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DEPARTMENT OF SOCIAL DEVELOPMENT

**FIRST TIME PARENTS' PERCEPTIONS OF THEIR RELATIONSHIP
ACROSS THE TRANSITION TO PARENTHOOD**

A minor dissertation submitted in partial fulfilment of the requirements for the
award of the Degree

of

MASTERS IN CLINICAL SOCIAL WORK

By

CHERYL MARYILYN JANKELSON-GROLL

Supervisor: Fatima Williams

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PLAGIARISM DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

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ABSTRACT

The transition to parenthood is a time of heightened risk for marital distress due to the changes and demands experienced by new parents. The quality of the marital relationship has an influence on child development and on adult well-being. The aim of this study was to investigate the changes in the marital relationship when couples became parents, and to understand how these changes impacted on the marital relationship. Factors that alleviated or exacerbated the negative effects of this transition on the couple relationship were identified and discussed.

Data was collected from first-time parents using an exploratory qualitative method. Participants in heterosexual marriages with a baby aged between 3 months to a year were recruited, using non-probability purposive sampling, followed by snowball sampling. Nine couples were recruited through midwives and doulas in private practice and through their clients. Individual face to face interviews were conducted using an interview schedule as a guideline. The interviews were recorded electronically, transcribed and analysed following Tesch's (2009) method of data analysis.

The findings reflect high levels of overall marital satisfaction both before and after the transition to parenthood amongst many participants. At the same time, participants reported negative changes in certain aspects of their relationship. Protective and risk factors were identified for the marital relationship across the transition to parenthood. Recommendations were made to various stakeholders, as well as for future research.

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Chapter One

Problem Formulation

1. 1 Introduction

This chapter introduces the research topic and will firstly describe the background and rationale for the research. The topic will be stated, and followed by the research questions and objectives. Concepts included in the research topic, methodology, ethical considerations and reflexivity will then be discussed. Finally, the structure of the research report and a conclusion will be presented.

1.2 Background

Becoming a parent is an almost universal event experienced by nearly 90% of married couples as well as countless cohabiting couples and single parents (Glade, Bean & Vira, 2005). Most couples experience joy and pleasure at the arrival of their first child (Pacey, 2004), as parenthood brings many positive rewards. These include meeting social expectations, the fulfilment of reproductive needs, relationship stability, affection, and a sense of achievement (Halford & Petch, 2010). At the same time, having a baby increases the risk for individual or marital distress, due to enormous changes that new parents experience (Cowan & Cowan, 1995).

The transition to parenthood has been highlighted as the key milestone in the family life cycle (Goldenberg & Goldenberg, 2008). The arrival of an additional member to the family system results in a major reorganisation of this system, involving the reassignment of roles, changes in status positions, value shifts and different ways of meeting needs (LeMasters, 1957). It is a time of disequilibrium (Glade et al., 2005), as new parents have to come to terms with changes around their individual identities as well as the interpersonal effects of this transition (Perren, Von Wyl, Burgin, Simoni & Von Klitzing, 2005). The couple, previously a twosome, have now become a threesome (Perren et al., 2005), and parents need to find new ways to relate to one another, while simultaneously learning how to meet the needs of a dependent baby (Feeney, Hohaus, Noller & Alexander, 2001).

Taking care of an infant who demands constant attention presents various challenges for parents, such as coping with crying, sleep deprivation and the demands of breast feeding (Kluwer, 2010). Apart from childcare demands, new parenthood also brings an increase in

housework and financial strain (Halford & Petch, 2010). Research reflects a decrease in the sexual activity, reduced leisure time and couple time, while negative communication and conflict tends to increase (Halford & Petch, 2010; Kluwer, 2010). Such factors may contribute towards a decline in the quality of the relationship (Halford & Petch, 2010) and this decline has been highlighted as one of the most significant changes to the relationship after birth (Kluwer, 2010).

While there is a likelihood that a decrease in relationship satisfaction may occur after the transition to parenthood, it is not inevitable (Kluwer, 2010). Belsky and Rovine (1990) found that around half of new parenting couples experienced negative changes in their relationship, while 30% experienced no change and 19 % experienced an improvement in their relationship. It is important to understand why some relationships fare better than others, in order to identify factors that alleviate or exacerbate the negative effects of this transition on relationship (Kluwer, 2010).

1.3 Rationale

The couple relationship plays a crucial role in the adjustment to parenthood, and parents often cope better if they had high relationship cohesion prior to the birth (Feeney et al., 2001). A satisfying relationship tends to raise women's feelings of comfort and confidence across the transition to parenthood, and predicts fathers' parenting competence and involvement with the baby. Furthermore it tends to be associated with parental sensitivity, secure infant attachment, effective co-parenting and parental resilience (Halford & Petch, 2010).

Conversely, with marital discord, it is more difficult for parents to be attentive to children, or to achieve a positive parent-child relationship (Erel & Burman, 1995). Marital conflict, distress and dissolution have been associated with negative childhood development, such as depression, withdrawal, poor social competence and conduct-related disorders (Shapiro & Gottman, 2005).

Research has also shown that a mutually satisfying, long-term relationship has a favourable influence on various aspects of adult life, including mental health and well-being, physical health and work productivity (Claxton & Perry-Jenkins, 2008). Adults in such a relationship tend to have more resistance to the negative effects of life stressors, as well as lower risk for psychological disorders and chronic illnesses (Halford, Bouma, Kelly & Young, 1999).

The aforementioned benefits of a satisfying relationship provide a strong motivation to preserve and strengthen couple relationships. In South Africa, only a third of children under the age of 5 live with both biological parents (Statistics South Africa, 2012). The largest proportion of young children in South Africa live with their biological mothers only (43%), while only 2%, of young children lived with their biological fathers only (Statistics South Africa, 2012). Research indicates that people from fractured families are more likely to create fractured families themselves (Holborn & Eddy, 2011).

The increase of absent fathers is a concerning trend in South Africa, as fathers play an important role in positive outcomes for women and children (Holborn & Eddy, 2011). South African research has found that households with fathers are associated with higher levels of protection for children and improved access to community resources (Richter, 2006). Children who grow up with their fathers are more likely to have higher self-esteem and better academic achievement. In addition, women in stable relationships with men have lower levels of family stress and higher satisfaction from their mothering role (Richter, 2006). According to Holborn and Eddy (2011), children born to unmarried parents are more likely to live in single-parent households, and in South Africa, nearly 95% of fathers who live with their biological children are either married or live together as married (Statistics South Africa, 2013).

Ironically, it is when children arrive that the couple are especially vulnerable to relationship distress (Cowan & Cowan, 1992). In many instances, couples' first steps towards divorce began with the decline in marital satisfaction after the birth of the first baby. Half of the divorces in America took place before the child attended kindergarten (Cowan & Cowan, 2003) and in South Africa, almost 55% of the 20, 980 divorces in 2011 involved children younger than 18 years (Statistics South Africa, 2012).

In order to help reduce the risk of marital distress during the transition to parenthood, the rationale behind this study was therefore to explore the changes that take place in the relationship across the transition to parenthood and to understand the impact that these changes have on the relationship. The study also sought to identify factors that buffer the couple's relationship from negative changes, and factors that make the couple's relationship more vulnerable. The results of this research will be used in several ways by two non-profit family welfare organisations: the Parent Centre and Families South Africa (FAMSA) Western Cape. The findings of the research study will be presented to the staff of the Parent

Centre and FAMSA as part of in-service staff training. The study will also contribute material for a workshop established by FAMSA to assist parents to prepare for the transition to parenthood. Finally, information gathered from the study will be shared with new and pregnant mothers attending the Parent Centre support groups.

1.4 Research topic

First-time parents' perceptions of their relationship across the transition to parenthood

1.5 Research questions

- What are couples' perceptions of their relationship prior to and after becoming parents?
- What is the perceived impact of the new roles and responsibilities on their relationship across the transition to parenthood?
- What factors do couples perceive as contributing positively to the relationship across the transition to parenthood?
- What factors do couples perceive as contributing negatively to the relationship across the transition to parenthood?

1.6 Research objectives

- To explore couples' perceptions of their relationship prior to and after becoming parents.
- To investigate the perceived impact of the new roles and responsibilities on the relationship across the transition to parenthood.
- To explore and identify factors that couples perceive as contributing positively to the relationship across the transition to parenthood.
- To identify and explore factors that couples perceive as contributing negatively to the relationship across the transition to parenthood.

1.7 Concept clarification

Perceptions

Perceptions are the mental impressions created by the five senses and the way these impressions are understood cognitively and emotionally based on an individual's life experience (Barker, 2003).

Parent

This term refers to a father or mother of a child through biological reproduction (Meyer, 2006).

The study followed this narrow definition of parenthood, which excludes foster or adoptive parents because they often do not parent their child from birth and are not impacted by the changes of pregnancy, childbirth or breastfeeding.

Only parents with a baby aged between 3 months to a year were interviewed in this study because these infants shared characteristics belonging to Freud's oral stage of psychosexual development and Erikson's psychosocial developmental stage of Trust versus Mistrust (Corey, 2001). It was the researcher's opinion that richer data could be received if parents had at least 3 months to experience and process their adjustment to parenthood.

Marital

The term describes a union between a man and a woman that is legally and socially sanctioned (Barker, 2003). While same-sex and polygamous marriages are legally recognised in South Africa, this study only included heterosexual couples involving two partners, as referred to in the definition above. This is because differences in gender roles tend to have an impact on the relationship after childbirth (Feeney et al., 2001; Kluwer, 2010) and in the researchers' opinion, it is possible that there could be different dynamics in same-sex or polygamous relationships.

Marital satisfaction

Marital satisfaction refers to the spouse's subjective global evaluation of his/her marriage. Since the terms 'marital satisfaction' and 'marital quality' tend to be used interchangeably in the literature, these terms have also been used interchangeably in this study (Fincham & Rogge, 2010).

Relationship

A connection between two people where the association is emotional and sexual. The term also refers to the manner in which two people regard and behave towards one another (South African Concise Oxford Dictionary, 2002). In this study the term refers to the marital relationship.

Transition

A passage or change from one state to another (Robinson & Davidson, 2004)

Parenthood

A natural relation based on biological reproduction (Meyer, 2006)

Transition to parenthood

There are many different concepts of when the transition to parenthood begins and ends. Goldberg (1988) defines the transition to parenthood as a period of time that commences with pregnancy and ends a few months after the baby's birth. However, many researchers have ended their studies on the transition to parenthood between 9 and 18 months after the birth (Cowan, Cowan, Heming & Miller, 1991). For the purpose of this study, the transition to parenthood is defined as the time period from the beginning of pregnancy through to when the child is 1 year old, because babies enter a new phase of psychosexual development after this time.

1.8 Methodology

The methodology will be discussed in more detail in chapter 3. This study used a qualitative, phenomenological research design. In light of this design, purposive sampling was used, but due to a poor response, the researcher also made use of snowball sampling. Nine couples participated in this study, and individual semi-structured interviews were conducted with the 18 spouses. The sample was mostly homogenous, due to limitations that will be outlined in chapter three. All of the research concepts will also be discussed theoretically in chapter 3.

1.9 Ethical considerations

In order to ensure that the participants in this study were not mistreated during the course of the research, the researcher followed certain procedures and behavioural expectations based

on a set of widely accepted moral principles, also known as ethics (Strydom, 2011). The ethical considerations for this study will now be outlined.

1.9.1 Informed Consent

A central principle in ethical research is that subjects are able to make an informed choice about their participation, free from coercion and based on accurate and complete information of the research to be conducted (Henn, Weinstein & Foard, 2006). This includes listing the potential benefits as well as the possible risks as a result of taking part in such research (Strydom, 2011). The researcher obtained informed consent by sharing information about the study with potential participants either via email, telephonically and/or face to face. Before proceeding with the interview, willing participants were given the opportunity to clarify any information about the study and the possible benefits and disadvantages were provided. Coercion was prevented by informing participants that they were free to decline at any stage.

1.9.2 Avoidance from harm

Participants may be emotionally or physically harmed during the process of research, although in most research, the capacity for emotional harm is far greater (Strydom, 2011). It is ethical to forewarn respondents by introducing the research areas prior to conducting the research, and to respect their right to withdraw (David & Sutton, 2004). Strydom (2011) suggests that the interview questions focus on content that is absolutely relevant to the research in order to protect the participants from revealing unnecessary personal information.

In this study, the interview schedule consisted of carefully selected questions that focused on the research topic. This schedule was pre-tested to assess whether there was a negative emotional effect on participants. The researcher also telephonically informed willing participants beforehand about the general areas covered in the interview. Participants therefore had the opportunity to decide whether their involvement would result in harm to themselves or their marriage. It was explained that participants could withdraw at any stage during the interview, and could refrain from answering questions that caused discomfort.

1.9.3 Privacy and confidentiality

Privacy and confidentiality were essential ethical considerations for this study, particularly because the interviews were recorded and transcribed. Privacy refers to the researcher protecting the privacy and identity of the subjects in a personal capacity, while confidentiality

refers to the handling of data confidentially (Strydom, 2011). In order to ensure that the participants were aware their interview was recorded, the researcher obtained written consent for the use of a recording device (see appendix A). Participants were also informed that their anonymity would be safeguarded and the recordings and transcriptions would be kept safe and confidential. Information shared by spouses was presented in the research as anonymous quotes or general statements in reference to a theme.

Since both spouses were interviewed individually, the researcher took care to protect each spouse's confidentiality. The researcher strove to maintain a neutral attitude, by monitoring her speech, tone of voice, and body language, particularly when conducting the second interview, so as not to reveal any information about the previous spouses' responses. Some interviews were conducted at the couples' home with both spouses present. In such cases, interviews took place in a room where it was not possible to be overheard.

1.9.4 Debriefing of participants

The debriefing of participants enables participants to process their thoughts and feelings around the interview, as well as any personal implications. Debriefing can also correct misconceptions and provide opportunities to answer participants' questions (Strydom, 2011). For these reasons, participants were asked at the end of their interview about their experience of this process and whether they needed to ask further questions or discuss any concerns as a result of their participation.

1.10 Reflexivity

As this study made use of qualitative research design, the researcher was the primary instrument in the selection and analysis of information. It was therefore important that the researcher was aware of her preconceptions, attitudes and experiences around this area of research, because preconceptions, if not acknowledged, create bias (Malterud, 2001). The researcher is a wife in a heterosexual marriage, and is the mother of two children. She and her husband experienced several changes to their relationship after the birth of their first child, particularly in relation to role identity and role expectations. The researcher was conscious of her own attitudes and experiences around becoming a parent, and did not allow her personal feelings to influence the study.

The main challenge encountered while conducting this study was around the sampling process. The researcher experienced anxiety when her many attempts at obtaining a sample

were unsuccessful, and she became pressed for time. Eventually a sufficient number of participants were found, and the researcher is satisfied that she had fulfilled the study's objectives.

1.11 Outline of the Dissertation

This dissertation comprises:

Chapter One- The Problem Formulation

Chapter Two- Literature Review

Chapter two will provide a literature review of previous research in this particular field.

Chapter Three- Methodology

Chapter three comprises of the methodology used to conduct this study.

Chapter Four- Discussion of Findings

The findings of the research will be discussed in chapter four.

Chapter Five – Conclusions and Recommendations

Chapter five presents the conclusions and recommendations as a result of the findings.

1.12 Conclusion

This chapter provided a context by discussing background information about the transition to parenthood for married couples, as well as highlighting the importance of this area of research. The research topic was defined and the focus of the research clarified further through the presentation of research questions and objectives. This chapter also included a discussion of ethical considerations and reflexivity.

Chapter two will present the literature review.

Chapter Two

Literature review

2.1 Introduction

This literature review comprises three sections. Firstly three models or theories that contribute to an understanding of the relationship across the transition to parenthood will be examined. The second section will present literature focusing on changes that occur in the relationship when couples become parents. The third section will look at the protective and risk factors that influence the couple's adjustment and satisfaction across the transition to parenthood.

2.2 Theoretical frameworks

2.2.1 Role theory

2.2.1.1 Identity salience theory

This theory derives from identity theory, in which an individual has numerous identities such as parent, worker or spouse (Katz-Wise, Priess & Hyde, 2010). These identities are structured in a hierarchy where some are more salient or significant than others (Stryker & Serpe, 1982). Identity salience refers to the level of commitment to a role, with greater salience involving greater role commitment. The level of commitment of men and women to specific roles is influenced by society, so that roles that society or culture deems appropriate may become more salient in an individual's identity hierarchy (Stryker & Serpe, 1982).

If the parental role is more salient for individuals, it is likely that the developmental change to parenthood will be more dramatic than for those who invest less in this role (Katz-Wise et al., 2010). Parenthood is usually more salient for women's self-concept than it is for men's, as the role of motherhood is viewed by society as central to women's identity. Men tend to see fathering as something they do, while women view mothering as something they are, and although the parent role is salient for men, it is not as salient as the role of economic provider (Katz-Wise et al., 2010). After childbirth, women's self-concept as "workers" or "students" decreased as part of their identity, but men's self-concept as a paid employee remained the same or increased (Cowan & Cowan, 1992). Society reinforces men's commitment to the provider role by offering men work opportunities and higher income (Katz-Wise et al., 2010).

Mothers may become the gatekeepers in their relationship on everything involving the baby, due to prenatal bonding and a socialization that encourages a belief about women's innate mothering qualities (Carter, McGoldrick & Petkov, 2011). According to Stueve and Pleck (2001), mothers do more caregiving, planning and arranging for the child, while men tend to perceive their identity as a parent to be more co-parental than solo-parental. Both parents tend to view fathers as helping rather than sharing childcare responsibilities (Cowan & Cowan, 1992).

2.2.1.2 Role strain theory

Role strain theory also proposes that the transition to parenthood will have a greater impact on mothers than fathers, and was developed to account for problems in relationships during stressful periods (Worthington & Buston, 1986). The concept of role strain refers to the difficulty that is felt in meeting role responsibilities (Goode, 1960). According to this theory, time is a commodity that is budgeted, and people allocate the time they have to competing roles. Stress occurs when the number of roles an individual feels obliged to fulfil exceeds the amount of available time (Worthington & Buston, 1986).

Research on the transition to parenthood supports role strain theory, as parents generally experience increased stress and conflict around their various roles. They face the pressure of meeting the demands of work, housework and childcare, as well as trying to find time for one another and friends and family (Kluwer, 2010; Levy-Shiff, 1994). Role strain theory assumes that mothers will inevitably experience greater conflict around roles than fathers, as mothers tend to gain more new roles after becoming parents (Worthington & Buston, 1986). Myers-Walls (1984) identified five primary roles that mothers may need to fulfil: work, social life, marriage, housekeeping and childrearing. Parenting also places more physical demands on women than on men, due to pregnancy, birth and breastfeeding (Cowan & Cowan, 1992).

While fathers may gain fewer new roles, they do experience conflict between the financial reality and the pull to be an involved parent (Clulow, 1991). Men who work longer hours to meet the financial needs of their family reported feeling that they were missing out, and were vulnerable to perceptions of being uncaring fathers (Henwood & Procter, 2003).

Role theory holds relevance for this study, as the arrival of a baby brings with it new roles and responsibilities for the parenting couple. Role theory highlights the importance of

researching the change in roles and identity that parenthood brings, since it suggests this has an impact on the relationship. Other factors influencing the relationship across the transition to parenthood are addressed in the Vulnerability-Stress-Adaptation Model below.

2.2.2 The Vulnerability-Stress-Adaption Model

The Vulnerability-Stress-Adaptation (VSA) model has been used in research to understand the changes in relationship quality across the transition to parenthood (Doss, Rhoades, Stanley & Markman, 2009; Kluwer, 2010). In the VSA model, three interrelated constructs are identified that play a role in predicting the changes in relationship quality over time: enduring vulnerabilities, stressful events and adaptive processes (Doss et al., 2009). Enduring vulnerabilities are defined as the stable factors belonging to each person before marriage, such as demographic, personality or historical factors (Karney & Bradbury, 1995). Stressful events refer to developmental transitions, circumstances or incidents, while adaptive processes refer to interactions and behaviours between spouses when dealing with these stressful events.

According to the VSA model, the couple's adaptive capacity is influenced by the amount of stress the couple experiences and the enduring vulnerabilities that each spouse brings into the relationship (Karney & Bradbury, 1995). Enduring vulnerabilities, such as low income, are likely to increase the possibility of experiencing an event as stressful, and of having difficulties adapting to it (Kluwer, 2010). The nature and timing of the stressful event (such as the timing of the birth or the baby's health) also contribute to its impact on the couple's relationship. Finally, the degree to which couples are able to make use of adaptive processes such as communication will affect their capacity to cope with stressful events (Doss et al., 2009). The quality of the relationship is strengthened when couples manage their stressors constructively, and tends to be eroded when couples do not have effective adaptive processes to cope with stressful events (Kluwer, 2010).

