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The division of labor and women's well-being across the transition to parenthood.

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THE DIVISION OF LABOR AND WOMEN'S WELL-BEING ACROSS THE TRANSITION TO PARENTHOOD

A Thesis Presented

by

ABBIE ELIZABETH GOLDBERG

Submitted to the Graduate School of the University of Massachusetts Amherst in partial fulfillment of the requirements for the degree of

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Psychology
THE DIVISION OF LABOR AND WOMEN'S WELL-BEING ACROSS THE TRANSITION TO PARENTHOOD

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ABSTRACT

THE DIVISION OF LABOR AND WOMEN'S WELL-BEING ACROSS THE TRANSITION TO PARENTHOOD

SEPTEMBER 2001

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This study examines the degree to which aspects of the division of household tasks and the division of child care tasks are responsible for change in working-class women's well-being across the transition to parenthood. Ninety-seven women, who qualified as working-class on the basis of their educational attainment level, completed questionnaires at two time points (before the birth of their baby, and upon returning to work after the birth of their first child) concerning the division of household chores and (postpartum) the division of child care tasks, their satisfaction with and perceptions of fairness of the division of tasks, and their well-being. Results showed that violated expectations regarding the division of child care tasks were associated with a decrease in well-being across the transition to parenthood. Specifically, women whose husbands ended up doing more child care than they expected them to do, prenatally, were more likely to experience a decrease in well-being. Also, for part-timers, but not full-timers, dissatisfaction with the division of child care tasks was associated with decreased well-being. Aspects of the division of household tasks had little effect on women's well-being, although there was a tendency for women who ended up doing less postpartum than they had prenatally to be more depressed. This study suggests that social class may moderate the relationship
between the division of labor and women's well-being across the transition to parenthood. Additionally, there is some evidence that the division of child care tasks is more salient in predicting decreased well-being than the division of household tasks, for working-class women, at this time point.
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CHAPTER 1

INTRODUCTION

Changes in Family Roles

Family roles and structure have undergone many changes in the United States over the past 50 years. What was considered the “traditional” family arrangement in the 1950’s (Mom stays home, Dad works) can no longer be considered typical. Indeed, in 2000, families in which only the husband worked outside the home comprised 19.2% of all married-couple families; the proportion of married-couple families in which both the husband and wife were employed was 53.2%. Similar figures have been reported for married-couple families with children: in 2000, both parents were employed in 64.2% of married-couple families with children under 18, while the father, but not the mother, was employed in 29.2% of these families (U. S. Bureau of Labor Statistics, 2000). The overall labor force participation rate of married mothers in 2000 was 69.8%; the labor force participation rate for married mothers with children under three years old was somewhat lower, at 59.6%, and for married mothers with infants (children under 1 year old), the rate was 55.8%.

Thus, employment trends in the United States over the past half-century clearly demonstrate that the number of employed women that also claim the full-time title of “mother” continues to rise. Important questions arise as to the implications of this relatively new family form for women’s well-being as they juggle multiple roles. Moreover, little is known about how the transition into the parent role, while maintaining one’s work and marital roles, affects women’s well-being. The goal of the present study is to explore this phenomenon for working-class women.
Multiple Roles and Women’s Mental Health

Much research has explored the effects of employment on women’s mental health. An assumption in the early literature was that mothers who work outside the home enjoy greater psychological well-being than mothers who are housewives (e.g., Friedan, 1963; Gove & Geerken, 1977; Radloff, 1975), a perspective that has been supported by empirical research (Aneshensel, 1986; Gore & Mangione, 1983; Hyde, Klein, Essex, & Clark, 1995; Rosenfield, 1980). Indeed, several national surveys have found that housewives are significantly more depressed than employed women (Glass & Fujimoto, 1994; Kessler & McRae, 1981, 1982). Likewise, Cowan and Cowan (1992) found that women who returned to work within eighteen months of their children’s birth were less depressed than those who did not go back to work. However, other studies have not found significant differences in the mental health of housewives versus employed women (e.g., Klein, Hyde, Essex & Clark, 1998; Lennon, 1994; Shehan, 1984). These inconsistencies may be explained, in part, by Rosenfield (1989), who found that housewives are typically more depressed and anxious than employed women, with one exception: that is, housewives were less depressed than the most overloaded employed women – full-time working mothers who received little help with household work and child care from their spouses.

It seems that holding multiple roles is not associated with singular or predictable outcomes. The degree to which a woman benefits from occupying multiple roles (i.e., mother, wife, employee) is determined by many other related factors, such as the number of hours she works per week (Shehan, 1984), whether she wants to work and consonance between work status and work preferences (Hock & DeMeis, 1990; Hock, Morgan, &

The Division of Labor and Women’s Mental Health

Research indicates that one of the most important factors affecting women’s mental health in dual-earner couples is the division of labor. The division of labor is a particularly salient issue among working couples with children, especially infants, as these couples must not only negotiate the division of household tasks such as cleaning, cooking, laundry, and repairs, but also responsibility for child care tasks such as feeding, diapering, bathing, and dressing. The transition to parenthood has been recognized as a critical time for examining the effects of multiple roles on men and women’s mental health, as couples renegotiate and widen their repertoire of roles to make room for a new person in their lives, and the responsibilities that come along with that. The division of household and child care responsibilities has significant implications for the extent to which women, in particular, feel overburdened, and, thus, mediates the effect that holding multiple roles will have on their mental health. Research indicates that even among couples in which spouses work an equal or near equal number of hours, the wife typically performs two to three times more of the daily, repetitive, and necessary household labor than men (Blair & Johnson, 1992; Mederer, 1993). Husbands of women employed full-time do not make a substantially greater contribution to family work than husbands of
full-time housewives (Demo & Acock, 1993; Bittman, 1995). In terms of hours spent in household tasks, specifically, employed wives do significantly less than non-employed wives (Berk & Berk, 1978, 1979; Pleck, 1977), and husbands of employed wives do a little more (Berk & Berk, 1978, 1979; Coverman, 1985; Pleck, 1977). Spitze (1986) found that even when women are employed full-time, they still perform 68-70% of household tasks. In short, even researchers who claim that men have increased their contribution to family work in response to their wives’ employment, still concede that wives are still doing far more at home than their husbands.

As scholars have noted, the asymmetry in men and women’s workloads becomes even more dramatic across the transition to parenthood (Cowan & Cowan, 1988; Deutsch, 1999; Hochschild, 1989; Sanchez & Thompson, 1997). The arrival of children significantly increases the work of the household, and most of that increase has traditionally been taken on by wives (Berk, 1985). Only a few studies have examined changes in the division of labor across the transition to parenthood among employed mothers, explicitly (e.g., Gjerdingen & Chaloner, 1994). In their study, Gjerdingen and Chaloner found that the division of labor tends to become more traditional across the transition to parenthood. Indeed, the literature supports the idea that a) women assume a greater share of household responsibility than do men and b) this difference becomes even more exaggerated when they have a child (Ferree, 1990; McHale & Huston, 1984; Lewis & Cooper, 1988; Moss, Bolland, Foxman, & Owen, 1987; Sanchez & Thompson, 1997; Szinovacz, 1977). Longitudinal studies have found that during the transition to parenthood women feel increasingly dissatisfied with their husbands’ level of participation (Cowan & Cowan, 1992; LaRossa & LaRossa, 1981; Moss, Bolland,
Foxman, & Owen, 1987). Gjerdingen & Chaloner (1994) found that employed wives performed more household tasks than husbands, and this differential increased as the first postpartum year progressed; correspondingly, wives’ satisfaction with their husbands’ help also decreased over the course of the year.

It appears that sharing may have positive implications not just for wives but for husbands as well. Studies have found that wives are less depressed if their husbands help with the housework, and husbands are not more depressed as a result of helping (i.e., Ross, Mirowsky, & Huber, 1983; Ross & Mirowsky, 1988) (although it is important to point out that at least one study found that increased involvement in housework by husbands was associated with decreased well-being for wives: see Steil, 1997). Likewise, Deutsch (1999) found that men married to women working full-time were more satisfied with the division of labor themselves if they contributed more. Pleck (1985) and others have found that participation in family work significantly increased husbands’ well-being. Baruch and Barnett (1986) found that fathers with more child care responsibility felt more competent in the paternal role, and more involved with their child; however, fathers’ greater participation in child care had several negative implications as well: specifically, greater involvement predicted fathers’ dissatisfaction with wives’ time spent with the children, and feeling as if family responsibilities interfered with their work. The positive association between greater father involvement and an increased sense of competency as a parent is a consistent finding (i.e., Cowan & Cowan, 1988; Coltrane, 1990). Cowan & Cowan (1988) found that husbands’ participation in child care tasks, but not household tasks, was associated with positive feelings about themselves and their marriages.
Sharing of Housework Versus Child Care: Effects on Women’s Mental Health

One of the challenges to articulating the effect of the division of labor on women’s mental health, particularly across the transition to parenthood, is that many studies examine just the division of housework (i.e., Sanchez & Thompson, 1997) or the division of child care tasks (Lewis & Cooper, 1988), but not both (i.e., Coltrane, 1990; Krause & Markides, 1985; Strazdins, Galligan, & Scannell, 1997; Yogev, 1981). Studies that do consider both housework and child care often lump these two together (i.e., into a category referred to simply as “family work” or “household responsibilities”) such that husbands’ differential involvement in each cannot be examined (Ross, Mirowsky, & Huber, 1983). Thus, the relative or differential impact of husbands’ contributions in these two domains is difficult to delineate. Studies that include a measure of both household task involvement and child care task involvement have found evidence that these two domains may have different implications for women’s mental health. For example, some studies have shown that husbands’ lack of participation in child care, but not housework, is negatively related to psychological distress among employed women (i.e., Kessler & McRae, 1982; Steil, 1997) although at least one study found that husbands’ involvement in housework was more important than involvement in child care tasks (Krause & Markides, 1985). Several scholars (i.e. Pleck, 1985; Thompson, 1991) have noted that most mothers want their husbands to be more involved with child care – not so that they will have less to do, but because they believe the father-child relationship is important. Such an assertion, if true, would suggest that women may value their husbands’ contribution to child care tasks more than their participation in housework, and, thus, that it is father involvement in child care that has the greater implications for
women’s well-being. The notion that fathers’ participation in child care is more important than their participation in housework is consistent with the fact that, in a sample of 489 married couples who were surveyed about their expectations about who should perform various family roles, 84% couples agreed that childcare should be shared, but only 38% agreed that housework should be shared (Hiller & Philliber, 1986).

Some research, however, has found evidence for the effect of husbands’ involvement in housework on women’s mental health. Glass and Fujimoto (1994) found that, for both husbands and wives, the more time they spend in housework, the more depressed they were, with actual hours of housework having much stronger effects on depressive symptomatology than proportionate measures. Other studies have found that more important than the actual number of hours that wives spend on housework is their proportional contribution to household chores. For example, Bird (1999) found that inequity in the division of household labor has a greater impact on psychological distress than does the amount of household labor. When both the amount and proportional division of housework were entered into a regression equation, the former became insignificant as a predictor of psychological distress. Likewise, research indicates that it is not just how much housework husbands perform that matters, in terms of women’s mental health, but the actual type of help that she is receiving. For example, several studies have indicated that women are more likely to be looking for, and thus value assistance from their husbands with traditionally “female” rather than “male” tasks.¹

¹ In acknowledgement of the gender-typing of household chores, many researchers refer to the daily and routine chores of cooking, cleaning, and shopping as “female” (Presser, 1994), “female-dominated” (Blair & Lichter, 1991), “traditionally feminine” (Orbuch & Eyster, 1997) or just “feminine” (Antill, Goodnow, Russell, & Cotton, 1996, as cited in Coltrane, 2000). Conversely, less-frequent tasks such as taking out the garbage, mowing the lawn, and taking care of household repairs have often been labeled “male”, “male-dominated”, “male-typed”, or “masculine” (Blair & Lichter, 1991; Shelton, 1992). Often researchers indicate that the chores to which they assign gendered terms are neither inherently nor uncategorically
(Benin & Agostinelli, 1988; Blair & Johnson, 1992; Dempsey, 1997; Hochschild 1989). Indeed, some studies have found that performing larger amounts of traditionally “female” tasks – the routine, repetitive tasks such as cleaning and cooking – was associated with more depression in women, and sometimes in men (Barnett & Shen, 1997; Glass & Fujimoto, 1994; Golding, 1990).

**Subjective Appraisals of the Division of Labor and Women’s Mental Health**

Less often examined, but arguably equally important, is women’s subjective appraisals, or perceptions of the division of labor, as opposed to the actual division of labor. That is, how they feel about the division of labor (how fair they think it is, how satisfied they are) may be related to their mental health, above and beyond the proportion of household tasks and child care tasks they actually do. A number of studies have considered this subjective dimension of the division of labor in relation to women’s well-being, and have found evidence for its predictive utility (Glass & Fujimoto, 1994; Lennon & Rosenfield, 1994). For example, perceived unfairness has been found to predict both unhappiness and distress, in women only (Robinson & Spitze, 1992).

