

AN ABSTRACT OF THE THESIS OF

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The majority of research in early parenting has concentrated on the areas of stress associated with the birth of a child. Contrasted to the wealth of research on parenting stress, much less attention has been focused on how parents cope with the adjustments during this period. The purpose of the present study was to provide a comprehensive analysis of the coping strategies related to stress during early parenthood. Parents who had experienced the birth of a child in the last eighteen months participated in the study. Questionnaires were distributed at the local pediatric and well-child clinics. Questionnaires contained two major sections on stress and coping strategies. A total of 202 parents (77 fathers, 125 mothers) completed questionnaires.

The major areas of stress identified were: less time to get everything done, less time for themselves (the most frequently reported individual areas of stress), less time for their spouses, and less physical contact with their spouses (the most frequently reported marital areas of stress).

Seventy-percent (38 out of 50) of the strategies on the coping

scale were used by over fifty percent of the parents. Some of the most frequently reported coping strategies included items in restructuring the family, time management, positive psychological coping, beliefs about parenting, and parenting self-esteem. The only categories of coping not represented in the most frequently reported (used by eighty percent of the parents) category were social support and negative psychological coping.

In exploring the relationship between stress and coping in early parenting, three coping variables were found to be predictive of stress. These included restructuring the family, time management, and negative psychological coping. Time management and negative psychological coping were predictive of increased parenting stress, whereas restructuring the family was predictive of less parenting stress.

Major sex differences were found in stress and coping. Mothers' stress scores were significantly higher than fathers' stress scores. Overall, mothers perceived more negative stress in their individual and marital lives following the birth of a child. Substantial differences between mothers and fathers were found in respect to their use of coping strategies. In general, mothers used significantly more coping strategies than fathers. Significant differences between mothers and fathers were found on twenty-eight percent (14 out of 50) of the coping strategies. The major difference between the groups was in social support. Mothers used social support (friends, neighbors, community and relatives) substantially more than fathers. Other differences were in beliefs about parenting,

positive psychological coping, parenting self-esteem, and restructuring the family.

Few differences were found between parents of first-born children and parents of later-born children in stress and coping. These groups had similar levels of stress and similar levels of coping in dealing with early parenting. Overall, the differences between these parents were quite minimal.

The Relationship Between Self-Reported Stress and  
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# The Relationship Between Self-Reported Stress and Coping Strategies In Early Parenting

## Chapter I

### INTRODUCTION

Early parenthood viewed as a time of stress is becoming increasingly accepted by researchers and theorists (Heming, 1983). The empirical and conceptual work in early parenthood supports this period as a time of both individual and marital stress (Harriman, 1983; Miller & Sollie, 1980). Such a conceptualization implies that early parenthood is a critical point in the family life cycle. Of the transitions in the family life cycle, the transition to parenthood has been described as the most significant, crucial, and intense (Jacoby, 1969; LeMasters, 1957; Rossi, 1968). The following anecdotes illustrate the mixed feelings often experienced by new parents:

*...and ... problems*

#### Overwhelmed

*... and ...*

"Having a child is very stressful because it causes so many changes so very quickly. It is overwhelming at first. I had my whole life to get used to the way I was - I had the baby and I am a different person instantly. Creating a new balance is exciting but maturing and scary." (34 year old mother of an infant; from the author's files.)

### Loss of Freedom

"I love having the children around but I miss very much the long bicycle rides, hours in the library, weekends at the beach. We used to have a good time more often when we were childless, but being a parent fulfills something deep inside." (mother of two, age 34; from the author's files.)

### Disappointment

"Never a day off...the constancy of parenting is surprising. We no longer are a couple, we're just two people on split child care shifts." (Cowan et al., 1983, p.3.)

These anecdotes illustrate the ambivalence experienced by many parents about the parenthood experience.

The issue of whether or not the transition to parenthood constitutes a crisis has been debated for the last twenty-five years. Although this issue has not been resolved, there is little doubt that early parenthood is a period of much change in the family structure. It is a time in which individuals must face new challenges and develop new coping skills. The majority of the research in this area has concentrated on identifying stress factors associated with early parenthood. The individual changes that precipitate stress are: physical demands (Russell, 1974), confinement (Steffenmeir, 1982), lack of time (Harriman, 1983), decreased self-perception (Myers-Walls & Coward, 1979), and emotional upset (Sollie & Miller, 1980). The areas of stress that affect the marital

relationship include: sexual incompatibility (Feldman, 1971), lack of time together (Orthner, 1975), financial problems (Hoffman & Manis, 1978), role conflict (Lamb, 1978), and poor communication (Meyerowitz & Feldman, 1966).

While the existing literature focuses primarily on identifying these stress factors, coping strategies that parents use to alleviate stress have received relatively little attention. The few studies that address this issue focus on one area of coping such as social support (Colletta, 1981), self-concept, (Myers-Walls & Coward, 1979), or role arrangements (Cowan, Cowan, Coie, & Coie, 1983). Derived from these studies, a variety of behaviors have been outlined as potential coping strategies during early parenthood. The following areas provide a framework for conceptualizing these behaviors in the literature: restructuring the family system, time management, social support, self-esteem, beliefs about parenting, and psychological coping. Although most of the studies that provide the basis for this framework have limited their focus to single coping strategies, one recent study looked at a wider variety of coping behaviors used by parents of infants (Ventura & Boss, 1983). The coping instrument used in this study was originally developed for families experiencing membership loss or separation. The researchers concluded that although somewhat useful, the list of coping strategies included in the instrument was limited. Furthermore, the study was strictly descriptive and did not deal with coping in relation to stress. To date, no comprehensive study has been done that explores coping

strategies in relation to stress in early parenthood.

In order to enhance our understanding of this period, it is important to study how parents cope with the stress of early parenthood. The purpose of the present study was to provide a ✓ comprehensive analysis of the coping strategies that are related to stress during early parenthood. Two major areas of research are relevant for such a study. The first involves the individual and marital areas of stress associated with early parenting. The second body of research examines individual coping strategies parents use to alleviate the stress of early parenthood. Additional coping methods relevant to stress in general will also be included.

## REVIEW OF THE LITERATURE

### Stress Associated with Early Parenthood

Few points in the family life cycle have captured as much attention on the part of family researchers as the period of early parenthood. Empirical and conceptual work in early parenthood exists within two broad areas. One line of research focuses on the widely-debated issue of whether or not the transition to parenthood constitutes a "crisis". The second line of inquiry focuses on the impact of parenthood on marital satisfaction.

### Parenthood as Crisis

Twenty-five years ago, LeMasters (1957) first raised the question, "Does the transition to parenthood constitute a 'crisis'?" The majority of the couples LeMasters interviewed reported "extensive" or "severe" crisis in adjusting to the birth of the first child. Based on this finding, LeMasters first termed the transition to parenthood as a period of "crisis". LeMasters relied on Hill's (1949) definition of crisis as "any sharp or decisive change for which old patterns are inadequate" (p.51). Dyer's (1963) replication of LeMasters' earlier work yielded comparable results. Contrary to this, Rossi (1968) and Jacoby (1969), in their reviews of the literature, refuted the conceptualization of transition to parenthood as a period of crisis. They noted that the crisis perspective emphasizes the negative aspects and disregards the

possible gratifications of parenthood.

The interview measure, subject to interviewer bias, used to assess crisis in the initial studies has been the subject of methodological criticism (Hobbs, 1965). Hobbs contended that the interview technique, with the purpose of determining degree of crisis, influenced parents into reporting the transition to parenthood as a "crisis" period. Hobbs argued that the transition to parenthood is "somewhat stressful" rather than as a period of "extensive" or "severe" crisis (Dyer, 1963; LeMasters, 1957). Using a Likert-type checklist of assessing adjustment to parenthood, Hobbs (1965) reported the majority of couples in his study experienced only "slight" crisis. Despite the continuing controversy concerning whether or not parenthood precipitates crisis, it is commonly accepted by researchers that various stressors accompany parenthood. The following are identified in the literature as major factors affecting personal stress during early parenting: a)physical demands (Russell, 1974), b)confinement (Steffenmeir, 1982), c)lack of time (Harriman, 1983), d)negative self-perceptions (Myers-Walls & Coward, 1979) and e)emotional upset (Sollie & Miller, 1980).

Physical Demands. One of the most critical issues affecting adjustment to early parenting is "loss of sleep" according to the majority of new parents in parenting studies (Dyer, 1963; Hobbs & Wimbish, 1977; LeMasters, 1957; Russell, 1974; Sollie & Miller, 1980; Steffenmeir, 1982). This is due in part to frequent feedings and the continuous care babies require, often resulting in disruptions of the parent's regular sleeping patterns. Similarly, another major cause of stress

stems from simple fatigue stemming from the constant demands in caring for an infant (Dyer, 1963; Hobbs, 1965; Hobbs & Wimbish, 1977; LeMasters, 1957; Russell, 1974).

Confinement. New parents, particularly mothers, experience ambivalence in their role as parents, in part due to a general loss of freedom (Hoffman & Manis, 1978). LeMasters (1957) found new mothers frequently expressed concern over being confined to the home. Similarly, mothers reported not being able to get out of the house during the day as stressful (Steffenmeir, 1982). Many restrictions (i.e., less time for oneself and partner) also accompany the parenting role, which adds to the feelings of being tied down (Dyer, 1963; Hobbs, 1965; Hobbs & Wimbish, 1977; Sollie & Miller, 1980).

Lack of Time. Another major problem in adjusting to parenthood is the lack of time for various activities. Parents frequently voice concern over the lack of sufficient time to adequately handle all their new responsibilities (Hobbs, 1965). The addition of a new family member necessitates alterations in time management and daily routines. This disruption of pre-established patterns is a major area of stress for new parents, as are the long hours devoted to child care (Dyer, 1963; Hobbs, 1965; LeMasters, 1957).

Negative Self-Perceptions. Many new parents feel inadequate and uncertain in their role as parents (Hobbs, 1965). They doubt their worth and worry about being "good parents" (Dyer, 1963; Steffenmeir, 1982). As an added blow to self-concept, mothers often express concern about their physical appearance following the birth (Dyer, 1963; LeMasters,

1957; Russell, 1974). This finding is noteworthy because researchers have found a significant relationship between self-concept and adaptation to parenthood. That is, parents who demonstrated confidence in their own abilities adjust more easily to parenthood than those lacking confidence (Myers-Walls & Coward, 1979).

Emotional Upset. Early parenthood is a period in adult life marked as emotionally stressful because of the overwhelming responsibilities placed upon the mother and father (Sollie & Miller, 1980; Russell, 1974). Miller and Sollie (1980) identified wide mood swings from delight to resentment of the child, by parents after the birth of the child.

#### Impact of Parenthood on Marital Satisfaction

The second major area of research in the literature on early parenthood focuses on the impact of parenthood on marital satisfaction. Both empirical and clinical studies indicate that couples with children often have lower levels of marital satisfaction than couples without children (Burr, 1970; Campbell, 1981; Feldman, 1971; Glenn & Weaver, 1978; LeMasters, 1957; Miller & Sollie, 1980; Rollins & Galligan, 1978). This decline in marital satisfaction is frequently due to the interference of children in the intimate contact and companionship between husband and wife (Rosenblatt, 1974). Contrary to popular belief and myths about parenthood, childless couples reported more satisfaction with their marriage than marriages with children (Renne, 1970). Similarly, couples who have never had children and those whose



children have left home (i.e., "the empty nest") experience greater marital satisfaction than couples immersed in the day-to-day challenges of raising a family (Glenn & Weaver, 1978). Studies confirm an initial drop in marital satisfaction among couples during the early stages of parenthood (Rollins & Galligan, 1978; Spanier, Lewis, & Cole, 1975). Hoffman and Manis' (1978) study of the impact of parenthood on marital satisfaction yielded similar results; marital satisfaction declined with the birth of the first child. These researchers hypothesized that a decrease in marital companionship and an increased amount of stress during this period were intervening variables affecting marital satisfaction.