The VSA model has relevance for the transition to parenthood, as it can account for why some couples fare better than others during this transition (Kluwer, 2010). However, the model tends to focus mostly on vulnerabilities, and excludes couples' enduring strengths and resources which may play also a role in couple's adjustment to parenthood. Despite these limitations, the VSA model is a valuable organising tool for understanding marital change across the transition to parenthood. A focus of this study was to identify factors that

contribute to the changes in the relationship, which the model addresses through its 3 interrelated constructs (stressful events, enduring vulnerabilities and adaptive processes).

The third theoretical framework underpinning this study is the enduring dynamics model. This model contributes to a broader understanding of the quality of the relationship across time.

2.2.3 Enduring Dynamics Model

According to this model, certain interpersonal patterns are established towards the beginning of the relationship, and are maintained for the duration of the marriage (Huston, Caughlin, Houts, Smith & George, 2001). The enduring dynamics model therefore maintains that relationship problems begin during courtship and continue through marriage. The development of the premarital relationship is influenced by factors such as personality characteristics and compatibility; and higher levels of conflict or incompatibility during courtship are predictive of subsequent problems in the relationship (Huston et al., 2001).

Various studies on the couples' transition to parenthood support the enduring dynamics model (Kluwer, 2010). Cox, Payley, Burchinal and Payne (1999) found that both partners' prenatal interaction style was associated with initial marital satisfaction levels, and with the level to which marital satisfaction declined across the transition to parenthood. Kluwer and Johnson (2007) show that relationship distress after childbirth originated from problems present during pregnancy. In addition, Cowan et al. (1991) conclude that the quality of the pre-birth relationship has even greater influence than the actual baby on the couple's post birth adjustment.

The enduring dynamics model is relevant to this study because of its focus on the couple relationship prior to parenthood. By incorporating the pre-birth relationship into this study, the changes to the relationship as a result of parenthood can be distinguished, and enduring dynamics can be identified. Factors influencing this transition can be further broadened to include pre-existing strengths and vulnerabilities in the relationship.

The following section focuses on the characteristics associated with healthy, satisfying marriages.

2.3 The relationship

2.3.1 What is a healthy satisfying relationship?

While there is no single definition for a healthy, happy marriage; there is also a certain amount of overlap between studies. According to research by Moore et al. (2004), a healthy marriage involves having the following elements present: commitment, marital satisfaction, communication, conflict resolution, fidelity, positive interaction and time together, intimacy and emotional support, commitment to one's children, and longer duration of legal marriage. Factors that undermine a healthy marriage include violence and infidelity.

Kaslow and Robison's (1996) findings also highlighted commitment as a fundamental component in a satisfying long-term marriage. Other essential ingredients included love; mutual trust; mutual respect; mutual support; a shared value system and corresponding religious beliefs; open, honest communication; good problem solving skills; mutual appreciation and reciprocity; equitable distribution of power and shared leadership; enjoyment of shared fun and humour; shared interests and shared interests in their children. In addition, financial security and mutual sexual fulfilment were highlighted as desirable qualities in a marriage.

Liking and respecting one another and enjoying one another's company is vital (Wallerstein & Blakeslee, 1996). Couples described their marriage and children as being central to their world, and an important aspect of their happiness involved a sense of admiration for their partner as a conscientious, sensitive parent. In summary, Gottman, Gottman and DeClaire (2006) proposed two characteristics identifying happily married couples: They behave like good friends and they manage their conflicts in a gentle, positive manner.

2.4. Changes in the relationship across the transition to parenthood

Irrespective of the quality of the relationship, the transition to parenthood brings change to the everyday lives of all couples (Huston & Holmes, 2004). Some of these changes may have a positive impact on the marriage, as a baby can bring feelings of joy and pride, closeness with one's spouse, increased personal and marital fulfilment and greater sense of maturity due to becoming parents (Polomeno, 2000). However, taking care of a baby requires a lot of time and attention (Twenge, Campbell & Foster, 2003).

The following section will discuss the changes that couples tend to experience during the transition to parenthood. The transition to parenthood is divided into 3 phases for the purpose of this review: (1) the period of pregnancy, (2) childbirth and (3) immediate postpartum to 12 months.

2.4.1 Phase 1: Changes in the relationship during pregnancy

The transition to parenthood begins before the actual birth of the child (Cowan, 1991). During pregnancy, powerful psychological and social forces emerge which can alter the equilibrium and boundaries in the relationship (Clulow, 1991). Even while eagerly anticipating the arrival of their baby, the couple will inevitably have concerns about sharing their intimate relationship with another (Raphael-Leff, 1993).

According to Raphael-Leff (1993), the female transition to parenthood is marked by emotional disequilibrium, and changes in bodily sensations and body boundaries. Physical discomfort during pregnancy may cause women to feel invaded, and some women may feel it unfair that males are spared from what seems an exhausting experience. During pregnancy, the mother is most conscious of her vulnerable child self. Primitive anxieties and emotions are re-evoked, so that the pregnant mother may feel uncharacteristically tearful, moody or unusually emotional, with unexpected eruptions of temper (Raphael-Leff, 1993). The mother tends to be conscious of the physical changes within her earlier than her partner, and her attention becomes inward focused (Clulow, 1991). This produces a change in the balance of interdependence between the partners, and the father may feel jealous of the intimacy the mother experiences with the foetus (Raphael-Leff, 1993).

Pregnancy produce changes in sexual activity between the couple too. According to Von Sydow (1999), sexual activity remains constant or decreases slightly during the first trimester, with variations in the second trimester and a pronounced decrease in the third trimester. This decrease may be as a result of pain during intercourse; positional difficulties in the third trimester; women's physical ailments such as nausea, backache, breast tenderness or tiredness; fears of harming the baby (Pacey, 2004; Von Sydow, 1999) or feeling sexually inhibited by the presence of the foetus (Rafael-Leff, 1993). Partners may move between feeling the pregnancy enhances their intimate relationship, and a sense of invasion.

While pregnancy can create distance between the couple, it can also strengthen couples' feelings of closeness (Feeney et al., 2001). There are new shared leisure activities such as

going to antenatal classes or planning the baby's future (Huston & Holmes, 2004). Pregnancy may be a 'honeymoon period' where couples are more attuned to one another's needs, and share idealized visions of their relationship with a baby (Cowan & Cowan, 1992). Men tend to be more conciliatory (Shapiro, Gottman & Carrère, 2000) and more helpful towards their pregnant partners (MacDermid, Huston & McHale, 1990). Wives may therefore become more aware of their husbands' care of them during this time (Huston & Holmes, 2004), and partner support during pregnancy is also associated with women's physical and psychological health (Rini, Schetter, Hobel, Glyn & Sandman, 2006).

The process of childbirth is the second phase in the transition to parenthood, and its influence on the relationship will be discussed below.

2.4.2 Phase 2: The impact of childbirth on the relationship

Labour and delivery of the baby is the shortest phase in the transition to parenthood, but it is a landmark event for many women (Lobel & DeLuca, 2007) and a social milestone for many men (Bartlett, 2004). A positive birthing experience has been found to have an impact on the mother's future well-being, on the infant and on the relationship. Conversely, a negative birthing experience is likely to become intensified in memory as time passes (Kainz, Eliasson & von Post, 2010).

Historically men were historically excluded from childbirth, but a recent phenomenon is the encouragement and even pressure on fathers to attend antenatal classes and to be present during labour and birth (Raphael-Leff, 1993). Many fathers find the birth to be an exhilarating experience and report increased admiration for their partner's capability (Fägerskiöld, 2008). However, there are also negative aspects around childbirth for fathers, such as witnessing their partner's pain, feeling guilt at not being able to share the burden, feeling spare in a female world or feeling inadequate or unprepared for their supportive role (Johnson, 2002; Raphael-Leff, 1993).

The participation of fathers during labour and delivery has been found to have a positive effect on women's well-being and on the relationship (Kainz et al., 2010; Somers-Smith, 1999). Fathers contribute to a satisfying birth experience for women, and the practical and emotional support that fathers provide makes mothers feel cared for. Going through the process together as a couple allows for an experience of teamwork and a deeper sense of knowing one another (Kainz et al., 2010). Couples may feel closer and share feelings of love,

pride and happiness, as they experience the unforgettable moment of childbirth together and confirm one another as parents.

The third phase of the transition to parenthood, begins immediately after childbirth, and for the purpose of this study, includes the first year of the baby's life. The next section will focus on the changes to the relationship during this period.

2.4.3 Phase 3: Changes in the relationship after childbirth

Having a baby can bring positive changes for the relationship, such as increased co-operation and mutual involvement due to sharing a common goal (Feldman, 1971). However, couples may also experience a sense of difference and separateness due to the changes that a baby brings to the relationship (Clulow, 1991). These will be discussed below.

2.4.3.1 Companionship, intimacy and leisure

Research identifies the loss of being a couple as one of the common postnatal relationship changes; because the relationship becomes more of a partnership and less of a romance (Feeney et al., 2001; Kluwer, 2010; Knauth, 2001). Both parents undergo a shift in identity where the part of the self that is husband, wife or lover tends to decrease, and the role of parent becomes a larger part of the identity (Cowan Cowan, 2003). The disequilibrium in the relationship increases as the mother's attention is dominated by the baby's emotional and physical needs (Clulow, 1991). The mother and baby tend to be encapsulated as a unit, and the father may feel excluded and abandoned.

Practically, taking care of a baby results in less couple time to converse and share small talk with one another (Feeney et al., 2001). Couples spend less time going out together, and more time on instrumental tasks and joint activities with the baby (Claxton & Perry-Jenkins, 2008). There is a dramatic decrease in couples' leisure activities (Huston & Holmes, 2004) as well as intimacy and general companionship after the arrival of the baby (Feeney et al., 2001). For couples in companionate marriages where satisfaction was previously derived from shared mutual interests and activities, the baby may be experienced as an intrusion into an existing richly satisfying relationship (Feldman, 1971).

The decrease in time alone as a couple does not seem to negatively affect overall marital satisfaction after childbirth (Huston & Holmes, 2004). This may be due to awareness that such changes are an inevitable part of parenthood. New parents may be sustained by feelings

of pride and a sense of being part of mainstream culture. The arrival of a baby also increases the need for couples to cooperate and become mutually involved (Feldman, 1971). Couples in differentiated marriages, who tend to enjoy separate activities and social connections away from one another, may derive more satisfaction from their marriage after having a baby due to the need to work together towards this common goal (Feldman, 1971).

Studies commonly find a decline in couples' sexual activity during pregnancy, dropping further to a period of almost no sexuality immediately after childbirth and then following a slow incline over the first year of the infant's life to similar pre-pregnancy levels (Pacey, 2004). Up to 50% of women experience some reduction in sexual responsiveness for 6 to 12 months after childbirth (Von Sydow, 1999), while men more often experience no changes to their sexuality postpartum (Polomeno, 2011). One third of couples still have sexual difficulties 3 to 4 years after the birth of the baby (Von Sydow, 1999). Reasons for the decline include lack of sleep and overall fatigue, the presence of the baby, lack of libido, vaginal dryness, feelings of anger or resentment, pain during intercourse due to childbirth, the impact of breastfeeding, psychological changes in role and identity and mothers' worries about attractiveness due to perceived or actual physical change (Halford & Petch, 2010; Pacey, 2004).

2.4.3.2 Emotional tone of interactions

New parents often experience a change in the emotional quality of their relationship (Feeney et al., 2001). Interactions contain less praise of one another, fewer expressions of affection, and less self-disclosure (Halford & Petch, 2010). There is an increase in negative interactions, such as demand/withdraw interactions, and a decrease in adaptive processes such as emotional responsiveness, relationship maintenance and support from spouses (Kluwer, 2010). Couples showed a higher degree of passive avoidance (becoming silent and pulling away from the partner) after childbirth. Many parents did not want to argue in front of the baby and generally reported having less time and energy to resolve conflicts (Crohan, 1996).

The main source of tension is commonly around the division of labour, an issue that is more strongly connected with wives' dissatisfaction rather than husbands' dissatisfaction (Kluwer, 2010). Other areas of conflict include disagreements around childrearing (Moller, Hwang & Wickberg, 2008), the amount of time spent together, the way leisure time is spent, physical and emotional intimacy and the amount of hours doing paid work (Kluwer, 2010).

2.4.3.3 Gender roles and division of housework

Division of labour is an area in which new parents most consistently experience changes within their own relationship (Feeney et al., 2001). New parents generally face a double bind— an increase in family work, and a need to provide income and invest in career building (Erickson, Martinengo & Hill, 2010). This double bind is often resolved through traditional gender-based division of labour. Couples who had a fairly egalitarian division of housework before childbirth tend to experience increased role segregation after becoming parents, as women take on the role of primary carer and men, the role of provider (Feldman, 1971; Glade et al., 2005; Kluwer, 2010).

Gender-based division of labour may be due to societal constraints, such as parental leave, available childcare, social role expectations and gender differences in financial earnings (Katz-Wise et al., 2010). Fathers often have less flexibility to adjust their work schedules to family life, and frequently increase their work hours to meet the new financial demands of raising a child (Halford & Petch, 2010). In contrast, mothers tend to reduce their working hours or leave paid employment, while increasing their hours doing housework and infant care (Feeney et al., 2001).

Women generally spend more time than men on housework, independent of whether the couple are parents (Baxter, Hewitt & Heynes, 2008), but the inequity becomes more pronounced and more problematic after childbirth (Koivunen, Rothaupt & Wolfgram, 2009). While women adopt a larger portion of family work after becoming parents, there is no corresponding effect for men (Baxter et al., 2008). Even in dual income families, where women work for equal hours or earn a higher income than their partners, mothers generally take on greater responsibilities in housework and childcare tasks (Höfner, Schadler & Richter, 2011).

Division of labour is one of the likely explanations for why the decrease in marital satisfaction is more prominent for mothers (Meijer & van den Wittenboer, 2007). However, more recently, men have been grappling with the contradictions between their traditional male identity as provider, and their desire to be an involved father. Consequently fathers are becoming increasingly involved in child caring practices because they wish to have quality relationships with their children (Höfner et al., 2011).

Changes in gender roles, intimacy, leisure, companionship and emotional interactions that couples commonly experience in their relationships after childbirth may also affect marital satisfaction. The following section will discuss research findings on marital satisfaction when couples become parents.

2.4.3.4 Decline in marital satisfaction

Decline in marital satisfaction has been highlighted in numerous studies as one of the most significant changes in the relationship across the transition to parenthood (Kluwer, 2010). This decline does not seem specific to a particular ethnic group or nationality, as relationship declines after birth have been found in couples from various ethnicities in the United States, as well as in couples living in Europe and Asia (Doss et al., 2009).

Research found that children generally had the most negative impact on marital satisfaction amongst parents with babies, mothers and particularly mothers of babies (Doss et al., 2009; Twenge et al., 2003). This may be because women experience more changes and carry greater responsibility for the baby, but may also be related to the timing of the assessment. Cowan et al. (1991) found that mothers experienced greater declines in marital satisfaction from pregnancy to 6 months after childbirth, while fathers experienced greater declines from 6 -18 months postpartum. The impact of parenthood may be delayed for men due to less daily involvement in caring for the baby, and differences in feelings between husbands and wives can be a cause of conflict or difference in itself (Feeney et al., 2001).

The remaining content of this literature review will focus on factors identified as contributing to negative or positive changes in the relationship across the transition to parenthood. Protective factors that help buffer the relationship will first be explored, followed by a discussion on risk factors that increase the vulnerability of the relationship.

2.5 Protective factors

These factors are:

2.5.1 Relationship factors

2.5.1.1 Positive factors in the relationship prior to childbirth

The quality of the pre-birth relationship can act as a buffer during stressful marital periods (Shapiro et al., 2000). Couples were found to cope better with parenthood if their relationship prior to childbirth had a high degree of cohesion and marital satisfaction (Feeney et al., 2001). Other elements of the pre-birth relationship associated with a lower decline in marital satisfaction across the transition to parenthood included good problem-solving communication in at least one spouse (Cox et al., 1999) and relationship maintenance, involving the discussion of problems and communication of needs (Marks, Huston, Johnson & MacDermid, 2001). Couples who spend a great amount of leisure time together prenatally tended to have marriages associated with higher marital love, less conflict, and a greater resilience to the decline in marital quality despite a steep reduction in shared leisure activities after childbirth.

On the other hand, husbands' prenatal independent leisure activities in particular were found to have a negative effect on post birth marital satisfaction (Claxton & Perry-Jenkins, 2008). This may be because husbands spent more time with friends as they felt distant from their spouse, or because wives felt resentful of husbands' independent leisure time (Claxton & Perry-Jenkins, 2008).

2.5.1.2 Longer duration of relationship before childbirth

Belsky and Rovine (1990) found that the duration of marriage before childbirth can have an impact on relationship functioning across the transition to parenthood. Couples who were married for a longer period before birth showed a smaller rise in subsequent conflict. Similar findings by Doss et al. (2009) showed that fathers who had a child shortly after marriage were associated with greater declines in marital satisfaction compared to couples who became parents later in their marriage. They suggest that couples who are married longer have more time to work out relationship responsibilities and goals, which serve to buffer the stresses after childbirth. However, conflicting results were observed by Cowan and Cowan (1995),

who noted a greater decline in marital satisfaction amongst new parents who were older and married for a longer time.

2.5.2 Individual factors

Research has found that a strong capacity to self-regulate is likely to enhance marital quality (Halford, Lizzio, Wilson & Occhipinti, 2007). By regulating the tone of possible stressful interactions in a marriage, the capacity for warmth, intimacy and support is increased, and negativity and conflict tends to be reduced (Halford et al., 2007). Greater impulse control in parents is associated with lower declines in marital satisfaction and a greater engagement in playful behaviour with their infants (Knauth, 2001). The capacity for husbands to control their impulses is particularly significant, as a study by Kelley and Conley (1987) found that low impulse control amongst husbands was predictive of negative marital outcomes.

Apart from positive relationship and individual factors, parents can also draw on resources related to parenting.

2.5.3 Parenting factors

There are a number of factors that help make the task of caring for a baby more manageable and less stressful for couples. These include:

2.5.3.1 Parental self-efficacy

Parental self-efficacy encompasses a parent's ability and feelings about the tasks, behaviour and responsibilities around parenting (Meijer & van den Wittenboer, 2007). A partner's parental self-efficacy can buffer the effects of crying on the relationship and contribute to the marital satisfaction of their spouse. Meijer and van der Wittenboer (2007) found that an increase in father's parental self-efficacy over time contributed to greater marital satisfaction for mothers, and played a significant role in the relationship. It is likely that a fathers' parental self-efficacy can act as an important buffer against mothers' fatigue, by him looking after the child.

2.5.3.2 The positive impact of father involvement

Spousal support, especially with childcare, has the most significant influence on mothers' adjustment to parenthood; and contributes to lower postpartum maternal stress (Roy, Schumm & Britt, 2014). Active fathers make an important contribution to their wives'

balance of roles across the transition to parenthood (Marks et al., 2001). What seems most significant in terms of marital satisfaction is not the actual involvement of the father, but the couple's perception of whether the father's contribution is fair. Wives who perceive the husband's contribution as being fair have been found to show an increase in satisfaction when becoming parents (Terry, McHugh & Noller, 1991).

Glade et al. (2005) found that men tended to get more involved with housework and childcare if their partner is had paid employment outside the home, possibly due to the logistical need to share more of the work, and/or because women gain a more equal status due to being a breadwinner. Fathers' involvement with children is also determined by relationship satisfaction and support (Feeney et al., 2001), as well as the couples' attitudes towards father's involvement (Beitel & Park, 1998).

2.5.3.3 Co-operation between partners and tag-teaming

A South African study found that the co-operation between spouses and the use of tag-teaming enabled parenting couples to accomplish their childcare and domestic routines more effectively (De Goede, 2012). While one partner completed a domestic routine, the other partner would be involved in a childcare activity. Parents would then swop to allow each person to have time with the child or to do what they needed or wanted. This method helped reduce task complexity and family needs were better met. Dienhart (2001) suggests that tag-team parenting opens possibilities for men and women to avoid gender inequity, and for fathers to be more involved with parenting. Tag-teaming also involves relieving the other partner when cannot cope with the child, or when they feel depleted. This type of team work tends to increase appreciation for one's partner and their contribution (Dienhart, 2001).

2.5.3.4 The benefits of routines around the infant

Routines refer to habitual family activities and practices which can function as a protective resource for the family during times of stress (McCubbin & McCubbin, 1996). Daily family routines reduce parents' stress by providing a sense of predictability, safety and connection for family members (Walters, 2009). Routines also create opportunities for parents and children to bond (De Goede, 2012). Parents who participate in a number of daily caregiving routines are more likely to develop a sense of mastery over tasks and feel a greater sense of accomplishment (Spagnola & Fiese, 2007). The use of a bedtime routine for infants and

toddlers improved their night time sleep, which in turn led to an improved mood for mothers (Mindell, Telofski, Wiegand & Kurtz, 2009).