Perceptions of unfairness, then, may mediate the relationship between the division of labor and women’s well-being. Much research indicates that perceptions of fairness appear to be related to women’s mental health independent of the division of labor – that is, women who conceive of their situation as unfair are the most unhappy and depressed, regardless of the actual distribution of household labor (MacDermid, Huston, & McHale, 1990; McHale & Crouter, 1992; Ross, Mirowsky, & Huber, 1983; Voydanoff &

gendered – for example, by putting the term in quotes: “masculine tasks” (Blair & Lichter, 1991); “‘feminine’ tasks” (Hall, Walker, & Acock, 1995, as cited in Coltrane, 2000); “‘traditionally female’” (Lennon & Rosenfeld, 1994).
Donnelly, 1999). Again, it is important to note that even when women are doing a lot more than their husbands, they don’t always perceive the situation as unfair; indeed, some researchers (e.g., Berk, 1985; Pleck, 1985) have found little or no correspondence between the actual division of labor and husbands’ and wives’ evaluations of fairness.

Thompson (1991) points out that although most women do indeed perform more than two thirds of family work, less than one third of these wives feel that this is an unfair arrangement (Benin & Agostinelli, 1988; Berk, 1985; Pleck, 1985; Yoge, 1981). Other studies, however, have indeed found that wives’ doing more housework and child care than their husbands is positively related to their perceptions of unfairness (Blair & Johnson, 1992; Hawkins, Marshall, & Meiners, 1995; Sanchez, 1994; Wilkie, Ferree, & Ratcliff, 1998), and employed women who perceive an unequal division as unfair have been found to experience lower psychological well-being (Lennon & Rosenfield, 1994; Robinson & Spitze, 1992).

Satisfaction with the division of labor may also mediate the relationship between the actual division of labor and personal well-being; for example, Pina & Bengston (1993) found satisfaction with spousal help to be negatively related to depression and negative affect. It is interesting to note that satisfaction with the division of labor has also been found to predict marital quality and happiness, for both husbands and wives, in a number of studies (e.g., Deutsch, Lozy, & Saxon, 1993; Suitor, 1991). Indeed, just as some research has found that many women do not acknowledge inequitable distributions of labor to be unfair, many studies have found that the majority of wives do not express dissatisfaction with the division of labor in spite of the fact that husbands’ proportional contribution to housework is relatively small (Pleck, 1985; Robinson, 1977). Thus, there
is evidence that women’s subjective experience of the division of labor (i.e., their perceptions of fairness and feelings of satisfaction) may be more important than the actual, objective division of labor in predicting their well-being.

Determinants of Women’s Sense of Fairness

The surprising lack of congruence between actual and perceived inequity in the division of labor has prompted many researchers to investigate the mechanisms underlying this relationship – that is, to inquire about what it is about the division of labor or related factors that induces a woman to evaluate her situation as fair or unfair, and/or to claim satisfaction or dissatisfaction with the status quo. For example, some researchers, in exploring this relationship, have found that husbands’ contributions to “female” or traditionally feminine tasks, specifically, is an important determinant of women’s sense of fairness, with the strength of this association being greater for employed versus unemployed wives (Blair & Johnson, 1992). Indeed, women’s sense of equity regarding the division of labor is likely also affected by factors other than the actual proportion of tasks that they do, such as the number of hours spent in paid employment, relative income, work preferences, and gender ideology. Women’s work status (full-time versus part-time) and income, relative to her husband’s, in particular, are both likely to affect both the actual division of labor, and their sense of fairness regarding the division of labor. For example, Sanchez (1994) found that women’s employment hours were associated with an increase in women’s perceptions of unfairness to themselves regarding the division of labor. Similarly, DeMaris & Longmore (1986) found that as husbands’ employment hours relative to wives’ increased, wives (but not husbands) were more likely to see the division of housework as fair to her.
Indeed, if a woman works part time and/or makes substantially less money than her husband, she may be faced with the accompanying assumption that she take on a larger proportion of housework and child care. Consistent with this, studies (e.g., Barnett & Baruch, 1987; Hoffman, 1986) which have considered mothers’ work hours as a continuous variable have found that as mothers’ time spent in employment increases, fathers’ involvement in housework and child care also increases.

Women who work full time and/or make an equal or greater income than her husband may have a different standard of fairness. According to resource theory (Sabatelli & Shehan, 1993), as a function of contributing more resources, women should feel entitled to greater power in marital decision-making. That is, they may expect - and have relatively more power to demand - greater involvement by their husbands in child care and housework. Some studies have found evidence in support of the hypothesis that one’s resources, relative to one’s spouse, is a key determinant of one’s bargaining power, where the division of household labor is concerned (i.e., McHale & Crouter, 1992; Steil & Turetsky, 1987a, 1987b). For example, Orbuch and Eyster (1997) found that wives’ income relative to their husbands was associated with husbands’ greater participation in traditionally feminine tasks, which was in turn positively related to women’s marital well-being. Likewise, Ross (1987) found that the smaller the gap between the husband’s income and his wife’s, the greater his relative contribution to housework. Some studies find that when women’s absolute level of earnings goes up, their absolute level of time spent on housework go down (Hersch & Stratton, 1994; Silver & Goldscheider, 1994), and wives’ proportionate share of earnings is consistently associated with more equal divisions of housework (Blair & Lichter, 1991; Coltrane, 1996; Greenstein, 1996).
Thus, it appears that an increase in women’s status outside the home may be positively associated with an increase in women’s sense of entitlement to equity, and corresponding power in decision-making regarding the division of labor inside the home. Hood (1983) describes this process in terms of bargaining power: the more money that the wife contributes to the family, the greater her leverage in getting her husband to help out. However, as Thompson (1991) notes, although many scholars have assumed that women should feel entitled to reduced responsibility for family work by virtue of their contribution to wage work, research indicates that not all women appear to be operating by these simple rules of equity; that is, many women fail to see circumstances that fall short of these standards as unfair. A number of theories have been developed to explain why this is so; one often-cited explanation is that of comparison referents – that is, to whom do individuals compare themselves when judging the fairness of the division of labor? Comparison referents define what people deserve (Thompson, 1991): women who make within-gender comparisons of their husbands (compare their husbands to other men) may be more tolerant of inequality, while women who make between-gender comparisons (compare themselves with their husbands) may feel entitled to more from their husbands in terms of family work.

Thus, one variable which may influence the division of labor, and women’s perceptions of the division of labor, and which may also mediate the relationship between the two, is work status. It is also possible that employment status affects women’s well-being indirectly, via mediational processes. For example, work status may affect the division of labor, as well as women’s perceptions of the division of labor, tasks which in turn affect women’s well-being. Likewise, work hours may affect women’s well-being
directly; indeed, some scholars point out that part-time work is often exploitive, fosters women’s economic dependence on their husbands, and undermines personal achievement and advancement (Ferree, 1976; Giele, 1982; Pleck, 1985; Ulbrich, 1988; Zavella, 1987), and thus may have negative implications for women’s mental health. Other researchers maintain that part-time employment may lead to less multiple role strain and thus may have more positive effects on women’s mental health than full-time employment (Repetti, Matthews, & Waldron, 1989). The evidence is mixed: some researchers have found higher rates of depression and anxiety among full-time working mothers compared to part-timers (Brown & Bifulco, 1990; Klein, Hyde, Essex, & Clark, 1998). Other studies have found no differences in the mental health of part-time versus full-time working mothers (Herold & Waldron, 1985; Klein, Hyde, Essex, & Clark, 1998; Waldron & Jacobs, 1989a, 1989b).

Determinants of Women’s Sense of Satisfaction

Other research has attempted to identify the main determinants of satisfaction. Benin & Agostinelli (1988) found that, in their sample of dual-earner couples, wives’ satisfaction with the division of labor was determined by their husbands’ relative or proportional contribution to women’s traditional household chores, while for men, it is both the relative (i.e. 40%) and absolute (i.e. 10 hours) amount they contribute to family work, which determines their satisfaction. According to this data, both wives and husbands were most satisfied with the division of labor when it approached equality; however, husbands wanted equality and a low number of hours spent in family work, while wives, in contrast, appeared to want equality and a sharing of women’s traditional
chores. Thus, as the authors conclude, these slight differences in preferences “could cause problems even when couples agree on a 50/50 split” (360).

Other studies have found that husbands’ involvement in child care tasks, specifically, is an important predictor of women’s satisfaction with the overall division of labor. In a study by Gjerdingen and Chaloner (1994), in which couples were interviewed 5 times over the course of the first postpartum year, husbands’ participation in child care tasks emerged as the most stable predictor of employed wives’ satisfaction with husbands’ participation in household activities. This finding appears to be consistent with the idea that as expectations about father involvement continue to reach new heights (Lamb, 1981), wives may be willing to overlook their husbands’ lack of participation in housework, as long as he participates in child care.

Satisfaction with the division of chores is associated with a number of other variables: for example, among a sample of new parents, husbands’ and wives’ satisfaction with the division of family work was correlated with self-esteem, parenting stress, and marital quality after childbirth (Cowan & Cowan, 1988).

Violated Expectations and Women’s Mental Health

As discussed above, various aspects of women’s subjective feelings about, or appraisal of the division of labor (i.e., satisfaction and perceived fairness) appear to have an impact on/be related to their mental health. Some researchers, interested in how cognitive processes change across the transition to parenthood, have examined whether women’s prenatal expectations about the division of child care tasks also mediate the effect of the division of labor on well-being. To what extent does the degree of discrepancy between women’s expectations about the division of labor and postnatal
reality affect women's postnatal mental health? Previous research has indicated that primiparous mothers' unmet expectations for help following childbirth are associated with greater dissatisfaction with mothering and a more difficult adjustment into the parental role, six months postpartum (Kalmuss, Davidson, & Cushman, 1992). Violated expectations regarding the division of labor has also been found to predict depressive symptoms for both men and women (Strazdins, Galligan, & Scannell, 1997). Ruble, Fleming, Hackel, and Stangor (1988) found that new mothers who were doing a greater proportion of the child care and housework than they had expected rated their marriages more negatively than women whose experiences of the division of labor matched their expectations. Nicolson (1990) found that at month postpartum most women reported a significant match between their prenatal expectations and their husbands' involvement, and were very satisfied; however, by six months, many women felt "let down" by their husbands, and were consequently much more dissatisfied with their husbands' participation in child care.

Indeed, because the transition to parenthood invokes continual change and adjustment, it seems important to evaluate the match between wives' expectations and husbands' post-natal involvement for at least several months following delivery. There has been a notable shift towards longitudinal studies in evaluating changes in parenting and the division of household labor over time (i.e., Almeida, Maggs, & Galambos, 1993; Cowan & Cowan, 1992; Deutsch, Lussier, & Servis, 1993; MacDermid, Huston, & McHale, 1990), an important move that has advanced our ability to test and establish causal pathways. It is important to note that most studies of violated expectations fail to distinguish individuals who are doing more than they expected from those who are doing
less than they expected. In addition, most studies of violated expectations also fail to address mothers’ employment status; this is problematic since the amount of time a woman spends in paid employment is likely to influence her sense of entitlement to, and expectations about her husband’s involvement in child care. These are serious limitations of extant research and should be addressed in future studies of violated expectations.

**The Division of Labor, Subjective Appraisals, and Women’s Mental Health**

A number of theories have been proposed to try to explain or account for the complex interrelationships among the division of labor, subjective evaluations of the division of labor, and well-being. Equity theory proposes that when individuals find themselves participating in inequitable relationships they will become distressed (Berscheid and Walster, 1969): specifically, both the overrewarded and the underbenefited will be dissatisfied, while those who share family work equally will confer maximal psychological rewards (Wilkie, Ferree, & Ratcliff, 1998). According to this model, women who perceive their situation as unfair are more depressed not simply because they perceive the division of labor as inequitable to them – but that inequity, in general, is a source of their discomfort and distress. This theory would predict that both men and women will see as most fair those situations in which they share the household labor about equally (Pina & Bengston, 1993). In contrast, social exchange theory proposes that partners in a marriage will attempt to maximize their rewards (Yogev & Brett, 1985); thus, this theory would suggest that women are not distressed because of inequity, in general, but, rather, because the division of labor is inequitable to them.

Yogev and Brett (1985) tested the equity and exchange hypotheses about the relationship between marital satisfaction and the perceived division of family work and
found that the exchange model is the best explanation for dual-earner husbands’ perceptions of spouses’ share of family work: the more work their wives were doing, the more satisfied they were with the marriage. In contrast, dual-earner wives were more satisfied with their marriage when both they and their husbands were doing their respective shares of child care, and, to some extent, housework, thus determining that the equity model best accounts for these data. Robinson & Spitze (1992) found similar results in their investigation of the effects of household task performance and evaluations of household task performance on husbands’ and wives’ well-being; specifically, women’s unhappiness and levels of distress were affected by relative performance (proportional contribution) of female-typed household tasks, and by resulting feelings of unfairness, while men’s were not. Thus, there is some data that suggests that equity appears to be more important to women in this context (the division of household work) than men (Ferree, 1990), although caution should be taken in making any generalizations, as the research in this area clearly indicates that not all wives evaluate equal and unequal divisions of family work in the same way (Blair, 1993; Perry-Jenkins & Folk, 1994; Thompson, 1991). Likewise, there is also a significant body of research that fails to support the hypothesis that husbands’ and wives’ satisfaction with the division of household labor derive from a social exchange model and equity model, respectively. Benin & Agostinelli (1985) were among a number of researchers (i.e. Ferree, 1990, Peterson & Maynard, 1981) to apply equity theory to the division of household labor. Their study yielded some evidence that both husbands and wives were happiest and most satisfied with an arrangement that was fair to both spouses - that is, an equal division of labor - rather than an arrangement that benefited them at the expense of their spouse.
Additionally, consistent with Yogev & Brett (1985), husbands also preferred not to do much housework and wives preferred that husbands share traditionally feminine chores.

