover into family life.

Longitudinal analysis of gender and employment group across time

Analysis of variance for repeated measures was carried out to explore the effects over time on SSS using single-income and two-income participants. Although the mean SSS scores ranged between 48.57 at Time 1 and 50.76 at Time 2, the

differences in perceived spillover from spouse's work, over time, were not significantly different, $p = .296$.

Analysis of variance for repeated measures was carried out to explore the effects of employment group and gender across the data collection times using gender and employment group. There were no significant interaction effects between time and gender, $F(3,192) = 1.17$, $p = .323$, time and group $F(3,192) = 2.016$, $p = .113$, or time, gender and group, $F(3,192) = .513$, $p = .674$. There was no significant differences across time, $p = .296$.

A between-subjects effects was found for gender; $F(1,64) = 11.19$, $p = .001$ but not employment group, $p = .412$. As noted above, women reported higher SSS at each data collection time than men report and this difference is highly significant. The between-subjects interaction between employment group and gender was not significant; $F(1,64) = .165$, $p = .686$.

Of interest, two-income women reported the lowest level of perceived spillover (mean = 50.12) from spouse's work into family life at Time 1, prior to their return to paid work. It was less than the level reported by single-income women (53.86) at this time. The mean SSS score reported by two-income men was lowest at Time 1 (40.85) also with increases occurring after two-income women returned to paid work. Single-income women reported greater spillover than two-income women from their spouses' work at Time 1, 3 and 4. Only at Time 2 did two-income women report a greater degree of perceived spillover from their spouses' work than single-income women. For the men, single-income men reported higher spillover than two-income men reported at each data collection time. The statistical significance of these results are found in the previous chapter. Across time, there was no significant difference detected, $p = .296$.

6.5 Hypothesis 4: Stress

Parents in the two-income group will report a higher level of daily stress than single-income families over the course of the study.

Hypothesis 4 was tested using univariate and ANOVA for repeated measures analyses. Means and standard deviations for scales measuring stress can be found in Tables 6.3 and 6.4 above.

6.5.1 Hassles Frequency Scores

Longitudinal analysis of gender and employment group across time

Analysis of variance for repeated measures was undertaken with all single-income and two-income participants to compare stress levels over time using the hassles frequency scores. The within subjects factor was TIME with four levels. Results are reported for the sample containing single-income and two-income participants with between-subjects factors of Group (single-income and two-income) and gender (male, female).

There was a trend towards significance over time in hassles frequency scores, Wilks' $\Lambda = .894$, $F(3, 68) = 2.69$, $p = .053$ indicating more stress is reported at Time 1 with a gradual reduction over Time 2, 3 and 4. When Time 1 was compared to the other 3 data collection times, a significant difference was found between Times 1 and 4, $p = .009$. Interactions between time and employment group and time, gender and employment group were not significant. There was a significant interaction effect between time and gender, $p = .047$. Women reported higher stress than men at each data collection time but this difference was greatest at Time 2 when women reported 30% more hassles compared to men. There was a trend towards a significant difference between men and women's reported hassles scores over time, Wilks' $\Lambda = .895$, $F(3, 67) = 2.623$, $p = .058$ with men reporting lower stress than women at each data collection time.

The file was split to provide separate analyses for men and women. There was a significant difference in frequency of hassles reported by men across Time, Wilks' $\Lambda = .676$, $F(3, 29) = 4.637$, $p = .009$. Using the contrast option, the difference in reported stress for men between Time 1 and 4 was significant, $p = .013$. For men, the highest stress was reported at Time 1 and the lowest at Time 4. There was no significant difference between single-income and two-income men in the amount of stress reported across the data collection times although single-income men reported lower frequency of hassles at Times 2, 3 and 4 than two-income men reported. At Time 1 they reported very similar scores (17.87 for two-income men and 17.75 for single-income men), which is when both groups of wives were attending to home duties.

There was a significant difference in frequency of hassles reported by women across Time, $F(3, 114) = 2.886$, $p = .039$. Women reported the highest stress at

Time 2 and the lowest at Time 4. There was a significant difference in reported stress between two-income and single-income women across time, $p = .029$. Single-income women reported more stress at each data collection time.

6.5.2 Hassles Intensity Scores

Longitudinal analysis of gender and employment group across time

Analysis of variance for repeated measures was undertaken with all single-income and two-income participants to compare stress levels over time using hassles intensity scores. There was no significant difference in hassles intensity scores over time, Wilks' $\Lambda = .970$, $F(3, 68) = .713$, $p = .548$ even though more stress is reported at Time 1 with a gradual reduction over Time 2, 3 and 4. Within-subjects interactions between time and gender, time and employment group and time, gender and employment group were not significant. Examination of between-subjects effects revealed a significant interaction for gender and group, $p = .029$. Two-income men reported the highest mean level of hassles intensity over time and single-income men reported the lowest (1.5 vs. 1.26). Single-income women reported higher mean hassles intensity than two-income women over the four data collection times (1.42 vs. 1.33) but the difference between the women was not as great as that reported by men.

6.6 Hypothesis 5: Anger and Anxiety

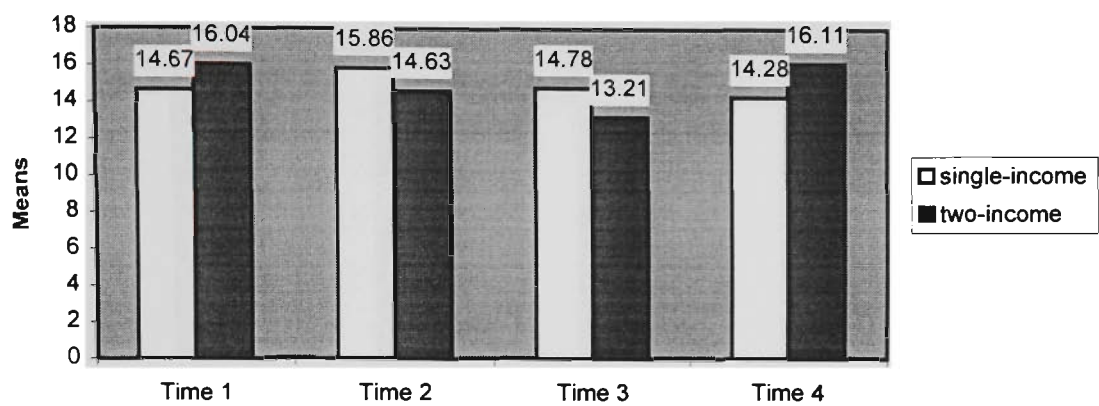
'Between group' and 'within group' variation in levels of anxiety and anger will be identified for men and women in single-income and two-income groups over the course of the study. Two-income parents will experience more anger and anxiety than single-income parents.

Longitudinal analysis of gender and employment group across time.

Analysis of variance for repeated measures was used to analyse measures of state-anxiety, state-anger, trait-anxiety and trait-anger.

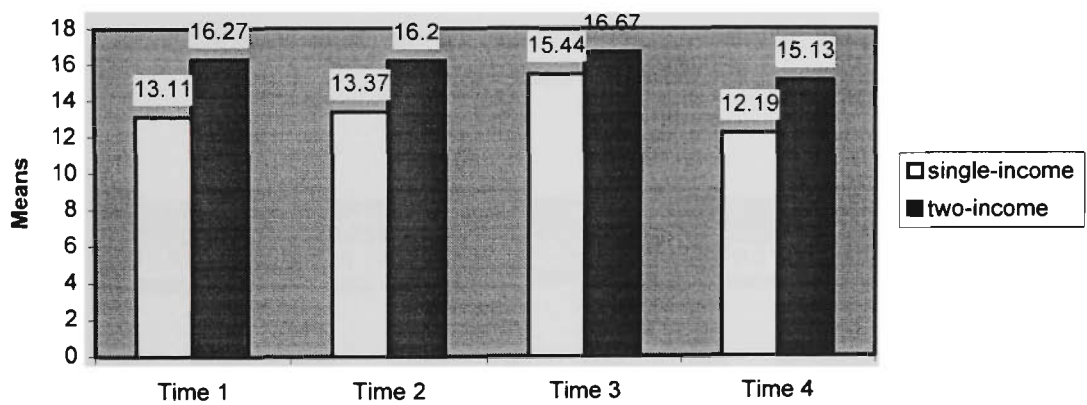
State-anxiety: The results showed that there was no significant difference over time in state-anxiety between single-income and two-income women, $F(3, 105) = .982$, $p = .404$ and there was no interaction between time and employment group, $F(3, 105) = 1.842$, $p = .144$. Two-income women reported being more anxious than single-income women at Times 1 and 4 while single-income women reported more anxiety at Times 2 and 3.

Figure 6.13 State-anxiety levels of single-income and two-income women (N=37)



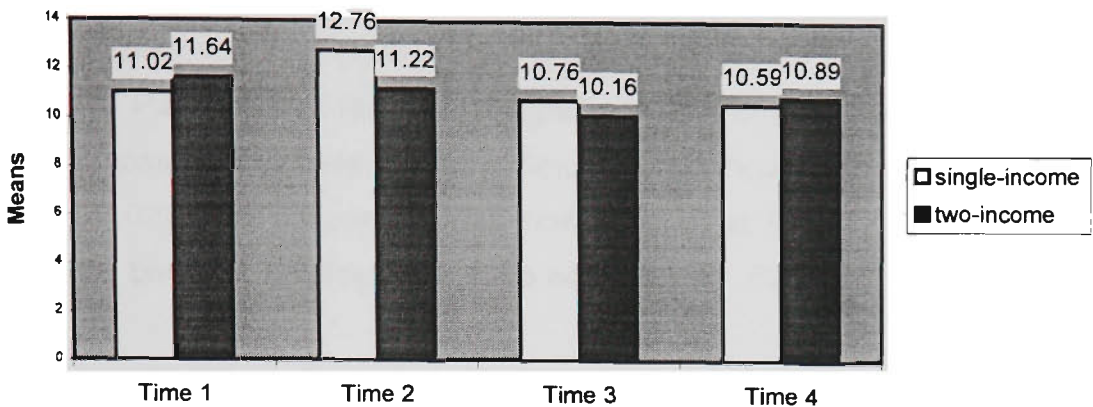
Between single-income and two-income men, the results showed that there was no significant difference over time in state-anxiety, $F(3, 87) = 2.212$, $p = .092$ and there was no interaction between time and employment group, $F(3, 87) = .450$, $p = .718$. Single-income men reported being less anxious at each data collection time than two-income men.

Figure 6.14 State-anxiety levels of single and two-income men (N=31)



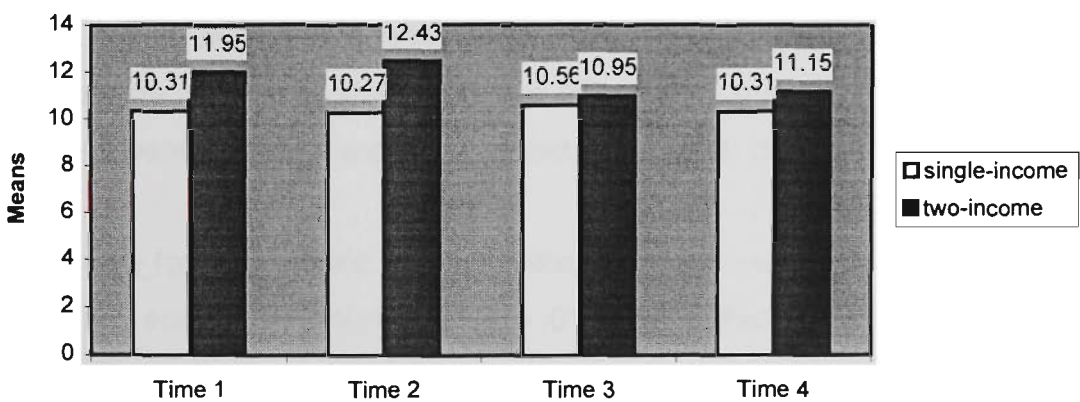
State-anger: The results showed that there was no significant difference over time in state-anger between single-income and two-income women, Wilks' $\Lambda = .841$, $F(3, 102) = 2.021$, $p = .131$. There was also no significant interaction between time and employment group, Wilks' $\Lambda = .861$, $F(3, 102) = 1.729$, $p = .181$. Two-income women reported being more angry than single-income women at Times 1 and 4 while single-income women reported more anger at Times 2 and 3 but these differences were not significant.

Figure 6.15 State-anger levels of single and two-income women (N=36)



Two-income men reported being more angry than single-income men at each data collection time. They reported the highest state-anger scores at Time 2, which was one month after their partners, had returned to the paid workforce. Single-income men reported more stable levels of state-anger over the duration of the study. The results showed that there was no significant difference over time in state-anger between single-income and two-income men, Wilks' $\Lambda = .918$, $F(3, 84) = .772$, $p = .52$ and there was no interaction between time and employment group, Wilks' $\Lambda = .823$, $F(3, 84) = 1.869$ $p = .16$.

Figure 6.16 State-anger levels of single-income and two-income men (N=30)

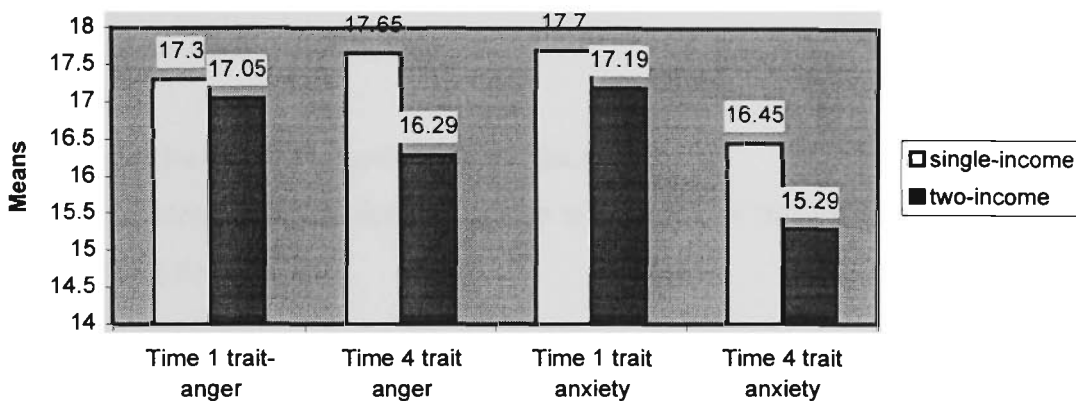


Trait-anger scores for Women: Single-income women reported being more angry at both data collection times than two-income women although the difference was greater at Time 4. The results showed that there was no significant difference over time in trait-anger between single-income and two-income women, $F(1,39)=$

.143, $p = .707$ and there was no interaction between time and employment group, $F(3, 39) = 1.046$, $p = .313$.

Trait-anxiety for Women: There was a significant difference in women across time for trait-anxiety scores, $F(1,39) = 5.62$, $p = .023$ with higher scores being reported at Time 1. Paired t-tests revealed a significant difference between trait-anxiety scores across the two data collection times for two-income women only, $t(20) = 2.422$, $p = .025$. They reported being more anxious at Time 1. There was no interaction between employment group and time, $p = .625$.

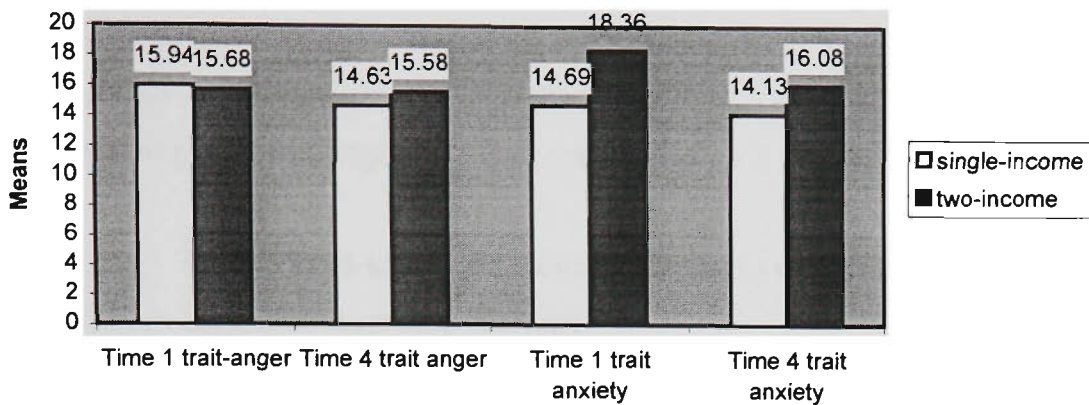
Figure 6.17 Trait-anger & Trait-anxiety levels of single-income and two-income women (N=41)



Trait-anger scores for men: Two-income men reported more stable trait-anger levels across both data collection times than single-income men. The results showed that there was no significant difference over time in trait-anger between single-income and two-income men, $F(1,33) = 1.429$, $p = .24$ and there was no interaction between time and employment group, $F(3, 33) = 1.036$, $p = .316$.

Trait-anxiety for men: There was a significant difference in men across time for trait-anxiety scores, $F(1,39) = 6.894$, $p = .013$ with higher scores being reported at Time 1. There was no interaction between employment group and time, $p = .122$. Between-subjects effects revealed no significant difference for employment group, ($p = .066$) with two-income men reporting higher trait-anxiety scores at both data collection times. Paired t-tests revealed a significant difference between trait-anxiety scores across the two data collection times for two-income men only, $t(18) = 2.756$, $p = .013$. They reported being more anxious at Time 1.

Figure 6.18 Trait-anger & Trait-anxiety levels of single-income and two-income men (N=35)



A with-in subjects analysis of variance revealed no significant differences in the state-anger scores between participants and their spouse, $F(1,25) = .231$, $p = .635$ across the four data collection times.

6.7 Hypothesis 6: Parenting Satisfaction

The level of parenting satisfaction will be similar for all parents irrespective of couple employment status.

Parenting satisfaction was measured using the full Maternal and Paternal Postnatal Attachment Scale (PAS) (Condon & Corkindale, 1998). Analysis used the maximum data available from single-income and two-income participants for each data collection time. Data was examined by gender and by employment group and gender.

Longitudinal analysis of gender and employment group over time.

Analysis of variance for repeated measures was carried out to explore the effects of time on PAS scores. The with-in subjects factor TIME had four levels.

When the file was split according to gender, there was no significant difference in scores across time for women, Wilks' $\Lambda = .802$, $F(3, 111) = .438$, $p = .727$. There was a significant interaction between time and employment group, Wilks' $\Lambda = .802$, $F(3, 111) = 2.88$, $p = .05$. Using the contrast option revealed a significant difference between single-income and two-income women at Time 2 ($p = .012$) and Time 3 ($p = .029$) with two-income women reporting higher PAS scores than single-income women at these times. Women in both employment groups

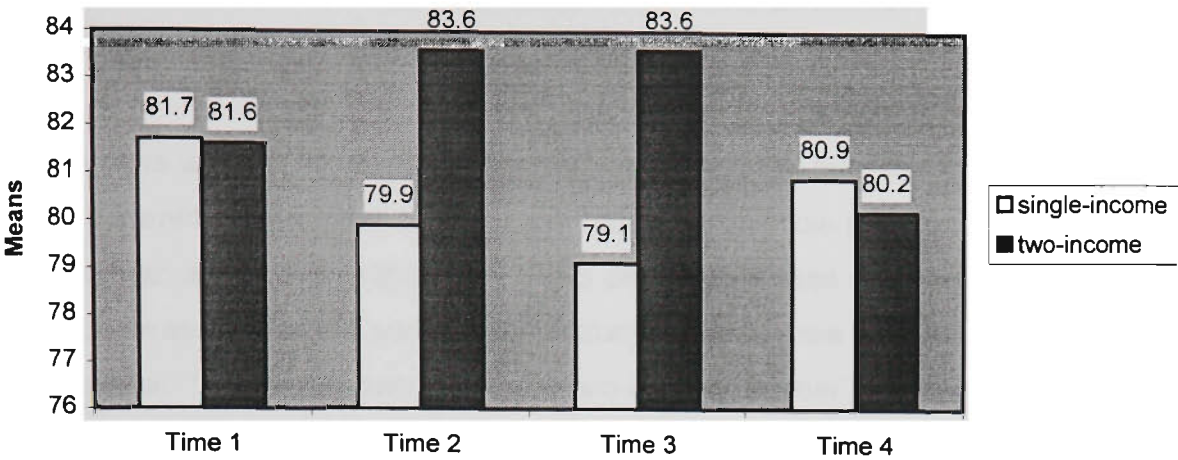
reported a similar PAS score at Time 1 (single-income, 81.66, two-income, 81.55) and again at Time 4 (single-income, 80.92, two-income, 80.2). Over the duration of the study, two-income women reported an increase in PAS scores at Time 2 (83.58) and Time 3 (83.61). Single-income women reported a decrease in PAS scores at Time 2 (79.86) and Time 3 (79.07) before rising again at Time 4. Thus single-income women reported higher PAS scores at Time 1 and 4 while two-income women reported higher PAS scores at Times 2 and 3.

Table 6.5 Means and standard deviations (s.d.) of Parenting Attachment Scale in men and women

Sample	Time 1 mean (s.d.)		Time 2 mean (s.d.)		Time 3 mean (s.d.)		Time 4 mean (s.d.)	
	N		N		N		N	
Whole sample	141	79.78 (7.27)	117	79.96 (8.04)	100	79.18 (8.3)	100	79.7 (7.96)
Women	72	81.61** (6.8)	59	81.85* (6.9)	53	81.11** (7.65)	54	80.63 **(7.97)
Two-income	29	80.22 *(7.93)	22	82.19 (7.89)	21	82.73 (7.42)	22	78.75* (8.84)
Single-income	24	82.01 (5.91)	22	79.94* (6.84)	21	78.32* (8.36)	20	80.92 (7.86)
Men	69	77.88*** (7.31)	58	78.05*** (8.7)	47	76.00*** (8.55)	46	78.62*** (7.89)
-2 income	28	78.00 *** (7.73)	22	77.63** (10.16)	18	77.19** (9.76)	19	77.56** (9.65)
- Single-income	22	78.31** (8.01)	20	78.1** (8.62)	18	77.26** (8.49)	16	80.06 (7.6)

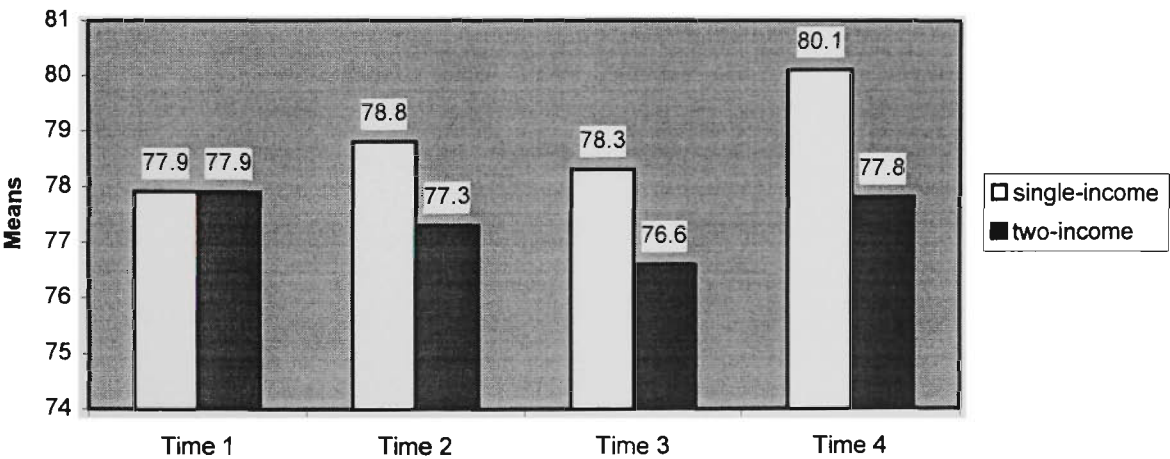
*p< .05, ** p< .01 ***p< .001

Figure 6.19 Maternal post-natal attachment scores for single-income(n=20) and two-income women(n=19)



There was no significant change in PAS scores for men over time, $F(3, 90)=1.310$, $p=.276$ and no interaction between time and employment group, $F(3, 90)=.740$, $p=.531$. Single-income and two-income men reported similar mean PAS scores at Time 1 but these decreased slightly at Times 2 and 3 for two-income men before almost returning to baseline by Time 4. Single-income men reported higher PAS scores than two-income men at each data collection time.

Figure 6.20 Paternal post-natal attachment scores for single-income (n=16) and two-income men (n=16)



6.8 Summary

Men and women in this study appeared to have equal influence in decision-making but women took major responsibility for other household labour. The differences in contributions were greatest in the area of childcare and it appeared

that men were contributing more over time, as the study progressed. The majority of participants were satisfied with how they, as a couple, divided household chores. Whilst the participants reported lower relationship satisfaction than the norms for the scale used, it was fairly stable over time, similar for men and women and not of a level which indicated marital breakdown was likely.

Single-income women reported the highest level of stress over the course of the study and identified the most spillover from their worker role (home duties) into family life than any group in the study. The degree of stress reported by men and women decreased over the course of the study. The degree of attachment to their infant changed for women over time with two-income women reporting higher attachment at Times 2 and 3 and single-income women reporting lower attachment at these times. Men reported more stable attachment to their infant over the course of the study.

The next chapter will provide a detailed discussion of the results of the study.

Chapter 7

Discussion

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Chapter 7

Discussion

7.0 Introduction

In this chapter, the results of the 'Combining Parenting and Paid Work' study will be discussed with reference to the main findings. Further discussion of the findings, possible explanations for the findings and comparison to other studies will be considered. A number of challenges which have been encountered in the process of conducting this research will also be discussed, particularly the challenge of recruitment of couples during this particular life stage.

7.1 There were six hypotheses tested in this study:

1. Employed mothers will have a larger household labour workload than their male partners.
2. Marital satisfaction for both men and women in two-income families will change over the course of the study.
3. There is a relationship between work factors and measures of well-being as mothers and fathers negotiate the transition to two-income status.
4. Parents in two-income families will report a higher level of daily stress than the parents in single-income families over the course of the study.
5. 'Between group' and 'within group' variation in levels of anxiety and anger will be identified for men and women in single and two-income groups over the course of the study. Two-income parents will experience more anger and anxiety than single-income parents.
6. The level of parenting satisfaction will be similar for all parents irrespective of couple employment status.