The next section will look at environmental factors that buffer the relationship from declining marital satisfaction across the transition to parenthood.

2.5.4 Environmental factors

2.5.4.1 Social support for new parents

Social support from friends and family can provide a protective influence for new parents and is associated with reduced maternal depression, a more positive marital relationship and greater maternal sensitivity (Glade et al., 2005). Mothers are likely to find social support particularly important, as they are generally responsible for childcare (Feeney et al., 2001).

Belsky (1984) lists 3 kinds of support that parents could draw from others. Firstly parents could receive emotional support and acceptance, through sharing their concerns and emotions and feeling understood by others. Secondly parents could receive practical help such as with cooking or household tasks. Thirdly, friends and family members who have had children can support new parents to deal with their anxieties by providing appropriate expectations. Other parents, especially other first-time parents, can be a valuable source of encouragement (Cowan & Cowan, 1992).

The couples' parents are often the most important providers of social support in the months following the infant's birth, especially for new mothers; and can influence the quality of the couple's adjustment (Feeney et al., 2001; Glade et al., 2005). However family and friends can sometimes increase parents' stress, especially if they are perceived as intrusive or their advice to be irrelevant (Feeney et al., 2001). New parents face issues around how and when to arrange visits with grandparents, and how to deal with criticisms and advice from grandparents around caring and raising their child. The strain that parents experience in their relationship with their own parents tends to affect the couple's relationship (Cowan & Cowan, 2003).

2.5.4.2 Family-friendly employment policies and provisions

One of the challenges that parents face after having a baby is adapting to the workplace again. Shorter work hours, higher quality childcare and longer parental leave have all been found to facilitate a positive transition to working life, and contribute to the well-being of the

relationship. Tanaka and Waldfogel (2007) found that paternal leave after childbirth and shorter working hours were related to a greater involvement of fathers with the baby. The findings showed that fathers who took leave after childbirth were more likely to be involved in child care than fathers who worked longer hours. Father's leave taking is influenced significantly by their employers' attitude towards childrearing, and a positive attitude tends to result in fathers who are less anxious and who offer marital support (Feldman, Sussman & Zigler, 2004). Paid leave also is associated with longer paternity leave and better adjustment to parenthood.

Longer maternity leave is also likely to have a positive effect on marital satisfaction and on the well-being of mothers, because women have time to adjust to the demands of parenthood, without having to cope with employment and motherhood simultaneously (Koivunen et al., 2009). Furthermore, mothers tend to adapt better to reemployment and experience lower work stress if they perceive the childcare to be of good quality (Feldman et al., 2004).

2.5.4.3 The positive role of religion

The degree of religious involvement has been found to buffer the impact of becoming a parent on marital satisfaction (Doss et al., 2009). Mothers who were highly religious showed a higher increase of marital satisfaction after childbirth than mothers who were less religious (Nock, Sanchez & Wright, 2008). Religion can reduce the negative effects caused by stress, because it has the potential to provide a strong support network that can be drawn on for comfort and advice, in the same way that family networks can do (Lichter & Carmalt, 2009). Religious or spiritual beliefs can provide the capacity to positively reframe negative events, a belief in the meaningfulness of life and a sense of coherence, all of which have been associated with higher adjustment levels across the transition to parenthood (Saroglou, Buxant & Tilquin, 2008). However, Hünler and Gençöz (2005) reveal that the relationship between religion and marital satisfaction only relates to couples who share similar religious beliefs or a common faith.

2.5.4.4 Preventative programmes, workshops and prenatal classes

Preventative or interventionist couples programmes dealing with the transition to parenthood have been found to be successful in reducing the decline in marital satisfaction (Schulz, Cowan & Cowan, 2006). Shapiro and Gottman (2005) found a significantly smaller drop over time in marital satisfaction and marital hostility as well as reduced postpartum

depression for couples who attended their workshop during pregnancy or shortly after childbirth. The 2-day psycho-communicative-educational workshop focused on strengthening the relationship, parenting skills and the involvement of both parents in the family.

Interventions that focus on improving problem solving skills in a marriage have also been found to play a significant role in improving marital distress (Markman, Floyd, Stanley & Storaasli, 1988). Attending prenatal classes can also help maintain marital stability across the transition to parenthood (Mitnick, Heyman & Smith Slep, 2009).

While there are many factors that help buffer the relationship against the stresses of parenthood, there are also risk factors that make the couple more vulnerable to the challenges of having a baby.

2.6. Risk factors in marital adjustment to parenthood

The risk factors in this section have been organised into four categories:

2.6.1 Negative relationship factors

2.6.1.1 The quality of the relationship before childbirth

Researchers have identified various dynamics or qualities within the pre-birth relationship that are predictive of how well the couple will adjust after the baby is born. Kluwer and Johnson (2007) found that couples who had high levels of conflict and low levels of relationship satisfaction during pregnancy tended to be most negatively affected by the change to parenthood. Couples who have poor problem-solving communication patterns are more likely to have destructive conflict in marriages, resulting in poorer marital functioning, lower marital satisfaction and more depressive symptoms (Cox et al., 1999; Houts, Barnett-Walker, Pailey & Cox, 2008).

2.6.1.2 Gender-role attitudes

Parents are able to adapt to their new roles more easily if these changes are in line with their beliefs about appropriate marital roles (Huston & Holmes, 2004). Since the division of labour tends to be along traditional lines after childbirth, mothers who view themselves as being 'egalitarian' are more likely to be dissatisfied with their relationship than more 'traditional' women (Hackel & Ruble, 1992). A discrepancy between spouses' gender attitudes and the division of labour in the marriage is likely to increase negative feelings between spouses and lower marital satisfaction. Another important factor is the level of consensus between spouses

about marital roles, as if a wife is less traditional in her outlook compared to her husband, this will have a negative effect on their marital intimacy (Huston & Holmes, 2004).

2.6.2 Individual risk factors

2.6.2.1 Demographic factors

Belsky and Rovine (1990) found that couples who were in a lower income bracket, less educated, and younger were likely to experience decreased marital quality across the transition to parenthood. Doss et al. (2009) indicate that lower individual incomes may be predictive of a greater deterioration in father's relationship functioning after becoming parents. A higher income at childbirth can buffer the relationship by providing couples the opportunity for more kinds of support, resources and other sources of self-esteem (Belsky & Rovine, 1990; Doss et al., 2009). In contrast, Twenge et al. (2003) found that parents with a high socioeconomic status had a greater decrease in marital satisfaction than parents with a middle or low socioeconomic status. They suggested that individuals from a high socioeconomic bracket were accustomed to more freedom and independence due to their earning capacity, and would therefore experience a greater level of adjustment in becoming parents.

2.6.2.2 Depression and the transition to parenthood

Parents who are susceptible to depression often have more difficulties coping with the demands of parenthood (Feeney et al., 2001), and spouses with a history of depression are at greater risk of depression after becoming parents (Halford & Petch, 2010). The mild depression, commonly named 'baby blues', is experienced by 80% of women about 2 weeks after the birth of their baby, probably due to combination of hormonal, physical and psychological changes (Halford & Petch, 2010).

Higher levels of depression and psychological disorders are more present in women with young children than at any other time in women's lives (Halford & Petch, 2010). It is estimated that between 8 to 27 % of mothers have postnatal depression, and while there is less research on male depression, 5- 13 % of fathers have increased levels of depression (Matthey, Barnett, Ungerer & Waters, 2000). There is a strong association between postnatal depression in a parent and the decline in relationship satisfaction, as spouses of postnatal sufferers report increased pressure and a tense atmosphere at home (Boath, Pryce & Cox, 1998; McMahon, Barnett, Kowalenko & Tennant, 2005).

2.6.2.3 Spouses' unfulfilled expectations

Belsky (1985) found that spouses, and particularly mothers, whose postnatal experiences were worse than they had anticipated, tended to experience declines in feelings of love and marital satisfaction and an increase in conflict. Mothers tended to have unmet expectations around an egalitarian division of labour (Kluwer, Heesink & Van de Vliert, 1996), but also experienced unfulfilled expectations in other areas too. Wives who expected their babies to have an easier temperament, or who had expectations about feeling more positive as a parent also experienced larger decreases in marital satisfaction. If spouses had higher expectations before the baby was born, they tended to experience a more pronounced decrease in marital satisfaction after becoming parents (Lawrence, Nylén & Cobb, 2007).

In addition to individual and relationship factors, there are stressors associated with the event of becoming a parent that can result in increased marital and individual distress.

2.6.3 The nature of the transition to parenthood

While the transition to parenthood generally seems to increase stress in the lives of parenting couples (Cowan et al., 1991), there are certain factors that can put further strain on the relationship. These factors are discussed below:

2.6.3.1 The nature of the pregnancy

There are inconsistent findings regarding whether couples who plan their pregnancy fare better than those who do not (Kluwer, 2010). In some studies, couples with unplanned pregnancies reported larger declines of marital satisfaction and less positive marital interaction in comparison to those with planned pregnancies (Cox et al., 1999). However, Belsky and Rovine (1990) found that couples who planned their pregnancy experienced lower marital quality after childbirth, perhaps because they were more likely to have more prenatal expectations that would be unfulfilled after childbirth.

Another issue influencing marital outcomes relates to whether the baby was wanted. Men who strongly felt they were not ready to become fathers tend to experience more symptoms of depression and greater marital dissatisfaction after childbirth (Cowan & Cowan, 1995). Marriages where men went along with the pregnancy in order to maintain the relationship but did not feel ready to be a parent were likely to end in divorce by the time the first child reached 5 years. Conversely, Lawrence, Rothman, Cobb, Rothman, and Bradbury (2008)

found that husbands who planned the pregnancies experienced a lower reduction in marital satisfaction after childbirth. These findings emphasise that when pregnancies were unplanned or unwanted particularly by husbands, couples were at greater risk of declines in marital quality after childbirth.

2.6.3.2 The nature of the delivery

Childbirth by caesarean section, particularly when unplanned, is associated with lower childbirth satisfaction compared to vaginal delivery and may be the cause of severe emotional distress (Lipson, 1982; Lobel & DeLuca, 2007). Distress often stems from unmet expectations regarding childbirth, from undergoing major surgery and having less control over the birth process. Women may have negative feelings for months or years after childbirth, and a difficult caesarean experience can negatively influence a woman's relationship with her spouse or infant (Lipson, 1982). Women who deliver by caesarean are more likely to experience feelings of failure, self-blame and reduced self-esteem and may be at greater risk for postpartum mood disturbances (Lobel & DeLuca, 2007). Moreover, there is often no chance for women to share their grief, since the common response is that if the baby is healthy, there is no need to be upset.

2.6.3.3 The impact of breastfeeding on mothers and the relationship

Breastfeeding is associated with nurturing and caring, and is viewed as a reflection of mothering competency (Hauck & Irurita, 2003). When breastfeeding attempts are unsuccessful, mothers experience feelings of failure, guilt or shame (Mozingo, Davis, Droppelman, & Merideth, 2000). However, breastfeeding mothers face other challenges such as high levels of fatigue compared to bottle-feeding mothers, due to overall exhaustion and disruptive sleep as partners cannot help with night-time feeding (LaMarre, Paterson & Gorzalka, 2003).

While some studies have found breastfeeding increased sexual desire and functioning, many studies have found breastfeeding to be associated with lower desire and sexual activity (Rowland, Foxcroft, Hopman & Patel, 2005). Breastfeeding suppresses oestrogen levels in women, resulting in vaginal dryness and creating a greater likelihood of pain during intercourse (Pacey, 2004). Breastfeeding can also impact on the couple's intimacy due to the potential sexual overtones that mothers may associate with breastfeeding (Polomeno, 1999).

Breasts are no longer thought of as a primary erogenous zone, and a mother may feel that her need for affection is partly satisfied by the baby.

2.6.4 Characteristics of the infant

Literature studies suggest that certain infant characteristics heighten couples' risk for stress and marital dissatisfaction.

2.6.4.1 The baby's temperament

Parents with a predictable and calm baby generally have an easier experience of parenthood, and are able to spend more time together because the baby requires less focus (Kluwer, 2010). It follows that the adjustment to parenthood is often more challenging if a baby has an irritable or 'fussy' temperament (referring to the amount of crying and sleeping), or is unpredictable (referring to a more irregular rhythm of eating and sleeping) (Kluwer, 2010, Feeney et al., 2001). Mothers with unpredictable babies showed an increase in conflict, decreased feelings of love, and a greater decline in marital quality in general (Belsky & Rovine, 1990). Research highlights infant crying as the main child variable contributing to marital dissatisfaction, as it is associated with higher levels of parental distress (Halford & Petch, 2010; Meijer & van den Wittenboer, 2007).

Frequent infant waking, which is common within the first year, also has various negative effects on new parents and their relationship (Meijer & van den Wittenboer, 2007). Chronic lack of sleep contributes to the onset and/or the amplification of physical pain; has a negative impact on psychosocial functioning and positive outlook; and is a risk factor for the relationship after childbirth (Haack & Mullington, 2005; Meijer & van den Wittenboer, 2007). Parental insomnia and the decrease in marital satisfaction were more severe amongst mothers (Meijer & van den Wittenboer, 2007).

2.6.4.2 The baby's physical health

If the baby has a severe condition such as prematurity, illness or a physical handicap, it is likely that there will be higher levels of parental stress. Parents have to deal with their violated expectations regarding a 'normal' baby, as well as additional tasks, greater infant care demands and a situation they generally cannot control (Beitel & Parke, 1998). Another difficulty parents may face is around feeding the infant, particularly if there are chronic feeding difficulties, which occur in 25-30 % of all infants (Halford & Petch, 2010).

2.6.4.3 The baby's gender

While some studies found a child's gender had no impact on the relationship (Kurdek, 1993), Doss et al. (2009) found female children were associated with a greater reduction in mothers' marital satisfaction and greater increases in problem intensity for fathers. Mothers with sons perceived fewer disadvantages in their marriage, and there is research to suggest that couples are more likely to stay married if they have only or mostly sons (Katzev, Warner & Acock, 1994). This may be due to the value society places on the father-son socialization process, and increased involvement that fathers tend to have with sons compared to daughters (Raley & Bianchi, 2006). Couples with unplanned girls were found to be especially at risk for more negative interactions during the first year of parenthood (Cox et al., 1999).

2.6.5 Work factors

Kluwer et al. (1996) found that working hours of husbands (not wives) resulted in marital conflict. The central issue that contributed to marital dissatisfaction and conflict involved spending too much time at work apart from ordinary working hours. While husbands frequently report that their involvement at work comes directly from their desire to provide for their family, wives tend to interpret their involvement as a way of avoiding participation in the family (Cowan & Cowan, 2003). The working of night shifts, which may be used as a way of avoiding the high cost of childcare, creates a higher risk for depressive symptoms and conflict during the first year of the child's birth (Perry-Jenkins, Goldberg, Pierce & Sayer, 2007).

2.7 Conclusion

This literature review presented three theoretical models to show how the transition to parenthood can impact on the relationship. It then looked at the concept of marital satisfaction and discussed the changes of the transition to parenthood. The remaining sections focused on the risk factors and protective factors that influenced the couples' marital quality when couples become parents.

Chapter Three

Methodology

3.1 Introduction

This chapter will focus on the methodology. It will include research design, sampling, data collection procedures and data analysis. Study limitations will then be explored. Some concluding comments complete the chapter.

3.2 Research design

This research used a qualitative research design. Qualitative research is recommended when the purpose is to understand an area where little research exists (Creswell, 2009), as it provides a comprehensive, in-depth understanding of the research topic (Babbie & Mouton, 2001). While there is extensive research on the relationship and the transition to parenthood particularly in Europe and America, there are fewer studies investigating this phenomenon in South Africa. It is therefore important to gain deeper understanding of how South African parents perceive their relationship across the transition to parenthood. The exploratory nature of qualitative research (Creswell, 2009) enables the researcher to see the subject in a new way when investigating an area where not much is known (Morse & Richards, 2002).

A significant characteristic of qualitative research is that data is collected through direct contact with people in their own context. Perceptions, feelings and experiences of the participants are central to this type of research (Creswell, 2009; Hancock, 1998) and subjective data is used to develop theories to explain the social world (Hancock, 1998). Qualitative methods allow the researcher to learn from the participants about the way they experience a phenomena, the meanings they give it, and the manner in which they interpret these experiences (Morse & Richards, 2002). Qualitative researchers endeavour to give a holistic account of the issue under study, by recording multiple perspectives and identifying the numerous factors involved (Creswell, 2009).

The study was based on phenomenology, which is a tradition within qualitative research (Fouché & Delpont, 2011). Phenomenology provides a descriptive, interpretive, reflective and engaging form of inquiry, which allows the researcher to uncover the essence of the experience (Van Manen, 1990). This research tradition seeks to grasp the meaning and the common features of an experience or event (Starks & Trinidad, 2007). The phenomenological

researcher aims to provide a description of human experience as seen through the eyes of those who participate in this phenomenon, so that the essence of the experience emerges (Fouché & Schurink, 2011).

The quality of the relationship was a suitable subject of phenomenological, qualitative research, as the topic involved understanding the experience of the relationship, from each partner's point of view. By employing a phenomenological approach, the research was able to produce findings that had greater depth and insight into what it means to be in a relationship as first-time parents.

3.3. Sampling

This study employed purposive non-probability sampling and eventually, snowball sampling. While probability sampling involves a random selection of all the people who are part of population that is being researched (Babbie & Mouton, 2001), non-probability sampling does not require a representative sample of the population (Henning, 2004). Since qualitative research studies do not involve a sample size that is representative or statistically formulated, it follows that non-probability sampling is generally used in qualitative studies (Sarantakas as cited in Strydom & Delpont, 2011).

Purposive sampling is a form of non-probability sampling that is based on the researcher's knowledge of the population and the aims of the study (Babbie & Mouton, 2001). In this form of sampling, the researcher intentionally selects participants and sites that will provide insight into the research problem (Strydom & Delpont, 2011).

Since the selection of participants is central to purposive sampling, it is essential that the pre-selected criteria in a study is clearly identified and explained (Strydom & Delpont, 2011). The pre-selection criteria in this study, described in section 3.3.1, made it more difficult to locate participants belonging to this sample. The researcher initially attempted to locate couples by approaching two mother and baby support groups run by the Parent Centre. The author invited mothers to participate in this study by posting information on the support group's Facebook page, emailing members and by visiting each support group. She also extended an invitation to couples through the Mother-Infant Home Visiting Programme run by the Parent Centre, with the aim of collecting diverse data from different population groups.

While there was interest expressed, mothers did not commit to being interviewed. The researcher suspected reasons for declining included having little energy and time as a result of caring for an infant, and not wanting to disclose personal information to a stranger. In the few cases where mothers were willing to participate, they did not fulfil the pre-selection criteria, because they were single, had more than one child, or because their husbands were unwilling to take part. The author then contacted facilitators of mother and baby groups and nurses at baby clinics. With the permission of the nurses at a baby clinic, the researcher spent several hours in the waiting room inviting mothers to participate in the study. While some interest was expressed, participants again did not meet the selection criteria. The researcher also unsuccessfully requested permission to visit several other clinics in her area in an attempt to select participants from a more diverse economic and racial background.

Following this, several private midwives and doulas in Cape Town were contacted. Private midwives and doulas tended to a more personal relationship with their clients, and therefore their clients seemed more willing to participate at their midwife's request. Due to their knowledge of previous clients, midwives and doulas suggested participants more likely to match the selection criteria. As a result, the researcher received contact details of several potential participants. Eventually only 5 couples were interviewed using purposive sampling, again because while some wives were willing to be take part in the study, their husbands were either unwilling or unable to participate.

In order to find more participants, the researcher used the snowball sampling method, which is generally undertaken when there is limited access to appropriate participants (Strydom & Delport, 2011). This form of sampling involves collecting information from the participants that are located, and then requesting that those individuals provide information in order to find further participants (Babbie & Mouton, 2001). This proved to be effective and the final sample for this study included 9 married couples. 8 of these couples were white, and only one was coloured. The couples were interviewed individually, and the interviewing process will be discussed later in this chapter. The pre-selection criteria for this sample are outlined below.

3.3.1 Pre-Selection Criteria for the sample

3.3.1.1 Number of children

In order to explore couples' experiences across the transition to parenthood, the participants in this study were first-time parents.

3.3.1.2 Characteristics of the baby

Another criterion for this study was that the baby of the couple should have no severe health or developmental problems, as this would add significant stress to the couple's transition to parenthood. First-time parents were only interviewed if their baby was between 3 months and a year old. Participants therefore had at least 3 months of parental experience, which provided a rich amount of data to analyse. The oldest baby in this study was 10 months old.

3.3.1.3 Parental characteristics

The study was restricted to participants who were married before becoming pregnant in order to focus the study on the transition to parenthood and avoid considering the impact of a change in marital status on the relationship. Only heterosexual and biological parents were interviewed to limit the effect of external variables.

