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Experiences of Spousal Support during the Transition to Parenthood: The Organization of Paid and Family Work

by

Shannon M. Lemire

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Examining Committee

Kaysi Kushner, Faculty of Nursing

Rhonda Breitzkreuz, Department of Human Ecology

Solina Richter, Faculty of Nursing

Abstract

This critical ethnographic study explores couples' experiences of spousal support during the transition to first-time parenthood and the organization of paid and family work. How first-time parents manage paid and family work is central to the experience of support and critical to an ongoing nurturing relationship. Seven couples were selected from the principal study, *Mobilizing Intergenerational Social Support during the Transition to Parenthood*, and were interviewed prior to the birth and again when infants were nine months to one year of age. On the whole, first-time parents reported positive support experiences with their spouses. Nonsupport occurred most often when parents were required to manage the interface between family work and paid or student work. The exchange of support between first-time parents may be strengthened by offering flexible work options and enhanced access to and provisions in parental leave policies. Prenatal education highlighting the common concerns of first-time parents may further strengthen support.

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Chapter 1 - Introduction

The passage to parenthood brings many rewards and challenges as it profoundly changes one's role as a spouse and as a worker. Among the main tasks couples face during the transition to parenthood are the organization of childcare, household tasks and paid employment (Cowan & Cowan, 1988; Gjerdingen & Center, 2005). Practitioners and academics across disciplines from nursing and health promotion, to sociology and social psychology have taken an interest in the transition to parenthood, a period of both joy and vulnerability, to learn how best to assist couples to form a healthy emerging family. My study explored how first-time parents supported one another during the transition to parenthood and how they dealt with family work and paid employment. Couples in the study were challenged to work together to manage multiple demands on their time whilst nurturing their relationship and providing a healthy environment for their new infant. Study findings give emphasis to the experience of support between spouses as they engaged in family work, specifically care giving responsibilities. Support within a partnership has been found to be a key factor affecting mental health and well-being, perceptions of parenting efficacy, and general satisfaction with the marriage (deMontigny, Lacharité, & Amyot, 2006; Moller, Hwang, & Wickberg, 2008). Nurses are in a key position to assist couples develop parenting skills, discuss management of family workload and identify and deal with potential changes to the couple's relationship. Addressing these issues in the prenatal period may augment couples' capacity to provide mutual support and successfully navigate the transition to parenthood.

This critical ethnographic study, exploring support between spouses during the transition to parenthood, exists within a larger primary study: "Mobilizing Intergenerational Social Support during the Transition to Parenthood" (MIS) (see Appendix A). While the primary study aimed to examine first-time parents' and grandparents' experiences with intergenerational support, this focused analysis of the MIS data explored the couple-level support dynamics during the transition to parenthood around everyday experiences with household tasks and paid work. In turn, focusing on couple-level support facilitated an

enhanced understanding of the broader intergenerational support dynamics. Couples selected for my study sample reflected a range of socioeconomic conditions (professional and non-professional employment) which allowed me to explore how access to different resources influenced the experience of spousal support and organization of household and childcare responsibilities. To this end, the following research questions guided the study:

1. What are first-time parents' expectations and experiences of spousal support during the transition to parenthood? How do prenatal expectations compare to postnatal experiences?
2. How do new parents describe supportive interactions with their partner during the transition to parenthood?
3. How do new parents describe divisions of roles and responsibilities related to paid and family work?
4. In what respect is couple's support exchange influenced by their social context?

The above questions were important to explore for at least two reasons. Many married couples in Canada experience the transition to parenthood making the transition to parenthood a widespread phenomenon. In 2001, married and common law couples with children made up 47.7% of family types (Vanier Institute of the Family, 2004). While the study was underway, more people were having children as indicated by the increase in the provincial fertility rate of 8.4% from 2006 to 2007. Alberta was the driving force behind the biggest national increase in fertility rates since 1995, up 3.7% nationally from 2006 to 2007 (Statistics Canada, 2009). Secondly, more couples are facing the challenge of managing paid work and family work as dual earner couples are now the predominant family form (Vanier Institute, 2004). Employed women with children under the age of three have increased from 28% in 1976 to 65% in 2004 (Statistics Canada, 2006). Participation in the workforce provides adults with financial means, a sense of contribution to the family and society, and a sense of accomplishment and a creative outlet (Higgins & Duxbury, 2002). As women increase their involvement in the paid work and contribute to the family's income

there may be an increased expectation for family work to be shared more equitably between spouses. First-time parents also face a greater workload at home, with less sleep and time for each other, while experiencing the rewards of caring for their new infants. Much attention continues to be paid to the pressures men and especially women face to simultaneously manage paid work and home life in ways that maintain their own health and productivity and the health and well-being of their family (Higgins & Duxbury, 2002; Kushner, 2005). Therefore, focusing on couple support around family work as first-time mothers' return to paid work is a salient topic.

Exploring first-time parents' experiences of support is also important considering the recent changes experienced in the Alberta economy. The current growth of the Alberta economy and subsequent recession may have a mixed impact on couples transitioning to new parenthood. Prior to the recession, the strength of the Alberta economy produced a 4.6 % increase in mean family income for Edmonton in 2005, the site of this study. The average family income now sits at \$80,800, far above the national average of \$67,600 (Statistics Canada, 2007). At the beginning of this study, low unemployment and favourable economic opportunities were tempered, however, by higher costs of living reflected in dramatically rising housing, gasoline, food, durable goods and service prices. During the second round of interviews, the North American and global economy experienced a marked downturn. The changing economic situation, the opportunity and pressure of the booming economy, followed by subsequent economic uncertainty, may affect families transitioning to parenthood from different socioeconomic background in different ways. Due to the economic growth occurring in Alberta prior to 2009, first-time parents may be experiencing economic influences both qualitatively and quantitatively different than in other regions of Canada.

Many factors may influence expectant parents as they transition to first-time parenthood. Personal beliefs about motherhood and fatherhood, family origin, the decision making processes of the couple, and broader institutional, economic and social conditions may all influence how couples manage their paid

work and family work responsibilities (Goldberg & Perry-Jenkins, 2007; Sanchez & Thomson, 1997; Singley & Hynes, 2005). Socioeconomic status (a measure of occupational status, income, and educational attainment) and workplace policy and practices in different job-sectors influence access to parental leave benefits and affect the organization of paid and family work during early parenthood and beyond (Adler, et al., 1994; Baumeister & Vohs, 2007; Singley & Hynes, 2005). Furthermore, the organization of daily life and how one feels about their role in the home are influenced by beliefs surrounding motherhood and fatherhood. Prior to actual experience, an individual's expectations are shaped by cultural norms of what constitutes a "good" mother or "good" father. The expectations engendered by the impending transition to parenthood start as early as the attempt to conceive (Polomeno, 2007). After the birth of the infant, new roles are sampled and tested as each spouse goes through the transition and establishes a new parenting identity. However, preferred or ideal gender roles may be supported or challenged by the realities of new parenthood, and by broader workplace policies, and the economic circumstances of the couple.

The rest of the study follows and consists of Chapters 2 through 5. Chapter 2 includes a discussion of the literature relevant to the transition to first-time parenthood, social and marital supports, and issues surrounding the division of family and paid work after the birth of a first child. Research design is considered in Chapter 3. Chapter 4 reports the findings and includes discussion sections on first-time parents' expectations and experiences of support and nonsupport; first-time parents' descriptions of supportive roles in family work, and finally, the influence of social context on spouses' support exchange. To conclude, implications for knowledge and practice are considered in Chapter 5.

Chapter 2 - Literature Review

Transition to Parenthood

How couples support one another and manage their paid and family work responsibilities during the transition to first-time parenthood has implications for new parents' marital relationship, the new co-parenting relationship and the general well-being of the young family. The following review of the literature seeks to place my study within the broader context of current research. First, I will outline the concepts of transition and support. Next, aspects of the transition to first-time parenthood that may impinge on spousal support will be considered, specifically, the division of family work, and how the management of domestic tasks may influence partners' satisfaction with their relationship. Contextual factors such as broad economic forces, social policy, workplace culture, in addition to social and gender ideals will be addressed as they may account for different experiences of spousal support during the transition to parenthood.

The transition to parenthood literature dates back to the 1960s and can be broadly categorized into three phases (Golden, 2001). The first phase stems from an interest in studying the rise of female participation in the workforce and its implications for families, children and the traditional female role of caregiver. The second phase during the 1980s and part of the 1990s viewed the couple as a unit and examined how couples managed work and family, and divided domestic labour. The third and current phase embraces the premise that couples face a momentous task in organizing their paid and unpaid work and require assistance from workplace and government policy to manage their multiple roles (Golden).

This body of literature has grown to include health promotion and nursing research literature about life course transitions and family well-being (Brotherson, 2007). Transitions are long term processes involving change from one condition to another, changes in "identities, roles, relationships, abilities, and patterns of behaviour" (Meleis, Sawyer, Im, Hilfinger Messias, & Schumacher, 2000; Meleis & Trangenstein, 1994, p. 257). Transition is a bounded process beginning with the anticipation of the change, moving through a period of unrest, towards a period of greater stability where new roles are successfully adopted and new skills

are mastered (Bridges, 2003, p. 8; Meleis, et al., 2000). Polomeno (2007) considered the transition to parenthood as consisting of nine phases beginning with the decision to become pregnant and ending when the child is two years of age.

Challenges faced during the passage to parenthood may include concerns over money, relationship difficulties, coping with work issues, and decreased participation in social activities (Brotherson, 2007). Yet, who does what or “division of labour” issues persist contributing, arguably, to the most stress or conflict in a marriage (Belsky & Pensky, 1988; Cowan & Cowan, 1988). Overcoming the challenges of reorganizing family work and agreeing on a plan, are a major hurdle following an infant’s birth. Meleis and Trangenstein (1994) argued that nursing has a central role in facilitating successful transitions: “Nursing, then, is concerned with the process and the experiences of human beings undergoing transitions where health and perceived well-being is the outcome” (p. 257). Professionals in health promotion and nursing who work with new families have a stake in assisting couples to meet the challenges of new parenthood and to preserve and enhance the well-being of the new family.

Support and Well-being

Social support is an important resource used to buffer against stress and to enhance well-being in many different developmental transitions and health circumstances. Social support is defined as interactions and “information leading individuals to believe they are cared for and loved, esteemed and valued and belong to a network of communication and mutual obligation” (Bloom, 1990, p. 635). Support networks can be informal, consisting of friends and family, or include a formal presence of healthcare services and community agencies. Couples exist within a larger informal network of extended family, friends and neighbours who can offer one another emotional support, advice and feedback or tangible assistance and resources (Kane, 1988). Such reciprocal support exchange may “assist individuals to respond actively to forces which impinge upon them, thus facilitating coping with life issues” (DeSalvo-Rankin, Duff-Campbell, & Soeken, 1985, p. 146). The combined social support network of a couple is

related to a stable marital relationship and using support has been linked to more positive adjustment to parenthood (Myers-Wall, 1984 in DeSalvo-Rankin, et al.). Lu (2006) found that parents who reported receiving more social support had fewer psychological symptoms and greater marital satisfaction prior to the birth and six weeks after the birth of their baby. However, DeSalvo-Rankin et al. and a recent study from Quebec (deMontigny, et al., 2006) found that during the transition to parenthood, most couples relied most heavily on each other for support. During pregnancy, spouses reported that they received four-fifths of their support from their spouse rather than from other family members (Brown, 1986). Therefore, my study took into account the larger social environment of the couple, but given the apparent primacy of the couple's relationship, this study focused on support within the dyad itself.

The assumption that support automatically and easily leads to well-being is not always accurate; the pathway is not a straightforward cause-effect relationship. Engaging in coping behaviours such as rallying social support is influenced by one's personality, values and beliefs and one's sense of self-efficacy and "sense of power" (De-Salvo-Rankin, et al., 1985, p. 146). Supports may not be seen as available and may not be accessed; in turn, one's expectations of support may not match up with the experience of support. For instance, Belsky and Rovine (1984) found that after the arrival of a baby, although supports were used more frequently, satisfaction with the support experience diminished. DeSalvo-Rankin, et al. found new mother's perceptions of support did not always align with their experience: new mother's expected support from family and friends with childcare and household tasks which was not forthcoming 28% and 37% of the time, respectively. Furthermore, women transitioning to first-time parenthood had similarly high expectations of the amount of support they would receive from their spouses for housework and infant care (Cowan & Cowan, 1988; Ruble, Fleming, Hackel, & Stangor, 1988; Cook et al., 2005). The use of social supports is further complicated by men's and women's different ideas of who is available to do what. In DeSalvo-Rankin et al.'s study, men were found to have a narrower list of available supports than their partners. Although support

networks can provide a buffer against stress, at times expected support may not be recognized as available or may not be forthcoming.

Support between spouses may be conceived as an interpersonal exchange of four types of support: emotional, informational, instrumental and appraisal (House, 1981; Williams, Barclay, & Schmied, 2004). The conceptualization of support put forward by Gottlieb (1978) may be pertinent as it consists of a willingness to act and intervene in the environment through “emotionally sustaining behaviours” and “problem-solving behaviours” (as cited in Williams, et al., 2004, p. 952). In the postpartum context, support was defined by African American mothers as “being there” indicating the support providers had intentions to be available and provide help when it was needed (Coffman & Ray, 1999). Support may be seen as the amount of interdependence within the partnership which suggests a relational process of giving and receiving (Coffman & Ray). Golden defined “spousal interdependency” as exchanges which either facilitate or constrain one’s “realization of [parent or worker] role expectations” (p. 244). Therefore, Golden’s concept of “spousal interdependency” takes into account the potential for supportive and non-supportive behaviours.

Golden (2001) contended that interdependence increases upon becoming a parent where the decisions one partner makes about how time is spent directly impacts the choices of the other spouse as “someone must always be with the baby” (p. 252). However, Golden also explained that the amount of agreement within the partnership about how roles are defined and carried out is central to the couple’s support and satisfaction. Therefore, discrepancy and disagreement within the partnership with regards to new parenting roles may be problematic and have negative consequences for marital well-being (Cast, 2004). Golden defined roles as “relationships between people” and “patterned (normative) exchanges of behavior” (p. 251). During the transition to parenthood, couples construct their new roles as parents through an “interactional process” which takes place within a larger parenting culture (Singley & Hynes, 2005). These emerging parenting roles are necessarily interdependent; and this interdependence has both a behavioural component and a cognitive or symbolic component. In the

behavioural component, couples decide who will carry out what tasks, and in the symbolic component, couples ascribe meaning to what they do. Therefore, support exchange between spouses should be seen not only in relation to the arrangement of tasks but also to each person's satisfaction with the arrangement. Satisfaction, argued Golden, arises from the shared meaning, or congruence, surrounding parenting roles and how "patterned (normative) exchanges of behaviour" are arranged (p. 253). These behaviours are mutually influencing. Satisfaction or dissatisfaction with spousal support may stem from how one sees one's spouse's behaviour as either supportive of, or a barrier to, fulfilling one's desired parenting role. In short, how these roles either align with or diverge from one's perceived ideals of motherhood and fatherhood contribute to satisfaction or dissatisfaction, which in turn may influence the transition experience for first-time parents.

Marital Satisfaction

Studies have concluded that upon becoming parents, women and men experience a moderate decline in marital satisfaction (Belsky, 1985; Belsky & Pensky, 1988; Cowan & Cowan, 1988; Harwood, McLean, & Durkin, 2007; Lu, 2006). However, Belsky and Pensky (1988) found that having a child does not lead deterministically to marital conflict and breakdown; more often the nature of the marital relationship prior to the birth of the baby is predictive of how the relationship will develop subsequently (Belsky, 1985; Cowan & Cowan, 1988; Wallace & Gotlib, 1990). Increased stress and decreased satisfaction with the relationship tends to be higher during the early part of the postpartum period when the "emergent family system" is at the peak of change and adaptation (Belsky & Pensky, 1988). A Canadian study examining the dynamics of early family relationships identified tension and disorganization at the six-week mark as the new family system evolved and as each partner adapted and changed (Bell, et al., 2007). If we apply Golden's idea of interdependence then, both who carries out what tasks (the behavioural component of interdependence) and what meanings are attributed to those tasks (the symbolic component) are in a state of flux. Cast (2004) reported that parents in agreement about their roles experience

less decline in individual and marital well-being and satisfaction. Therefore, the amount of agreement within the partnership about roles and responsibilities, although central to the couple's support exchange and satisfaction, is still under negotiation during the transition to parenthood.

Dividing Labour: Who Does What?