The Social Context of the Division of Labor as it Relates to Women's Mental Health

In order to fully understand how the division of labor affects well-being, it is necessary to acknowledge, and to study, the context in which it occurs. Major factors that shape the division of labor, its meaning, and its implications for women’s well-being include time (what is the couple’s stage in the family cycle?) and social standing (where is the couple situated in the class hierarchy of America?)

The Division of Labor and the Transition to Parenthood

Transitions into marriage and childbearing tend to increase women’s household labor more than men’s (Blair & Lichter, 1991; Cowan & Cowan, 1992; South & Spitze, 1994). As discussed, the transition to parenthood, in particular, is associated with less sharing of family work between men and women (Cowan & Cowan, 1992; Johnson & Huston, 1998; Shelton, 1992). Timing of the transition to parenthood may also have an effect on the division of labor; some research suggests that later transitions to parenthood produce more equal divisions of child care and housework (Coltrane, 1990; Coltrane & Ishii-Kuntz, 1992; Pittman & Blanchard, 1996). Indeed, given that stages of life may vary dramatically, it can be incredibly useful to study variables that are known to fluctuate over the life course (such as the division of labor) during major life transitions.

The Division of Labor and Social Class

Much of the research on dual-earner couples has focused on middle-class and upper-middle class couples – that is, dual-career couples (i.e., Barnett & Baruch, 1987; Yogev, 1981). Dual-career couples are characterized by a higher mean family income,
higher levels of educational attainment, and, thus, greater access to resources and opportunities. Less often studied are dual-earner, working-class couples: couples with less education and thus, fewer resources (i.e., career mobility and attainment) available to them.

Past research has illustrated a number of ways in which class appears to shape the division of labor, and both the construction and evaluation of men and women's roles. For example, Perry-Jenkins & Folk (1994) found that working-class employed wives did a significantly higher proportion of traditionally feminine chores than women in middle-class occupations; however, the division of labor was unrelated to perceptions of fairness for working-class women. Moreover, dual-career couples are more likely to have the means to “buy out” of household work by hiring domestic help (Berardo, Shehan, & Leslie, 1987), thus avoiding the issue of how to divide household and/or child care chores altogether.

Our understanding of the division of labor, and its relation to well-being, is largely based on research with dual-career couples. These findings may not accurately describe the experiences of, and thus should not be generalized to, working-class women. Working-class women may have different attitudes about and reasons for working, and may prioritize, negotiate, and think about work and family roles in different ways. They may ascribe different meaning and value to various roles, and hence be affected by them differently. For example, two studies of blue-collar women found that even when they viewed themselves as responsible for helping their husbands provide, they viewed themselves as secondary providers (Rosen, 1987; Zavella, 1987). Consistent with this, Deutsch (1999) found that 78% of the men and 65% of the women in her sample of
working-class, alternating-shift couples emphasized that the man was the main breadwinner in the home. As Deutsch notes, "couples recognized the necessity of wives' financial contributions but were not entirely comfortable with it, especially the men" (283). Although working-class wives in full-time, unionized jobs provide almost half (45%) of the family income, as Steil (1997) points out, these wives are likely to be seen as secondary wage earners rather than as coproviders. Likewise, class also affects the construction and evaluation of men's roles: for example, as Lein (1979) demonstrated, working-class families are both more likely to need the father's involvement, and simultaneously less likely to give it approval and recognition, than middle-class families. As a large and growing sector of society, dual-earner working-class couples are a group that necessarily warrant and deserve study, in their own right.

The Present Study

The aim of the proposed study is to address a number of the gaps and inconsistencies in the literature on the division of labor and women's well-being across the transition to parenthood, and to examine these processes in the context of a dual-earner, working-class sample. Women who are performing the majority of household and child care tasks in addition to working full-time outside the home seem to be at a significantly greater risk for depression and anxiety than women with husbands who are sharing. The current study will explore the relationships among the division of housework, the division of child care tasks, and women's well-being. In addition, this study will look beyond the relationship between the actual division of labor and its relationship to women's well-being to consider the subjective factors that might mediate or moderate this relationship: specifically, women's perceptions of fairness with the
division of labor and their level of satisfaction with the division. Finally, this study will address whether the degree of discrepancy between women’s prenatal expectations about how much child care their husbands are going to do, and how much they actually do postnatally, is related to their well-being.

My main questions, and corresponding hypotheses are the following:

1. Is the division of labor, meaning household tasks and child care tasks, related to women’s well-being across the transition to parenthood? It is hypothesized that wives’ performance of higher proportions of household tasks and child care tasks will be associated with lower levels of well-being at Time 1 and Time 2. To explore this, bivariate relationships will be examined contemporaneously and across time. It is also hypothesized that change in women’s reported proportional contribution to household tasks from Time 1 to Time 2 will be associated with change in women’s well-being such that as she takes on a higher proportion of tasks, her well-being will decrease. In terms of child care tasks, it is hypothesized that violated expectations in child care tasks will be associated with change in well-being. Specifically, it is expected that in cases where new mothers are doing more child care tasks than expected, their depression and anxiety will increase. To explore how division of labor relates to change in well-being, hierarchical regression analyses will be performed. Change in well-being will be considered first as a function of household tasks, and second as a function of child care tasks; thus, separate models will be constructed for household tasks and child care tasks.

2. How are perceived fairness and satisfaction about child care tasks and household tasks related to the division of labor and to women's well-being? First, it is hypothesized that women's sense of fairness and reported level of satisfaction will be
associated with the division of labor, such that the greater proportion of household tasks and child care tasks wives perform, the less fairness and satisfaction they will report.

Second, it is hypothesized that women's sense of fairness and reported level of satisfaction will be related to their well-being, such that the less fairness and satisfaction they report, the more depressed and anxious they will be. Beyond simple bivariate relations, we will assess whether subjective evaluations of the division of labor operate above and beyond the division of labor to predict change in women's well-being. That is, both the division of labor, and subjective assessments of the division of labor, will be included in a predictive model of well-being to assess their relative impact on change in women's well-being. Again, change in well-being will be considered first as a function of household tasks, and second as a function of child care tasks.

3. The final question is whether husbands' participation in child care tasks has different implications for wives' well-being than their participation in household tasks. A final regression will be conducted which includes both child care task and household task variables. It is hypothesized that the division of child care task variables will be more strongly associated with change in women's well-being than the division of household task variables. This hypothesis is based on the notion that wives will value their husbands' participation in child care tasks more highly than their participation in household tasks (Benin & Agostinelli, 1988; Blair & Johnson, 1992; Dempsey, 1997; Hochschild, 1989).
CHAPTER 2

METHOD

Data and Description of the Sample

Data were obtained in face-to-face interviews with 97 dual-earner couples experiencing the transition to parenthood for the first time. Heterosexual couples in their third trimester of pregnancy were recruited from prenatal education classes at several hospitals in Western Massachusetts. Eligibility for inclusion in the study was based on the following criteria: (a) both members of the couple were employed full-time (defined as 35+ hours per week) prior to the baby’s birth, (b) both members of the couple planned to return full-time to work within six months of their baby’s birth, (c) both members of the couple were “working-class” (defined by restricting educational level to an Associate’s Degree or less),1 d) both members of the couple were expecting their first child, and e) the couple was either married or cohabiting at the time of inclusion in the study.

It is relevant to note that three subjects were dropped due to the fact that they were outliers on the basis of their Time 2 depression-anxiety scores. In testing for outliers, we used Cook’s Distance, and determined that three subjects’ deleted studentized residual values were beyond the cutoff for the distribution (t_{0.05} = +/-2.6).

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1 Definition or categorization of families as “working class” is an issue that has been subject to controversy; the role of income and education in this definition, in particular, has been debated (Hughes & Perry-Jenkins, 1996). This study places greater emphasis on education, as opposed to income, for several reasons: first, as Kohn (1995) has pointed out, educational attainment is a barometer, or marker of individuals’ ability to move up the “career ladder.” Individuals in the study had an Associates Degree or less, which acts as a “cap” on their career mobility, or potential for achievement. Income is not necessarily as stable an indicator of access to opportunity in the job market, and maximum career potential, and thus was allowed to vary in this study. Individuals’ reports of income are often unreliable. Additionally, working at low-status jobs and having little education limits career mobility and attainment but not income; some individuals who work considerable overtime or have been at the same job for many years make substantially more money than individuals with a high level of education, and/or who work at high-status jobs.
These subjects’ scores were 2.6, 2.9, and 3.2. We acknowledge that the subject with a score of 2.6 is borderline; thus, it is important to note that she was excluded on the basis of an additional reason: it was determined that she had another child living in the household, a fact that may have threatened or compromised the validity of the results. Thus, the final sample was comprised of 97 subjects.2

Data for the present investigation were taken from an ongoing, short-term longitudinal study in which 150 working-class couples are interviewed five times across the transition to parenthood (Perry-Jenkins, 1993; NIMH Grant R29-MH56777-03): 1) before the baby’s birth, typically in the last trimester of pregnancy; 2) about a month after the baby’s birth; 3) after the mother returns to work (within six months of the birth of the child); 4) at the baby’s six-month birthday; and 5) when the baby is 1 year old.

Although the larger study consists of five different data-collection points, the present study focuses primarily on data from Phase 1 of the project, which occurred during the couples’ third trimester of pregnancy, and Phase 3, which occurred shortly after both couples returned to work. Interviews were conducted separately with husbands and wives in their homes, and typically lasted between two and three hours. At both time points, respondents completed a series of standardized forms that ask detailed questions about hours and scheduling of work, the division of housework and child care tasks, perceptions of the division of these tasks, and psychological well-being. It is important to note a difference in the measures that respondents completed at the two time points: at Phase 1 (herein referred to as ‘Time 1’), respondents were asked about their expectations about how child care responsibilities would be divided (that is, what they thought their

2N’s vary from 89-97 for correlation and regression tables
own proportional contribution to various child care tasks would be), and at Phase 3 (herein referred to as ‘Time 2’), respondents were asked about the actual division of child care responsibilities (how much they actually ended up doing, relative to their spouse).

Sample Demographics

The age of female participants ranged from 19 to 41. The average age of women was 27.8. The majority (83.8%) of the couples were married. The average length of marriage or cohabitation was 2.9 years. A large percentage of participating couples were white (94.1% of women, 91.2% of men); this may be related to the fact that prenatal education classes served as our primary recruiting site.

There was a broad range in educational attainment levels: 2.0% of women had less than a high school diploma, 16.7% of women had obtained a high school diploma, 52.0% of women had some additional schooling or vocational training beyond high school (e.g., beautician school), and 29.4% of women possessed an Associate’s Degree.

Wives’ work hours at Time 1 ranged from 35 to 60 hours/week, with a mean of 42.9 hours/week. Wives’ work hours at Time 2 ranged between 10 and 56 hours/week, with an average of 36.8 hours/week. Wives’ salary at Time 1 ranged from $8,125 to $70,000, with an average of $24,645. The mean family income at Time 1, according to wives’ reports, was $56,197 (with a range of $11,000 to $98,600). At Time 2, wives’ estimated new annual gross salary ranged from $3,000 to $58,900, with an average annual income of $24,468. The mean family income at Time 2, according to wives’ reports, was $57,362 (with a range of $15,808 to $103,000).

It is important to clarify the apparent inconsistency between our designation of our sample as "working-class" and the fact that the upper range of incomes in our sample
is so high. Again, in this study, we have chosen to place greater emphasis on educational attainment than on income for reasons detailed earlier (see footnote 1). Second, reports of income must be interpreted with caution. For example, the woman who was making $70,000 at Time 1 is a nurse with a one-year, post-high school degree that licensed her as a practical nurse. At the time she was interviewed, she was working 60+ hours per week, on commission, and reported having no health insurance or benefits. Thus, her work conditions and educational background qualified her as working-class, despite her high salary.

Demographic data for the sample are presented in Tables 1 and 2.

Measures

Division of Labor


Wives’ reports of their proportional contribution to traditionally feminine household tasks was assessed at both Time 1 and Time 2 (Appendix A). The overall scale consists of three subscales: traditionally feminine tasks, traditionally masculine tasks, and gender-neutral tasks. Wives’ reported proportional contribution to traditionally feminine tasks was used as an index of household task involvement, as it is these tasks which are considered the most time-consuming, repetitive, and boring (Dempsey, 1997). Likewise, as stated earlier, there is some research suggests that women are most likely to desire and value assistance from their husbands with traditionally “female” rather than “male” tasks (Benin & Agostinelli, 1988; Blair & Johnson, 1992; Dempsey, 1997; Hochschild, 1989).