3.3.1.4 Agreement of both parties to participate

The final criterion for this study required both parents to agree to be interviewed individually, since this provided a more comprehensive understanding of the couple's perceptions of their relationship after childbirth.

3.4 Data collection

3.4.1 Semi-structured interviews

Qualitative research commonly uses semi-structured one-to-one interviews as a means of collecting data (Greef, 2011). Semi-structured interviews enable the researcher to gain a comprehensive understanding of the participant's beliefs or perceptions around a specific subject. The flexible nature of this method allows the researcher and the participant to explore particular areas of interest that arise during the interview (Greef, 2011). By using semi-structured interviews in this study, the researcher was able to gain a more complex, richer understanding of the first-time parents' perceptions of their relationship.

Individual rather than joint couple interviews were conducted because of the personal nature of the material discussed. Arksey and Knight (1999) argue that when a research topic has the potential of creating friction (such as perceptions of the relationship); there is a greater likelihood that individuals in joint interviews will provide a more acceptable response in front of their partners, rather than an honest one. Individual interviews are also useful in allowing for more detailed, open responses while avoiding the possibility of one person dominating the interview (Arksey & Knight, 1999).

Interviews took place at the homes of the couples, as parents with young babies would be less likely to participate if they were required to travel for the interview. Since phenomenology attempts to see the world through the eyes of people in their own environment (Van Manen, 1990), it was appropriate for this study that interviews took place in the houses of participants. Couples selected which spouse was interviewed first, based on time availability and convenience. Interviews generally lasted between sixty to ninety minutes.

3.4.2 The interview schedule

The researcher constructed an interview schedule prior to the interviews. By formulating the questions beforehand, Greef (2011) suggests that the researcher is able to consider the difficulties that might arise in relation to wording or the sensitive nature of some of the questions. The researcher took care to ask non-judgemental and open-ended questions in order to reduce defensive feelings and to encourage free expression.

The interview schedule was developed using the study's research objectives to form themes and areas that the researcher intended to explore (see appendix B). The selection of questions were also informed by the existing literature, as Greef (2011) advises a focused literature study provides the researcher with a better understanding of what questions to ask. By drawing on existing literature and by using the research objectives to formulate questions, there was less likelihood that important factors would be neglected when tracking perceptions of the quality of the relationship across the transition to parenthood.

3.4.3 Use of digital Dictaphone

According to Greef (2011), the use of a recording device during interviews provides a more complete account of the participants' responses. By recording the interviews, the researcher can be free to focus on the process of each interview and decide whether to explore different

aspects that arose (Greef, 2011). Interviews were recorded using a digital Dictaphone, with participants' permission.

3.4.4 Pilot study

A pilot study is an essential part of any research study because it is used to ascertain whether the data that is required can be obtained from the participants (Greef, 2011). The researcher conducted a pilot study in which a married couple was interviewed separately. These two interviews enabled the researcher to test whether the questions used in the interview schedule hindered the amount or quality of data being obtained. The researcher made minor changes to the interview schedule based on these interviews.

3.5 Data analysis

Data was analysed using Tech's method of data analysis (Creswell, 2009):

1. The first step involved reading all the transcriptions in order to get a sense of the whole. During this step any thoughts that came to mind were written down.
2. One of the most interesting interviews was then selected. The researcher read through the text, writing any thoughts about the text's underlying meaning in the margin. This process was repeated for several interviews.
3. A list of all the topics was formulated, and similar topics were clustered together. The topics were then sorted into major, unique and leftover topics.
4. The topics were then abbreviated as codes, and the codes were written next to the appropriate sections of the transcriptions. This initial organising scheme was applied to assess whether new categories and codes emerged.
5. The most descriptive wording for each topic was found, and the topics were formulated into categories. The topics that were related were grouped together to decrease the number of categories.
6. The researcher made a final decision about the abbreviation of categories.
7. The transcription texts associated with each category was gathered together in one place, and a preliminary data analysis was performed.

8. The existing transcriptions were re-examined to assess whether it was necessary to recode them.

3.6 Data verification

In order to address the soundness of qualitative research in this study, the criteria proposed by Lincoln and Guba (1985) were used. The notion of trustworthiness (neutrality of the findings or decisions) is the main criterion underlying good qualitative research and it consists of four constructs: credibility, transferability, dependability and conformability (Lincoln & Guba, 1985).

Credibility refers to compatibility between the researcher's reconstruction of the participants' views, and the views of the participants themselves (Schurink, Fouché & De Vos, 2011). A prolonged engagement in the field is recommended in order to increase the credibility of the research (Lincoln & Guba, 1985). The researcher spent 60 to 90 minutes interviewing each participant in order to have time to establish a rapport and to gain a fuller understanding of the participants' perceptions of their relationship across transition to parenthood. Referential adequacy is another recommended procedure for achieving credibility, which refers to materials used to document findings. As discussed previously, the researcher recorded and transcribed all interviews in order to capture the content of the interviews accurately.

Transferability refers to whether findings are applicable in other situations or with other participants. While qualitative research does not claim that data from one context will be necessarily be relevant for another context (Babbie & Mouton, 2001), the researcher attempted to provide readers with a thick (detailed) description of the research collected. Readers are more able to judge whether the findings are transferable if the descriptions of the data collected and the findings reported are sufficiently detailed (Babbie & Mouton, 2001).

Dependability involves providing readers with evidence that similar findings would be discovered if the study were repeated in the same or similar context with the same or similar participants (Babbie & Mouton, 2001). If a study has the quality of credibility, it is sufficient to establish the quality of dependability (Lincoln & Guba, 1985).

Confirmability refers to whether the findings can be confirmed by somebody else (Schurink et al., 2011). Sufficient evidence should therefore be left to trace the findings and interpretations to their sources (Babbie & Mouton, 2001). The researcher has physical evidence of the process of the data analysis, which illustrates the concrete manipulation of the

data into themes. Confirmability also relates to the extent to which findings are the result of the focus of the research, rather than the bias of the researcher (Babbie & Mouton, 2001). The researcher had regular discussions with her supervisor regarding the methodology and the research findings, which helped reduce researcher bias.

The limitations of the study will now be explored.

3.7 Limitations of the study

The limitations pertain to:

3.7.1 Research design

Due to the explorative nature of qualitative research, the findings of such studies do not result in the provision of predictive factors or definite causal relationships as in quantitative research (Babbie & Mouton, 2001). It is therefore only possible for the researcher to make speculations and identify areas for further research.

3.7.2 Sample

Since non-probability sampling was used, the data collected cannot be representative of the larger population (Babbie & Mouton, 2001). Therefore it cannot be assumed that the views and experiences of the participants in this study are shared in general by first-time parents in a relationship.

In addition, the sample group was largely homogenous, consisting of mostly white participants from middle to high socioeconomic backgrounds. This was because the sample was drawn originally from the clientele of private midwives. The participants who used midwives had the financial means to do so, and these participants provided the researcher with contact details of other couples from similar backgrounds. Several previous attempts to interview participants from diverse racial and socioeconomic backgrounds were unsuccessful.

3.7.3 Data collection

The quality of the interview relies largely on the skills of the researcher. The phrasing of questions, the knowledge of the participant's frame of reference and the rapport between researcher and participant all contribute to the depth of the interview and the strength of the data (Greef, 2011). The researcher's counselling skills allowed for more in-depth exploration of the perceptions of first-time parents.

3.7.4 Retrospective bias

Retrospective bias refers to people's tendency to reconstruct their memories in order to fit their present situation and understanding (Christensen, 1991). It is possible that reports by participants in this study may be affected by retrospective bias, because the accounts describe experiences across the transition to parenthood, which covers more than a year. However, Van Manen (1991) explains that phenomenological reflections are inherently retrospective, because they explore past events and experiences. The purpose of a phenomenological study is to explore the meanings of experiences (Starks & Trinidad, 2007), rather than to obtain a linear account of the phenomena.

3.7.5 Data analysis

The process of reading through the data and categorising involves a certain level of subjective interpretation, as well as skill. It is therefore important that the researcher is required to follow a selected data analysis strategy, and to validate these results using existing literature which is rooted in a larger theoretical paradigm (Schurink et al., 2011). The analysis process involves a constant process of reviewing the categorisation of data until the themes and categories that describe the data are thought to be an accurate reflection of the data (Hancock, 1998). The researcher followed Tech's 8 steps of data analysis which involves a systematic process of analysing data (Creswell, 2009). This helped ensure that the themes were a reflection of the data collected.

3.7.6 The researcher

The researcher's personal experience as a married parent and her existing theoretical knowledge may have influenced the process of data collection. Certain issues that were familiar may have been given more attention as a result. This was addressed through supervision. The researcher attempted to avoid this possibility through being aware of her own perceptions and experiences, and by remaining neutral during the interviews.

3.8 Conclusion

This chapter discussed the methodology used in this study. An explanation of the sampling methods, data collection procedures and data analysis have been provided, and the limitations of the study were explored. The penultimate chapter will discuss research findings.

Chapter Four

Discussion of Findings

4.1 Introduction

This chapter presents the findings of the research in accordance with the framework of analysis. It will include a profile of the participants and a discussion of findings. A conclusion will complete the chapter.

4.2 Profile of the participants

Couple	Participant	Gender	Occupation	Baby's age	Baby's gender	Duration of relationship	Employment of domestic worker
1	1	Female	Housewife	5 months	girl	6 years	None
	2	Male	Student/Music director	5 months	girl	6 years	None
2	3	Female	Marketing consultant	5 months	boy	5 ½ years	Full-time
	4	Male	Portfolio manager	5 months	boy	5 ½ years	Full-time
3	5	Female	Information technology specialist	2 months	boy	5 years	Full-time
	6	Male	Systems engineer	2 months	boy	5 years	Full-time
4	7	Female	Human resource manager	9 months	boy	7 ½ years	Part-time
	8	Male	Fund manager	10 months	boy	7 ½ years	Part-time
5	9	Female	Mental health practitioner	10 months	girl	8 ½ years	Part-time
	10	Male	Aviator	10 months	girl	8 ½ years	Part-time
6	11	Female	Graphic designer	10 months	girl	4 years	Full-time
	12	Male	Computer programmer	10 months	girl	4 years	Full-time
7	13	Female	Child kinetics teacher	7 months	boy	6 ½ years	Part-time
	14	Male	General manager	7 months	boy	6 ½ years	Part-time
8	15	Female	Chef	8 months	girl	4 years	Full-time
	16	Male	Information technology support agent	8 months	girl	4 years	Full-time
9	17	Female	Psychologist	9 months	girl	11 years	Full-time
	18	Male	Presales technician manager	9 months	girl	11 years	Full-time

Table 1: Profile of participants

4.3 Framework of analysis

Research objectives	Themes	SUB-THEMES
The quality of the relationship prior to and after becoming parents	<ul style="list-style-type: none"> • Pre-pregnancy relationship • Effects of pregnancy and birth on the relationship • Relationship after childbirth 	<ul style="list-style-type: none"> ○ Positive perceptions of the pre-pregnancy relationship ○ Feelings of togetherness ○ Reduced physical intimacy ○ The bond of the birth experience ○ Feelings of joy and togetherness as parents ○ Decrease in physical intimacy ○ Less freedom and leisure time ○ Decrease in amount and quality of communication
The perceived impact of the new roles and responsibilities on the relationship across the transition to parenthood	<ul style="list-style-type: none"> • Pregnancy and childbirth • After childbirth 	<ul style="list-style-type: none"> ○ Father as supporter ○ Adopting more traditional roles ○ Mother as director, father as helper ○ Role strain ○ Mothers' resentment ○ Fathers' guilt ○ Feelings of admiration and respect
Factors that contribute positively to the relationship across the transition to parenthood	<ul style="list-style-type: none"> • Positive individual factors • Quality of the relationship prior to pregnancy • Parenting factors • Positive environmental factors 	<ul style="list-style-type: none"> ○ Demographic factors relating to spouses ○ Temperament of the spouse ○ Baby was planned and wanted ○ The involved husband ○ Team work around parenting tasks ○ Benefits of a baby routine ○ Social support ○ Paid help ○ Supportive work conditions ○ The benefits of religion
Factors that contribute negatively to the relationship across the transition to parenthood	<ul style="list-style-type: none"> • Negative factors affecting women • Negative infant-related factors • Negative environmental factors 	<ul style="list-style-type: none"> ○ Women's unfulfilled expectations of motherhood ○ Mothers' depressive symptoms after childbirth ○ Impact of breastfeeding ○ Lack of parent's parental support ○ Challenging dynamics with parents' parents ○ Husbands' longer working hours and work demands

Table 2: Framework of analysis

4.4 Discussion of findings

The findings of the research study will be presented in relation to the research objectives.

4.4.1 Objective One: To explore couples' perceptions of the quality of the relationship prior to and after becoming parents

This section will look at participants' perceptions' of their relationship across four different phases. The first phase refers to the relationship before pregnancy. Understanding this phase of the relationship can provide a broader understanding of the relationship changes across the transition to parenthood. The second phase refers to the period of pregnancy, the third phase involves the process of childbirth, and the fourth phase the relationship after childbirth.

Many participants reported high levels of overall marital satisfaction before and after becoming parents. At the same time, many participants felt certain aspects of their relationship had been negatively affected after childbirth. These aspects included the quality and quantity of time spent together, as well as intimacy.

4.4.1.1 Phase one: The pre-pregnancy relationship

4.4.1.1.1 Positive perceptions of the pre-pregnancy relationship

Most participants regarded their relationship prior to falling pregnant in a positive light, and reported fairly high to very high levels of marital satisfaction. Even participants who described higher levels of conflict in their earlier relationship history (less than a third of the sample) generally perceived a decrease in conflict over time.

Interviewee 2: It was great, we were best friends, we love each other very much and we worked together as a team. Our happiness was ten out of ten. We communicate very differently so we had to work quite hard at it – but I think we found a way of communicating reasonably well.

Interviewee 6: We hit it off right from the start. It was almost too easy, we were very compatible personalities. I think intimacy was very healthy and we very rarely had conflict, we would always be able to find a common ground. If there was ever something like that, it was usually because of a misunderstanding and we would always fairly easily be able to resolve it and talk about it.

Studies investigating healthy, satisfying marriages identified similar characteristics to those described by participants; such as a good friendship, commitment, affection, respect, a similar outlook and good problem solving skills (Kaslow & Robison, 1996; Moore et al., 2004; Wallerstein & Blakeslee, 1996). Research has found that couples who had a high degree of

marital satisfaction in their pre-birth relationship were able to cope better with parenthood (Feeney et al., 2001).

4.4.1.2 Phase two: Effects of pregnancy on the relationship

Changes as a result of pregnancy did not appear to have a significant impact on high levels of overall participant marital satisfaction that existed prior to pregnancy. Although numerous participants acknowledged a decline in sexual intimacy, many reported an increased closeness in their relationship.

4.4.1.2.1 Feelings of togetherness

Many participants shared increased feelings of closeness and excitement with their spouses as a result of a mutual wish to have a baby. Female participants appreciated the practical and emotional support from their husbands, which contributed to a sense of togetherness. The increase in female participants' emotional volatility during this period due to hormonal changes did not significantly impact on the relationship.

Interviewee 3: I think we I had a really good pregnancy and I really enjoyed it and that he enjoyed the experience, it brought us closer having that anticipation ... we took advantage of that time, we really enjoyed it, we were happy we were pregnant. My husband was definitely there for me and he was sympathetic and he was a really good husband.

Interviewee 17: It was really good; we were in a really good space during pregnancy. He loved me being pregnant and we were both just very excited. It was a bit tough in the beginning because I had very severe morning sickness, and I was quite irritable a lot of the time, which was probably also just the hormones, but my husband was very tolerant, thank goodness, and very patient with me.

The positive effects of pregnancy on the relationship have been noted in research literature. During pregnancy, husbands tend to be more conciliatory towards their spouses (Shapiro et al., 2000), there are new shared activities (Huston & Holmes, 2004) and increased feelings of closeness (Feeney et al., 2001). However, the impact of biological and psychological changes can also create challenges in the relationship (Clulow, 1991).

4.4.1.2.3 Reduced physical intimacy

Many participants experienced a decline in sexual activity, particularly towards the end of the pregnancy. As participants experienced a sense of togetherness during pregnancy, the decrease in sexual relations was not generally perceived as having a significant negative

impact on the relationship. However, sexual relations between partners tended to remain at a lower level or declined further after the arrival of the baby.

Interviewee 1: Pregnancy affected our intimacy, especially towards the end you really don't want to be having much sex. I think he certainly found it weird to start with like – there is someone inside you – but in terms of cuddles and kisses and things like that – definitely no change- in fact probably more affectionate.

Interviewee 5: The latter part of the pregnancy- with my kidney infection- it was quite painful so practically we just couldn't, so it was a bit distant in that area.

Interviewee 15: Intimacy went down. Also there is this thing of like, he wanted to protect the baby- I think it freaked him out.

This finding concurs with literature documenting a common decline in sexual activity during pregnancy due to pain during intercourse, positional difficulties, various women's ailments, fears of harming the baby (Pacey, 2004; Von Sydow, 1999) or feeling sexually inhibited by the presence of the foetus (Rafael-Leff, 1993).

The next phase will discuss the birth of the baby, which often brings new challenges for the couples' sexual relationship.

4.4.1.3 Phase 3: The impact of childbirth on the relationship

4.4.1.3.1 The bond of the birth experience

Most participants experienced the birth of their baby as an event of great importance. Participants reported an increased appreciation of one another and a greater sense of closeness after going through this process together. All male participants were present at the birth and for many it was an exhilarating experience.

Interviewee 2: I think it probably drew us closer to be honest, it was a long, long, hard labour and I had to support my wife a lot and always be there, be strong for her. It was wonderful, my wife was amazing, it was hugely exciting.

Interviewee 9: It strengthened our relationship- I never experienced my husband supporting me in the way he did. I mean in those 40 minutes of trying to give birth to my baby it felt like forever, but he was a strength, a support for me, and that level of connection I have never felt with my husband or any other man. It felt after that we were so much closer, because I felt like I had shared a part of my body with him in a way that I have never with anybody else. It would have been different if he hadn't been present.

Research by Kainz et al., (2010) confirms that the presence of the father during childbirth has a positive effect on the relationship. Going through the birth process together allows the

couple to know one another more deeply, experience themselves as a team and to confirm one another as parents as they share feelings of joy and pride. Wives have reported a stronger appreciation for husbands (Somers-Smith, 1999) and husbands have expressed increased admiration for wives due to a shared birth experience (Fägerskiöld, 2008).

4.4.1.4 Phase 4: The relationship after childbirth

Participants reported various changes in the relationship after childbirth, including a continued decrease in physical intimacy, less freedom and leisure time, a decrease in the amount and quality of couple communication, the sense of loss around being a couple and increased conflict. At the same time, having a baby created feelings of closeness and joy in participants' relationships.

4.4.1.4.1 Feelings of joy and togetherness as parents

All couples, irrespective of their levels of relationship satisfaction, expressed joy at having a baby. At least two thirds of the participants continued to feel happy with their relationship after becoming parents, and a few participants even experienced an increase in marital satisfaction. Many participants described an increased closeness.

Interviewee 11: I think it also brings us closer, we are experiencing being parents together - moulding a new life and that responsibility. Although it is really, really hectic, it is also incredible and amazing and brings so much joy.

Interviewee 16: I think our relationship is stronger, I think our baby has bonded us even more and there is a common focus now.

Research confirms that the transition to parenthood often creates a feeling of closeness and mutuality between the couple due to having a shared project. Couples able to adjust successfully to parenthood appear to experience increased personal and marital fulfilment (Belsky & Rovine, 1990; Polomeno, 2000). However, a baby not only brings rewards (which have been discussed in chapter two) but also losses for couples, as discussed below.

4.4.1.4.2 Decrease in sexual activity after childbirth

A post childbirth decline in sexual activity was experienced by most participants. Although there were more remarks about the negative impact of this decline on the relationship compared to pregnancy, participants did not feel that their relationship was at risk. Decline in sexual activity was attributed to high levels of exhaustion and fatigue, a lower sex drive, and mothers' feelings of pain or discomfort due to the effects of childbirth and/or breastfeeding.

Interviewee 7: Immediately after the birth it impacted our intimacy a lot because I had stitches. He was also very concerned about not hurting me at any point so that was actually quite a struggle. I had natural, but I tore, and had haemorrhoids. For me it seemed like forever, a few months at least, it was quite a difficult time I think.

Interviewee 18: Our intimacy went down. I think it does have an impact on our relationship, but I don't think it is a huge impact. It is what her body is going through at the moment. I am frustrated, sexually frustrated, but that is the way it is going right now, so what can I do.