The previously cited studies present evidence that children have an impact on marital satisfaction. The following are identified in the literature as major factors affecting marital satisfaction for couples in the early stages of parenthood: a) sexual incompatability (Feldman, 1971), b) lack of time together (Orthner, 1975), c) financial problems (Hoffman & Manis, 1978), d) role conflict (Lamb, 1978), and e) poor communication (Meyerowitz & Feldman, 1966).

Sexual Incompatability. Sexual incompatability is a major source of stress for new parents (Meyerowitz & Feldman, 1966). After pregnancy and the experience of labor parents are sometimes less sexually responsive to their partners. Lack of sexual responsiveness on the part of one or both spouses is a major issue of concern affecting the marital relationship after the birth of a child. For this reason, sexual satisfaction often decreases among couples during the early stages of

parenthood (Feldman, 1971). In one study, sexual adjustment was noted as the critical issue affecting marital satisfaction during early parenting (Meyerowitz & Feldman, 1966).

Lack of Time Together. Couples report that having a child gives them less time together (Hoffman & Manis, 1978). The constant demands of child care minimize the time couples spend together (Feldman, 1971). There is the obligation of someone having to be ready and able to care for the baby, as one or both partners pursue time for leisure activities. For this reason, after the birth of the first child, couples begin to spend less time in shared leisure activities. They are more likely to spend free time alone or with friends rather than with their spouses (Orthner, 1975). Having less time together is a common stress factor reported by new parents as affecting marital satisfaction during early parenting.

Financial Problems. Parents, particularly fathers, express concern over increased financial pressures related to the addition of a new family member (Hobbs, 1965; Hoffman & Manis, 1978; LeMasters, 1957; Russell, 1974). According to these studies, fathers feel a greater responsibility to play the role of the economic provider, especially if the family is adjusting to one income as a result of the wife's departure from the work force.

Role Conflict. Researchers indicate a general tendency exists for couples to shift from egalitarian, less differentiated family roles, towards more traditional sex role stereotypes after the birth of a child (Campbell, 1981; Cowen et al., 1978; Lamb, 1978; Leifer, 1980; Meyerowitz & Feldman,

1966). This shift in roles is a source of stress for many couples (Lamb, 1978). For example, Cowan et al. (1978) found that the majority of first-time fathers in their study believe they would assume an active participation in the routine care of their infants prior to the birth. In reality, most of these fathers withdrew from this role once the baby was born (Cowan et al., 1978). Mothers, on the other hand, became more involved in child care. This change in roles is likely a result of cultural pressure for mothers to be the primary caretakers of their children (Campbell, 1970; Meyerowitz & Feldman, 1966).

Often there is a discrepancy between partners' perception of role arrangements. Cowen et al. (1978) found that both mothers and fathers perceived that their respective share of child care tasks was greater than their partners perceived it to be. This discrepancy between partners' perceptions of roles and work loads may create disruption in the marital dyad and a decline in marital satisfaction (Leifer, 1980).

Poor Communication. An underlying assumption in the literature is that communication between spouses is a primary factor affecting adjustment to parenthood. The many changes in a couple's relationship that accompany the birth of a child often alter a couple's communication patterns. Parents with infants were found to be more resentful and argumentative than parents in other stages of the family life cycle (Meyerowitz & Feldman, 1966). In a national sample of parents, parents with infants reported more tension and anxiety in their marital relationship than parents of older children (Campbell, 1981).

Young parents were more likely to report a lack of mutual understanding and frequent disagreements concerning family matters. Communication is an important factor that can influence many of the marital stressors (i.e., sexual relationship, time, finances, and role conflict) and may affect the resolution of these potentially conflicting areas.

In summary, many changes accompany parenthood. As the research indicates these changes can be major sources of stress for parents. Early parenthood is a critical point in the family life cycle that involves the development of coping patterns to adjust to these changes. The next section will be a review of the literature on coping strategies used by parents in early parenthood. General coping behaviors (i.e., focusing on the positive, tension reduction) that are applicable to this period will also be included.

### Coping Strategies

Coping is a complex multi-faceted concept, which includes such components as social support, cognitive appraisal, beliefs, commitments, and problem-solving strategies. Lazarus (1974) defines coping as efforts made by individuals when the demands faced are vital to their welfare and when such demands tax their adaptive resources.

Current research approaches are based on three broad conceptualizations : a) coping conceptualized in terms of defense processes (Haan, 1977; Valliant, 1971), b) coping conceptualized as traits (Lazarus, 1966), and c) coping conceptualized in terms of specific situations (McCabe, 1981; Moos, 1977). The situation-oriented approach has been the

major emphasis in family coping research. In situation-oriented research, coping strategies are grouped into functional categories, i.e., strategies for maintaining interpersonal relationships, information seeking, self-esteem, and tension reduction. Although some of these strategies can be considered defenses or personality traits, they have not been integrated into these psychological theories. Instead, situational coping strategies are described in terms of the specific function they serve in a certain situation. By not limiting the definition of coping to defense or trait process, a more inclusive and comprehensive description of coping is possible.

Recent studies of family coping have underscored the importance of coping strategies during transition periods such as divorce (McCabe, 1981), widowhood (Boss & Greenberg, 1982) and early parenting (Ventura & Boss, 1983). The areas of coping during the transition period of early parenthood, as well as more general coping behaviors relevant to this period, are reviewed in the following section.

#### Coping Strategies Relevant to Early Parenthood

Current research suggests that there are a variety of coping techniques relevant to the early parenthood period. These techniques are as follows: a)restructuring the family system, b)time management, c)social support, d)beliefs about parenting, e)self-esteem, and f)psychological coping.

Restructuring the Family System. One of the areas markedly affected by the birth of a child is a couple's role

arrangements. Couples typically restructure their roles in order to meet the new demands and responsibilities of parenthood. Research indicates that sharing childcare and household responsibilities is an effective coping strategy in dealing with the multiple role demands of this period (Cowan et al., 1983). Both mothers and fathers who share these responsibilities and rated themselves as more satisfied with their role arrangements, versus parents with a strict role division, tended to have: a) higher self-esteem, b) greater marital satisfaction, and c) lower stress as parents. When fathers were more involved in childcare, wives tended to be less depressed, and both parents reported less parenting stress. On the contrary, women who were responsible for the largest portion of household tasks and babycare reported lower marital satisfaction than mothers who shared these responsibilities with their spouses.

However, studies have shown that the division of labor among couples follows a more traditional sex role pattern after the birth of the child (Cowan et al., 1983; Entwisle & Doering, 1980). Even though many of the family tasks and responsibilities were shared before the birth, there tends to be a growing separation between male and female roles with the advent of parenthood. Couples may use this method of coping because increased time and energy demands make it inefficient to try and share all tasks and responsibilities. Some researchers speculate that this separation may be due to the tendency of women to "embrace" the role of parenthood while men establish "role distance" (LaRossa & LaRossa, 1981).

Overall, studies indicate that parents who use effective strategies for dealing with the demands of multiple-role responsibilities experience an easier transition into parenthood (Cowan et al., 1983; Myers-Walls, 1979). Although separation of roles is the norm, research indicates that sharing childcare and household responsibilities may be the more effective coping strategy than a strict division of tasks (Cowan et al., 1983). Specifically, communication of role responsibilities appears to be an important coping strategy. Fein (1976) found that husband-wife negotiation of roles was an important factor in the adjustment of first-time fathers. Husband and wife role integration may be enhanced through discussion of each partner's expectations and responsibilities after the birth of the child (Miller & Sollie, 1980).

Time Management. As previously noted, one of the greatest areas of stress for parents is lack of time (Harriman, 1983; LaRossa & LaRossa, 1981). Couples in the early parenthood stage report less time for themselves, less time for their spouses, and less time to complete the additional responsibilities of parenting. The scarcity of this valued resource often creates a conflict of interest between the husband and wife.

Time management is increasingly important during this phase. Parents who are able to deal effectively with the time demands of these multiple roles tend to adjust to parenthood more easily (Myers-Walls, 1979). Although lack of time is one of the greatest areas of stress, research on time management

has received relatively little attention. Few empirical studies exist that indicate what type of coping strategies help to alleviate the time demands of early parenthood. There are only speculations as to how parents cope with time demands; some of these include: becoming more flexible, establishing routines, (Miller & Sollie, 1980) and setting priorities (Lips, 1983).

Social Support. An abundance of research illustrates the importance of a support network in a transition (Caplan, 1964; Mechanic, 1962; Moos & Tsu, 1977). Social support is a central process in the coping strategies and interventions identified by crisis theorists (Caplan, 1964; Cobb, 1976; Moos, 1977).

The concept of social support has been identified in a variety of ways, making it difficult to synthesize any core definition. The most widely referenced definition has been advanced by Cobb (1976). Cobb views social support as information exchanged at the interpersonal level which provides: a) emotional support, leading individuals to believe they are cared for and loved; b) esteem support, leading individuals to believe they are esteemed and valued; and c) network support, leading individuals to believe they belong to a network of communication involving mutual obligation and understanding.

Indicators of the effectiveness of support systems in helping parents deal with stress are varied. Colletta (1981), in her study of young mothers, found that an active social support system is related to positive parenting behavior.



Those mothers with high levels of support versus mothers with low levels of support were more affectionate, closer, and more positive with their children. Support systems, especially those involving the husband and other family members, can contribute to the ease of the transition for new mothers (Colletta, 1981; Gordon, Kapostins, & Gordon, 1965; Ventura & Boss, 1983).

Similarly, Unger and Powell's (1979) study of young lower-income mothers provides additional support for the positive influence of social support. In this study, mothers who were in frequent contact with their relatives were more actively involved with their children than mothers with infrequent contact with relatives.

Some researchers have found that social support did not have a direct effect on parenting behavior, but did serve to mediate the effects of stress and depression (Longfellow, Zelkowitz, Saunders, & Belle, 1979). Other researchers have found that social support is influential in both parenting behaviors and parenting stress (Crnic, Greenberg, Ragozin, & Robinson, 1980). Social support can be an important influence on parent-child relationships, and a moderating variable acting on stress (Crnic, Greenberg, Ragozin, Robinson, & Basham, 1981). Social networks may also enhance a family's childrearing processes by providing material, psychological and emotional support to parents (Unger & Powell, 1979). Social networks can involve information sharing and can reinforce beliefs and behaviors that socialize adults into the parenting role.

Beliefs About Parenting. An individual's beliefs, values and commitments greatly influence the appraisal of a stress situation (Lazarus, 1974). These components are an intricate part of an individual's coping repertoire. Beliefs, values, and commitments are personally formed notions about reality (Lazarus, 1974). These perceptions have a profound effect on individuals' coping approaches. People are rarely passive in stressful situations. They seek to change things, and when they cannot, they use cognitive modes of coping by which they change the meaning of the situation. This is particularly true in ambiguous circumstances. Because of the lack of clarity and guidelines in the parenting role, these components may be very influential in an individual's appraisal of parenthood stress.

Relatively few studies have examined how parents' beliefs influence their parenting experience. Lips (1983), in her study of commitment to the parenting role, asked parents to respond to statements such as: "Being a parent is one of the most important things in my life". She found that there was a significant tendency for the women, more than the men, to rate having children as necessary for a satisfying life and as important to their view of themselves. This finding may partly explain why fathers are less involved in childrearing (LaRossa & LaRossa, 1981); that is, in our society, men view parenting as a less important role in life satisfaction.

Russell (1974), in her study of the gratifications of parenting, found that higher educated females listed fewer gratifications from the parent role than less educated women.