7.2 Brief summary of findings.

This well educated sample were mostly aged in their 30's and described themselves as semi-professional or professional in occupation. The majority (84%) were born in Australia and had lived together for around four years on

enrolment in the study. When they divided their household responsibilities, in some areas they reported quite equitable allotment of chores, (such as decision-making and household tasks) while in other areas women clearly took a larger load (childcare). Despite some areas of task division being inequitable for example childcare, two thirds or more of the sample reported being satisfied with how the type of particular family work was divided. Women in both income groups reported holding more pro-feminist attitudes than men.

In general, the sample reported being less satisfied with their couple relationship than another sample of Australian men and women (Antill & Cotton, 1982) but this dissatisfaction was not so great as to indicate relationship breakdown was likely (Spanier & Filsinger, 1983). Still, men and women in the study reported similar levels of relationship satisfaction with each other and this was fairly stable over the duration of the study. Single-income and two-income participants did not differ on their reports of relationship satisfaction indicating employment status did not play a part in how they felt about the couple relationship.

The sample of first-time parents reported slightly less worker spillover into family life than the norms available using the WSS and Spouse version (Small & Riley, 1990), and men perceived a higher spillover from their worker role into family life than the female participants. As expected, the female partners perceived greater spillover from their spouses' work into family life than the men reported. Of particular interest was that single-income women reported higher spillover from their 'work' (family responsibilities) than two-income women reported, even on enrolment in the study when two-income women were not yet back in the paid workforce. Two-income men reported higher spillover into their home lives than their single-income counterparts. Studies into spillover from work into family life do not support the assumption that the spillover is always negative (Barnett & Marshall, 1992), and suggest that first-time mothers may have more difficulty negotiating the work family balance than more experienced mothers (Nichols, 2002). Female study participants in the Parenting and Paid Work study did not report a large degree of spillover from their partner's work, indicating that, at the time of data collection, the spillover from work into family life was not overwhelmingly a problem. Single-income women did report spillover from their own work (home duties) as more of an issue, with relationships identified between negative emotions, lower self esteem and increased perception of spillover effects. In another study, a third of a sample of Australian men and women

agreed that employment interferes with the couple relationship, more than a third of full-time workers felt their work had a negative impact on the relationship with their children and almost half of the women working fulltime agreed that employment impacted on the ability to attend to some family responsibilities (Wolcott, 1997). The findings from the Wolcott study were not replicated in the study reported in this thesis. Several writers (Barnett & Marshall, 1992; Denmark, Novick, & Pinto, 1996; Hoffman, 1989; Houston et al., 1992; Koolhaas & Bohus, 1989) propose positive contributions from paid work such as, increased family income and the effect it has on the health and academic achievement of children as well as the increased health status of employed people compared to unemployed people. It would seem that balance and coping strategies play an integral part in how well the family combines their work and family commitments.

In the present study, the sample reported less stress than the amount of stress reported by a middle-age sample of healthy North Americans twenty years ago in the validation study (Kanner et al., 1981), this was particularly evident for men. Single-income women and two-income men appeared to report the most stress over the duration of the study and this is discussed in more detail in this chapter. A more similar participant group may have provided more reliable norms for comparison. Men and women in the study reported being less anxious and less angry than norms for the scale used although two-income participants, as a group, reported being more anxious and angry than single-income participants.

The degree of attachment parents felt towards their baby, measured by the Post-natal Attachment scale (Condon & Corkindale, 1998), did not differ significantly between men and women in the study although they reported lower levels of attachment than indicated by those norms obtained from a validation sample of women.

Correlations were carried out to determine if relationships existed between work spillover, work factors and self-reported stress and the single-income women had the most significant and strongest relationships identified over the four data collection times than other participants. The only exception to this finding was at Time 1 when two-income women, who were reporting on family responsibilities as their 'work' prior to returning to the paid workforce, reported similar relationships. The only time unpaid work hours and overtime were positively correlated with worker spillover scores was at Time 4 for single-income men.

All groups had 'extremely high' self-esteem although single-income women as a group reported the lowest self-esteem at each data collection time. These results will be discussed in detail below.

7.3 Discussion of results.

7.3.1 Demographics

The sample: The average age of the participants in this study was 34 years for men and 32 years for women. They would have been a little younger when their first baby was born. Couples in Australia in the late 90's are having their first baby when they are closer to 30 years of age thus this sample matches the norms for Australian first-time parents (ABS, 1999c). Australian men and women, if they marry, are more likely to marry after their thirtieth birthday (ABS, 1999). Forty-nine percent of men and 37% of women were 30 years old or older when they married in 1998. Thus this sample is representative of couples described in the 1996 Australian Census data.

When two-income and single-income participants were compared on demographic variables, they were similar with regard to baby age and gender, time living together as a couple, participant age, usual occupation, country of birth and education level. Thus they were a fairly homogenous sample.

Time Living together: Participants were not asked to record whether they were married or cohabiting without marriage. Around 68% of Australian couples marrying in 1998 had cohabited prior and around 8% of heterosexual couples are cohabiting in the late 1990's according to ABS data (ABS, 1999). On enrolment in the study, participants had been living together, on average, around four years. The couples in the two-income group had been living together around 11 months less than the couples in the single-income group thus having less time to organise their financial situation. Given the time couples were living together, it would seem that first babies were born around three years after this occurred. It is known that large numbers of relationships breakdown in the first five years of married life (de Vaus, 1997b). It would seem then that participants in this study were at increased risk of disharmony and relationship breakdown before any additional factors such as a new baby or mother re-commencing paid employment being were taken into account.

Education and Occupation: The total sample constituted a highly educated group, with just over half of the participants having a tertiary education, either a postgraduate degree or an undergraduate degree. More single-income participants had some form of post secondary education, which may assist in explaining their decision to be a single-income family. It is highly possible these couples were financially better established or felt more confident about future employment options.

Country of birth: Ninety-five percent of the participants were born in Australia or other English speaking countries. Most participants described themselves as either semi-professionals or professional, which would be expected given the educational levels reported. Slightly more single-income men and women reported being 'professional' than two-income men and women.

Family income: After two-income mothers had returned to paid employment, two-income couples reported higher family income than single-income participants, which would be expected given there were two earners in the family.

Babies' ages on Mother's return to work. The median age of babies whose parents enrolled in the study was just over seven months but this median included babies whose parents were in the established employment group. Single-income babies were four months of age and two-income babies were a month older. Thus for two-income families, the babies were around six months of age when the mother returned to paid work. It was surprising to find women in the two-income group were returning to paid work when their babies were this young, given that all Australian women are able to take up to twelve months of unpaid maternity leave after the birth or adoption of a baby. It would seem that many families in the study chose not to take the full quota of maternity leave available for them. Almost 40% of the sample earned less than \$60,000 and around one third (34.7%) reported returning to work for financial reasons at Time 1. It may be that for some families, taking the full quota of unpaid maternity leave was not possible due to financial pressures. In the USA, many women return to paid work when their babies are four months old or younger (Gardner, 2001; Hoffman & Youngblade, 1999), a trend which appears to be occurring in Australian families, if this study is an indication of the wider practice of maternal employment. Research findings vary on whether early non-maternal care is detrimental for children (Hoffman & Youngblade, 1999). It would appear that high quality, non-

maternal care is essential if children are to be exposed to childcare for long periods each day in the first year of their life (Desai, Chase-Lansdale, & Michael, 1989; Hoffman & Youngblade, 1999; Vandell & Ramanan, 1992).

Combined income: For the sample as a whole, about one third reported earning less than \$60,000 which in the year 2000, would constitute a medium income, a third earned between \$60,001 and \$90,000 and a third earned more than \$90,000. The middle-income group would be classified as medium-high income earners while those earning above \$90,000 would be classified as high-income earners. Almost 55% of the sample earned more than \$60,000 on enrolment in the study. At Time 1, participants in both the two-income group and the single-income group were single-income wage earning families.

Family income was observed to increase slightly after two-income women returned to paid work. The main income group affected seemed to be those couples in the \$30,000-\$60,000 category. After mothers returned to paid work, fewer families reported earnings in this range and more were reporting earning in the higher category between \$60,000- \$90,000. Two-income families reported higher incomes than single-income couples and when income groups are taken into account, movement between medium-low and medium-high income groups could be seen to mainly occur in two-income families. Over the course of the study, single-income families increased their yearly income slightly, despite having only one earner in the family, presumed to be a result of salary increments. Either the increase in earnings was related to the father working more paid overtime, getting a promotion with increased pay or taking a second job, the possibility also exists that the reported earnings were not accurate at one of the data collection times. Earnings and income data for Australian workers in the 1999-2000 financial year indicated that the average full-time weekly income for an adult was \$837.80 (\$43,565 per annum) before tax (ABS, 2000). This would be considered a medium-low income for a family.

Attrition: Seventy percent of enrolling participants completed the study. Those completing were compared to those who did not return data for Time 4, on demographics and a range of variables. Single-income women who were younger or who held lower pro-feminist gender role attitudes were less likely to complete the study. It may be the study was too confronting for the women who were not as pro-feminist in their attitudes or, being younger, they may not have held the

altruistic value of contributing to research. Single-income men who reported more spillover from their work into family life at Time 1 were less likely to complete the study. It may be they were under considerable obligation with their income generation role and did not have the time to commit to the study. Two-income men who held a trade qualification or less were more likely to be lost to the study. It is widely reported that participants volunteering to participate in research studies tend to be well-educated people who recognise the value of research and that participants from lower socio-economic groups are more difficult to engage (Fink & Kosecoff, 1985; LoBiondo-Wood & Haber, 1994). It is also common to have higher response rates from women than men in survey type research (Ward, Bruce, Holt, D'Este, & Sladden, 1998).

7.3.2 Contracted hours of employment

About one fifth of employed participants, mostly males, worked some paid overtime and around a third of employed participants worked some unpaid but essential hours. Some participants did both. This finding would be expected given that almost 60% of participants nominated their occupation as professional. Many professional occupations appear to have built-in expectations that employees work longer hours per week (Fallon, 1997). Australian workers in the year 2000 would have expected to work between 36-40 hours per week as a full-time worker. Earlier in the 1990's, two thirds of working mothers worked part-time, were happy with their hours of paid work compared to 60% of full-time working mothers who expressed a preference for part-time hours (Wolcott, 1997).

Men in the study worked full-time hours and employed women, on average worked about half time. In 2000, the average working hours for non-managerial Australian men was 41.4 hours in the private sector and 39 hours per week in the public sector. For Australian women this was 38.6 and 37.3 respectively (ABS, 2000). Men in the study sample appeared to be working average hours while women appeared to be working less than the average hours worked by Australian women. In 1995, just over 30% of Australian mothers with their youngest child aged between 0-4 years were in full-time employment (Wolcott, 1997). Conversely, the majority in paid employment worked on a part-time or casual basis.

When this study was originally designed, it was intended to recruit only couples where the mother was returning to full-time paid employment. After recruiting for

almost 12 months, only three couples fitting this inclusion criterion could be enrolled in the study. Discussions held with the Maternal and Child Health Nurses who were disseminating requests for participants, anecdotally revealed that women who were returning to paid employment were doing so on a part-time basis, if they had the choice, rather than full-time. Potential participants, during telephone or face-to-face discussions (in first-time parent groups) indicated that many employers were offering some flexibility in the return to work in order to retain valued staff. Generally the sample appeared to be working hours that were considered average for workers in that age group.

7.3.3 Return of questionnaire booklets

A pilot study prior to commencing the study elicited feedback that participants preferred some privacy in completing their questionnaire booklets and suggestions were given that it would provide more honest responses. As mentioned in Chapter 4, participants were provided with the opportunity to return their questionnaire booklets either with their partner's workbook or separately. Participants who desired privacy (from their spouse) in their responses were able to use a separate envelope. Couples varied in their use of separate envelopes for returning questionnaire booklets over the course of the study. Fewer couples utilised the privacy option at Time 1 but as the study progressed, more participants chose to use separate envelopes to return their booklets (See Table 7.1). Unfortunately, it was not possible to determine participants' reasons for using a separate envelope to return booklets, however perhaps privacy from spouse was an issue for them or it may have been due to pragmatic factors, such as completing the booklets away from home or at a time different to their partner which influenced how couples returned their information.

In this study 73.8% (104) of participants at Time 1, returned their questionnaires in the same envelope as their partner while 26.2% (37) chose to use separate envelopes. At Time 2, there were 117 responses and of these, 68.4% (80) chose to return their questionnaire within the same envelope as their partner. At Time 3, 61% (61) chose to use a single-income envelope for the couple to return their questionnaire and at the final data collection time, 50% (50) chose to return questionnaires with their partner in a single-income envelope. For the three women whose partners failed to return questionnaires, or when one partner dropped out of the study, these participants were presumed to use two envelopes for the return of booklets. This assumption was made because the women or

partners went ahead and returned their questionnaires, expecting their partners to follow through with the commitment.

Table 7.1 Response rates and use of envelopes

Data collection time	Envelope Use		Response rate			
	Single envelope % (n=)	Two envelopes, separate from partner % (n=)	N	%	Men	Women
Time 1	73.8(104)	26.2 (37)	141	100	69	72
Time 2	68.4 (80)	31.6(37)	117	83	58	59
Time 3	61 (61)	39 (39)	100	70.9	47	53
Time 4	50 (41)	50 (50)	100	70.9	46	54

7.3.4 Gender Role Attitudes

Gender role attitudes were measured using the Attitudes Towards Women scale (Spence & Helmreich, 1978), one of the most widely used scales in the research on gender roles (Bailey & Less, 1992; Beere, 1990; Loo & Thorpe, 1998; Twenge, 1997). Studies have found a trend over the 20 years of it's use, with both men and women reporting increased pro-feminist attitudes since the 1970's (Twenge, 1997). Although women remain more pro-feminist in their attitudes than men, the gap between the genders is decreasing (Bailey & Less, 1992; Twenge, 1997). Participants' reports in the Parenting and Paid Work study appeared congruent with these findings from other studies. The women held stronger pro-feminist attitudes than the men and scored quite highly on the scale (38 out of possible 45) even though the men scored only a few points less. The difference was quite marginal and while statistically significant, is unlikely to be of clinical importance. In the future, it would be of interest to retest this study sample to determine if their attitudes changed to reflect what seems to be the norm. After children enter the couple relationship, division of labour in the household reverts to more traditional patterns (Baxter, 2001; Russell, 1995; Vessey & Knauth, 2001).

The following information is a detailed discussion of results according to the hypotheses identified for the study.

7.4 Hypothesis 1: Division of Household Labour

Employed mothers will have a larger household labour workload than their male partners.

Division of household labour data: The men and women in the study reported that equitable decision-making occurred in their relationship but they did not always agree on how household and family tasks were divided. The literature reports that household labour tends to occur more along gender lines once children enter the relationship even if prior division was more equitable (Baxter, 2001; Cappuccini & Cochrane, 2000; Coltrane, 2000; Dempsey, 1998; Hoffman, 1989). There does seem to be some evidence that couples are moving to a more democratic form of family lifestyles (Sarantakos, 1996), which may be demonstrated by the participants in the current study reporting equity in decision-making. A review of 200 articles by Scott Coltrane, all of which were published in the 1990's regarding the division of household labour indicate that women continue to take major responsibility for household labour and have an expectation of male partners being 'fair' in sharing the load (Coltrane, 2000).

7.4.1 Differences in perception

Men and women in the study perceived the division of household labour differently. Men always reported doing more of the family tasks than the women reported they did. Over the course of the study, there was some variation in the 'proportions of contribution' to family tasks by men and women although this difference in perception persisted. A pattern emerged where the men reported they contributed more to the sharing of household tasks than the women reported. This finding fits with other similar studies in the literature (Belsky & Kelly, 1994; Cappuccini & Cochrane, 2000). It has been suggested that both men and women overestimate their contributions (Coltrane, 2000; Marini & Shelton, 1993) or that men may overestimate their contribution more than the women do (Coltrane, 1996). Several studies have collected data regarding the division of household labour just from women so it difficult to determine if either partner can report proportions accurately (Coltrane, 2000).

7.4.2 Sharing of childcare

Data regarding how the couples carried out childcare were collected using two different subscales of the Division of Household Labour measure (Cowan et al., 1979). One subscale measured general activities related to the care of children

(general childcare) while the other measured which parent actually provided the care during specific time frames (eg 9am-1pm, 5pm- bedtime), both at weekdays and weekends (specific childcare). The specific childcare subscale has 12 time slots, six for weekdays and six for weekends and gives equal weighting to weekday and weekend time slots thus providing the opportunity to measure the contribution of men when they are available. Findings from this latter subscale indicated that when men were available they contributed more to the care of the baby.

Often the contribution to the household from men is measured over a time frame without taking into account their paid work commitments (Szinovacz, 2000). This approach occurs despite numerous studies confirming that men tend to be in paid employment full-time and women part-time (if they are in paid work) when children are very young (Wolcott, 1997). It seems a more realistic approach to examine the contribution of fathers when they are available, rather than just measuring the contribution made by mothers and fathers as though they were equally available over the 24-hour period or every day of the week. A study by Szinovacz (2000) which examined retiring couples found a clear relationship between the paid work commitments for both men and women and the way the household tasks were allocated. The study found that retirees spent more time on household tasks than those older participants who were still employed, thus indicating paid employment may predict involvement in household tasks. They were also more likely to take on tasks that were traditionally relegated to belong in their partner's repertoire of family chores if they themselves were retired while their spouse was still in paid employment. Szinovacz's (2000) study into retirees found that in those couples where the woman had a long work history, the male partner was more likely to contribute more to household labour than if her work history was shorter (Szinovacz, 2000). While participants in Szinovacz's study (2000) were older and at a different life stage than the participants in the Parenting and Paid Work study, the issues may be related. It appears logical to conclude that physical absence must play a part in determining involvement in the tasks in the home.

Participants in the present study reported they shared general child care along traditional gender lines with both men and women reporting that women did the majority of childcare, regardless of the mothers' employment status. As the study progressed though, both genders reported that men contributed more and women did a little less, indicating a move towards equity over time. Factors which may

explain why this occurred include pragmatic sharing of work, reduction in the availability of partners, development of better negotiation skills as time goes on, and a sense of fairness or the couple together learn to develop strategies which not only gets things done but brings about more harmony. It is noteworthy that the increased contribution from men was more noticeable in two-income couples, the contribution from single-income men remaining more stable across time.

The same differences in perception regarding proportions occurred with childcare division, with men again reporting doing a larger proportion than women reported men doing. Whilst this difference in reporting workloads has been identified in other studies (Belsky & Kelly, 1994; Cappuccini & Cochrane, 2000), some authors have suggested that women may actually overestimate their partner's contribution as a strategy for taking on responsibility for the relationship between father and baby (Cappuccini & Cochrane, 2000). In the late 1990's, men wished to become more involved in caring for their children (Amato, 1998; Berman & Pedersen, 1987; Booth & Crouter, 1998; Coltrane, 1996; Hall, 1991; Lamb, 1998; Sullivan, 2001) but often found their work commitments prevented this taking place. Cappuccini and Cochrane (2000) suggest that after the birth of a first child, fathers frequently equated fatherhood with being a good provider and this belief may result in men allocating priority to this earner role. This perception has been reported elsewhere in the literature (Belsky & Kelly, 1994).

In the present study, when the contribution from fathers on weekday nights and weekends is taken into consideration (using the specific childcare subscale), men appear to be contributing to a greater proportion of the total care. Data from the specific childcare subscale indicated that while both men and women reported that the mothers did the larger share; they also both reported that the men were more involved (at times they were more likely to be available). This contrast to the findings when the general childcare subscale was the measure utilised, the general childcare subscale findings fail to discriminate between various time frames of care. There were also changes across time with both parents reporting that men increased their contribution as the study progressed and women decreased theirs slightly indicating a move towards equity was occurring. This change may be related to the couples adjusting to the sharing of childcare as families adjusted to being a two-income family. It may also be related to the child becoming older, maturing and being less dependent or an increase in parental confidence resulting in more fathers taking on more care of the baby.

At Time 1, single-income and two-income women reported a different division of specific childcare. This finding indicated either that two-income families were preparing for the mothers' imminent return to paid work, or the families operated under a different set of 'rules'. Interestingly, two-income women reported doing a greater share of the specific childcare than the single-income women did, the only time in the duration of the study that two-income women reported doing a larger proportion of childcare than single-income women.

An interesting finding in the literature is that in a time use study, men were doing a little more of the childcare in 1997 than they were in 1992 (ABS, 1999b). On the other hand, when the total time spent in childcare was compared between 1992 and 1997, it was found that total time spent by both parents decreased in 1997, where women did four minutes per day less childcare in 1997 but men only increased their commitment of time by two minutes. It would appear that some of the work involved in childcare is either outsourced, done by someone else or not done at all (as discussed earlier in this thesis).

7.4.3 Satisfaction with how household work was divided

The tool which measured how household work was divided included some single items asking about satisfaction with how the couple shared the chores. The single items related to each of the subscales thus decision-making, household chores, general and specific childcare had additional single items.

Decision-making. The great majority of single-income and two-income men and women were satisfied with how they and their partner divided the decision-making. The evaluation of who held the most influence in decision-making indicated that more than half the men and half the women believed there was about 'equal' influence in decision-making at both data collection times (Time 1 and 4). Women reported a belief that they gained a greater proportion of influence as the study progressed and men perceived a slight decrease in how much influence they wielded in making the decisions. It is highly possible this difference is related to the higher numbers of female participants in the paid workforce, an increased belief in their right to have more of a say as well as being related to 'breadwinning' (Potuck, 1997) which is discussed in more detail below. Of particular interest is that single-income women believed men had more influence than two-income women perceived in their relationships which may

reflect that single-income couples had more traditional gender role beliefs than two-income couples.

The way the couples distributed 'influence in decision-making' in this sample of first-time parent couples was reported, by both men and women, to be equitable across two data collection times 10 months apart. There was no significant difference in reported mean 'influence in decision-making' between men and women in the sample as a whole or in men and women when examined in their employment groups. This indicates that two-income women did not gain more 'influence in decision-making' after they return to paid work. Thus for this sample earning money does not appear to play a part in gaining more 'power' in the relationship as evidenced by an increase in 'influence in decision-making'.

Potuchek (1997) defines breadwinning as a role that is still seen to belong to men and to be attached to their employment. Breadwinning is defined very differently to employment. Being the breadwinner of a family means being the economic provider and this first seemed to emerge in the US in the 1830's as the distinct role for men. The author argues this was more an ideal than the reality as most families in the US supplemented the father's earnings by the mothers and/or the children taking on income generating tasks, such as laundry, sewing, renting out rooms etc. By end of WW11, women generally supplemented the family income outside the family home often in formal employment. The author reports that men and women attach different meanings to employment of men and women, where men felt the obligation to provide for families while women in paid employment were not considered to be breadwinners. Other authors have discussed the perception of the family breadwinner as a role which usually belongs to men even if women provide almost half the family income (Belsky & Kelly, 1994; Cappuccini & Cochrane, 2000; Coltrane, 1996, 2000; Potuchek, 1997; Sarantakos, 1996). Money earned by women has frequently been regarded as for 'extras' whereas money earned by husbands was the money that really supported the family in essentials.

Recent Australian history (Sarantakos, 1996) indicates that Australian women were not seen to be the provider in a family regardless of how much paid work she engaged in. Rather, she was viewed as the 'junior assistant', the supporter and in a number of cases an equal partner. Despite this, female employment is considered to have effects on marriage and one of these effects includes the

disturbance of the power in the relationship. Sarantakos (1996: 149) has reported that men in dual income families have less power in marriage than men whose wives are not in paid employment.

Satisfaction with division of family tasks: Despite what appears to be very inequitable division of household labour, men and women, regardless of employment status tended to report high levels of satisfaction with this division. Of interest is that women reported the highest levels of satisfaction at Times 3 and 4 and men were more satisfied at Times 1 and 2 suggesting if one partner was satisfied, the other may be less likely to be as satisfied. When men were more satisfied at Times 1 and 2, women reported higher levels of dissatisfaction as well as lower satisfaction levels. When women were more satisfied (at Times 3 and 4), fewer men reported being satisfied and more men reported feeling dissatisfied. Just over two thirds of women reported being satisfied, a proportion that has been reported in the literature review by Coltrane (2000). The statement could be put that if both men and women are satisfied with how they share the family work then this must be 'equitable'. However this writer would suggest that women and men have been conditioned to expect women to do a major share of the household labour therefore when the status quo is maintained, they see nothing wrong with it. It is perceived as the woman's 'lot in life'.

Satisfaction with sharing of childcare: The numbers of men and women who reported feeling satisfied with how childcare was divided in their family was quite similar. Again, high proportions of the participants in this study reported feeling satisfied (ranging from 70-86%) with more men reporting feeling satisfied at Times 2 and 4 while more women were satisfied at Times 1 and 3. After two-income women returned to paid work, the proportion feeling satisfied with the childcare division of labour rose by 30% (from 62% at Time 1 to 82% at Time 2). Ninety percent of two-income women reported being satisfied at Time 3 but this was reduced to 68% at Time 4. It may be that when these mothers first returned to paid work partners were contributing more than prior to the mothers' return. A 'honeymoon' phase of sorts may have existed with fathers being prepared to share the home duties. At Time 4, which was ten months after two-income mothers had been back in the paid workforce, it is likely that more stable patterns were occurring while, at the same time parents were finding the combination of paid work and parenting tiring. Two-income men reported quite stable satisfaction levels over the study with a range of 75%- 79% reporting feeling satisfied. A

varying proportion of single-income men and women reported feeling satisfied with how they divided childcare over the study. Interestingly, the highest proportion feeling satisfied occurred at Time 4 for them both. It may be that single-income men and women were adjusting to the realities of having a young baby and, for them, this continued to be negotiated over time.