Studies commonly find a decline in couples' sexual activity during pregnancy, dropping further to a period of almost no sexuality immediately after childbirth and then following a slow incline over the first year of the infant's life to similar pre-pregnancy levels (Pacey, 2004). There are many reasons for the reduction of sexual activity postpartum (Pacey, 2004) and up to 50 % of women tend to experience a greater reduction in sexual responsiveness for 6-12 months after childbirth, (Von Sydow, 1999), while men more often experience no changes to their sexuality postpartum (Polemeno, 2011).

4.4.1.4.3 Less time for each other

Many participants found that they had less time together after the baby was born. They reported spending more time at home with the baby and less time on mutual leisure activities. Reasons for not going out as a couple included fatigue and the logistical planning involved, such as getting a babysitter. Several participants, particularly from companionate marriages, felt a sense of loss and emotional distance in their relationship due to reduced focus on one another. In contrast, a few participants from differentiated relationships described an increase in time spent together.

Interviewee 12: We missed each other in terms of not having any private time. We had a routine of bathing together every night, chatting and having dinner together and that all changed completely. And then not being able to just have a quick meal together, one of us had to look after the baby while the other one eats - it was major.

Interviewee 17: We don't have much of a relationship just the two of us. I think we've gone out once at night, the rest of the time she has come with us in a camp cot somewhere. We haven't had like a date night since she was born. While I was pregnant, we would eat at the table, catch up on each other's day and do a puzzle, and we thought we must do this when she is born. It's just easier now to sit in front of the TV.

This finding is confirmed by literature, which states that the responsibility of caring for a baby dramatically restricts the time spent together as a couple pursuing leisure activities

(Huston & Holmes, 2004). New parents tend to spend more time on instrumental tasks and joint activities with the baby, and less time going out together (Claxton & Perry-Jenkins, 2008; Feeney et al., 2001).

4.4.1.4.4 Decrease in quality of communication

Close to half the participants reported a decrease in the quality of communication in their relationship after becoming parents. Due to fatigue, participants were more forgetful and communicated less clearly. The content of conversations revolved around practical issues such as childcare, and there were feelings of remoteness due to less affectionate or personal communication. Some participants reported higher levels of irritability and conflict postpartum. However, the minority of participants in differentiated marriages reported a positive increase in communication due to having a shared project.

Interviewee 9: We didn't even stop for a moment to say, oh my gosh, we don't even say good morning any more to one another. We speak about formula and breast milk and nappies; our conversation is centred around this baby.

Interviewee 14: A lot less communication, more short tempered, it's probably the biggest thing. I suppose conflict is a bit more frequent - probably more heated. Sometimes the conflict is about, "I have just changed the nappy, now you have got to change the nappy". When I am calling my wife and she doesn't hear me, then I will say, 'Why don't you listen?' Meantime she was listening, she just didn't hear me. Simple things like that, and it will get into an argument quickly. You adjust to it, but it is putting extra strain on the relationship, and I think I understand why people do get divorced after having a baby.

New parents find that their interactions with one another contain less praise, less time for small talk, less self-disclosure, fewer expressions of affection and less couple-focused communication without distraction (Feeney et al., 2001; Halford & Petch, 2010). Studies have found an increase in negative couple interactions and poor conflict management after childbirth (Doss et al., 2009; Kluwer, 2010) as couples have less time and energy to resolve conflicts (Crohan, 1996).

In summary, most participants had positive perceptions of their relationship prior to becoming parents. While many couples continued to report good relationship satisfaction after childbirth, parenthood also brought some negative changes to the relationship, such as lower emotional and physical intimacy. The findings of the second objective will now be discussed.

4.4.2 Objective Two: To investigate the perceived impact of new roles and responsibilities on the relationship across the transition to parenthood

At least two thirds of participants observed a shift in roles and responsibilities across the transition to parenthood. During pregnancy and childbirth, the supportive role of male participants emerged strongly in response to their wives' physical and emotional changes. After childbirth, many participants took on more traditional roles, with mothers adopting more responsibility for childcare and fathers adopting more financial responsibility. This adoption of new roles and responsibilities resulted in feelings of resentment and guilt, and also positive feelings of admiration and respect. Many reported signs of role strain, which was greater amongst female participants.

4.4.2.1 The father's role as supporter during pregnancy and childbirth

Male participants took on a supportive role during pregnancy, including attending antenatal classes, taking over domestic chores and responding to wives' practical and emotional needs during pregnancy and labour. Several male participants played a more maternal role by offering comfort and affection. The steadfast support and dependability during pregnancy and childbirth was valued by female participants and had a positive impact on the relationship.

Interviewee 6: With the pregnancy I was very supportive because it was difficult for her, like I'd cook for her a lot and help her a lot in areas where she would normally do things herself. But it only strengthened our relationship.

Interview 11: My husband was there for every check-up, even if it was just a small little thing, he was there. I knew I had support from him all the time... Seeing my husband there with me during the labour, also seeing how my pain was impacting him was so hard because you are going through that excruciating pain. But he was there all the time holding my hand and I think that it brought us so much closer, I want to cry when I think about it.

According to literature, partner support during pregnancy and labour is associated with women's physical and psychological well-being (Kainz et al., 2010; Rini et al., 2006). During pregnancy, women may be more aware of their husbands' care (Huston & Holmes, 2004) as husbands tend to be more helpful towards their partners during this period (MacDermid et al., 1990).

4.4.2.2 Adopting more traditional roles after childbirth

Many participants felt they had a fairly egalitarian relationship prior to childbirth, but participants generally adopted more traditional roles particularly in the first few months after

childbirth. Female participants tended to carry more responsibility for childrearing, while males carried greater responsibility for generating income. While most female participants returned to their work after maternity leave, over half reduced their working hours due to motherhood responsibilities and more flexible employment conditions. In contrast, nearly half the husbands sampled had recently taken on managerial positions or further studies, thereby increasing their real or potential earning power. Due to longer work hours, these husbands spent less time on childcare and household work during the week.

Interviewee 4: When my wife goes back to work we'll see - but for now roles have changed in that she's been at home. She is with our baby most of the day, she is doing 90 % of what needs to be done. So obviously that's changed, in that I feel more like a breadwinner and she more like a mother. On weekends it is shared.

Interviewee 17: I am not working as much, which I am not unhappy about. Financially it means we depend much more on him which I think he likes. He has been working quite a bit harder, more hours, that is not always easy, so from 4-6 I am having to just try and to do everything, cook, bath, feed. So in a way it has kind of made those traditional roles more solid.

The adoption of traditional labour roles after birth is commonly experienced by new parents (Glade et al., 2005; Halford and Petch, 2010). Mothers tend to reduce their hours of paid employment and increase time spent on childcare and housework, while fathers often increase their working hours to fulfil their role as provider. The traditional allocation of household and childcare is often disproportionately performed by mothers, and the allocation of household work and childcare can be a major source of conflict for couples (MacDermid et al., 1990).

4.4.2.3 Mother as director, father as helper

Female participants carried a greater responsibility and awareness of the baby compared to their husbands. Almost all female participants breastfed their babies and were the primary providers of the baby's nourishment and comfort. They were often cast in the role of the expert parent, as they did more parenting research and spent more time with the baby. This role was even more pronounced for the few female mental health practitioners. Most participants perceived the mother as the parent who was more in charge, with the final say in parenting decisions. Some male participants felt uncomfortable with this, as couples previously made decisions together. Many participants perceived the husbands' parenting

role as helping their wives to care for their baby. Male participants also tended to be the relief childcare workers by taking the baby and enabling their wives to rest.

Interviewee 5: It's my responsibility to say, "Ok, it's bath time now," or, "No we can't just go to the shops because we have to make sure he's fed" - just because naturally I am better with routine than him. He is happy to stick to the routine, he just forgets much quicker than I do so I have to remind him all the time.

Interviewee 15: In every aspect of our lives I am the planner. I try to let him play with her and watch her as much as possible over the weekend because he is not with her during the week.

Interviewee 18: I think it's quite challenging, just the difference between us - my wife's pool of knowledge with all the books and my instinct about how we are going to do things. Because she is the boss essentially at the moment, spending more time with the baby, her own way of doing things, and I am on the outside again. She will just know when to do something, and I am just going, ok, what is next?

This finding is confirmed by literature which states that the role of parenthood is more central to women's identities than men's identities (Katz-Wise et al., 2010). Due to prenatal bonding and a belief about women's innate mothering qualities; mothers can become gatekeepers in their relationship around issues of child caring (Carter et al., 2011). Stueve and Pleck (2001) also found that mothers tend to do more caregiving, planning and arranging for the child, while fathers tend to parent alongside their wives.

4.4.2.4 Role strain

Female participants tended to experience more role strain than male participants because they continued to work and carried the primary responsibility for childcare and housework. Most profound role strain was expressed by half the female participants who did paid work from home, as their roles were not divided by separate work-home locations. Several female participants also found the adjustment back to work after maternity leave very stressful as they had to divide their time and energy between work and parenting responsibilities, while male participants tended to work a full day away from home and had a clearer division between work and family. However, several male participants also experienced role strain due to feeling torn between wanting to be involved as fathers and wanting to provide. Role strain resulted in feelings of anxiety, frustration, depletion and being overwhelmed.

Interview 5: Juggling working from home and taking care of our baby when the nanny is not here causes frustrations. I could be breastfeeding and working on the laptop sometimes, which I don't enjoy doing, but I feel like I am being forced to.

Interviewee 7: When I went back to work it was a struggle, having to fix everybody's mess from when I had been on leave. And our baby was with a friend of mine 3 days a week and I was checking the phone all the time to see that he was ok. The two mornings that I worked at home our baby would be with me. I struggled to get through my four hours of work; he wasn't sleeping for hours on end.

Interviewee 8: The first couple of months were really hard - just getting our baby down, needing to get him down so I could go and study. That was tough- just the added time constraints.

The presence of role strain is a common finding in literature on the transition to parenthood (Levy-Shiff, 1994) and parents often complain there is not enough time to meet all demands (Kluwer, 2010). The findings in this study support role strain theory, which suggests that mothers will be more impacted by parenthood than fathers. This is because mothers experience more conflict between competing roles, due to the amount of roles they fulfil (Worthington & Buston, 1986).

4.4.2.5 Mothers' resentment

Nearly half the female participants in this study expressed some form of resentment or irritation with their spouse, while similar feelings were generally not expressed by male participants. These feelings were associated with perceptions of unfairness or feeling unsupported in childcare or domestic work. While female participants acknowledged the involvement of their spouses in childcare, they complained about carrying the main responsibility for parenting tasks.

Interviewee 13: I just want to be like, listen it is your turn now, I actually need to do something. I just feel like sometimes I wish he would be like, "I'll have the baby, you go do what you want to do", but it doesn't happen too often. He is very helpful and very willing if I ask him, but I would like him to see that I am the one feeding.

Interviewee 15: Now I am fully in charge of what she eats and in fact, just now, my husband came to me and asked, "Is she supposed to have lunch?" And it's like, "Ja". "Is she having fruit?" It's like, "No, she has chicken". And he was like, "Oh, I didn't know that". Well, where have you been? How come you didn't know that?

Interviewee 17: He would go out and instead of coming back at ten he would come back at one and then I would let loose, and say, you have no idea what this is like and that was very challenging. I felt very lonely at 3 and 4 am in the morning, and resentful.

Female participants feelings of discontent is supported by numerous studies in which women experience a larger decline in marital satisfaction across the transition to parenthood and are less satisfied with the division of labour around childcare and housework than husbands (Kluwer, 2010; Twenge et al., 2003). However, the decrease in female participants' marital satisfaction in relation to the division of labour seems less pronounced than in several other studies (Koivunen et al., 2009; Meijer & van den Wittenboer, 2007), possibly because most participants employed a domestic worker, while couples in international studies may not have had this type of assistance.

4.4.2.6 Fathers' guilt

Several male participants in the study expressed feelings of guilt about not being able to be more available for their wife and baby, largely due to work or study demands. As a result, they attempted to take the load of childcare off their wives, on weekends and before and after work.

Interviewee 16: I quite frequently miss bath time because I just can't get home in time, so I think probably the biggest challenge on the relationship is the sharing the load. I get our baby in the mornings and I feed her and change her and I do as much with her as I can just to take the load off my wife. I don't think my wife knows about the guilt I feel. Just as a little funny remark from her can sting a little bit more like, "I was kind of expecting you at 6". I can translate that into anger sometimes and that can tend to cause problems. But I try to keep it in generally.

Interviewee 18: I think I should be more involved in childcare, actually be more active with my kid. It is about the work and the family and trying to balance that. I can work from home, and I will play with the kid for a bit, but it is difficult because I am trying to focus on 2 things at the same time. I feel torn.

The conflict that fathers experience between wanting to be involved parents and needing to provide for the family has been noted by previous researchers (Clulow, 1991; Henwood & Procter, 2003). Men with longer working hours may feel especially vulnerable to perceptions of being uncaring fathers, as they are torn between the pressure to meet the family's financial needs, and not wanting to miss out as parents (Henwood & Procter, 2003).

4.4.2.7 Feelings of admiration and respect

Several participants expressed admiration and respect for their partners' fulfilment of their role as parents. As a result, spouses felt that their affection towards their partner had increased, and that becoming parents had enhanced their relationship.

Interviewee 12: Watching each other, watching my wife as a mom, that changed my perception of her completely, even just the pregnancy, how she handled that, how she handled the birth and now she's handling being a mom. My love had just grown massively, and respect, and I think in a sense it brought us closer.

Interviewee 13: It definitely impresses me, from my side, seeing how in love my husband is with our baby and how he is so amazed by this little thing. And also my husband is very involved so it's helpful; it's very nice in that sense.

The commitment to one's children and a shared interest in them has been noted as an important component for a healthy satisfying relationship (Moore et al., 2004). In addition to this, spouses' parenting self-efficacy can help buffer the relationship against the impact of crying or fatigue, and therefore can contribute to marital satisfaction (Meijer & van den Wittenboer, 2007).

In summary, new parents tended to adopt more traditional roles after childbirth. Mothers were generally primary parents, while fathers assisted. The role as helper seemed to be an extension of the fathers' supportive role during pregnancy. Mothers tended to experience greater role strain and resentment than fathers, while fathers experienced feelings of guilt. At the same time, the fulfilment of parenting roles enhanced couples' perceptions of and feelings towards one another.

4.4.3 Objective 3: Factors that contribute positively to the relationship across the transition to parenthood

This section will look at relationship, demographic, individual, parenting and environmental factors that helped buffer the relationship during this transitional period.

4.4.3.1 Positive relationship factors

Both the quality of the relationship prior to pregnancy and congruency in gender role attitudes contributed to relationship stability across the transition to parenthood.

4.4.3.1.1 The strength of the relationship prior to pregnancy

Participants generally regarded the strength of their relationship prior to parenthood as a significant factor that helped them manage the stresses of parenthood. Most participants were married for at least 3 to 6 years before pregnancy and felt that the time together had helped them to establish better communication patterns and to work through conflict more effectively.

Interviewee 4: Our strength within our relationship perhaps is the fact that we have been going out for a long time. We had a stable relationship and we were highly satisfied.

Interviewee 7: I think we try to do everything as a team, so even before we were married we did everything together. I think that works well with a baby because it is a team effort. We enjoy each other's company.

Interviewee 14: We are good friends; we know what we have got in each other. There wasn't any hang ups beforehand, the relationship was good, so that made it easier. And it also stopped from being anything that made it harder. If your basics aren't good in your relationship don't even think about having another little soul into that, it is just going to rock your world completely.

According to research, the state of the relationship before birth has a greater impact on the couple's post birth adjustment than the baby (Cowan et al., 1991), and it can act as a buffer during stressful marital periods (Shapiro et al., 2000). Couples tend to have a more successful postpartum adjustment with less conflict if they have a longer pre-birth relationship; characterised by high marital satisfaction, cohesion, and a large degree of shared leisure time (Belsky & Rovine, 1990; Claxton & Perry-Jenkins, 2008; Feeney et al., 2001). A longer pre-birth relationship allows couples more time to work out responsibilities and goals, which buffers them against parenthood stresses (Doss et al., 2009).

4.4.3.2 Positive individual factors

Individual factors such as age and income, as well as a stable temperament were found to contribute positively to the couples' adaptation to parenthood.

4.4.3.2.1 Demographic factors relating to spouses

The majority of the participants in this study were in middle to upper middle class income bracket and were between the ages of 28 and 40 (refer to profile of participants). According to research by Belsky and Rovine (1990), parents with a higher income and who are older are more equipped for parenthood, as they have more money, time and commitment. New parents with a higher income have access to more support, resources and other sources of self-esteem (Belsky & Rovine, 1990; Doss et al., 2009). Therefore couples with these demographic factors are at less risk of experiencing a decline in marital quality after childbirth.

4.4.3.2 Temperament of the spouse

More than half the participants identified a relaxed or stable temperament belonging to one or both partners as a significant positive factor in dealing with the stresses of parenthood.

Several wives perceived their husbands as having the more relaxed temperament, and valued their capacity to remain calm or grounded, when they themselves felt anxious or irritable.

Interviewee 3: I sometimes get irritable and my husband manages me very well when I get irritable - he doesn't get irritable, because then we'd clash. He's super relaxed, which is great.

Interviewee 6: I think we are very calm relaxed people. That was very helpful, as we see other people when they can't stop their kid cry and they just get into a panic, and when you are in a panic, your kid is in a panic, and things aren't going to end prettily. ...I think we made it easier for each other to remain calm and to perform our responsibilities to the best of our abilities.

Prior findings discuss similar beneficial effects of self-regulation for the relationship, including an increased capacity for warmth, intimacy and support, and a reduction in conflict and negativity (Halford et al., 2007; Knauth, 2001). Kelley and Conley (1987) found that good impulse control amongst husbands in particular was predictive of a positive relationship.

4.4.3.3 Positive parenting factors

Many participants found the task of caring for an infant more manageable because: (1) the baby was planned and wanted (2) couples worked as a team (3) husbands were involved with childcare and (4) couples used a baby routine.

4.4.3.3.1 The baby was planned and wanted

All babies were planned and were generally perceived as a shared relationship goal. Even when a gender preference for a baby was unfulfilled, participants seemed to fully accept and enjoy their baby.

Interviewee 2: We wanted to be pregnant for a while, it was a really joyful thing and we're really thankful to God. I feel like it's been a natural progression that we looked forward to for a long time and feel very comfortable in.

Interviewee 9: From the time I wanted to have kids I was praying to God that it would be a boy. Now that she's here, if we plan to have another kid, I've told my wife that I think I want another girl actually. I think she makes me soft, like I think of the way I cuddle her and kiss her - I don't think I would have done that if it was a boy.

This finding is supported by Cox et al. (1999) who state that couples with unplanned pregnancies experience greater declines of marital satisfaction and less positive marital interaction than those who plan their pregnancies. In particular, husbands who plan pregnancies show a smaller decrease in marital satisfaction after childbirth (Lawrence et al., 2008). While some studies have shown that couples with female babies are also at greater risk of relationship difficulties (Doss et al., 2009) there seemed to be no evidence of this association in this study.

4.4.3.3.2 The involved husband

Many male participants were involved fathers and supportive husbands, which helped moderate some of the role strain experienced by female participants. Most participants were fairly satisfied with their partner's contribution regarding roles and responsibilities after childbirth. Many shared similar egalitarian gender-role attitudes with their spouses, and due to the involvement of males particularly in childcare, these attitudes were fairly congruent with the division of labour in the marriage postnatally.

Interviewee 3: My husband does a lot more, he always did a lot, but now he does a lot for the baby, I never had to even ask him for bottles made, bottles washed, small things, he goes to the shop, going to the shops a lot, he has really come to the party in a big way, I always knew he was going to be a good dad.

Interviewee 11: In the evenings when my husband comes home he takes our baby immediately because he wants some time with her before she falls asleep. And on weekends he kind of tries to take her a bit more and give me a bit of a break because I am with her the whole time during the week, so he on weekends he will be with her more, I will still be with her but he tries to do that more.

Marks et al., (2001) similarly found that active fathers contribute significantly to their wives' balance of roles across the transition to parenthood. Spousal support, especially with childcare, has the greatest impact on women's adjustment to motherhood (Roy, Schumm & Britt, 2014). Conversely, when woman's expectations of their husband's involvement in childcare are not met, there tends to be a decline in marital quality (Lawrence and et al., 2007), and a discrepancy between spouses' sex-role attitudes and the division of labour after childbirth can cause conflict and erode feelings of love within the marriage (MacDermid et al., 1990).

4.4.3.3.3 Team work around parenting tasks

Many participants highlighted the importance of teamwork and providing support for their partner as a significant factor in coping with the challenges and tasks of parenting.

Interviewee 1: I think also when she's crying, it's very important to have two, because it can drive you nuts. So we do 'tag-team' crying. So if she's crying and she's in the bedroom or whatever, so the other person comes in and goes, 'tag-team', I'm tagging you, my turn, you go out.