This might be due to the fact that these women have discovered alternative routes to self-fulfillment. On the other hand, working-class women who have fewer alternatives than educated women, place a greater intrinsic value on having children (Russell, 1974). Russell (1974) speculates that adaptation to the first of year of parenting may be related to an individual's commitment to the parenthood role.

This coping strategy is particularly relevant to dual employed couples. Paloma (1972) looked at what coping strategies were utilized by working mothers who appeared to cope well with the stress of multiple roles. The first of the four coping strategies identified was "a positive definition of the situation". Prioritizing the roles, determining which role came first, particularly if it was parenthood, was also identified as an effective coping strategy.

Self-Esteem. A number of studies have related parenting stress to self-esteem. Cowen et al. (1983) found that for fathers high self-esteem was a better indicator of reduced stress eighteen months after the birth of the child than role satisfaction, perceived conflict, or marital satisfaction. Similarly, they found that mothers with low self-esteem versus mothers with high self-esteem were especially vulnerable to later depression. Both mothers and fathers who reported a high degree of depression suffered both in terms of their self-esteem and their satisfaction with the performance of their parenting role. Conversely, new parents who displayed a high level of personal adjustment were more satisfied with both aspects of their self-concept.

Similarly, Pearlin & Schooler (1978) found that a high parenting self-concept was more effective in dealing with stress than the seeking of advice and help from others in the area of parenting. However, a number of studies have found that mothers who are well versed on the facts of infant development and parenthood are not necessarily more self-confident parents and may have a more difficult time making the transition (Miller, 1975; Myers-Walls, 1979; Myers-Walls & Coward, 1979). Entwistle and Doering (1980) speculate that women who pursue every possible avenue of information prior to the birth may be over anxious or so instrumental in their outlook that the care of a demanding infant is often difficult.

Coping strategies that deal with enhancing the sense of self are important during early parenthood. This is a period in which the sense of self can be markedly affected. Researchers have reported that mothers of young children show declining self-esteem (Rossi, 1968). Women's self-esteem has been shown to become lower as time progressed, while their husbands sense of self appeared unaffected by the major changes in their life following the birth of their child (Cowan et al., 1983). Overall, a general view among researchers is that parents who are more self-confident in themselves and in their parenting role will adjust to parenthood more easily than those who lack self confidence (Cowan et al., 1983; Myers-Walls, 1979).

Psychological Coping. Psychological coping behaviors refer to the ways in which individuals alter their subjective

perceptions of stressful situations. The coping strategies previously reviewed are basically situation-specific, applying to the early parenthood period. Psychological coping behaviors, on the other hand, tend to be more situation-varied. Individuals may use these strategies to cope with the stress of early parenting, but may also use them in other stressful situations as well.

The research efforts of Pearlin & Schooler (1978) provide an illustration of the importance of psychological coping in managing four types of stressful situations related to marriage, parenting, household, and occupation. Their analysis revealed a fairly clear order in the efficacy of people's psychological resources. First, individuals must be free from negative attitudes towards themselves. Secondly, they must possess a sense that they are in control of the situation. And thirdly, they must maintain favorable attitudes towards themselves and the situation. They conclude that all of the above factors must be present in order for an individual to adequately manage stress regardless of the situation. Other researchers support psychological resources as major factors in perceived stress (Lazarus, 1974). Although early parenthood researchers have not looked at these coping strategies, their inclusion may shed additional light on coping during this crucial period of the family life cycle.

#### Purpose of the Study

Overall, the majority of studies cited in the review of the literature on coping focus on one specific coping area in relation to early parenthood such as social support (Colletta,

1981), self-esteem (Myers-Walls & Coward, 1979) or role arrangements (Cowan et al., 1983). Although one recent study looked at a wider variety of parental coping behaviors, the instrument used to assess parental coping was somewhat limited (Ventura & Boss, 1983). To date, no studies have been conducted that deal with a comprehensive analysis of coping strategies that may alleviate stress during early parenthood. Thus, the purposes of this study were to describe the coping strategies that parents used in dealing with stress associated with early parenting and to determine which strategies were most highly associated with the reduction of stress.

## Chapter II

### THE METHOD

#### Participants

The participants in the present study were married parents with a child under eighteen months. The rationale for these criteria were: a) the birth of a child regardless of birth order involves changes and adjustments in the marital and family system (Feldman,1971; Harriman,1983; LaRossa & LaRossa, 1981), b) predictors of adjustment are just as accurate at 18 months after the birth as compared to those made earlier (Heming,1983).

A total of 202 parents (125 mothers and 77 fathers) completed questionnaires. Seventy-five percent of the returned questionnaires were completed by couples (76 couples). In 50 of the cases only one spouse responded (49 mothers and 1 father). Table 1 is a summary of the demographic information about the parents and their children.

The mean age of the parents was 28 years, with the typical parent having been married one or two years before the birth of their first child. The majority of parents in the sample had some college education. Family incomes ranged from under \$5,000 to over \$20,000. Thirty-four percent of the families made under \$5,000 and thirty-five percent made over \$20,000. This sample had a slightly lower median family income and were higher educated than the general Oregon population. The median

Table 1  
Demographic Characteristics

Characteristic	N	%
<u>Age</u>		
under 25	43	21.3
25-29 years	73	36.1
30-40	85	42.6
<u>Income</u>		
under \$5,000	69	34.2
\$5,000-\$19,999	61	30.2
\$20,000-\$39,999	72	35.6
<u>Education</u>		
high school or less	41	20.3
some college	57	28.5
college graduate	68	33.7
advanced degreee	36	17.8
<u>Children</u>		
one child	119	58.9
two children	74	35.7
3-4 children	9	6.4



family income in Oregon in 1980 was \$19,837 (20% under \$10,000, 45% - \$10-24,000, 19% - \$25-34,000) and 74% of the Oregon population had completed high school and 37% had attended college (U.S. Bureau of the Census, 1980). Seventeen percent of the mothers in the sample worked full-time, twenty-percent worked part-time and fifty-six percent of the mothers did not work outside the home. Eighty percent of the fathers worked full time. Seventeen percent of the parents were enrolled in school.

The majority of parents that completed questionnaires had only one child (58.9%). Thirty-four percent had two children, and six percent had three or four children. The average age of the youngest child was 9 months, with the range of ages being from one to eighteen months. Second children on the average were two or three years old. The majority (56.4%) of the youngest children were planned, only 8.9% were not planned. Ninety-three percent of the babies were healthy at birth, with a small percentage having minor problems. No major health problems were reported.

#### Procedure

Parents were recruited through local pediatric and well-child clinics (for lower income families). This method of obtaining participants for the study was preferred due to the better response rate versus a mailed questionnaire. Two thirds (66%) of the parents asked to participate in the study returned questionnaires. Data were collected over a four month period (February - May, 1984).

An orientation meeting was held for the staffs of the pediatric and well-child clinics during the first week in January. The purpose of the research, as well as the sampling procedure, was explained. Any questions or concerns about the research project were addressed at this time. Nurses were primarily responsible for distribution of the questionnaires. At this meeting they reviewed the questionnaires. The questionnaire contained two main sections, the first dealt with changes associated with the birth of a child and the second with ways parents coped with these changes (see Appendices A - D). The nurses were instructed to distribute the questionnaires to parents who met the previously stated criteria. Mothers and fathers who came to the clinics and who consented to participate were asked to complete the questionnaire. Approximately five parents refused to participate in the study. Parents were given two questionnaires (one for themselves and their spouse). A self-addressed stamped envelope was provided for returning the questionnaires. A card asking for participant's phone number was attached to the envelope. This card was left at the clinic. The cards were coded, so that the investigator knew which questionnaires had been returned. If the questionnaire was not returned within a week, a phone call was made to the family to remind them to return the questionnaire. A second questionnaire was mailed to the family if they had misplaced or lost their original copy.

Every Friday the well-child clinic gave immunizations and had a greater number of parents come at this time. The

investigator was on site on these days to recruit participants and was available for questions.

### Measurement of Variables

#### Stress

Stress associated with the changes accompanying early parenthood was assessed using a scale developed by Harriman (1983). This scale contained twenty-five items: 17 personal and 8 marital items (see Appendix B). Each item was scored in terms of three areas: (a) the amount of change perceived (no change, less now, more now), (b) the direction of change (positive or negative), (c) adjustment to change (change was very easy to change was very difficult). Respondents indicated the amount of change perceived in each item by checking "no change", "less now", or "more now". The direction of perceived change was measured by asking respondents to qualify the change as being positive or negative. In addition, respondents indicated the "difficulty" of adjustment to these changes on a four-point Likert scale (1=very easy to 4=very difficult). This scoring method is a modification of the original instrument which contained two responses (easy and difficult).

For example, in regard to the item "contact with relatives," if a parent indicated "more now" and perceived the change as "positive", the item was scored "1". If a parent indicated "more now" but perceived the change as "negative," the item was scored "2". Change, negative or positive, is considered stressful by stress researchers, although negative

change is considered more stress provoking (Dohrenwend, Krasnoff, Askenasy, & Dohrenwend, 1978). Items for which parents indicate "no change" were scored "0". The higher the total score, the more the changes were perceived as stressful. Stress scores could range from 0 (no change) to 75 (all items perceived as negative). The reliability of the original instrument as computed by the split-half method was .64.

### Coping Strategies

A coping strategies scale was developed by this investigator to identify specific coping behaviors parents use to adjust to the changes that may occur with the birth of a child (see Appendix B). In constructing the measure of coping, the goal was to compile as large a pool of items as possible in order to ensure no area was left untapped. The first step in this process entailed a review of the coping literature (i.e., theory and research), as well as other inventories such as the Dual-Employed Coping Inventory (DECS) (Skinner & McCubbin, 1981); Family Crisis Oriented Personal Evaluation Scales (F-COPES) (McCubbin, Olson & Larson, 1981) and Ways of Coping Checklist (Folkman & Lazarus, 1983). The initial instrument consisted of 130 self-report items. A panel of specialists in the field reviewed this instrument and eliminated any items that were redundant or did not appear applicable. The remaining seventy-five items were administered as a pilot test to twenty parents to determine clarity of items, ease of administration and comprehensiveness of strategies. Parents responded to items by circling one of four responses (0=does

not apply or not used; 1=used somewhat; 2=used quite a bit; or 3=used a great deal). In an attempt to shorten the instrument, twenty-five items were eliminated after the pilot. Most of these items addressed coping strategies dealt with in other statements. The final coping instrument consists of fifty items and taps six dimensions of coping. Categories of coping were selected because they parallel the areas of stress and coping strategies outlined in the literature review. The six subscales used in this study (see Appendix C) are:

restructuring the family system, time management, social support, parenting self-esteem, and psychological coping. A brief description of each subscale is as follows:

a) Restructuring the Family System. These items consist of coping behaviors utilized within the family system aimed at restructuring roles and maintaining the family system (refer to Appendix C for items listed by subscale); b) Time Management. These coping behaviors focus on doing things to increase efficiency of an individual's time; c) Social Support. These strategies focus on developing meaningful and supportive relationships outside the family, such as church, extended family, friends, neighbors, and community resources; d) Beliefs about Parenting. These coping behaviors emphasize maintaining an optimistic definition of the situation and belief in the value of parenting; e) Parenting Self-Esteem. These items center around active self development in the parenting role and a positive parenting self-concept; and f) Psychological Coping. These behaviors focus on reducing the perceived stress

and demands of the present situation, by using coping behaviors such as focusing on the positive, using tension reduction behaviors, keeping to one's self, self-blame, wishful thinking and detachment.

Scores for the coping scale were tabulated by categories as well as a total coping score. Scores in subcategories could vary between 0 and 30. Total scores ranged from 0 to 150.

#### Demographic and Background Information

Background information was obtained from parents, such as education, income, employment, and child care. Additional information relating to the child was also included such as infant behavior, birth order, and age (see Appendix D).