While high levels of satisfaction may be expected from men, why most women should report feeling satisfied when they shouldered the major responsibility for tasks associated with family needs to be understood. Possible explanations include the women being satisfied with any 'crumbs' (Baxter & Western, 1996), women having a tendency to exaggerate their partners' contribution (Cappuccini & Cochrane, 2000), expectations being met (Coltrane, 2000) or what the benchmarks were (Belsky & Kelly, 1994). There may also be considerations for the standard of contribution and issues of power (Pleck, 1983). Women, as the 'manager' of the home, want men to contribute but in the manner and with the standards the mother sets. In this way, women may act as gatekeepers on paternal involvement in childcare and other domestic tasks (De Luccie, 1995). It may be that gender role attitudes played a part in the benchmarks and expectations both partners had towards sharing family work and that this, in turn, had an impact on satisfaction levels for both men and women.

While men and women in this study reported different gender role attitudes, the difference was not so great as to indicate that men held traditional attitudes and women held pro-feminist attitudes. It would seem that women were satisfied with some contribution from their partner, and maybe only researchers and other observers were expecting an equal sharing of family responsibilities (Baxter, 1997; Dempsey, 1998). As Belsky and Kelly (1994) also proposed, the benchmarks, which measure the contribution of men, may also be different for each gender. These researchers suggested that men measure their contribution against what their own fathers did, and fare very well, while women measure contribution from men against what they themselves do. Needless to say, men seem to fall short when this point of reference is used. It is highly likely that a combination of factors are involved in influencing the level of satisfaction couples report with regard to sharing family responsibilities. Women may be realistic in their expectations and consider the employment hours of their partners when determining a 'fair' sharing of home duties. In addition, it is likely that women reflect on the contribution from their own fathers, and other men they know, when

evaluating their partners contribution. As women take on major responsibilities for family tasks, they may also feel some responsibility for how much their partner contributes, assuming that if he fails to come up to 'standard (whatever that may be)' then it reflects negatively on her ability to get him involved. As well as being satisfied with decision-making and how family tasks were divided, men and women were also very satisfied with how the paid employment for the family was divided. More than two thirds reported being satisfied with how they shared income generation for the family. A small number of two-income men reported being dissatisfied at Time 1.

Was the hypothesis supported?

(Employed mothers will have a larger household labour workload than their male partners).

In terms of whether the hypothesis was supported, it would appear that the division of household labour varied across the tasks being considered. Overall, it seems that two-income women had a larger household labour responsibility than their spouse. This was most noticeable with general childcare tasks, then specific childcare tasks, followed by family and household tasks. It appears that two-income men contributed to household tasks more than their single-income counterparts but, overall, women still did more of these tasks. This finding is congruent with findings in the international (Coltrane, 1996; Hoffman, 1989; Pittman & Blanchard, 1996) and Australian literature (Baxter & Western, 1996, 1997; Dempsey, 2001; Gibson, 1999). Furthermore, decision-making seems to be the one area which was reported by both men and women as shared equitably between them in both income groups, which is likely to be a reflection of the changes occurring in families towards a more egalitarian model of functioning (Sarantakos, 1996).

7.5 Hypothesis 2: Relationship Functioning

Marital satisfaction for both men and women in two-income families will change over the course of the study.

The Dyadic Adjustment Scale (Spanier, 1976) was used to collect data on spousal relationship satisfaction. Participants in the present study reported being less satisfied with their spousal relationship than the level of satisfaction reported in two well-respected studies (Antill & Cotton, 1982; Spanier, 1976). This lower level of satisfaction with the spousal relationship (when compared to other groups of

married couples) was reported by both men and women and the sample as a whole. Men and women reported similar levels of satisfaction with each other and it was quite stable over the course of the study, indicating that for two-income couples, the mothers' return to paid employment did not affect the level of satisfaction with the relationship. The degree of dissatisfaction reported by this sample was quite minor, in a clinical sense it does not indicate marital breakdown (Spanier & Filsinger, 1983). A more recent study by Tomlinson (1996) using the full DAS, indicated a higher level of relationship satisfaction was reported by parent couples pregnant with their first baby than a matched sample of non-parent couples reported. On the other hand, the level of marital satisfaction for this group of parents was higher than the level reported in the original validation study (Spanier, 1976) but similar to the standardized mean score reported by Spanier and Filsinger (1983). Although there was a decline in relationship satisfaction when babies were approximately three months of age, it was not as low as the level reported by non-parent couples.

Such marital satisfaction results are not surprising given other research indicates this declines after the birth of an infant (Belsky & Kelly, 1994; Cowan et al., 1979; Hoffman, 1989; Tomlinson, 1996; Vessey & Knauth, 2001). More recent studies which have examined attachment style and impact on relationship satisfaction (Esmond, Dickinson, & Moffat, 1998; Hohaus, Feeney, & Noller, 1998; Noller, 1998; Parker & Scannell, 1998) have indicated that relationship quality does not necessarily decline in the early months postnatally (less than three months). Longitudinal studies indicate that when children are part of the couple relationship, there is a decrease in marital satisfaction reported in the first year of parenthood and beyond (Belsky & Kelly, 1994; Cowan et al., 1979; Hoffman & Kloska, 1995; Hoffman, 1989). The literature review by Coltrane (2000) of studies into division of household labour, found when the division was more equitable, women in the couple relationship reported being more satisfied with the spousal relationship. This suggests that having children may not be the trigger for a decrease in relationship satisfaction in the current study but may be related to baseline happiness with the relationship. A decrease in relationship satisfaction may also be associated with the changes associated with having a baby, such as fatigue, adjustment issues, skill deficit and feeling stressed. It is possible this sample were reporting on a decline in relationship satisfaction that had more to do with becoming parents than employment status.

Was the hypothesis supported?

(Marital satisfaction for both men and women in two-income families will change over the course of the study).

The results from this study indicate that lower marital satisfaction was not associated to employment status. Two-income couples did not report significantly lower relationship satisfaction after the mother returned to paid work, nor was there a difference in satisfaction between two-income and single-income participants. Moreover, the level of marital satisfaction remained quite stable over the course of the study.

7.6 Hypothesis 3: Well-being

There is a relationship between work factors and measures of well-being as mothers and fathers negotiate the transition to two-income status.

A number of variables were used to indicate stress and well-being, including worker spillover and spouse assessment of spillover from their partner's work into family life (Small & Riley, 1990), self esteem (Rosenberg, 1965), emotional measures of anger and anxiety (Spielberger et al., 1979) and the Hassles Scale (Kanner et al., 1981). Work factors included paid overtime and unpaid extra hours related to employment.

7.6.1 Spillover from work into family life.

Worker spillover was measured using the Worker Spillover Scale (Small & Riley, 1990). The study sample reported less spillover from their work into family life (paid employment or home duties) than reported in the validation study (Small & Riley, 1990). Men reported more spillover from their employment into family life than women reported. Single-income women reported more spillover from their work (home duties) than two-income women reported, supporting claims by some researchers that the home is not necessarily stress-free (Houston et al., 1992). Two-income men reported more spillover from their work into family life than single-income men although they didn't appear to be working any more hours. The WSS has not been widely used and the norms available were from male bank executives only (Small & Riley, 1990). It is probable that bank executives were not a true reflection for the study sample, but a more suitable measure could not be located for use in the study.

Studies into division of household labour report that men whose wives are employed contribute to household chores to a larger degree than men from male single-income earner families (Baxter, 1993; Coltrane, 2000; DeMeis & Perkins, 1996) suggesting that men in dual earner families have a larger, overall workload (taking family chores into account). In this study, it is possible that two-income men feel overloaded by both their work and home roles and used the opportunity of the study to report this. It may also be a reflection of adjustment difficulty which may resolve after more time has elapsed. The amount of worker spillover reported over the duration of the study was not stable, the highest being at Time 3 (four months after enrolment) and the lowest level at Time 4 (ten months after enrolment). This may have been a coincidental finding; the variables being measured did not change. At Time 3, two-income women had been in paid employment for four months and the babies were getting older and theoretically less demanding and more predictable. It is interesting that the highest level of worker spillover was reported at that time. It was not surprising to have the lowest levels of worker spillover reported six months later if adjustment to changed circumstances is considered to take time.

The broadening of gender roles mean men wish to have more involvement with their baby than perhaps their own father may have had (Belsky & Kelly, 1994). It would therefore be expected that men might be critical of the infringement of their paid work into family life (spillover). As well, mothers want more involvement from fathers and are more likely to detect interference from the workplace into the family life particularly when their partners were either absent (work related) or preoccupied with work related issues whilst with the family.

The higher spillover reported by single-income women was linked to relationships with well-being factors. As mothers' level of spillover rose, so did their anger and anxiety levels while their self-esteem decreased. The only time two-income women had a similar number of relationships identified was at Time 1 when they also reported on home duties as their 'work'. Moderate correlations were apparent between WSS and trait-anxiety at both Times 1 and 4 for single-income women. This suggests that these women did, in fact, report a tendency to be anxious therefore it was not really surprising that significant, positive, moderate correlations were reported with state anxiety as the study progressed. Perhaps the couples with highly stressed women made decisions to be single-income, based on an evaluation of what the family could cope with rather than the altruistic

belief that it is best for baby or family. This could explain the high stress correlations reported by these women. A moderate negative correlation was found between WSS and self-esteem at each data collection time ($p < .05$) thus presenting a picture of anxious women with low self-esteem. The question must be asked: do participants with low self-esteem have more difficulties coping with the unpredictable demands of a baby and related home duties or does the constant workload at home lower the self-esteem of the person? Widely held beliefs suggest that housework and household duties are not considered glamorous but they are essential activities to support the breadwinner, raise the family and feed, clothe and shelter family members (Coltrane, 2000). Housework is not considered rewarding to many. A commonly held belief is that housework is only noticed when it isn't done!

For two-income women, there were fewer correlations between WSS and self-reported stress after these women returned to paid work. Perhaps at Time 1, while preparing to return to work they were 'worrying' about the impending return but after returning they found the situation more manageable than envisaged. Another possible explanation was they found the home a more stressful environment when they were providing full-time care for their baby, which may support the tendency that single-income women reported higher spillover from their role into the family.

The only time work factors were related to higher spillover from work was for single-income men at Time 4. As overtime and unpaid essential hours increased, so did the level of spillover reported by these men. It is possible that single-income men did more overtime to compensate for being a single-income family thus when this increased it had a noticeable impact on the family. During the first year of an infants life in the family, both men and women report feeling tired and being busy (Cappuccini & Cochrane, 2000), so it might be expected that some spillover from paid work into the family life would be reported, from both the worker's perspective and the spouse assessing the partner's effects from work.

The working hours of women has been a significant predictor of contribution to household labour during the 1990's and is reported as the 'strongest and most consistent effect' (Coltrane, 2000). For such strong analysis, one would expect two-income men to report significant worker spillover from their partner's employment but this did not occur in the present study.

7.6.2 Spouse Spillover Scale

The sample reported a lower perception of how much their spouse's work spillover occurred into family life when compared to the means from the validation study (Small & Riley, 1990). This may be explained by the sample for both studies. In the validation study, the sample was bank executives (all male) and their wives. It may be that the hours and demands on bank executives was greater than those on current study participants who worked around 40 hours per week. Or it may be that given the life stage of both samples, one was at an advanced career stage (validation study sample) and one was still adjusting to parenthood and the demands a first baby places on the couple's workload. It may also be that the joy of parenthood helped compensate for some spillover effects.

Men in this study reported less spillover from their spouses' work into family life than women reported. It may be that men may not have a true appreciation of how different roles may impact on family life or they may accept some consequences occur but don't rate them as important. It is also possible men may underestimate the effects from the homemaker role or view interference from income generation as an acceptable aspect of family life. Single-income women may have attended to the majority of home duties when her partner was not at home thus single-income men were not aware of any spillover.

Caution must be urged however, in interpreting these results because SSS scores from the validation study were only obtained from women who reported on their executive spouse's work related spillover. These executives did not report on the spillover from their spouse's work (paid or unpaid). Additionally, men and women view work roles and home roles differently with men increasingly taking on larger shares of family work with prompting from their partners (Coltrane, 1996). Coltrane's study with dual earner couples with school-aged children illustrated that men were increasing their contribution to family work albeit with prompting from their wives (p. 82).

Was the hypothesis supported?

(There is a relationship between work factors and measures of well-being as mothers and fathers negotiate the transition to two-income status.)

Two-income women reported less anger, anxiety and hassles after their return to the paid workforce and there was no association between overtime (paid or unpaid) and well-being. In single-income men, there was a relationship between

working extra hours and its affect on emotions and level of stress. Of particular interest is the impact of home duties as the major (work) role for single-income women being associated with more anger, anxiety and stress than those participants who were in paid employment. This may be because there is no definite start and finish to the job with home duties that are, for the most part, repetitive tasks. There are also no financial rewards associated, no career paths, and a lack of evidence that society sincerely values the role.

7.7 Hypothesis 4: Stress

Parents in the two-income group will report a higher level of daily stress than single-income families over the course of the study.

Overall, the study participants reported being less stressed than a community based sample of white, Christian adults in the US between the ages of 45-64 years (DeLongis, Coyne, Dakof, Folkman, & Lazarus, 1982) and the norms reported for another community based sample of white US adults aged between 45-64 years (Kanner et al., 1981). Participants in the present study also reported less stress than women in a study which examined pregnant employed and non-employed women, aged 18-38 years (Thompson, Murphy, O'Hara, & Wallymahmed, 1997). The employed pregnant women reported similar levels of stress to the present study participants only once, which was early in pregnancy. The rest of the time, participants in the Thompson and colleagues study (1997) reported higher stress than participants in the current study. It would appear participants in the current study were not, as a group, stressed.

In the current study, women perceived more stressors than the men. Returning to paid employment did not explain why women reported almost one third more stress than men at Time 2, as two-income mothers had been back in the paid workforce for the relatively short time of one month but reported experiencing less stress than single-income women at each data collection time. The results of the present study are supported by the findings of Thompson et al's (1997) study, which reported that non-employed pregnant women had more hassles than employed pregnant women. Returning to the current study, two-income men reported more stress than single-income men once their partners had returned to paid employment. As this was also when two-income men reported increasing their contribution to household and family tasks, it may be that multiple roles impacted on their coping abilities or multiple role demands.

Given the life stage of the participants in the Combining Parenting and Paid Work study, one would expect a higher level of stress to be reported. However, over the duration of the study, the level of stress decreased, with the least amount of stress recorded at the final data collection time. The longitudinal measurement of hassles frequency reported in the validation study decreased significantly over time also (Kanner et al., 1981) but in a study of pregnant women, which compared employed and non-employed groups, the mean hassles frequency increased over time (Thompson et al., 1997). Reasons for the decrease in stress in the current study may include adjustment factors related both to the baby and the combination of parenting and paid employment over time. As the baby was ten months older by the final data collection time, it was also possible the parents were noticing decreased demands when compared with a much younger baby. The parenting skill level may also have improved over time leading to a reduction in some level of stress (Belsky & Kelly, 1994; Elek, 2002; Feeney et al., 2001). Being familiar with the measuring scale may also affect the way participants reported stress although this hasn't been reported in other studies using the tool (DeLongis et al., 1982; Kanner et al., 1981; Lazarus, 1984; Thompson et al., 1997; Weinberger et al., 1985).

A review of the most common hassles (Figure 7.2) reported in the present study shows that many of these responses would be expected from a sample of first-time parent couples (Belsky & Kelly, 1994; Feldman, 1987; Green & Kafetsios, 1997; Miller & Sollie, 1980). Sleep for self and sleeplessness of baby are common concerns for early parenthood, adjustment to changed roles but also increased roles resulting in increased responsibilities can give rise to feelings of stress. Most of the above responses fall into categories of 'need for sleep and rest', 'responsibilities' and 'physical appearance'. Other studies carried out with particular samples of people have noted it is possible to observe patterns of hassles common to the sample (Kanner et al., 1981; Lazarus, 1984).

Table 7.2 List of most common hassles identified .

<i>Most common hassles identified</i>		
Item number	Number of times selected (N= 91)	The response
72	54	Not getting enough sleep
5	47	Troubling thoughts about the future
1	44	Misplacing or losing things
91	38	Concerns about weight
94	38	Not enough personal energy
29	36	Home maintenance (inside)
25	35	Trouble relaxing
71	35	Not getting enough rest
3	35	Social obligations
51	34	Physical appearance
92	34	Not enough time to do the things you want
7	33	Healthy of a family member
112	30	Yard work or outside home maintenance
79	28	Too many things to do
84	28	Worries about decisions to change jobs
23	28	Planning meals

Was the hypothesis supported?

(Parents in the two-income group will report a higher level of daily stress than single-income families over the course of the study.)

Whilst numerous studies have found that transition to parenthood is not necessarily a crisis (Belsky & Kelly, 1994; Elliot et al., 1985; Tomlinson, 1996; White, Wilson, Elander, & Persson, 1999; Woollett & Parr, 1997) both men and women report adjustment difficulties during the first weeks and months (Barclay & Lupton, 1999; Feeney et al., 2001; Henderson & Brouse, 1991; Leonard, 1993). The present sample did not report a particularly high level of stress thus their parenthood status, when combined with their employment status did not seem to 'tip the balance' essential for well-being. Two-income men seemed to be more stressed once their partners had returned to paid employment but two-income

women reported being less stressed than single-income women. Therefore, the hypothesis is only partially supported, that is two-income men reported more stress than single-income men while two-income women reported less stress than their single-income counterparts.

7.8 Hypothesis 5: Anger and Anxiety

'Between group' and 'within group' variation in levels of anxiety and anger will be identified for men and women in single and two-income groups over the course of the study. Two-income parents will experience more anger and anxiety than single-income parents.

When respondents report on trait-anger and trait-anxiety, they report on how they generally feel whereas with state-anger and state-anxiety, they report how they feel at the time (Spielberger et al., 1979). Thus state-emotions would be more likely to reflect current stressors (either positive or negative) and trait emotions reveal a personality tendency.

Trait-anxiety: Women in the study reported less trait-anxiety than the norms available (Spielberger et al., 1979). Over time they remained stable, which is to be expected (given that trait-anxiety is a personality tendency rather than related to situations). Men reported being slightly more anxious at Time 1 but less anxious by Time 4 thus the level of trait anxiety reported decreased throughout the duration of the study. Women reported higher levels of trait-anxiety than men which supports findings from an Israeli study (Ben-Zur & Zeidner, 1988) and a study examining age and sex differences on the STPI (Stoner & Spencer, 1986). It may be that women are more vulnerable to anxiety possibly because of a combination of biological factors (Robyak, 1986) and sociological factors (Ben-Zur & Zeidner, 1988).

Trait-anger: Women in the study reported lower levels of trait-anger compared to those norms from the validation study (Spielberger et al., 1979), the Israeli study (Ben-Zur & Zeidner, 1988) and the age and sex differences study (Stoner & Spencer, 1986). Men reported less trait-anger than the scores reported for men in the above studies (Ben-Zur & Zeidner, 1988; Spielberger et al., 1979; Stoner & Spencer, 1986). In the study, women also reported higher trait-anger scores than men. These lower levels of anger may be related to social aspects of Australian society or a sample that did not meet assumptions for normal distribution.

Australian norms were not located for a community-based sample despite an exhaustive literature search.

State-anxiety: Men and women in the study reported less anxiety than the Spielberger norms (1979). Two-income participants reported being more anxious at Time 4 than single-income participants. It may be that fatigue was more of a factor (given the employment status) or the novelty of being a two-income family had worn off somewhat. Two-income men consistently reported higher levels of state-anxiety than single-income men and their reports were fairly stable over time. Women were not so stable in their reports over time and two-income women reported more anxiety than single-income women at Time 1 (prior to her return to paid employment) and Time 4. It is possible that their preparation for returning to work increased their anxiety levels at Time 1 but it might be expected that anxiety could be lower at completion of data collection, unless something else was going on to cause increased anxiety. The highest level of anxiety reported was still less than the norms for women in the same age-group so it is unlikely to be clinically significant.

State-anger: Women and men in the study reported being less angry than the norms available (Spielberger et al., 1979). Given that they also reported less trait-anger it may be that this reflects patterns of responding to life events. The scores reported by men and women were similar across the course of the study although women reported more anger than men at Time 4. Two-income participants reported more anger than single-income participants. It may be that two-income participants were reporting a degree of frustration with the situation given that two-income men were contributing more to tasks at home, two-income women had increased their roles also, and the overall load was heavier for this group.

Was the hypothesis supported?

('Between group' and 'within group' variation in levels of anxiety and anger will be identified for men and women in single and two-income groups over the course of the study. Two-income parents will experience more anger and anxiety than single-income parents)

The only 'within' group differences for this sample was for Trait-anxiety when two-income women reported being more 'generally' anxious at Time 1 which was approximately one month before they were returning to the paid workforce. In addition men (single-income and two-income) reported being more anxious on

enrolment in the study. Two-income participants reported being more anxious (state-anxiety) and angry (state-anger) than single-income participants at the final completion of the questionnaire booklets which is when the women had been back in the paid workforce for ten months. It may be that over time, the heavy loads were starting to tell on both men and women in the two-income group. The hypothesis was partially supported.

7.9 Hypothesis 6: Parenting Satisfaction

The level of parenting satisfaction will be similar for both groups of parents irrespective of couple employment status.

The attachment which occurs between parents and infants is simply defined as an 'emotional tie' or 'psychological bond' between the two (Condon, 1993).

Subjective experiences can demonstrate the degree of parent-to-infant attachment; in particular such things as wanting to be with baby, being more tolerant of infant behaviour, preparedness to put baby's needs above one's own if required, as well as an interest in building knowledge and skills to enhance their own ability in caring for infants (Condon & Corkindale, 1998; Feeney et al., 2001).

In the latter years of the 1990's there has been increasing interest in the parent-to-infant attachment but earlier research and interest was focused on the infant-to-parent (usually the mother) attachment. Attachment appears in vogue again (it had a higher profile in the Bowlby era) as evidenced by the increasing research and academic literature appearing (Alexander, Feeney, Noller, & Hohaus, 1998; Barglow, Vaughn, & Molitor, 1987; Condon & Corkindale, 1998; Feeney et al., 2001; Parker & Scannell, 1998; White et al., 1999). The Parent Attachment Scale (Condon & Corkindale, 1998) was selected for this study to determine if two-income mothers were any less 'attached' to their infants, presuming they spent less time with their infants and were 'attached' to their career or paid work.

The study sample was generally skewed towards earning above the average income for Melbourne families (ABS, 2002). Again, the researcher has made assumptions after reviewing the literature, that many of the families in the study had a choice about the mother returning to work. Although almost half of the families reported earning between \$30-60,000 (in 1998-2000) and 39% gave financial reasons as the main reason for returning to work, compared to low income earners of \$28,000 or less, it appears that the couples exercised some

choice in the decision. When recruitment for the study was taking place, the researcher had the opportunity to speak to a number of potential women participants and, anecdotally, it appeared that many women went on Maternity Leave firmly committed to returning to full-time work after an agreed period. When they were on leave and preparing to return, they realized that they either did not wish to return to work, at all, or certainly not full-time. The most common reason mothers gave was 'I don't want to leave my baby'. Unfortunately, quantitative data was not obtained on this issue.

Men and women reported similar levels of attachment to their infants at each data collection time. In addition, single-income and two-income participants reported similar levels of attachment. Within the couple relationship, wives or female partners were more attached to their infants than their male partner. The findings in the study are supported in another Australian study which examined the bonds between mothers, fathers and babies (Feeney et al., 2001). Feeney et al. (2001: 170-178), found that mothers were more likely to report their baby as a significant 'attachment figure' than fathers although these findings were found when the baby was only six weeks old. By the time the babies in the Feeney et al. study (2001) study were six months old, 75% of mothers and more than 50% of fathers classified their baby as an important 'attachment figure', thus attachment increased as the parenthood experience lengthened. A Swedish study by White et al. (1999) found that fathers reported greater foetal attachment than their partners and that both parents reported being more attached to their eight month-old infants when they reported more positive family dynamics.

At Times 2 and 3 in the present study, two-income women reported higher attachment scores than single-income women. This difference was related to two-income women reporting higher scores than at Time 1 but also because single-income women reported lower attachment scores than Time 1. It appears that after two-income women returned to paid work; they were more attached to their infants. This may be attributable to missing their babies. For single-income women, it may be that being with their infants all the time and not having the same degree of social contact that paid employment provides, they did not feel the same intensity about their babies or the tool did not facilitate capturing, accurately, how attachment may be otherwise recorded.

Mothers still report higher attachment to their infant but some of this may be a result of the measures used as there is no validity and reliability for the Paternal version of the Postnatal Attachment scale used in this study (Corkindale, 2002) or on the measures described in Feeney et al's. (2001) study. In addition, the comments made by parents during interview in the Feeney et al. study (2001: 170) were coded regarding emotional involvement and responses to infants to provide a degree or level of attachment. Maybe women are conditioned more to demonstrate attachment in the manner utilised in measurement scales. It is possible women are socialised more to identify their role as a mother, have more opportunities to talk about their babies, are more likely to have contact with community resources which are family friendly, all of which may bias how attachment can be measured. A way of measuring attachment needs to be developed which would be valid for both men and women. It may be these tools are not the same, given both parents are likely to demonstrate attachment in different but equally valid ways.

Was the hypothesis supported?

(The level of parenting satisfaction will be similar for both groups of parents irrespective of couple employment status.)

Men and women did report similar levels of attachment to their infants regardless of employment status. These findings provided support for the hypothesis.

7.10 Single-Income Women.

There appeared to be a pattern appearing for mothers in the single-income group at the second and third data collection points (one month and 4 months after enrolment in the study). While some of the findings were not statistically significant, there were findings of interest. Single-income mothers reported lower self-esteem scores at these times, lower attachment scores, increased hassles intensity, increased anxiety and increased spillover from their household duties into family life. In addition, at Time 2, these women reported more hassles and higher anger overall. These responses, for the group of single-income women, were different to the data collected at Time 1 and 4.

These findings are supported by previous studies (Greenberger & O'Neil, 1993; Hoffman & Youngblade, 1999; Houston et al., 1992; Romito, 1994). Paid employment has been found to have health benefits for women regardless of their parental status but specifically studies have found that mothers who are employed

are often found to be healthier than full time homemakers if the following conditions prevail: if they choose to work (rather than being forced to or it being against their personal preference or value system), if there is a sense of autonomy in their employment, if they are from lower socio-economic groups, have supportive supervisors at work and if their demands are from fewer rather than several competing sources. It may not provide the same health benefits if there are one or more pre-school aged children, she has an unsupportive spouse or is concerned about the childcare alternatives (Romito, 1994).