Interviewee 10: It is a team effort, it's like a rugby game, I need that, just chuck me that thing and I'll help you and you go and do that and then I'll go and do that. It's never too much for me or her, if I need help in something she just stops what she is doing right then and there and comes and helps. Because it's all about our baby and we just want her to be comfortable.

Co-operation and tag-teaming have been identified as an important resource to enable first-time parents to complete their daily parental and domestic routines more effectively (Goede, 2012). The sharing of family duties enables the family needs to be better met, and alleviates role strain that parents and particularly mothers experience, thereby reducing feelings of dissatisfaction (Meijer & van den Wittenboer, 2007; Worthington & Buston, 1986).

4.4.3.3.4 Benefits of a baby routine

Several participants spoke about the importance of a routine in creating a containing environment, and to facilitate better sleep patterns for the baby. Routine was also used by participants as a way of sharing parenting tasks, and to encourage father involvement, such as bathing the child.

Interviewee 2: We decided to establish a flexible routine based on a book that we both dipped into called 'Baby Wise'.... and that was invaluable to be honest. I think it helps our daughter feel comfortable and content. Very helpful to have a guide book, otherwise you just panic, you don't know what's going on.

Interviewee 8: We split childcare, so I do the bathing every night, that is my time with him at least, so I'll do the bath and dress him for bed, and she'll put him down every night.

The literature confirms that parents experience various benefits through the use of routines, as routines provide a sense of predictability, create opportunities for parents and children to bond, enable parents to develop a sense of mastery over tasks and help reduce infant sleep behaviour difficulties (De Goede, 2012; Mindell et al., 2009).

4.4.3.4 Positive environmental factors

Environmental resources such as social support, paid help, the role of religion and flexible working conditions helped protect the relationship from strain as a result of becoming parents. These will be discussed below.

4.4.3.4.1 Social support

Several participants emphasized the invaluable support from parents, friends and mothers' groups, particularly through the initial months of parenthood. Grandmothers tended to provide the most significant practical support, particularly in the first few weeks after childbirth, which allowed female participants to recover.

Interviewee 6: My wife started going to a mom's support group. I think that it helps my wife quite a lot, like positive reinforcement that she is doing well and just that she is able to speak to other people who have gone through similar experiences to her.

Interviewee 7: My husband's mom will say, 'Don't you want to bring your baby here for Sunday afternoon?' So we will drop him at her place, and then she'll bring him back after his bath and she'll bring us dinner. We would have that afternoon to sleep, generally, or go see a movie or something. I don't know what I would do without her.

Interviewee 14: In the beginning we had friends providing meals for a week at least and her mom cooked beforehand. That helped quite a bit because it is quite a big adjustment getting home. And what is so good about the family - just having someone there to say, don't worry, just calming you down.

This finding concurs with research by Glade et al. (2005), who found that support from family and friends can be a protective influence for new parenting couples and is associated with reduced maternal depression, a more positive marital relationship and greater maternal sensitivity. While couples tend to draw encouragement from other parents, particularly first-time parents (Cowan & Cowan, 1992), their own parents are often the most important providers of social support, and can influence the quality of the couple's adjustment to parenthood (Glade et al., 2005).

4.4.3.4.2 Good quality childcare

Child-minders were commonly identified as one of the most significant positive factors enabling participants to manage the additional duties associated with parenthood. Female participants were especially grateful for the practical childcare support and high quality care that child-minders provided. Child-minders tended to carry much of the housework load

resulting in less role strain for participants and particularly for mothers, and contributed to lower conflict levels around the division of duties.

Interviewee 6: We are quite lazy when it comes to housework, so we had a maid. We also just decided that that was a worthy expenditure to make our lives easier and it was - when we were doing that housework ourselves it would usually cause friction. Now we have our maid 5 days a week, acting as a nanny as well. She comes in during the day to look after our baby and to keep him happy because we would really struggle if my wife wasn't earning an income.

Interviewee 13: Now we have got a nanny which is great, she comes 3 times a week, and that takes the load off me which is a huge help. In the mornings she takes care of the baby and obviously when he is sleeping she tries to get the housework done.

Katz-Wise et al. (2010) suggest that the lack of available childcare may contribute towards a gender-based division of labour, which is one of the central sources of conflict amongst new parenting couples (Feeney et al., 2001). Affordable quality childcare can therefore influence the quality of the relationship across the transition to parenthood (Halford & Petch, 2010) and perceived good quality childcare has been found to improve mothers' adaptation to reemployment (Feldman et al., 2004).

4.4.3.4.3 Supportive working conditions

Several participants reported that flexible or supportive work conditions reduced stress levels, allowed more involvement in childcare and contributed to better marital relations. Couples found it helpful to be able to have shorter work hours, work from home when needed or to be self-employed. Longer paternity/maternity leave was particularly appreciated as a chance to prepare for the baby, or for male participants to support their spouse.

Interviewee 5: There has been support from my husband's work, he is really using and abusing that privilege, but whenever he has to be up at night with our baby, he can just call in and work from home, it's been fine.

Interviewee 6: The first month and a bit I took 3 weeks leave so we could just get into the groove of things. It was good timing.

Interviewee 15: I think it is extremely difficult for moms that work. I think I have been really lucky that I work for myself. Financially it was a hardship, but emotionally it has been fantastic. I can be with her anytime I want, I could breast feed even though I was back at work. I have friends expressing in the broom cupboard.

Prior studies have also found that work conditions play an important role in fathers' involvement in family life. Paternal leave after childbirth and shorter working hours are

associated with a greater degree of father involvement with their infants, while fathers who worked longer hours are likely to be less involved in childcare (Tanaka & Waldfogel, 2007). In addition, a positive attitude of employers towards childrearing was associated with fathers who took longer leave, offered more marital support and experienced lower anxiety levels (Feldman et al., 2004).

4.4.3.4.4 The benefits of religion

Some of the participants in this study who identified themselves as religious found that their faith as well as the social support and marriage classes from their church made the adjustment to parenthood easier. They found that the clearly defined marital roles set out by their religion prepared them better for their parenting roles.

Interviewee 1: We have the same beliefs and values, we are committed Christians. Before we lean on each other we lean on God so I think that massively helped. Church has also been a big support, in that there is a ready-made group of people with the same values going through similar things. I know already 5 or 6 moms that I can just ring up and say this is happening. It's a mini family that you can go to for help.

Interviewee 2: One of the things we found incredibly helpful was a marriage course we did with our church in London. It made us aware of what we are bringing into the marriage and we had begun to resolve those things before we entered marriage... We also have clear roles as Christians, and we operate in them really well. We also didn't feel that anxiety about becoming parents partly because we had been prepared and we were aware of those roles.

Literature confirms that religious beliefs provide a sense of meaningfulness and coherence, which is associated with a better adjustment to parenthood (Saroglou et al., 2008). Religion can reduce effects of stress as it has the capacity to provide a strong support network, similar to a family network, which can be drawn upon for advice and support (Lichter & Carmalt, 2009).

In summary, a number of positive factors seem to have buffered many of the relationships in this study from being significantly impacted by the transition to parenthood. Participants identified various individual, relationship, parenting and environmental characteristics that they felt helped them avoid higher levels of stress, and enabled them to adjust more easily to parenthood as individuals and as a couple. The findings of the final objective will now be discussed.

4.4.4 Objective Four: To explore and identify factors that couples perceive as contributing negatively to the relationship across the transition to parenthood

Participants in this study identified various factors that made their adjustment to parenthood challenging. These factors concentrated around the event of parenthood rather than the relationship, and included issues such as negative factors affecting women, infant-related factors, and environmental factors. In many cases, negative factors were buffered by couples' adaptive processes, and as a result, couples did not report a significant decline in marital satisfaction.

4.4.4.1 Negative factors affecting women

While female participants felt joy in becoming a mother, they also reported some negative experiences related to motherhood. These included:

4.4.4.1.1 Woman's unfulfilled expectations of motherhood

About a third of the women in this sample struggled with unmet expectations in relation to their concept of motherhood, which involved having a natural birth or breastfeeding. Female participants felt their husbands were not able to understand their loss or sadness, which created a gender divide and a disconnection that previously had not existed in the relationship.

Interviewee 1: An emergency caesarean was like the worst thing ever for me - I really struggled with that emotionally. My husband was like, this isn't as big a deal as you are making it out. I will still always feel sad that I couldn't have a natural birth. My girlfriends, especially the ones that have been through it, completely understand, so I think it is something a guy can't necessarily understand. So that was hard to begin with, but I wouldn't say we had fallen out, I just did an awful lot of crying.

Interviewee 9: I felt alone and even thinking of the two of us as a couple wasn't part of my thought processes. I would say to my husband, you can never understand what it is like to have been the woman and to have breasts that are supposed to have enough milk and supposed to be shaped in a particular way to feed a child and I couldn't do that.

There is evidence that caesarean deliveries, particularly unplanned caesareans, have a negative effect on women due to feelings of reduced control and unmet expectations (Lobel & DeLuca, 2007). Feelings of failure, reduced self-esteem and guilt have been reported by women who have had surgical deliveries and/ or breast feeding difficulties (Lobel & DeLuca, 1997; Mazingo et al., 2000); and unmet prenatal expectations have been associated with

lower marital satisfaction (Belsky, 1985, Lawrence et al., 2007). Moreover, partners' lack of understanding of their spouse's experience can also cause tension in the relationship (Pacey, 2004).

4.4.4.1.2 Mothers' depressive symptoms after childbirth

Female participants showed more evidence of depressive symptoms than their spouses. At least half the mothers experienced symptoms of depression particularly in the first few months after childbirth, due to issues such as breastfeeding difficulties, effects of childbirth, fatigue and feelings of inadequacy around motherhood. These feelings sometimes caused emotional distance between the spouses. In the minority of couples where depression was more severe, couples experienced a significant drop in marital satisfaction during the early stages of parenthood.

Interviewee 7: The month I tried the contented baby book, I have never been so miserable in my entire life. It was at that time when I was trying to breast feed him and I didn't have enough milk and everything was going wrong. I think I went through all of those emotions, "I can't do it, my baby is not behaving."

Interviewee 15: I really felt like when I had postnatal at the beginning, that my husband couldn't understand what I was going through. I got the feeling that he was like.. come on, pick yourself up.

Interviewee 17: The biggest challenge has been just personally not sleeping, because I felt like my life was falling apart at one stage, I was like, ok, postnatal depression definitely. I became quite obsessive about her sleeping, and I felt like my husband didn't get that sometimes, and we had a few conflicts around that.

Parenthood has a greater impact on women than men (Cowan & Cowan, 1992) and women with young children present with higher rates of depression than at any other time in their lives (Haford & Petch, 2010). Approximately 8 to 27 % of mothers experience postnatal depression, which is associated with symptoms expressed by some participants above. Research suggests that there is an association between a parent's post-natal depression and the decline in relationship satisfaction (McMahon et al., 2005).

4.4.4.1.3 Impact of breastfeeding

Almost all female participants breastfed their babies, and many experienced more time constraints, feelings of exhaustion, resentment and a lower sexual desire as a result. Breastfeeding also tended to amplify gender differences and gender roles, as mothers who breastfed carried the responsibility for feeding and comforting the infant.

Interviewee 12: Sometimes there is such a discrepancy in terms of the support we give to each other as parents, because she breast feeds and I don't, I think she gets gatvol of waking up in the middle of the night.

Interviewee 13: Men don't know realise what feeding takes out of you. You have to be with the baby, you can't just hand over a bottle and say, here, feed.

Interviewee 17: Intimacy has been very, very poor. I think it's the breast feeding. I was reading the other day, breast feeding changes your hormones. I have absolutely no sex drive whatsoever.

Research confirms that women who breastfeed as opposed to bottle-feed are more likely to experience higher levels of fatigue as well as a decline in sexual functioning and sexual desire (LaMarre et al., 2003; Rowland et al., 2005). Night time feeding may be more disruptive for breast feeders, as their partners are unable to share in this task. Literature has documented negative effects of breast-feeding on women's sexual functioning, including vaginal dryness due to the suppression of oestrogen levels, which can cause pain during intercourse (Pacey, 2004). Breasts may no longer be thought of as a primary erogenous zone and women's need for affection may be partly satisfied by their baby (Polomeno, 1999).

4.4.4.2 Infant-related factors

Several participants identified the lack of sleep as a strong cause of increased irritation and marital conflict. This was due to the baby's irregular nocturnal sleep patterns or frequent night waking. Some participants also experienced increased stress and marital conflict as the result of frequent or lengthy crying. However, while symptoms of colic tended to disappear within the first few weeks of the infant's life, infant night waking persisted for several months for a third of the participants.

Interviewee 7: We definitely had colic, it was a tough time in the beginning, for me especially because I was having to get up, breastfeeding or whatever, and my husband can sleep through anything. So any sort of conflict would have been me feeling a bit alone in the middle of the night. Why do I? Why can't he also do this?

Interviewee 10: There has been lot of challenging moments where we have disagreed on things because the baby's crying and we don't know what to do and it's stressful. You end up shouting at one another because there is lack of sleep.

Interviewee 13: It has been challenging especially with lack of sleep. We are both tired and we both want to get things done but you've got the baby to look after and you are on edge because you are lacking sleep. It's a big factor in intimacy; when you get into bed you just want to sleep.

The adjustment to parenthood is likely to be more challenging if the baby has an “irritable” or “fussy” temperament, referring to the amount of crying or sleeping (Kluwer, 2010).

Literature on parenthood confirms that sleep deprivation due to frequent infant waking tends to have a negative effect on psychosocial functioning and positive outlook (Haack & Mullington, 2005). Researchers also found that mothers were more affected by parental insomnia and showed more pronounced marital dissatisfaction, although fathers also tended to experience a decrease in marital satisfaction (Meijer & van den Wittenboer, 2007).

4.4.4.3 Environmental factors

Participants also identified various factors in the environment that made it harder to adjust to parenthood. These factors are:

4.4.4.3.1 Lack of parents’ parental support

Numerous participants identified a lack of parental support as being a significant negative factor in their adjustment to parenthood. This was due to parents living far away, having severe disabilities, being deceased or not providing needed support even when nearby. The lack of parental support was felt more profoundly by female participants who particularly missed the support of their mothers.

Interviewee 1: Foreign country, no family - I would say has been a big challenge, I know I’ve struggled with that a bit. I think mom and dad will come for a longer time at the end of the year but I think it’s a big factor being away.

Interviewee 11: I am so jealous of my friend, she is having a bad day and she gets to just phone her mom and her mom just comes in and takes the baby for the day. ...Our parents don’t live here and we don’t have that support, and my husband was hospitalised, all the outside factors made it very difficult.

This finding is supported by Feeney et al. (2001) who found that mothers commonly rely more on their parents across the transition to parenthood. Social support is particularly important for mothers as they are generally responsible for childcare. According to Glade et al. (2005), social support provides a shield against the stresses of parenthood, and parents of the couple provide the most significant support in the early months of parenting. Lack of parental support is therefore likely to make the couple more vulnerable to the stresses of parenthood.

4.4.4.3.2 Challenging dynamics with parents' parents

About half the participants reported clashes or boundary issues with parents and in-laws, which sometimes created tension in their own relationship. Participants tended to have more friction with their mothers-in-law, and some male participants experienced their mothers-in-law as too involved or intrusive.

Interviewee 2: Obviously having the parents staying here was tricky, there were a few clashes with the mother-in-law. It was slightly tricky at times with that tension and to keep our relationship special.

Interviewee 10: We always find ourselves arguing about her mom or my mom, and them being involved and them almost trying to tell us what to do. Small thing, my wife's dad, as soon as our baby sneezes he says, I think you need to put a jersey on, and I'm like, no, I don't think so. I wouldn't tell him that but I'd tell my wife. I'd say, "You know, your dad is bugging me."

Cowan and Cowan (2003) document similar challenges that new parents face in their interactions with their parents, such as arranging visits and managing criticism and advice about child raising. Family members can increase stress for new parents, particularly if the couple perceive them as intrusive or their advice to be irrelevant (Feeney et al., 2001). Tension between the couple and their parents or in-laws can affect the relationship (Cowan & Cowan, 2003).

4.4.4.3.3 Husbands' longer work hours and work demands

Several participants reported that husbands' long working hours and stressful work demands resulted in less involvement in childcare and housework, which then impacted negatively on the relationship.

Interview 8: I just have less time to spend with my wife which is not nice at all. Just like getting our baby down, needing to get him down so I could go and study - that was tough. I do have a relatively stressful job, so that has been quite tough for my wife.

Interviewee 15: My husband's hours are increasing like every week, he has been working so much, and I find myself saying little snippy things like aren't you going to come home and bath our baby.

This finding is supported by Kluwer et al. (1996), who showed that the working hours of husbands rather than wives contributed to marital conflict. In particular, marital dissatisfaction seems to be caused by the time that husbands spend at work beyond the normal working hours. It may be that while fathers perceive their investment in work as a

desire to provide for the family, mothers tend to perceive this as a chance to avoid being involved in the family (Cowan & Cowan, 2003).

In summary, several factors were highlighted as having a negative impact on the relationship across the transition to parenthood, by creating feelings of anxiety, distance, tension and resentment. These feelings were brought about by factors associated with motherhood, the infant and the participants' environment.

Conclusion

This chapter included the presentation and discussion of the research findings, the framework of analysis and a profile of the participants. The final chapter will present the main conclusions and recommendations of this study.

Chapter Five

Conclusions and Recommendations

5.1 Introduction

This final chapter will present the main conclusions of the study and the researcher's recommendations will be discussed. Recommendations will be made to health practitioners, as well as organisations and clinicians working in the field of family welfare. Recommendations for further research will be explored before concluding.

5.2 Main conclusions

The main conclusions that follow are based on the findings of the research objectives.

5.2.1 Couples' perceptions of their relationship prior to and after becoming parents

The majority of participants had positive perceptions of their relationship and high levels of marital satisfaction before becoming parents. Most of the participants had long, stable relationship histories with their spouses, and shared similar values and beliefs. Qualities such as closeness, love, honesty, respect, good communication and problem solving skills were attributed to the relationship. There seemed to be more companionate marriages than differentiated marriages in this sample, and participants experienced satisfaction in doing combined activities and spending time together.

During pregnancy, marital satisfaction remained high or increased for most participants due to the fulfilment of a shared wish for a baby. In spite of the decline in sexual activity particularly in the third trimester, as well as hormonal outbursts of anger, there was an overall sense of unity as participants prepared for parenthood together. Feelings of closeness seemed further heightened for many participants during the process of childbirth, for which all male participants were present. Male participants felt increased admiration for their wives' endurance and courage, while female participants felt increased appreciation for their husband's unwavering support

Most profound changes in the relationship commonly occurred after arrival of the baby, as the focus of participants changed from themselves to the new infant. Several participants reported feelings of loss and emotional distance from their spouse after becoming parents, due to issues such as fatigue, less time as a couple, decreased communication quality and

reduced sexual activity. Due to childcare responsibilities, there were fewer opportunities for couple activities. Exhaustion was linked to irritability and conflict in some couples. A decrease in sexual activity after the arrival of the baby was pervasive. While this decline was not perceived as putting the relationship at risk, more participants acknowledged the negative effect it seemed to have on the relationship than during pregnancy.

On the whole, participants who were in companionate marriages reported greater losses around aspects of their relationship concerning intimacy, affection and attentiveness. Conversely, participants in differentiated marriages reported more gains in their relationship, due to an increase in communication around a shared focus.

5.2.2 The perceived impact of new roles and responsibilities on the relationship across the transition to parenthood

The most pronounced changes in participants' roles and responsibilities occurred after the birth of the baby, although shifts in roles began to emerge during pregnancy as a result of biological changes. Male participants took on a more supportive, maternal role during pregnancy, by taking over domestic chores, providing comfort and attending antenatal classes. This supportive role became more pronounced during childbirth. The dependability of male participants during pregnancy and birth reassured their wives that they could be relied upon to help raise their child. This had a positive impact on the relationship and contributed to female participants' feelings of satisfaction during these phases of the transition to parenthood.

Egalitarian marriages were common. However, after childbirth, gender roles often became more traditional for biological, social and economic reasons, with husbands carrying the main responsibility for providing for the family, and wives being the primary child carers. Gender-based roles were most pronounced during the early stages of infancy, due to longer maternity leave and breastfeeding. Although most female participants returned to work after a few months, more than half of them reduced their work hours because of parenting responsibilities. Conversely, there was an increase in the working hours of nearly half the male participants.

The transition to parenthood tended to amplify gender differences between spouses. It seemed that while being a parent was a salient role for most male participants in this sample, it was even more central for the identity of female participants. Most female participants felt

they carried a greater responsibility and awareness of their baby compared to their partners. They were often cast in the role of the expert parent, as they did more parenting research, spent more time with the baby and had the final say in parenting decisions. This resulted in a sense of discomfort amongst some males, as couples previously had made all decisions together. Participant fathers often took on the role of relief worker when they came home from work or during weekends in order to support their wives.