Strong evidence exists in the literature linking marital quality with the division of labour during the transition to parenthood. For both men and women, satisfaction with the organization of family tasks was linked to self-esteem, parenting stress and marital quality after the birth of the baby (Cowan & Cowan, 1988). Gjerdingen and Center (2005) found that after childbirth "couples perceived less housework sharing and less satisfaction with work sharing" (p.103). Harwood et al. (2007) found that how couples organized household labour and the way time together changed once becoming parents influenced postnatal relationship adjustment (p. 8). Women who felt overburdened with domestic and childcare responsibilities experienced a decline in marital satisfaction more so than men (Belsky & Pensky, 1988; Cowan & Cowan, 1988). Conversely, the more the fathers were involved, the more satisfied women were with the couple's division of labour (Cowan & Cowan, 1988). This is significant given that women's postpartum satisfaction with housework sharing has been linked to their satisfaction with their partner (Gjerdingen & Center, 2005). A study from Sweden (Moller, et al., 2008) found a significant correlation for women between household workload and satisfaction with the couple relationship when variables such as stress and child temperament were controlled. For men in this study, levels of stress correlated with levels of satisfaction with the couple relationship (Moller et al.). However, Cowan and Cowan (1988) found that men's satisfaction with the division of labour in the home was the highest factor influencing their marital satisfaction at six months postpartum. Increased responsibilities with housework and couple disagreement about roles were identified as a top issue for men (Brotherson, 2007). However, couples in one study did not explicitly discuss their division of household roles until a change, such as becoming parents, forced them to re-evaluate their arrangements; usually

this happened when one partner – most often the woman – became frustrated with the status quo and initiated an open discussion (Wisemann, Boeije, van Doorne-Huiskes, & den Dulk, 2008). Therefore, agreement between partners about roles and the division of labour is of concern to both women and men and has implications for their continuing relationship and consequently for family well-being.

With the arrival of a new baby, the entire workload of a household increases significantly. Gjerdingen and Center (2005) found that total work volume increased 35.6 hours for women and 23.5 hours for men as they continued to work outside the home. The increased amount of work for mothers resulted from the time needed to provide care for the new baby. Cowan and Cowan (1988) found that women tended to carry out more of the care for the baby at six months postpartum than either partner predicted. Although fathers are increasingly involved in care giving, women are performing the majority of childcare, especially when infants are young (Gjerdingen & Center). However, Cowan and Cowan found that from 6 to 18 months fathers' participation increased significantly and men who were doing more childcare than others in their cohort at six months felt more positive about themselves. Fathers' increased contribution to infant care from 6 to 18 months may be due to the mother's return to paid work as some studies have claimed (Hall, 1994; NICHD Early Childcare Research Network, 2000) or due to increased comfort of fathers with babies as they become more interactive (Barclay & Lupton, 1999; Goodman, 2005).

In terms of household tasks, childcare and paid work, Sanchez and Thomson (1997) found women, overall, experienced the greatest shift in their daily routines and how they allocated their time and energy. Using US data from 1987-88 and 1992-94, Sanchez and Thomson found that motherhood increased women's hours of work in the home and decreased their hours in paid employment. In turn, fathers' work in the home decreased and their hours in paid employment increased. These changes, following traditional gender norms, became more pronounced with two or more children. In addition to experiencing the larger change in daily routines, women were more likely to occupy the

“primary role in ‘balancing’ work and family for the couple” and were more likely to take advantage of part-time and flexible work arrangements to work around their spouses’ schedules (Singley & Hynes, 2005, p. 390). Again, this follows normative gendered roles which see a woman’s work as more flexible, and her role in the household and family life as primary.

Accounting for Different Experiences

The transition to parenthood may be experienced differently due to the socioeconomic status of the couple. Goldberg and Perry-Jenkins (2004) found that the division of labour was not predictive of well-being for working-class women across the transition to parenthood and doing more than expected was not related to increased distress. This finding conflicts with other literature which claims that violated expectations about how tasks will be divided are generally predictive of a decrease in marital satisfaction especially for women (Belsky, 1985). Specifically, Goldberg and Perry-Jenkins found that women’s mental well-being was predicted more so by the division of childcare tasks as opposed to the division of general household tasks – considering that the increase in workload stems mainly from childcare this finding makes sense (Gjerdingen & Center, 2005). In fact, women who were at increased risk of distress worked part-time, had less involvement with childcare than expected and held more traditional gender ideologies (Goldberg & Perry Jenkins). This deviation from the traditional female gender role as caregiver caused distress for women in the sample who valued traditional gender roles. Goldberg and Perry-Jenkins argued that perceptions of fairness surrounding the division of tasks were related to marital conflict for middle-class women but not necessarily for working-class women. Such findings suggest that it is not the task itself but the meaning ascribed to the task which is important. Indeed, Kluwer, Heesink and De Vliert, (2002) found that although women contributed more time to household work, they tended to report “fairness” as being quite high. In addition, Cowan and Cowan (1988) found that measures of spousal adaptation were more closely related to role satisfaction than to actual sharing of family tasks.

During the transition to parenthood roles tend to become specialized along

traditional gender lines with women assuming the bulk of responsibility for childcare and household tasks and men assuming responsibility for paid work outside the home (Belsky & Pensky, 1988; Cowan & Cowan, 1988; Gjerdingen & Center, 2005; Sanchez & Thomson, 1997). This alignment with traditional gender roles may be explained by a number of factors. Goldberg and Perry-Jenkin's (2004) study of first-time lesbian parents, speculated that biology and pragmatic economic decisions may influence the division of roles, at least early in the infant's life. They found that both the age of the partners and income levels determined who in the lesbian partnership would become the biological mother. Similarly then for heterosexual couples, issues of earning power and biology may influence choices surrounding the division of labour, at least early in the postpartum. Yet, how heterosexual couples proceed to divide childcare and work responsibilities as the infant grows older may be shaped by perception of gender roles or by pragmatic concerns and workplace policy (Singley & Hynes, 2005). Strauss and Goldberg (1999) illustrated that as men make room for the role of father, they decrease their role as spouse and role in leisure activities rather than their role as worker. The authors speculated that men may feel pressure to continue as the "provider" and workplace flexibility may not be available to them. The difficulty for fathers in managing their wish to spend time with their new infant with the need to earn money for the family and the expectations of their workplace is apparent (Barclay & Lupton, 1999; Bolzan, Gale, & Dudley, 2004; Henwood & Procter, 2003). Trying to reconcile work-home demands is also influenced by both official workplace policy, and unofficial workplace culture. As Singley and Hynes (2005) found, men's use of parental leave and workplace policies was not encouraged, leaving their spouses to seek out more flexibility in their paid employment, thus decreasing the men's need to use the "available" workplace policies.

The arrangement of paid and unpaid work during the transition to parenthood is influenced and structured by broad forces such as economics, social policy, and workplace culture (Singley & Hynes, 2005). Other influencing factors are social ideals which become expressed in workplaces, in the media, and in

families. Construction of new identities of mother and father is also influenced by the couple's interaction and their level of agreement around traditional or egalitarian parenting roles. It is argued that a move towards more traditional gender roles may not be a negative unless one member of the couple perceives the arrangement as somehow unfair or undesirable (Cowan & Cowan, 1988). As Goldberg and Perry-Jenkin's (2007) study of working-class women suggests, perception of "fairness" and satisfaction with parenting roles and spousal support will differ for each couple as they navigate a new life-course. In-short, experiences will vary according to social class and gender. Therefore to simply focus on "who does what" or "role performance" may be too narrow in perspective. Instead an exploration of the meaning ascribed to tasks and roles in the home and the factors which influence the development of these roles is warranted.

Much is known about the transition to parenthood yet current prospective North American studies are few and far between. Both Golden (2001) and Singley and Hynes (2005) interviewed men and women as they transitioned to parenthood and both studies relate closely to the current study. Golden's grounded theory study in the US examined how roles are constructed during the transition to parenthood via couple-level interaction in the context of "high modernity". Singley and Hynes explored the influence of workplace policies on couples' decision making around paid and family work. Like Golden, they focused on couple-level interaction and the negotiation of new parenting roles in the US context of available state and workplace parental leave policies. I examined support between new parents in a current Canadian policy context around parental leave. No current Canadian prospective studies exists that focuses on both new mothers' and new fathers' experiences with spousal support, the division of paid and family work and the influence of socio-economic status on the transition experience.

The aim of this focused analysis, then, was to explore how couples described partner support during the transition to parenthood, how they described supportive interactions and roles around family work, and how they managed

issues of childcare, household responsibilities and paid employment in the context of broader socio-cultural conditions. Understanding how these choices are made and how roles are defined and enacted is central to the experience of support and critical to an ongoing nurturing relationship. Considering the discord and stress that can arise from unresolved issues about the division of household labour and paid work, this study of early parenthood informs a Canadian context and may encourage practitioners working in health promotion and nursing to consider the importance of the daily arrangements around paid and unpaid work and its impact on new mothers and fathers.

Chapter 3 - Research Design

The purpose of a qualitative approach to research is to obtain rich, descriptive data in order to “describe and explain the social world” (Morse & Field, 1995, p.1). As a qualitative method, ethnography seeks to engage in “cultural analysis”, to explore and describe patterns of behaviour, societal structures and the shared values and meanings of these behaviours (Hodgson, 2000; Richards & Morse, 2007). More specifically, ethnography seeks to “elicit the participants’ point of view and to understand their world” – as far as the researcher is able (Cook, 2005, p.131). Augmenting ethnographic work with a critical perspective serves to question current social conditions and political structures (Cook, 2005). Thus, critical ethnography questions the “taken for granted” assumptions of everyday life and attempts to reveal these assumptions as a part of larger social and institutional forces, which may influence people’s expectations and experiences (Thomas, 1993). One of the goals of critical methodologies is to promote change to existing government and workplace policies thus addressing social inequalities, including health inequalities (Cook, 2005). A critical approach was used in this study to draw attention to the factors influencing the transition to first-time parenthood such as parenting and gender ideals, institutional structures of work, and the influence of government policy. Critical ethnography is an appropriate qualitative method for analyzing first-time parents’ experiences of spousal support as they work together to manage family and paid work.

Sample

A selection of seven couples formed a sub-sample from the larger ongoing principal study (Appendix A) that includes 21 families in diverse circumstances. Participants recruited for the main study were men and women preparing to become first-time parents who reflected a range of socioeconomic conditions and variations in culture or ethnic background found in Edmonton, Alberta. Prenatal classes offered by the local Public Health Department of Alberta Health Services provided the main venue through which expectant mothers and fathers were recruited to the study. To be included in the study, at least one of the expectant

parents needed to be employed 15 hours a week or more, with participants being 18 years of age or older. Participation was required from at least one expecting parent, preferably both parents, and at least one grandparent.

The purposive sub-sample for my study includes seven couples reflecting a variation of socioeconomic backgrounds. Socioeconomic status is a measurement of economic standing determined by employment status, family income and education (Adler, et al., 1994; Baumeister & Vohs, 2007). Chosen couples represented a range of employment including intermediate service workers, paraprofessionals, skilled workers, middle managers and professionals (National Occupational Classification, 2001). A range of gross family income levels were reported, with the lowest family income reported between \$40-54,999 per year and the highest family income reported between \$120-129,999 with the mean income reported between \$70-89,999 per year. Education levels ranged from less than high school, trade or technical, to professional and graduate or post doctoral work, with most participants holding a college or university degree. A variety of socioeconomic backgrounds were included in order to provide a range of experiences that may reveal different issues and realities in managing paid and unpaid work during the transition to parenthood. To limit the scope of the project, participants who immigrated to Canada were not selected for this focused analysis.

Although a small sample size may sacrifice external validity, it can ensure a novice researcher a greater possibility of internal validity by limiting the amount of data needed to be accurately described and categorized (Mayan, 2001). Ethnographic studies and qualitative studies tend to have small sample sizes, which are justifiable in that they provide the ability to delve into the depth of a phenomenon (Mayan, 2001; Morse & Field, 1995). The modest sample size suits the purposes of a Master's thesis while still providing a basis for adequate data.

Data Generation

I carried out an analysis of semi-structured interview data, generated from first-time parents who were recruited for the MIS project (Appendix A). Expectant parents were interviewed separately at two points in time: once during

the second or third trimester of pregnancy and again nine to twelve months after the birth. One couple was interviewed three times: prior to the birth, when their baby was five months and then again when their baby was 18 months of age. Initial interviews occurred throughout the summer and fall of 2007; second interviews occurred throughout 2008 and early 2009. The timing of the second interview occurred after mothers had returned to paid work or indicated that they had decided to remain in the home for the near future.

I conducted ten out of the fourteen follow-up interviews. The initial interviews and the other four follow up interviews were conducted by research assistants in the main study. Participants were interviewed primarily in person, although telephone interviews were conducted for couples who had moved away from Edmonton after the birth. Interviews were digitally recorded and were transcribed verbatim. Transcripts were checked for accuracy primarily by me with the help of a research assistant for a few of the transcripts. In addition to the transcribed interviews, data included completing a demographic summary of each participant. Finally, field notes were produced after each interview that documented interviewer observations of the interview context. As a focused analysis of the MIS project, no additional data were generated independently of the principal study.

Data Management

NVivo8 qualitative management software was used to organize and store the data. Original transcripts, memos, and the nodes developed during the analysis process were stored in the application. This software permits the researcher to pose questions of large data sets and categorize data.

Data Analysis Strategy

Analysis in qualitative research is a systematic process of working inductively to produce satisfying and intriguing explanations of context-bound, naturally occurring phenomena (Richards & Morse, 2007). This process of abstracting or thinking “up from the data”, from the concrete to the abstract, necessarily begins with becoming familiar with the data and never losing sight of how each research event is relevant to the project purpose (Richards & Morse, p.

161). A focused analysis of the data was carried out using latent content analysis and a critical ethnographic approach. Latent content analysis is a common form of analysis in qualitative inquiry and defined by Mayan as “the process of identifying, coding, and categorizing the primary patterns in the data” (2001, p. 21). Critical ethnography was used to add a further layer of analysis where the everyday detail of the lives of the participants reflected in the data was viewed in context and linked to broader social patterns and government policies (Agar, 1996). I attempted to address my research questions from a critical perspective: how are supportive interactions at the couple-level and the management of paid and family work influenced (i.e. constrained or facilitated) by socioeconomic conditions, and circumstances of employment and childcare? Furthermore, how are expectations of parenthood shaped by gender or social ideals about new parenting? These critical questions were applied to the data to identify the partially articulated or unarticulated assumptions about gender roles (the participants and my own) and how they shape private lives. In keeping with a critical perspective, I attempted to take into account the implications of my research and how it might play a small role in improving the transition to parenthood experience and the well-being of new families. Critical ethnography was found to be congruent with the overall analytic strategy of latent content analysis.

Data Analysis

First, I became familiar with the data by reading each interview and recording general impressions of the context and patterns within the interviews and questions for future consideration. Richards and Morse (2007, p.135) describe this initial stage as “getting inside the data”. This was also achieved by reviewing transcripts for accuracy. Next I began an initial “coding” of data in which I identified recurring words, phrases or concepts within the data which allowed me to begin to organize the data (Mayan, 2001).

The next stage of latent content analysis is “categorization” in which, using NVivo8, I separated blocks of text related to specific participant experiences into different files which I then labeled. Then, passages of text were

reviewed in the context of the research questions and the context of the interview as a whole, before being identified by the “intent” or meaning of the section (Field & Morse, 1995). This review allowed for the participants’ intention to be marked, and enabled further categorization according to the “underlying meaning of the communication” later in the analysis process (Field & Morse, 1995, p. 136). Most data were categorized under “spousal support” or “roles and responsibilities” under which there were 10-15 “meaningful” and “manageable” categories (Mayan, 2001, p. 23). At times, a passage was double coded under both roles and responsibilities and spousal support. When a new category or node was developed, I wrote a description in order to identify the boundaries of the category and to separate it from other categories.

Periodically I reviewed my categories for consistency by considering whether coded data belonged to the initially selected category given the description of the category. In this way, I attempted to be consistent in my categorization of data through questioning the internal and external homogeneity of each division (Mayan, 2001). Internal homogeneity was established by asking the extent to which the data fit easily into the selected category *a posteriori*. External homogeneity was established by asking if “all the categories [are] distinct and separate” (Mayan, p. 23). In a small sample such as mine, it was still possible to identify negative cases, that is, data that differed from the majority of the sample. When this happened, I reviewed if there were other comparable examples or if this was truly a stand alone case. Questioning continued as to how this was different from other data. Some of these negative cases were presented to my supervisor for joint review and discussion.

Next, I focused on identifying relationships among categories and re-occurring patterns in order to decide what conclusions could be drawn. This process of analysis was cyclical with multiple passes through the data. With the help of peer review suggestions, from my thesis supervisor, and constant conscious questioning, themes and patterns were identified and extracted from the data. To verify that patterns were not missed, four tables were developed in the following topic areas: individuals’ expectations and experiences of infant care;

expectations and experiences of household work; participants' description of roles and responsibilities; and changes to paid work from the prenatal to the postnatal period. General findings and demographic information for each participant was included. Tables were reviewed to consider possible patterns in the data that were previously missed. Towards the end of the analysis and during the writing process critical questions were posed of the data. For example, I considered how the management of paid and family work were constrained or facilitated by the availability of parental leave and childcare. I also considered expectations of parenthood, often shaped by gender or social ideals, influenced the division of roles and caused conflict between the pursuit of both paid work and ones parenting role.