7.11 The Challenge Of Recruitment

Recruitment for the study proved to be a major challenge. When the study was originally conceived, recruitment through the Maternal and Child Health Centres (MCHCs) was regarded as a feasible pathway to provide a ready stream of participants. As mentioned elsewhere, 96% of first-time parent families attend the MCHC on a regular basis during the first year of the baby's life (Scott, 1987). Given this researcher was a Maternal and Child Health Nurse (MCHN) herself, knew how the centres operated and knew a number of nurses, she thought accessing potential participants would be relatively easy. Recruitment for the study commenced in January 1998 but the first subject did not enrol until May 1998.

When this approach failed to deliver the required number of participants, other avenues were sought. These included interviews in local newspapers, on community radio, paid advertising and an editorial in a parenting newspaper. In addition, participants already enrolled in the study were asked to pass on flyers and to tell friends about the study in attempts to boost the number of participants. The most successful method was paid advertising in two Melbourne parenting publications.

Articles in the local paper yielded only two enquiries and one enrolment. Community radio resulted in no enquiries or enrolments, ten couples were recruited via MCHCs and a similar number were recruited via flyers being passed onto friends of participants already enrolled in the study.

As discussed in Chapter 4, 778 Information Envelopes were provided to 104 MCHNs containing two copies of the following; a Plain Language Participant Statement, consent to participate to be signed and returned, data collection

questionnaire booklet for time one and reply paid envelopes for returning same. Nurses were requested to identify suitable participants and offer them an information envelope to take away. Participants were then able to find out about the study and decide, with their partner, whether or not to participate. As well, each MCHN was provided with two posters for displaying details about the study, individual nurses decided whether they displayed the posters.

It was disappointing and surprising for the researcher to have such a poor response to recruitment after disseminating the information envelopes. To try to improve recruitment rates, six monthly newsletters and Christmas cards were sent to each nurse assisting in recruitment for two years. The researcher also requested the opportunity to speak to groups of first-time parents, explain the study, and invite participation. More than 30 'First-time mothers' groups' were attended over a 12-month period with around ten couples being recruited. In addition, the researcher hovered in the waiting room when infant hearing screening tests were being run, on six occasions and spoke to (usually) the mothers about the study, providing written information and inviting participation. This strategy yielded no enrolments.

As mentioned elsewhere, the most successful method of recruitment was paid advertising in the parenting newspapers. A simple advert was designed and placed (Appendix D), inviting interested readers to contact the researcher and find out more details about the study. In all but one situation, women were the callers seeking information about the study. Generally, they were committed to their parenting role and were interested in combining parenting and paid work. Often the caller provided some information about his or her own personal situation. Many had decided in the ante-natal period how they would manage their parental leave and return to work after the birth of their first baby. A number found, when they started preparing for their return to work, that they no longer wanted to return or only wanted to return part-time. A number of participants found their employers were flexible regarding their return to work and were prepared to negotiate a mix of part-time work including a proportion being undertaken at home. As seen in the demographic description of the study group, these women were highly educated and, for the most part, professionals who likely had far more bargaining power and/or worked with other well-educated colleagues than one might expect from an unskilled worker. Studies have shown that more equitable gender role attitudes

are found in well-educated people (Coltrane, 2000; Hoffman & Kloska, 1995; Kremer & Curry, 1987; Novack & Novack, 1996; Twenge, 1997).

Possible reasons for the poor participation rate via MCHC's include the nurses being too busy to remember the study, omitting to distribute information about the study, nurses were selective in deciding which parents to provide information to, nurses allocated a low priority to recruitment to research as part of their role or this study in particular, nurses did not value the study and so operated as gatekeepers. It is possible the lack of personal contact from the researcher contributed to the poor recruitment rate.

The convoluted process for asking MCHNs to assist in recruitment (using Line Managers, MCH Co-ordinators and the nurses themselves) was time consuming and clumsy. On reflection, a better strategy would have been to attend all MCHN team meetings and introduce the researcher, promote the study, provide brief written details and distribute the Information Envelopes to the MCHNs at the time.

7.12 Conclusion

This study examines a life cycle transition that occurs over time. Although data collection occurred over an 11-month (10-months for single-income couples) period in the study, it may not be long enough to get a true picture of changes. By the completion of the study, there appeared to be a levelling out in some of the variables, such as stress experienced and sharing of family work, suggesting that change may be taking place.

The norm is for both parents to be employed even with pre-school children. It would seem both men and women are learning to work together in achieving some sense of balance at home while negotiating paid employment commitments. Given that the generation studied were more familiar with traditional roles for men and women as they were growing up, it is of no surprise that there seems to be some further collaboration required to ensure more equity exists between the roles men and women take on. Overall, the combination of parenting and dual-income status for first-time parent couples does not appear to add to the complex task of becoming parents.

As discussed in the chapter, some of the results support the findings of other studies for example how household labour is divided and the degree of

satisfaction felt about this level of sharing. The hypothesis regarding division of labour was supported in that two-income women were carrying a larger share of the workload in the home despite being in paid employment, but their partners increased their contribution over the duration of the study which augers well for the future. Decision-making appeared quite equitable for the study sample regardless of the woman's employment status. Marital satisfaction did not seem to be affected by employment status but reflected the levels of satisfaction reported in the parenthood literature thus did not support the hypothesis. Dual income status did not appear to cause a decrease in well being over the period of the transition, again not supporting the hypothesis for two-income participants. If anything, single-income women appeared more stressed with higher levels of anger and anxiety. Two-income men reported higher levels of stress than their single-income counterparts. Finally, attachment to their infant did not seem to be affected by employment status of study participants. If anything, two-income women reported higher attachment to their infant, in the short term after returning to paid work.

The findings of the study did not reveal any startlingly new information. If anything, it indicates the situation may not be as negative for the study participants as reported elsewhere in the literature.

Chapter 8 will discuss the limitations and weaknesses of the study.

Chapter 8

Limitations of the Study

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Chapter 8

Limitations of the study

8.0 Introduction

While every doctoral candidate undoubtedly sets out to design and carry out the 'perfect' study, rarely does it eventuate. This student is no exception. She spent a great deal of time designing the study and, in working closely with her supervisor, thought most aspects were covered. However reality and pragmatics prevail even when carrying out doctoral research. This chapter will discuss the limitations of the study, some of which were identified prior to data collection but most were discovered on the journey or during the writing up phase.

8.1 Method

The longitudinal approach was selected and considered ideal for studying the issue of combining parenting and paid work for first-time parent couples. Recruitment and retention of participants is an integral part of carrying out any study with enough subjects to ensure meaningful results are found. While retention strategies did appear to work, i.e. only 30% dropped out over the course of the study which is considered respectable, response bias is still possible (Pagano & Gauvreau, 2000). Analysis to determine if the attrition group differed from the study completion group found no difference between completers and non-completers of the study in most demographics (see Chapter 5), but it is still possible the findings would have been very different if all enrolled participants had completed the study. Reasons for attrition in the study may be related to busy life stage of participants, the heavy workload of either or both parents, the commitment required for participation, low priority allocated to the study by participants or other undisclosed personal difficulties. In addition, many men were reluctant to be initially involved in the study so the higher male dropout was really no surprise. Male dropout may have also influenced female dropout rates.

Retention of participants in longitudinal studies is always a challenge. Both universities involved throughout the duration of this study, disallowed any payment or rewards for subjects participating in studies. The literature does report that some studies may be carried out with payment for participation allowed. There are studies which suggest that paying subjects reduces attrition rates (Edwards, Roberts, Clarke et al., 2002; Gilliss et al., 2001) while other studies suggest high

retention rates will occur if the participants believe they are contributing to important research or they perceive some personal benefit (Killien & Newton, 1990).

8.2 Recruitment

Despite a priori planning to do so, recruitment challenges meant that time became a limiting factor and pragmatic decisions had to be made. This resulted in accepting participants where the mothers were employed in part-time work although the original selection criteria included only women planning to return to work full-time. Due to the small numbers of women employed full-time, meaningful analysis could not be carried out on this group alone, so the part-time working women were also included. In addition, some participants were couples where the mother had already returned to work at the start of the study.

Demographic variables (age, education, occupation, work hours, age of baby) were compared between two-income and established employment group participants to determine if there were any significant differences between these. There were on most demographic variables such as baby age, occupational groups, education level, and age. This prevented joining the two groups together as two-income participants and thus having a larger sample. Data from the established employment group was reported in descriptive results but generally excluded for univariate and repeated measures analyses.

Including couples from non-English speaking backgrounds (NESB) was beyond the scope of this doctoral study and no claims have been made that the results apply to that particular population. Funding was not available to enable the use of translators or interpreters to facilitate the inclusion of parents from NESB who did not have adequate English language skills. Further studies should budget for this additional expense, as the inclusion of different ethnic groups would broaden the findings of the study and increase the generalisability of the results to the Melbourne population or the broader Australian population. A quarter of all births in Australia in 2000 were to women who were not born in Australia (ABS, 2002a) but a reasonable proportion of these women would be English speaking. The low incidence of participants from other countries in the study suggests that their experience is unlikely to have been included.

As more than 90% of first-time parent families attended Maternal and Child Health Centres (MCHCs) during the baby's first year, the initial recruitment strategy of

using the 'institution' of MCHCs seemed ideal in theory but the actual experience was far different. For this study, only ten couples were recruited via this venue. The MCHNs received full instructions and information regarding the study. They had the opportunity to decline involvement themselves but at this point 104 of 386 possible MCHNs agreed to assist in recruitment. Given the small number of participant responses, it could be highly likely the nurses protected their clients and even screened which clients they were likely to inform about the study (Loewenthal, 1996). In addition, obtaining access to the MCHNs was a time consuming process thus resulting in using up valuable candidature time. On reflection, a better approach would have been to identify a much smaller number of MCHCs for the researcher to actually visit and to meet potential participants. The researcher could then have briefly explained the study and provided written material for the mothers to take away and read. This first contact would then have been followed by a direct telephone call. The advantages of this strategy include the benefits of face-to-face contact, all first-time parents attending particular centres would have been invited to participate, saving the busy nurses' time, while ensuring the study was clearly explained and being able to obtain accurate response rates. Another strategy to improved assistance from the MCHNs could have been to attend their team meetings and introduce the researcher herself, promote the study, provide brief written details and distribute the Information Envelopes on the spot. This latter strategy may have increased the profile of the study, enabled the importance of the study to be emphasised, put a personal element (meeting the researcher) on the study and promoted the sense of collaboration between researcher and MCHNs on the study.

8.3 Attrition

Attrition or mortality appears to be a common issue for longitudinal research with human subjects. This study was no exception, as by Time 4 around 70% of participants remained which appears to be a respectable rate for a study of almost a full year's duration (Fink & Kosecoff, 1985; Ward et al., 1998). Some participants missed a complete data set but were retained in the study while others did not rejoin the study after failing to return a particular data set.

8.3.1 Retention Strategies

A range of retention strategies was employed that include: provision of information at the start of the study to explain the process and value of the research, assurance of confidentiality of responses, expressions of gratitude by letters as

well as within the data collection booklet, annual brief newsletters outlining the progress of the study, annual Christmas cards and a birthday card for the baby's first birthday after enrolment. In addition, each participant was given one month to return questionnaire booklets, after this time a reminder letter was sent reminding them to complete and return the booklets and offering replacement booklets if the original were misplaced. Initially, subjects were eliminated from the study if they failed to return a data set at any one time, however as the study progressed, it was decided to continue to send the booklets for the remainder of the study whether the participants had completed any of the previous questionnaires. This resulted in some participants missing a particular time point, but completing subsequent data collections.

Some studies have indicated that rewards will assist in maintaining commitment and response rates (Edwards et al., 2002) while other studies suggest the initial recruitment strategies in the first place aid retention (Gilliss et al., 2001).

Strategies which appear effective in maintaining commitment include payment or reward (e.g. A lottery ticket or voucher) for participation, short questionnaires, using coloured ink, including stamped addressed envelopes and using personalised letters and questionnaires. Recruitment strategies which appear to increase retention include face-to-face conscription, direct referral into the study, having the study endorsed by trusted community agencies such as a church, having participants able to meet researchers and have their questions answered and participants feeling valued and respected (Edwards et al., 2002; Gilliss et al., 2001; Killien & Newton, 1990; Loewenthal, 1996; Miller & Wright, 1995; Ward et al., 1998).

8.3.2 Sample bias

To obtain a more representative sample than the sample recruited for this study was beyond the scope of the time available to conduct the study as a doctoral degree. In 1999 there were 43,634 babies born in the Melbourne metropolitan area (Riley & Halliday, 2001). In Victoria the total number of births was 61,587 of which 25,394 were firstborns for the mother (p. 29). Due to the nature of the recruitment strategies employed it was not possible to determine how many people were approached and invited into the study or the proportion who declined.

While participation in the study relied on volunteers, only those first-time parents who heard about the study could even consider participation. Of these potential

subjects, only those who had an interest in being involved and a self-perceived ability to participate either resulted in mothers making further enquiries or actually enrolling by completing the questionnaires for Time 1. A number of women reluctantly declined participation after consulting their spouse who declined to be involved. The most common reason for declining was that the male spouse was 'too busy'. In retrospect, a better approach may have been to contact the male partner directly, firstly by letter (via the female partner) and then with a follow-up telephone contact to explain the importance of hearing men's voices in researching this issue.

8.4 Measures

As commonly occurs in studies, the results leave just as many gaps in knowledge as they answer. It was no different in this study. There appeared to be some issues for single-income women that could not be explained. This particular group seemed to experience more stress over the duration of the study, particularly at data collection Times 2 and 3. The gaps pose questions about the incidence of post-natal depression (PND) and coping skills. On reflection, a scale for measuring coping and a PND scale would have provided additional information for the researcher, which may have been useful in explaining some findings or the lack of findings. As always, there needs to be a balance between data collection and the commitment requested from study participants. This study had a large questionnaire booklet for collection of data. If all desirable variables are measured in a study, it is highly possible participants will be even less likely to become involved due to the enormous commitment required.

The *Attitudes towards Women Scale* (Spence & Helmreich, 1978), which measures gender role beliefs, was not accompanied by clear scoring instructions. 'Items are scored 0-3, high scores indicating a pro-feminist, egalitarian attitude. Possible scores thus run from 0-45.' (p. 39). These guidelines indicate that the researcher determines which is the pro-feminist response. To improve reliability of the scale, three other nurses from a broad background were asked to nominate which response was the pro-feminist one, independently from each other and the researcher. They formed a 'reference panel' to determine if the pro-feminist responses identified by the researcher were congruent with the opinions of other health professionals. The nurses who were invited to score the scale were employed in different clinical health areas and each has more than 20 years nursing experience. They were known to hold and self-profess to hold pro-

feminist views and were considered ideal to verify construct validity and face validity of the instrument. The instrument was forwarded to the nurses by mail with a covering letter requesting their assistance. No other communication was carried out prior to the process so the nurses had minimal information or interaction from the researcher. Stamped, self-addressed envelopes were provided to expedite the response.

All members of the reference panel identified the same pro-feminist response for each item. Their conclusions concurred with the researcher thus all four reviews of the responses indicated the direction in which items were scored. A method for estimating reliability concordance when more than one data collector was involved in collecting observational data was developed to measure consistency of observations (Sulzer-Azaroff & Mayer, 1977: 64). The formula applied for measuring agreements between observers was:

$$\frac{\text{number of agreements}}{\text{number of agreements} + \text{number of disagreements}}$$

Using this formula, the reliability of scoring the instrument was estimated by the coefficients of agreements at 1 or 100% thus indicating the highest reliability possible.

The *Worker Spillover Scale* (Small & Riley, 1990) was not validated for use in the way it was used in the study, that is by women who were not in paid employment. However a number of writers acknowledge that women contribute many hours to household work and childcare, more than their male partners (Baxter & Western, 1997; Bittman, 1998; Coltrane, 2000; Dempsey, 1998; Gibson, 1999; Stohs, 1995). There has been much debate about whether these home and family related activities are 'work' or whether it constitutes a very different classification of occupation. What was intended by using the scale by women not in paid employment was to convey the sense that household duties don't have a start and finish time, they do exert a degree of pressure as they do need to be 'taken care of' for family functioning purposes and they do constitute a large degree of time commitment by someone who takes on the responsibility. Some women take on this responsibility in addition to a paid work role while some women are full time homemakers. Whichever situation mothers are in, most home and family related chores are still a form of 'work' albeit unpaid. One study found that it was the quantity of work and sense of overload that was associated with more tension and

health problems (Houston et al., 1992). Some studies have gender biases such as; the home is stress free, quality of roles are not considered, assumptions that roles of mother, homemaker and wife fit together well, the lack of control in the home role as well as other biases (Baruch et al., 1987). In hindsight it would have been better to validate the tool prior to use with this sample and may be potential postdoctoral work.

8.5 Overall Limitations

The results of the study apply only to the sample on which the data was collected therefore caution is urged in applying the results to the wider population. This sample of highly educated, first-time parent couples with healthy babies living in the Melbourne metropolitan area volunteered to participate in the study. The results may be applicable to other city-dwelling Australian, first-time parent couples with similar characteristics. Broadening the study to other first-time parents from a lower socio-economic group, non-English speaking background, unskilled occupations and single parent families may reveal different results which would be of immense interest to those professionals working with young families.

Participants self-selected for this study and they consequently may have been more highly motivated than other parents who either declined to be involved or did not hear about the study. Such volunteer parents may be more confident and coping well, or distressed and very needy (although results did not indicate such a group) thus not reflecting a true representation of how first-time parent couples combine parenting and paid work. Overall, the sample did not appear to be distressed in their current situation at that time, either part of a single-income or two-income couple although single-income mothers did report higher stress (hassles), higher spillover from their home duties into family life and lower self-esteem. It may be that single-income mothers in this study enrolled in order to provide additional interest and an opportunity to engage in an activity outside of the family at that time in their lives.

In data collection, a measure of social desirability was not included. With well-educated samples it would be expected they might be more knowledgeable about answering scales and 'political correctness' (Lobel, Slone, Ashuach, & Rebach, 2001; Loewenthal, 1996). Some of the scales used had 'reverse coded' items to reduce response bias (Loewenthal, 1996).

Instructions for completing the questionnaires included a request that couples complete their own questionnaires independent of their partners. Administering the booklets by mail could not guarantee that responses were independent although for each couple, their questionnaire booklets were scrutinised by the researcher to ensure, as far as possible that different people had completed the booklets. When an instrument is administered on more than one occasion to the same person they may become more familiar with the test items and their answers therefore affecting the results on subsequent occasions. The valid and reliable measures used in this study were all found to have test-retest reliability of $>.70$ thus there would be minimal threats to internal validity.

On reflection, the amount of questionnaire data collected may have been too large and may have deterred a number of people from participating and perhaps even acted as a screening process in itself. New parents who were both employed full-time may have found participation too onerous or new parents who were not well educated may not have had the confidence to attempt the questionnaires. Once recruitment of two-income couples was broadened to include women who were returning to either part-time or full-time work (rather than just full-time hours), larger numbers were recruited into the study.

The gradual loss of participants, and therefore data, may have been reduced if the use of mailed questionnaires had not been the method of data collection. The use of mail meant the participants who remained in the study were likely to have been the most committed and also the least stressed. Given the important life stage experienced by the participants at the time of data collection, it is highly likely that participating in the study took a lower priority.

The challenge of recruitment proved discouraging for the researcher and reduced the time frame available for the study and the resulting sample size. An inadequate sample size affects the power of the study to detect real effects, This affected the statistical ability to detect effects, in some variables and the generalisability of results. Future studies must attempt to recruit at least 64 couples in each group, in order to ensure that if there are any differences between single-income and two-income men and women, such differences will be detected and therefore more accurately depict the experience of combining parenthood and paid work for first-time parents.

A reduction in both the size of the questionnaire and the number of data collection times may have resulted in larger numbers recruited into the study and reduced the time frame for the study. As well, including non-parent couples as an additional control group may have revealed valuable data regarding issues such as relationship satisfaction, division of household labour and gender role attitudes. Moreover, it may reveal the degree to which spillover from employment occurs into the couple relationship in the absence of children. Previous studies identified that workload increases dramatically when a baby enters the family, it would be of interest to measure work spillover in non-parent couples.

Follow-up of this sample or more data collection over a longer time frame may have revealed more of the story. It appears that certain changes were occurring for the couples, such as less stress over time and more equitable care of the baby. A longer time-frame for the study may also have revealed that the couples achieved more harmony and balance over time.

Chapter 9 discusses implications for clinical practice for health professionals emerging from the study.

Chapter 9

Implications for Maternal and Child Health

Nurses and Other Health Professionals

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Chapter 9

Implications for Maternal and Child Health Nurses and Other Health Professionals

9.0 Introduction

The results of this study provide important information for MCHNs and other health professionals who work with young families. Health professionals are engaged with families right from the earliest beginnings, in some cases even prior to confirmation of pregnancy. Health professionals (midwives and MCHNs) are involved in education of families during pregnancy, early postnatal stages and ongoing particularly through the first six years of a young persons' life. It is essential that health professionals who work with young families have an accurate picture of the challenges that new parents experience in their transition to parenthood, as well, the additional adjustment that may be required when the family becomes a two-income family. Frequently, health care professionals do not expect couples to become stressed, especially if they are providing full-time care for a healthy infant in a single-income family. Health professionals need to understand the full range of parental experiences and ways of reacting so they can prepare couples for the challenges.

The findings of this study indicate that combining parenthood and paid employment is not necessarily a time of hardship although there does appear to be an 'adjustment phase'. This adjustment phase may add some additional challenges to the transition to parenthood but this particular sample did not report great difficulties as they reported on their sharing of household labour and well-being. There is some evidence that couples who participated in the study practiced a pattern of sharing childcare, which, as the study progressed, was becoming more equitable. This was so, particularly for the two-income couples.

Women who were full time homemakers reported more stress and negative emotions than those women who combined parenthood with paid employment. It may be that single-income women would benefit from different programs and strategies to help them cope with their homemaking roles or it may be that the major role changes single-income women experience require additional support than two-income women.

9.1 Preparation for parenthood

9.1.1 Ante-natal education

When a couple embarks on parenthood, many make a conscious decision for the female partner to get pregnant. Most pregnant women and couples attend ante-natal education as part of the preparation to become parents. Attendance presents an ideal opportunity for educators to raise issues relevant to the new roles the couple will be confronting. Often ante-natal education focuses only on the actual birth and breastfeeding. If parents are alerted to some of the findings of this study they then have choices about exploring the issues further. Issues, such as changes in the couple relationship, workload, adjustment phases and managing stress, may be raised as potential issues in the transition to parenthood. It may not be possible to incorporate these issues fully in ante-natal education but just raising them may stimulate the couple to explore them further. Education during the ante-natal period is also ideal for facilitating knowledge of community resources, establishing links to other new parents, involving fathers in the imminent birth and encouraging skill development in caring for their infant (Victoria, 1990). Studies which have assessed the transition to parenthood from the ante-natal phase have identified an ability to predict ease of adjustment based on level of adaptation during the pregnancy (Cowan & Cowan, 1995). Ante-natal educators need to be mindful of assessing couples prior to the birth thus enabling early intervention to assist in skill development for coping with this challenging life stage in those who may be identified as being at risk for a troubled transition.

In particular an acknowledgement that being a full time homemaker may bring additional challenges as the new mother adjusts not only to her new infant but a decrease in social contact (perhaps) due to not being in the paid workforce and the repetitive nature of her homemaking role. In addition discussing the challenges the home brings or at least highlighting them may facilitate couples to consider that the 'home' is not necessarily stress free.

9.2 The first days

Midwives have a captive audience in the parents when they provide care to the pregnant and newly delivered couple. These health professionals are in an ideal position to raise issues of parenthood for the new parents to consider as they embark upon a life-changing phase in their relationship. Midwives are often restricted in their practice (Health Department, 1990) but are encouraged to have a family-centred approach to childbirth and the postnatal phase. Having a baby is

quite an intimate experience for most couples, health care workers who have access to couples during this chapter in their lives can take advantage of the openness to learning that most new couples convey. Midwives are no exception. Knowledge of the findings in this study provide information for the midwife to discuss with the new parents thus increasing their awareness to expect an adjustment process regardless of the income status of the couple. Due to early discharge trends, which occur across the Australian health care sector, the majority of mothers go home from hospital within 72 hours of the birth. Midwives no longer have the luxury of longer hospital stays for families, which provided more time for assessment, education and support. Midwives need to be highly skilled, well educated and assertive in their practice of supporting families at this vulnerable time. While new parents may not be particularly receptive to specific information about combining parenthood and paid work, a brief information exchange may forewarn couples about challenges, which may lay ahead.

9.3 The Maternal and Child Health Service

After the birth of a baby in Victoria, all new parents are contacted by MCHNs. Generally, a home visit is offered to inform the new parents of the service and invite them to attend the Maternal and Child Health Centre (MCHC) on a regular basis. The service consists of health screening for developmental concerns of the new baby, educating for parenthood, provision of health education, skill development opportunities and support for the new parents.

The Maternal and Child Health role differs from the role of Health Visitors in Britain and Norway (Ellefsen, 2001; Peckover, 2002). Health Visitors in both countries began with a focus on infants and in preventing the high infant mortality that was evident in the nineteenth century in both countries (and throughout the western world). Over the twentieth century the Health Visitor role evolved into one that has an illness prevention and health promotion focus and was expanded to include pregnant women and mothers. There has been debate in the literature regarding the Health Visitor role in both countries regarding a tension between a welfare focus and the public health role (Ellefsen, 2001; Peckover, 2002). There are some similarities between MCHN and Health Visitors. All countries have the base qualification of registered nursing with additional education leading to the qualification and ability to work in the field. Until 1989, British Health Visitors needed to have an obstetric qualification but this is no longer a requirement (Ellefsen, 2001). In Victoria, MCHNs must have midwifery qualifications after a

general nursing undergraduate degree. MCH is a postgraduate qualification. The role of the MCHN in Victoria encompasses a major screening role for early detection and education for the role of parenting rather than a primary focus on illness prevention or health.