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3 “Feminine household tasks” refer to those chores which have been traditionally considered and culturally defined as feminine; “masculine household tasks” refer to those that, likewise, have been traditionally considered and culturally defined as masculine. These particular groupings of tasks were determined via factor analysis/empirical research (Atkinson & Huston, 1984)
The traditionally feminine tasks include: meal preparation, dishwashing, laundry, cleaning, and shopping for groceries and household goods. Wives are asked to indicate their personal proportional contribution to each task on a 5-point scale: 1 = usually or always my spouse (0-20% personal contribution), to 5 = usually or always myself (80-100% personal contribution). For women, at Time 1, the alpha coefficient for the subscale of female tasks is .66. At Time 2, the alpha coefficient for female tasks is .64.

To determine whether change in the division of tasks from Time 1 to Time 2 was associated with well-being at Time 2, as well as with change in well-being from Time 1 to Time 2, a change score was computed (Time 1 HHT – Time 2 HHT) to represent the degree of change in women’s proportional contribution to household duties from Time 1 to Time 2. A high, or positive change score indicated that women were doing less at Time 2 than they were doing at Time 1. A low, or negative change score indicated that women were doing a greater proportion of the housework at Time 2 than they were doing at Time 1.

**Child Care Tasks: Child Care Responsibility (Barnett & Baruch, 1987)**

Wives’ expectations of the proportionate division of child care tasks after the baby’s birth is assessed at Time 1, and actual division of child care tasks is assessed at Time 2 (Appendix A). A measure of wives’ expected and actual proportional contribution to child care responsibility, at Time 1 and Time 2 respectively, will be used. Child care tasks include chores such as feeding the baby, changing the baby’s diaper, getting up at night with the baby, reading or singing to the baby, and playing with the baby. Again, wives rate their expected (Time 1) and actual (Time 2) proportional contribution to child care tasks using a 5-point scale: 1 = usually or always my spouse (0-20% personal
contribution), to 5 = usually or always myself (80-100% personal contribution). For women, at Time 1, the alpha coefficient for the overall scale of child care tasks (recall that this scale measures women’s expectations) is .85. For wives, at Time 2, the alpha coefficient for the overall scale is .78.

Change scores were also computed for child care tasks, to represent the degree to which women’s expectations about the division of child care tasks – how much they thought they’d do – were discrepant from, or consistent with the actual division of child care tasks at Time 2 (that is, Time 1 CCT – Time 2 CCT). A high, or positive change score indicated that women were doing less at Time 2 than they’d expected, while a low, or negative change score indicated that women were doing more at Time 2 than they’d anticipated.

Subjective Evaluations of the Division of Labor

Sense of Fairness

Wives’ sense of fairness about the division of household tasks is assessed at both Time 1 and Time 2, via a single item. Respondents are asked, “How do you feel about the fairness of your relationship when it comes to the division of household tasks?” and asked to choose between 5 possible responses: 1) Very unfair to you; 2) Slightly unfair to you; 3) Fair to both you and your spouse/partner; 4) Slightly unfair to your spouse/partner; and 5) Very unfair to your spouse/partner. At Time 2, respondents are also asked about their sense of fairness about the division of child care tasks - (“How do you feel about the fairness of your relationship when it comes to the division of child care tasks?”) and given the same 5 possible responses to choose from.
It is important to note that data on women’s sense of fairness regarding the division of household tasks was not available for all couples at Time 1, as this item was not added into the study questionnaire until after the start of data collection. Thus, only wives’ sense of fairness at Time 2 is included.

The fairness variable was coded in two ways: first, according to an exchange perspective, which assumes that an arrangement is perceived as most fair when it benefits the individual – that is, a “1” indicates the most optimal outcome, or perspective, and a “5” indicates the least optimal outcome. Thus, fairness according to an exchange perspective was coded as it is represented here, on a scale of 1-5. To assess whether wives operate from an equity perspective – that is, do they evaluate the division of labor not in terms of whether it benefits them, but in terms of how equal it is? – perceived fairness was recoded such that 1 and 5 were collapsed into a value of “3”, representing the least optimal outcome (“unfair to both”, 2 and 4 were collapsed into a value of “2”, indicating “slightly unfair to both”, and 3 represented the most optimal outcome, indicating “fair to both”). Ultimately, the latter coding was utilized in all final analyses, as equity (as opposed to fairness) was more significantly correlated with relevant variables such as the division of tasks. This equity variable is thus referred to as "fairness" from here on in, and in all analyses.

At Time 2, women were also asked about their perceptions of fairness with regard to the division of child care tasks. Again, the fairness variable was coded in two ways: according to the exchange perspective, and the equity perspective. Again, the equity variable was used in all major analyses, based upon its higher association with relevant variables.
Sense of Satisfaction

Wives' satisfaction with the division of household chores is assessed at both Time 1 and Time 2, via a single item. Respondents are asked, "How satisfied are you with the current division of household tasks?" and asked to choose between 5 possible responses: 1) Very dissatisfied; 2) Somewhat dissatisfied; 3) Neither satisfied nor dissatisfied; 4) Somewhat satisfied; and 5) Very satisfied. At Time 2, respondents are also asked about their degree of satisfaction with the division of child care tasks – (“How satisfied are you with the current division of child care tasks?”) and given the same 5 possible responses to choose from. Again, because insufficient data for this item was available at Time 1, only data from Time 2 was used. Wives' sense of satisfaction with the division of child care tasks at Time 2 was assessed and coded in the same way.

Well-Being

In order to obtain a more global measure of wives' well-being, as opposed to looking at several different well-being outcomes, wives' scores on the depression and anxiety scales were collapsed to form a composite score for each individual. This decision was made on the basis of the fact that depression and anxiety were very highly correlated in this sample ($r = .64, p < .001$ at Time 1, and $r = .73, p < .001$ at Time 2). Thus, scores on the both the CES-D (depression) scale and the Spielberger Anxiety scale (both of which are described below) were transformed into $z$ scores, and averaged. Thus, the resultant score represents an average of women's depression and anxiety. A high score on this measure indicates greater symptomatology (depression and anxiety). This variable will be referred to as “depression-anxiety” in all analyses and tables.
Depression (CES-D Scale – Radloff, 1977)

Wives’ depression at both Time 1 and Time 2 is assessed via a 20-item scale devised by the Center for Epidemiological Studies of the National Institute for Mental Health (Appendix A). Respondents were asked to consider the previous week and, using a 4-point scale, from 0 = rarely or none of the time (less than 1 day), to 3 = most or all of the time (5-7 days) to indicate how often they had experienced various feelings and behaviors (e.g., “I felt depressed; My sleep was restless; I felt lonely; I could not ‘get going’”). Scale reliability alpha for the 20 items was determined to be .87 for women (and .86 for men). The coefficient alpha for women at Time 1 is .88, and at Time 2, it is .90.

Anxiety (State-Trait Anxiety Scale - Spielberger, 1972)

Wives’ anxiety at both Time 1 and Time 2 is assessed via Spielberger’s State-Trait Anxiety Scale (Appendix A). Respondents are given a list of 20 items, or statements (e.g., “I feel nervous and restless; I feel secure; I make decisions easily”) and asked to rate the extent to which each represents their current feelings, using a 4 point scale, from 1-4: 1 = not at all, to 4 = very much so. The alpha coefficient for this scale was determined to be .89 for women at Time 1, and .91 for women at Time 2.

Work Status

One of the criteria of this study was that women had to be planning to go back to work full-time after the birth of their baby. However, not every woman in our study ultimately met this criterion. Given that women’s work hours were not normally distributed, work status was dichotomized into a two-level variable: that is, women were categorized as either part-timers (under 35 hours/week) or full-timers (35 hours or more).
The sample used in this study consists of those who went from full-time to part-time status across the transition to parenthood (N = 26), and those who maintained their full-time status across the transition (N = 71); thus, it was possible to assess the differential implications of remaining full-time versus switching to part-time after giving birth.

Women who were part-time at Time 1 and Time 2 (N=8) and women who were part-time at Time 1 but went back full-time at Time 2 (N=7) were excluded, due to the small N in each group. Likewise, there was one woman who did not go back to work at all; she was excluded as well. Thus, the final sample consisted only of two distinct groups: women who remained full-time across the transition to parenthood, and those who returned part-time after the birth of their first child.
CHAPTER 3

RESULTS

The Division of Labor and Well-Being

As Table 3 illustrates, bivariate correlations between division of labor and well-being variables were conducted for the full sample of women, and also for part-timers and full-timers separately, based upon the hypothesis that relationships between division of task variables and well-being might differ as a function of work status.

With regard to the association between the division of tasks and women’s well-being, very few significant correlations emerged.

Household Tasks

The division of household tasks at both Time 1 and Time 2 were unrelated to women’s well-being at Time 1 and Time 2. Change in the division of household tasks across the transition to parenthood was not related to women’s well-being at Time 1 or Time 2.

Child Care Tasks

There was a marginally significant association between expectations about child care task division at Time 1 and Time 1 depression-anxiety (r = .17, p = .10); this relationship, however, seemed to hold up only for full-timers (r = .32, p < .01) and not for part-timers (r = -.14, p > .10), although the difference between these two correlations was not significant. Thus, women who initially expected to do a significantly higher proportion of child care tasks were also more depressed/anxious prenatally.

There was a tendency for wives’ expectations about the division of child care tasks at Time 1 to correlate positively with their level of depression-anxiety at Time 2 (r
= .19, \( p < .10 \) for the whole sample. Those who expected to do a greater proportion of child care tasks were more likely to be depressed/anxious at Time 2.

Bivariate correlations revealed that violated expectations regarding the division of child care tasks was somewhat related to Time 1 depression-anxiety, but in the opposite direction than one might expect (\( r = .18, p < .10 \)): women who ultimately did less than expected were more depressed/anxious at Time 1. Likewise, violated expectations were related to postnatal well-being, but again, in the opposite direction than one might expect (\( r = .26, p < .10 \)): women who did less than expected tended to report more symptomatology at Time 2. The association was somewhat stronger for part-timers (\( r = .41, p < .05 \)) than full-timers (\( r = .23, p < .10 \)), although not significantly so.

Thus, the division of household chores was generally unrelated to women’s well-being both prenatally and postnatally. The division of child care tasks, however, was related to women’s well-being in several interesting ways. First, expecting to do a significant proportion of the child care tasks was somewhat associated with higher levels of symptomatology both prenatally and postnatally. Violated expectations regarding the division of child care tasks was also associated with well-being both prenatally and postnatally, and particularly postnatally. Specifically, doing less than expected was associated with higher levels of symptomatology at both time points; at Time 2, this association was particularly marked for women who returned to work part-time.

The Division of Labor and Subjective Evaluations of the Division of Labor

To test the hypothesis that it is not the actual division of labor, but perceptions of fairness of, and satisfaction with the division that are linked to well-being, it was first necessary to examine the relationship between the division of labor and perceived
fairness and satisfaction in order to assess whether perceived fairness and/or satisfaction might mediate the relationship between the division of labor and psychological well-being. Bivariate correlations among the division of labor and subjective evaluation variables were conducted for the whole sample, and for part-timers and full-timers separately. Correlations for the division of household tasks are presented in Table 4, and correlations for the division of child care tasks are presented in Table 5. As hypothesized, the division of task variables (household tasks at Time 1, household tasks at Time 2, and child care tasks at Time 2) were significantly related to women's reported level of satisfaction with, and perceived fairness of the division of tasks.

### Household Tasks

Correlations for the entire sample revealed that the proportion of household tasks that women were doing at Time 1 was negatively related to their perceptions of fairness of the division of tasks at Time 2 at the level of a trend (r = -.20, p < .10) and significantly and negatively related to their satisfaction (r = -.21, p < .05). The relationship between the division of labor and satisfaction was significant only for full-timers (r = -.24, p < .05 for full-timers, r = -.09, p < .10 for part-timers). The division of household tasks at Time 2 was significantly and negatively related to women's perceptions of how fair the division was (r = -.24, p < .05), and to their reported satisfaction with the division of tasks (r = -.40, p < .001). The association between the division of tasks and perceived fairness was somewhat stronger for part-timers (r = -.49, p < .05) than for full-timers (r = -.14, p > .10), but not significantly so. Thus, perceived fairness of the division of household tasks was somewhat more closely related to the actual division of tasks for part-timers than for full-timers.
Change in the division of household tasks was not related to perceived fairness of the division of tasks at Time 2; however, it was slightly related to satisfaction with the division of tasks at Time 2: that is, women who reported doing a smaller proportion of the household tasks at Time 2 than at Time 1 were also more satisfied with the division at Time 2 (\( r = .18, p < .10 \)).

Perceived fairness of and satisfaction with the division of household tasks at Time 2 were significantly and positively correlated (\( r = .61, p < .001 \)). To assess whether this relationship varied as a function of work status, analyses were conducted for part-timers and full-timers separately. R to z transformations revealed that the association between fairness and satisfaction for part-timers was significantly stronger for part-timers than for full-timers (\( r = .85, p < .001 \) and \( r = .47, p < .001 \), respectively).