Rigour

To ensure that the process and results of the study were sound, I employed several strategies to try to ensure valid and reliable results (Richards & Morse, 2007). For the purpose of this thesis the terms internal and external validity will be employed (Mayan, 2001). Internal validity can be defined as how well you understood and accurately represented the phenomenon by asking "Did we get the story right?" External validity refers to the extent that the findings project "fit" or are applicable to other contexts. Internal validity can be ensured through a variety of verification strategies. The aforementioned strategies of reviewing categories for consistency and peer review were employed.

Verification *during* the study was considered the best way to ensure rigorous results (Mayan, 2001). Verification, described by Mayan as the "the process of checking, confirming, making sure, being certain" (p. 26), was in fact very time consuming and difficult. According to Richards and Morse (2007), this is accomplished by taking "an active roll of inquiry" (p. 192) through asking questions of the data, in order to challenge assumptions and reveal the "taken-for-granted". Furthermore, I regularly set aside time to monitor the consistency of coding in order to be sure I was "getting the story right". As a new researcher working inductively from the data, I tried to remain responsive and flexible in order not to rush to conclusions. With my supervisor and, to a lesser extent the

main study research team, I discussed my analysis and my rationale for codes and categories. Such verification procedures, espoused in the ethnographic tradition by Thomas (1993), and termed “peer review”, were used to strengthen internal validity (Creswell, 1998).

Reflexivity

Other techniques used to ensure rigour were “memoing” and journal writing, which provide an audit trail of research progress and decisions. Consistent with recommended procedures (Hammersley & Atkinson, 2007; Mayan, 2001; Richards & Morse, 2007), I wrote memos to record my emerging ideas and questions about the data analysis process. Notes were kept on thoughts, decisions, descriptions of the categories, and changes made to categories over time. These analytic notes were a part of the reflexive process, an internal debate and dialogue about the research project, and the “essence of reflexive ethnography” (Hammersley & Atkinson, p. 151). These memos also documented insights and ideas concerning how and why categories were created and assisted me to consciously reflect upon my decision making processes. Finally memos provide a project history that can be scrutinized by others (Richards & Morse, 2007, p.199; Mayan, 2001).

Journal writing, the second technique, provided a space for exploring my own assumptions, biases and feelings about the research and analytical process. This allowed me to question my assumptions, reactions to participants and how they were shaping my analysis. Reflexivity is seen as an essential and even an ethical part of ethnographic research whereby the researcher reflects upon her or his position with respect to the research participants and the research process (Madison, 2005; Hodgson, 2000). As Madison advocated, my journal included thoughts about how the participants are represented in this study and what the resulting implications might be. For example, during the writing process I became aware that I hold a liberal feminist bias about employed mothers as possessing a higher status in comparison to stay at home mothers. This awareness informed my subsequent preparation of the final text to ensure my presentation of findings was well-supported by participants’ data and not by my own biases.

Ethical Considerations

Ethics approval was secured for the principal study by the primary investigators (see Appendix B). Subsequently, the principal investigator received approval from the University of Alberta's Health Research Ethics Board for me to undertake a segment of research that was closely aligned with the purpose of the broader MIS study. Throughout the MIS study the ethical standards for recruitment and informed consent were closely followed.

The following are the main ethical considerations related to my specific project. During the analysis, all personal information was safely guarded; participants and their transcribed interviews were labelled with numerical codes and kept in one secure location. Extra electronic copies of interview transcripts were deleted once imported into NVivo8. The project was password protected. During the writing process, no potentially identifiable details about participants were revealed, and pseudonyms were used, thus ensuring their anonymity and privacy. In conclusion, all results of the interviews were kept confidential and were scrutinized by team members only.

Chapter 4 – Findings and Discussion

Sample Description

A sub-sample of seven couples was selected from the larger ongoing principle study Mobilizing Intergenerational Social Support during the Transition to Parenthood (MIS). Participants were interviewed once during the second or third trimester of pregnancy and again nine to twelve months after the birth (with one couples interviewed prior to the birth and at five months and again at eighteen months after the birth). All couples in the sample were born and raised in Canada and are of a North-American/European background living in the Edmonton area at the time of their recruitment. Five couples reported being married and two were in common law relationships. Couples reported being together from 2.5 to 9 years and were together for an average of 5.5 years. Men's ages ranged from 25 to 38 (average 30.5 years) and women's ages ranged from 21 to 32 years (average 28 years). All but one pregnancy was described as a planned pregnancy. Six of the couples had full term, singleton births. One couple gave birth to twins who were born early and stayed in the NICU for a number of weeks before going home with no further complications.

Couples chosen for this focused analysis represented a range of socioeconomic backgrounds. Couples reported both their gross individual and family incomes at both interviews. Gross family incomes reported at the first interview ranged from a low of \$40-54,999 per year to a high of \$120-129,999, with the mean income reported between \$70-89,999 per year. Educational attainment for first-time fathers ranged from less than high school to graduate degrees: incomplete high school (1), partial college (1), college (1), undergraduate (2), and a graduate degree (2). Men were employed in professional occupations in the natural and applied sciences (2), in post-secondary research and education (1) and in social policy research (1) (National Occupational Classification, 2006). One father worked in a managerial occupation and two men worked in skilled technical occupations in health care and in transportation and equipment operation. In addition, one man worked as a manager in retail trade. All men worked full-time in stable positions, with the exception of one man who moved

from a casual to a full-time position during the course of the study. Three men worked shift work or evenings and weekends, and another worked away for two to three weeks out of a month, sometimes able to return home on weekends. This sample represents paid work patterns that deviate from the standard daytime Monday to Friday workweek with only three of the seven fathers and two of the seven mothers working a standard schedule.

The women's education ranged from high school to a graduate degree: high school diploma (1), college (1), undergraduate (1), some graduate education (2), and a graduate degree (2). Members of a couple tended to have similar levels of education. Four women were employed part-time and three women were employed full-time hours. In total, four women were employed in professional fields with three women working as research assistants and one working in the health sector. Women were also employed in support occupations including childcare/home support worker, early childhood educator, and community social services worker (National Occupational Classification, 2006). Three women mixed their paid employment with their pursuit of graduate studies. Unsurprisingly, couples where both partners were employed full-time had higher incomes compared to couples where the mother worked part time and was pursuing graduate work.

After the birth of the infant, most women took some time off to provide care for their newborns while their spouses continued their employment. At the second interview, three women had decided not to return to paid work for the near future. Four women had returned to part time, paid work, with most returning when their babies were nine to twelve months old and one mother returned part-time when her baby was three months of age. Two of the women returned to graduate studies. Women's paid work patterns changed to a greater extent than men's work schedules during the transition to first-time parenthood.

Most men reported receiving pay increases during the study period, which lead to an overall increase in their families' incomes. Four men saw their incomes increase, two saw their income remain in the same range and one household saw their income decrease slightly. Most women's individual income

levels remained in the same range or decreased after the birth of their infants. Four women received Employment Insurance (EI) parental leave benefits, which provided a portion (55%) of their former earnings to a maximum of \$457 per week for up to one year. One woman, employed in a professional position, received employer-provided “top up” benefits in addition to the EI payment. Another woman kept her income stable by returning to paid work soon after her EI ended. However, it was fathers’ increased incomes which improved overall household income levels.

Overview of Findings

This critical ethnographic study explored couples’ experiences of spousal support during the transition to parenthood and the organization of family work (childcare and household responsibilities) and employment. Transition to first-time parenthood connotes both a situational change of learning to care for a new baby and a psychological change of adapting to a new parenting identity (Bridges, 2003). Study findings focus principally on the experience of support between spouses regarding family work, specifically care giving responsibilities, with less attention paid to employment outside the home.

In the prenatal interviews mothers expected to receive support from their spouses and fathers expected to give support to their spouses with infant care giving activities. Some fathers anticipated difficulties meeting their ideal level of involvement due to their responsibilities in paid employment. Generally, first-time mothers’ and fathers’ expectations for support from their spouses with infant care were met, leading to positive support experiences. Even though fathers wished to be, and were, involved with their new sons and daughters, mothers filled a central role in providing care for the new baby. Fathers, as the primary income earners for the family during the transition, faced the challenge of being present to support their spouses with family work, while meeting the demands of their paid employment. The majority of mothers remained at home for most of the first year: three mothers decided to continue in full-time family work and four mothers decided to return to part-time employment within the first year.

Support with infant care followed three main patterns: “managing and

helping”, where family work was chiefly organized by the mother, “joint collaboration”, where both parents shared more fully in deciding how care was organized and carried out and a middle category, “shared turn taking”. Three couples used the “managing/helping” pattern predominantly, while four couples used the “joint collaboration” pattern predominantly and relied on “managing/helping” when challenges with infant care arose. All couples used “shared turn taking” to further manage their care giving responsibilities. A few first-time parents experienced incongruence between their actual patterns of support versus their preferred pattern of support in family work.

New mothers and fathers talked at length about the demands of first-time parenthood, focusing on less time for each other, less sleep, more work, and the rewards of caring for their young infants, emphasizing a sense of fulfillment and wonder at watching their babies’ growth. Although most partnerships were supportive, parents had some expectations for support fulfilled while other expectations were left unrealized; the presence of both supportive and non-supportive interactions within the same partnership at the same time was common. Only two participants, one woman and one man from different partnerships, described their experience as generally non-supportive and yet they still provided examples of interactions which they characterized as support. The two participants who reported the most nonsupport wanted a more equal arrangement regarding how family work responsibilities were shared with their respective partners. Furthermore, they wanted more understanding and appreciation of their efforts and contribution.

Workplace policies and culture, parental leave policy, mothers’ decisions regarding returning to work, and the availability of affordable childcare all influenced couples’ support exchange. Informally, workplaces supported new families with managers who helped provide flexibility during the workday so fathers could return home if need be. Fathers with higher status positions had somewhat more control over their work schedule and used this to rearrange their workday as needed. Formally, workplaces offered parental leaves for their workers but although three fathers could access parental leave, they did not feel

able to take advantage of this opportunity due to financial constraints. Formal parental leave was either not available to fathers, was not financially practical or was not encouraged. Support between spouses was influenced by mothers' decisions around returning to paid work and external supports like quality childcare assisted couples in structuring their work schedules. Affordable, quality childcare was paramount and difficult to find. One couple accessed external financial supports to procure quality day care. Other couples relied on each other for childcare and then filled any gaps with a day home or relied on external family members as needed. For the three mothers who stayed at home, their decisions were guided by their beliefs around parenting roles and a preference for parental care. One mother's decision to remain involved in family work exclusively was partially influenced by her limited childcare options. For the time being at least, all three mothers did not need to work to support the family. Although some families had access to resources that allowed them to pursue their preferred plan, many had to work within the constraints of income, lack of a flexible childcare option, or a lack of flexible workplace options for parental leave.

Explanation of Terminology

A brief explanation of terminology and style is required prior to a detailed reporting of my findings. Terminology was chosen to avoid bias and to be inclusive. The labels spouse and partner will be used interchangeably to refer to husband, wife or fiancé. A distinction between married and common law couples will be avoided by referring to all participants as spouse or partner. The term paid work will be used to distinguish between employment, work completed outside the home for pay, and family work, work carried out inside the home without pay. The term family work will be used as a general term referring to the unpaid labour of care giving, chores or household work. Women have historically given their free labour in raising families and carrying out the daily household chores of cooking, cleaning, and washing. Unpaid, family work contributes to the welfare of family members, supports family members in their pursuit of paid employment and adds value to local and national economies (See M. Warring (1988) as cited in Kahu and Morgan 2007, p. 56). Students also engage in work, at times paid, at

times not, that carries with it responsibilities external to the home. Family work and paid work may not be equivalent in terms of the nature of the labour involved. Using the term “work” in a general way may be controversial for some scholars (see Bailey, 2000); however, applying the term to care giving and household tasks makes visible the labour involved in the home and positions it as a legitimate undertaking alongside the demands of paid and student work. Lastly, pseudonyms for each participant are used to present quotations connected to “real” people rather than as generics speakers.

The following detailed description will begin with a report of participants’ prenatal expectations for support with infant care and household work. This will be followed by couples’ postnatal experiences of support and nonsupport around both infant care and housework. Then a discussion of the patterns parents used to manage their roles and responsibilities around infant care will follow. Finally, the influence of the couples’ work and socioeconomic status on support exchange will be discussed as a critical factor in support experiences.

First-time Parents’ Expectations of Support

Expectations of support with infant care

First-time parents expected to be involved in caring for the new baby, with soon-to-be mothers expecting to receive support and soon-to-be fathers expecting to give support around care giving tasks. Most expectant parents talked in broad terms about being involved and doing “whatever” was necessary to ensure a supportive care giving experience. Such sweeping language indicates that not all expectations for support were articulated in the first interview; both soon-to-be mothers and fathers could not anticipate what their hopes and expectations would be in the context of life with a new baby. This lack of clarity around expected support was more typical for soon-to-be fathers than for mothers. The language soon-to-be fathers’ used to describe what support they expected to give their partners was less clearly articulated or was not articulated at all. One soon-to-be father in his mid twenties working in a managerial position provided an example of the language generally used: “It’s anything she needs really”. Anthony, who worked in health care, stated that he expected to give his spouse: “Whatever she

needs. ... Well, emotional, financial, parental, yeah....” Eric, a professional in a male-dominated field, kept his expectations focused on the needs of his partner and getting through the birth:

I’m of the mindset now that I’m here to support her at this point in time and what I can do for her will in turn support me through, through that way. *So the more calm and more comfortable she is, then the more calm and comfortable I’ll be* (my emphasis).

Rather than having his own needs met at this time, this soon-to-be father anticipated his role as being involved and being available to provide general support his spouse and the baby.

The amount of support soon-to-be fathers expected to give their spouses ranged from being fully involved to expecting to give her breaks. Before the birth of their babies, soon-to-be fathers described wanting to be involved in caring for their new infants while continuing to work full-time outside the home. However, some soon-to-be fathers, like Lucas, expected to be involved in every respect despite his new position in an academic field:

Umm, my conscious thought was to be involved in any and every way possible. All the way from you know, well, everything except feeding. You know, everything that Gwen does you know, I want to do, so ... she knew that and knows that and our parents know that and our families know that. That’s, I mean, that’s – who I am, that’s what I want to do.

Sean, with his unique schedule with long-run, distant work for the energy sector, anticipated supporting his spouse, Lara, by being involved as much as possible and emphasized giving her breaks from infant care: “Oh man, I would just love to be there, and then if, on my days off, I know that like just to give her time to, like leave, or sleep or whatever, you know.” This father along with two others gave “caveats” to their expected involvement. David, who started out in a skilled technical occupation working nights, expressed concern about the potential impact of his work schedule; however, he still expected to be “the best father.” He clarified what being “the best father” meant to him:

Being a parent...it’s the most important thing from – I want to be able to

do the best job that I can. I want to be a good provider, I want to be understanding, loving, all those things that uh being a parent requires.

David did not want his time away to be an issue of contention: “Those are pretty much my major fears that I don’t want her to use against me that I do work nights. That – I’m never around enough or that uh, I’m not helping out....” The third father, Neil, who worked with the public as a manager in a business, discussed his lack of energy after returning home from his paid workday and how this might curtail his involvement in family work. All three of these participants were younger soon-to-be fathers in their twenties who had the lowest incomes and mid to lower educational attainment in the sample. These expectant fathers, like those in higher status positions and better paying work, wished to be involved but they were aware and anticipated that paid work demands and their time away might limit their ability to provide support around family work. They hoped their partners would recognize the limitations with which they worked.

Expectant mothers generally articulated clearer expectations of the kind of support they wished to receive. During the prenatal interview most soon-to-be mothers expected their spouses to “be there” for them and the baby and to be involved in a variety of ways. The amount of support soon-to-be mothers expected to receive ranged from significant general involvement to specific ideas of support. Beth, spouse of Eric, who worked as a project coordinator, described her general expectation: “I guess just to be there for us. To be there, to help with whatever we need help with, and I know he will. Like I, I have no, no doubt about that, you know.” Sue, a soon-to-be mother who worked full-time in pre-school education, mentioned more specific expectations: “Oh I know he’ll do everything from like, bathing to bottle feeding....” Lara, involved in graduate studies before taking a leave of absence to have her baby, described wanting support with both direct infant care activities and with the indirect activities that support infant care. She mentioned not wanting to get stuck with all the “icky jobs” while her partner gets to do the “fun jobs”. In short, she wanted help with the instrumental tasks of raising a baby. This soon-to-be mother foresaw this as an issue as her spouse, Sean, worked away from home for weeks at a time,

leaving her to manage the home front on her own. Although most women discussed their expectations for support with household chores, fathers did not discuss housework; instead, support around infant care was emphasized over housework and was viewed by most first-time parents as the top concern.