#### Analysis of Data

A variety of statistical tools were used to analyze the data. First, descriptive statistics were used to analyze the areas of stress and coping strategies parents reported. Measures of central tendency (e.g., mean), variability (e.g., standard deviation), percentage (e.g., percentage of parents that used the strategy) and frequency (e.g., number of responses for each item) were used to describe coping strategies and areas of stress. Second, direct regression was used to analyze the relationship between coping strategies and stress associated with early parenting. In addition, a series of t-tests were performed to examine differences between mothers and fathers; and the differences between parents of first-born children and parents of later-born children in stress and coping.

## Chapter III

### RESULTS AND DISCUSSION

#### Overview of Statistical Analysis

The analysis of the data involved three major steps. First, descriptive statistics (frequencies, percentages, means) were used to identify the areas of stress during early parenting and coping strategies that parents used in adjusting to the changes accompanying the birth of a child. Secondly, a regression analysis was used to analyze the relationship between stress and coping during early parenting. In addition, separate regressions were performed for mother and father groups, and parents of first-born children, and parents of later-born children.

Lastly, using a t-test analysis potential group differences in stress and coping strategies for mothers and fathers were explored. Similarly, t-tests were used to determine differences in stress and coping of parents of first-born children and parents of later-born children.

#### Descriptive Statistics

##### Areas of Positive and Negative Change

Parents reported that the birth of a child brought both negative and positive changes in their lives (see Table 2 for a summary of positive and negative changes). Eight out of the twenty-five items were rated as negative changes by over forty percent of the parents in the study. Not having enough time to get everything done (71.3 %) and having less time for

Table 2

Percentage of Parents Reporting  
Areas of Personal and Marital Change

Variables	Negative		Positive		No Change	
	N	%	N	%	N	%
<u>Personal/Negative</u>						
-have time to get everything done	144	71.3	12	5.9	45	22.3
-have time for yourself	132	65.3	20	9.9	49	24.3
-feel tired and fatigued	116	57.0	18	8.9	67	33.2
-have routines and plans interrupted	99	49.0	40	19.8	63	31.2
-have privacy	91	45.0	30	14.9	79	39.1
-do things for fun and recreation	88	43.6	39	19.3	62	30.7
<u>Personal/Positive</u>						
-have appreciation for family	6	3.0	147	72.0	49	24.3
-believe babies are bundles of joy	11	5.4	131	64.0	60	29.7
-have confidence in ability to parent	14	6.9	126	62.0	62	30.7
-have a purpose for living	7	3.5	120	59.4	75	37.1
-believe parenthood is fun	14	6.9	120	59.4	68	33.7
<u>Marital/Negative</u>						
-amount of physical contact with spouse	109	54.0	25	12.4	66	32.7
-time with spouse	108	53.5	28	13.9	65	32.2



themselves (65.3%) were the items most parents reported as negative changes. Feeling physically tired and fatigued was also reported as a negative change by the majority of parents (57%). Other areas reported as negative changes were having routines and plans interrupted (49%), having less privacy (45%), and not being able to do as many things for fun and recreation (43.6%).

Five areas of change were seen as positive changes by the majority of parents. Appreciation for family (72%), confidence in their ability to parent (62%), having a purpose for living (59.4%), believing that babies are bundles of joy (64%), and believing that parenthood is fun (59.4%) were all items rated as positive changes. Similar items were reported as positive changes in previous studies (Harriman, 1983; Russell, 1974).

Most of the marital items in the scale (i.e., talk with spouse, agree with your spouse) remained unchanged following the birth of the child (see Table 3 for areas of no change). However, the marital items viewed as negative changes by the majority of parents were having less time with their spouses (53.5%) and less physical contact with their spouses (54%). This is consistent with past studies (Harriman, 1983; Feldman, 1971). The majority of parents reported no positive changes in the marital relationship following the birth of the child. Forty-five percent of the parents reported no change in their belief that children make a marriage happier; however, 44.6% rated this as a positive change. Likewise, although 48.5% rated feeling edgy and emotionally upset as no change, 41.5% of the parents reported this as a negative change.

Table 3  
Percentage of Parents Reporting  
Areas of No Change

Variables	Negative		Positive		No Change	
	N	%	N	%	N	%
<u>Individual/No Change</u>						
-have money to lead the life you enjoy	52	25.9	29	14.4	127	62.9
-have contact with relatives	15	7.4	80	39.6	107	53.0
-have contact with friends	88	43.6	9	4.4	105	52.0
-believe children make a marriage happier	20	9.9	90	44.6	92	45.5
-have to adjust goals	29	14.4	68	33.7	105	52.0
-believe that both partners should share in housekeeping	20	9.9	70	34.7	112	54.0
-feeling edgy or emotionally upset	84	41.5	19	9.4	98	48.5
-feel concerned about you (or your spouse's) appearance	52	25.9	28	13.9	121	59.9
<u>Marital/No Change</u>						
-agree with your spouse who should do what	21	10.4	37	18.3	143	70.8
-find you are able to solve problems with your spouse	29	14.4	47	23.3	125	61.9
-talk with your spouse	36	17.8	52	25.7	114	56.4
-have a satisfying relationship with your spouse	26	12.9	72	35.6	104	51.5

Overall, the results of this study support the findings reported by Harriman (1983). In her study, having less time for themselves and not having enough time to get everything done were the most frequently mentioned negative changes reported by parents. Other negative changes included having less privacy, feeling physically tired and fatigued, having routines and plans interrupted and doing things for fun and recreation. In both studies areas of positive change (i.e., have a purpose of living, confidence in ability to parent) were also reported by the majority of parents. The fact that the birth of a child brings many positive and negative changes is reflected in the following anecdotes from parents in the study: As a thirty-two year old father stated, "It's easier than I thought and more difficult, it can be frustrating, challenging and rewarding all at the same time." Another parent, a mother of two young children shared, "Raising children will always have its good days and bad days, easy stages, rewarding times, and frustrating times, but overall and in the long run it's always worth it." These anecdotes represent both the positive and negative components of raising a young child.

#### Coping Strategies

Parents used numerous coping strategies in dealing with the changes that accompany the birth of a child. Seventy-six percent (38 out of 50) of the coping strategies were reported as being used by over fifty percent of the parents. These strategies tapped every category in the coping scale.

Table 4 shows a summary of the coping strategies used the

Table 4

Number and Percentage of Parents Using Coping  
Strategies Most Frequently Reported (by over 80% of parents)

Category & Item	N	%
<u>Restructuring the Family</u>		
-talking over personal concerns and feelings with my spouse	187	92.6
-building a closer relationship with my spouse	181	89.6
-frequent communication with my spouse about schedules and responsibilities	172	85.1
<u>Time Management</u>		
-trying to be more flexible	183	90.6
-planning time for myself to relieve tension (jogging, reading...)	171	84.7
-becoming more efficient, making better use of my time	166	82.2
-getting by on less sleep than I'd ideally like to have	162	80.2
-planning time alone with my spouse	162	80.2
<u>Positive Psychological Coping</u>		
<u>Focusing on the Positive</u>		
-telling myself I have much to be thankful for	185	91.6
-believing that things will always work out	178	88.1
-looking on the bright side of things	166	82.2
-believing that parenting will get easier with time	162	80.2
<u>Tension Reduction</u>		
-getting away from the baby for awhile	173	85.6
-maintaining my health	168	83.2
-letting my feelings out	162	80.2
<u>Beliefs about Parenting</u>		
-believing that being a parent is one of the most important aspects of my life	186	92.1
-believing that I have much to gain by being a parent	173	85.6
<u>Parenting Self-Esteem</u>		
-following my instincts	179	88.6
-thinking that I am a good parent	177	87.6

most (used by over 80% of the parents in the sample).

Restructuring the family was a category of coping containing some of the most frequently used strategies. Specifically, items that deal with communication within the family were used by approximately 90% of the parents. Communication is cited by family stress theorists as a key factor in managing family stress situations (McCubbin, Olson, & Larson, 1981). Parents in this study continuously mentioned communication as essential to coping with early parenting. As one young mother explained, "There definitely was initial stress between my husband and myself, but through communication we've resolved everything that has come up."

The coping category of time management contained many items used frequently by parents. It stands to reason that parents would have to develop time management skills since inadequate time was the major stress in this study. Trying to be more flexible (used by 91% of the parents) was the most commonly reported time use strategy. Becoming more efficient was also reported consistently by parents as a coping tool. Other strategies dealt with parents making more time for themselves and their spouses. The importance of these coping items was reflected in the anecdotes parents wrote. As a father of one child explained, "The birth of a child certainly shifts your attention from your spouse to your child. It is important to make time for each other." Parents repeatedly mentioned time for themselves as a critical coping strategy. As one mother rationalized, "I need to get out for a couple of hours each day to be a better person and better parent." But,

often parents expressed guilt in finding time for themselves. One mother of two stated, "I would like to be able to exercise on a regular basis and do some fun things like needlework and not feel guilty about all the things around the house that need to be done." But one experienced mother of three emphasized, "Take time for yourself, admitting you're worth it, don't become consumed with being the perfect parent."

Another category of coping that parents used regularly was positive psychological coping. Specifically, focusing on the positive was a frequently reported coping strategy. For example, 92% of the parents used the coping strategy of telling themselves they have much to be thankful for. Likewise, 88% reported using the coping strategy of believing things will always work out, in dealing with the stress of early parenting. The importance of positive psychological coping is supported in the literature. Pearlin & Schooler (1978) contend that individuals must maintain favorable attitudes towards themselves and the situation in order to effectively handle stress in any situation.

Consistent with this orientation, over 85% of the parents used strategies relating to beliefs about parenting and parenting self-esteem. Ninety-two percent of the parents reported that they believed parenting was an important aspect of their lives, and that they had much to gain by being a parent, and used these beliefs to cope. Russell (1974) speculated that the key to adjusting to parenting are beliefs such as these which reinforce a parent's commitment to the parenting role. The great majority of parents also coped by

believing they were good parents. A positive parenting self-concept has also been shown in the research as a vital factor in dealing effectively with parenting stress (Myers-Walls, 1979).

Table 5 is a summary of the coping strategies parents reported moderately (by less than 80% but more than 50% of the parents). All of the items that dealt with role arrangements in the restructuring the family category fell in this middle range. Approximately 70% of the parents reported sharing child care and household responsibilities with their spouses. Similarly, 70% reported identifying one partner as primarily responsible for child care and housekeeping. Future studies might further examine this issue and explore how these tasks are being divided. Other coping strategies in the middle range were social support items. Church/religious, friends, extended family, and community support were all social support areas used by approximately 70% of the parents. This is an important finding because previous studies have reported social support as some of the most frequently used coping strategies (Ventura & Boss, 1983), whereas, this study presents other strategies as being more commonly used. Restructuring the family and time management strategies contained items used by about 90% of the parents in this study. These coping strategies have not been included in past studies in early parenting.