State and Local Governments fund the MCH service in Australia and each Local Government Area (LGA) has a number of MCHNs who work in Maternal and Child Health Centres scattered throughout its catchment area. Families are contacted by the closest Centre but may attend any Centre in their area or indeed across the state. Permanent MCHNs are attached to each centre thus families usually become familiar with one or two nurses and will have contact ten times or more in the baby's first year of life. The service extends to families until the youngest child is six years old although attendance tends to be greatest for first babies and during the first year or two of the baby's life.

The service is generally provided Monday to Friday, 9am to 5pm with most local government areas offering one regular evening and/or Saturday morning session. Generally these 'after hours' sessions are staffed by different MCHNs working in the one LGA. Most MCHCs offer what is widely known as First Time Parent Groups. These groups tend to be attended by mothers and offer education and networking opportunities. Parents will be invited to attend one in the first month or two of their baby's life, sessions are usually held weekly for 6-8 weeks, most often during the day. Many groups continue to meet for years afterwards with friendships and community links developed. The groups also provide the nurse with an opportunity to observe parents and their babies over a longer period of time and get to know them better. This provides more opportunities for education and information sharing.

The Maternal and Child Health Service has a long and proud history, over the past 75 years most children and their mothers in Victoria have attended. The program was built upon an education focus with health screening and support being major facets of the service. MCHNs need to be well informed about the challenges confronting new parents so they can offer anticipatory guidance, normalise adjustment difficulties, refer to community resources for additional support and continue to offer the health-screening program. In addition, their knowledge base must incorporate an understanding of the psychosocial aspects of parenthood, the impact that individual differences may have on the role of being a parent and the

gender differences in responses to parenthood between mothers and fathers. Given the major changes in societal roles for men and women over the past 30 years, it is essential that MCHNs recognise that contemporary parenthood takes place in a social setting, one that is dynamic and brings additional complexity to the functioning of families and consequently, their needs and priorities.

9.3.1 A dynamic service

As mothers return to paid employment it is essential that the MCH service becomes more responsive to the contemporary needs of families. This should incorporate offering more sessions outside of business hours, offering more education opportunities for fathers and generally being more flexible. In Victoria there is a 24 hours telephone service, staffed by qualified MCHNs, which provides emergency advice, information and support as well as general education regarding maternal and child needs. The service, Maternal and Child Health Line, which is funded by the State Government, cannot respond to all the telephone calls for assistance. It provides support for families when their centre is either closed or their nurse is not available. It is particularly valuable for rural families who find services are not as accessible and who may live in areas affected by a shortage of General Practitioners. Many calls to the service are about sick children and babies. Nonetheless, a telephone service cannot replace the valuable face-to-face service.

Currently, MCHNs have a heavy workload as economic rationalism is a feature of many Local government authorities (LGA) and state funded programs. Many LGAs have reduced the staffing levels of centres and a number of centres have been closed. Also, there is a shortage of qualified MCHN relievers and with early postnatal discharge, on average within 72 hours after the birth, many first time parents are more needy on discharge from hospital than previously when they spent the first 5-7 days in hospital, establishing feeding and learning parent craft skills (Health Dept, 1990). MCHNs need to have a realistic workload in order to be able to provide the holistic service considered essential to supporting families with young children.

Due to the nature of the service, many MCHNs get to know the families attending centres quite well. This may assist the nurse to assess coping strategies and provide anticipatory guidance or referral to community resources should the need arise. In addition, by normalising adjustment issues, nurses are able to provide

reassurance about the expected course of events. If parents are struggling with some of the demands of parenthood and combining it with employment, well-informed nurses will be able to sift through the presenting factors and determine when and if additional professional assistance is required. Alerting families to the challenges ahead may assist couples to prepare better and also to be more tolerant of stressors, which may arise. It is also essential the MCHNs alert full time homemaking mothers of the stressors that exist in their roles and assist in the development of strategies that may ameliorate some of these challenges. Acknowledging the complexity of the homemaking role as well as the value attached to the role may assist single-income families to minimise the negative aspects that women in this study reported.

MCHNs need to have knowledge about psychology, transitional issues, gender role changes, and coping strategies. The psychosocial aspects of becoming a family are just as important as health screening and immunisation programs, when to wean and when to start solids. For some families, the psychosocial issues are paramount. Being able to provide information in clear, jargon-free language may help to reduce anxiety and stress associated with adjusting to parenthood and combining it with paid employment. MCHNs work in a system which makes them ideal to prepare and support young families at this sensitive life stage.

9.4 Supporting young families

Supporting young families should be a priority for the community and government. It is acknowledged that psychological adjustment and the quality of the couple relationship will predict parenting effectiveness in the early years of a baby's life (Cowan & Cowan, 1995). Marital satisfaction influences one's ability to be a good and sensitive parent (Belsky & Kelly, 1994) therefore service delivery which can support young families is likely to enhance the couple relationship. Cowan and Cowan (1995) allege that interventions are more likely to be offered to high-risk families while low-risk couples are known to experience 'individual and marital distress after having a baby' (p 412). They argue that transition to parenthood is a life-stage experienced by 90% of contemporary couples. While risk for distress is high, it is also an ideal time for parental skill development opportunities in their couple relationship as well as parenting role.

The infant's socio-emotional development is, arguably, just as important as their physical health and development. By supporting families at critical times through the life-span, the birth of the first baby being one such critical time, positive family dynamics are promoted. In the transition to parenthood support for families increases the likelihood of the most advantageous environment being available for infant development in all dimensions: physical, psychological, emotional, cognitive, and social.

Federal and State governments in Australia appear, at long last, to be recognising the importance of early childhood development and the factors integral to promoting the optimal environment for infants and young children (Newman, 1999). Service delivery in the area is slowly increasing as research findings are more consistent and more funding is being made available. Health care professionals working with families need education and experience that ensures they are fully equipped to meet the needs of families at these critical times. Their educational programs need to be holistic and include the psychosocial aspects of family transitions and child development in a contemporary setting. These workers also need skills to assess families and discover how they are managing through this life stage, with the many different roles they experience.

Health professionals who work with young families need to be aware of adjustment requirements that include the challenges of transition to parenthood and the resources required to meet such challenges (Lazarus & Folkman, 1984). Workers need an extensive knowledge about the developmental life stage, both normative and non-normative, and the dynamic nature of the experience.

Couples who seem to have a strong relationship prior to the birth of their first baby may experience a systemic disruption where stress from any one member of that new family may spillover and affect other family members (Cowan & Cowan, 1995). The major role employment plays in the lives of men and women and families needs to be well understood by workers so they can help couples prepare for the adaptation necessary when they also become parents.

Health professionals can support young families by providing information and education but also by acknowledging the complexity of their lifestyle, be it single-income or two-income. It is also important to convey a sense of value to the importance of family and the time, energy and effort that both parents contribute be they in paid employment or full time homemaking. This includes

acknowledging the health risks to that group of women who are full time homemakers yet report increased stress and impaired well-being.

9.5 Marital and Relationship Counsellors

It is acknowledged that marital quality declines after the birth of a baby (Belsky & Kelly, 1994; Cowan & Cowan, 1995; Cowan et al., 1991c; Elek, 2002; Hohaus et al., 1998; Miller & Sollie, 1980; Ruble, Hackel, Fleming, & Stangor, 1988; Sarantakos, 1996; Tomlinson, 1996; Vessey & Knauth, 2001). Marital counsellors may sometimes focus on skill development for the couple rather than considering the life events that may be impacting on the couple, together and individually. In addition, relationship therapy may consist of dealing with the presenting crisis but offering minimal education regarding challenges ahead. Relationship counsellors need to have a knowledge base about transition to parenthood as well as an understanding of contemporary family functioning including combining parenting and paid employment. Skill development for couples is essential in negotiating challenging times but being able to recognise and prepare for these challenging times will assist greatly.

9.6 Future Directions for research.

Further research is essential if the challenges facing contemporary families are to be understood and support provided for all family members.

Most participants in the study were Anglo-Australians, medium to high-income earners and well educated. They were self-selected and tended to be people who either had an interest in the issue being researched or had confidence to be involved. The involvement of men in the study ensured that data was obtained from both men and women thus enabling comparisons to be made between gender groups as well as income group. These participants were likely to be more aware of resources or support options which could assist them in the transition to two-income status including strategies such as employing people to assist with housework, having in-home childcare options, having more flexibility in their employment. It would be of benefit to study first-time parent couples from lower socio-economic groups, from non-English speaking backgrounds and with lower education levels. Non-professionals may not earn as much income, which may influence, not only whether or not the mother returns to paid work, but whether the return is part-time or full-time or related to choice or economic

necessity. It is possible a different picture of the transition process of combining parenthood and two-income status would emerge.

Three main areas are identified as requiring further research:

9.6.1 Transition to parenthood

While there has been increasing numbers of longitudinal studies into parenting transition, they do not always include childless couples as a control (Cowan & Cowan, 1995). Given that relationships are dynamic in nature, it is essential to compare childless couples with parental couples to determine which relationship changes are caused by length of time together and which may be a result of becoming parents, and if any are common to both types of families. As well, family values and goals, socio-economic status and individual personality traits need to be examined. Childless couples may be very different, as a couple and individually, to those couples who want or indeed have children. It would be important to recruit childless couples who are childless by choice rather than infertility. A diverse sample of socio-economic groups, cultures, family structure, both genders and different stages of family would add to the quality of such a study and enable more accurate conclusions to be drawn from the findings.

Long-term studies need to be carried out to determine if marital changes occur over greater lengths of time or whether there are stages of rapid change. Again, comparison with childless couples may clarify causation, general and specific issues.

Longitudinal studies are needed to identify which Australian couples and families are most at risk of distress during the transition to parenthood. This may mean recruiting couples prior to pregnancy and following them for many years. Two Australian studies (Prior, Sanson, Smart, & Oberklaid, 2000; Sanson, Nicholson, Ungerer et al., 2002) may be able to contribute a great deal of knowledge across multiple domains to assist us in understanding child development and the various impacts of family, community and school. The Longitudinal Study of Australian Children (Sanson et al., 2002) was funded by the Commonwealth Department of Family and Community services to follow 10,000 children over the next 9 years. The study aims to address development, outcomes, early detection, impact on environment and the role Government can play in achieving optimal outcomes for children (p. xi). In addition further issues such as family functioning, health, non-

parental childcare, education and cross-discipline will be measured. The researchers are hopeful of the study being further funded at the end of the nine years to gather additional data about children in Australian families. Recruitment will commence in 2003. This study may contribute more information about combining parenthood and paid employment as the variables being studied are much broader than the study described in this thesis. It may be possible to identify relationships between employment patterns of parents and child outcomes or a relationship between non-parental care, family functioning and outcomes. The size and diversity of the sample also increases the generalisability of results and the longitudinal nature of the study design affords a great chance of identifying links between variables.

The Australian Temperament Project (Prior et al., 2000) is a project that was planned during the 1970's, commenced data collection in 1983, and has followed individual children and their families up to the current time. The project consists of a number of studies, which traced the psychosocial development of an original sample of 2443 children (aged between 4 and 8 months at enrolment) with a retention rate of 67% up to the present time. The researchers aim to track these subjects over their lifespan. The study had specifically examined the 'influence of child temperament on emotional and behavioural adjustment; investigating questions such as 'how well does temperament in infancy predict adaptation at pre-school age' (p. ix). Gender differences, school learning outcomes, ethnic origins, health issues, and behavioural patterns such as aggression and adolescent experiences have been measured. Data was collected from parents, the children themselves once they were aged 11-12 years and, at times, teachers of children in the study. The researchers involved in this study point out how important longitudinal studies are for providing the opportunity to identify patterns, relationships between variables and influence of factors across time.

Unfortunately, there did not appear to be a gathering of data on the actual employment status of parents although unemployment status of parents is provided as well as educational level and occupation. The study provides the opportunity for following the participants as they enter adulthood and commence families of their own. A wonderful opportunity for specifically studying pregnancy, parenthood, paid employment and associated issues exists with this sample over the next 20 years if they were followed into parenthood themselves.

A diverse socio-economic sample is essential to identify which external and internal factors may predict distress. In a multicultural country such as Australia, participants who were born overseas need to be adequately represented. Future studies may also need to be conducted or repeated after major sociological change, such as that which has emerged in the last 30 years with the increase in maternal employment. Such major social changes are likely to affect parenting roles and what happens in families.

Interventions to support contemporary families need to be well funded and evaluated to determine which ones are most beneficial and the groups or types of families most likely to benefit. Often interventions are short term, inadequately funded, only available to high-risk families and not evaluated (Cowan & Cowan, 1995). Australian Federal government policy and goals includes a range of policies to financially support families and assist those parents who work, encourage men to be more actively involved in family life, encourage employers to consider more family-friendly working conditions and services to deal with families in distress in an effort to prevent family breakdown (Newman, 1999). Regrettably, many policies and services tend to be politically balanced, they disappear when governments change office or they are short-term programs in order to claim outcomes before the elected term expires. Long-term planning and service delivery needs to have a bipartisan approach in Australia and there needs to be recognition that some programs and services to families are not going to produce short-term outcomes. The true outcomes of successfully supporting families with young children may not be fully demonstrated until those young children grow up into young adults and form families of their own.

Men's voices need to be heard when transition to parenthood is the issue being examined. Although some of the studies conducted more recently have included men (Barclay & Lupton, 1999; Belsky & Kelly, 1994; Feeney et al., 2001; Morse et al., 2000; Woollett & Parr, 1997), others have failed to include them (Astbury, 1994; Barclay et al., 1997; Green & Kafetsios, 1997; Reece, 1993; Ruchala & Halstead, 1994; Weaver & Ussher, 1997). One study that was examining the role of mothers as gatekeepers in the involvement of fathers with their children (De Luccie, 1995) collected data only from mothers. This American study of 144 women from 'intact' families (presumably that means two-parent families) found the involvement of fathers decreased as the child got older and was directly and indirectly mediated by maternal attributes (satisfaction with father involvement,

importance of father involvement). All this really means is that the maternal attributes played a part in the perception (by mothers) of the father's involvement which would be as expected. As the 'Combining Paid Work and Parenting' study shows, men and women report different perceptions of how much they contribute to care of children and family work which is supported elsewhere in the literature (Coltrane, 2000; Perry-Jenkins et al., 2000). Further research needs to be undertaken in the area of different perceptions to determine accuracy of data collection with this issue. If researchers and the reading public automatically assume the female perspective is the 'right one' what is this saying to men? Is it also saying that it isn't necessary to collect data from men because they are not accurate at self-reporting in the area of involvement with their children?

The experience of this researcher is that men were very difficult to engage, often citing being 'too busy' or failing to return questionnaire booklets. Anecdotally, many of the women participants' fed back to the researcher that their male partners were so busy working they didn't have time to provide the data. Strategies must be employed to involve men in the parenthood related studies. Some such strategies may include accessing men via their place of employment, gaining employer consent to collect data during working hours, telephone interviews (even though this may take longer than completing self report measures), designing studies with minimal data collection to engage men or collecting data via the internet.

The transition experience in two parent families is a joint experience and each individual will be affected in some way, by their own experience and by the experience of other family members (how they adjust to the parenting role). Future research in the area should include both mothers and fathers but data analysis needs to be explored and expanded to determine if there is a 'couple experience' and whether or not this differs from the different perspectives reported by men and women as individuals. The present study found different perspectives were reported by men and women (particularly in the division of household labour) although similar trends were reported in some variables (agreement that women did more of the childcare). Studies to examine differences in perspective are needed to augment an understanding of gender differences but an awareness of the impact of other family members needs further exploration.

9.6.2 Combining Parenthood And Paid Work

Research which is examining family and work needs to maintain a focus on fathers who still are full-time paid workers. More recent studies have focussed on maternal employment (Barglow et al., 1987; Desai et al., 1989; Hofferth, 1999; Horwood & Fergusson, 1999; Pattison & Moyse, 1995; Romito, 1994, 1997; Weber, 1999; Zaslow & Emlg, 1997). In two-parent families both partners are likely to play integral roles in how the family balance is affected when a child enters the equation. Often maternal employment is examined unilaterally, with only the mother's experience being taken into account. The father's part in the process will have some bearing on the mother's experience.

Research is required to examine the overlap between maternal employment and the childcare options available as well as the outcomes for children. These aspects tend to be treated as separate areas (Perry-Jenkins et al., 2000) but are, in reality, closely connected. The different forms of childcare need to be examined as well as the effects of these variations on children. Different mediators need to be considered such as the age of children when they go into non-parental care, the length of time (both in daily hours and days per week) spent there, the qualifications and training of the carers, the activities provided, the ratio of carers to children and the individual attributes of the child. Again a diverse sample of families needs to be recruited in such studies. Comparison groups of children who have not experienced non-parental care are essential to determine which outcomes are clearly related to parental employment or the form of childcare utilised by the family. Longitudinal studies with a diverse sample need to be conducted to determine effects over the life course of an individual. As mentioned above, The Australian Institute of Family Studies and other Australian organizations are currently conducting longitudinal studies that are following either families or individuals over many years (Prior et al., 2000; Sanson et al., 2002). The Australian Temperament Project (Prior et al., 2000) is releasing findings that may assist in understanding the impact of family environment and impact of non-parental care (for some of the participants in the study) after 10 and even 20 years. However this study has not specifically examined parenting and paid work as issues, rather they have *some* data that may indicate *some* links for *some* Australian children. While such studies are valuable and no doubt will increase in value as time passes, there is a need for more collaboration, more funding and more meticulously designed studies to add to the knowledge we currently have. The cultural mix of the Australian society is changing, the social setting of the

community, the family formations and the work-family balance are all dynamic processes which will require constant scrutiny as we struggle to promote work-family balance and understand the connections between parenting and paid work.

Roles, role overload or managing multiple roles needs to be examined as a means to understanding life for current families in these busy times. Studies have been conducted (Crouter, Bumpus, Head, & McHale, 2001; Frankenhaeuser, 1991; Frankenhaeuser, Lundberg, & Chesney, 1991; Marks & MacDermid, 1996; Nichols, 2002; Perry-Jenkins et al., 2000; Tiedje et al., 1990; Wortman, Biernat, & Lang, 1991) but most have not been carried out on Australian parents. One American study (Nichols, 2002) was carried out on a convenience sample of 78 married women. The findings indicated that first time mothers experienced more difficulty negotiating work, family and health issues compared to mothers with their second or subsequent child. Other findings were; higher levels of coping and employment satisfaction were positively correlated with better maternal health and family well-being, women with higher education reported more flexible work situations and higher satisfaction with work and finally that perceived flexibility at work, support from spouse and others, positively influenced successful navigation of multiple roles. Assumptions made by researchers about roles and the methodology of many studies, often fail to consider personal situations, individual attributes, individual preferences regarding combining parenting and paid work and family structure. Future research needs to take these possibly influential factors into consideration when designing studies. In addition Australian studies need to be undertaken in order to examine Australian families in the Australian context and determine if the way multiple roles are juggled varies from the way families in other western cultures manage. As mentioned above, the social situation is constantly changing therefore studies need to be conducted on a regular basis to ensure that previous findings are still relevant in the current setting.

9.6.3 Family Friendly Work Practices

More research into family friendly work practices is essential during the current social time when both parents are commonly in paid employment with dependant children. Efforts to reduce spillover from workplace into family life may be supportive for families and increase productivity in the workplace. Currently in Australia (2003-2004) there is increasing discussion in the media about the need to implement paid maternity leave. All permanent employees in Australia are

entitled to unpaid Parental Leave up to 12 months duration (which may be taken by the mother or the father or split between the two) and a proportion of employees get some paid parental leave (Wolcott, 1997). Nurses employed in the public sector receive 6 weeks paid leave, teachers employed in government schools in Victoria get 12 weeks paid maternity leave and some private industry employers provide varying amounts of paid leave. Most public sector awards in Australia will also provide 2-5 days of paid leave for men whose wives are having a baby (Sarantakos, 1996). Research must determine if the community values supporting families and if so, if there is preparedness to pay more taxes to enable family support to have adequate funding. Business cannot provide all the funds and with Australia having a relatively small population, a balance needs to exist between incentives for businesses to employ people and strategies to support families. In Canada, the paid parental leave comes from an Employment Insurance program (Lent et al., 2000), in Italy 80% is covered by Social Security and 20% by employers, in France 95% is paid by social security and the remainder by employers, in Britain it is funded by social security and in the US there is no nationally mandated paid leave, any paid parenting leave is funded by employers (News, 1996). Research needs to be conducted with all key players in the Australian community to determine, firstly if this is what the community wants and secondly how it can be funded in an equitable and non-burdensome manner.

Further study is required to understand the impact of stress that is associated with the workplace and how it affects the individual. There appears to be increased interest into the work-family relationship, in particular stress, and how each domain affects the other. Perry-Jenkins and colleagues (2000) in their literature review of work and family studies of the 1990's, even go so far as to say that 'work stress has received more attention from work-family researchers than any other job condition.' (p. 986). Job stressors are identified by Perry-Jenkins et al (2000) as 'objective conditions at work that tax an individual's emotional, physical, and cognitive stores while stress is 'the individual's internal response to those conditions.' (p. 986). There is significant support in the literature for an association between chronic job stress and tension on the marital relationship as well as individual distress being experienced when there is perceived job stress (Perry-Jenkins et al., 2000). A complicating issue is that of cognitive appraisal by the individual as to what constitutes a stressor, what may be one person's stressor (and therefore negative challenge to coping resources) may be another person's motivator and stimulator. Stress responses are shaped by individual

personality style, coping style, resources and life experiences (Lazarus, 1998a; Lazarus & Folkman, 1984; Perry-Jenkins et al., 2000). However, there is a great need to study both the balance and imbalance between home and work and the impact on both the individual and the family.

Methodologies used to conduct such research should include both qualitative and quantitative approaches. The latter approach converts experience into facts that are observable and measurable, usually in response to a 'treatment', which is being manipulated. Qualitative methodology is an approach that attempts to gather data from the subject's perspective, no attempt is made to manipulate the individuals or the issues being studied but rather the whole person is studied including values, beliefs, thoughts and feelings (LoBiondo-Wood & Haber, 1994). It seems probable that by using a combination of techniques to gather data, a more complete picture may emerge. This picture may help in understanding the experience. This phenomenon, combining the life stage of new parenthood with both parents being employed, is not one that has been passed down by generations but a relatively new social situation that adds complexity to an already complex, changing life stage. We need to continue to study it extensively as it is a dynamic social change which has far reaching consequences on individuals, our youngest and most vulnerable people, our employment system, our political policies, our tax system and the most fundamental aspect of our society, our families.

9.7 Conclusion

The findings from this study will provide guidance for a range of workers who work with contemporary families. Combining parenthood with paid work is now commonplace and needs to be considered as a norm when developing services and interventions for families at this life-stage. However single-income families also are a norm and as such, must receive consideration for the challenges they also face. Only by supporting families with young children, can we ensure they have the start to life, which is best, not only for the individual, but the community as well. Men wish to be more involved in caring for their children and require flexible services that are inclusive of fathers as well as mothers. The Maternal and Child Health Service is one such service in Australia, which needs to review access for all members of the family. When access is denied due to restrictive hours of service, opportunities for education and skill development are denied, particularly for men. By continuing such practices, women are maintained in the

'expert' role with regards to parenthood thus maintaining the status quo where responsibility for infants and children is seen to be owned by women.

Midwives are ideally placed to include parenting education, as they are involved with families at a time when they are most receptive to learning. The reality of the timing of contact means midwives may just have the opportunity to highlight the range of issues facing new families but this may be sufficient to alert parents that challenges continue for many months and years. If they and all workers who come in contact with pregnant and newly delivered parents provide realistic information regarding combining parenting and paid work (in which ever format), optimal outcomes for the family are more likely. One can assist in the development of reasonable expectations and, hopefully, a preparedness to develop strategies and skills which will assist in this life stage of first time parenthood with all it's transitions and adjustments. As a community we need to understand the mix of styles that are practised in families today and attempt to support all families with young children, as they are our future.

Involving fathers more in the family support structures is essential to ensure the whole family is involved. Educating them not only in parent craft skills but also the need to support mothers in their roles as primary carers for children. This is particularly important in single-income families where the women report poorer well-being in their roles as full time homemaker.

Encouraging family friendly work practices needs to occur at a local level but also at the government level. Making businesses provide paid parental leave may not be the economic advantage it sounds but ensuring that families are supported in achieving a healthy work-family balance may reap rewards for the family, the community, the business and the government. A system must be developed to finance the support families and businesses require in order to achieve such a balance.

The researcher has an image of a couple learning to dance. It takes time to pickup on the partner's rhythm and to be (mostly) in step for the duration of the song. Perhaps that is what incorporating parenthood into the busy life young adults lead in the late 1990's and early twenty-first century is like.

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APPENDICES

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Human Research Ethics approval letters from	
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29 October, 1997

Suzanne Higgins
1A Tereddin Drive
KILSYTH SOUTH VIC 3137

Dear Suzanne

Re: Application for Ethics Approval of Project #FN20.97
'New parents, parenting and paid work'

This is to confirm that the RMIT Faculty of Nursing Human Research Ethics Sub-Committee has considered and approved the above named project. In accordance with RMIT Human Research Ethics Guidelines, the project has been classified as 'MR' (Minimal Risk). Approval has been granted for the period: October 1997 - October 2000 subject to annual reporting requirements.


Associate Professor Megan-Jane Johnstone

CHAIR

FACULTY HUMAN RESEARCH ETHICS SUB-COMMITTEE

cc **Professor C. Morse**
Dr N. Bruni

6 August, 1998

Faculty of Biomedical &
Health Sciences & Nursing

Bundoora Campus
PO Box 71
Bundoora 3083
Victoria Australia

Tel +61 3 9925 7596
Fax +61 3 9467 2794

Ms Suzanne Higgins,
1A Tereddin Drive,
Kilsyth South 3137

Dear Ms Higgins,

FN 20.97 Higgins: New Parents, Parenting and Paid Work

The requested changes regarding the methodology of your proposal was discussed with the Faculty Sub-committee of the Human Research Ethics Committee at meeting 6-98 held on the 5th August, appear appropriate and are approved.

The Committee respectfully suggest that other strategies could include the greater use of media (newspaper, radio) and perhaps early contact in the maternity ward could also be considered.