In the prenatal interviews parents expected that soon-to-be mothers would be the principal providers of infant care and soon-to-be fathers would be available to provide support to them. With the focus on the mother's new role, support for the first-time father in his new role was mentioned, but less often. Natalie, a student expecting twins, mentioned the need to recognize her spouse's role: "Just to acknowledge that, you know what, it's not all about me. 'Cause it's him, too, and it's not all about babies, or how I'm doing. ...He's dad,...so he needs to be supported, as well." Two other soon-to-be mothers focused on their spouses having their own time with the baby and being independent with the baby.

Trisha, who was involved in part-time work and who was also a graduate student on leave, wanted her spouse to be independent with the baby and have space to parent in his own way:

I want him to be able to be alone with the baby, too, so I'm gonna give him support around how you, like how to take care of the baby. *But I want him to be able to figure it out on his own, too* (my emphasis).

This soon-to-be mother who had past experience with young infants planned to help her spouse so that he could be independent with infant care which in turn would allow her to return to work and school. She was one of two women who spoke with clarity about wanting her spouse to have his own separate parenting experience. She was also aware of the importance of showing appreciation for her partner's efforts around infant care. "So I want to be really accepting of any efforts that he makes, too." Trisha's description of wishing to help her spouse learn the basics of infant care illustrates a general assumption held by soon-to-be parents that women possessed more experience than men in providing care for the new baby.

Although many participants assumed soon-to-be mothers' advantage around care giving, both expectant mothers and fathers talked about their

impending need to learn new skills in caring for a dependent newborn. One soon-to-be mother, Gwen, a professional with the highest income of all female participants, and one soon-to-be father, David, who earned the least amount of all the male participants, both talked about learning “baby basics” and learning “as the process goes along” and both planned to rely on their spouses for support while learning infant care. Expectant parents who emphasized learning new instrumental skills ranged across gender and socioeconomic backgrounds. Therefore, although some soon-to-be mothers had prior experience, either through their paid work or in caring for young family members, both soon-to-be mothers and fathers anticipated the need to learn and remain open during the transition to first-time parenthood. Expectant parents were aware, at least in part, that life with a new baby would fundamentally alter their focus and increase the need for support exchange between them and their spouses.

Expectations of support with household tasks

Although soon-to-be parents said less about housework than infant care, a few points are noteworthy. Most soon-to-be mothers, with the exception of one, discussed their expectations for support around housework and general household tasks after the birth of their first child. In contrast, most fathers did not mention housework, either as an area around which they wanted support or as a way of providing support; and instead emphasized their involvement in care giving. Soon to be mothers, however, expected their spouses to “pitch in” as one mother stated:

So I think that most of the time will be me breastfeeding so I think he'll take over a lot of the other things again, like you know, the laundry, the going out and doing groceries and things like that which will be wonderful to have him be able to do that.

Trisha mentioned wanting help with the housework if she “can’t get to it” or if she had had a “hard day”. She stated, “if I’ve had a hard day with the baby ... I would like him to help with things like dishes, or you know, if I start the laundry, if he would finish it.” Other pregnant women, however, de-emphasized housework; for example, although Gwen wanted her spouse to continue with meal

preparation she particularly wanted his help with learning “baby basics”. Sue mentioned that she would like some help but knew her partner did not like certain aspects of housework and consequently qualified her expectations: “He hates doing laundry but I’m sure he’d do it if he had to”. At another point in the interview she reported that he was “good at cleaning” and expected his help with “just pretty much the whole package”. Keira was the only first-time mother who did not mention anything about her expectations for support around household chores. Instead she saw her role and way of supporting her spouse as taking care of these tasks. Hoping for help with housework, if they “can’t get to it” and downplaying expectations of what their partners might contribute suggests that some soon-to-be mothers saw household work as predominantly their responsibility with their partners playing a secondary role. By modifying their expectations, perhaps women inoculated themselves from disappointment if subsequent help was not provided.

Discussion of Expectations of Support

Soon-to-be mothers expected to receive support with infant care and household tasks and soon-to-be fathers expected to give support to their wives around infant care and remained frequently unclear about their role in housework. Parents, therefore, expected the soon-to-be mother to fulfill a central role in providing emotional and practical care for the infant in addition to managing the household. As found in other studies, first-time parents viewed the expectant mother as the central caregiver and expectant father as helpmate as he focused on providing financial support by working in full time employment (Miller, 2007; Fox, 2001). Only a few soon-to-be fathers explicitly mentioned anticipating their role as a provider with most fathers leaving this role unstated and taken for granted.

Cook, Jones, Dick and Singh described expectations as “personal beliefs for what will be done” (2005, p.166). All soon-to-be mothers expected their spouses to be involved in ways that ranged from acting as helper to being an equal partner and sharing responsibility for infant care. Soon-to-be mothers had, overall, more specific ideas about what help and support they expected to

exchange with their partners. They also had specific expectations about support they would like to receive around household chores. Studies document expectant mothers' moderately high expectations of being able to rely on their spouses for assistance with infant care (Cowan & Cowan, 1988; Ruble, et al., 1988; Cook et al., 2005). However, other studies found expectant mothers tended to overestimate the amount of support they actually received from their spouses with infant care and household chores (Gjerdingen & Center, 2005; Harwood, McLean, & Durkin, 2007).

Fathers, as other literature suggests, (Pancer, Pratt, Hunsberger, & Gallant, 2000; Wisemann, et al., 2008) held vague or "underdeveloped" expectations about the responsibilities of fathering and how they were going to support their spouses (Hall, 1994, p. 219). Soon-to-be fathers anticipated "being there" to help which is a common hope during the transition (Barclay & Lupton, 1999). Fathers did not mention housework specifically as a way of helping their spouses and often held vague notions around the division of household labour. Perhaps, as Wisemann et al.'s (2008) study suggests, it is only until the division of labour becomes an issue that couples tend to explicitly discuss it; until then it remains an unspoken, implicit understanding which, more often than not, follows traditional gender patterns. However, some fathers described their role in precise language with some expecting to be fully involved; Lucas provided an example of the "new fatherhood" ideal stating that he would do "everything" his spouse would do for the baby. The "new fatherhood" ideal sees men as nurturing participants in childcare who are both physically and emotionally available to their children (Coltrane, 1996; Goodman, 2005; Hall, 1994). "New fatherhood" or "involved fatherhood" stands in contrast with the traditional masculine roles of fathers as the distant authority figure and provider, removed from the daily tasks of raising children (Coltrane, 1996).

Although some fathers like Lucas planned to be involved fully when at home, other fathers anticipated that their work would act as a barrier to involvement. Three fathers who were in skilled work, in contrast to professional work, and one who was in a professional position with little flexibility, anticipated

the limits paid work would place on their ability to provide support. Studies on fathers' contribution to family work recognize paid work context as an important antecedent that influences fathers' involvement in infant care (Barclay & Lupton, 1999; Mehall, Spinrad, Eisenberg, & Gaertner, 2009; Singley & Hynes, 2005). It is particularly salient as a prospective study to see soon-to-be fathers identifying possible barriers to being an involved father; however, little is mentioned on their part on how to manage or challenge these constraints. In the next section, we shall see how accurate soon-to-be parents were in anticipating their experiences of spousal support around infant care.

First-time Parents' Experiences of Support

Experiences of support with infant care

When first-time parents discussed their support experiences around caring for their new baby, most described spousal support as matching, and at times, exceeding expectations. First-time mothers received a great deal of practical assistance from their spouses around infant care. Beth reported that her spouse, when home from work, was fully involved in the baby's bath and bedtime routine. At first glance, this couple appeared to divide their work along traditional gendered lines, however, when the father was home, they contributed fairly equally to household and care giving tasks. Natalie also had very positive experiences; expecting to have a difficult time with twins, she instead described receiving more support from her spouse than she expected. "I definitely think Malcolm has met or exceeded my expectations. He uh, he is an excellent, excellent father." This first-time mother made a point of describing the evening routine. "He's involved with the kids as soon as he comes home. He's there feeding them and helping me clean them up, playing with them. He's, he's been excellent." Three mothers compared their spouses to other men they had heard of who did not participate in family work, thus showing their spouses in a good light. Fathers also had very positive support experiences as enthusiastically described by Eric, "but without the support from Beth well, it – it wouldn't be worth it. Like, if it wasn't working for her, then all the pros don't – don't matter anymore." Malcolm, after their twins were born, felt well supported by his spouse and the

care she had provided for the twins. In response to whether his hopes and expectations had been met he reflected:

Oh, for sure. Yeah, absolutely. Like, she's just done a tremendous job with them in terms of you know, just being there and teaching them new things and playing with them and umm - you know, not getting too up or too down in terms of that situation, so she's been great.

Mothers and fathers who seemed explicitly happy about their spouses' support were in the highest income range and had the highest educational attainment. However, it is important to note that other couples in the middle range of the socioeconomic spectrum also had positive support experiences as described by Trisha:

He's really good with her, he'll put her down at night and he'll - he'll kind of, like he'll give me, you know, ten minutes here or half an hour there kind of thing, like I can go shower or I can - just those little things.

Again, the majority of mothers received the support they expected from their spouses around infant care and usually fathers gave the amount of help they expected to give in caring for their sons and daughters.

Having a colicky baby was an unanticipated challenge for two couples. The mothers and fathers of the two babies discussed their difficulties in soothing their crying infant and their difficulty at times in understanding the needs of their infant. Mothers of colicky babies had more need for support and expected more from their partners. Both Beth and Gwen described how their spouses would come home if they were having a particularly difficult day with a baby who was seldom content or happy. This type of practical support was highly valued, often because a mother's request for assistance came when she was feeling overwhelmed as Gwen explained: "like he could tell that I was, that I was done, then he would say okay, we'll have a home day." This couple coped with their baby, who had acid reflux, by reading up on the symptoms and accessing support from the health care system. Eric, who worked full time in a demanding professional position discussed his feelings of frustration with managing work and a baby who was seldom content:

If I get frustrated, I can't say, well, I'll relax at work tomorrow because it doesn't work for me. So if I come home and I'm still frustrated, I still need to say, I know I just got home, it's been an hour, but if you give me from 6:30 to 7:00, you can have the rest of the night

When asked what helped him through his feelings of frustration, he described his reliance on his partner for support.

Despite their generally supportive partnerships, however, both couples with colicky babies experienced challenges with care giving. Sleep deprivation lead to tensions, conflict and mismatched support that tested their relationships. Beth aptly described their situation:

You know, it's been a challenge. I mean, we've had struggles obviously, you know? Eric and I, we've had fights, more fights, I guess than usual, you know? Because you're tired. You're exhausted. *You're both thinking you're doing the same thing and maybe you're not.* And you're just trying to do the best that you can and the other person is fed up, or whatever. Whatever the case may be. But we're trying to be more patient with each other. It's a challenge (my emphasis).

This couple was, at times, mismatched in the kind of support they were giving to each other; mismatched support is defined as support provided that does not match the priorities of the person receiving the support (Neufeld & Harrison, 2003). However, once they began to get more sleep, the situation improved as Eric explained:

So we finally got some sleep and realized we were just - doing the right things, just at the wrong times (chuckles) or the wrong times for the right things and just things weren't working out. So once we started sleeping, that really helped out a lot.

What helped this couple improve their sleep was slowly getting their baby into a routine and sleep schedule. This couple opted to go with the "no cry" method of sleep training which both parents agreed to use although it took time.

In contrast, Gwen, feeling deprived of adequate rest and unable to function during the day, decided to use a more direct method to training her colicky baby

to sleep through the night. During the sleep training process, she and her spouse Lucas ended up disagreeing on what approach to take to help their baby learn to self-sooth. This latent difference came to a head during the sleep training process when her spouse changed his mind and withdrew his involvement leaving Gwen to manage on her own at night. This example illustrates both an unmet need for support and an “interpersonal disagreements” that is difficult to anticipate prior to being in the situation (Semple, 1992 as cited in Neufeld & Harrison, 2003, p. 324). In retrospect, this first-time mother might have considered discussing parenting issues with her spouse before the baby was born so they could better anticipate where they might differ in their approaches. Despite some differences in opinion, this first-time mother felt well supported by her spouse overall. Both couples with “high needs” babies experienced conflict and by addressing their areas of disagreement, they continued to experience strong support during the transition to first-time parenthood.

Parents who described their infants as relatively “easy” or “easy going” also faced challenges around learning to parent. Challenges that fathers faced, that mothers did not talk about, included learning to interact with a young infant and learning to be patient. In the prenatal interviews, fathers did not anticipate needing to change their own conduct and having to manage their feelings of frustration. After the birth, however, fathers talked about the challenge of being patient with the baby. Neil felt his patience was tested as he faced the challenge of feeding his baby with a bottle for the first-time while his spouse was at work:

I - I’m a pretty patient person. But sometimes it’s ‘cause they don’t communicate how we communicate obviously so it’s - like, “what do you want?” And you, you get frustrated and you get impatient sometimes... Well, it’s just a communication barrier, you know, it’s like they don’t know what we’re saying; we don’t know what they’re asking for. Like, I knew she was hungry but she didn’t want the bottle and - she’s crying, so she’s trying to tell me something. I don’t know. Maybe I had cold hands. I don’t know (chuckles).

Another father, David, also talked about his challenge learning to interact with his

baby: “There was a lot of frustration when she was younger where I was - I didn’t know how to spend proper time with - with [her] as I do now.” Fathers also needed support learning to meet the needs of their first child and though most received support from their spouses, not all fathers felt supported in taking on their new parenting role.

Increased workload was a challenge common to both first-time mothers and fathers, related to managing a lack of energy with time for family work, oneself and each other. Both parents talked about finding enough energy and time to get things done and although both talked about the need to find time for sleep, care giving and oneself, mothers tended to talk about managing household tasks and infant care more often. Sue, a first-time mother who was engaged in family work full-time, summarized the common dilemma of getting adequate rest with getting things done:

Probably just the feeling of uh fatigue or exhaustion and how that can sort of make you feel stressed, so I would just - I didn’t sleep every time he slept, but I would try to nap when I could get one in. But when he slept too, during the day, that’s when I would, you know, get the laundry done or some housework or reading or whatever. If I really needed to have a sleep then I would. But if I felt that I could go without, then I just liked having that time to - to get other things done.

Sean, the father who worked away from home in the field, spoke about the rewards and challenges of managing care giving with student work and paid work:

We just stay up later when he goes to sleep. Get the work done while he’s sleeping and if that you know, means staying up ‘til midnight or one in the morning or whatever. So that’s what we do to get the work done. So basically it takes out of our sleep and takes out of our fun time. (I: So you’re sacrificing the sleep and the fun time to do the care giving and the work.) Yeah, and I mean care giving can be fun too, right. Yeah, but I mean, I mean “our time”. I don’t even know if that even exists as a parent now.

As Sean intimated, first-time parents were concerned with having some time for each other beyond family work. Women and men, but more often men, spoke of missing time with their spouses. One father eloquently talked about his lack of time with his spouse:

I'd have to say not being able to spend as much sort of, not intimate time, but just time with, like, Gwen that we used to, you know, she used to come home from work, we'd sit and talk and have a glass of wine and then, you know, go to bed. That doesn't happen anymore. Or things like that. Or I would make a nice dinner for the two of us and, and I'm sure she misses that too. So those - things that became relatively routine for us but were commonplace, important, we seem to have lost those, so that was a big adjustment for me.

Both Natalie and Malcolm, raising twins, discussed their challenge of getting adequate rest and "having time for each other". However, this couple could rely on near-by family members to baby sit which gave them an opportunity to go out once or twice a month. Family members who could baby sit were only available for two couples. Most couples did not have family members living nearby – a trustworthy "Baba" as one new mother described it – to provide dependable care. Neither couples with "high needs" infants had access to family members locally and ended up restricting their public outings until the baby was older. The availability of outside support was significant for new parents in that it provided the couple with some time together and respite from their care giving responsibilities.

When first-time parents talked about providing care for their new baby, most mothers and fathers described their experiences of support as matching and, at times, exceeding their expectations. Mothers expressed gratitude and described how their spouses contributed whether providing breaks or participating together in care giving tasks. Fathers also expressed satisfaction with the care being given to their new babies and at times fathers expressed thanks that they were able to continue with their career path while their spouse took time to be at home with the baby.

Experiences of support with household tasks

During the second interview, fathers and mothers spoke less about support around housework than support around infant care; therefore, it is difficult to conclude if, as a group, mothers' expectations for support were met. It appears that generally mothers, while at home full-time or part-time with the baby, still viewed household tasks as their responsibility. In contrast, fathers rarely discussed the details of undertaking household tasks. However, there were exceptions. Neil was the only first-time father who discussed coping with housework and childcare in any detail: "I try to – I set her up in her chair, I give her some food that she can feed herself. Then I'll do a bit of the dishes while she's feeding herself, you know, you try to be efficient at it but some days it doesn't work." Despite this type of support, Trisha stated that housework still felt like her responsibility and she thought that her spouse was doing her "a favour" when he helped with chores such as the dishes or vacuuming. Beth also indicated that, even though she and her spouse split the housework and meal preparation evenly, she felt ultimately responsible for the end result. Other women spoke about how much housework they could accomplish in a day and how they could not meet their former standards of cleanliness. Mothers dealt with expectations to maintain a clean house by either hiring cleaners or lowering their standards. When Trisha hired cleaners prior to her daughter's first birthday, she found this to be a significant source of support. Outside help however came at a cost and she ensured her spouse approved of the expenditure.