Table 6 is an outline of the coping strategies that were reported as being used the least, by less than 50% of the parents. Five of the items in this group dealt with seeking support outside the family (community programs for parents,

Table 5

Number and Percentage of Parents Using Coping  
Strategies Reported Moderately (by less than 80%  
but more than 50% of parents)

Category & Item	N	%
<u>Restructuring the Family</u>		
-identifying one partner as primarily responsible for housekeeping	140	69.3
-identifying one partner as primarily responsible for child care	132	65.3
-working out a fair schedule of child care tasks	138	68.3
-working out a fair schedule of household tasks	142	70.3
<u>Time Management</u>		
-lowering my standards for "how well" household tasks should be done	128	63.4
-hiring outside help for babysitting	141	69.8
-limiting my involvement in certain activities (entertaining, etc.)	120	60.9
<u>Social Support</u>		
<u>Church/Religious</u>		
-having faith in God	139	68.8
<u>Friends</u>		
-seeking encouragement and support from friends	151	74.8
-making friends with couples with young children	160	79.1
<u>Extended Family</u>		
-doing things with relatives	140	69.3
-seeking support and encouragement from relatives	145	71.8
<u>Community</u>		
-seeking information and advice from the medical staff	153	75.7



Table 5 (continued)

Number and Percentage of Parents Using Coping  
Strategies Reported Moderately (by less than 80%  
but more than 50% of parents)

Category & Item	N	%
Positive Psychological Coping		
-laughing at myself and the problems I have	157	77.7
Beliefs About Parenting		
-thinking that being a parent makes me a better person	130	64.4
Negative Psychological Coping		
-keeping my feelings to myself	120	59.4
-accept it since nothing can be done	114	56.4
Parenting Self-Esteem		
-ignoring criticisms about parenting	114	56.4
-reading about how other parents handle things	140	69.3

Table 6

Number and Percentage of Parents Using Coping  
Strategies Reported Least (by less than 50% of parents)

Category & Item	N	%
<u>Negative Psychological Coping</u>		
<u>Keeping to Self</u>		
-keeping others from knowing how bad things are	71	35.1
<u>Wishful Thinking</u>		
-wishing the situation would somehow go away and be over with	72	35.6
-wish that I could change what is happening or how I feel	81	40.1
<u>Detachment</u>		
-thinking there is nothing I can do to change things	83	41.1
<u>Self-Blame</u>		
-feeling no matter what I do I will have difficulties	91	45.0
-feeling I have more problems than most parents	37	18.3
<u>Positive Psychological Coping</u>		
<u>Tension Reduction</u>		
-trying to make myself feel better by eating, drinking, drugs, etc.	61	30.2
<u>Parenting Self-Esteem</u>		
-going to parenting classes, learning new skills	79	39.1
<u>Social Support</u>		
<u>Community Support</u>		
-seeking assistance from community agencies and programs for new parents	45	22.3
<u>Church/Religious Support</u>		
-participating in church activities	76	37.6
<u>Neighbor Support</u>		
-sharing problems with my neighbors	88	43.6
-receiving assistance from neighbors	87	43.1

parenting classes, neighbor and church support). It is important to note that in relation to parenting programs, researchers have acknowledged the lack of programs available to new parents. So, rather than parents not using these services, these services may not be available to parents.

Items from negative psychological coping strategies were also in the least used category. Fewer parents used the following coping strategies: keeping others from knowing how bad things are; and wishing the situation would go away and be over with. Negative psychological coping strategies have been found to be ineffective coping strategies in dealing with other types of stress (Lazarus, 1974). This may partially account for their infrequent use by parents during early parenting.

Overall, it appears that parents cope by using a variety of strategies. These coping methods cover a wide array of coping areas. A great deal of diversity exists in the types of strategies used by parents in coping with the stress of early parenting.

#### The Relationship Between Coping and Stress

Multiple regression analyses were performed to explore the relationship between early parenting stress and coping. Stress was the dependent variable and the categories of coping were the independent variables in the regression model. Table 7 presents a summary of the coping variables that were found to be the best predictors of early parenting stress.

Table 7  
Regression Model of the Relationship Between  
Stress and Coping Categories

Predictor Variable	Beta	F
Restructuring the Family	-.20	5.45*
Negative Psychological Coping	.17	5.39*
Time Management	.19	4.18*

\* $p < .05$

N=202

$R^2$  for full model = .09

Negative psychological coping and time management were the variables found to be most predictive of increased stress during this period. Restructuring the family was the only variable predictive of less stress. With all the variables in the model, a total of 9 percent of the variance ( $R^2$ ) in stress was accounted for. The percentage of unique variance accounted for by each variable was 2.5% for restructuring the family, 2.5% for negative psychological coping and 1.9% for time management. None of the other variables (social support, parenting self-esteem, beliefs about parenting or positive psychological coping) were significant predictors of early parenting stress.

The finding that negative psychological coping is related to early parenting stress is consistent with previous studies of stress. The category of negative psychological coping contains items dealing with self-blame, detachment and wishful thinking, which have been shown in previous studies to be related to increased stress (Pearlin & Schooler, 1978). Pearlin & Schooler (1978) contend that unless an individual feels in control of the situation it will be difficult for the individual to cope effectively. Similarly, individuals with negative feelings about themselves or about the situation will have difficulties in managing stressful events. Some of the items included in this category are: wishing the situation would go away; accepting it, since nothing can be done; feeling that no matter what they do they will have difficulties. This

finding supports Pearlin & Schooler's (1978) contentions that if negative attitudes prevail, an individual will have difficulty adequately managing stress. Other researchers (Lazarus, 1974) support negative psychological coping as one of the major contributors to increased stress. Although this causal statement is based on previous research, it may also be that the relationship is reversed; individuals who are highly stressed rely on negative psychological coping. Both orientations need to be considered when reviewing the results.

It was surprising to find time management coping strategies as predictors of increased early parenting stress. No studies are available that explore this relationship, so there was little support for the possible direction of the relationship. But since the issues of inadequate time were revealed in this sample as the major areas of stress, time management techniques were assumed to be negatively related to stress rather than positively related to stress. Two possible causal directions of this relationship exist. One, that if parents are higher stressed, they have to resort to more time management strategies. Since inadequate time is the major source of stress for parents, parents higher stressed may have to use more time management coping. The second possible explanation of this relationship is that time management strategies are a source of stress. A frequent use of time management strategies (making time for oneself, making time for spouse, etc.) might in themselves become a source of time conflict, creating a situation of less time to get everything

done (the major area of stress in early parenting), thus increasing stress. So, that instead of using time management techniques to reduce stress these strategies may contribute to stress. A conclusive statement about the direction of causality cannot be made given the design of the study.

Restructuring the family was the only coping category in the regression model negatively related to early parenting stress. This area of coping includes items that deal with role arrangements and communication within the couple's relationship. Cowen et al. (1983), in their longitudinal study of the transition to parenthood, found that role arrangements were one of the critical factors in adjusting to parenthood. Myers-Walls' (1979) findings indicate that parents who use effective coping strategies for dealing with the demands of multiple-role responsibilities experience an easier transition to parenthood. Approximately seventy-percent of the sample reported using the coping items regarding separation of tasks (i.e., identifying one partner as primarily responsible for childcare; identifying one partner as primarily responsible for housekeeping). Seventy-percent of the parents also reported using the strategies of task sharing (i.e., working out a fair schedule of childcare tasks; working out a fair schedule of household tasks). Instead of these coping strategies being either/or choices, some couples reported using both types of role arrangements. Although it is not apparent from this study exactly how parents are dividing tasks, it is the communication of each partner's expectations and responsibilities that has

been found to be of prime importance in previous studies (Fein, 1976; Miller & Sollie, 1980).

In summary, negative psychological coping and time management were found to be predictors of increased early parenting stress, and restructuring the family was a predictor of less stress. None of the other categories of coping strategies were significantly related to stress.

#### Differences Between Mothers and Fathers in Stress

Mothers perceived greater early parenting stress than fathers in this study. The mean stress score for mothers (n=125) was 22.56 and 18.97 for fathers (n=77). Overall, mothers perceived more negative change in their individual and marital lives. Although the majority of fathers also perceived these changes as negative they were reported significantly more often by mothers as negative changes. Table 8 illustrates the stress items that were significantly different for mothers and fathers. The mean scores represent the responses to the items in the stress scale (0=no change, 1=positive, and 2=negative). The higher the mean, the more the item was perceived as negative.

Mothers reported more negative change than fathers in the three items concerning insufficient time. These items were lack of time to get everything done, less time for themselves and less time for their spouses. These were major areas of negative change for both mothers and fathers, although mothers viewed these changes more negatively. Feeling physically tired and fatigued was an area that mothers reported as more of a negative change than did fathers. Fathers in general reported



Table 8

Differences Between Mothers and Fathers  
on Individual and Marital Stress Items

Stress Item	Mothers		Fathers		t
	X	SD	X	SD	
=====					
<u>Individual</u>					
-have privacy	1.22	.95	.87	.93	-2.56**
-have time for yourself	1.55	.80	1.22	.94	-2.56**
-have time to get everything done	1.6	.93	1.35	.79	-1.96*
-feeling edgy and emotionally upset	1.06	.96	.74	.92	-2.38**
-feel physically tired and fatigued	1.47	.86	.90	.96	-4.19***
-feel concern about you (or your spouse's) physical appearance	.76	.89	.50	.82	-2.12*
-----					
<u>Marital</u>					
-have a satisfying relationship with your spouse	.69	.72	.48	.66	-2.17*
-have time for your spouse	1.33	.89	1.05	.94	-2.12*

\*p&lt;.05

\*\*p&lt;.01

\*\*\*p&lt;.001

this as an area of no change.

These findings are consistent with past studies of early parenting. Mothers frequently report more overall change in their personal lives than do fathers (Harriman, 1983). Similarly, in Hobbs' (1965) study crisis scores were significantly greater for mothers than fathers. Using the same crisis checklist, Russell (1974) also found these significant differences between fathers and mothers. One explanation for these findings may be in the parenting roles that men and women typically assume. Mothers generally take on the major portion of child care responsibilities (Cowen et al., 1983), which may partially explain the differences in mothers and fathers perceptions of change accompanying the birth of a child. As a 33 year old mother in a dual-employed family explained, "With the birth of the child I have felt so much sacrifice of myself - so little sacrifice on the part of my spouse."

#### Differences Between Mothers and Fathers in Coping Strategies

Mothers used substantially more coping strategies than did fathers in adjusting to the birth of a child. Using a t-test, comparison of mean scores revealed a significant difference between mothers ( $n=125$ ,  $\bar{X}=59.38$ ) and fathers ( $n=77$ ,  $\bar{X}=50.18$ ) on total coping scores. Significant differences between mothers and fathers were apparent in items from all categories of coping except negative psychological coping.

Using a series of t-tests, potential group differences were explored for each of the 50 coping items. Findings indicated mothers and fathers differed significantly on 14 of 50 coping items (28%). Table 9 represents the coping items

Table 9

Differences Between Mothers and Fathers in Coping  
Strategies Used in Adjusting to the Birth of a Child

Category & Strategy	Mothers		Fathers		t
	X	SD	X	SD	
=====					
Social Support					
-----					
<u>Extended Family</u>					
Seeking encouragement and support from relatives	1.26	.91	.79	.78	-3.89***
<u>Friend Support</u>					
Seeking encouragement and support from friends	1.38	.94	.86	.82	-4.12***
Making friends with other couples with young children	1.50	.93	.88	.72	-5.23***
<u>Neighbor Support</u>					
Sharing problems with neighbors	.79	.93	.43	.73	-3.09**
<u>Community Support</u>					
Seeking information and advice from medical staff (doctors,nurses)	1.35	.90	.98	.89	-2.80**
Seeking assistance from community programs for new parents	.40	.69	.10	.35	-4.02***
-----					
Parenting Self-Esteem					
-----					
Reading about how other parents handle things	1.15	.80	.59	.65	-5.36***
Going to parenting classes learning new skills	.77	.89	.29	.56	-4.36***
-----					
Beliefs about Parenting					
-----					
Believing that being a parent is one of the most important aspects of my life.	2.17	.95	1.8	1.00	-2.61**

\*p&lt;.05

\*\*p&lt;.01

\*\*\*p&lt;.001

Table 9 (continued)

Differences Between Mothers and Fathers in Coping  
Strategies Used in Adjusting to the Birth of a Child

Category & Strategy	Mothers		Fathers		t
	X	SD	X	Sd	
=====					
Positive Psychological Coping					
-----					
<u>Tension Reduction</u>					
Letting my feelings out (crying,...)	1.44	.82	.93	.88	-4.14***
<u>Focusing on the Positive</u>					
Looking on the bright side of things	1.67	.97	1.34	1.08	-2.21*
-----					
Time Management					
-----					
Getting by on less sleep than I'd like to have	1.56	1.0	1.27	1.0	-1.97*
Lowering my standards for housekeeping	1.24	1.1	.84	.93	-2.76**
-----					
Restructuring the Family					
-----					
<u>Communication</u>					
Frequent communication with my spouse about schedules and routines	1.64	.96	1.33	.92	-2.28*

\*p&lt;.05

\*\*p&lt;.01

\*\*\*p&lt;.001

mothers reported using more than fathers. Mean scores represent how often an item is used (0=not used, 1=somewhat, 2=used quite a bit, 3=used a great deal). Possible scores for each item ranged from 0 to 3. For example, a mean score of 1 indicated that, on the average, parents used a coping strategy somewhat.