Yours sincerely,



Phillip Ebrall
Chair - HREC Sub Committee

3517898

19 August 1999

Ms Suzanne Higgins
1a Tereddin Drive
Kilsyth 3137

Dear Ms Higgins,



Re: Application for Advanced Doctoral Candidature

I am pleased to inform you that at the 11 August 1999 meeting of the Committee for Postgraduate Studies approved your application for Advanced Candidature for the degree of Doctor of Philosophy with the thesis topic and supervisor as detailed below:

Thesis Title: Combining Parenting and paid work

Principal Supervisor: Professor Carol Morse, Dean, Faculty of Human Development,
Footscray Park Campus

In addition, the Committee agreed to approve an extension of candidature for a period of twelve months, and further recommended the following:

- That the Title of Thesis be clarified as it is currently referred to differently on the application and the Doctoral Candidature.
- The Bibliography would be strengthened by researching additional material from "Maternal and Child Health" literature.
- The application will require the approval of the University's Human Research Ethics Committee.

I would like to take this opportunity to wish you the best in your studies.

If you have any queries about your candidature please do not hesitate to contact me on 9688 4522.

Yours sincerely,


Ms Mayette Mendoza
Secretary to Committee for Postgraduate Studies

cc Professor Carol Morse Dean Faculty of Human Development Footscray Park Campus

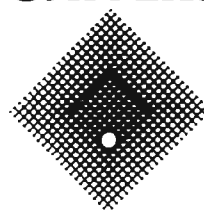
ref/letter.1.a.doc

Victoria University of Technology

PO Box 14428 Telephone
 Melbourne City (03) 9688 4456
 MC 8001 Australia Facsimile
 (03) 9688 4803

Footscray Park Campus

Faculty of Human Development
 Ballarat Road
 Footscray

**VICTORIA
UNIVERSITY**OF
TECHNOLOGY*Securing Your Future***Faculty Human Research Ethics Committee****MEMORANDUM**

TO: Professor Carol Morse
 Dean/Supervisor
 Faculty of Human Development

Ms. Suzanne Higgins
 Student Investigator

FROM: Assoc. Prof. Tony Morris
 Chair
 Human Research Ethics Committee
 Faculty of Human Development

DATE: September 6, 1999

SUBJECT: **Approval of application involving human subjects**

At its meeting on 2 September 1999, the Faculty Human Research Ethics Committee considered your application for the project titled *New Parents, Parenting and Paid Work, HRETH.FHD.040/99*.

It was resolved to **approve** application HRETH.FHD.040/99 from 22 July 1999 to 31 October 2000.

If you have any queries, please do not hesitate to contact me on ext 1125.

The Committee wishes you all the best for the conduct of the project.

Assoc. Prof. Tony Morris
 Chair
 Human Research Ethics Committee
 Faculty of Human Development

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COPY

DEPARTMENT OF: Public Health, Family and Mental Health

FACULTY OF: Biomedical and Health Sciences, and Nursing.

CONSENT FORM

Name of Participant _____

Project Title: Combining Parenting and Paid Work

Name of Investigator: Suzanne Higgins. Tel: 9761 8998 (BH) 9761 8998 (AH)

1. I consent to participate in the above project, the particulars of which have been explained to me in writing.
2. I authorise the investigator to administer a total of 4 questionnaire booklets.
3. I acknowledge that:
 - (a) I have been informed that I am free to withdraw from the project at any time and to withdraw any unprocessed data previously supplied;
 - (b) The project is for the purpose of research and/or teaching and not for treatment.
 - (c) I have read and retained a copy of the Plain Language Statement (the invitation to participate), and agree to the general purpose, methods and demands of the study.
 - (d) The project may not be of direct benefit to me.
 - (e) My involvement entails completing 4 questionnaire booklets over a 10 month period. Each questionnaire will take approximately one hour each to complete.
 - (f) My anonymity is assured.
 - (g) Confidentiality is assured. However should information of a confidential nature need to be disclosed for moral, clinical or legal reasons, I will be given an opportunity to negotiate the terms of this disclosure.
 - (h) The security of the data obtained is assured following completion of the study.
 - (i) The research data collected during the study may be published, and a report of the project outcomes will be provided to RMIT Library, Bundoora Campus. Any data which may identify me will not be used.

Signature _____ Date _____
(participant)

Signature _____ Date _____
(witness to signature-may be partner)

Any queries or complaints about your participation in this project may be directed to the Secretary, RMIT Human Research Ethics Committee, RMIT, GPO Box 2456 V, Melbourne, 3001. Tel: (03) 9660 1745.

Combining Parenting and Paid work

RMIT University Faculty of Biomedical & Health Sciences &
Nursing



Is this your first baby?

Is your baby aged between 3 and 15 months?

Are you or your partner planning to go back to work in the next couple of months after having maternity/paternity leave?

Or

Is your family planning to be a single income family for at least the next 12 months?

Are you interested in participating in research about the experiences of combining parenting and work?

Do you think your partner will participate?

If you could answer yes to the above questions and are interested in participating in our survey, please ask your Maternal & Child Health Nurse for an information envelope or telephone the researcher Suzanne Higgins on 9761 8998 and she will post it to you.

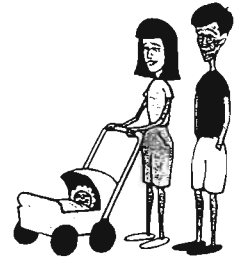
The principal researcher (Suzanne) is a postgraduate doctoral student in the Nursing Faculty at RMIT University. She has many years of nursing experience, the most recent in Maternal and Child Health Nursing. She has two daughters; 2 and 5 years and is particularly interested in how parents combine parenting and work.

The Supervisors for the project are as follows:

Professor Carol A Morse, Head, Dept. Of Public Health, Family & Mental Health. Tel: 9925 7456
RMIT University Human Research Ethics Committee: Tel: 9925 1745

Combining Parenting and Paid work

RMIT University Faculty of Biomedical & Health Sciences &
Nursing



15th May 1998

Dear Parents

I am conducting a survey on the experiences of first time parenting and paid employment and would like to invite you to participate. The aim of the study is to examine a range of issues in families with a young baby to determine how families adjust to the combination of parenting and paid work over a period of time. It is important to gather information from families where one parent is in paid employment and families where both parents are in paid employment when their baby is still young. This knowledge will be of interest to new parents, future parents, parents returning to work after the birth of their baby and workers who work with families. It will also be important for planning service delivery for young families therefore the information you provide will be invaluable.

As a mother or father of an infant aged less than 15 months old, you are invited to participate in this study if one or both parents are in paid employment. It is important that you and your partner live together in the same household, your baby is your first, aged less than 15 months but more than 3 months old, is healthy with no chronic health problems or disabilities, that both you and your partner are prepared to participate, you read, write and understand English well, and reside in Metropolitan Melbourne.

You will be invited to complete a booklet of questions on four occasions over a 10 month period. Each occasion should take about one hour and will involve completing the booklet at specified times and returning them in reply paid, self-addressed envelopes.

The principal researcher is a doctoral student in the Nursing Faculty at RMIT University with many years of nursing experience. Her most recent was in Maternal and Child Health Nursing with a particular interest in families with young children. The Senior Supervisor for this project is Professor Carol Morse who is Head of Public Health, Family and Mental Health at RMIT University. She can be contacted on 9468 2456 if you would like further information. Your Maternal and Child Health Centre has kindly agreed to assist in the study.

Your consent to participate in this study is voluntary and you may withdraw any time. When you return questionnaires, they will be identified by code only and any identifying information will be separated and kept separate. The information collected will be stored in a locked cupboard according to RMIT University guidelines. The feedback from a large number of parents will be added together so that overall trends are looked at, not the responses of individuals. **At no stage of the study will your identity be revealed, including during publication of any results.**

Over the page are instructions for completing the questionnaire booklet. The booklet has been designed for both types of families; those who have one parent in paid employment and one parent as a full time homemaker (single income families) and families where both parents are involved in paid employment (two income families). There are a small number of questions which need not be completed by the single income families.

Both Families

Ignore the request to refer a single income friendship couple (last page), we have decided to recruit all couples through the Maternal & Child Health Centre.

Two Income Families

Please fill in the questionnaire before the homemaker (usually the mother) returns to the workforce. Approximately one month before.

Single Income Families

On the page labelled Background Information, the homemaker can ignore questions 9, 10, 11, 12. The income earner can ignore questions 11 and 12.

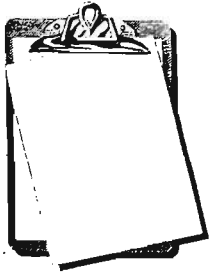
If you and your partner are prepared to be involved in this important research please fill in the questionnaire booklet according to the instructions and return it, with the signed consent form in the stamped addressed envelopes provided. You may return your booklets together in one envelope or separately. Two envelopes have been provided (if you use one feel free to return the other and I can reuse it). If you would like more information please telephone me on 9761 8998. If you leave a message on my answering machine, I will return your phone call as soon as possible.

Yours sincerely

Suzanne Higgins

Reply Paid 149, PO Box 1136, Croydon. 3136. Tel: 9761 8998





BACKGROUND INFORMATION

The following information is required to keep track of the information you provide and to analyse the results. *All information is confidential.*

1. Male ☐ Female ☐
2. Date of Birth _____ 3. Country of Birth _____
4. Length of time living together: (years and months) _____
5. What is the highest education level you have obtained? (Please tick)

Primary School	<input type="checkbox"/>
Secondary School	<input type="checkbox"/>
Trade School/TAFE	<input type="checkbox"/>
Diploma or certificate	<input type="checkbox"/>
Tertiary	<input type="checkbox"/>
Higher degree	<input type="checkbox"/>

Other _____ please specify
6. How would you describe yourself? (Tick the most correct answer)

Engaged in home duties	<input type="checkbox"/>	
Looking for work	<input type="checkbox"/>	
A student	<input type="checkbox"/>	
Starting work soon	<input type="checkbox"/>	Date _____
On Parenting/Maternity leave	<input type="checkbox"/>	Due back _____
Employed	<input type="checkbox"/>	
Self employed	<input type="checkbox"/>	
Working from home	<input type="checkbox"/>	
7. Are you now in paid employment? Yes ☐ No ☐
8. What is (will be/ was) your usual occupation?

Unskilled	<input type="checkbox"/>
Semi skilled	<input type="checkbox"/>
Trades person	<input type="checkbox"/>
Clerical employee/shop assistant	<input type="checkbox"/>
Artisan/craft Person	<input type="checkbox"/>
Semi-professional	<input type="checkbox"/>
Professional	<input type="checkbox"/>
Executive	<input type="checkbox"/>
Small Business Owner	<input type="checkbox"/>

Other (please specify) _____

9. If you are employed, what are the contracted hours of employment (weekly)

10. If you are employed, what are the average hours of paid work per week (including paid overtime) _____.

Any other hours of work related to your employment which are not paid but essential? _____

11. In your family, what is the main reason the mother (or the father if he was the parent who took time off work for caring for the newborn) returned (or will be returning) to the paid workforce?

Financial reasons ☐

Personal commitment to career ☐

Feeling bored at home ☐

Pressure from other source ☐
eg boss, family, friends, partner

Had no choice ☐

Joint decision with spouse/partner ☐

Other (please be specific) _____

12. In your family; except for future pregnancy related leave or unforeseen circumstances, is this decision to return to work seen as (please tick)

temporary ☐

Continuing ☐

Unsure ☐

13. Your household income combined (please circle)

- ▶ Under \$15,000 per year 1
- ▶ \$15,001-\$30,000 per year 2
- ▶ \$30,001-\$45,000 per year 3
- ▶ \$45,001-\$60,000 per year 4
- ▶ \$60,001-\$75,000 per year 5
- ▶ \$75,001-\$90,000 per year 6
- ▶ \$90,001-\$115,000 per year 7
- ▶ Over \$115,000 per year 8

*Thank
you*





WHO DOES WHAT?



Please show how much influence you and your partner have in the family decisions listed here. Using the numbers on the scale below, show HOW IT IS NOW down the left side and HOW I WOULD LIKE IT TO BE down the right side:

1	2	3	4	5	6	7	8	9
<u>She</u> decides it all			<u>We decide this</u> about equally			<u>He</u> decides it all		

HOW IT IS
NOW

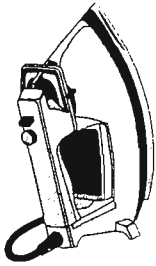
HOW I WOULD
LIKE IT TO BE

	A. How we spend time at home.	
	B. How we spend time out of the house.	
	C. Deciding which friends and family to see, and when.	
	D. Deciding about holidays: when, where, expenses.	
	E. Deciding about major expenses: house, car, finances.	
	F. Deciding about financial planning: insurance, loans, taxes, plans for saving etc.	
	G. Deciding when and how much time both partners should work outside the family.	
	H. Initiating lovemaking.	
	I. Determining the frequency of lovemaking.	
	J. Deciding about religious practices in our family.	
	K. Deciding about involvement in community activities.	
	L. Deciding how people should behave toward one another in our family.	

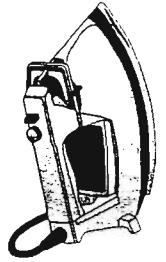
M. In general, how satisfied are you with the way you and your partner divide family decisions?
[] Very [] Pretty [] Neutral [] Somewhat [] Very
satisfied satisfied dissatisfied dissatisfied

N. In your relationship with your partner, who would you say has the influence in decision-making?
[] Woman has more [] Man has more [] We have about equal influence

O. In the relationship between your parents, who would you say had the influence in decision-making?
[] Woman had more [] Man had more [] They had about equal influence.



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



1	2	3	4	5	6	7	8	9
<u>She</u> <u>does it all</u>			<u>We both do this</u> <u>about equally</u>			<u>He</u> <u>does it all</u>		

**HOW IT
IS NOW**

**HOW I WOULD
LIKE IT TO BE**

	A. Planning and preparing meals	
	B. Cleaning up after meals.	
	C. Repairs around the home.	
	D. House cleaning.	
	E. Taking out the garbage.	
	F. Buying groceries, household needs.	
	G. Paying bills.	
	H. Laundry: washing, folding, ironing.	
	I. Writing letters/making calls to family and friends.	
	J. Looking after the car.	
	K. Providing income for our family.	
	L. Caring for plants, garden, yard.	
	M. Working outside the family.	

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

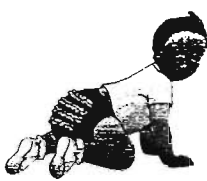
☐ very satisfied
 ☐ pretty satisfied
 ☐ neutral
 ☐ somewhat dissatisfied
 ☐ very dissatisfied

O. In general, how satisfied are you with the way you and your partner divide the work outside the family?

☐ very satisfied
 ☐ pretty satisfied
 ☐ neutral
 ☐ somewhat dissatisfied
 ☐ very dissatisfied



Here are two ways to show how you and your partner divide the family tasks related to children. Using the numbers on the scale below, show HOW IT IS NOW down the left side and HOW I WOULD LIKE IT TO BE down the right side.



1	2	3	4	5	6	7	8	9
<u>She</u> <u>does it all</u>			<u>We both do this</u> <u>about equally</u>			<u>He</u> <u>does it all</u>		

**HOW IT IS
NOW**

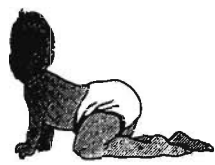
**HOW I WOULD
LIKE IT TO BE**

	A. Deciding about our child's meals.	
	B. Mealtimes with our child.	
	C. Changing our child's nappies; dressing our child.	
	D. Bath time with our child.	
	E. Deciding whether to respond to our child's cries.	
	F. Responding to our child's crying in the middle of the night.	
	G. Taking our child out: walking, driving, visiting.	
	H. Choosing toys for our child.	
	I. Playtime with our child.	
	J. Doing our child's laundry.	
	K. Arranging for baby sitters or child care.	
	L. Dealing with the doctor regarding our child's health.	

**HOW IT
IS NOW**

**HOW I WOULD
LIKE IT TO BE**

	WEEKDAYS	
	a. Getting up/breakfast/dressing child	
	b. Daytime: 9 am. To 1 pm.	
	c. Daytime: 1 pm to 5 pm	
	d. dinner/playtime/bedtime.	
	e. evenings to midnight.	
	f. middle of the night needs.	
	WEEKENDS	
	g. getting up/breakfast/dressing baby	
	h. daytime: 9 am to 1 pm	
	i. daytime 1 pm to 5 pm	
	j. dinner/playtime/bedtime	
	k. evenings to midnight	
	l. middle of the night needs	



Here are two ways to show how you and your partner divide the family tasks related to children. Using the numbers on the scale below, show HOW IT IS NOW down the left side and HOW I WOULD LIKE IT TO BE down the right side.



1	2	3	4	5	6	7	8	9
<u>She</u> <u>does it all</u>			<u>We both do this</u> <u>about equally</u>			<u>He</u> <u>does it all</u>		

HOW IT IS NOW		HOW I WOULD LIKE IT TO BE
	A. Deciding about our child's meals.	
	B. Mealtimes with our child.	
	C. Changing our child's nappies; dressing our child.	
	D. Bath time with our child.	
	E. Deciding whether to respond to our child's cries.	
	F. Responding to our child's crying in the middle of the night.	
	G. Taking our child out: walking, driving, visiting.	
	H. Choosing toys for our child.	
	I. Playtime with our child.	
	J. Doing our child's laundry.	
	K. Arranging for baby sitters or child care.	
	L. Dealing with the doctor regarding our child's health.	

HOW IT IS NOW		HOW I WOULD LIKE IT TO BE
	WEEKDAYS a. Getting up/breakfast/dressing child	
	b. Daytime: 9 am. To 1 pm.	
	c. Daytime: 1 pm to 5 pm	
	d. dinner/playtime/bedtime.	
	e. evenings to midnight.	
	f. middle of the night needs.	
	WEEKENDS g. getting up/breakfast/dressing baby	
	h. daytime: 9 am to 1 pm	
	i. daytime 1 pm to 5 pm	
	j. dinner/playtime/bedtime	
	k. evenings to midnight	
	l. middle of the night needs	

M. In general, how satisfied are you with the way you and your partner divide the family tasks related to children?

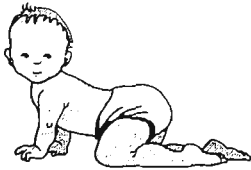
☐ very
satisfied

☐ pretty
satisfied

☐ neutral

☐ somewhat
dissatisfied

☐ very
dissatisfied



Now that we've asked about specific tasks, think about your overall impression of how you and your partner care for your child. Using the definitions that follow, check your answers to the following.

SOLE: You have absolute responsibility for your child's care. You plan it, do it- without assistance from your partner and whether your partner is present or not.

PRIMARY: You are the 'bottom line' of responsibility for your child. You may enlist your partner's help or your mate may volunteer at times, but you are the 'supervisor'. It's up to you to make sure your child's needs get met, no matter who does it.

SHARED: You and your partner have about equal responsibility for your child's care.

SECONDARY/SUPPORTIVE: Your partner is primarily responsible for your child's care. You may assist or do some care yourself, but in essence you are the 'helper'.

NONE: You have virtually no involvement in your child's care. You don't take responsibility for your child's care and do almost none of it.

1. Overall, how would you rate your involvement with your child?

☐ Sole ☐ Primary ☐ Shared ☐ Secondary ☐ None.

2. Overall, how do you rate your partner's involvement with your child?

☐ Sole ☐ Primary ☐ Shared ☐ Secondary ☐ None.

3. Overall, how do you feel about your level of involvement with your child?

☐ very
satisfied ☐ pretty
satisfied ☐ neutral ☐ somewhat
dissatisfied ☐ very
dissatisfied

4. Overall, how do you feel about your partner's level of involvement with your child?

☐ very
satisfied ☐ pretty
satisfied ☐ neutral ☐ somewhat
dissatisfied ☐ very
dissatisfied

5. Overall, how do you think your partner feels about your involvement with your child?

☐ very
satisfied ☐ pretty
satisfied ☐ neutral ☐ somewhat
dissatisfied ☐ very
dissatisfied

A number of statements that people have used to describe themselves are given below. Read each statement and then circle the appropriate number to indicate the extent of your agreement or disagreement with **how you generally feel**. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

	almost <u>never</u>	sometimes	often	almost <u>always</u>
1. I am a steady person.	1	2	3	4
2. I am quick tempered.	1	2	3	4
3. I feel satisfied with myself.	1	2	3	4
4. I have a fiery temper.	1	2	3	4
5. I feel nervous and restless.	1	2	3	4
6. I am a hotheaded person.	1	2	3	4
7. I wish I could be as happy as others seem to be.	1	2	3	4
8. I get angry when I'm slowed down by others mistakes.	1	2	3	4
9. I feel like a failure.	1	2	3	4
10. I feel annoyed when I am not given recognition for doing good work.	1	2	3	4
11. I get in a state of tension or turmoil as I think over my recent concerns and interests.	1	2	3	4
12. I fly off the handle.	1	2	3	4
13. I feel secure.	1	2	3	4
14. When I get mad, I say nasty things.	1	2	3	4
15. I lack self-confidence.	1	2	3	4
16. It makes me furious when I am criticised in front of others.	1	2	3	4
17. I feel inadequate.	1	2	3	4
18. When I get frustrated, I feel like hitting someone.	1	2	3	4
19. I worry much over something that really does not matter.	1	2	3	4
20. I feel infuriated when I do a good job and get a poor evaluation.	1	2	3	4

A number of statements that people use to describe themselves are given below. Read each statement and then circle the appropriate number to reflect the extent of your agreement or disagreement with **how you feel right now**. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

	<u>not at all</u>	<u>somewhat</u>	<u>moderately</u> <u>so</u>	<u>very much</u> <u>so</u>
1. I feel calm.	1	2	3	4
2. I am furious	1	2	3	4
3. I am tense.	1	2	3	4
4. I feel like banging on the table.	1	2	3	4
5. I feel at ease.	1	2	3	4
6. I feel angry	1	2	3	4
7. I am presently worrying over possible misfortunes.	1	2	3	4
8. I feel like yelling at somebody.	1	2	3	4
9. I feel nervous.	1	2	3	4
10. I feel like breaking things.	1	2	3	4
11. I am jittery.	1	2	3	4
12. I am mad.	1	2	3	4
13. I am relaxed.	1	2	3	4
14. I feel irritated.	1	2	3	4
15. I am worried.	1	2	3	4
16. I feel like hitting someone.	1	2	3	4
17. I feel steady.	1	2	3	4
18. I am burned up.	1	2	3	4
19. I feel frightened.	1	2	3	4
20. I feel like swearing.	1	2	3	4



In this part of the questionnaire we are interested in your relationship with your baby. Please answer each question by **ticking the choice** which most accurately describes how you feel or think. There are no right or wrong answers.

1. When I am caring for the baby, I get feelings of annoyance or irritation:

- ☐ very frequently
- ☐ frequently
- ☐ occasionally
- ☐ very rarely
- ☐ never.

2. When I am caring for the baby I get feelings that the child is deliberately being difficult or trying to upset me:

- ☐ very frequently
- ☐ frequently
- ☐ occasionally
- ☐ very rarely
- ☐ never.

3. Over the last two weeks I would describe my feelings for the baby as:

- ☐ dislike
- ☐ no strong feelings towards the baby
- ☐ slight affection
- ☐ moderate affection
- ☐ intense affection

4. Regarding my overall level of interaction with baby I;

- ☐ feel very guilty that I am not more involved
- ☐ feel moderately guilty that I am not more involved
- ☐ feel slightly guilty that I am not more involved
- ☐ I don't have any guilty feelings regarding this.

5. When I interact with the baby I feel:

- ☐ very incompetent and lacking in confidence
- ☐ moderately incompetent and lacking in confidence
- ☐ moderately competent and confident
- ☐ very competent and confident.

6. When I am with the baby I feel tense and anxious:

- ☐ very frequently
- ☐ frequently
- ☐ occasionally
- ☐ almost never.

7. When I am with the baby and other people are present I feel proud of the baby:

- ☐ very frequently
- ☐ frequently
- ☐ occasionally
- ☐ almost never.



8. I try to spend as much time as I possibly can PLAYING with the baby:

- ☐ this is true
☐ this is untrue.

9. When I have to leave the baby:

- ☐ I usually feel rather sad (or it's difficult to leave)
☐ I often feel rather sad (or it's difficult to leave)
☐ I have mixed feelings of both sadness and relief
☐ I often feel rather relieved (and it's easy to leave)
☐ I usually feel rather relieved (and it's easy to leave).

10. When I am with the baby:

- ☐ I always get a lot of enjoyment/satisfaction
☐ I frequently get a lot of enjoyment/satisfaction
☐ I occasionally get a lot of enjoyment/satisfaction
☐ I very rarely get a lot of enjoyment/satisfaction.

11. When I am not with the baby, I find myself thinking about the baby:

- ☐ almost all the time
☐ very frequently
☐ frequently
☐ occasionally
☐ not at all.

12. When I am with the baby:

- ☐ I usually try to prolong the time I spend with him/her
☐ I usually try to shorten the time I spend with him/her.

13. When I have been away from the baby for awhile and I am about to be with him/her again,
 I usually feel:

- ☐ intense pleasure at the idea
☐ moderate pleasure at the idea
☐ mild pleasure at the idea
☐ no feelings at all about the idea
☐ negative feelings about the idea.

14. I now think of the baby as:

- ☐ very much my own baby
☐ a bit like my own baby
☐ not yet really my own baby.

15. Regarding the things that we have had to give up because of this baby:

- ☐ I find that I resent it quite a lot
☐ I find that I resent it a moderate amount
☐ I find that I resent it a bit
☐ I don't resent it at all.



16. Over the past six months, I have felt that I do not have enough time for myself or to pursue my own interests:

- ☐ almost all the time
- ☐ very frequently
- ☐ frequently
- ☐ occasionally
- ☐ not at all.

17. Taking care of this baby is a heavy burden of responsibility . I believe this is:

- ☐ very much so
- ☐ somewhat so
- ☐ slightly so
- ☐ not at all.

18. I trust my own judgement in deciding what the baby needs:

- ☐ almost never
- ☐ occasionally
- ☐ most of the time
- ☐ almost all the time.

19. Usually when I am with the baby:

- ☐ I am very impatient
- ☐ I am a bit impatient
- ☐ I am moderately patient
- ☐ I am extremely patient.