In the prenatal interviews, women mentioned wanting and expecting help with housework after the baby was born, yet very little was mentioned about support with carrying out household tasks. This may indicate three possibilities: first, it may indicate just how fundamentally new parents' orientations had shifted towards their new baby. Second, it may indicate that women saw themselves as responsible for housework and did not expect much help or finally, that women were satisfied with the help they were receiving. When there is information provided, housework is predominantly the preoccupation of mothers and is coordinated and managed by them, with fathers helping out where and when they

were able to or asked to do so. Women, while at home with the baby, viewed housework as fundamentally their responsibility and therefore they may have expected less support. Due to the lack of detail provided on housework it cannot be stated unequivocally that women's expectations for support with housework were met by their spouses.

Experiences of support with finances

Before the birth of the baby, many participants, both soon-to-be fathers and mothers, mentioned their concerns with finances in the post partum period, yet only three mothers mentioned their partners' earnings as a form of support. Both before and after the birth, three of the seven mothers expressed that their spouse provided financial support. Two of these mothers were staying at home for the foreseeable future and the third was working part time for pay. When asked about what support she was receiving from her partner, Keira replied, "I mean, he works and pays the bills and – you know and supplies the food and the – the roof over our head and everything". This mother believed she was well supported financially and generally well supported by her partner. In addition, she described their finances as a common pool of resources which was freely shared. Few participants discussed their finances in such direct terms, but this first-time mother regarded her partner's role as primarily that of provider and so recognized and emphasized that aspect of his contribution. In the same way, Trisha highlighted her spouse's role as the primary provider: "And I guess his biggest role is that he works outside the house, right? Like, that's the biggest thing... And sometimes that just takes it all out of him." Sue was also mindful of her partner's increased financial contribution since the birth of their baby. Only two fathers explicitly mentioned their role in providing financial support after the birth of their child. Lucas mentioned that in lieu of "being there" he was providing financially:

I would love to be there all day every day but I can't, so at this point I'm providing and attempting to provide as much financial support as I can to, to you know, help us or allow us to maintain the same sort of lifestyle that we did up to this point.

Although three first-time mothers described the financial support they received from their spouses, no first-time mothers mentioned providing monetary support for the family during the initial stages of the transition. It was only later, when mothers were deciding to return to paid work that some described this work as a way of providing for the family. In the prenatal interview fathers also anticipated their increased responsibilities as wage earners during the transition as Anthony described: “And, I’m just basically preparing like the house and um, getting ready myself and saving money. Being the Dad-provider.” Along with this soon-to-be father, three mothers explicitly described their spouses as providers and viewed their spouses’ roles as earning a wage outside the home. These three mothers mentioned their spouses’ contributions as primary providers perhaps because they were more sensitized to the importance of income at this stage of their lives and because relatively speaking they had less family income when compared to other couples in the study.

Discussion of Experiences of Support

Overall first-time parents held practical and one might say realistic expectations for support, which were typically met by their spouses. Harwood, McLean and Durkin (2007) found that mothers held realistic expectations about parenthood that matched their later experiences. Another study established that high expectations around spousal involvement in care giving predicted actual involvement (Cook, et al., 2005). However, older studies reported that mothers expect to be involved in childcare about the same amount as their spouses (Ruble, et al., 1988) and were disappointed with the subsequent level of paternal involvement in childcare (Cowan & Cowan, 1988). Furthermore, the increase in role specialization following the birth of a first child may be associated, for women in particular, with a decrease in marital satisfaction (Belsky & Pensky, 1988; Cowan & Cowan, 1988). Past research attributes this decline in satisfaction with mother’s unmet expectations for spousal support (Belsky, 1985; DeSalvo Rankin, Duff-Campbell, & Soeken, 1985; Ruble, et al., 1990) leading to dissatisfaction with the division of family work and the couple’s relationship (Gjerdingen & Center, 2005). However, few women voiced overall

dissatisfaction with their spouses' contribution to infant care yet, they may have overestimated the amount of support they expected around household tasks which mirrors other findings (DeSalvo Rankin, et al., 1985; Harwood, et al., 2007). Due to the lack of information reported on household work, we cannot draw clear conclusions. Most first-time parents focused on their new infants and their parenting experiences, a pattern also noticed in Coltrane's comprehensive study on men's participation in family work (1996). Parents were consumed with the increased workload and found that they spent more time together completing instrumental tasks of care giving (feeding, changing, settling the baby etc.) rather than spending time together as a couple (Claxton & Perry-Jenkins, 2008). Despite the increase in workload, most first-time mothers and fathers felt supported by their spouses in carrying out their new responsibilities. Couples with "high needs" babies in particular had worked through periods of strain and were again experiencing supportive partnerships.

My findings suggest that like other studies on the transition to parenthood, women and men's roles become more specialized along traditional gender lines with first-time mothers staying home to care for the baby and first-time fathers remaining employed full time in the work force (Belsky & Pensky, 1988; Cowan & Cowan, 1992; Gjerdingen & Center, 2005). However, the extent to which couples continued to follow this traditional gendered pattern is up for debate; as other studies found, when women returned to paid work and student work, fathers took on more of the childcare responsibility (Gatrell, 2005). This will be explored further in the section about parents' descriptions of supportive roles.

The majority of fathers strived to be involved with their new infants and provided support to their spouses in carrying out instrumental care. Many fathers regarded their role as a support to their spouse in her new mothering role, consistent with previous research (Goodman, 2005). Other couples appeared to share responsibility, with fathers actively involved in their infants' care. High involvement on the part of fathers appeared to be the norm for the two couples with colicky babies and the couple with twins. First-time mothers saw this high level of involvement as supportive. These parents faced challenges of sleep

deprivation and fathers reported feelings of frustration. Colicky babies necessitated more mental effort in managing thoughts and feelings and in figuring out the baby's needs. It appears that in these couples both parents were involved in this mental work with women taking the lead on "processing information" on what to do for their colicky babies (Walzer, 1996). Mehall et al. (2009) found that infant temperament did not correspond to a father's involvement in care giving; rather, satisfaction with the quality of the relationship partly determined fathers' involvement. Therefore, couples whose marriages appeared strong prior to the birth had overall explicitly favourable experiences of spousal support with relatively high involvement from fathers despite, rather than because of, their infants' temperaments. Belsky (1988) found that the prior nature of the relationship correlated to the postnatal experience; therefore, harmonious marriages generally remained so. However, both men and women thought at times they were not supported in their attempts at managing their paid work with their childcare responsibilities.

First-time Parents' Experiences of Nonsupport

When first-time parents did not receive the kind of support they expected this was labeled as nonsupport, defined by Neufeld and Harrison (2003) as either "unmet expectations for support" where support was anticipated, or "negative interactions" in a relationship that was also considered supportive. Nonsupport is different from an absence or lack of support which occurs when support is neither offered, nor expected. In different ways, both first-time mothers and fathers experienced nonsupport from their spouses around managing paid work and care giving. Fathers believed their spouses did not understand their limited energy and they spoke of their need for a break between returning home from their paid work and assuming care of the baby. Mothers, particularly mothers engaged in student work or paid work while in the home, believed that their partners were not independent enough with infant care and often interrupted their work. Finally, one father in particular, and another father less so, thought he was not getting the amount of support he expected from his spouse around adapting to his new fathering role and did not feel supported in learning to parent.

Fathers wanted understanding about the time they spent at paid work and the demands placed on their energy. Managing first-time fatherhood and paid work was a challenge for many new fathers who did not anticipate needing support after they returned home from paid work and before undertaking family work. When asked what his biggest challenge was since the birth of twins, Malcolm described that elusive sense of balance:

Just balancing sort of professional and personal life because you know, *when I get home it's basically time to feed them* and after they're fed, like I said, we wash them up and it's sort of trying to find time to do stuff for yourself like work out or do something like, just do anything, go for a walk. That's been - that's been pretty chaotic (my emphasis).

This father mentioned both the overall challenge of finding time to fulfill aspects of his personal life and professional life and the particular challenge of managing a demanding routine set by his twins. Other fathers had specific problems with reorienting quickly from paid work to family work. Neil spoke before the birth about wanting support and understanding from his spouse about his limited energy after work: "I have to be there for her, too, but I'm really tired, too. I've been working all day, and everything. So, just, that she understands that I'm here, but I'm also very tired (chuckles)." In his postnatal interview, Neil talked about the related concerns of managing work, infant care and his need for a break:

Some days you just need - you get home and you just need, like, you know, a few minutes, you know? And some days that you don't get, it's like "here's the kid. I need, I need a break." And I understand her side of it completely because on my days off during the week when she goes to her work *I'm in her shoes and it's like I need a break, you know, [the baby's] draining me*, so ... that - that's hard (my emphasis).

This father was adjusting to the demands of looking after his baby and understood his partner's need to hand over the baby after a day of managing on her own. Other fathers echoed Neil's desire for a few minutes to unwind after work. When his baby was younger, Anthony also felt he had to take over as soon as he came home: "so I mean, as soon as I would come off work, she would expect me to go

right to him and, like, do everything and Sue would just sleep and stuff and it was like I can't work like that, you know." Eric managed getting some time alone to mentally unwind by negotiating a deal with his spouse to be given a break when he needed so that he could then contribute later. "And it doesn't take much. It's maybe 20 minutes or 30 minutes. And the mind ...change[s] during that stretch." Expectant fathers spoke of wanting to give their spouses a break from looking after the baby; yet, they did not anticipate needing a break themselves after returning home from paid work and before assuming responsibility for infant care. Fathers found this shift in focus difficult at times; however, from the perspective of new a mother, having a partner who assumed some responsibility for the baby shortly after coming home from work was viewed as very supportive.

Three fathers thought that their spouses did not fully understand or possibly resented the time they spent away in paid employment. In the prenatal interview, David did not want his time away at work to be an issue of contention; it turned out, however, that his hope for understanding about his time at work was not met and he described conflicts around this issue:

She uses this quite a bit in her, in her rebuttals, is that when I leave the house to go to work that's my time away, you know, like that's my time off. And I keep telling her you know, that's not how I want to spend my - my time, you know. This is something I know I've got to do and I know when I step out the door I'm away from you guys. At the same time I'm doing something also for the family.

He believed that his contribution and time at work was not appreciated or recognized as time spent supporting the family. Instead, his partner viewed the time he spent at work as his time "off". He expressed understanding that his partner's role was not an easy one; however, he felt he did not receive a similar understanding.

I always told her that I respect what she does and she does a great job and that I think. I just want to feel the same way, you know, like she feels that - maybe I don't do enough and - I don't know. It frustrates me because I feel like she doesn't put what I do at work as a part of the equation.

This father's transition experience to first-time parenthood appeared to be the most unsupported of any of the fathers. However, there were some similarities to Sean who also felt that his time away on the road was an issue of contention for his spouse. This father, who realized he was in a "no win" situation, took the opportunity when his baby was eight months old to change positions and move to a new community so that he could be home more often. His intention of being directly involved in infant care was just beginning to be realized after moving to their new community. The ability to provide support and understanding between spouses was challenged at times by the paid work demands placed on fathers in terms of their time and energy. Furthermore, mothers' demands at home, managing infant care on their own for prolonged periods of time, may have influenced how they regarded their partners' time at work as a break away from ongoing infant care responsibilities rather than as a contribution. Fathers attempted to mitigate the effects of paid work; however, those who experienced the most criticisms from partners were involved in paid work that was highly structured and lacked flexibility.

At times both men and women believed their spouse did not understand what they went through during their day. Fathers' did not receive the expected support around their paid work and mothers did not receive the expected support and understanding around both family work and paid work. For example, when new parents provided care for the baby, fathers often deferred to their spouses or asked for frequent guidance. Some mothers thought they were being asked to intervene more than they wished, which led to dissatisfaction with their spouses' level of independence with infant care. In response, either mothers guided fathers in how to provide appropriate care, or they stepped back, as Beth did, to encourage her spouse to provide care for the baby independently:

But, you know, if I'm in the house, and he has her. He'll be like, "Well, Beth, can you do this?" And it's like, well, I'll say, "I manage when you're not here. Can you do it?" You know, and then he's like, "Well, you know, you're here. We should be doing it equal." And I'm like, yeah, I understand what you're saying, but at the same time, if I physically

left the house, you'd have to manage. You know what I mean?

From her perspective, her spouse wanted to share the care equally while they were together. On the other hand, she tried to persuade him to be more independent and to work through concerns on his own so he could manage if she “physically left the house”. Furthermore, perhaps she tried to increase his understanding of what it was like for her on her own with the baby as she suggested. “But at the same time, there’s little comments here and there, you know, that you’re kinda like, yeah, you don’t fully understand what it is that I go through all day....”

Couples where the mother was working in the home full time and the father was working for pay full time occasionally revealed a lack of shared understanding around what the other’s roles and responsibilities entailed. Maintaining mutual understanding around the challenges faced by each partner, the demands of paid work for fathers and family work for mothers, strained the relationship of some couples.

At times, some mothers did not feel supported with their paid or student work. Two mothers who were working for pay while in the home felt they were being interrupted too often, leading to dissatisfaction with their spouses’ level of independence with infant care. Lara, a graduate student being paid for her student work, found it difficult at times to get her spouse to take over with the baby without disrupting her school work:

To have him come home and say, “Oh, I’m going - I’m going to take care of everything,” and then you know, to come in the room - within thirty minutes with seventeen questions. Or to call me out of the room to show me, “Oh look, [Son]’s being cute.” (chuckles) Like, “Okay, I know honey, but I’d really like to work here....”

Along with her concerns about her student work, Lara was the only mother who specifically mentioned being disappointed with her spouse’s lack of contribution in household work. She made her requests to him very explicit in order to get the support she required. However, she had mixed feelings about raising the issue, stating, “and so, again, you make it very explicit ‘cause you’re at your breaking point and you - you know, [you don’t] want to be the dirty rascal that has to say it

out loud". Lara talked about how she needed to put housework, such as washing the floor, ahead of her own student work to protect her baby from germs. The expectation to have a clean house and her spouse's lack of independence with infant care impinged on her time for her own work in relation to on-going graduate studies. She focused on student work while her baby was napping, but this was less than ideal. The entire scenario made Lara feel as if her own needs were low down on the list of priorities.

Those have been THE lowest on the totem pole. I was telling someone just the other day that I feel like there's only two or three people left in this world that believe I'm an intelligent person. And I'm letting them down daily by not being able to find time to address my work.

This mother felt a great deal of strain around being a capable student and being a successful first-time mother. Similarly, Trisha, who went back to paid work part-time when her baby was three months old, mentioned the difficulty of having her spouse "take over" fully while she was at home doing administrative paperwork for her paid work: "And even when I'm trying to do my paperwork from work, it's hard to get my husband to, like, really take over and take her out of the room." Trisha anticipated difficulties with asking more of her spouse once she returned to her graduate studies: "I might have to get him to just take over for the whole night and feed her and put her to sleep - so that I can lock myself in the other room and do some school work (laughing)." She acknowledged that he was already providing care independently during the evenings:

He does that on his own while I'm at work for sure. But I mean, that's asking him to do that another couple nights a week. So. (I: So he's really doing double shift then.) Yeah, exactly. And I mean, we're pretty - we're pretty flexible with each other.

Since her spouse was unable to take over fully when she was at home, Trisha was anticipating that this future arrangement might tax her available sources of support and perhaps might lead to conflict. Thus, when fathers frequently deferred to mothers and asked for help, mothers who were working from home viewed this as a form of nonsupport.

Finally, two fathers felt excluded from decision making and full participation in care giving work. Both these new fathers were in relationships with partners who had backgrounds caring for pre-school age children and both mothers were staying home to focus full time on family work. After the birth of his daughter, David did not receive the expected support from his partner around learning to be a father and felt his partner was overly critical of his attempts to parent. He mentioned that at first he had difficulties learning how to interact with his young infant but this was becoming much easier with practice. In addition, he mentioned wanting to share in the decision making more fully with his partner:

I was saying that sometimes I get upset. That being [daughter]'s father, I feel like maybe I should also have some say in how - you know, how I'll father her instead of how Keira wants me to father her, you know. ... (I: So more of a joint decision making rather than just following instructions.) That - that's right. That's what I had hoped for and kind of started being but Keira spends the majority of time - of [daughter]'s time with her.

This father voiced concern that he was missing out on important milestones when his partner periodically went to visit her mother for up to two weeks. He particularly mentioned that his spouse and his mother-in-law celebrated his daughter's first birthday without him. Another father who felt excluded at times from care giving was Anthony. He alluded to his partner's control of the care giving, consciously or unconsciously, which left him feeling unsure of his way into greater involvement. Both fathers described a sense of uncertainty about their fit into regular infant care giving and their role as fathers involved in family life. David wished to foster a more equal approach around infant care where decision making and care were shared somewhat equally, rather than solely by his partner.