One type of coping used significantly more by mothers was social support. Mothers relied on these coping strategies (extended family, friends, neighbors, and community) more than fathers. The only subcategory of social support in which no sex differences were noted was in the area of church/religious support. These sex differences prove interesting since most of the previous studies focused solely on mothers and social support. Social support has been shown to be an effective coping strategy for mothers in early parenting (Colletta, 1981; Unger & Powell, 1979). More research should focus on fathers' use of social support during this transitional period.

A second category of coping different for mothers and fathers was parenting self-esteem. Specifically, the items dealing with individual development as a parent (reading about how other parents handle things; going to parenting classes) were used more frequently by mothers. One possible explanation for these differences may be attributed to the fact that the majority of mothers take on the major responsibility for child care (Cowen et al., 1983). Consequently, mothers rather than fathers have taken on the task of seeking information about parenting, and developing their parenting skills.

In regard to beliefs about parenting, mothers were

significantly more likely than fathers to use the strategy of believing that being a parent is one of the most important aspects of their life. This finding is consistent with Lips' (1983) study in which she found that significantly more mothers than fathers rated parenthood as important to personal satisfaction and life satisfaction.

Another area of coping in which fathers and mothers differed was in terms of time management. Specifically, the coping items of getting by on less sleep and lowering standards of housekeeping were used more frequently by mothers. This finding may reflect the tendency for couples to move toward more traditional roles after the birth of a child (Cowen et al., 1983). If so, mothers more likely than fathers would assume the responsibility for getting up with the baby at night, and in keeping with the traditional role, would likely be responsible for setting the standard of housekeeping.

In the area of positive psychological coping, mothers were more likely than fathers to cope by letting their feelings out and looking on the bright side of things. This finding is consistent with the general belief that men are less likely to show their feelings in stressful situations. And lastly, a significantly greater number of mothers than fathers used communication with their spouses about schedules and routines as a way of coping with the changes of early parenting. Communication has been shown previously as an effective coping strategy for both mothers and fathers (Fein, 1976).

In summary, mothers and fathers differ substantially in their use of coping strategies to adjust to the birth of a

child. Few studies have explored differences between mothers' and fathers' coping during this period. In their study of coping in general, Pearlin and Schooler (1978) found great differences between males and females on a number of stressful events. These researchers speculate that men and women are socialized differently in their approaches to coping. More research is needed to further our understanding of these sex differences in coping.

### Sex Differences in the Relationship Between Stress and Coping

In order to determine if there were any differences in the relationship between stress and coping for mothers and fathers, separate regressions were performed for these two groups. Table 10 and Table 11 illustrate the sex differences in the relationship between stress and coping.

For fathers, the best predictors of increased early parenting stress were negative psychological coping and time management. This finding is consistent with the regression for the entire sample. A total of 18% ( $R^2$ ) of the variance was accounted for with all the variables in the model. The percentage of unique variance accounted for by each of these variables was 6.5% for negative psychological coping and 7% for time management. No variable was found in the father group that was predictive of less stress.

It is interesting that negative psychological coping strategies were predictors of increased stress for fathers. Although previous studies have found sex differences in this type of coping, none were found in this study. Pearlin &

Table 10

## Regression Model for Fathers' Coping Strategies

Predictor Variable	Beta	F
Negative Psychological Coping	-.29	5.47*
Time Management	.43	5.95**

\*p&lt;.05

\*\*p&lt;.01

N=77

R<sup>2</sup> for full model=.18

Table 11

## Regression Model for Mothers' Coping Strategies

Predictor Variable	Beta	F
Restructuring the Family	-.24	4.99*

\*p&lt;.05

N=125

R<sup>2</sup> for full model=.07



Schooler (1978) found females used these types of strategies more than males in a number of stressful events. One possible explanation for the inconsistencies in these findings is the type of stress - parenting. Since a majority of mothers take on the major portion of child care responsibilities (Entwistle & Doering, 1980), fathers may feel in a position of less control and lack confidence in their parenting role. This type of role arrangement may contribute to fathers' use of negative psychological coping.

The fact that time management is also a predictor of increased stress, may indicate that fathers more than mothers have more of a time conflict with their parenting and provider role. Lack of sufficient time to meet the responsibilities of these roles may increase stress and the use of time management. As one father of two children explained, "I would like to spend more time with my children and wife, but my job is very tiring and demanding. We make a special effort to spend family time together, but I simply do not have all the hours in the day I need." This type of response illustrates the relationship between stress and time management; that is time demands may increase stress, thus requiring an individual to resort to using time management strategies.

For mothers, the variable predictive of less stress was restructuring the family. This finding is consistent with the regression for the entire sample. A total of 7% of the variance ( $R^2$ ) is accounted for with all the variables in the model. The unique variance of the predictor variable was 4%. No variable was found in the mother group that was predictive

of increased stress.

The finding that restructuring the family was predictive of less stress for mothers is consistent with previous studies. Past research emphasizes the importance of communication of role responsibilities as an important coping strategy during early parenting (Fein, 1976). Similarly, studies indicate that parents who use effective coping strategies in dealing with the demands of multiple-role responsibilities experience less stress in early parenting (Cowen et al., 1983; Myers-Walls, 1979). In explaining why restructuring the family is a predictor of less stress for mothers but not for fathers, it is important to look at common role arrangements after the birth of a child. Mothers typically have major responsibility for child care (Entwisle & Doering, 1980), so that role arrangements and communication of responsibilities are very important coping strategies for mothers and may be predictive of less stress. As one mother explained, "It takes a lot of understanding and openness with each other to mesh all the new roles - mom, dad, wife, husband, and worker. Talking helps and is probably the most important factor, but it is also that added bit of trust and understanding as you both experiment, grow and develop into the kind of parent you want to be." Strategies in restructuring the family are important for both mothers and fathers, but as indicated in this study can be predictive of less stress for mothers.

Differences between Parents of First-Born Children  
and Parents of Later-Born Children

Most of the literature on early parenting focuses on the

birth of the first child. Little is known about how families adjust to the birth of additional children. A common belief among researchers and the general public is that after the birth of the first child, the birth of additional children requires minimal adjustments in the family system.

Recently, however, several studies have questioned this assumption. These studies included parents of later-born children in their sample (Harriman, 1983; LaRossa & LaRossa, 1981; Ventura & Boss, 1983). In these studies few differences were found between parents of first-born children and parents of later-born children in stress and coping.

The findings of the present study confirm these investigations. No significant differences were found between parents of first-born children ( $n=119$ ,  $\bar{X}=22$ ) and parents of later-born children ( $n=82$ ,  $\bar{X}=20$ ) in respect to total stress scores. The only area of stress in which differences occurred was in having routines and plans interrupted. The mean score for first time parents was 1.37 compared to .91 for other parents. No other item in the stress scale was significantly different for these groups.

Similarly, comparison of first-time parents ( $\bar{X}=56.14$ ) and other parents ( $\bar{X}=56.62$ ) with respect to total coping scores revealed no substantial differences between the groups. However, the groups differed significantly on two coping strategies. The coping item, "feeling that no matter what I do I will have difficulties", was used significantly more by parents of later-born children ( $\bar{X}=.85$ ) than by first-time parents ( $\bar{X}=.52$ ). One possible explanation for this finding is

that first-time parents can attribute some difficulties to inexperience, whereas parents with additional children might feel more helpless if difficulties continue. Planning time alone with spouse was also found to be used significantly more by parents of later-born children ( $\bar{X}=1.22$ ) when compared to the use of this strategy by first-time parents ( $\bar{X}=.97$ ). This may indicate that first-time parents' attention is focused more on the child, while parents with other children realize the need to spend time alone as a couple. No other significant differences were found between the groups in the use of other coping strategies.

The anecdotes that parents wrote give some insight into the finding that similar levels of stress were experienced by both groups of parents. One parent of two children wrote, "It's alot different with two - double the pleasure - but also double the work. It is much more difficult to get everything done now." Another parent wrote about the whole issue of sibling rivalry, "The older child gets rough with the younger child, when there was only one child I had no problems." Difficulties between children can also contribute to the stress during this period. Overall, the majority of responses of parents with more than one child is reflected in the following anecdote, "Being a parent of two children is more of a challenge and has more stress and joy attached to it."

#### Summary of Results

The areas of stress associated with the birth of a child and coping strategies parents used to deal with these stresses

were explored in this study. The major areas of stress identified were: less time to get everything done, less time for themselves (the most frequently reported individual areas of stress), less time for their spouses, and less physical contact with their spouses (the most frequently reported marital areas of stress). The coping strategies parents used in adjusting to these changes included a wide variety of coping strategies. Seventy-six percent (38 out of 50) of the strategies in the coping scale were used by over fifty percent of the parents. Some of the most frequently reported coping strategies included items in restructuring the family, time management, positive psychological coping, beliefs about parenting and parenting self-esteem. The only categories of coping not represented in the most frequently reported (used by eighty percent of the parents) category were social support and negative psychological coping.

In exploring the relationship between stress and coping in early parenting, three coping variables were found to be predictive of stress. These included restructuring the family, time management, and negative psychological coping. Time management and negative psychological coping were predictive of increased parenting stress, whereas restructuring the family was predictive of less parenting stress.

Major sex differences were found in both stress and coping. Mothers' stress scores were significantly higher than fathers' stress scores. Overall, mothers perceived more negative stress in their individual and marital lives following the birth of their child. Substantial differences between

mothers and fathers existed in the coping strategies they used. In general, mothers used coping strategies significantly more than fathers. Significant differences between mothers and fathers were found on twenty-eight (14 out of 50) percent of the coping strategies. The major difference between the groups was in social support. Mothers used social support (friends, neighbors, community, and relatives) significantly more than fathers. Other differences were in beliefs about parenting, positive psychological coping, parenting self-esteem, and restructuring the family. Mothers used these coping strategies significantly more than fathers.

Few differences were found between parents of first-borns and parents of later-born child in stress and coping. These groups had similar levels of stress and similar levels of coping in dealing with early parenting. Overall, the differences between these parents were quite minimal.

In summary, the major areas of stress for parents in this sample were problems of inadequate time for themselves, their spouses, and to get everything done. Parents used many coping strategies to deal with these difficulties. Time management techniques and negative psychological coping were found to be predictive of increased parenting stress, while restructuring the family was predictive of less stress.

#### Limitations of the Study

The present study has several limitations that need to be taken into consideration. The first limitation deals with the method of data collection. Survey research has long been

challenged for the accuracy of self-reported information. Although the validity of self-reports is sometimes questioned, when dealing with the issue of stress it may be more appropriate than observational or interview data. From the perspective of major stress theorists (i.e., Lazarus, 1966), the stress that an individual perceives (rather than evaluated by an observer) is the critical evaluative factor. An outsider's view (objective observation) may be misleading. What one individual perceives as an easy change can be quite stressful for another individual.