Child Care Tasks

Women’s expectations about child care responsibility at Time 1 were unrelated to their perceptions of fairness of the division of tasks at Time 2, but emerged as marginally significantly and negatively related to their satisfaction with the division of tasks at Time 2 (\( r = -.20, p < .10 \)). R to z transformations revealed that the association between women’s expected proportional contribution to child care tasks, and satisfaction with the division of tasks at Time 2 was significantly stronger for part-timers (\( r = -.49, p < .05 \)) than for full-timers (\( r = -.04, p > .10 \)). Thus, among women who ultimately returned to work part-time, expecting to do more child care at Time 1 was associated with less satisfaction at Time 2. The division of child care tasks at Time 2 was significantly and negatively related to women’s perceptions of fairness (\( r = -.47, p < .001 \)) and satisfaction (\( r = -.45, p < .001 \)) regarding the division of tasks at Time 2. Violated expectations
regarding the division of tasks were significantly and positively associated with women’s perceptions of fairness ($r = .42, p < .001$) and satisfaction ($r = .38, p < .001$) regarding the division of tasks at Time 2: that is, women who ended up doing less child care than expected tended to perceive the division of tasks at Time 2 as fair, and to report greater satisfaction with the division of tasks. Perceived fairness of, and satisfaction with the division of child care tasks at Time 2 were significantly and positively correlated ($r = .63, p < .001$).

**Subjective Evaluations of the Division of Labor and Well-Being**

Correlations between wives’ subjective evaluation of the division of labor and their well-being are presented in Table 6. Specifically, correlations are presented for the entire sample, and for part-timers and full-timers separately.

**Household Tasks**

Wives’ perceived fairness of the division of household tasks at Time 2 was somewhat related to their well-being at Time 1 ($r = -.21, p < .10$): that is, women who tended to perceive the division of tasks as unfair at Time 2 were also more likely to be depressed/anxious at Time 1. This relationship held up for full-timers only ($r = -.28, p < .05$ for full-timers; $r = -.03, p > .10$ for part-timers), although the associations for full-timers and part-timers did not differ significantly from one another. Perceived fairness of tasks was unrelated to well-being at Time 2. Wives’ satisfaction with the division of household chores at Time 2 was unrelated to women’s well-being at Time 1 and Time 2.

**Child Care Tasks**

Perceived fairness of the division of child care tasks at Time 2 was not related to women’s well-being at Time 1, or at Time 2.
Wives’ satisfaction with the division of child care tasks at Time 2 and women's depression-anxiety at Time 1 were marginally significantly correlated ($r = - .20, p < .10$), indicating that women who were satisfied with the division of tasks at Time 2 were also less likely to be depressed/anxious at Time 1. This relationship, however, held up only for full-timers ($r = - .24, p < .05$) and not for part-timers ($r = - .05, p > .10$), although the associations for full-timers and part-timers were not significantly different from one another. Wives’ level of satisfaction with the division of child care tasks at Time 2 was also marginally significantly associated with their level of symptomatology at Time 2 ($r = - .18, p < .10$). This association, however, appeared to hold up for part-timers only ($r = - .38, p < .05$ for part-timers, $r = - .09, p > .10$ for full-timers). Thus, among women who returned to work part-time, there was a slight tendency for those who were more satisfied with the division of child care tasks to report lower levels of symptomatology.

Thus, wives' perceived fairness of the division of household tasks at Time 2 was not related to their well-being at Time 2. There was a slight tendency for women's well-being at Time 1 to be related to their perceived fairness of the division of tasks at Time 2, particularly among full-timers: women who reported higher levels of symptomatology at Time 1 were more likely to rate the division of household tasks at Time 2 as unfair.

Women's satisfaction with the division of tasks at Time 2 was unrelated to their well-being at either Time 1 or Time 2. With regard to child care tasks, wives' perceived fairness of the division of tasks at Time 2 was unrelated to their level of well-being at Time 1 or Time 2. Their satisfaction with the division of tasks, however, was somewhat negatively related to their depression-anxiety both at Time 1 and Time 2: women who
reported more satisfaction with the division of child care tasks at Time 2 tended to report somewhat less symptomatology at Time 1 and Time 2.

**Predicting Women’s Well-Being From the Division of Household Tasks and Child Care Tasks Separately**

A series of hierarchical linear regressions were performed in order to assess the relative relationships among several variables (the division of household tasks and child care tasks, and satisfaction and fairness of the division of tasks) in predicting change in women’s well-being across the transition to parenthood. Separate regression models were computed for child care tasks and household tasks, in order to determine whether these variables operate differently in explaining or predicting women’s well-being.

Depression-anxiety at Time 1 was adjusted for – that is, it is entered as Step 1 in the equation - in this series of regressions, in attempt to identify a model of predictors of change in well-being. Work status (part-time versus full-time) was entered as Step 2. Step 3 consisted of the division of task variables. Step 4 consisted of the subjective evaluation variables (fairness and satisfaction).

**Predicting Change in Well-Being as a Function of Household Tasks**

Regression results in Table 7 show the effects of depression-anxiety at Time 1, work status (part-time/full-time), the division of household tasks at Time 1, change in household tasks across the transition to parenthood, satisfaction with the division of household tasks at Time 2, and perceived fairness of the division of household tasks at Time 2. In this model, the division of household tasks at Time 1 was included to determine whether, above and beyond the actual amount of tasks that women were doing at Time 1, the amount of change in the division of tasks across the transition to parenthood has an impact on change in women’s well-being.
As Table 7 indicates, work status emerged as the only significant predictor of change in well-being across the transition to parenthood. Part-timers were significantly more likely to experience an increase in depression/anxiety. Change in the division of household tasks emerged as a marginally significant predictor of change in well-being. The direction of this relationship was the opposite of what was hypothesized: specifically, women who reported doing a smaller share of the housework than they did prior to their baby’s birth were more likely to experience an increase in symptomatology across the transition to parenthood. The division of household tasks at Time 1, change in the division of tasks across the transition to parenthood and back to work, satisfaction with the division of household tasks, and perceived fairness of the division of chores were not significant predictors of change in women’s well-being.

A number of hypothesized interactions were tested. Specifically, it was hypothesized that work status might interact with the division of labor, and with women’s subjective evaluations of the division of labor, to predict women’s well-being. That is, part-timers and full-timers may differ in terms of the amount of change in household task responsibility that they experience across the transition to parenthood, which in turn may affect their well-being. Likewise, satisfaction with the division of tasks, and perceived fairness of the division of tasks, may be experienced differently for part-timers and full-timers, and thus may influence well-being via their interactions with work status. None of these interactions emerged as significant.

Predicting Change in Well-Being as a Function of Child Care Tasks

Regression results in Table 8 show the effects of depression-anxiety at Time 1, work status (part-time/full-time), violated expectations regarding the division of child
care tasks, satisfaction with the division of tasks at Time 2, and perceived fairness of the division of tasks at Time 2.

In this model, work status and violated expectations regarding the division of child care tasks emerge as significant predictors of change in women’s well-being across the transition to parenthood. Part-time status appears to be associated with an increase in symptomatology across the transition to parenthood. Women who end up doing less child care than they expected tend to experience an increase in symptomatology across the transition to parenthood.

To examine how work status may interact with perceptions of satisfaction and fairness, we again tested three interaction terms: work status x violated expectations, work status x satisfaction, and work status x fairness. The interaction between work status and satisfaction with the division of child care tasks at Time 2 emerged as a marginally significant predictor of change in well-being. As Figure 1 indicates, satisfaction with the division of child care tasks appears to have implications for part-timers’ well-being, but not full-timers’. That is, for full-timers, satisfaction with the division of tasks was relatively unrelated to their well-being; for part-timers, however, satisfaction was somewhat negatively related to their level of symptomatology. Women who claimed to be somewhat dissatisfied, or to be neither satisfied nor dissatisfied, with regard to the division of tasks, were more depressed/anxious than those who reported being somewhat satisfied or very satisfied with the division of tasks. Those who claimed neutrality were more depressed/anxious than those who claimed to be somewhat dissatisfied. It is important to note the limited range in part-timers’ responses: no
women claimed to be very dissatisfied. Thus, "somewhat dissatisfied" represents the most extreme negative response endorsed.

**Predicting Women's Well-Being From Both Household Task and Child Care Task Variables: Exploratory Analysis**

To test the relative impact of household tasks and child care tasks in predicting well-being, variables which emerged as significant in the separate household task and child care task regressions described above, were included in a final regression model.

Step 1 consisted of depression-anxiety at Time 1. Step 2 consisted of work status, change in the division of household tasks, violated expectations, and satisfaction with the division of child care tasks. Step 3 consisted of the interaction between work status and satisfaction with child care tasks.

Regression results in Table 9 show the results of this exploratory analysis. In this final model, change in the division of household tasks was rendered nonsignificant as a predictor of change in well-being. However, violated expectations regarding child care tasks remained a significant predictor of change in well-being. Likewise, work status also continued to be strongly associated with women's well-being. The interaction between work status and satisfaction with the division of child care tasks also remained a significant predictor of well-being, at the level of a trend.
CHAPTER 4

DISCUSSION

This investigation of the interrelationships of the division of labor, women’s subjective appraisals of family work, and women’s mental health across the transition to parenthood yielded some interesting, and in some cases surprising, results.

Contrary to our first hypothesis, the “straight” division of household tasks was not related to women’s well-being across the transition to parenthood. This finding is somewhat inconsistent with the findings of Ross, Mirowsky, and Huber (1983) who found that husbands’ help with household labor was associated with lower levels of depression among both employed and nonemployed wives. Other studies (i.e., Kessler & McRae, 1982) have indeed found no relationship between husbands' proportional involvement in household tasks and women's well-being. Change in the division of household tasks, however, was somewhat related to women's well-being, but in the opposite direction from what we anticipated. Contrary to expectation, increased husband responsibility for household tasks tended to be associated with higher levels of symptomatology. (This finding, however, should be interpreted with some degree of caution; the association between change in household task and depression/anxiety was slight, and disappeared in the final model that included both household task and child care task variables). This finding is somewhat consistent with the findings of Steil (1997), who found that among her sample of employed women, greater husband involvement in household tasks was associated with decreased well-being for wives (subsequent analyses confirmed that it was not the case that husbands did the most work when wives were the most depressed). To explain her findings, Steil highlighted the findings of Blumstein and
Schwartz (1983), who found that the more housework that husbands did, the more couples fought about it. Thus, it may be that this increased involvement comes at the expense of increased marital conflict, and, perhaps, diminished psychological well-being, at least for wives. It is also possible that even though husbands are doing more, women still retain an internalized sense of responsibility for how and when tasks get done: indeed, Biernat and Wortman (1991) found that even when spouses agreed to perform certain household chores, wives continued to assume responsibility for seeing that they got done.

Contrary to expectation, we found no relationship between the postnatal division of child care tasks and women's well-being. This finding is consistent with the findings of Krause and Markides (1985), who found no association between the division of child care tasks and women's well-being, but inconsistent with the findings of Kessler and McRae (1982), Steil (1997), and others, who found that husbands' increased involvement in child care was associated with increased well-being for wives.

However, women's prenatal expectations regarding the division of child care tasks, and violated expectations regarding the division of child care tasks were related to women's postnatal psychological well-being. Expecting to do a significant proportion of the child care tasks was associated with higher levels of symptomatology at Time 1. This suggests that preexisting depression/anxiety may shape women's mindset with regard to expectations about the division of labor; alternatively, the association could also be interpreted as suggesting that expecting to do a lot invites depression and anxiety.

Violated expectations were also associated with increased symptomatology across the transition to parenthood. This relationship was in the opposite direction than past
research might suggest: that is, women in our sample who ultimately ended up performing *less* child care than they anticipated were the most depressed and anxious. This finding is somewhat consistent with Baruch and Barnett's (1986) finding that among employed mothers, those whose husbands were more involved in child care praised their husbands' parenting, but reported lower life satisfaction, and appeared to be more self-critical of their ability to balance work and family responsibilities. Likewise, Ferree (1991) suggests that wives' own expectations for themselves regarding their standards and performance of family work may hold the greatest implications for their mental health. Working-class women may hold internalized images or beliefs about what a mother should be, and these may include the notion that they are the primary caregiver. If women feel that they have not fulfilled this ideal role, they may experience guilt, self-doubt, and diminished well-being. Indeed, researchers have noted both negative and positive effects of increased participation by fathers/husbands in child care (Baruch & Barnett, 1986). Depending on wives' values and preferences, and to the extent that women feel that they are not fulfilling the traditional or expected mother/wife role, participation by their husbands may be experienced as a threat to their role as mother.

In interpreting these findings, it is essential to recall that our hypothesis, that doing more than expected in terms of family work would be related to decreased well-being, was based on the existing literature, which is comprised primarily of studies using middle-class and upper middle-class samples. We have less of an understanding about the values and preferences of working class wives, and how they might shape women's feelings about the division of labor. Not every woman wants equality when it comes to the division of labor. Indeed, a substantial number of wives refuse to share family work.
with their husbands to any degree (Dempsey, 1997; Ferree, 1991). Women may place high priority on homemaking, not only believing that it is their duty to assume the majority of responsibility for child care and housework but, in addition, having a strong desire to maintain control over how things are taken care of, and maintaining extremely high standards of performance. This may be particularly true for some working class women. Furthermore, as Ferree (1984) points out, "For most working class families....both men and women are fearful of the loss of prestige associated with a husband's unwilling participation in housework" (71).