In this part of the questionnaire we are interested in your relationship with your baby. Please answer each question by **ticking the choice** which most accurately describes how you feel or think. There are no right or wrong answers.

1. When I am caring for the baby, I get feelings of annoyance or irritation:

- ☐ very frequently
- ☐ frequently
- ☐ occasionally
- ☐ very rarely
- ☐ never

2. When I am caring for the baby I get feelings that the child is deliberately being difficult or trying to upset me:

- ☐ very frequently
- ☐ frequently
- ☐ occasionally
- ☐ very rarely
- ☐ never.

3. Over the last two weeks I would describe my feelings for the baby as:

- ☐ dislike
- ☐ no strong feelings towards the baby
- ☐ slight affection
- ☐ moderate affection
- ☐ intense affection

4. I can understand what my baby needs or wants:

- ☐ almost always
- ☐ usually
- ☐ sometimes
- ☐ rarely
- ☐ almost never

5. Regarding my overall level of interaction with the baby I believe I am:

- ☐ much more involved than most parents in my position
- ☐ somewhat more involved than most parents in my position
- ☐ involved to the same extent as most parents in my position
- ☐ somewhat less involved than most parents in my position
- ☐ much less involved than most parents in my position.

6. When I am with the baby I feel bored:

- ☐ very frequently
- ☐ frequently
- ☐ occasionally
- ☐ almost never



7. When I am with the baby and other people are present I feel proud of the baby:

- ☐ very frequently
- ☐ frequently
- ☐ occasionally
- ☐ almost never

8. I try to involve myself as much as possible in child care and looking after the baby:

- ☐ this is true
- ☐ this is untrue.

9. I find myself talking to people (other than my wife) about the baby:

- ☐ many times each day
- ☐ a few times each day
- ☐ once or twice a day
- ☐ rarely on any one day.

10. When I have to leave the baby:

- ☐ I usually feel rather sad (or it's difficult to leave)
- ☐ I often feel rather sad (or it's difficult to leave)
- ☐ I have mixed feelings of both sadness and relief
- ☐ I often feel rather relieved (and it's easy to leave)
- ☐ I usually feel rather relieved (and it's easy to leave).

11. When I am with the baby:

- ☐ I always get a lot of enjoyment/satisfaction
- ☐ I frequently get a lot of enjoyment/satisfaction
- ☐ I occasionally get a lot of enjoyment/satisfaction
- ☐ I very rarely get a lot of enjoyment/satisfaction.

12. When I am not with the baby, I find myself thinking about the baby:

- ☐ almost all the time
- ☐ very frequently
- ☐ frequently
- ☐ occasionally
- ☐ not at all.

13. When I am with the baby:

- ☐ I usually try to prolong the time I spend with him/her
- ☐ I usually try to shorten the time I spend with him/her

14. When I have been away from the baby for a while and I am about to be with him/her again, I usually feel:

- ☐ intense pleasure at the idea
- ☐ moderate pleasure at the idea
- ☐ mild pleasure at the idea
- ☐ no feelings at all about the idea
- ☐ negative feelings about the idea.



15. Over the past six months I have found myself just sitting looking at the sleeping baby for periods of five minutes or more:

- ☐ very frequently
- ☐ frequently
- ☐ a few times
- ☐ not at all.

16. I now think of the baby as:

- ☐ very much my own baby
- ☐ a bit like my own baby
- ☐ not yet really my own baby.

17. Regarding the things that we have had to give up because of the baby:

- ☐ I find that I resent it quite a lot
- ☐ I find that I resent it a moderate amount
- ☐ I find that I resent it a bit
- ☐ I don't resent it at all.

18. Over the past six months, I have felt that I do not have enough time for myself or to pursue my own interests:

- ☐ almost all the time
- ☐ very frequently
- ☐ occasionally
- ☐ not at all.

19. Usually when I am with the baby:

- ☐ I am very impatient
- ☐ I am a bit impatient
- ☐ I am moderately patient
- ☐ I am extremely patient.





Directions: Hassles are irritants that can range from minor annoyances to fairly major pressures, problems or difficulties. They can occur few or many times. Listed below are a number of ways in which a person can feel hassled. *First, circle the hassles that have happened to you in the past month. Then look at the numbers on the right of the items you circled. Indicate by circling a 1, 2, or 3 how SEVERE each of the circled hassles has been for you in the past month. If a hassle did not occur in the last month do NOT circle it.*

	<u>Somewhat</u> <u>severe</u>	<u>Moderately</u> <u>severe</u>	<u>Extremely</u> <u>severe</u>
1. Misplacing or losing things	1	2	3
2. Troublesome neighbours	1	2	3
3. Social obligations	1	2	3
4. Inconsiderate smokers	1	2	3
5. Troubling thoughts about your future	1	2	4
6. Thoughts about death	1	2	3
7. Health of a family member	1	2	3
8. Not enough money for clothing	1	2	3
9. Not enough money for housing	1	2	3
10. Concerns about owing money	1	2	3
11. Concerns about getting credit	1	2	3
12. Concerns about money for emergencies	1	2	3
13. Someone owes you money	1	2	3
14. Financial responsibility for someone who doesn't live with you	1	2	3
15. Cutting down on electricity, water etc.	1	2	3
16. Smoking too much	1	2	3
17. Use of alcohol	1	2	3
18. Personal use of drugs	1	2	3
19. Too many responsibilities	1	2	3
20. Decisions about having children	1	2	3
21. Non-family members living in your house	1	2	3
22. Care for pet	1	2	3
23. Planning meals	1	2	3

	<u>Somewhat severe</u>	<u>Moderately severe</u>	<u>Extremely severe</u>
24. Concerned about the meaning of life	1	2	3
25. Trouble relaxing	1	2	3
26. Trouble making decisions	1	2	3
27. Problems getting along with fellow workers	1	2	4
28. Customers or clients give you a hard time	1	2	3
29. Home maintenance (inside)	1	2	3
30. Concerns about job security	1	2	3
31. Concerns about retirement	1	2	3
32. Laid-off or out of work	1	2	3
33. Don't like current work duties	1	2	3
34. Don't like fellow workers	1	2	3
35. Not enough money for basic necessities	1	2	3
36. Not enough money for food	1	2	3
37. Too many interruptions	1	2	3
38. Unexpected company	1	2	3
39. Too much time on my hands	1	2	3
40. Having to wait	1	2	3
41. Concerns about accidents	1	2	3
42. Being lonely	1	2	3
43. Not enough money for health care	1	2	3
44. Fear of confrontation	1	2	3
45. Financial security	1	2	3
46. Silly practical mistakes	1	2	3
47. Inability to express yourself	1	2	3
48. Physical illness	1	2	3
49. Side effects of medication	1	2	3
50. Concerns about medical treatments	1	2	3
51. Physical appearance	1	2	3
52. Fear of rejection	1	2	3
53. Difficulties with getting pregnant	1	2	3
54. Sexual problems that result from physical problems	1	2	3

	<u>Somewhat severe</u>	<u>Moderately severe</u>	<u>Extremely severe</u>
55. Sexual problems other than those resulting from physical problems	1	2	3
56. Concerns about health in general	1	2	3
57. Not seeing enough people	1	2	3
58. Friends or relatives too far away	1	2	3
59. Preparing meals	1	2	3
60. Wasting time	1	2	3
61. Car maintenance	1	2	3
62. Filling out forms	1	2	3
63. Neighbourhood deterioration	1	2	3
64. Financing children's education	1	2	3
65. Problems with employees	1	2	3
66. Problems on job due to being a woman or a man	1	2	3
67. Declining physical abilities	1	2	3
68. Being exploited	1	2	3
69. Concerns about bodily functions	1	2	3
70. Rising prices of common goods	1	2	3
71. Not getting enough rest	1	2	3
72. Not getting enough sleep	1	2	3
73. Problems with aging parents	1	2	3
74. Problems with your children	1	2	3
75. Problems with persons younger than yourself	1	2	3
76. Problems with your lover	1	2	3
77. Difficulties seeing or hearing	1	2	3
78. Overloaded with family responsibilities	1	2	3
79. Too many things to do	1	2	3
80. Unchallenging work	1	2	3
81. Concerns about meeting high standards	1	2	3
82. Financial dealings with friends or acquaintances	1	2	3

	<u>Somewhat severe</u>	<u>Moderately severe</u>	<u>Extremely severe</u>
83. Job dissatisfactions	1	2	3
84. Worries about decisions to change jobs	1	2	3
85. Trouble with reading, writing or spelling abilities	1	2	3
86. Too many meetings	1	2	3
87. Problems with divorce or separation	1	2	3
88. Trouble with arithmetic skills	1	2	3
89. Gossip	1	2	3
90. Legal problems	1	2	3
91. Concerns about weight	1	2	3
92. Not enough time to do the things you need to do	1	2	3
93. Television	1	2	3
94. Not enough personal energy	1	2	3
95. Concerns about inner conflicts	1	2	3
96. Feel conflicted over what to do	1	2	3
97. Regrets over past decisions	1	2	3
98. Menstrual (period) problems	1	2	3
99. The weather	1	2	3
100. Nightmares	1	2	3
101. Concerns about getting ahead	1	2	3
102. Hassles from boss or supervisor	1	2	3
103. Difficulties with friends	1	2	3
104. Not enough time for family	1	2	3
105. Transportation problems	1	2	3
106. Not enough money for transportation	1	2	3
107. Not enough money for entertainment and recreation	1	2	3
108. Shopping	1	2	3
109. Prejudice and discrimination from others	1	2	3
110. Property, investment or taxes	1	2	3

	<u>Somewhat severe</u>	<u>Moderately severe</u>	<u>Extremely severe</u>
111. Not enough money for entertainment and recreation	1	2	3
112. Yardwork or outside home maintenance	1	2	3
113. Concerns about news events	1	2	3
114. Noise	1	2	3
115. Crime	1	2	3
116. Traffic	1	2	3
117. Pollution	1	2	3

Have we missed any of your hassles? If so, write them in below

One more thing: Has there been a change in your life that affected how you answered this scale? If so, tell us what it was:

A number of statements which people have used to describe themselves are given below. Please read each statement carefully and **circle a response** to indicate the extent of your agreement or disagreement with each.

	Strongly agree	Agree	disagree	Strongly disagree
1. On the whole I am satisfied with myself.	1	2	3	4
2. At times I am no good at all.	1	2	3	4
3. I feel that I have a number of good qualities.	1	2	3	4
4. I am able to do things as well as most other people.	1	2	3	4
5. I feel I do not have much to be proud of.	1	2	3	4
6. I certainly feel useless at times.	1	2	3	4
7. I feel I am a person of equal worth, at least on an equal plane with others.	1	2	3	4
8. I wish I could have more respect for myself.	1	2	3	4
9. All in all I am inclined to think I am a failure.	1	2	3	4
10. I take a positive mental attitude towards myself.	1	2	3	4

The following question relates to you being worried over the past month. Please circle and note who.

In the past **month** has anyone close to you

- (a) Caused you special worry
- (b) been particularly demanding
- (c) been seriously ill
- (d) died

Yes	No	Who
1	2	
1	2	
1	2	
1	2	



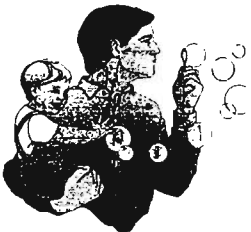
The statements below refer to the effect that **your work** has on aspects of your family life. Please circle your response to the extent of your agreement or disagreement. There are no right or wrong answers. *Your work may be paid employment or home duties.*

	<u>Strongly</u> <u>agree</u>				<u>Strongly</u> <u>disagree</u>
1. My job helps me have a better relationship with my partner.	1	2	3	4	5
2. My job keeps me from spending time with my partner.	1	2	3	4	5
3. Worrying about my job is interfering with my relationship with my partner.	1	2	3	4	5
4. After work I am often too tired to do things with my partner.	1	2	3	4	5
5. My relationship suffers because of my work.	1	2	3	4	5
6. My job makes it hard for me to have a good relationship with my child.	1	2	3	4	5
7. My working hours interfere with the amount of time I spend with my child.	1	2	3	4	5
8. Because I am often irritable after work, I am not as good a parent as I would like to be.	1	2	3	4	5
9. When I get home from work I often do not have the energy to be a good parent.	1	2	3	4	5
10. I am a better parent because of my job.	1	2	3	4	5
11. My job makes it difficult for me to enjoy my free time outside of work.	1	2	3	4	5
12. The amount of time I spend working interferes with how much free time I have.	1	2	3	4	5
13. Worrying about my job makes it hard for me to enjoy myself outside of work.	1	2	3	4	5
14. Because I am often tired after work, I don't see friends as much as I would like.	1	2	3	4	5
15. My job doesn't affect whether I enjoy my free time outside of work.	1	2	3	4	5

	<u>Strongly agree</u>				<u>Strongly disagree</u>
16. My job makes it difficult for me to get household chores done.	1	2	3	4	5
17. I spend so much time working that I am unable to get much done at home.	1	2	3	4	5
18. Worrying about my job interferes with my ability to get things done around the house.	1	2	3	4	5
19. When I get home from my job, I do not have the energy to do work around the house.	1	2	3	4	5
20. Having a job makes it easier for me to get my household chores done.	1	2	3	4	5



The statements below refer to the effect that **your partner's (spouse's) work** has on aspects of your family life. Please circle your response to the extent of your agreement or disagreement with each statement. There are no right or wrong answers. Do not spend too much time on any one statement. *Your partner's work may be paid employment or home duties.*



	<u>Strongly agree</u>				<u>Strongly disagree</u>
1. My partner's job helps us have a better relationship.	1	2	3	4	5
2. My partner's job keeps us from spending time together.	1	2	3	4	5
3. I dislike the fact that my partner is often preoccupied with work.	1	2	3	4	5
4. After work my partner is often too tired to do things together.	1	2	3	4	5
5. My relationship suffers because of my partner's work.	1	2	3	4	5
6. My partner's job makes it hard for him/her to have a good relationship with our child.	1	2	3	4	5
7. My partner's working hours interfere with the amount of time she/he spends with our child.	1	2	3	4	5

	<u>Strongly agree</u>				<u>Strongly disagree</u>
8. Because my partner is often irritable after work he/she is not as good a parent as he/she could be.	1	2	3	4	5
9. When my partner gets home from work she/he often does not have the energy to be a good parent.	1	2	3	4	5
10. My partner is a better parent because of his/her job.	1	2	3	4	5
11. My partner's job often interferes with her/his free time outside of work.	1	2	3	4	5
12. My partner works so much that she/he has little free time for socialising.	1	2	3	4	5
13. Worrying about work makes it hard for my partner to enjoy him/herself outside of work.	1	2	3	4	5
14. Because my partner is usually tired after work she/he frequently doesn't like doing things for fun.	1	2	3	4	5
15. My partner's job doesn't affect his/her free time outside of work.	1	2	3	4	5
16. My partner's job makes it difficult for him/her to get household chores done.	1	2	3	4	5
17. My partner spends so much time working that she/he is unable to get much done at home.	1	2	3	4	5
18. Worrying about his/her job interferes with my partner's ability to get things done around the house.	1	2	3	4	5
19. When my partner gets home from work, he/she does not have the energy to do work around the house.	1	2	3	4	5
20. My partner's job doesn't interfere with his/her household responsibilities.	1	2	3	4	5

Most persons have disagreements in their relationships. Please indicate below by **circling the number**, the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

	<u>Always agree</u>	<u>almost always agree</u>	<u>occasionally disagree</u>	<u>frequently disagree</u>	<u>almost always disagree</u>	<u>always disagree</u>
1. Handling family finances	5	4	3	2	1	0
2. Matters of recreation	5	4	3	2	1	0
3. Religious matters	5	4	3	2	1	0
4. Demonstrations of affection	5	4	3	2	1	0
5. Friends	5	4	3	2	1	0
6. Sex relations	5	4	3	2	1	0
7. Conventionality (correct or proper behaviour).	5	4	3	2	1	0
8. Philosophy of life	5	4	3	2	1	0
9. Ways of dealing with parents or in-laws	5	4	3	2	1	0
10. Aims, goals and things believed important	5	4	3	2	1	0
11. Amount of time spent together	5	4	3	2	1	0
12. Making major decisions	5	4	3	2	1	0
13. Household tasks	5	4	3	2	1	0
14. Leisure time interests and activities	5	4	3	2	1	0
15. Career decisions	5	4	3	2	1	0

	<u>All the time</u>	<u>Most of the time</u>	<u>More often than not</u>	<u>Occasion- ally</u>	<u>Rarely</u>	<u>Never</u>
16. How often do you discuss or have you considered divorce, separation or terminating your relationship?	0	1	2	3	4	5
17. How often do you or your mate leave the house after a fight?	0	1	2	3	4	5

	<u>All the time</u>	<u>Most of the time</u>	<u>More often than not</u>	<u>Occasionally</u>	<u>Rarely</u>	<u>Never</u>
18. In general, how often do you think that things between you and your partner are going well?	0	1	2	3	4	5
19. Do you confide in your mate?	0	1	2	3	4	5
20. Do you regret that you married? (or lived together)	0	1	2	3	4	5
21. How often do you and your partner quarrel?	0	1	2	3	4	5
22. How often do you and your mate 'get on each other's nerves?'	0	1	2	3	4	5

	<u>Every day</u>	<u>Almost every day</u>	<u>Occasionally</u>	<u>Rarely</u>	<u>Never</u>
23. Do you kiss your mate?	4	3	2	1	0

	<u>All of them</u>	<u>Most of them</u>	<u>Some of them</u>	<u>Very few of them</u>	<u>None of them</u>
24. Do you and your mate engage in outside interests together?	4	3	2	1	0

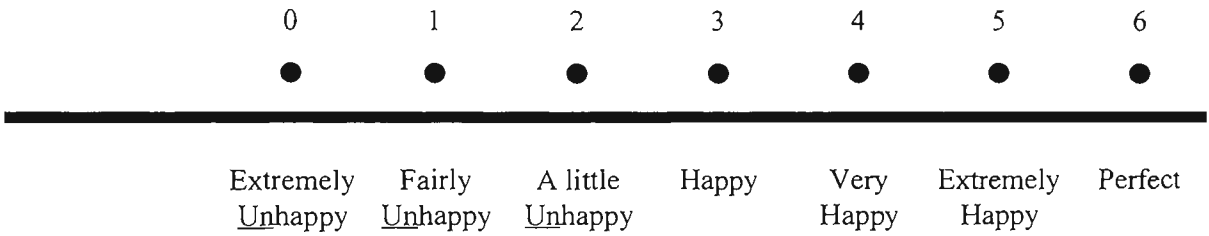
How often would you say the following events occur between you and your mate?

	<u>Never</u>	<u>Less than once a month</u>	<u>Once or twice a month</u>	<u>Once or twice a week</u>	<u>Once a day</u>	<u>More often</u>
25. Have a stimulating exchange of ideas.	0	1	2	3	4	5
26. Laugh together	0	1	2	3	4	5
27. Calmly discuss something	0	1	2	3	4	5
28. Work together on a project	0	1	2	3	4	5

These are some things about which couples sometimes agree and sometimes disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks (**circle 0 for yes and 1 for no**).

	Yes	No	
29.	0	1	Being too tired for sex
30.	0	1	Not showing love

31. The dots on the following line represent different degrees of happiness in your relationship. The middle point, 'happy' represents the degree of happiness of most relationships. Please **circle the dot** which best describes the degree of happiness, all things considered, of your relationship.



32. Which of the following statements best describes how you feel about the future of your relationship? (**Please circle the number which matches how you feel**).

- 5 I want desperately for my relationship to succeed and *would go to almost any length* to see that it does.
- 4 I want very much for my relationship to succeed and *will do all I can* to see that it does.
- 3 I want very much for my relationship to succeed and *will do my fair share* to see that it does.
- 2 It would be nice if my relationship succeeded but *I can't do much more than I am doing now* to help it succeed.
- 1 It would be nice if it succeeded but *I refuse to do any more than I am doing now* to keep the relationship going.
- 0 My relationship can never succeed and *there is no more that I can do* to keep the relationship going.

The statements below describe attitudes toward the roles of women in society which different people have. There are no right or wrong answers, only opinions. You are asked to express your feeling about each statements by indicating whether you (A) agree strongly, (B) agree mildly, (C) disagree mildly, or (D) disagree strongly. **Circle the appropriate letter.**

	<u>Agree</u> <u>strongly</u>	<u>Agree</u> <u>mildly</u>	<u>Disagree</u> <u>mildly</u>	<u>Disagree</u> <u>strongly</u>
1. Swearing and obscenity are more repulsive in the speech of a woman than a man.	A	B	C	D
2. Under modern economic conditions with women being active outside the home, men should share in household tasks such as washing dishes and doing the laundry.	A	B	C	D
3. It is insulting to women to have the 'obey' clause remain in the marriage service.	A	B	C	D
4. A woman should be as free as a man to propose marriage.	A	B	C	D
5. Women should worry less about their rights and more about becoming good wives and mothers.	A	B	C	D
6. Women should assume their rightful place in business and all the professions along with men.	A	B	C	D
7. A woman should not expect to go to exactly the same places or to have quite the same freedom of action as a man.	A	B	C	D
8. It is ridiculous for a woman to run a train and a man to darn socks.	A	B	C	D
9. The intellectual leadership of a community should be largely in the hands of men.	A	B	C	D
10. Women should be given equal opportunity with men for apprenticeship in the various trades.	A	B	C	D
11. Women earning as much as their dates should bear equally the expense when they go out together.	A	B	C	D
12. Sons in a family should be given more encouragement to go to university than daughters.	A	B	C	D
13. In general, the father should be given more authority than the mother in the bringing up of children.	A	B	C	D
14. Economic and social freedom is worth far more to women than acceptance of the ideal of femininity which has been set up by men.	A	B	C	D
15. There are many jobs in which men should be given preference over women in being hired or promoted.	A	B	C	D

THANK YOU SO MUCH FOR COMPLETING THIS QUESTIONNAIRE BOOKLET. YOUR TIME AND COOPERATION IS MUCH APPRECIATED.

Over the next 10 months you will receive three more booklets. Each booklet will be similar to this but with a few less pages (thank goodness you say!). Part two will come about one month after part one. part three four months later and the final part will be ten months after the first booklet. In addition, during the middle of this process you will receive a newsletter about how the survey is going, the number of participants and other interesting information.

Please remember to return your questionnaire *with the consent form signed* in the pre-paid envelope provided. There is an extra copy of the consent form for you both to keep so you remember what you have signed. There are two envelopes provided, you and your partner may return your questionnaires together if you prefer, or use individual envelopes.

Please fill in the following details so we can send out the next three parts of the survey.

Name _____

Address _____

Postcode _____

Telephone No. Home _____ Work _____

Full name of partner/ spouse. _____

Baby's date of birth _____ boy [] girl []

Baby's name _____

Appendix C	Page
Letters to seek access for recruitment	
• Line managers of Local Municipality	297
• Maternal & Child Health Coordinators	299
• Maternal & Child Health Nurse	302

DATE

FIELD(Name)

FIELD(Title)

FIELD(organisation)

FIELD(address)

FIELD(suburb)

FIELD(salutation)

Re: Seeking permission to contact Maternal and Child Health Centres to assist in recruitment of participants for a study on combining parenting and paid work.

I am a doctoral student conducting postgraduate research into how new parents combine parenting and paid employment. My purpose for writing is to seek permission to contact the Maternal and Child Health Centres in your municipality. I wish to invite the assistance of the Maternal and Child Health Nurses in recruiting participants for the study described below.

100 new parent couples who will become a two income family and also a group of 100 new parent couples who are planning to remain single income will be invited to participate in a study which examines the experiences of new parent families as they combine parenting and paid work. Parents who agree to be involved will be invited to complete a questionnaire booklet on four separate occasions. The booklet will take less than one hour to complete each time and will collect data on a range of variables such as stress levels, division of household labour, parenting satisfaction, work related factors, satisfaction with childcare, mood and emotions. It is important in this study that both the mother and father participate as it is vital to gather information from both perspectives.

The involvement from the nurses would require them to draw clients' attention to the study and hand over an information envelope to potential participants. In addition a poster advertising the study would be provided to each participating Maternal and Child Health Centre for display if the MCHN so chooses. In some cases it may be appropriate for the information envelopes to be placed below this poster.

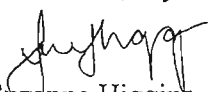
Currently my study proposal has been approved by RMIT University Human Research and Ethics Committees. The Senior Supervisor for this study is Professor Carol Morse, Professor of Women's Health at RMIT University. Should you require any further information you may contact my supervisor on 9468 2456.

I would be available to discuss my study further with yourself and the Maternal and Child Health Nurses working from your Municipality at your convenience and am willing to provide a copy of my proposal for further information. In addition each Maternal and Child Health Nurse who collaborates in this study will receive regular newsletters updating the progress of the study. At completion of the data analysis phase the MCHN will also receive a brief report of the results. In addition the contribution of the MCHNs will be acknowledged in the completed thesis and any publications arising from the study. It is envisaged that the study and the results will be of interest to all practising Maternal and Child Health Nurses given the high proportion of employed mothers with young children.

This study will provide important information regarding the process of becoming a two income family and the experiences of combining parenting and employment. This knowledge will be important for new families, workers who work with families and employers as well as providing the potential to influence the allocation of resources to assist new families. Maternal and Child Health Centres are ideal venues to recruit participants who are experiencing the life stage being studied. My home telephone number is 03 97618998 should you require further information.

I do hope you are able to grant permission for me to make contact with the MCHNs to request their assistance in this study. I look forward to your response at your earliest convenience.

Yours sincerely



Suzanne Higgins

RN, RPN., RM., B.App.Sci.(Ad. Nurs.), M.Ed.St., MCHN. FRCNA.

Address: 1A Tereddin Drive Kilsyth South 3137

Tel: 9761 8998.

Professor Carol A Morse
Senior Supervisor
Dept. Public Health, Family & Mental Health
RMIT University
Bundoora (West) Campus
Tel: 9468 2456

Faculty of Nursing

RMIT

Royal Melbourne
Institute of Technology

Bundoora campus

PO Box 71
Bundoora Victoria 3083
Australia
Telephone (03) 9468 2453
Facsimile (03) 9467 1629

24 November, 1997

Ms Lorrain Gillies
Maternal & Child Health Coordinator
City of Frankston
PO Box 490
FRANKSTON 3199

Dear Ms Lorrain Gillies

Re: Recruiting participants for a study on new parents combining parenting and paid employment.