The second limitation relates to the sampling method. Because parents were recruited through the pediatric and well-child clinics, the sample was not random. The volunteer sample and limited geographic location bias the study and limit generalizability of the results.

Thirdly, there are limitations with the parent population in the study. The respondents in this study were more educated than the general population. However, the sample consisted of a wide range of individuals from all economic levels, probably because of the access to families from the well-child clinic for lower-income families. Parents were slightly older than the average parent at this stage in the family life cycle, although comparable to previous studies (Harriman, 1983; Ventura & Boss, 1983). Until further studies are done with different samples the results of this study can be generalized only to similar populations.

A final limitation of this study centers around the issue of causality. In discussing the results, several relationships

between variables were presented. Although the causal relationships emphasized were based on previous research, the relationships could have been reversed. Due to the statistical analysis used, a conclusive statement cannot be made concerning the causal relationship between variables. In conclusion, the limitations of data collection, sampling method, the population, and causality should be considered when reviewing the results of this study.



## Chapter IV

## IMPLICATIONS AND CONCLUSIONS

The present study was primarily a study of the relationship between stress and coping during early parenting. First, the areas of stress and coping strategies that parents use during this period were identified. Secondly, the relationship between early parenting stress and coping strategies was examined. Findings indicate positive and negative changes result from the birth of a child. The most frequently reported areas of stress were items concerning inadequate time. Coping strategies parents report using frequently to adjust to changes associated with the birth of a child are from a wide variety of areas. Restructuring the family, time management, parenting self-esteem, beliefs about parenting, positive psychological coping strategies were all types of coping strategies that more than eighty-percent of the sample used. In the regression analysis time management and negative psychological coping were the most significant predictors of increased parenting stress. Restructuring the family was the coping variable predictive of less stress. For mothers, restructuring the family was predictive of less stress. For fathers, time management and negative psychological coping were predictors of increased parenting stress. In the following sections suggestions for future research and practical applications for professionals and educators are presented.

### Implications for Future Research

This study has many implications for future research.

First of all, the direction of causality between time management and stress needs to be further explored. Another type of statistical analysis (i.e., path analysis) could be used to examine the causal relationship between these variables. In addition, research should focus on the major stress during this period, inadequate time, and further explore how parents can effectively cope with the time demands during this period. Since one of the major time demands results from multiple-role responsibilities, research needs to be conducted concerning how parents are coping with the demands of these responsibilities.

The whole issue of multiple-role responsibilities provides many directions for future investigations in parenting. Currently, numerous couples are combining parenthood and employment. Many times the stresses associated with early parenting are compounded for these families. One parent explained, "Being a dual-employed family, trying to combine all the roles and balance responsibilities is extremely stressful." Although the sample in this study did not include a sufficient number of dual-employed families for comparison purposes, future studies should concentrate on how dual-employed families adjust to parenthood. Another issue concerning families and work is how the parent who leaves the work force adjusts to staying home with a young child. The possible frustrations involved in this adjustment is expressed by the following

mother who resigned from her job to stay home with the baby. She wrote, "I had previously had a good job with alot of important decisions to make that affected many people. The transition from important daily decisions to what I will dish into my child's mouth today is difficult."

Other extensions of this study could involve looking at how parents cope with parenting stress at different points in the family life cycle. An interesting research question would be: Are the strategies parents use to cope with the birth of a child different from coping with an adolescent? Ideally, a longitudinal study focusing on family coping patterns beginning with a couple's first pregnancy (or early marriage) and following a couple through the family life cycle would provide a wealth of information. More realistically, a longitudinal study investigating a couple's coping patterns prebirth to postbirth could provide information on changes in coping patterns. Another possible method for exploring these issues would be a cross-sectional study.

Other studies exploring coping strategies could examine the differences and similarities between different populations of parents with special stressful situations such as single parents or teenage parents. Still other studies in this area could examine the coping patterns of parents encountering the stress of dealing with a special child (handicapped infants, colicky infants, high-risk infants, etc.). Future studies should also include parents from different ethnic/cultural backgrounds. It would be interesting to explore how these

different groups cope with the transition to parenthood, and what stresses they perceived during this period.

### Practical Applications

In addition to suggestions for future research, the findings of the present study have practical applications for parent education. Currently, few programs are available to parents that deal with adjusting to the birth of a child. As one parent complained, "I feel I had much preparation in having a baby, but none in how to deal with a baby and all the changes a baby would make in my life." Parents need to be aware of the positive and negative changes that can contribute to stress during early parenting. If parents are knowledgeable and realistic about how their lives will change, they may be better able to cope with this transition period. One mother of four explained, "As long as you realize ahead of time the changes a baby brings, the frustration you might feel will be minimized and easier to cope with." Also, with an increased understanding of the importance of communication and discussions about responsibilities between spouses, the stress associated with multiple-role demands might be lessened.

Parents also need to be aware of their typical coping patterns and the strategies they use that are ineffective. For example, negative psychological coping is an ineffective coping strategy for most situations. If parents commonly resort to using this coping method, they may have a more difficult time in adjusting to parenthood. These parents should be provided with information on alternative coping strategies in dealing

with the stress of early parenting. This information may also provide options to other parents experiencing difficulties. An outline of a program based on the results of this study might include: individual and marital changes associated with having a child; effective coping strategies (i.e., communication between spouses); and ineffective coping strategies (i.e., negative psychological coping).

This research study described the areas of stress and coping strategies parents used in dealing with the changes in their lives following the birth of their child. This period is a critical point in the family life cycle. It is a time of many individual and marital changes, as well as the beginning of the relationships with the parents and the child. Perhaps the biggest contribution this study makes is the focus on how parents can cope effectively with the numerous adjustments during this transitional period.

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## APPENDICES

APPENDIX A

COVER LETTER

College of  
Home Economics



Corvallis, Oregon 97331

(503) 754-3551

Dear Parent,

The birth of a child brings many changes to a family. Some of these changes are easy to make but others are more difficult and require substantial adjustments. We are interested in learning more about these changes and how families respond to the process of early parenting.

Your participation in this survey is very important. The answers that you provide will be a valuable contribution to our understanding of how parents cope with the changes accompanying the birth of a child. The results of this study will be important in helping us develop programs which benefit new parents.

Your responses will be strictly confidential. When you are finished, please return the questionnaire to the nurse. We would also like your spouse to participate in this research study. An extra questionnaire and a self-addressed stamped envelope will be provided, so that your spouse can complete it at home. If you do take a questionnaire(s) home, please leave the attached card with the nurse. If you do not wish to fill out the questionnaire, please return it unanswered.

Your cooperation in this project will be greatly appreciated.  
Thank you very much for your help in this study.


Sincerely,

*Redacted for Privacy*

Cheryl Wright, M.S.

Department of Human Development  
and Family Studies

*Redacted for Privacy*

  
Rodney M. Cate, Ph.D.

APPENDIX B  
STRESS SCALE

- A. Some people have indicated that things included in the list below changed after they had a child. Please circle 0, 1, or 2 to reflect the degree of change which occurred when you had your last child. Also circle to indicate if the change was positive (1) or negative (2) and the degree of ease (1 or 2) or difficulty of the change (3 or 4).

Compared to before you had your last child, do you:	The change was:			The change was:		
	0 NO CHANGE 1 LESS NOW 2 MORE NOW			0 NO CHANGE 1 POSITIVE 2 NEGATIVE		0 NO CHANGE 1 VERY EASY 2 EASY 3 DIFFICULT 4 VERY DIFFICULT
1. do things for fun and recreation . . . . .	0 1 2			0 1 2		0 1 2 3 4
2. have money to lead the life you enjoy. . . . .	0 1 2			0 1 2		0 1 2 3 4
3. have routines and plans interrupted. . . . .	0 1 2			0 1 2		0 1 2 3 4
4. have contact with relatives. . . . .	0 1 2			0 1 2		0 1 2 3 4
5. have appreciation for family . . . . .	0 1 2			0 1 2		0 1 2 3 4
6. have contact with friends . . . . .	0 1 2			0 1 2		0 1 2 3 4
7. have privacy . . . . .	0 1 2			0 1 2		0 1 2 3 4
8. believe that babies are bundles of joy . . . . .	0 1 2			0 1 2		0 1 2 3 4
9. believe that parenthood is fun . . . . .	0 1 2			0 1 2		0 1 2 3 4
10. believe that children make a marriage happier. . . . .	0 1 2			0 1 2		0 1 2 3 4
11. have to adjust goals . . . . .	0 1 2			0 1 2		0 1 2 3 4
12. believe that both partners should share in the housekeeping . . . . .	0 1 2			0 1 2		0 1 2 3 4
13. agree with your spouse who should do what. . . . .	0 1 2			0 1 2		0 1 2 3 4
14. amount of physical contact you have with your spouse. . . . .	0 1 2			0 1 2		0 1 2 3 4
15. find you are able to solve problems with your spouse. . . . .	0 1 2			0 1 2		0 1 2 3 4
16. have a satisfying relationship with your spouse . . . . .	0 1 2			0 1 2		0 1 2 3 4
17. talk with your spouse. . . . .	0 1 2			0 1 2		0 1 2 3 4
18. have time with your spouse . . . . .	0 1 2			0 1 2		0 1 2 3 4
19. have time for yourself . . . . .	0 1 2			0 1 2		0 1 2 3 4
20. have time to get everything done . . . . .	0 1 2			0 1 2		0 1 2 3 4
21. feeling edgy or emotionally upset. . . . .	0 1 2			0 1 2		0 1 2 3 4
22. have a purpose for living; a sense of worth. . . . .	0 1 2			0 1 2		0 1 2 3 4
23. have confidence in your ability to parent. . . . .	0 1 2			0 1 2		0 1 2 3 4
24. feel physically tired and fatigued . . . . .	0 1 2			0 1 2		0 1 2 3 4
25. feel concerned about your (or your spouse's ) physical appearance. . . . .	0 1 2			0 1 2		0 1 2 3 4

APPENDIX C  
COPING STRATEGIES



D. Below is a list of ways that people cope with a wide variety of changes in their lives. Circle the number that best represents the degree to which you use the item in dealing with the changes in your life associated with having a child.