There was partial support for our second hypothesis that addressed the relationship between subjective evaluations of household tasks and child care tasks and the actual division of labor, and the relationship between subjective evaluations and well-being, across the transition to parenthood. First, as expected, women's proportional responsibility for household tasks and child care tasks were negatively related to their perceptions of fairness and satisfaction: the greater their responsibility, the less fair they perceived the division of labor to be, and the less satisfaction they reported with the division of tasks.

Contrary to expectation, however, satisfaction with the division of household tasks was unrelated to change in well-being: that is, individuals who reported lower satisfaction with household tasks at Time 2 were not more likely to experience an increase in symptomatology. This finding is inconsistent with the findings of Pina and Bengston (1993), Gjerdingen & Chaloner (1994), and others, who have found that satisfaction with the division of labor is associated with increased well-being. Likewise, perceived fairness of household tasks and perceived fairness of child care tasks were both
unrelated to well-being. The lack of association between perceived fairness of family work and well-being are inconsistent with the results of a number of studies that have linked perceptions of unfairness of the division of labor to distress and unhappiness among women (MacDermid, Huston, & McHale, 1990; McHale & Crouter, 1992; Robinson & Spitze, 1992; Ross, Mirowsky, & Huber, 1983; Voydanoff & Donnelly, 1999). Again, it should be noted that the majority of studies finding such a linkage were conducted on middle-class families. Indeed, Perry-Jenkins and Folk (1994) found that social class appears to moderate the relationship between perceived equity and marital conflict: that is, perceived equity of the division of chores was related to marital conflict for middle-class wives, but not working-class wives. Likewise, it is possible that for these working-class women, perceived fairness simply does not have implications for well-being. Another possibility is that acknowledgment of inequity is a catalyst for demanding change (Dempsey, 1997), and, thus, these women might be striving to avoid conflict by denying perceived unfairness. Their failure to acknowledge inequity to the extent that exists may also be a function of believing that it is their responsibility to perform the majority of family work (Ferree, 1991).

Satisfaction with the division of child care tasks, on the other hand, was related to well-being, for part-timers only. This finding is consistent with our suggestion that subjective evaluations of the division of labor might be differentially related to well-being for part-timers and full-timers. Thus, satisfaction with child care tasks appears to be an important predictor of well-being for part-timers, but not full-timers. What might account for this? One possibility is that part-timers, by virtue of having cut down their hours at work, experience a greater sense of pressure to "do it all" - that is, to continue to
work outside the home, while assuming primary responsibility for the work to be done inside the home. Thus, their husbands' participation in child care may be more salient to them, and they may appreciate it even more, given that they may feel that they do not have any right to ask for it.

Our final hypothesis, that husbands' contributions to child care versus housework might have different implications for women's well-being, was, to some extent, substantiated. Although we did find some evidence that the division of household tasks influences women's well-being across the transition to parenthood (women who ended up doing less household tasks postnatally were somewhat more likely to experience a decrease in well-being), the findings related to the division of child care tasks were more robust. Specifically, violated expectations regarding the division of child care tasks emerged as a salient predictor of women's well-being, with women who ended up doing less child care than they expected reporting a significant decrease in well-being. In addition, a marginally significant interaction between satisfaction with child care tasks and work status indicated that satisfaction with child care tasks appeared to be differentially related to change in well-being for part-timers and full-timers: full-timers' reported satisfaction had no bearing on their well-being across the transition to parenthood, while for part-timers, lower satisfaction was associated with increased depression and anxiety. Furthermore, when both household task and child care task variables were included in a final model in order to assess the relative importance of each in predicting well-being, violated expectations and satisfaction with child care tasks (for part-timers) both retained their significance as predictors, while change in household tasks was no longer significant.
Thus, in considering the division of household tasks and child care tasks separately, it was possible to demonstrate that these two domains seem to be independent and separate spheres of influence, and, likewise, to be differentially related to subjective processes, and well-being, across the transition to parenthood. Aspects of the division of child care tasks appeared to be relatively more important in predicting change in well-being than elements of the division of household tasks.

It is essential to highlight that work status consistently emerged as an important predictor of change in women's well-being across the transition to parenthood. Women who returned to work part time after the birth of their first child were significantly more depressed/anxious postpartum than they were prior to their baby's birth, when they were working full time. Stable full-timers – that is, women who returned to work full time who were also working full time prior to their baby's birth – did not experience the same increase in symptomatology.

Why are part-timers more likely to experience an increase in symptomatology across the transition to parenthood? It is possible that these women are experiencing some level of intrapersonal tension or conflict around their decision to work part-time: in order to spend more time with their new child, these women are forgoing needed income. Likewise, they (and/or their husbands) may also be plagued by guilt or concern regarding the financial implications of their decision. Indeed, while many working-class wives work for reasons other than to meet financial obligations – i.e., to be around other adults, for personal fulfillment – most work at least in part for financial reasons, and some work only out of financial necessity. Indeed, 80% of our sample (89% of part-timers, 78% of full-timers) cite "meeting financial obligations" as their primary reason for working.
Middle-class and upper-middle class wives who work, on the other hand, rarely do so solely for financial incentives, and they typically enjoy greater choice and freedom with regard to where, when, and how they want to work. Our surprise at our findings reveals an underlying cultural assumption: that women who work part-time truly have the ‘best of both worlds’ and should thus be less likely to experience distress. However, this assumption or notion is admittedly largely based on research on middle- and upper-middle class samples, a fact which, of course, encourages us to consider how working class women who are working part-time might differ from their middle-class counterparts.

Part timers might also unconsciously be setting themselves up for greater role overload and psychic stress than their full-time counterparts. The hours these women are forgoing in paid employment are typically hours they now spend taking care of their young child - a welcome trade, for many, but arguably at least as demanding as working outside the home. Additionally, by returning to work part-time, these women lose the "bargaining power" that is associated with being employed full-time outside the home: no longer are they a ‘legitimate’ breadwinner, and thus lose their credibility to ask their husbands for help inside the home. Rather than feeling as if they have power and a strong sense of identity in two domains, women who return to work part-time may end up feeling helpless and overwhelmed, and insufficiently competent in both the home and employment spheres. In that part-time work is typically found in lower-level positions, it is also associated with less power and autonomy than full-time work, and, likewise, may be less rewarding than full-time work.
Implications

The findings have several potential implications. First, the finding that violated expectations regarding child care was associated with decreased well-being for women suggests that couples becoming parents might benefit from increased communication about how child care tasks will be divided. Specifically, prenatal educators and obstetricians can help to prepare new parents for the challenges they face by encouraging them to communicate about potentially charged issues, such as the division of chores, prior to giving birth. Indeed, the fact that the women in our sample were more depressed when doing less than they expected, which was the opposite of what we hypothesized, encourages us to keep in mind that individuals and couples vary considerably in terms of what they consider a desirable arrangement. Thus, couples should be cautioned about making assumptions as to what their partners want or need, and encouraged to talk openly with one another about how they imagine things to be when there is a baby around. Likewise, conversation about the division of chores and responsibilities should continue after the baby is born, and couples enter a process of adjustment and potential renegotiation.

Limitations

There are several limitations to the current study that are important to mention. First, although the size of our overall sample was relatively large (N’s varied between 89 and 96 for all analyses), the size of our subsample of part-timers was relatively small (N’s ranged between 24 and 26). Given this, our findings on differences according to work status should be interpreted with some caution.
Another limitation to the current study is the fact that the satisfaction and fairness variables, for both household tasks and child care tasks, were based on a single item.

It is also important to note that data in the current study is based on only two time points, approximately 6 months apart. Follow-up is obviously needed to know whether the trends and associations observed in the current study are transient or whether they represent stable patterns. For example, it is possible that part-time status is only associated with decreased well-being for the few months following the transition to parenthood, and that, following a period of adjustment, these women recover.

**Future Directions**

First and foremost, future research on women’s well-being across the transition to parenthood should include more extensive follow-ups. For example, the couples in the larger study from which these data were derived are interviewed at various time points over the course of a year. This study is ongoing; when data collection is complete, however, it will be possible for us to examine how the women in this study fare during the latter half of their baby’s first year.

Future research should attempt to further tease apart the reasons and “stories” behind women’s reported claims of satisfaction and perceived fairness. The current study gives us no insight into why they claim to be satisfied or dissatisfied. What do they base their satisfaction upon? Past research has demonstrated that women’s satisfaction with the division of labor is not necessarily inversely related to the amount of housework or child care that they do (Pleck, 1985; Robinson, 1977); indeed, other factors, besides the division of labor, might inform their reported satisfaction. For example, it is relevant to
consider who women compare themselves to, in evaluating their feelings of satisfaction and perceptions of fairness of the division of labor (Thompson, 1991).

In addition, future research might explore the effects or implications of wives’ violated expectations on husbands. Likewise, husbands’ own met or unmet expectations should be assessed, both in terms of how they compare to wives’, and in terms of how they relate to both husbands’ and wives’ well-being. Furthermore, based on Cowan and Cowan’s (1988) research, there is evidence that husbands’ involvement continues to increase beyond 6 months post-partum; it is interesting to consider how these changes affect both men and women’s well-being, as well as the marital relationship. Again, upon collection of all Phase 5 data in the current investigation (that is, our 1 year follow-up of these couples) we will be able to assess both changes in, and the long-term implications of the division of child care tasks.

Finally, future research should build on our finding that working-class women who return to work part-time after the birth of their first child tend to become more depressed. Specifically, future research should attempt to tease apart what it is about part-time status that might cause this dip in well-being. Returning to work part-time, as opposed to full-time, after the birth of one’s baby is associated with a number of factors, such as a decrease in income, less clarity about roles and responsibilities, and potentially more role and identity confusion. Are these factor responsible for the increase in symptomatology that we see? Or, another possibility is that there is something about the women who choose to return to work part-time that makes them more vulnerable to depression and anxiety. Future research might expand on this hypothesis.
APPENDIX A

MATERIALS
**WHO DOES WHAT?**

In your family, who usually performs the household chores and certain family activities? Please circle the number which represents the percentage of YOUR OWN contribution to each of the following tasks. We realize that your pregnancy may have changed the way tasks are divided. Please think back to your usual habits before the pregnancy. If the item is Not Applicable, please write NA in the margin.

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<td>Mostly or always my spouse/partner</td>
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<td>Shared about equally</td>
<td>More likely me</td>
<td>Mostly or always me</td>
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1. Make beds or change bed linens
2. Cleaning (vacuum, clean bathrooms, sweep floors)
3. Food preparation (cook, set table, prepare meal or snack)
4. Dish-washing
5. Take out garbage, recycling
6. Outdoor work (yard work, rake, mow, shovel snow, garden)
7. Care for pet (feed, walk, put out)
8. Laundry (wash, iron, fold clothes)
9. Run errands outside of home including grocery shopping
10. Upkeep of car including repairs, washing and vacuuming
11. Small repairs around the house
12. Taking care of financial matters (write-out bills, figure out budget)
13. Prepare for events and activities, like birthdays or anniversaries
14. Buys presents, and/or makes calls to acknowledge important events for family, friends or co-workers
15. How do you feel about the fairness of your relationship when it comes to the division of household tasks? Is it: (read responses)

    Very unfair to you _____ (1)
    Slightly unfair to you _____ (2)
    Fair to both you and your spouse/partner _____ (3)
    Slightly unfair to your spouse/partner _____ (4)
    Very unfair to your spouse/partner _____ (5)
CHILD CARE RESPONSIBILITY

After your baby is born, who do you think will be responsible for which tasks? Please circle the number which represents what you think the percentage of YOUR OWN contribution will be to each of the following child tasks.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-20%</td>
<td>20-40%</td>
<td>40-60%</td>
<td>60-80%</td>
<td>80-100%</td>
</tr>
<tr>
<td></td>
<td>Mostly or always my spouse/partner</td>
<td>More likely my spouse/partner</td>
<td>Shared about equally</td>
<td>More likely me</td>
<td>Mostly or always me</td>
</tr>
</tbody>
</table>

1. Feeding the baby
2. Changing the baby’s diaper
3. Soothing the baby
4. Getting up at night with the baby
5. Putting the baby to sleep
6. Giving the baby a bath
7. Helping the baby learn new skills
8. Dressing the baby
9. Planning the baby’s activities
10. Picking up after the baby
11. Playing with the baby
12. Reading/singing to the baby
13. Taking the baby on an outing
14. Taking the baby to a doctor’s appointment
15. Taking care of the baby when he or she is sick

57
FEELINGS INVENTORY
(CES-D SCALE - Radloff, 1977)

Below is a list of the ways you might have felt or behaved recently. Please circle the number that indicates how often you have felt this way during the past week.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rarely or none of the time (less than 1 day)</td>
<td>Some or a little of the time (1-2 days)</td>
<td>Occasionally or a moderate amount of time (3-4 days)</td>
<td>Most or all of the time (5-7 days)</td>
<td></td>
</tr>
</tbody>
</table>