I am a doctoral student in the Faculty of Nursing at RMIT University conducting postgraduate research. My nursing career spans 20 years, the most recent areas of employment have been in community health and Maternal and Child Health relieving. The area I am researching is the experience of new parents as they combine parenting and paid employment when the mother returns to the workforce after the birth of her first infant. My purpose for writing is to invite assistance from the Maternal and Child Health Nurses in your municipality in recruiting participants for the study described below.

The Study

One hundred (100) new parent couples who will become a two income family and also a group of 100 new parent couples who are planning to remain single income will be invited to participate in this study. It examines the experiences of new parent families as they combine parenting and paid work. Parents who agree to be involved will complete a questionnaire booklet on four separate occasions over a 10 month period. The booklet will take less than one hour to complete each time and will collect data on a range of variables such as stress levels, division of household labour, parenting satisfaction, work related factors, satisfaction with childcare, mood and emotions. It is important in this study that both the mother and father participate as it is important to gather information from both perspectives.

Involvement from the MCHN's

The involvement from the nurses would require them to draw clients' attention to the study and hand over an information envelope to potential participants. In addition a poster advertising the study would be provided to each participating Maternal and Child Health Centre for display if the Nurse so chooses. In some cases it may be appropriate for the information envelopes to be placed below this poster.

Approval for the study

Currently my study proposal has been approved by RMIT University Human Research and Ethics Committee and the University Higher Degrees Committee. The Senior Supervisor for this study is Professor Carol Morse, Professor of Women's Health at RMIT University. Should you require any further information you may contact my supervisor on 9468 2456.

Further information about the study

I would be available to discuss my study further with yourself and the Maternal and Child Health Nurses working from your Municipality if that is preferred. In addition I am willing to provide a copy of my proposal for further information. Each Maternal and Child Health Nurse who collaborates in this study will receive regular newsletters outlining progress of the

study. They will be acknowledged in the completed thesis and in any publications arising from the study. At completion of the data analysis phase the Nurse will also receive a brief report of the results and be informed where they can find the completed thesis document. It is envisaged that the study and the results will be of interest to all practising Maternal and Child Health Nurses given the high proportion of employed mothers with young children.

Importance of the study

This important study will provide essential information regarding the process of becoming a two income family and the experiences of combining parenting and employment. This knowledge will be important for new families, workers who work with families and employers as well as providing the potential to influence the allocation of resources to assist new families. Maternal and Child Health Centres are ideal venues to recruit participants who are experiencing the life stage being studied. My home telephone number is 03 97618998 should you require further information.

Can you help?

If you believe the MCHNs in your municipality are able to assist in recruitment for this important study please complete the accompanying '*I am interested*' form. I am aware how busy the Nurses are and I would like to minimise the effort required in responding to this request. I am available to talk to the nurses individually or at your team meeting. It is possible for me to write to all the nurses in your Municipality individually to request their assistance, if you provide their names and addresses. Alternatively I can continue communicating via the Maternal & Child Health Coordinator (you). Please indicate the most convenient communication method on the '*I am interested*' form. This form may be returned in the REPLY PAID envelope provided or faxed to **03 9761 8998**.

I hope you are able to help me and I look forward to hearing from you at your earliest convenience.

Yours sincerely

Suzanne Higgins
RN, RPN, RM, B.App.Sci.(Ad. Nursing), M.Ed.St., MCHN.
Tel: 9761 8998.

REPLY PAID 149
PO Box 1136
Croydon. 3136

Professor Carol A Morse
Senior Supervisor
Dept. Public Health, Family & Mental Health
RMIT University
Bundoora (West) Campus
PO Box 71
Bundoora 3083
Tel: 9468 2456

YES I AM INTERESTED!!!

Ms Lorrain Gillies
 Maternal & Child Health Coordinator
 City of Frankston
 PO Box 490
 FRANKSTON 3199

You have my permission to contact the Maternal & Child Health Nurses in my Municipality direct. I have provided their name and address details with this form.

[] Please tick

Or

Please continue to communicate through me

[]

The MCHNs in this municipality are able to assist.

[]

The MCHNs in this municipality are not able to assist

[]

I would like to talk to you about the study,
 please telephone to make a time.

[]

The Nurses in this area would like to hear about the study at their team meeting. Please telephone to make a time.

[]

I would like a copy of the research proposal.

[]

If there is a better way to contact you other than the address above, or if any details have changed, please provide them below.

NAME

TITLE

ADDRESS

TELEPHONE

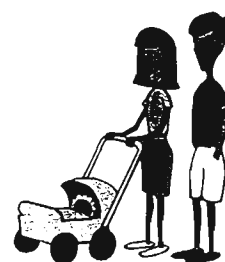
FAX

*Thank
 you*



Combining Parenting and Paid work

RMIT University Faculty of Biomedical & Health Sciences, &
Nursing



25th May 1998

Ms Debra Welsh
Maternal & Child Health Nurse
Craig Family Centre
Ashburton MCHC
No. 7 Samarinda Ave
Ashburton. 3147

Dear Debra

Re: Recruiting participants for a study on new parents combining parenting and paid employment.

I am a doctoral student in the Faculty of Nursing at RMIT University conducting postgraduate research. My nursing career spans 20 years, the most recent areas of employment have been in Community Health and Maternal and Child Health relieving. The field I am researching is the experience of new parents as they combine parenting and paid employment when the mother returns to the workforce after the birth of her first infant.

The Study

The study is a longitudinal, comparative study which collects data by mail. One hundred (100) new parent couples who will become a two income family and also a group of 100 new parent couples who are planning to remain single income will be invited to participate in the study. Two income families will ideally have one full time worker (usually the father) and the other parent planning to work either full or part time. Single income families will have one full time worker and the other parent the full time home maker and be planning to remain that way for the next 12 months.

The study examines the experiences of new parent families as they combine parenting and paid work. Parents who agree to be involved will complete a questionnaire booklet on four separate occasions over a 10 month period. The booklet will take about one hour to complete each time and will collect data on a range of variables such as stress levels, division of household labour, parenting satisfaction, work related factors, satisfaction with childcare, mood and emotions. In summary, the study is designed to examine the transition of returning to work whilst parenting the firstborn, infant child. These couples will then be compared with single income families with their firstborn to identify any similarities and differences.

It is important in this study that both the mother and father participate as it is essential to gather information from both perspectives. Other selection criteria for participation in the study includes;

- being able to read and write English,
- the infant must be the firstborn for the couple and be healthy with no disabilities or chronic health problems,
- infants must be aged between 3 and 15 months at entry to the study,
- two income families will complete the questionnaire for time 1 prior to the mother returning to the workforce (one or two months prior),
- both parents must live together
- and they must both be prepared to be involved in completing the questionnaire booklets.

Involvement from the MCHN's

Your involvement will require you to draw clients' attention to the study and hand over an information envelope to potential participants. In addition a poster advertising the study would be provided to each participating Maternal and Child Health Centre for display if the Nurse so chooses. *In many cases it may be appropriate for the information envelopes to be placed below this poster.* The Maternal and Child Health Nurse is not required to have any further involvement in the study.

The information envelope contains copies of the questionnaire booklets for Time 1 data collection, letters explaining the study, Reply Paid envelopes for the return of the booklets to the researcher and details of how to contact her. After distributing the information envelopes the Nurses are not required to have any involvement. Data collection booklets for Times 2, 3 and 4 are sent by mail direct to the participants. All data collection occurs by mail and the participants are encouraged to contact the researcher if they have any questions or concerns.

I have designed the recruitment phase of this study after consulting a number of experienced Maternal and Child Health Nurses in order to minimise their effort. I am aware of how busy you all are and how precious the consultation time is. There is no need for the Nurse to explain the study to potential parents as parents will receive a 'Plain Language Statement' in the information envelope which clearly and simply explains the study. In addition the poster provides a summary of the participation criteria.

Approval for the study

Currently my study proposal has been approved by RMIT University Human Research and Ethics Committee and the University Higher Degrees Committee. The Senior Supervisor for this study is Professor Carol Morse, Professor of Women's Health at RMIT University. You are welcome to contact my supervisor on 9468 2456 if you have any concerns or issues to clarify regarding this study.

Further information about the study

I am available to discuss my study further with yourself. In addition I am willing to provide a copy of my proposal for further information. Each Maternal and Child Health Nurse who collaborates in this study will receive regular newsletters outlining progress of the study. They will be acknowledged in the completed thesis and in any publications arising from the study. At completion of the data analysis phase the Nurse will also receive a brief report of the results and be informed where they can find the completed thesis document. It is envisaged that the study and the results will be of interest to all practising Maternal and Child Health Nurses given the high proportion of two income families with young children.

Importance of the study

This important study will provide essential information regarding the process of becoming a two income family and the experiences of combining parenting and employment. This knowledge will be important for new families, workers who work with families and employers as well as providing the potential to influence the allocation of resources to assist new families. Maternal and Child Health Centres are ideal venues to recruit participants who are experiencing the life stage being studied. My home telephone number is 03 97618998 if

should you require further information. This number is also my fax number if you wish to communicate in writing.

Please return the accompanying form by mail or facsimile indicating whether you are able to help me. I look forward to hearing from you.

Yours sincerely

Suzanne Higgins
RN, RPN, RM, B.App.Sci.(Ad. Nursing),
M.Ed.St., MCHN.

Tel: 9761 8998. Fax: 9761 8998
REPLY PAID 149
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Health
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Bundoora (West) Campus
PO Box 71
Bundoora 3083
Tel: 9468 2456 Fax: 94675291

Combining Parenting and Paid work

RMIT University Faculty of Biomedical & Health Sciences &
Nursing



4th March 1998

Dear

I wish to thank you very much for the support and assistance you are providing in this study.

Enclosed in this package are the information envelopes for the 'Combining Parenting and Paid Work' study. I have provided 8 **Information Envelopes** per Centre. For some Centres this may be too many whilst for others it may not be enough. I have provided 2 posters for each Centre in case the Nurses wish to display them in two different places. Please feel free to telephone me on 9761 8998 if you require further posters or information envelopes.

The information envelopes contain two questionnaire booklets, his and hers, a letter to parents explaining the study, copies of consent forms and two Reply Paid envelopes for returning the booklets. I have done a small pilot study with all these documents and used the feedback to ensure they are reader friendly, contain adequate information and are simple to understand. All documents meet with the requirements and standards set by RMIT University Human Research Ethics Committees and Higher Degrees Committees. I can appreciate there may still be a small number of participants who have difficulty with the study and I have provided contact details for all respondents in case they need further assistance. Please refer all enquiries to me.

In the next 8 weeks I will be putting together a newsletter for all the Maternal & Child Health Nurses assisting in this study. This newsletter will contain details about the study so far. In addition it will contain information about the initial recruitment phase and when the MCHN's can remove the posters and discard left over Information Envelopes. At this stage it is difficult to know how quickly recruitment will occur. We should be able to determine this after recruiting for a few weeks and having some idea about sample size. I trust this process is satisfactory for you. I apologise for the delay in getting the information envelopes to you but everything took much longer than I envisaged (doesn't it always?).

I am most happy to respond to any enquiries about this study or the research processes in general. My home numbers are below. The answering machine will always be on if I am not available to answer calls and I will respond as soon as possible. I really am most grateful for the encouragement and support shown to me by my fellow nurses.

Yours sincerely

Suzanne Higgins.

Appendix D

Page

Paid Advertising

307

TO: Suzanne Higgins

AT:

FROM: Linda

DATE: 28-7-99

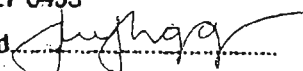
☒ Proof sent

FAX NO: 97618998

- Quality Time

Quality time

RETURN FAX: 9428 4263 PH: 9427 0455

☒ Proof approved for printing. Signed: 

MESSAGE: Here is a proof of your ad for the Aug - Sept issue. Please check copy carefully and advise our office of any errors you find or alterations which you may require ASAP. If you are happy with this copy please sign and return by fax. Please note that we cannot be held responsible for errors or omissions after the ad has been signed off. If we receive no response, we will assume that you are happy with the ad below.

Desperately seeking first time parents of babies 3-15 months

Are you interested in participating in research about the experiences of combining parenting & paid work?



- Is this your first baby?
- Is your family planning to be a single income family for at least the next 10 months? or
- Are you or your partner planning to go back to work in the next couple of months after maternity/paternity leave?

For more information on participating in the survey please phone:

Suzanne Higgins on 9761 8998

Advertising: Paid \$400

97588722

**Desperately seeking first time parents
of babies 3-15 months**

Are you interested in participating in research about the
experiences of combining parenting & paid work?



- Is this your first baby?
- Is your family planning to be a single income family for at least the next 10 months? or
- Are you or your partner planning to go back to work in the next couple of months after maternity/paternity leave?

For more information on participating in the survey please phone:

Suzanne Higgins on 9761 8998

Appendix E		Page
Letters accompanying data collection		
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Combining Parenting and Paid work

RMIT University Faculty of Biomedical & Health Sciences &
Nursing



15th May 1998

Dear Parents

I am conducting a survey on the experiences of first time parenting and paid employment and would like to invite you to participate. The aim of the study is to examine a range of issues in families with a young baby to determine how families adjust to the combination of parenting and paid work over a period of time. It is important to gather information from families where one parent is in paid employment and families where both parents are in paid employment when their baby is still young. This knowledge will be of interest to new parents, future parents, parents returning to work after the birth of their baby and workers who work with families. It will also be important for planning service delivery for young families therefore the information you provide will be invaluable.

As a mother or father of an infant aged less than 15 months old, you are invited to participate in this study if one or both parents are in paid employment. It is important that you and your partner live together in the same household, your baby is your first, aged less than 15 months but more than 3 months old, is healthy with no chronic health problems or disabilities, that both you and your partner are prepared to participate, you read, write and understand English well, and reside in Metropolitan Melbourne.

You will be invited to complete a booklet of questions on four occasions over a 10 month period. Each occasion should take about one hour and will involve completing the booklet at specified times and returning them in reply paid, self-addressed envelopes.

The principal researcher is a doctoral student in the Nursing Faculty at RMIT University with many years of nursing experience. Her most recent was in Maternal and Child Health Nursing with a particular interest in families with young children. The Senior Supervisor for this project is Professor Carol Morse who is Head of Public Health, Family and Mental Health at RMIT University. She can be contacted on 9468 2456 if you would like further information. Your Maternal and Child Health Centre has kindly agreed to assist in the study.

Your consent to participate in this study is voluntary and you may withdraw any time. When you return questionnaires, they will be identified by code only and any identifying information will be separated and kept separate. The information collected will be stored in a locked cupboard according to RMIT University guidelines. The feedback from a large number of parents will be added together so that overall trends are looked at, not the responses of individuals. **At no stage of the study will your identity be revealed, including during publication of any results.**

Over the page are instructions for completing the questionnaire booklet. The booklet has been designed for both types of families; those who have one parent in paid employment and one parent as a full time homemaker (single income families) and families where both parents are involved in paid employment (two income families). There are a small number of questions which need not be completed by the single income families.

Both Families

Ignore the request to refer a single income friendship couple (last page), we have decided to recruit all couples through the Maternal & Child Health Centre.

Two Income Families

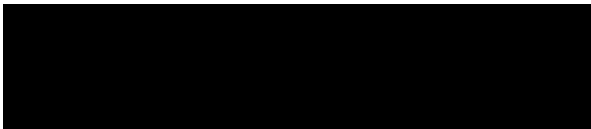
Please fill in the questionnaire before the homemaker (usually the mother) returns to the workforce. Approximately one month before.

Single Income Families

On the page labelled Background Information, the homemaker can ignore questions 9, 10, 11, 12. The income earner can ignore questions 11 and 12.

If you and your partner are prepared to be involved in this important research please fill in the questionnaire booklet according to the instructions and return it, with the signed consent form in the stamped addressed envelopes provided. You may return your booklets together in one envelope or separately. Two envelopes have been provided (if you use one feel free to return the other and I can reuse it). If you would like more information please telephone me on 9761 8998. If you leave a message on my answering machine, I will return your phone call as soon as possible.

Yours sincerely



Suzanne Higgins

Reply Paid 149, PO Box 1136, Croydon. 3136. Tel: 9761 8998



Combining Parenting and Paid work

RMIT University Faculty of Biomedical & Health Sciences, &
Nursing



July 1998

Dear Parents

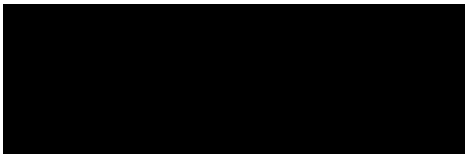
Thank you so much for returning the completed questionnaire booklets for this study. As explained in the initial letter (inside the Information Envelope) there are four occasions for completing the booklets in this study. Your next three occasions will occur after the mother in your family has returned to the workforce. According to the information you have supplied this is planned for

_____.

If anything changes eg: the mother decides to return early or decides not to return to paid work after all, please let me know by telephoning on the number below and we can continue with the study. You will still be most welcome in the study.

Learning about how new families function in Australia in the 1990's would not be possible without your valuable contribution. Please feel free to telephone me on 9761 8998 if you have any questions or wish to discuss the study further. If my answering machine takes your message, I will return your call as soon as possible.

Your sincerely



Suzanne Higgins.

PO Box 1136, Croydon. 3136. Tel: 9761 8998.

Combining Parenting and Paid work

RMIT University Faculty of Biomedical & Health Sciences, &
Nursing



October 1998

Dear Parents

Thank you very much for returning the completed booklets for this study. As explained in the initial letter (inside the first package) there are four occasions for completing the booklets in this study. You have completed Time One, the next one (Time Two) is in one month, then three months after that and finally ten months after the first booklet. Time one was the longest questionnaire booklet (Thank goodness you say!). In amongst all these booklets you will receive newsletters letting you know how the study is progressing and some preliminary details.

Please feel free to contact me if you have any questions at all about the study on **9761 8998**. If my answering machine takes your message I will respond as soon as possible.

Once again I thank you for your contribution to the study. Your valuable feedback means we are able to obtain important information about the experience of new parents in the '90's. It will be most useful for other parents and workers who work with families.

Yours sincerely

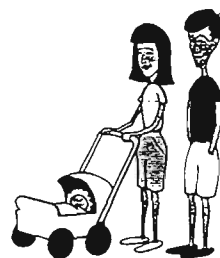
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Professor Carol Morse
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Combining Parenting and Paid work

RMIT University Faculty of Biomedical & Health Sciences, &
Nursing



July 1998

Dear Parents

Thank you very much for your support in part one of the study. Accompanying this letter is part two which contains some similar questions to part one but also a few completely new questions. **Please complete the booklets as close to one month after the mother returns to the workforce as possible.** Eg: if her return to work was on July 3rd, please complete the booklets around August 3rd.

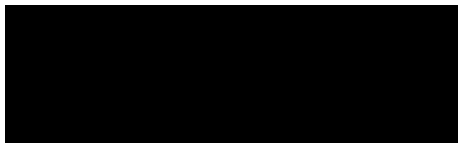
Again two Reply Paid envelopes are provided, feel free to use one each or to put your questionnaires together in one envelope (you can return the spare envelope if you like).

Also included is a 'change of address form'. As the study extends over 10 months it is possible some participants may move house. Please put this form in a safe place and send it to Suzanne Higgins at the address below if you do plan to move. In that way your valuable contribution can continue. Note: no stamp is required using the Reply Paid number.

Please feel free to contact me if you have any questions at all about the study. If my answering machine takes your message I will respond as soon as possible. Telephone number: 9761 8998

Once again I thank you for your contribution to the study. Your valuable feedback means we are able to obtain important information about combining parenting and paid employment in the '90's. It will be most useful for other parents and workers with families.

Yours sincerely

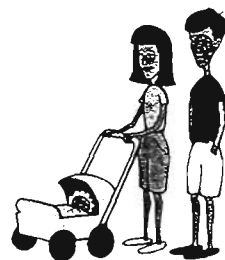


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Combining Parenting and Paid work

RMIT University Faculty of Biomedical & Health Sciences, &
Nursing



October 1998

Dear Parents

Thank you very much for your support in part one of the study. Accompanying this letter is part two which contains some similar questions to part one but also a few completely new questions. Again two Reply Paid envelopes are provided, feel free to use one each or to put your questionnaires together in one envelope (you can return the spare envelope if you like). Please fill out the questionnaire booklets within a week of receiving them and return them as soon as possible.

I have included a 'Change of Address' form. As the study extends over 10 months, it is possible that some families will move house. Put it in a safe place and return it to me if you do move, in that way your involvement in the study can continue.

Please feel free to contact me if you have any questions at all about the study on 9761 8998. If my answering machine takes your message I will respond as soon as possible.

Once again I thank you for your contribution to the study. Your valuable feedback means we are able to obtain important information about the experience of new parents in the '90's. It will be most useful for other parents and workers with families.

Yours sincerely

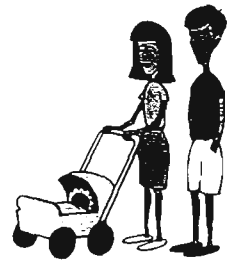
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Combining Parenting and Paid work

RMIT University Faculty of Biomedical & Health Sciences, &
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September 1998

Dear Parents

Thank you very much for your support in part one and two of the study. Accompanying this letter is part three which contains some similar questions to the previous two questionnaires. Please complete this questionnaire and return as soon as possible.

Again two Reply Paid envelopes are provided, feel free to use one each or to put your questionnaires together in one envelope (you can return the spare envelope if you like).

Please do not hesitate to contact me if you have any questions at all about the study. If my answering machine takes your message I will respond as soon as possible. Telephone number: **9761 8998**

Your fourth and final questionnaire booklet will be sent out in 6 months (some of the booklets say 3 months but that is a mistake). Before then I hope to have a newsletter for all participants which will have some preliminary information about the study.

Once again I thank you for your contribution to the study. Your valuable feedback means we are able to obtain important information about combining parenting and paid employment in the '90's. It will be most useful for other parents and workers with families.

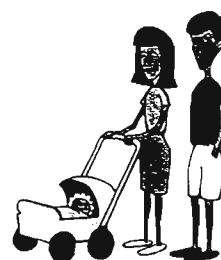
Yours sincerely

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Professor Carol Morse
Head, Department Public Health, Family & Mental Health
RMIT University

Combining Parenting and Paid work

Victoria University: Faculty of Human Development
School of Nursing



March 2000

Dear Parents

Thank you very much for your support in part one, two and three of the study. Accompanying this letter is part four which is the **final questionnaire booklet**. Please complete the booklet and return it as soon as possible. Again two Reply Paid envelopes are provided, feel free to use one each or to put your questionnaires together in one envelope (you can return the spare envelope if you like).

Filling in the questionnaire booklet is the same as on previous occasions. Single income families can ignore the child care questionnaire. Two income families do need to fill it in please.

I have completed recruiting for the study. We ended up with 72 couples. My tasks now include finishing data collection from couples like yourself, data entry and analysis and writing up the 'enormous' document of results. I plan to do a mid year newsletter with some preliminary results so you will hear more in June/July. In addition I am presenting some preliminary results at interstate conferences in July and November which should be a great experience. I have enrolled part time this year in order to take pressure off myself and to enable extra time to complete the study. My plan is to finish by the end of the year or very early next year.

Please do not hesitate to contact me if you have any questions at all about the study. If my answering machine takes your message I will respond as soon as possible. Telephone number: **9761 8998**.

Yours sincerely

Suzanne Higgins.
Doctoral Student
Victoria University
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PO Box 1136
Croydon. 3136

Combining Parenting and Paid work

RMIT University Faculty of Biomedical & Health Sciences, &
Nursing



December 1998

Dear Parents

Once again I thank you for your contribution to the study. You have now completed all the questionnaire booklets for the study (thank goodness you say). It is often difficult to get people involved in research and then difficult to maintain their interest, especially when the study extends over a long period of time like this one. This study would not be possible without your input so I really am grateful for your time and effort.

I hope to finish collecting the questionnaires by the end of 1999 but analysis of the information collected is ongoing. You will continue to receive newsletters and information about the study until the end when you will receive a brief report of results. I do hope you have found your involvement to be useful or informative in some way.

Once the study is completed the results should be useful for Maternal & Child Health Nurses, G.P.s, Child Care Workers, all workers with young children and couples planning the birth of their first child. Maybe even the policy makers may take the results into account.

Please do not hesitate to contact me if you have any questions at all about the study. If my answering machine takes your message I will respond as soon as possible. Telephone number: 9761 8998.

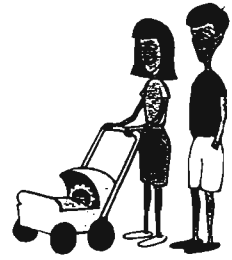
I wish you and your family all the best for the future.

Yours sincerely

Suzanne Higgins.
Doctoral Student
RMIT University
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PO Box 1136
Croydon. 3136

Combining Parenting and Paid work

RMIT University Faculty of Biomedical & Health Sciences &
Nursing



Yes, I will be moving

Name: _____

Partner's Name: _____

Old Address:

Street: _____

Suburb: _____

Postcode: _____

New Address:

Street: _____

Suburb: _____

Postcode: _____

New Phone: _____

New address is effective from (date): _____

Please return this form to:

Reply Paid 149
Suzanne Higgins
PO Box 1136
CROYDON. 3136



Combining Parenting and Paid work

RMIT University Faculty of Biomedical & Health Sciences, &
Nursing



11th February 1999

Dear Parents

Thank you very much for your support in the study. Recently I sent you a package containing the questionnaire booklets for _____. This letter is just a reminder as I have not received them and wonder if you have returned them.

If you have not received this package or have misplaced them, please phone me on 9761 8998 and I will send some more.

I hope everything is OK in your family. I understand if you have been really busy and haven't got around to completing your questionnaires. Please return them as soon as you are able to.

Once again I thank you for your contribution to the study. Your valuable feedback means we are able to obtain important information about combining parenting and paid employment in the '90's. It will be most useful for other parents and workers with families.

Yours sincerely

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