Female participants continued to be primarily responsible for childcare and housework after they re-entered the workplace, and therefore tended to experience greater role strain than participant males. Female participants who worked from home experienced the most profound role strain, as they had to simultaneously deal with demands of childcare and work. Male participants also experienced role strain due to conflict between their need to provide for their children, and their desire to be involved fathers and supportive husbands. However, they seemed more able to work without dividing their attention or time to meet the demands of childcare.

Female participants expressed feelings of irritation or resentment towards spouses as a result of perceptions of unfairness in their parenting role. Resentment for women centred around being the one responsible for parenting tasks such as maintaining the baby's routine, nutrition, and responding to the infant's cries through the night. In response to the role strain their wives carried, males expressed feelings of guilt, and participated in childcare before and after work, and on weekends. However, the adoption of parenting roles also had a positive impact on the relationship, as many participants expressed increased feelings of affection, respect and admiration for their spouse as a parent.

5.2.3 Factors that contribute positively to the relationship across the transition to parenthood

The high levels of marital satisfaction reported by many participants across the transition to parenthood suggest the existence of strong protective factors, relating to demographic, individual, relationship, parenting and environmental resources. Relationships seemed less at risk due to positive demographic features. Certain personality factors, such as a relaxed or stable temperament, also played a role in reducing the amount of stress couples experienced due to becoming parents. This quality was more important for participant females, who were appreciative of husbands' capacity to remain calm when they felt stressed or irritable.

One of the most significant factors contributing to participants' higher levels of marital satisfaction was the strength of the relationship prior to parenthood. Participants felt it was easier to work together as a team because of the pre-existing close friendship and honest communication. The length of the marriage was an important factor before becoming parents because couples had time to get to know one another better, improve their communication and work through conflict more effectively.

A number of parenting factors that made taking care of a child more manageable, including team work, the involvement of husbands and the use of a baby routine. Connected with teamwork was the involvement of male participants in childcare tasks and domestic responsibilities. This helped alleviate female participants' role strain and contributed to higher levels of marital satisfaction. Routines also tended to provide a predictable containing environment for participants, and contributed to better sleeping patterns for the infant.

The relationship was also sustained through various environmental resources, including social support, good quality childcare, religion and flexible conditions of employment. Practical and emotional support from parents, friends and mothers' groups was important for several participants in helping to reduce the amount of strain experienced particularly in the first few months. Females found social support contributed to personal and relationship well-being, and were especially appreciative of grandmothers who helped with childcare and cooking.

Participants who were religious found that their faith in God and the social support from their religious community made it easier to adapt to parenthood. They appreciated having clearly defined marital roles as these prepared them for the more traditional roles of parenthood. Marriage preparation classes run by the church made them more aware of the strengths and vulnerabilities in their marriage.

Supportive work conditions were identified by a number of participants as contributing to lower role strain and less strain on the relationship. Male participants were able to offer more childcare support due to the family-friendly attitudes of employers, and female participants who were self-employed enjoyed the freedom of determining their own working conditions and working hours. Some participants found that longer paternity/maternity leave contributed to a more successful adjustment to parenthood for both spouses.

5.2.4 Factors that contribute negatively to the relationship across the transition to parenthood

The findings suggest that most negative factors affecting the relationship across the transition to parenthood occurred after the birth and arrival of the baby. Negative factors were related to issues around childbirth, motherhood, the infant, and the external environment, rather than the relationship. In many cases, these negative factors were mediated by couples' adaptive processes and the positive factors mentioned in the previous section, which accounts for the smaller decreases in marital satisfaction in this sample.

Females reported more negative experiences than males across the transition to parenthood. At least half the females showed signs of depression or depressive symptoms, due to exhaustion, breastfeeding difficulties, the impact of childbirth and feelings of inadequacy around motherhood. Some females were unable to have a natural birth or breastfeed, which resulted in intense feelings of loss around unmet expectations of motherhood. Feelings of depression or loss were often accompanied by a sense of a gender divide, as several females felt their husbands were unable to understand their experiences of motherhood. The ability to breastfeed also resulted in relationship challenges, as it tended to amplify traditional gender roles, and females felt disadvantaged due to increased time constraints and high exhaustion levels. Intimacy was also negatively affected due to lower sexual desire in breast feeding females.

Infant-related factors (including colic symptoms and poor sleeping patterns) placed more strain on the relationship and participants reported higher levels of stress, irritability and marital conflict, particularly in the initial weeks of parenthood. Although participants found frequent or lengthy infant crying stressful, the lack of sleep due to poor infant sleeping patterns had the most pronounced negative effect on the relationship. While infant's sleeping patterns and colic symptoms tended to improve within a few weeks or months, under a third of participants continued to experience disturbed sleep, and reported higher levels of irritation, exhaustion, feelings of being overwhelmed and decreased marital satisfaction.

A major environmental factor that made the adjustment to parenthood difficult for numerous participants was the lack of parental support. This seemed more distressing for female participants, who longed for their mothers' practical support and care. At the same time, many participants acknowledged that negative dynamics with parents or in-laws could also

lead to tension or conflict in their relationships. Participants tended to experience more clashes or boundary issues with their in-laws, particularly around child-rearing matters.

Working hours and work stress sometimes resulted in strained marital interactions and lower marital satisfaction. In particular, husbands' longer working hours and high work demands led to less involvement in childcare, which then increased female participants' role strain and levels of resentment.

5.3 Recommendations

The recommendations based on the conclusions will now be discussed.

5.3.1 Recommendations to FAMSA

Although this study's findings did not indicate whether workshops dealing with the transition to parenthood help buffer the relationship; prior findings have shown that such workshops have contributed to reduced declines in marital dissatisfaction (Schulz et al., 2006).

Participants did not attend transition-to-parenthood workshops, which are generally not available in the Western Cape, but those who attended marital preparation classes found their relationship benefitted as a result. FAMSA can consider offering such workshops for expecting or new parenting couples, as knowledge of common relationship changes and possible risk and protective factors can facilitate couples' adjustment to parenthood and maintain relationship stability.

The findings can be drawn upon to develop a training session focused on the couple relationship across the transition to parenthood, to be offered as one of the monthly in-service training sessions that FAMSA provides. These in-service training sessions are also open to other professionals, who can use the information to support new parenting couples.

5.3.2 Recommendations to the Parent Centre

The Parent Centre can use the findings to present similar workshops for staff members, with an emphasis on positive parenting factors that can facilitate couples' adjustment to parenthood. The Parent Centre support groups for pregnant and new mothers are also an appropriate forum to share information found in this study that can benefit couple relationships across the transition to parenthood.

The findings of this study suggest that longer paternity leave and flexible working conditions enable couples to better adjust to parenthood, and for parents to be more involved in child rearing. Present South African legislation only provides fathers with 3 days paternity leave. An area for advocacy for family welfare organisations such as the Parent Centre or FAMSA could be to recommend that the Department of Labour extend father's paternity leave and explore policies allowing the possibility of flexible working hours for employed parents.

5.3.3 Future research

The findings of this research were based on mostly white middle class participants. There is a need for further research involving couples from diverse racial, cultural and religious backgrounds, in order to provide a broader understanding of the effects of this transition on parents and their relationships. Future research also needs to investigate low income couples, as literature identifies low income as a risk factor for couples becoming parents. Since an increasingly large percentage of first-time parents are unwed, including many adolescents, it would be valuable to understand how unmarried couples are affected by this transition. Finally, further research should be conducted on how the transition to parenthood impacts on same-sex couples, as gender has a strong influence on parental roles and responsibilities.

This study has brought to light the experience of disconnection between couples; caused by women's unmet expectations around motherhood. This is an area less researched, and further studies could provide greater understanding about the impact of an unwanted caesarean or breastfeeding difficulties on the relationship.

5.4 Conclusion

This chapter presented main study conclusions and recommendations. Recommendations were made to health care practitioners and family welfare organisations and clinicians. Recommendations were also made for future research in this area.

References

- Arksey, H., & Knight, P. (1999). *Interviewing for social scientists*. London: Sage Publications Ltd.
- Babbie, E., & Mouton, J. (2001). *The practice of social research*. Cape Town: Oxford University Press Southern Africa.
- Barker, L.R. (2003). *The social work dictionary* (5th ed.). Washington, DC: NASW Press.
- Bartlett, E. E. (2004). The effects of fatherhood on the health of men: A review of the literature. *The Journal of Men's Health & Gender, 1*(2-3), 159–169.
doi:10.1016/j.jmhg.2004.06.004
- Baxter, J., Hewitt, B., & Haynes, M. (2008). Life course transitions and housework: Marriage, parenthood and time spent on housework. *Journal of Marriage and Family, 70*(2), 259–272. doi:10.1111/j.1741-3737.2008.00479.x
- Beitel, A. H., & Parke, R. D. (1998). Paternal involvement in infancy: The role of maternal and paternal attitudes. *Journal of Family Psychology, 12*(2), 268–288.
doi:10.1037/0893-3200.12.2.268
- Belsky, J. (1984). The determinants of parenting: A process model. *Child Development, 55*(1), 83–96. doi:10.2307/1129836
- Belsky, J. (1985). Exploring individual differences in marital change across the transition to parenthood: The role of violated expectations. *Journal of Marriage and Family, 47*(4), 1037–1044. doi:10.2307/352348
- Belsky, J., & Rovine, M. (1990). Patterns of marital change across the transition to parenthood: Pregnancy to three years postpartum. *Journal of Marriage and Family, 52*(1), 5–19. doi:10.2307/352833

- Boath, E. H., Pryce, A. J., & Cox, J. L. (1998). Postnatal depression: The impact on the family. *Journal of Reproductive and Infant Psychology*, *16*(2-3), 199–203.
doi:10.1080/02646839808404568
- Carter, B., McGoldrick, M., & Petkov, B. (2011). Becoming parents: The family with young children. In M. McGoldrick, B. Carter & N. Garcia-Preto (Eds.), *The expanded family life cycle: individual, family, and social perspectives* (4th ed.) (pp. 211-231). Boston: Pearson Allyn & Bacon.
- Christensen, L. (1991). *Experimental methodology*. (5th ed.). Boston: Allyn and Bacon.
- Claxton, A., & Perry-Jenkins, M. (2008). No fun anymore: Leisure and marital quality across the transition to parenthood. *Journal of Marriage and Family*, *70*(1), 28–43.
doi:10.1111/j.1741-3737.2007.00459.x
- Clulow, C. (1991). Partners becoming parents: A question of difference. *Infant Mental Health Journal*, *12*(3), 256–266. doi:10.1002/1097-0355(199123)12:3<256::AID-IMHJ2280120311>3.0.CO;2-4
- Corey, G. (2001). *Theory and practice of counselling and psychotherapy* (6th ed.). Belmont: Brooks/Cole Counseling.
- Cowan, P. A. (1991). Individual and family life transitions: A proposal for a new definition. In E. M. Hetherington & P. A. Cowan (Eds.), *Family Transitions* (pp. 3-31). New Jersey: Lawrence Erlbaum Associates, Inc.
- Cowan C.P., & Cowan P.A. (1992). *When partners become parents : The big life change for couples*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Cowan, C. P., & Cowan, P. A. (1995). Interventions to ease the transition to parenthood: Why they are needed and what they can do. *Family Relations*, *44*(4), 412-422.
doi:10.2307/584997

- Cowan, C.P., Cowan, P.A., Heming, G. & Miller, N.B. (1991). Becoming a family: Marriage, parenting and child development. In P.A. Cowan & E.M. Hetherington (Eds.), *Family Transitions* (pp. 79-109). New Jersey: Lawrence Erlbaum Associates.
- Cowan, P. A., & Cowan, C. P. (2003). Normative family transitions, normal family process, and healthy child development. In F. Walsh (Ed.), *Normal family processes: Growing diversity and complexity* (3rd ed.) (pp. 424-459). New York, NY: The Guilford Press.
- Cox, M. J., Paley, B., Burchinal, M., & Payne, C. C. (1999). Marital perceptions and interactions across the transition to parenthood. *Journal of Marriage and Family*, 61(3), 611–625. doi:10.2307/353564
- Creswell, J.W. (2009). *Research design: Qualitative, quantitative and mixed methods approaches* (3rd ed.). London: Sage Publications Inc.
- Crohan, S. E. (1996). Marital quality and conflict across the transition to parenthood in African Americans and white couples. *Journal of Marriage and Family*, 58(4), 933–944. doi:10.2307/353981
- David, M. & Sutton, C.D. (2004). *Social research: An introduction* (2nd ed.). London: Sage Publications Ltd.
- De Goede, C. (2012). *Family routines during the adjustment and adaptation process of the transition to parenthood*. (Thesis). Stellenbosch : University of Stellenbosch.
Retrieved from <http://hdl.handle.net/10019.1/19917>
- Dienhart, A. (2001). Make room for daddy: The pragmatic potentials of a tag-team structure for sharing parenting. *Journal of Family Issues*, 22(8), 973–999.
doi:10.1177/019251301022008002
- Doss, B. D., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2009). The effect of the transition to parenthood on relationship quality: An 8-year prospective study. *Journal*

- of Personality and Social Psychology*, 96(3), 601–619. doi:10.1037/a0013969
- Erel, O., & Burman, B. (1995). Interrelatedness of marital relations and parent-child relations: A meta-analytic review. *Psychological Bulletin*, 118(1), 108–132. doi:10.1037/0033-2909.118.1.108
- Erickson, J. J., Martinengo, G., & Hill, E. J. (2010). Putting work and family experiences in context: Differences by family life stage. *Human Relations*, 63(7), 955–979. doi:10.1177/0018726709353138
- Fägerskiöld, A. (2008). A change in life as experienced by first-time fathers. *Scandinavian Journal of Caring Sciences*, 22(1), 64–71. doi:10.1111/j.1471-6712.2007.00585.x
- Feeney, J.A., Hohaus, L., Noller, P., & Alexander, R.P. (2001). *Becoming parents: Exploring the bonds between mothers, fathers, and their infants*. Cambridge: Cambridge University Press.
- Feldman, H. (1971). The effects of children on the family. In A. Michael (Ed.), *Family Issues of Employed Women in Europe and America* (pp. 107-125). Leiden: Brill.
- Feldman, R., Sussman, A. L., & Zigler, E. (2004). Parental leave and work adaptation at the transition to parenthood: Individual, marital, and social correlates. *Journal of Applied Developmental Psychology*, 25(4), 459–479. doi:10.1016/j.appdev.2004.06.004
- Fincham, F. D., & Rogge, R. (2010). Understanding Relationship Quality: Theoretical Challenges and New Tools for Assessment. *Journal of Family Theory & Review*, 2(4), 227–242. doi:10.1111/j.1756-2589.2010.00059.x
- Fouché, C.B., & Delpont, C.S.L. (2011). Introduction to the research process. In A.S. De Vos, H. Strydom, C.B. Fouché & C.S.L. Delpont (Eds.), *Research at grass roots: For the social sciences and human service professions* (4th ed.) (pp.61-76). Pretoria: Van Schaik.

- Fouché, C.B., & Schurink, W. (2011). Qualitative research designs. In A.S. De Vos, H. Strydom, C.B. Fouché & C.S.L. Delpont (Eds.), *Research at grass roots: For the social sciences and human service professions* (4th ed.) (pp.307-327). Pretoria: Van Schaik.
- Glade, A. C., Bean, R. A., & Vira, R. (2005). A prime time for marital/relational intervention: A Review of the Transition to Parenthood Literature with Treatment Recommendations. *The American Journal of Family Therapy*, 33(4), 319–336. doi:10.1080/01926180590962138
- Goldberg, W.A. (1988). Introduction: Perspectives on the transition to parenthood. In G.Y. Michaels & W. A. Goldberg (Eds.), *The transition to parenthood: Current theory and research* (pp.1-20). Cambridge: Cambridge University Press.
- Goldenberg, I., & Goldenberg, H. (2008). Family development: Continuity and change. In I. Goldenberg, & H. Goldenberg (Eds.), *Family Therapy: An Overview*. (7th ed.) (pp. 25-53). United States: Brooks/Cole..
- Goode, W. J. (1960). A theory of role strain. *American Sociological Review*, 25(4), 483–496. doi:10.2307/2092933
- Gottman, J. M., Gottman, J. S., & DeClaire, J. (2007). *Ten lessons to transform your marriage: America's love lab experts share their strategies for strengthening your relationship*. New York: Three Rivers Press.
- Greef, M. (2011). Information collection: Interviewing. In A.S. De Vos, H. Strydom, C.B. Fouché & C.S.L. Delpont (Eds.), *Research at grass roots: For the social sciences and human service professions* (4th ed.) (pp.341-374). Pretoria: Van Schaik.
- Haack, M., & Mullington, J. M. (2005). Sustained sleep restriction reduces emotional and physical well-being. *Pain*, 119(1–3), 56–64. doi:10.1016/j.pain.2005.09.011

- Hackel, L. S., & Ruble, D. N. (1992). Changes in the marital relationship after the first baby is born: Predicting the impact of expectancy disconfirmation. *Journal of Personality and Social Psychology*, *62*(6), 944–957. doi:10.1037/0022-3514.62.6.944
- Halford, W. K., Bouma, R., Kelly, A., & Young, R. M. (1999). Individual psychopathology and marital distress: Analyzing the association and implications for therapy. *Behavior Modification*, *23*(2), 179–216. doi:10.1177/0145445599232001
- Halford, W. K., Lizzio, A., Wilson, K. L., & Occhipinti, S. (2007). Does working at your marriage help? Couple relationship self-regulation and satisfaction in the first 4 years of marriage. *Journal of Family Psychology*, *21*(2), 185–194.
doi:10.1037/0893-3200.21.2.185
- Halford, W. K., & Petch, J. (2010). Couple psychoeducation for new parents: Observed and potential effects on parenting. *Clinical Child and Family Psychology Review*, *13*(2), 164–180. doi:10.1007/s10567-010-0066-z
- Hancock, B. (1998). *Trent focus for research and development in primary health care: An introduction to qualitative research*. Nottingham: Trent Focus. Retrieved from http://faculty.cbu.ca/pmacintyre/course_pages/MBA603/MBA603_files/IntroQualitativeResearch.pdf
- Hauck, Y., & Irurita, V. (2003). Incompatible expectations: The dilemma of breastfeeding mothers. *Health Care for Women International*, *24*(1), 62–78.
doi:10.1080/07399330390170024
- Henn, M., Weinstein, M., & Foard, N. (2006). *A critical introduction to social research* (2nd ed.). London: Sage Publications Ltd.
- Henning, E. (2004). *Finding your way in qualitative research*. Pretoria: Van Schaik.
- Henwood, K., & Procter, J. (2003). The “good father”: Reading men’s accounts of paternal involvement during the transition to first-time fatherhood. *British Journal of Social*

Psychology, 42(3), 337–355. doi:10.1348/014466603322438198

Höfner, C., Schadler, C., & Richter, R. (2011). When men become fathers: Men's identity at the transition to parenthood. *Journal of Comparative Family Studies*, 42(5), 669–686.

Retrieved from <http://www.jstor.org/stable/41604478>

Holborn, L. & Eddy, G. (2011). *First steps to healing the South African family*. Johannesburg:

South African Institute of Race Relations. Retrieved from

<http://www.sairr.org.za/services/publications/occasional-reports/files/first-steps-to-healing-the-south-african-family-final-report-mar-2011.pdf>

Houts, R. M., Barnett-Walker, K. C., Paley, B., & Cox, M. J. (2008). Patterns of couple interaction during the transition to parenthood. *Personal Relationships*, 15(1), 103–122. doi:10.1111/j.1475-6811.2007.00187.x

Hünler, O. S., & Gençöz, T. (2005). The effect of religiousness on marital satisfaction:

Testing the mediator role of marital problem solving between religiousness and marital satisfaction relationship. *Contemporary Family Therapy*, 27(1), 123–136.

doi:10.1007/s10591-004-1974-1

Huston, T. L., Caughlin, J. P., Houts, R. M., Smith, S. E., & George, L. J. (2001). The connubial crucible: Newlywed years as predictors of marital delight, distress, and divorce. *Journal of Personality and Social Psychology*, 80(2), 237–252.

doi:10.1037/0022-3514.80.2.237

Huston, T.L., & Holmes, E.K. (2004). Becoming parents. In A. L. Vangelisti (Ed.),

Handbook of family communication (pp. 105-134). New Jersey: Lawrence Erlbaum Associates.