Discussion of Nonsupport

When expectations for support were not fulfilled, participants experienced a sense of nonsupport, that is, a deficiency of support where there was an expectation that support would be offered (Neufeld and Harrison, 1997). Neufeld and Harrison's (2003) study of female caregivers found that a mix of support with

incidents of nonsupport was a common experience; this finding relates to the general experiences of parents in this study. Parents wanted support around their work obligations: fathers in my sample wanted their efforts acknowledged around managing paid work and fatherhood and they wanted a break between these two roles when they returned home from paid work. During prenatal interviews some soon-to-be fathers identified possible barriers to involvement in infant care; and in the postnatal interview fathers expectations were realized as they experienced challenges in managing paid work with involvement in family work. Lack of consistent involvement in care giving due to paid work demands, or perhaps attitudes about gender roles, meant that some fathers could not independently care for their sons and daughters. This in turn impinged on their partners' paid or student work. Mothers wanted their spouses to be independent with infant care even when they remained in the home at the same time completing paid or student work. Although fathers anticipated some concerns over the demands of paid work, neither first-time mothers nor fathers anticipated these specific needs. Fathers in my study who attempted to combine being an involved father with full time employment arguably experienced increased stress levels during the transition to first-time fatherhood (Bolzan, et al., 2004). Men did not want to sacrifice time for a break when shifting from paid work to care giving at home. Fox (2001) found in her study of how parenthood generates gender differences that the needs of the father for rest and sleep often took priority over those of the mother, as he was the one working outside the home for pay, and the mother's health was taken for granted. Although, in my study a number of fathers complained of not getting a break before assuming responsibility for childcare only one father, Eric, a professional, actively negotiated with his spouse for a period of time alone before taking over for the rest of the evening. His strategy suggested responsive problem solving around his situation in finding a solution without sacrificing his own needs (Hall, 1994). However, a few fathers felt constrained in solving the transition between paid work and home.

When mothers were engaged in paid or student work while situated in the home, they wanted support with infant care. Mothers did not feel well supported

when their spouses interrupted their work with questions about care giving. Two mothers who were in graduate school anticipated, or were already feeling, the tension between conforming to the ideals of worker/student, to be single minded and one hundred percent committed, and their need to live up to the ideal of the “good” mother, to put the needs of the baby above all else (Mottarella, Fritzsche, Whitten, & Bedsole, 2008; Kahu & Morgan, 2007). In particular, Lara saw herself as needing to live up to her own expectations as a successful graduate student and was distressed that her student goals had become harder to accomplish given her new mothering responsibilities. Cowan and Cowan (1992) found that women’s paid worker roles became squeezed more so than men’s after the transition to first-time parenthood. Other studies focusing on graduate student mothers found that if social and practical supports were not in place more women leave the academic career path (Springer, Parker, & Leviten-Reid, 2009): “it is next to impossible to make any progress on degree completion with out child-free time to work” (p. 447). Support around childcare is a growing concern as women graduate students are more likely than ever to be mothers of young children (Kuperberg, 2009). Trisha anticipated her need for “child-free” time when she returned to school and was uncertain if her spouse would provide that for her. Lara already faced this dilemma. As Zvonkovic and Greaves found (1996), women wanted support from their spouses for their decisions concerning paid work but spouses did not always recognize this need. I would argue that first-time mothers wanted support from their spouses regarding student work, yet Lara and Trisha’s spouses may not have recognized their needs for support around their decisions to resume student work. Only Natalie who had both adequate spousal support and adequate external sources of childcare was able to find time for her graduate studies. Without adequate internal support from spouses, including their belief in the value of their partners’ pursuit of graduate studies, and adequate outside sources of childcare, these two mothers may find themselves caught between the demands of their student work and motherhood, and face the decision made by one mother, who subsequently withdrew from her program.

David most explicitly described his experience of nonsupport as a new

father. Fathers, as reported in previous studies, thought they had inadequate time, inadequate experience and at times low levels of recognition from their spouse (Bolzan, et al., 2004; Goodman, 2005; Hall, 1994). Such findings correspond with David's experience and may apply to other fathers' experiences. Certainly David did not feel he was recognized by his partner when he attempted to provide care for his daughter. In addition, he thought his partner did not recognize his financial contribution, working in his new position, as a form of support. Similar findings around a lack of recognition of fathers have been reported by other studies looking at new fatherhood (Goodman). He was one of the few men who mentioned wanting to be different from his own family of origin. Wanting to parent differently than how one's own father parented is a common theme in studies on new fatherhood and applies to David's experience (Henwood & Proctor, 2003). David expressed a wish for a division of labour with his spouse that was closer to an equal "fifty/fifty split" and was working to counteract his tendency to go along with the norms of his traditional upbringing.

The two participants who experienced the most nonsupport, Lara and David, had different ideas from their respective partners concerning the division of roles and responsibilities. Both individuals wanted a more equitable distribution of responsibilities within their relationships. Hochschild, (1989) also found that couples who had incongruent ideas around ideal versus actual arrangements of family and paid work had more tensions in their relationship. Lara was pushing for a more equitable distribution of tasks at home and was beginning to obtain this after moving to a new community, which allowed her spouse to be home more often. David was struggling with nonsupport from his spouse with his new fathering role but mentioned that they were working to resolve their conflicts. The experience of these two individuals indicates that although one partner may have acquiesced to the other partner's preferred arrangement, at times submission lead to dissatisfaction with the division of paid and family work. It worth noting that prior focus in the literature has emphasized women's expectations for equal sharing of family work; whereas David's example may illustrate men's growing concerns with obtaining equality in family

work arrangements.

First-time Parents' Descriptions of Supportive Roles

How do first-time parents describe their supportive roles around managing the increased work load of infant care and how do they describe strategies to carry out the associated tasks? When participants' descriptions of supportive interactions were compared and contrasted, three general patterns or "working models" of support were identified. These patterns form a continuum describing the extent to which mothers and fathers shared in care giving and, to a lesser extent, household work. At the "managing/helping" end of the continuum mothers and fathers shared less often in organizing and carrying out care giving tasks. In the "managing/helping" pattern, mothers, for different reasons, used directive and instructive language to manage tasks around infant care and fathers were in the role of helper. At the other end of the continuum, labeled "joint collaboration", mother and fathers shared much of the decision making, organization and completion of care giving tasks. In the "joint collaboration" pattern, parents used the language of mutual sharing and responsibility for infant care. Although there are two main patterns, a mixed pattern is evident at the centre of the continuum which I labeled "shared turn taking". Shared turn taking is somewhat similar to joint collaboration in that both parents participated in a taking turns in providing infant care; however, the care giving routine still may have been arranged predominantly by the mother; therefore in shared turn taking, there may not have been the same level of shared decision making as in the joint collaboration pattern. Most couples did not exclusively fall into one pattern or the other, but tended to favour one pattern predominantly, and shifted to another approach in response to specific situations. Couples' dominant patterns and alternate patterns of support are listed in Table 1: Patterns of Supportive Roles in Family Work. If a couple did not provide an example of using a particular pattern a dashed line appears in the column. The following sections present each support pattern with examples provided from participants' experiences.

Table 1
Patterns of Supportive Roles in Family Work

	Managing & helping	Shared turn taking	Joint collaboration
David & Keira	Dominant	alternate	-
Sue & Anthony	Dominant	alternate	-
Sean & Lara	Dominant	alternate	-
Trisha & Neil	alternate	alternate	Dominant
Lucas & Gwen	alternate	alternate	Dominant
Beth & Eric	alternate	alternate	Dominant
Malcolm & Natalie	-	alternate	Dominant

Managing and helping

Supportive roles were categorized as “managing/helping” among couples who took on a traditional division of labour where the mother was primarily responsible for the organization of family work. In this pattern mothers became primary managers and fathers became secondary helpers in organizing family work, specifically infant care. When mothers described supportive interactions, they often used the language of making “direct requests for support” and described how they delegated tasks to their spouses around infant care. In the postnatal interviews, three out of seven couples gave examples of mothers acting as the primary manager, anticipating and organizing care and fathers acting as secondary helper, carrying out tasks. Three more couples provided some examples of situations in which they interacted in this way, although they predominantly used the pattern of “joint collaboration”. In the sample of seven couples, one couple did not provide any examples of the “managing and helping” pattern.

The mother as “manager” and father as “helper” pattern occurred when a mother asked for help and was specific about the type of help she needed. Most new mothers mentioned asking for specific help with either childcare or

household chores. For example, Keira, who was previously employed as a home support worker for couples with children, and who was remaining at home for the near future, took chief responsibility for managing infant care and household chores. She subsequently directed her partner's contribution in the home and asked him to do specific things: "He's pretty, he's pretty supportive. I mean, he does - he does most of what I ask of him." When her spouse fulfilled her requests, she viewed this as support. However, it was up to Keira to notice that tasks needed attention and then to direct the fulfillment of those tasks. Sue was another first-time mother at home full time for the near future who managed her baby's routine and directed her partner, Anthony, so she could get to the laundry, for example. Another couple who described using the managing and helping pattern was Sean and Lara. After Lara resumed her student work long distance while caring for her nine month old, she found that her spouse was not contributing towards family work as much as she had hoped he would in her prenatal interview. After asking for help and not receiving it, she found that she needed to make very direct and specific requests for assistance. This dynamic placed her in the role of manager, delegating to her spouse around household work and infant care. Lara became very animated when she recounted her realization of needing to delegate:

I'm like okay, what I really meant by that was I need YOU to do this, this, this (laughing) whereas you know, like before I'd be like well, clearly he's too busy if I said that I needed those things and he didn't do them, then it's not important to him so I guess it's just not going to - you know, work out the way I wanted. Whereas now I'm like - no. This is what I need from YOU. You know, and he's been very responsive to that. So I think it's - you know. (I: So it's kind of worked for you two if there's some explicit sort of direction given or delegation.) Yeah. It's like that with EVERYTHING.

Lara's emphasis on "it's like that with EVERYTHING", suggested that she did not want to be aware of all household details and to direct accordingly. This new mother also described her process of "micromanaging" her spouse's parenting but

hoped this would be a temporary arrangement. Whereas Keira and Sue expected to manage their partners, Lara did not, and arrived at this approach only after less direct measures proved ineffective in securing supportive involvement from her spouse.

Three couples, who predominantly provided examples of “joint collaboration”, nonetheless, used the “managing and helping” pattern at times when mothers needed a break or extra support. Gwen, Beth and Trisha provided examples of making “direct requests for support” when the demands of infant care became too much to handle on their own. Asking a spouse to return home from work to help out is an example of a direct request for support as described by Beth: “There were days I’d call Eric and say you need to come home early today because I can’t do it anymore, you know? (I: And would he?) Yeah. He would.” Trisha a first-time mother who returned to part-time paid work when her baby was three months old asked for specific help so she could have a moment alone:

And I mean for the first little while, it was like I - all of me was going to taking care of her and feeding her. Like, I would just love to have a bath by myself instead of with her, you know, or even half my bath with myself (laughing) instead of with her. So there’s a few times I had to call on my husband and tell him, like *this is exactly what I need right now* (my emphasis).

These three couples, therefore, did not exclusively fall into one pattern or the other, but tended to favour “joint collaboration”, and shifted to another approach in specific situations, in order to get the necessary support.

Shared turn taking

Couples developed strategies with each other to get extra time for paid work, sleep, or a break. A recurrent pattern where spouses spelled each other off was labelled “shared turn taking” which spans the middle of the continuum between “managing and helping” and “joint collaboration”. “Shared turn taking” occurred when some arrangement had been negotiated between the parents, or directed by the mother, where each person took a turn to take over care for the baby or babies that provided a period of respite for their partner. Mothers

appeared to take ultimate responsibility for the infant care outcomes but both partners actively participated when taking turns. All seven couples, as seen in Table 1, provided examples of “shared turn taking”, yet each couple used this pattern of support in slightly different ways or for different ends. In this study, parents either agreed to an ongoing arrangement for turn taking for specific circumstances or employed turn taking as a short-term contingency plan in unusual circumstances such as infant illness or when the baby was difficult to settle. Natalie, a first-time mother engaged in paid work and graduate studies, gave an example of “shared turn taking” that was an ongoing arrangement with her spouse as a strategy to get some extra sleep on the weekends:

And then Malcolm and I tag team on the weekends, so umm we both get up at six when they get up and I feed them and then Malcolm lets me go back to sleep. And then uh, and then when I wake up I’ll let him go back to sleep. And that way we both get some extra hours.

Keira, who predominantly falls in the “managing and helping” pattern, still used “shared turn taking” with her spouse. Their ongoing arrangement consisted of her getting extra sleep while David, home from his night shift, cared for the baby. Sue also provided an example of asking her spouse to watch the baby while she attended a postpartum physiotherapy class. She in turn would watch the baby if he asked to go out. Although this was an ongoing arrangement, Anthony was not always available due to his non-standard work schedule.

Other couples used “shared turn taking” to work through difficult periods such as infant illness. The couple raising twins, who often engaged in care giving in a collaborative fashion, described how the entire family became sick with a gastro-intestinal flu and they cared for their twins by working in shifts. Malcolm explained:

About a week and a half ago all four of us got the flu. It was just BRUTAL. So all of us were down (chuckles) and uh so Natalie and I basically what we had to do was take like two hour shifts, one person would get up and just do whatever you can do for - ‘cause you know, we didn’t want to bring anybody in ‘cause they were going to get it.

Couples who favoured one type of care giving needed to be flexible under changing circumstances like infant illness or caring for a “colicky” baby. Eric described his approach to sharing infant care tasks when his daughter was crying and difficult to settle:

I'll try and just take her for a number of hours to at least give [Beth] that stretch. And the easiest thing to be is just to tell Beth that I can't, I can't do it right now (laughs)... I will put her down tonight but I need an hour or something.

This is an example of a father negotiating what he could give for support, his participation in infant care, which formed a pattern of “shared turn taking.” Although couples favoured other patterns, they used “shared turn taking” as a pragmatic pattern of mutual support that allowed them to acquire needed sleep, have personal time or sustain care giving responsibilities during demanding circumstances.

Joint collaboration

In the pattern of “joint collaboration” spouses took a joint approach to infant care and regarded infant care as a shared responsibility with each parent participating in how infant care was to be organized and carried out. This pattern reflected a more egalitarian arrangement in which parents cared for their infants together, concurrently, in “joint care giving”, or cared for the infant individually, in “interdependent care giving”, when the other parent was working outside the home. Although, at times, the data do not give a full picture as to how decisions regarding infant care were jointly made, the language of the participants suggested that neither one nor the other spouse was predominantly responsible for organizing or carrying out childcare responsibilities. Expressions that signified an equally shared arrangement included “co-parenting” and “shared responsibility”. Four couples described their interactions in ways that suggested a dominant approach to “joint” or “interdependent” care giving. In contrast, three couples did not provide examples of collaborating concurrently in infant care.

Joint care giving.

Joint care giving occurred when parents jointly cared for the infant and

worked along side one another. Care giving was considered a mutual responsibility requiring a collaborative effort. All of the couples whose interactions reflected joint collaboration provided examples of joint care giving. Malcolm very clearly articulated the collaborative and shared approach that he and his spouse used, explaining: “it’s sort of a shared responsibility”. He also discussed their way of collaborating to get a bit of time for each person:

It’s a compromise, you know. If I know that they’re acting up a little bit I won’t do, I won’t do personal things that day. But for the most part it’s like, it’s like anything, it’s just an agreement that Natalie and I have that you know, I’ll get an hour to work out here, she’ll get an hour to go out and get a coffee. So it just umm – you know, it’s just an agreement that we have.

Natalie was in agreement with her spouse and reported: “We generally talk to each other well.” Eric provided a good example of collaboration around establishing a schedule: “But um, we worked out a pattern. It took a little while to get [daughter] to a certain point where we could actually have that, so” Eric’s partner, Beth, similarly described a very collaborative approach to the bedtime routine:

So he takes her to her bath and gives her her bath. Then he gives her a little massage after. And then brings her to me. And then I feed her. And then we dim the lights. Sometimes we read a book to her.

In these two quotations “we” is used frequently with each parent working together to provide care for their baby. Finally, Trisha described in detail their collaborative bedtime routine and summarized by saying “But it’s – it’s just sort of like, I guess it’s just co-parenting, right, like we’re both her parents and we’re both here for her.”

However, unlike the first two couples who were clearly in agreement, Trisha’s spouse, Neil, did not provide an example or mention anything specific about “joint care giving” as Trisha did. Although Neil participated in “joint” and “interdependent care giving” he did so possibly because this was an expectation of his partner and because his partner returned to work for financial reasons when

the baby was three months of age. Neil also mentioned how he would ideally like to earn enough money so Trisha did not have to work for pay. Even though Neil expressed his preferences around his provider role and not his fathering role, realizing his ideal choice for a more traditional orientation of roles could alter the pattern of support around infant care away from joint collaboration. Therefore, Neil may have followed the pattern of “joint collaboration” for pragmatic reasons, and because it was his spouse’s preference, rather than out of a commitment to sharing in family work.