1. I was bothered by things that don't usually bother me. 0 1 2 3
2. I did not feel like eating; my appetite was poor 0 1 2 3
3. I felt that I could not shake off the blues even with help from my family or friends. 0 1 2 3
4. I felt that I was just as good as other people. 0 1 2 3
5. I had trouble keeping my mind on what I was doing. 0 1 2 3
6. I felt depressed. 0 1 2 3
7. I felt that everything was an effort. 0 1 2 3
8. I felt hopeful about the future. 0 1 2 3
9. I thought my life had been a failure. 0 1 2 3
10. I felt fearful. 0 1 2 3
11. My sleep was restless. 0 1 2 3
12. I was happy. 0 1 2 3
13. I talked less than usual. 0 1 2 3
14. I felt lonely. 0 1 2 3
15. People were unfriendly. 0 1 2 3
16. I enjoyed life. 0 1 2 3
17. I had crying spells. 0 1 2 3
18. I felt sad. 0 1 2 3
19. I felt that people dislike me. 0 1 2 3
20. I could not get "going." 0 1 2 3

58
A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you feel right now, that is, at this moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to best describe your present feelings.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not at all</td>
<td>2</td>
<td>Somewhat</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>Moderately so</td>
<td>4</td>
</tr>
</tbody>
</table>

1. I feel pleasant.  
2. I feel nervous and restless.  
3. I feel satisfied with myself.  
4. I wish I could be as happy as others seem to be.  
5. I feel like a failure.  
6. I feel rested.  
7. I am "calm, cool and collected."  
8. I feel that difficulties are piling up so that I cannot overcome them.  
9. I worry too much over something that really doesn't matter.  
10. I am happy.  
11. I have disturbing thoughts.  
12. I lack self-confidence.  
13. I feel secure.  
15. I feel inadequate.  
16. I am content.  
17. Some unimportant thought runs through my mind and bothers me.  
18. I take disappointments so keenly that I can't put them out of my mind.  
19. I am a steady person.  
20. I get in a state of tension or turmoil as I think over my recent concerns and interests.
### APPENDIX B

**INTERCORRELATIONS FOR DIVISION OF LABOR VARIABLES FOR THE WHOLE SAMPLE**

<table>
<thead>
<tr>
<th></th>
<th>T1 HHT</th>
<th>T1 CCT</th>
<th>T2 HHT</th>
<th>T2 Fair-HHT</th>
<th>T2 Sat-HHT</th>
<th>T2 Fair-CCT</th>
<th>T2 Sat-CCT</th>
<th>□ HHT</th>
<th>□ CCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1 HHT</td>
<td>1.00</td>
<td>.32**</td>
<td>.62***</td>
<td>-.31**</td>
<td>-.20†</td>
<td>.34***</td>
<td>-.24*</td>
<td>.51***</td>
<td>.20'</td>
</tr>
<tr>
<td>T1 CCT</td>
<td>1.00</td>
<td>.15</td>
<td></td>
<td>-.15</td>
<td>-.14</td>
<td>.36***</td>
<td>-.23*</td>
<td>-.19*</td>
<td>.22*</td>
</tr>
<tr>
<td>T2 HHT</td>
<td>1.00</td>
<td></td>
<td></td>
<td>-.55***</td>
<td>-.39***</td>
<td>.42***</td>
<td>-.22*</td>
<td>-.21*</td>
<td>-.36**</td>
</tr>
<tr>
<td>T2 Fair-HH</td>
<td>1.00</td>
<td>.53***</td>
<td></td>
<td>-.30***</td>
<td>-.23**</td>
<td>.44***</td>
<td>.14</td>
<td>.23*</td>
<td>.35**</td>
</tr>
<tr>
<td>T2 Sat-HH</td>
<td>1.00</td>
<td>.53***</td>
<td></td>
<td>-.53***</td>
<td>-.45***</td>
<td>-.05</td>
<td>.18*</td>
<td>.25*</td>
<td>.35**</td>
</tr>
<tr>
<td>T2 CCT</td>
<td>1.00</td>
<td></td>
<td></td>
<td>.65***</td>
<td>-.15</td>
<td>.42***</td>
<td>.04</td>
<td>.38***</td>
<td></td>
</tr>
<tr>
<td>T2 Fair-CC</td>
<td>1.00</td>
<td></td>
<td></td>
<td>.65***</td>
<td>-.15</td>
<td>.42***</td>
<td>.04</td>
<td>.38***</td>
<td></td>
</tr>
<tr>
<td>T2 Sat-CC</td>
<td>1.00</td>
<td></td>
<td></td>
<td>.100</td>
<td>.65***</td>
<td>-.15</td>
<td>.42***</td>
<td>.04</td>
<td>.38***</td>
</tr>
<tr>
<td>□ HHT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.100</td>
<td></td>
</tr>
<tr>
<td>□ CCT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.100</td>
<td></td>
</tr>
</tbody>
</table>

*HHT = division of traditional feminine household tasks
*CCT = division of child care tasks
†T2 Fair-HH = Time 2 fairness of household tasks (T2 Fair-CC = Time 2 fairness of child care)
*T2 Sat-HH = Time 2 satisfaction with household tasks (T2 Sat-CC = Time 2 satisfaction with child care)

* p<.10. ** p<.05. *** p<.01 ** p<.001.
APPENDIX C

INTERCORRELATIONS FOR DIVISION OF LABOR VARIABLES FOR PART-TIMERS

<table>
<thead>
<tr>
<th></th>
<th>T1 HHT</th>
<th>T1 CCT</th>
<th>T2 HHT</th>
<th>T2 Fair-HHT</th>
<th>T2 Sat-HHT</th>
<th>T2 Fair-CCT</th>
<th>T2 Sat-CCT</th>
<th>□ HHT</th>
<th>□ CCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1 HHT</td>
<td>1.00</td>
<td></td>
<td></td>
<td>-.28</td>
<td>-.12</td>
<td>-.08</td>
<td>-.21</td>
<td>.68***</td>
<td>-.02</td>
</tr>
<tr>
<td>T1 CCT</td>
<td>.44*</td>
<td>1.00</td>
<td>.54**</td>
<td>.25</td>
<td>.44*</td>
<td>-.32</td>
<td>-.49*</td>
<td>.40*</td>
<td>.12</td>
</tr>
<tr>
<td>T2 HHT</td>
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<td>-.12</td>
<td>-.14</td>
<td>-.24</td>
<td>.59**</td>
<td>.51*</td>
<td>.11</td>
<td>.70***</td>
<td></td>
</tr>
<tr>
<td>T2 Fair-HH</td>
<td>-.46*</td>
<td>.24</td>
<td>.59**</td>
<td>.48*</td>
<td>.48*</td>
<td>.27</td>
<td>.54**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T2 Sat-HH</td>
<td>.85***</td>
<td>-.57**</td>
<td>-.52*</td>
<td>-.45*</td>
<td>-.08</td>
<td>-.84***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T2 CCT</td>
<td>1.00</td>
<td>-.56**</td>
<td>-.52*</td>
<td>-.45*</td>
<td>.08</td>
<td>.03</td>
<td>.43*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ HHT</td>
<td>1.00</td>
<td>.66***</td>
<td>-.13</td>
<td>.10</td>
<td>.10</td>
<td>.16</td>
<td>.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ CCT</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HHT = division of traditional feminine household tasks
CCT = division of child care tasks
T2 Fair-HH = Time 2 fairness of household tasks (T2 Fair-CC = Time 2 fairness of child care)
T2 Sat-HH = Time 2 satisfaction with household tasks (T2 Sat-CC = Time 2 satisfaction with child care)

*p<.10, *p<.05, **p<.01, ***p<.001.
## Appendix D

### Intercorrelations for Division of Labor Variables for Full-Timers

<table>
<thead>
<tr>
<th></th>
<th>T1 HHT</th>
<th>T1 CCT</th>
<th>T2 HHT</th>
<th>T2 Fair HHT</th>
<th>T2 Sat HHT</th>
<th>T2 Fair CCT</th>
<th>T2 Sat CCT</th>
<th>□ HHT</th>
<th>□ CCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1 HHT</td>
<td>1.00</td>
<td>.23*</td>
<td>.65***</td>
<td>-.29*</td>
<td>-.22*</td>
<td>.36**</td>
<td>-.28*</td>
<td>.44***</td>
<td>-.27*</td>
</tr>
<tr>
<td>T1 CCT</td>
<td>1.00</td>
<td>.15</td>
<td></td>
<td>-.06</td>
<td>-.07</td>
<td>-.26*</td>
<td>.14</td>
<td>.03</td>
<td>.10</td>
</tr>
<tr>
<td>T2 HHT</td>
<td>1.00</td>
<td></td>
<td>-.56***</td>
<td>-.36**</td>
<td>.47***</td>
<td>-.26*</td>
<td>-.23*</td>
<td>-.40**</td>
<td>-.43***</td>
</tr>
<tr>
<td>T2 Fair-HH</td>
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<td>.38**</td>
<td></td>
<td>-.25*</td>
<td>.21*</td>
<td>.01</td>
<td>32*</td>
<td>.23*</td>
<td></td>
</tr>
<tr>
<td>T2 Sat-HH</td>
<td>1.00</td>
<td></td>
<td>-.14</td>
<td>.08</td>
<td>.43***</td>
<td>.16</td>
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<td></td>
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<tr>
<td>T2 CCT</td>
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<td>-50***</td>
<td>-.45***</td>
<td>-.13</td>
<td>.45***</td>
<td>.11</td>
<td>.45***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T2 Fair-CC</td>
<td>1.00</td>
<td>.29*</td>
<td></td>
<td>-.04</td>
<td>.45***</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T2 Sat-CC</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
<td></td>
<td>.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ HHT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ HHT</td>
<td></td>
</tr>
<tr>
<td>□ CCT</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ CCT</td>
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</tbody>
</table>

- **HHT** = division of traditional feminine household tasks
- **CCT** = division of child care tasks
- **T2 Fair-HH** = Time 2 fairness of household tasks (T2 Fair-CC = Time 2 fairness of child care)
- **T2 Sat-HH** = Time 2 satisfaction with household tasks (T2 Sat-CC = Time 2 satisfaction with child care)
- *p < .10. **p < .05. ***p < .01. ****p < .001.
<table>
<thead>
<tr>
<th></th>
<th>MEAN</th>
<th>SD</th>
<th>RANGE</th>
<th>N</th>
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<tbody>
<tr>
<td>T1 Wife Salary</td>
<td>$24,645.30</td>
<td>$10,342.54</td>
<td>$8,125-70,000</td>
<td>101</td>
</tr>
<tr>
<td>T1 Family Income</td>
<td>$56,197.04</td>
<td>$17,192.95</td>
<td>$11,000-98,600</td>
<td>102</td>
</tr>
<tr>
<td>T1 Work Hours</td>
<td>42.91</td>
<td>4.52</td>
<td>35-60</td>
<td>102</td>
</tr>
<tr>
<td>T2 Wife Salary</td>
<td>$24,468.73</td>
<td>$12,092.61</td>
<td>$3,000-58,900</td>
<td>97</td>
</tr>
<tr>
<td>T2 Family Income</td>
<td>$57,361.72</td>
<td>$19,130.13</td>
<td>$15,808-$103,000</td>
<td>96</td>
</tr>
<tr>
<td>T2 Work Hours</td>
<td>36.77</td>
<td>9.19</td>
<td>10-56</td>
<td>96</td>
</tr>
<tr>
<td>Wife's Age</td>
<td>27.73</td>
<td>4.66</td>
<td>19.05-40.81</td>
<td>102</td>
</tr>
<tr>
<td>Years Married/Cohabiting</td>
<td>2.92 yrs</td>
<td>2.71 yrs</td>
<td>.08-16.66 yrs</td>
<td>100</td>
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</table>
Table 2. Frequencies for Whole Sample (N = 102)

<table>
<thead>
<tr>
<th>Wife Ethnicity</th>
<th>Percent</th>
<th>N</th>
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<tbody>
<tr>
<td>White</td>
<td>94.1</td>
<td>96</td>
</tr>
<tr>
<td>African American</td>
<td>2.0</td>
<td>2</td>
</tr>
<tr>
<td>Latino</td>
<td>2.0</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
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</table>

Wife Education Level

<table>
<thead>
<tr>
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<th>Percent</th>
<th>N</th>
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<tbody>
<tr>
<td>Less than HS</td>
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<td>2</td>
</tr>
<tr>
<td>High School Grad</td>
<td>16.7</td>
<td>17</td>
</tr>
<tr>
<td>Technical/vocational</td>
<td>52.0</td>
<td>53</td>
</tr>
<tr>
<td>Associate's Degree</td>
<td>29.4</td>
<td>30</td>
</tr>
</tbody>
</table>

Wife's Marital Status

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>83.3</td>
<td>85</td>
</tr>
<tr>
<td>Not Married</td>
<td>16.7</td>
<td>17</td>
</tr>
</tbody>
</table>