Johnson, M. (2002). An exploration of men's experience and role at childbirth. *The Journal of Men's Studies*, 10(2), 165–182. doi:10.3149/jms.1002.165

Kainz, G., Eliasson, M., & von Post, I. (2010). The child's father, an important person for the

- mother's well-Being during the childbirth: A hermeneutic study. *Health Care for Women International*, 31(7), 621–635. doi:10.1080/07399331003725499
- Karney, B. R., & Bradbury, T. N. (1995). The longitudinal course of marital quality and stability: A review of theory, methods, and research. *Psychological Bulletin*, 118(1), 3–34. doi:10.1037/0033-2909.118.1.3
- Kaslow, F., & Robison, J. A. (1996). Long-term satisfying marriages: perceptions of contributing factors. *The American Journal of Family Therapy*, 24(2), 153–170. doi:10.1080/01926189608251028
- Katzev, A. R., Warner, R. L., & Acock, A. C. (1994). Girls or boys? Relationship of child gender to marital instability. *Journal of Marriage and Family*, 56(1), 89–100. doi:10.2307/352704
- Katz-Wise, S. L., Priess, H. A., & Hyde, J. S. (2010). Gender-role attitudes and behavior across the transition to parenthood. *Developmental Psychology*, 46(1), 18–28. doi:10.1037/a0017820
- Kelly, E. L., & Conley, J. J. (1987). Personality and compatibility: A prospective analysis of marital stability and marital satisfaction. *Journal of Personality and Social Psychology*, 52(1), 27–40. doi:10.1037/0022-3514.52.1.27
- Kluwer, E. S. (2010). From partnership to parenthood: A review of marital change across the transition to parenthood. *Journal of Family Theory & Review*, 2(2), 105–125. doi:10.1111/j.1756-2589.2010.00045.x
- Kluwer, E. S., Heesink, J. A. M., & Vliert, E. V. de. (1996). Marital conflict about the division of household labor and paid work. *Journal of Marriage and Family*, 58(4), 958–969. doi:10.2307/353983
- Kluwer, E. S., & Johnson, M. D. (2007). Conflict frequency and relationship quality across the transition to parenthood. *Journal of Marriage and Family*, 69(5), 1089–1106.

doi:10.1111/j.1741-3737.2007.00434.x

- Knauth, D. (2001). Primary care approaches. Marital change during the transition to parenthood. *Pediatric Nursing*, 27(2), 169-184. Retrieved from <http://go.galegroup.com/ps/i.do?id=GALE%7CA73827309&v=2.1&u=unict&it=r&p=AONE&sw=w&asid=deaf75cdd66099eca8e585390921eea7>
- Koivunen, J. M., Rothaupt, J. W., & Wolfgram, S. M. (2009). Gender dynamics and role adjustment during the transition to parenthood: Current perspectives. *The Family Journal*, 17(4), 323–328. doi:10.1177/1066480709347360
- Kurdek, L. A. (1993). Nature and prediction of changes in marital quality for first-time parent and nonparent husbands and wives. *Journal of Family Psychology*, 6(3), 255–265. doi:10.1037/0893-3200.6.3.255
- LaMarre, A.K., Paterson, L.Q., & Gorzalka, B.B. (2003). Breastfeeding and postpartum maternal sexual functioning: A review. *Canadian Journal of Human Sexuality*. 12(3/4), 151-168. Retrieved from <http://binik-lab.com/pdf/8.pdf>
- Lawrence, E., Nylén, K., & Cobb, R. J. (2007). Prenatal expectations and marital satisfaction over the transition to parenthood. *Journal of Family Psychology*, 21(2), 155–164. doi:10.1037/0893-3200.21.2.155
- Lawrence, E., Rothman, A. D., Cobb, R. J., Rothman, M. T., & Bradbury, T. N. (2008). Marital satisfaction across the transition to parenthood. *Journal of Family Psychology*, 22(1), 41–50. doi:10.1037/0893-3200.22.1.41
- LeMasters, E. E. (1957). Parenthood as crisis. *Marriage and Family Living*, 19(4), 352–355. doi:10.2307/347802
- Levy-Shiff, R. (1994). Individual and contextual correlates of marital change across the transition to parenthood. *Developmental Psychology*, 30(4), 591–601. doi:10.1037/0012-1649.30.4.591

- Lichter, D. T., & Carmalt, J. H. (2009). Religion and marital quality among low-income couples. *Social Science Research, 38*(1), 168–187.
doi:10.1016/j.ssresearch.2008.07.003
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- Lipson, J. G. (1982). Effects of a support group on the emotional impact of cesarean childbirth. *Prevention in Human Services, 1*(3), 17–29. doi:10.1300/J293v01n03_03
- Lobel, M., & DeLuca, R. S. (2007). Psychosocial sequelae of cesarean delivery: Review and analysis of their causes and implications. *Social Science & Medicine, 64*(11), 2272–2284. doi:10.1016/j.socscimed.2007.02.028
- MacDermid, S. M., Huston, T. L., & McHale, S. M. (1990). Changes in marriage associated with the transition to parenthood: Individual differences as a function of sex-role attitudes and changes in the division of household labor. *Journal of Marriage and Family, 52*(2), 475–486. doi:10.2307/353041
- Malterud, K. (2001). Qualitative research: Standards, challenges, and guidelines. *The Lancet, 358*(9280), 483–488. doi:10.1016/S0140-6736(01)05627-6
- Markman, H. J., Floyd, F. J., Stanley, S. M., & Storaasli, R. D. (1988). Prevention of marital distress: A longitudinal investigation. *Journal of Consulting and Clinical Psychology, 56*(2), 210–217. doi:10.1037/0022-006X.56.2.210
- Marks, S. R., Huston, T. L., Johnson, E. M., & MacDermid, S. M. (2001). Role Balance Among White Married Couples. *Journal of Marriage and Family, 63*(4), 1083–1098. doi:10.1111/j.1741-3737.2001.01083.x
- Matthey, S., Barnett, B., Ungerer, J., & Waters, B. (2000). Paternal and maternal depressed mood during the transition to parenthood. *Journal of Affective Disorders, 60*(2), 75–85. doi:10.1016/S0165-0327(99)00159-7

- McCubbin, M. A., & McCubbin, H. I. (1996). Resiliency in families: A conceptual model of family adjustment and adaptation in response to stress and crises. In H. I. McCubbin, A.I. Thompson, & M. A. McCubbin (Eds.), *Family assessment: Resiliency, coping and adaptation: Inventories for research and practice* (pp. 1-64). Madison, Wis: University of Wisconsin Publishers.
- McMahon, C., Barnett, B., Kowalenko, N., & Tennant, C. (2005). Psychological factors associated with persistent postnatal depression: past and current relationships, defence styles and the mediating role of insecure attachment style. *Journal of Affective Disorders*, *84*(1), 15–24. doi:10.1016/j.jad.2004.05.005
- Meijer, A. M., & van den Wittenboer, G. L. H. (2007). Contribution of infants' sleep and crying to marital relationship of first-time parent couples in the 1st year after childbirth. *Journal of Family Psychology*, *21*(1), 49–57. doi:10.1037/0893-3200.21.1.49
- Meyer, D. D. (2006). Parenthood in a time of transition: Tensions between legal, biological, and social conceptions of parenthood. *The American Journal of Comparative Law*, *54*, 125–144. doi:10.2307/20454533
- Mindell, J. A., Telofski, L. S., Wiegand, B., & Kurtz, E. S. (2009). A nightly bedtime routine: Impact on sleep in young children and maternal mood. *Sleep*, *32*(5), 599–606. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2675894/>
- Mitnick, D. M., Heyman, R. E., & Smith Slep, A. M. (2009). Changes in relationship satisfaction across the transition to parenthood: A meta-analysis. *Journal of Family Psychology*, *23*(6), 848–852. doi:10.1037/a0017004
- Moller, K., Hwang, C.P., & Wickberg, B. (2008). Couple relationship and transition to parenthood: Does workload at home matter? *Journal of Reproductive & Infant Psychology*, *26*(1), 57–68. doi:10.1080/02646830701355782

- Moore, K.A., Jekielek, S.M., Bronte-Tinkew, J., Guzman, L., Ryan, S., & Redd, Z. (2004). *What is "healthy marriage"? Defining the concept*. Washington, D.C.: Child Trends.
- Retrieved from
<http://www.childtrends.org/?publications=what-is-healthy-marriage-defining-the-concept>
- Morse, J. M., & Richards, L. (2002). *Read me first for a user's guide to qualitative methods*. Thousand Oaks, CA: Sage Publications.
- Mozingo, J. N., Davis, M. W., Droppleman, P. G., & Merideth, A. M. (2000). "It wasn't working": Women's experiences with short-term breastfeeding. *Journal of Maternal Child Nursing* May, 25(3), 120–126. Retrieved from
<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=ovftd&AN=00005721-200005000-00004>
- Myers-Walls, J. A. (1984). Balancing multiple role responsibilities during the transition to parenthood. *Family Relations*, 33(2), 267–271. doi:10.2307/583793
- Nock, S. L., Sanchez, L. A., & Wright, J. D. (2008). *Covenant marriage: The movement to reclaim tradition in America*. New Brunswick, NJ: Rutgers University.
- Pacey, S. (2004). Couples and the first baby: responding to new parents' sexual and relationship problems. *Sexual and Relationship Therapy*, 19(3), 223–246.
doi:10.1080/14681990410001715391
- Perren, S., Von Wyl, A., Burgin, D., Simoni, H., & Von Klitzing, K. (2005). Intergenerational transmission of marital quality Across the transition to parenthood. *Family Process*, 44(4), 441–459. doi:10.1111/j.1545-5300.2005.00071.x
- Perry-Jenkins, M., Goldberg, A. E., Pierce, C. P., & Sayer, A. G. (2007). Shift work, role overload, and the transition to parenthood.. *Journal of Marriage and Family*, 69(1), 123–138. doi:10.1111/j.1741-3737.2006.00349.x

- Polomeno, V. (1999). An independent study continuing education program—Sex and breastfeeding: An educational perspective. *Journal of Perinatal Education*, 8(1), 29–42. doi:10.1624/105812499X86962
- Polomeno, V. (2000). The Polomeno family intervention framework for perinatal education: Preparing couples for the transition to parenthood. *Journal of Perinatal Education*, 9(1), 31–48. doi:10.1624/105812400X87482
- Polomeno, V. (2011). Men's sexuality in the perinatal period: What do perinatal educators need to know? *International Journal of Childbirth Education*, 26(4), 35–39. Retrieved from <http://go.galegroup.com/ps/i.do?id=GALE%7CA302298538&v=2.1&u=unict&it=r&p=AONE&sw=w&asid=98dff85934316b42c7c08c3752bb5466>
- Raley, S., & Bianchi, S. (2006). Sons, daughters, and family processes: Does gender of children matter? *Annual Review of Sociology*, 32(1), 401–421. doi:10.1146/annurev.soc.32.061604.123106
- Raphael-Leff, J. (1993). *Pregnancy: The inside story*. London: Sheldon Press.
- Richter, L. (2006). The importance of fathering for children. In L. Richter & R. Morrell (Eds.), *Baba: Men and fatherhood in South Africa* (pp. 53-72). Cape Town, HSRC Press.
- Rini, C., Schetter, C. D., Hobel, C. J., Glynn, L. M., & Sandman, C. A. (2006). Effective social support: Antecedents and consequences of partner support during pregnancy. *Personal Relationships*, 13(2), 207–229. doi:10.1111/j.1475-6811.2006.00114.x
- Robinson, M., & Davidson, G. (2004). *Chambers 21st century dictionary*. Edinburgh, UK: Chambers Harrap Publishers.
- Rowland, M., Foxcroft, L., Hopman, W. M., & Patel, R. (2005). Breastfeeding and sexuality immediately post partum. *Canadian Family Physician*, 51(10), 1366–1367. Retrieved

from <http://www.cfp.ca/content/51/10/1366>

- Roy, R.N., Schumm, W. R., & Britt, S. L. (2014). *Transition to Parenthood*. New York, NY: Springer New York.
- Nazarinia Roy, R., Schumm, W. R., & Britt, S. L. (2014). *Transition to Parenthood*. New York, NY: Springer New York.
- Saroglou, V., Buxant, C., & Tilquin, J. (2008). Positive emotions as leading to religion and spirituality. *The Journal of Positive Psychology*, 3(3), 165–173.
doi:10.1080/17439760801998737
- Schulz, M. S., Cowan, C. P., & Cowan, P. A. (2006). Promoting healthy beginnings: A randomized controlled trial of a preventive intervention to preserve marital quality during the transition to parenthood. *Journal of Consulting and Clinical Psychology*, 74(1), 20–31. doi:10.1037/0022-006X.74.1.20
- Schurink, W., Fouché, C.B., & De Vos, A.S. (2011). Qualitative data analysis and interpretation. In A.S. DeVos, H. Strydom, C.B. Fouché & C.S.L. Delpont (Eds.), *Research at grass roots: For the social sciences and human service professions* (pp.397-423). Pretoria: Van Schaik.
- Shapiro, A. F., & Gottman, J. M. (2005). Effects on marriage of a psycho-communicative-educational intervention with couples undergoing the transition to parenthood, evaluation at 1-year post intervention. *Journal of Family Communication*, 5(1), 1–24.
doi:10.1207/s15327698jfc0501_1
- Shapiro, A. F., Gottman, J. M., & Carrère, S. (2000). The baby and the marriage: Identifying factors that buffer against decline in marital satisfaction after the first baby arrives. *Journal of Family Psychology*, 14(1), 59–70. doi:10.1037/0893-3200.14.1.59
- Somers-Smith, M. J. (1999). A place for the partner? Expectations and experiences of support during childbirth. *Midwifery*, 15(2), 101–108. doi:10.1016/S0266-6138(99)90006-2

- South African Concise Oxford Dictionary. (2002). Cape Town: Oxford University Press
- Southern Africa.
- Spagnola, M., & Fiese, B. H. (2007). Family routine and rituals: A context for development in the lives of young children. *Infants & Young Children, 20*(4), 284–299.
doi:10.1097/01.IYC.0000290352.32170.5a
- Starks, H., & Trinidad, S. B. (2007). Choose Your Method: A Comparison of Phenomenology, Discourse Analysis, and Grounded Theory. *Qualitative Health Research, 17*(10), 1372–1380. doi:10.1177/1049732307307031
- Statistics South Africa (2012). *Marriages and divorces: 2011*. Retrieved from <http://beta2.statssa.gov.za/publications/P0307/P03072011.pdf>
- Statistics South Africa (2013). *South Africa's young children: Their family and home environment: 2012*. Retrieved from <http://beta2.statssa.gov.za/publications/Report-03-10-07/Report-03-10-072012.pdf>
- Stueve, J. L., & Pleck, J. H. (2001). . ‘Parenting voices’: Solo parent identity and co-parent identities in married parents’ narratives of meaningful parenting experiences. *Journal of Social and Personal Relationships, 18*(5), 691–708.
doi:10.1177/0265407501185007
- Strydom, H., (2011). Ethical aspects of research in the social sciences and human service professions, 2011. In A.S. De Vos, H. Strydom, C.B. Fouché & C.S.L. Delpont (Eds.), *Research at grass roots: For the social sciences and human service professions* (4th ed.) (pp.113-129). Pretoria: Van Schaik.
- Strydom, ,H., & Delpont, C.S.L. (2011). Sampling and pilot study in qualitative research. In A.S. De Vos, H. Strydom, C.B. Fouché & C.S.L. Delpont (Eds.), *Research at grass roots: For the social sciences and human service professions* (4th ed.) (pp.390-396). Pretoria: Van Schaik.

- Stryker, S., & Serpe, R. T. (1982). Commitment, identity salience, and role behavior: Theory and research example. In W. Ickes & E. S. Knowles (Eds.), *Personality, roles, and social behaviour*, (pp. 199–218). New York: Springer-Verlag.
- Tanaka, S., & Waldfogel, J. (2007). Effects of parental leave and work hours on fathers' involvement with their babies: Evidence from the Millenium Cohort Study. *Community, Work & Family*, *10*(4), 409–426. doi:10.1080/13668800701575069
- Terry, D. J., McHugh, T. A., & Noller, P. (1991). Role dissatisfaction and the decline in marital quality across the transition to parenthood. *Australian Journal of Psychology*, *43*(3), 129–132. doi:10.1080/00049539108260136
- Twenge, J. M., Campbell, W. K., & Foster, C. A. (2003). Parenthood and marital satisfaction: A meta-analytic review. *Journal of Marriage and Family*, *65*(3), 574–583. doi:10.2307/3600024
- Van Manen, M. (1990). *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*. London: Althouse Press
- Von Sydow, K. (1999). Sexuality during pregnancy and after childbirth: A metacontent analysis of 59 studies. *Journal of Psychosomatic Research*, *47*(1), 27–49. doi:10.1016/S0022-3999(98)00106-8
- Wallerstein, J. S., & Blakeslee, S. (1996). *The good marriage: How and why love lasts*. New York : Warner Books, Inc.
- Walters, I. (2009). *Adaptation in families with young children : Identifying key processes and factors of resilience* (Thesis). Stellenbosch : University of Stellenbosch. Retrieved from <http://hdl.handle.net/10019.1/1763>
- Worthington, E. L., & Buston, B. G. (1986). The marriage relationship during the transition to parenthood: A review and a model. *Journal of Family Issues*, *7*(4), 443–473. doi:10.1177/019251386007004007

Appendix A

Consent form for parents

Research Topic : Becoming parents and the couple relationship

I am currently doing my dissertation for Clinical Social Work Masters at UCT, and because of my deep interest in this topic, I have chosen to explore parenthood and the couple relationship.

If you are willing to participate as a couple in this interview, could you please sign this consent form providing you are in agreement with the terms below.

1. Each partner will be interviewed separately, in an interview lasting between 60 to 90 minutes. There will be no follow ups.
2. As a masters student, my dissertation is supervised by a lecturer at UCT.
3. For the purpose of this study, your interview will be recorded and transcribed by myself alone. The recording and your identity will be treated confidentially, and you are welcome to use a pseudonym if preferred.
4. If at any point you wish to withdraw from the study or the interview, you are free to leave.

SIGNATURE

DATE

Appendix B

Interview Schedule

Date of interview:

Name of participant:

SECTION A: Background information

Part A: General demographical information

Age of participant:

Sex of participant:

Race:

Religion:

Nationality:

Do you feel financially comfortable: Yes/No

Occupation :

Working hours per day:

Any medical / psychological conditions of participant:

Part B: Information about the pregnancy

Previous pregnancies?

Was the pregnancy planned/unplanned?

Normal/complicated pregnancy?

Part C: Information about baby

Sex of baby:

Age:

Breastfeeding/bottle-feeding:

Baby's health and development:

Baby's temperament:

Baby's sleep pattern:

Part D: Background information about marital relationship:

Duration of relationship, before marriage:

Duration of marital relationship before child was born:

SECTION B: Open-ended questions

PART A: The relationship from before pregnancy to childbirth

1. If you look back at your (marital) relationship with your husband/wife before the pregnancy and arrival of your baby, how would you describe the relationship?

(Prompt: Degree of satisfaction and happiness)

2. How would you describe the way you both were together before pregnancy?

(Prompt: Communication, intimacy/companionship, conflict, conflict resolution, shared beliefs and values)

3. If you think about your relationship during pregnancy, how would you describe it?

(Prompt: Degree of satisfaction and happiness)

4. What changes did you experience in your relationship when you or your wife was pregnant? (Prompt: communication, intimacy/companionship, conflict, conflict resolution, shared beliefs and values)

5. How did the actual birth impact on your relationship?

PART B: After childbirth

6. How would you describe your relationship with your husband/wife since having a baby?

(Prompt: Degree of satisfaction and happiness?)

7. Before your baby arrived, it was just the two of you – now there are three people in your family. What has this experience of having an additional person in your relationship been like?

8. If you look back at the way your relationship was before you were parents, what has changed in the way you relate to one another since you had a baby?

(Prompt: Communication, intimacy/ companionship, conflict, conflict resolution, shared beliefs and values?)

9. What have been the most challenging aspects of having a baby for your relationship?

10. What have been the most positive aspects of having a baby for your relationship?
11. How have both your and your spouse's roles and responsibilities changed in your relationship as a result of becoming parents? (Prompt: Who does what? Who is responsible for earning the money, the housework, childcare, social arrangements, the marital relationship? How did this compare to the way things were before in terms of your roles?)
12. How do you feel about this arrangement? (Prompt: Do you wish your partner was more involved in certain roles?)
13. Has your relationship with your partner since having a baby been what you've expected it to be?
14. What kind of support do you give one another in your parental roles and responsibilities?
15. Have there been any aspects within yourselves that have made it harder for you as a couple to adjust to parenthood? (Prompt: Depression, relationship functioning of own parents, personality?)
16. Have there been any issues within your relationship that have made it harder for you as a couple to adjust to parenthood ? (Prompt: relationship functioning ,values, communication?)
17. What factors from your environment have challenged your relationship? (Prompt: Factors from outside your relationship - social economic status, work factors, social support?)
18. What would you say are your strengths within yourselves as individuals that have helped you as a couple adapt to becoming parents? (Prompt: Relationship functioning, personality, values?)
19. What are your strengths within your relationship that have helped you as a couple adjust to becoming parents? (Prompt: Relationship functioning, personality, values?)
20. What factors from your environment have helped support your relationship since becoming parents? (Prompt: Social economic status, work factors, social support?)