	DOES NOT APPLY AND/OR NOT USED	USED SOME WHAT	USED QUITE A BIT	USED A GREAT DEAL
1. seeking encouragement and support from friends . . .	0	1	2	3
2. believe that I have much to gain by being a parent . . . . .	0	1	2	3
3. looking on the bright side of things . . . . .	0	1	2	3
4. sharing problems with my neighbors . . . . .	0	1	2	3
5. hiring outside help for babysitting. . . . .	0	1	2	3
6. thinking that I am a good parent . . . . .	0	1	2	3
7. identifying one partner as primarily responsible for housekeeping . . . . .	0	1	2	3
8. talking over personal concerns and feelings with my spouse . . . . .	0	1	2	3
9. maintaining my health (exercising, eating right)	0	1	2	3
10. doing things with relatives (dinner, get togethers) <input checked="" type="radio"/>	0	1	2	3
11. telling myself I have much to be thankful for. . .	0	1	2	3
12. laughing at myself and the problems I have . . . .	0	1	2	3
13. seeking encouragement and support from relatives .	0	1	2	3
14. lowering my standards for "how well" household tasks should be done . . . . .	0	1	2	3
15. wishing the situation would somehow go away and be over with . . . . .	0	1	2	3
16. thinking that being a parent makes me a better person . . . . .	0	1	2	3
17. accepting it since nothing can be done . . . . .	0	1	2	3
18. following my instincts . . . . .	0	1	2	3
19. ignoring criticism of others about my parenting. .	0	1	2	3
20. having faith in God. . . . .	0	1	2	3
21. building a closer relationship with my spouse. . .	0	1	2	3
22. working out a fair schedule of household tasks . .	0	1	2	3
23. keeping others from knowing how bad things are . .	0	1	2	3
24. frequent communication with my spouse about individual schedules and responsibilities. . . . .	0	1	2	3
25. trying to be more flexible . . . . .	0	1	2	3
26. thinking there is nothing I can do to change things	0	1	2	3
27. seeking information and advice from the medical staff (doctors, nurses). . . . .	0	1	2	3
28. planning time for myself to relieve tension (jogging, reading, etc.) . . . . .	0	1	2	3

	DOES NOT APPLY AND/OR NOT USED	USED SOME WHAT	USED QUITE A BIT	USED A GREAT DEAL
29. going to parenting classes, learning new skills. . . . .	0	1	2	3
30. participating in church activities . . . . .	0	1	2	3
31. getting by on less sleep than I'd ideally like to have. . . . .	0	1	2	3
32. believing that things will always work out . . . . .	0	1	2	3
33. feeling that no matter what I do I will have difficulties . . . . .	0	1	2	3
34. becoming more efficient, making better use of my time. . . . .	0	1	2	3
35. planning time alone with my spouse . . . . .	0	1	2	3
36. eliminating my involvement in certain activities (home entertaining, volunteer work, etc.). . . . .	0	1	2	3
37. getting away from the baby for awhile. . . . .	0	1	2	3
38. seeking assistance from community agencies and programs designed for new parents. . . . .	0	1	2	3
39. keeping my feelings to myself. . . . .	0	1	2	3
40. believing that being a parent is one of the most important aspects of my life . . . . .	0	1	2	3
41. receiving assistance from neighbors (meals, babysitting, etc.) . . . . .	0	1	2	3
42. making friends with other couples with young children . . . . .	0	1	2	3
43. letting my feelings out (crying, anger, frustration, etc.) . . . . .	0	1	2	3
44. believing that parenting will get easier with time	0	1	2	3
45. trying to make myself feel better by eating, drinking, drugs, etc. . . . .	0	1	2	3
46. wish that I could change what is happening or how I feel. . . . .	0	1	2	3
47. reading about how other parents handle things. . . . .	0	1	2	3
48. feeling that I have more problems than most parents. . . . .	0	1	2	3
49. working out a fair schedule of child care tasks. . . . .	0	1	2	3
50. identifying one partner as primarily responsible for child care . . . . .	0	1	2	3
51. Please describe any other ways, if any, you have of coping with changes in your life associated with having a child.				

Coping Strategies - Listed by Categories

A. Restructuring the Family System

- 8. Talking over personal concerns and feelings with my spouse.
- 7. Identifying one partner as primarily responsible for housekeeping.
- 21. Building a closer relationship with my spouse.
- 22. Working out a fair schedule of household tasks.
- 24. Frequent communication with my spouse about individual schedules and responsibilities.
- 49. Working out a fair schedule of child care tasks.
- 50. Identifying one partner as primarily responsible for child care.

B. Time Management

- 5. Hiring outside help for babysitting.
- 14. Lowering my standards for "how well" household tasks must be done.
- 25. Trying to be more flexible.
- 28. Planning time for myself to relieve tension (jogging, reading, etc.).
- 31. Getting by on less sleep than I'd ideally like to have.
- 34. Becoming more efficient, making better use of my time.
- 35. Planning time alone with my spouse.
- 36. Eliminating my involvement in certain activities (home entertaining, volunteer work, etc.)

C. Social Support

a). Church/Religious

- 20. Having faith in God.
- 30. Participating in church activities.

b). Extended Family

- 10. Doing things with relatives (dinners, get togethers, etc.).
- 13. Seeking encouragement and support from relatives.

c). Friends

- 1. Seeking encouragement and support from friends.
- 42. Making friends with other couples with young children.

d). Neighbors

- 4. Sharing problems with my neighbors.
- 41. Receiving assistance from neighbors (meals, babysitting, etc.).

e). Community

- 27. Seeking information and advice from the medical staff (doctors and nurses).
- 38. Seeking assistance from community agencies and programs designed to help new parents.

D. Beliefs About Parenting

- 2. Believing that I have much to gain by being a parent.
- 16. Thinking that being a parent makes me a better person.
- 40. Believing that being a parent is one of the most important aspects of my life.

E. Self-Esteem

- 6. Thinking that I am a good parent.
- 29. Going to parenting classes.
- 47. Reading about how other parents handle things.
- 19. Ignoring criticism about my parenting.
- 18. Following my instincts.

F. Psychological Coping - Positive

a). Tension Reduction

- 9. Maintaining my health (eating right, taking vitamins, etc.)
- 37. Getting away from the baby for awhile.
- 43. Letting my feelings out (crying, anger, frustration, etc.).
- 45. Trying to make myself feel better by eating, drinking, drugs, etc.

b). Focusing on the Positive

- 3. Looking on the bright side of things.
- 12. Laughing at myself and the problems I have.
- 11. Telling myself I have much to be thankful for.
- 32. Believing that things will always work out.
- 44. Believing that parenting will get easier with time.

Psychological Coping - Negative

c). Keeping to Self

- 23. Keeping others from knowing how bad things are.
- 39. Keeping my feelings to myself.

d). Self-Blame

- 33. Feeling that no matter what I do I will have difficulties.
- 48. Feeling that I have more problems than most parents.

e). Wishful Thinking

- 15. Wishing the situation would somehow go away or be over with.
- 46. Wish that I could change what is happening or how I feel.

f). Detachment

- 17. Accepting it since since nothing can be done.
- 26. Thinking there is nothing that can be done to change things.

APPENDIX D  
DEMOGRAPHIC AND  
BACKGROUND INFORMATION

E. Background Information: To help us in our analysis we need to ask a few questions about yourself and your family.

1. How old were you on your last birthday?

\_\_\_\_\_ AGE

2. What is your sex? (circle one number)

- 1 MALE  
2 FEMALE

3. What was the total combined income of your household in 1983, before taxes?  
Your best estimate is fine.

- 1 UNDER \$5,000  
2 \$5,000 TO \$9,999  
3 \$10,000 TO \$14,999  
4 \$15,000 TO \$19,999  
5 \$20,000 TO \$29,999  
6 \$30,000 TO \$39,999  
7 \$40,000 TO \$59,999  
8 \$60,000 OR MORE

4. Which is the highest level of education that you and your spouse have completed.  
(circle one for each)

	<u>Your education:</u>	<u>Your spouse's</u>
LESS THAN HIGH SCHOOL . . . . .	1	1
HIGH SCHOOL GRADUATE . . . . .	2	2
SOME COLLEGE . . . . .	3	3
COLLEGE GRADUATE . . . . .	4	4
ADVANCED DEGREE (M.S., Ph.D., M.D., etc.)	5	5

5. About how many years after you were married was your first child born?

\_\_\_\_\_ YEARS

6. Please give your child(ren)'s birthdate:

MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_ 1st CHILD    MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_ 3rd CHILD  
MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_ 2nd CHILD    MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_ 4th CHILD

ADDITIONAL CHILDREN: \_\_\_\_\_

7. Was your last child: (circle one number)

- 1 PLANNED - HAD BEEN TRYING TO HAVE A CHILD FOR AWHILE  
2 PLANNED - HAD NO TROUBLE GETTING PREGNANT  
3 NOT PLANNED - BUT NOT TRYING TO PREVENT PREGNANCY  
4 NOT PLANNED - TRYING TO PREVENT PREGNANCY

8. At birth, was the baby:

- 1 HEALTHY  
2 LOW BIRTH WEIGHT  
3 PREMATURE  
4 OTHER MEDICAL PROBLEMS - PLEASE SPECIFY \_\_\_\_\_

9. Are you currently enrolled in school?

- 1 NO
- 2 YES - PART-TIME
- 3 YES - FULL-TIME

10. Is your spouse currently enrolled in school?

- 1 NO
- 2 YES - PART-TIME
- 3 YES - FULL-TIME

11. Did you work outside the home before the baby was born? After the baby was born?

- 1 NO
- 2 YES - PART-TIME
- 3 YES - FULL-TIME

- 1 NO
- 2 YES - PART-TIME
- 3 YES - FULL-TIME

12. Did your spouse work outside the home before the baby was born? After the baby was born?

- 1 NO
- 2 YES - PART-TIME
- 3 YES - FULL-TIME

- 1 NO
- 2 YES - PART-TIME
- 3 YES - FULL-TIME

13. If you are not working which of the following best describes your future work plans:

- 1 I HAVE NO PLANS TO WORK
- 2 I WILL GO TO WORK WHEN THE CHILDREN ARE OF SCHOOL AGE
- 3 I WILL GO TO WORK AS SOON AS I FIND CHILDCARE
- 4 I WILL GO TO WORK AS SOON AS I FIND A JOB

14. Please indicate whether or not each of the following is, or is not a reason for you choosing to work (circle one number for each)

	YES, A REASON	NO, NOT A REASON
a. need the income . . . . .	1	2
b. boredom . . . . .	1	2
c. need to be around adults . . . . .	1	2
d. need to fulfill myself. . . . .	1	2
e. want to advance my career . . . . .	1	2
f. other (specify _____) . . . . .	1	2

15. What type of childcare, if any, do you use?

	USED	NOT USED
a. relatives . . . . .	1	2
b. day care center . . . . .	1	2
c. private home. . . . .	1	2
d. other (specify _____) . . . . .	1	2

B. Please circle the number of the item that best describes your last baby's behavior as compared to what you think of as a normal baby's behavior during the first few months.

	NONE	MUCH LESS THAN AVERAGE	LESS THAN AVERAGE	AVERAGE AMOUNT	MORE THAN AVERAGE	A GREAT D MORE THA AVERAGE
1. How much crying did your baby do? . . . 0		1	2	3	4	5
2. How much trouble did your baby have feeding? . . . . . 0		1	2	3	4	5
3. How much did your baby spit up? . . . . 0		1	2	3	4	5
4. How much difficulty did your baby have in sleeping? . . . . . 0		1	2	3	4	5
5. How much difficulty did your baby have with bowel movements? . . . . . 0		1	2	3	4	5
6. How much difficulty did your baby have in settling down to a predictable pattern of sleeping and eating? . . . . 0		1	2	3	4	5
7. How much was your baby sick? . . . . . 0		1	2	3	4	5

C. Please circle the number which best represents your situation in the following areas:

1. Compared with your life before your baby was born, is your life now: (circle one number)

- 1 MUCH MORE SATISFYING
- 2 SOMEWHAT MORE SATISFYING
- 3 ABOUT THE SAME
- 4 SOMEWHAT LESS SATISFYING
- 5 MUCH LESS SATISFYING

2. Since your baby was born, your marriage has been:

- 1 MUCH MORE SATISFYING
- 2 SOMEWHAT MORE SATISFYING
- 3 ABOUT THE SAME
- 4 SOMEWHAT LESS SATISFYING
- 5 MUCH LESS SATISFYING

3. In comparison with other babies, do you think your baby's overall behavior is:

- 1 VERY EASY
- 2 EASY
- 3 NORMAL
- 4 DIFFICULT
- 5 VERY DIFFICULT

4. Overall, has your adjustment to parenthood been:

- 1 VERY EASY
- 2 EASY
- 3 NORMAL
- 4 DIFFICULT
- 5 VERY DIFFICULT



16. How satisfied or dissatisfied are you with the child care you receive:

- 1 VERY SATISFIED
- 2 SATISFIED
- 3 DISSATISFIED
- 4 VERY DISSATISFIED

17. Overall, do you feel the changes associated with the birth of your last child have been:

- 1 NOT STRESSFUL
- 2 SOMEWHAT STRESSFUL
- 3 VERY STRESSFUL

18. Is there anything else you would like to say about being a parent of a young child? (Please write any comments here:)

(THANK YOU FOR YOUR COOPERATION)