Wife's Work Status - Time 2

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part-time</td>
<td>25.5</td>
<td>26</td>
</tr>
<tr>
<td>Full-time</td>
<td>74.5</td>
<td>76</td>
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</tbody>
</table>
Table 3. Correlations of Division of Labor Variables With Well-Being Variables for Whole Sample and by Part-Time and Full-Time Status

<table>
<thead>
<tr>
<th>DIVISION OF LABOR</th>
<th>T1 DEPRESSION-ANX</th>
<th>T2 DEPRESSION-ANX</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Whole sample (N=92)</td>
<td>.03</td>
</tr>
<tr>
<td></td>
<td>Part-timers (N = 25)</td>
<td>-.31</td>
</tr>
<tr>
<td></td>
<td>Full-timers (N = 67)</td>
<td>.04</td>
</tr>
<tr>
<td>T2 HHT</td>
<td>Whole sample</td>
<td>.04</td>
</tr>
<tr>
<td></td>
<td>Part-timers</td>
<td>-.10</td>
</tr>
<tr>
<td></td>
<td>Full-timers</td>
<td>.07</td>
</tr>
<tr>
<td>□HHT^b</td>
<td>Whole sample</td>
<td>-.08</td>
</tr>
<tr>
<td></td>
<td>Part-timers</td>
<td>-.24</td>
</tr>
<tr>
<td></td>
<td>Full-timers</td>
<td>-.03</td>
</tr>
<tr>
<td>T1 CCT^2 (Expectations)</td>
<td>Whole sample</td>
<td>.17^+</td>
</tr>
<tr>
<td></td>
<td>Part-timers</td>
<td>-.14</td>
</tr>
<tr>
<td></td>
<td>Full-timers</td>
<td>.32**</td>
</tr>
<tr>
<td>T2 CCT (Actual Division)</td>
<td>Whole sample</td>
<td>-.09</td>
</tr>
<tr>
<td></td>
<td>Part-timers</td>
<td>-.22</td>
</tr>
<tr>
<td></td>
<td>Full-timers</td>
<td>-.06</td>
</tr>
<tr>
<td>□CCT^d (Violated Expectations)</td>
<td>Whole sample</td>
<td>.18^+</td>
</tr>
<tr>
<td></td>
<td>Part-timers</td>
<td>.16</td>
</tr>
<tr>
<td></td>
<td>Full-timers</td>
<td>.20</td>
</tr>
</tbody>
</table>

^aHHT = the division of household tasks
^b□HHT = change in the division of household tasks across the transition to parenthood
^CCT = the division of child care tasks
^d□CCT = Violated expectations regarding the division of child care tasks (the difference between wives' expected proportional contribution to child care tasks at Time 1 and their proportional contribution to tasks at Time 2)

*p<=.10. *p<.05. **p<.01. ***p<.001.
<table>
<thead>
<tr>
<th>DIVISION OF LABOR</th>
<th>T2 FAIRNESS-HHT</th>
<th>T2 SATISFACTION-HHT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>T1 HHT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole sample (N=94)</td>
<td>-.20*</td>
<td>-.21*</td>
</tr>
<tr>
<td>Part-timers (N =25)</td>
<td>-.27</td>
<td>-.09</td>
</tr>
<tr>
<td>Full-timers (N =69)</td>
<td>-.15</td>
<td>-.24*</td>
</tr>
<tr>
<td><strong>T2 HHT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole sample</td>
<td>-.24*</td>
<td>-.40***</td>
</tr>
<tr>
<td>Part-timers</td>
<td>-.49*</td>
<td>-.48*</td>
</tr>
<tr>
<td>Full-timers</td>
<td>-.14</td>
<td>-.36**</td>
</tr>
<tr>
<td><strong># HHT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole sample</td>
<td>.03</td>
<td>.18*</td>
</tr>
<tr>
<td>Part-timers</td>
<td>.13</td>
<td>.30</td>
</tr>
<tr>
<td>Full-timers</td>
<td>-.02</td>
<td>.13</td>
</tr>
<tr>
<td><strong>SATISFACTION w/HHT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole sample</td>
<td>.61***</td>
<td></td>
</tr>
<tr>
<td>Part-timers</td>
<td>.85**a</td>
<td></td>
</tr>
<tr>
<td>Full-timers</td>
<td>.47***b</td>
<td></td>
</tr>
</tbody>
</table>

*a,b Correlations are significantly different.

*p<.10. *p<.05. **p <.01. ***p<.001.
Table 5. Correlations Among Division of Child Care Variables for Whole Sample and by Part-Time and Full-Time Status

<table>
<thead>
<tr>
<th>DIVISION OF LABOR</th>
<th>T2 FAIRNESS-CCT</th>
<th>T2 SATISFACTION-CCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1 CCT (Expectations)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole sample (N=90)</td>
<td>-.16</td>
<td>-.20*</td>
</tr>
<tr>
<td>Part-timers (N =24)</td>
<td>-.10</td>
<td>-.49**</td>
</tr>
<tr>
<td>Full-timers (N =66)</td>
<td>-.16</td>
<td>-.04b</td>
</tr>
<tr>
<td>T2 CCT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole sample</td>
<td>-.47***</td>
<td>-.45***</td>
</tr>
<tr>
<td>Part-timers</td>
<td>-.44*</td>
<td>-.45*</td>
</tr>
<tr>
<td>Full-timers</td>
<td>-.48***</td>
<td>-.44***</td>
</tr>
<tr>
<td>□ CCT (Violated Expectations)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole sample</td>
<td>.42***</td>
<td>.38***</td>
</tr>
<tr>
<td>Part-timers</td>
<td>.42*</td>
<td>.21</td>
</tr>
<tr>
<td>Full-timers</td>
<td>.41**</td>
<td>.43***</td>
</tr>
<tr>
<td>SATISFACTION w/CCT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole sample</td>
<td>.63***</td>
<td></td>
</tr>
<tr>
<td>Part-timers</td>
<td>.56**</td>
<td></td>
</tr>
<tr>
<td>Full-timers</td>
<td>.66***</td>
<td></td>
</tr>
</tbody>
</table>

a, b Correlations are significantly different.

*p<.10. *p<.05. **p < .01. ***p<.001.
Table 6. Correlations of Subjective Evaluation Variables With Well-Being Variables for Whole Sample and by Part-Time and Full-Time Status

<table>
<thead>
<tr>
<th>DIVISION OF LABOR</th>
<th>WELL-BEING</th>
<th>T1 DEPRESSION-ANX</th>
<th>T2 DEPRESSION-ANX</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>T2 Fairness - HHT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole sample (N = 90)</td>
<td>-.21*</td>
<td>-.13</td>
<td></td>
</tr>
<tr>
<td>Part-timers (N = 24)</td>
<td>-.03</td>
<td>-.03</td>
<td></td>
</tr>
<tr>
<td>Full-timers (N = 66)</td>
<td>-.28*</td>
<td>-.17</td>
<td></td>
</tr>
<tr>
<td><strong>T2 Satisfaction - HHT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole sample</td>
<td>-.17</td>
<td>-.17</td>
<td></td>
</tr>
<tr>
<td>Part-timers</td>
<td>-.18</td>
<td>-.13</td>
<td></td>
</tr>
<tr>
<td>Full-timers</td>
<td>-.18</td>
<td>-.14</td>
<td></td>
</tr>
<tr>
<td><strong>T2 Fairness - CCT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole sample</td>
<td>-.17</td>
<td>-.12</td>
<td></td>
</tr>
<tr>
<td>Part-timers</td>
<td>-.24</td>
<td>-.15</td>
<td></td>
</tr>
<tr>
<td>Full-timers</td>
<td>-.15</td>
<td>-.08</td>
<td></td>
</tr>
<tr>
<td><strong>T2 Satisfaction - CCT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole sample</td>
<td>-.20*</td>
<td>-.18*</td>
<td></td>
</tr>
<tr>
<td>Part-timers</td>
<td>-.05</td>
<td>-.38*</td>
<td></td>
</tr>
<tr>
<td>Full-timers</td>
<td>-.24*</td>
<td>-.09</td>
<td></td>
</tr>
</tbody>
</table>

*p < .10. *p < .05. **p < .01. ***p < .001.
Table 7. Predicting Change in Well-Being Across the Transition to Parenthood From Household Task Variables

<table>
<thead>
<tr>
<th></th>
<th>1 (N=96)</th>
<th>2 (N=96)</th>
<th>3 (N=95)</th>
<th>4 (N=94)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b (B)</td>
<td>b (B)</td>
<td>b (B)</td>
<td>b (B)</td>
</tr>
<tr>
<td>T1 Dep(^a)</td>
<td>.499***</td>
<td>.537***</td>
<td>.497***</td>
<td>.534***</td>
</tr>
<tr>
<td>PT/FT(^b)</td>
<td>-.390**</td>
<td>-.226**</td>
<td>-.434**</td>
<td>-.249**</td>
</tr>
<tr>
<td>T1 HHT</td>
<td>-.105</td>
<td>-.078</td>
<td>-.154</td>
<td>-.114</td>
</tr>
<tr>
<td>HHT</td>
<td>.242</td>
<td>.155</td>
<td>.310(^*)</td>
<td>.199(^*)</td>
</tr>
<tr>
<td>Sat-HHT</td>
<td></td>
<td></td>
<td>-.083</td>
<td>-.142</td>
</tr>
<tr>
<td>Fair-HHT</td>
<td></td>
<td></td>
<td>.075</td>
<td>.064</td>
</tr>
<tr>
<td>□ R(^2)</td>
<td>.288***</td>
<td>.051**</td>
<td>.018</td>
<td>.011</td>
</tr>
<tr>
<td>R(^2)</td>
<td>.288***</td>
<td>.340***</td>
<td>.364***</td>
<td>.372***</td>
</tr>
</tbody>
</table>

\(^a\)T1 Dep = Time 1 Depression-Anxiety

\(^b\)PT/FT = part-time/full-time work status

\(\hat{p} < .10\), \(\*\hat{p} < .05\), \(\**\hat{p} < .01\), \(\***\hat{p} < .001\).
Table 8. Predicting Change in Well-Being Across the Transition to Parenthood From Child Care Task Variables

<table>
<thead>
<tr>
<th></th>
<th>1 (N=96)</th>
<th>2 (N=96)</th>
<th>3 (N=92)</th>
<th>4 (N=89)</th>
<th>5 (N=89)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b</td>
<td>(B)</td>
<td>b</td>
<td>(B)</td>
<td>b</td>
</tr>
<tr>
<td>T1 Dep</td>
<td>.499***</td>
<td>.537***</td>
<td>.497***</td>
<td>.534***</td>
<td>.445***</td>
</tr>
<tr>
<td>PT/FT</td>
<td>-3.90**</td>
<td>-.226**</td>
<td>-.434***</td>
<td>-.254**</td>
<td>-.431***</td>
</tr>
<tr>
<td>CCT</td>
<td></td>
<td></td>
<td>.288*</td>
<td>.188*</td>
<td>.405*</td>
</tr>
<tr>
<td>Sat-CC</td>
<td></td>
<td></td>
<td>-0.085</td>
<td>-0.136</td>
<td>-0.512*</td>
</tr>
<tr>
<td>Fair-CC</td>
<td></td>
<td></td>
<td>-0.062</td>
<td>-0.048</td>
<td>-0.046</td>
</tr>
<tr>
<td>Sat x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PT/FT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ R²</td>
<td>.288***</td>
<td>.051**</td>
<td>.034*</td>
<td>.021</td>
<td>.025*</td>
</tr>
<tr>
<td>R²</td>
<td>.288***</td>
<td>.340***</td>
<td>.366***</td>
<td>.387***</td>
<td>.412***</td>
</tr>
</tbody>
</table>

*p < .10. **p < .05. ***p < .01. **p < .001.
Table 9. Predicting Change in Well-Being Across the Transition to Parenthood From Household Task and Child Care Task Variables

<table>
<thead>
<tr>
<th></th>
<th>1 (N=96)</th>
<th>2 (N=92)</th>
<th>3 (N=92)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(b)</td>
<td>(B)</td>
<td>(b)</td>
</tr>
<tr>
<td>T1 Dep</td>
<td>.499***</td>
<td>.537***</td>
<td>.416***</td>
</tr>
<tr>
<td>PT/FT</td>
<td>-.414**</td>
<td>-.242**</td>
<td>-.152*</td>
</tr>
<tr>
<td>HHT</td>
<td>.108</td>
<td>.070</td>
<td>.104</td>
</tr>
<tr>
<td>CCT</td>
<td>.370*</td>
<td>.241*</td>
<td>.359*</td>
</tr>
<tr>
<td>Sat-CCT</td>
<td>-.094</td>
<td>-.156</td>
<td>-.459*</td>
</tr>
<tr>
<td>Sat-CCT x PT/FT</td>
<td></td>
<td></td>
<td>.206*</td>
</tr>
</tbody>
</table>

\(\Delta R^2\)     | .288***       | .117**        | .020*         |
\(R^2\)            | .288***       | .389***       | .409***       |

* \(p < .10\).  ** \(p < .05\).  *** \(p < .001\).
APPENDIX F
FIGURES
Satisfaction with the division of child care tasks

Figure 1: Predicting Well-Being From Satisfaction by Work Status
REFERENCES