Sleep deprivation was an unwelcome outcome of joint care giving, as mentioned by Gwen, a mother who had a “high needs” baby:

We would feel like we had to get up and do everything together. And so we were both absolutely exhausted. Like, I would feed her and Lucas would change her and get her up and swaddle her and in retrospective for the next baby, we won’t do that.

Their pattern of “joint collaboration” may have originally occurred due to her spouse’s prenatal expectations of being a fully engaged father: “everything that Gwen does, you know, I want to do”. However, for pragmatic reasons this mother voiced her intention not to organize nighttime care jointly again – “in retrospect for the next baby we won’t do that” – and instead indicated an intention to organize care along a pattern of shared turn taking. In the future, with the next infant, this couple may end up renegotiating their patterns of support and using more “shared turn taking” in addition to or instead of joint care giving. Although it is speculative at this point to assert that this couple will renegotiate their patterns of support, the situation of other couples who differ in their preferred patterns, suggests that at times one member of a couple may have to settle for a pattern that is closer to the spouse’s preference than his or her own.

Interdependent care giving.

Interdependent care giving occurred when both spouses cared for the infant independently from each other while their spouse worked out of the home. New mothers in my sample described engaging in paid work as a financial necessity, to keep up their skills and to pursue their own career goals. When each

spouse worked away from home, and non-family sources of childcare were not exclusively used, each spouse had an opportunity to care for the infant independently. I have called this arrangement “interdependent” because the arrangement is worked out between the two partners with one of them remaining with the baby while the other is engaged in paid work. Three couples provided examples of this type of support where the mother was employed outside the home. Couples where the mother was not employed did not share childcare to the same extent where fathers cared for their infants alone for a substantial period of time.

Trisha described their system of trading off responsibility: “And then sometimes if I’m working I work in the evenings so my husband will get home and we’ll trade jobs and I’ll go to work (laughs). And, if not then we’re home in the evenings together.” Another first-time mother, Gwen, talked about her concern that her time away working in the evenings “compromises family time”, but on the other hand she reported other benefits, including their appreciation the time they spent as a family and that her spouse was able to have his own time with their daughter:

But I think it’s good because - Lucas, it builds his confidence, he’s with her two nights a week. Well, he puts her to sleep, he bathes her, he feeds her and, you know, and he’s capable, she’s great, she goes to sleep well. To mitigate the time they spent apart, this couple communicated during the day, sharing news about their daughter. Lucas provided an example of checking in with his spouse while he was at work as he made clear:

It, it (chuckles) – it tends to be things that happen between either [daughter] and I or Gwen and [daughter] and then we communicate to each other, ‘cause we don’t see each other as much anymore, right? So this morning for example, you know, well, we try and keep a routine and I call at a certain time and see how things are going and so it is a form of support to say, you know, is everything okay.

Fathers gained independence and confidence in having time alone with their baby where the care was not mediated through the mother. Malcolm mentioned that

arranging a schedule and looking after twins was not an impossible challenge: “So we just kind of - we just kind of work things out. And it’s, I make it sound like taking care of them’s all that - well, it is really, really hard but as long as they’re healthy they’re - they’re easy.”

At times, fathers faced challenging situations and were unable to rely on their partner for help. Neil described such a situation when his spouse was at work: “Like, I remember there was one – one night, [daughter] was probably only a couple months old, not even, and Trisha’s at work and I’m at home and she never took the bottle before, so I had to feed her.” Faced with bottle-feeding his breastfed daughter for the first time this new father called his own father for advice:

I can’t remember if what it was, I think it was her car seat or I don’t know, she liked that. I put her in her car seat. She calmed down. So then I’m like okay, well she’s got to eat something ‘cause she’s obviously hungry so I got her out again. Tried to give her the bottle again, she wouldn’t have it. I think (sighs) I think I phoned my dad ‘cause I was just, I just needed to talk to somebody ‘cause I’m just like this kid’s driving me up the wall. But, you know, I’m not going to lose it. And he’s like - he’s like just - he’s like you put her in the car seat and she calmed down? I’m like yeah, he’s like well okay, put her in the car and go for a ride. So I did. And I went, I went and got myself supper and (laughs). She calmed down and uh she ended up taking the bottle. I actually I fed her in the back seat of the car with the bottle.

Facing these challenges allowed fathers to develop their own skills and relationship with their first child independent from their spouses. One might speculate that this kind of independent relationship may be slower to develop for fathers who do not have the same amount of time alone with their young infants. Furthermore, parents providing care for the baby alone may foster increased understanding between partners who both experienced the rewards and challenges of doing care giving work.

Discussion of Supportive Roles

Couples' descriptions of their roles in supporting one another through the division of family work fell along a continuum related to the extent partners shared the organization, decision making and carrying out of family work. Most couples did not fall exclusively into one pattern or the other, but had indicated a clear tendency to favour one pattern of supportive roles. At the managing and helping end of the continuum three couples' interactions reflected a more traditional, gendered division of roles. Mothers acted as "managers" and directed childcare and household work and received support by requesting help from the father. Mothers delegated to fathers either because they viewed organizing infant care to be primarily their responsibility, because, practically they were with the infant for most of the day, or because they had to give directions to receive the help they needed from their spouse. At the other end of the continuum four couples acted as "joint collaborators" and shared in the decision making and carrying out of infant care, and to a lesser extent, household work. Parents shared in infant care out of an explicit desire to share the responsibility for raising their infant; they also shared responsibility for practical reasons, such as to accommodate a spouse's work schedule. Three of the "joint collaborator" mothers also gave examples of making direct requests for support during times of need which is indicative of the managing and helping pattern and supports the finding that spouses used more than one pattern to secure support. Shared turn taking occupied the middle of the continuum. All couples were "turn takers" and organized "shifts" around infant care under circumstances of infant illness, to get extra rest or time alone as the situation warranted.

This continuum resembles other typologies from qualitative studies that examined how couples make decisions around, and divide family work (Coltrane, 1996; Cowdery & Knudson-Martin, 2005; Hochschild, 1989; Wisemann, et.al., 2008). Hochschild's comprehensive study of the division of labour between spouses, organized couples in three categories describing their "ideology of marital roles": traditional, egalitarian and transitional. Hochschild's typology describes the gender ideology and resulting sphere (work or home) with which

men, and particularly women, preferred to be identified. She adeptly delved into couples' preferred plan and compared it to their actual division of roles. Sometimes individuals within a couple agreed on a plan but some couples did not. She then teased apart the strategies used to mitigate tensions between their ideal and actual division of roles in family and paid work. Hochschild found that only one fifth of men shared in the household labour equally with their partners. Nineteen years after Hochschild's study was published, a Dutch study found yet again a similar pattern (Wisemann, et al.). Couples in the formative years of their relationship were studied and the nature of their decision making around the division of paid and unpaid work was found to resemble egalitarian, traditional and transitional patterns. Egalitarian couples made explicit decisions about who would carry out what task, whereas traditional couples followed implicit gender-linked divisions of labour, and transitional couples made both implicit and explicit decisions and incrementally "muddled though" (Wisemann, et.al.). It appears that the traditional/egalitarian typology with a fluid middle category still provides a useful way to describe couple's division of family work and to chart changes in the extent to which family work is shared.

Similar to this current focused analysis, Coltrane's (1996) US study of men's participation in family work found a pattern of "managing" mothers and "helping" fathers contrasted with "sharing" couples. Coltrane found that twelve couples shared in family work and eight couples acted along the "managing" and "helping" pattern (p.73). "Helping" fathers wanted to do their share but were less likely to anticipate and plan what needed to be done which concurs with my findings of the "managing/helping" pattern. It appears that fathers performed many of the tasks but mothers remained ultimately responsible as the "managers" of family work. In contrast, "sharing" couples in Coltrane's work described themselves as equally responsible for noticing the tasks that needed to be carried out and actually doing them; this may be equivalent to the couples in my study who favoured the "joint collaboration" approach. As with my findings here, Coltrane also found that men were more likely to share in childcare than in household work and parents talked more about care giving than housework.

Therefore, the present general trend appears to be moving towards men contributing more, as they identify with the new fatherhood ideals as Coltrane and others have found (Gjerdingen & Center, 2005; Marshall, 2006).

The parents who preferred the collaborative approach to care giving tended to have higher incomes and higher levels of education, were older, and had mothers who returned to paid work like Gwen or to graduate studies like Natalie. Studies have found that fathers with spouses who work outside the home after having a baby hold beliefs that are more egalitarian and will spend more time, and be more involved with the infant (Gaunt, 2008; Hall, 1994; NICHD Early Childcare Research Network, 2000; Schoppe-Sullivan, Brown, Cannon, Mangelsdorf, & Szewczyk-Sokolowski, 2008). My findings mostly concur; both Lucas and Malcolm were highly involved in infant care and had planned to be from the prenatal period. Eric and Beth are an exception to this trend with Beth staying at home; however, Eric compensated for his time away in paid employment by being highly involved in caring for his baby and sharing in the housework when he was at home. Beth also supported this plan. One couple who stood out as somewhat different from most of the other couples at the “joint collaboration” end of the spectrum was Trisha and Neil. As mentioned earlier, Trisha returned to part-time work for financial reasons when her baby was three months old, far sooner than other first-time mothers in the study. Her return to paid work resulted in Neil providing care independently for his young baby. Although Trisha referred to their collaboration as “co-parenting” Neil perhaps saw his contribution as a practical necessity and confessed that ideally he would like to make enough money so his spouse did not have to be employed outside the home. Neil therefore, was going along with the pattern of joint collaboration as a result of their paid work situation, rather than out of an overt commitment to equal parenting. Therefore, not all couples who used joint collaboration in infant care had the same motivations for doing so. Furthermore, some participants who started out using joint collaboration, like Gwen and Lucas, may have reconsidered under what circumstances they would continue to use joint collaboration in the future.

Someone who wanted to be closer to the joint collaboration end of the continuum but found he was experiencing the managing and helping pattern was David. This first-time father, with comparatively less education and income, was interested in sharing responsibility for family and paid work to a greater degree but his spouse was not. Although some studies have found an association between higher levels of education and egalitarian attitudes (Walker & McGraw, 2000; Gaunt, 2001), education level should not be considered a solid indicator of a person's preferences around gender roles and the division of family work. That is, well educated men and women may hold more traditional beliefs concerning gender roles, and in turn, men and women with lower levels of education may hold more egalitarian beliefs. Studies indicate that one's general beliefs about gender roles may differ when applied to one's personal situation (Loscocco & Spitze, 2007). Although David wanted more of a role in his infant's care he was going along with his spouse's preferences about men and women's roles in infant care. Although this situation occurred for only one father, it suggests a need to look more closely at recent trends for first-time fathers and consider that the hope of sharing in family life may be more widespread for men across the socioeconomic range as David's experience suggests. David and Neil, for different reasons, found themselves at one end of the continuum or the other, not because they choose this but because their circumstances, their partner's preference or their work situation, shaped the way family work was organized.

Ruddick argued that mothers assume a "nurturing identity" because of the care giving activities that they engage in (as cited in Cowdery & Knudson-Martin, 2005, p. 335). Therefore, the opportunity for fathers to engage in care giving work, as for mothers, may lead to the development of a closer bond with their infants, thus prompting fathers' to engage further in nurturing activities (Caragata & Miller, 2008; Cowdery & Knudson-Martin, 2005). Although some couples had planned to share in family work from the outset, others, like Neil, appeared to have benefited from the opportunity his spouse's employment presented for him to care independently for his baby, which may lead to more sharing of care giving work in the future. Egalitarian attitudes may be reinforced through experiences of

care giving and traditional attitudes may be altered. However, for this to occur there needs to be a willingness to learn on the part of the father and some assumption of a shared responsibility (Knudson-Martin & Rankin Mahoney, 2005). Mothers, in turn, need to be supportive of fathers' efforts. Cowdery and Knudson-Martin described a dynamic where spouses viewed the work of childcare as a "conscious collaboration": partners, first of all, assumed care giving to be jointly shared, second they compensated for biological differences, third, fathers took on tasks without instruction and were open to learning and fourth, mothers did not intervene (p. 340). The four couples who favoured joint collaboration gave examples of supportive roles that resembled this process of "conscious collaboration" exhibiting attitudes and behaviours that facilitated the sharing of family work (Beitel & Parke, 1998; Knudson-Martin & Rankin Mahoney, 2005).

Maternal "gatekeeping" and family work

Three couples used the "managing and helping" pattern along with shared turn taking. Couples at the "managing and helping" end of the continuum had the following characteristics: the mother was staying at home to care full time for the infant, they were younger, they ranged in education from graduate school to less than high school and they occupied the mid to lower end of the income range. During times of stress, couples who favoured joint collaboration also used the managing and helping pattern. When managing and helping was the predominant pattern of organizing family work, mothers, consciously or not, held control over the care giving process. When mothers organized fathers' involvement in infant care and acted as managers, they demonstrated "gatekeeping behaviours" (Gaunt, 2008, p. 375). Maternal gatekeeping has been described as an array of behaviours such as setting standards, supervising and evaluating the father's care and correcting as necessary (Gaunt, 2008). Coltrane, along with other scholars, view maternal gatekeeping as both potentially helpful and harmful as mothers may facilitate or limit fathers' involvement (1996). Coltrane's neutral definition of maternal gatekeeping may be similar to the "managing and helping" pattern of organizing infant care where the mother organized and took primary

responsibility. Allen and Hawkins (1999), on the other hand, view gatekeeping as an “inhibiting behavior” and defined it as “a collection of beliefs and behaviors that ultimately inhibit a collaborative effort between men and women in family work” (p. 200). They found that one fifth of their sample were “gatekeepers”. Most women in my study did not appear to be exhibiting maternal gatekeeping behaviours as a normal everyday pattern of organizing infant care. However, women at the managing and helping end of the continuum might have played a larger role in directing their spouse’s time with the infant and may have done so to gain assistance, to set standards of care and possibly to fulfill their sense of being a “good” mother.

Gaunt (2008) studied the psychology and circumstances of women who manage father’s involvement in infant care and found that maternal gatekeeping practices tend to be employed by women who were employed few hours outside the home, viewed their maternal role as most important, had a “strong feminine gender orientation” and were more religious. Women may unconsciously exert control around infant care and household tasks and maintain a gendered division of labour to preserve their relative power in the home and validate their status as mothers (Allen & Hawkins, 1999; Cowdery & Knudson-Martin, 2005; Schoppe-Sullivan, et al., 2008). Keira, who worked as a nanny prior to becoming a mother, may have been consciously, or unconsciously, limiting her partner’s involvement. Maintaining her position in the home played to her ideals as a “good” mother and a “good” worker and confirmed her area of expertise. However, as mentioned under “experiences of nonsupport” David felt constrained by Keira in the realization of his fathering role expectations. Sue, who worked in early childhood education, and was staying home for the near future, may have unconsciously maintained her control in the home. Anthony commented that although he was willing, it was hard for him to “take over”:

It’s - I feel like when I have free time that Sue wants me to take over and try to do as much as I can. And I want to take over, but she’s very much has her hands on the reins pretty tight. So I don’t know where I stand in that sense.

Neither of these first-time mothers spoke explicitly of controlling their partner's involvement and possibly were unaware of how their partners felt. The control exerted by these first-time mothers through managing their partners was perceived as unsupportive as it did not provide the encouragement expected by these two men. This interaction illustrates the potential power dynamic that may ensue over how care will be provided for the baby and by whom.

Cowan and Cowan (1992) and Cowdery and Knudson-Martin (2005) described another dynamic that may shed light on the experiences of these two first-time fathers, David and Anthony, in their attempts to assume an involved role. Cowdery and Knudson-Martin concluded from their study that fathers tend to think of their spouses as more capable with a "natural" ability or connection to the baby. With this belief of women's innate abilities, fathers feel less secure in their abilities and they step back and defer to their spouses. As a result, mothers continue to assume responsibility and continue to organize childcare. Similarly, Cowan and Cowan argue that fathers feel less competent and cannot tolerate this for long; therefore any criticism of their care giving may result in the baby being handed back to the mother. Subsequently mothers take over and fathers have a difficult time finding a way back to participating in infant care. This may be a more accurate interpretation of the co-parenting dynamics reported by David and Anthony. Rather than any conscious decision on their partners' behalf to limit their role, this dynamic of uncertain fathers and competent mothers, becomes a self-perpetuating cycle.

Walker and McGraw (2000) question the notion of maternal gatekeeping and argue that fathers are responsible for their involvement and that women may step up to take over as men step back. This is the case for Lara whose partner's paid work demands left her at home to care for the baby by herself, requiring her to take the lead and direct his involvement when he was home. Lara therefore used the managing and helping reluctantly to engage her spouse in family work, rather than to limit his interaction. Furthermore, she, like other mothers described as gatekeepers in the literature, stated she was trying to help her spouse learn to care for the baby and she initially took control of the care in order to teach her

spouse to provide care up to her standards (Allen & Hawkins, 1999). Setting standards around safety, nutrition and health is seen as “good” mothering and since women are held ultimately responsible for the welfare of their children it is understandable that they take control of care giving to meet social and personal expectations around care giving and the “good” mother ideal (Kahu & Morgan, 2007).

When first-time parents routinely adopted the managing and helping pattern to accomplish family work, fathers felt, at times, removed from their families and mothers felt, at times, overburdened with family work. In contrast, first-time parents who used joint collaboration often explicitly discussed their plan to manage paid and unpaid work and appeared more satisfied with their arrangement overall. Some evidence suggests that couples who work towards sharing responsibility for family work and who, moreover, work explicitly towards an equal relationship where support is mutual and power is shared, have more stable relationships and higher marital satisfaction (Knudson-Martin & Rankin Mahoney, 2005). Hochschild (1989) found in her study that couples who explicitly agreed on their division of household labour, regardless of how it was actually divided, experienced less tension in the relationship. However, couples who used “joint collaboration” and who are dual earners are not immune from stresses of parenting. As we shall see in the next section, often these stresses are influenced, exacerbated or relieved, by contextual factor such as workplace policies and practice, neighbourhood and community environments, access to extended family and quality childcare supports.

First-time Parents’ Support Exchange and Social Context

The exchange of support between parents is influenced by their socioeconomic status and the social context in which they live and work; workplace structures, community and family supports, and the couple’s access to childcare and financial resources all influenced the daily exchange of help and support. Therefore, spousal support during the transition to first-time parenthood was not solely determined by the partners involved but was influenced by broader social and institutional context. Three aspects of social context will be examined:

the couple's community and their proximity to family support; workplace supports; and the couple's ideas around gender roles, paid work and the use of childcare.

Community and proximity to family support

The community in which a couple transitions to first-time parenthood influences their support experience; proximity to family support and stable employment played a role for many couples in the sample with three couples relocating to another community between the first and second interviews. All three couples moved to receive a specific benefit such as increased access to social support, to take up a promotion or job opportunity, or to bridge the distance between work and home. For example, the move of one couple to be closer to his work site allowed him to be at home more often and coincided with an increase in pay. Another couple moved to another province to be closer to the first-time mother's own mother. Moving also became an option when living environments were less than ideal. Parents spoke of their concerns with the health and safety of their baby when they detected smoke from a neighbour's drug use in their own apartment. Mothers and fathers wanted to protect their young infants and voiced concern over the possible drug dealing and domestic violence close by. Such concern and unease expedited couples' moves. In contrast to those who moved, couples who stayed in Edmonton were settled in their careers, had higher paying jobs or had family support in the area.

Moving brought both benefits and stresses. Not all moves resulted in an increase in access to family support. Although one couple moved closer to the mother's family, two other couples moved farther away from family. In addition, fathers felt hindered in taking time off due to their new positions, which may have negatively influenced their support exchange. Sean felt able to give more support to his spouse but was working long days and was feeling the strain of commuting. Anthony believed he was unable to take time off or paternity leave due to being a new employee. While fathers worked, first-time mothers were left to learn about their new community and the supports available. Mothers had mixed experiences with their new neighbourhoods: one mother, in a new subdivision, felt

housebound and isolated. Keira threw herself into organizing a holiday party in the local community hall so she could meet her neighbours. Sue felt a greater sense of ease in being able to access most community programs by foot and she took advantage of the community parenting centre, the library and the swimming pool for her and her son. Moving added another transition to the ongoing transition to first-time parenthood; generally moving resulted in trade-offs with better living arrangements and financial support but brought pressure for fathers to succeed in a new place of employment and for mothers to establish themselves in and adapt to unfamiliar surroundings.

Workplace supports

Fathers' paid work continued, largely uninterrupted after the birth of their first child. Fathers not only continued to work full time, some men worked more hours after the birth. Fathers faced the new challenge of managing paid work and parenting and some talked about their changing priorities away from paid work and towards family life. For example, since becoming a father, Eric changed his expectations about what he wanted from his career: "I don't want to be an [industry] executive anyway. ...So that expectations changes...I'm more inclined to figure out how to balance." This father who was the highest income earner of the sample and worked in a highly controlled work environment, in a male dominated field, described the pull between work and home:

It's balancing the demands of work with the demands of the home and knowing that if I take extra time for one it directly impacts the other. My normal preference is to take it from work to balance at home. The flip side is sometimes the work stress impacts me even at home and I try to avoid that but it's still something I – I probably still struggle with.

Eric felt able to "take from work" to manage at home but at times this taxed his workplace performance and the stress spilled over into his home life. Other fathers emphasized how they took their paid work even more seriously since becoming fathers. Regardless of their changes in attitudes towards their paid work, most fathers discussed issues with finding some flexibility from their workplace.

Three fathers mentioned their direct supervisor as a source of understanding and support around finding time for both home life and work life. At times, fathers were permitted some flexibility in rearranging their work schedule if they needed to respond to a situation at home. It appears that supervisors informally permitted some flexibility that facilitated fathers' abilities to provide support to their spouses. Neil mentioned his supervisor:

I've had a few changes in bosses but my most recent one has been pretty good. Umm. With my needs, you know, she's pretty understanding too 'cause she's a single mom and she knows what it's like. Well, she has it worse but, Umm, yeah she's been... (I: No but she gets it) Yeah, she does. And she's family first.

Two other fathers, who worked in professional positions, mentioned their supervisors as understanding and supportive of their need for flexibility. In addition to supportive supervisors, some fathers had greater control over their work day and could, within limits, create their own flexible schedule. Both fathers who worked in research-related fields were able to have flexibility at work when needed. Malcolm was able to work from home on occasion to support his partner's graduate studies and Lucas worked from home if his spouse was having a challenging time with their colicky baby. In conclusion, informal flexibility from supervisors, and greater control over one's work day, facilitated fathers' abilities to provide support at home.

Fathers employed in structured work environments of shift work or "field" work, did not have the same degree of control as fathers working in higher paying, higher status positions. Subsequently, spouses of men who worked in such conditions took it as a given that there would not be flexibility to alter work schedules. To manage this, new mothers adapted to their spouses' inflexible work schedules. For example to increase time together, Sue drove with her partner in his car while he made his rounds for work and Lara went with her partner while he worked in the field and remained in the hotel with her baby during his work day. Technology also was used by this couple, in the form of web cams, so that they could increase Sean's time with his infant, at least virtually. Mothers

therefore attempted to overcome barriers set up by the nature of their spouses' workplace structures by changing their normal routine or using technology to bridge the distance.

Although fathers took some time off after the birth of their infants, no father took formal parental leave. Some fathers felt constrained in taking a lengthy period of time off after the birth due to a recent job change or felt discouraged by the informal culture of their workplace. Four fathers reported that parental leave was either unavailable or they were unsure if their workplace offered this benefit. Paternity leave was not an option for Lucas as his work place had a policy for maternity leave but no equivalent leave for fathers. Another father who worked in the health services sector was ineligible to take leave due to his casual status; when he secured a full time position he did not feel able, as a new employee, to ask for any formal time off. A third father working in the retail sector felt the burden of asking for time off around the Christmas holidays and was unsure if parental leave was available in his workplace. Fathers with no access to parental leave worked in skilled positions in the health care field, retail management, and transportation and one father worked in a professional position in research.

Two fathers, Malcolm and Sean, had access to paid paternity leave and one father, Eric, had access to unpaid leave through their employers. Two of these fathers worked in professional occupations in the natural and applied sciences, and one worked in a professional position in social policy research. Unlike fathers with no access to parental leave, fathers with access worked in professional positions for larger employers. However, even when parental leave was available, the resulting lack of any income for one father, and the reduction of income to a portion of their salary for two fathers, made it financially impossible for any eligible father to take advantage of this benefit. For example, Sean did not feel able to take parental leave due to the shortfall in earnings, the short-staffing, and the stigma attached to taking leave – he did however take a month of banked holidays around the time of the birth. His work culture dissuaded the predominantly male workforce from taking parental leave and consequently a

greater role in family work in the months following the birth of an infant.

Despite the difficulties with workplace parental leave policies, all fathers took some time off for the birth of their first infant. Fathers used vacation time, and a few used unpaid leave, to take anywhere from 2 days to a month off around the time of the birth of their first child. Most fathers did not expect more from their employer but two thought that some better arrangement would be beneficial. After their initial time off, fathers were left to adapt to their new role in and around the demands of their paid work which often left them with less physical and emotional energy to provide support when they were at home.

Four mothers qualified for the Federal Government's Parental benefit through the Employment Insurance program and three did not qualify for the benefit. Soon-to-be mothers may qualify for the maternity portion of the benefit which provides 15 weeks of pay at 55% of former earnings, to a maximum of \$457 per week. Either parent may then claim the parental benefit portion, which extends payment for another 35 weeks after the birth of the baby. However, first-time parents did not share the parental portion of the benefit, leaving the mother to claim the entire portion. Three first-time mothers in my study did not work enough hours to qualify for maternity/parental benefits, even though the number of work hours needed to qualify decreased from 700 to 600 in fifty two weeks. Mothers who did not qualify were students and a home support worker who did not work enough hours in the past year. When first-time mothers did not qualify for the maternity/parental benefits, family income levels were affected. The family income of women who did not qualify ranged from the middle to the lower end of the income scale. On the other hand, four mothers qualified for benefits, having worked the prerequisite 600 hours in the past year. Mothers who qualified were working full-time or close to full-time hours in the year leading up to the birth and were part of dual earning couples who made the highest incomes in the sample. One mother received help from her employer to ensure she would have enough hours to qualify for the benefit. Another woman successfully lobbied her employer to "top-up" her EI earnings for four months but most women did not receive further supplements from employers. Women were happy to receive the

benefit but felt the financial impact of the decrease in their salary – applicants may receive up to a maximum weekly payment of \$457 or maximum yearly payment of \$43 200 (Service Canada, Employment Insurance (EI) frequently asked questions). A higher benefit rate may be available for low income families; however, all families in this study earned an income that placed further supplements out of their reach. Women’s diminished earnings at this time were generally offset by raises received by their spouses.

Mothers’ paid work, gender roles and childcare

Another factor in support exchange within couples was mothers’ decision around returning to paid employment and the use of informal or formal sources of childcare. At the time of the second interviews, when infants were nine to twelve months in age, four mothers were in part-time paid employment or were pursuing graduate studies and three were involved in full time family work for the near future. Women returned to a part time work routine when their infants were around 9 months to a year old with one mother returning when her baby was 3 months old. With few exceptions, most women’s intentions were carried out with respect to plans to return to paid work or focus on family work. Women who returned to employment, worked for pay inside the home, outside the home, and a combination of both. Mothers’ decisions to return to paid work – or not return to paid work – were influenced by three areas of consideration: financial situation, personal career goals, and beliefs about parenting and gender roles. Mothers who chose to stay home to engage in family work talked about situational and practical concerns around childcare and their preferences around parenting and gender roles.

When women were employed outside the home, support from childcare sources was essential to support the couple. Most often, however, couples like Gwen and Lucas tried to arrange their schedules so that one parent provided care for the baby when the other parent was at work. This was possible for couples who worked a non-standard work day. Reliance on parental care alone was not always feasible, however, and external sources of childcare support were mobilized. When couples found and accessed quality day care, they were able to

create a manageable and satisfactory routine and to pursue their work or educational goals. Lucas was mindful that his spouse's successful effort in finding quality childcare played a key role in establishing their existing routine. "So that I guess is probably, would have to be, I would say, at this point is the biggest support piece that we have ... to manage and to create that routine." He described the day home they were using as, "our probably most important non-family based support that we have. And of course it is out of pocket." This couple had one of the highest incomes in the sample and was able to manage the substantial cost of childcare.

Another couple who used external sources of childcare, Malcolm and Natalie, had always planned for Natalie to return to her studies. In anticipation of this need, Natalie had placed herself on the waiting list of her preferred childcare facilities when she became pregnant. To help pay for childcare, this couple benefited from family support and from a modest provincial childcare subsidy. Although they sent their twins for only two days a week the cost was substantial as Malcolm described: "It is a financial hit. Like, let's be honest with you". Natalie similarly reported: "Oh, it's horrible. For those two guys, two days a week is costing one thousand and sixty-four dollars [per month]." This family's social context, that is to say, the sources of informal and formal support beyond the couple, helped them access quality childcare. Quality childcare was a crucial factor in Natalie being able to find the time and mental space to work on her studies:

Initially daycare was hard. I had started them in September. It just was really hard for me to leave them the first, the first couple of days. But after that, the next week, it was just really nice - I felt normal again. I'd walk around campus and just for a minute I forgot I had children and it was just a really nice feeling to not have to worry about the kids and to do the work that I had to get done and so going to campus, doing my schoolwork, teaching, that sort of idea. It's really nice now to have the daycare.

Both she and her spouse recognized childcare as essential to achieving their future

goals. Her experience contrasted with the other two mothers in graduate studies who had or anticipated having difficulty addressing their student work partially due to not using external childcare resources. Access to outside childcare support and outside support from family enabled new parents to fulfill their roles as workers and students.

Other couples with fewer financial resources were not able to find flexible and affordable childcare. Parents cited reservations about quality and trustworthiness, a lack of flexibility in scheduling, and cost as barriers to accessing childcare. Personal preference to rely on family sources of care was another factor. Sue's decision whether or not to return to work was influenced by her inflexible local source of childcare which "doesn't do part-time or drop ins". Her partner's changing work schedule did not mix well with the inflexible conditions of childcare providers in her small community. Due to these barriers, Sue decided to stay at home for the time being but was considering the flexible paid work of selling children's toys from her home. Furthermore, both she and Trisha mentioned that their work did not pay them enough to make it financially worth their while to use external sources of childcare. Trisha's decision to return to employment at three months after the birth was guided by financial necessity. For cost considerations and personal preference, this couple favoured providing most of the childcare themselves and called on family only when necessary. They worked non-standard work days and could organize their schedules with flexibility from work and help from their own parents on a week by week basis. Trisha and Neil each talked about how their preferences to care for their infant were influenced by how each was raised. Neil explained, "my mom or dad were always home. So, like, my dad would go to work and he'd come home and a lot of the times my mom would go to work and he, he'd watch us." In a similar vein Trisha explained the influence of her memory of how her mother and father managed.

As I was older, I remember that she'd work the evenings and they'd kind of do the same thing. Dad would get home from work and she'd go to work. We always had a parent at home and, you know, my dad

cooked us dinner on week nights and ... (interacting with baby). And I mean, like it - I guess this sounds silly but I've always wanted to be a mom. So this is part of being a mom (laughs)!

Trisha's ideas were influenced by her family background and her belief in being home as much as possible to care for her child. Couples' decisions about how they structured their parenting and paid work roles arose from their own preferences which were tempered by external factors such as their work schedules, income levels, childcare availability and flexibility, and family background.

Mothers who worked outside the home and used formal or family childcare sources tended to be concerned about how their work was limiting their ability to provide support for their family. For example, Gwen, who worked in a professional occupation in health care, described her work in the evenings as "sacrificing family time" and Trisha referred to herself as a "full-time mom" even though she worked part-time out of the home. She stated, "it's not too much time away from [infant]". Gwen decided to return to her professional career for the income and to keep up her skills. However, while she had expected to return to full-time work, after the birth she changed her mind and went back part-time. She talked about the process of finding day care and her decision to be employed part time.

With every person I met, the days that I worked got reduced 'cause I just wasn't comfortable with leaving her. So I would certainly work more if I had - well, would I? I don't know. I was going to say I would certainly work more if I had daycare that I wanted but no. I think that - I, I just can't justify having a child and then being absent from her five days a week, eight hours a day, when she's only up for ten hours a day. (laughs)
You know?

Women's decisions about returning to paid work were tempered by their new role as mothers. Fathers also felt a tension between paid work and family but did not discuss their employment situation with the same ambivalence regarding the effects on support at home as did mothers. Studies have shown that parents feel

the most stress about the activity for which they feel primarily responsible (Loscocco & Spitze, 2007) and when they are employed, women still carry the responsibility of finding quality childcare and worrying if that care is adequate for their child (Walzer, 1997).

Another alternative, if the family could afford it, was for one parent to stay at home to care for the baby. In this sample, three mothers decided to stay at home to care for their babies. Women in full time family work were aware of the possible stresses that came with returning to paid work and the potential for role overload. Both Sue and Beth openly discussed their wish to avoid this potentially stressful situation and to keep their lives as first-time mothers as free of stress as possible by remaining at home. In addition to concerns about managing both roles of worker and mother, couples who decided to have the mother stay at home often talked about how their choices were influenced by how they were raised and their personal beliefs around parenting roles. Both Beth and Eric expressed their preference for one of them to stay home and discussed how they were both raised by stay-at-home mothers while they were young.

But yeah, it was just because we always had a parent who stayed home.

Like, his mom stayed home, my mom stayed home and we just, that's what we know, and it was important for us to have that, you know.

This first-time mother also mentioned how either of them would stay home: "And that's always kinda what we had discussed, that one of us would stay at home. You know it didn't matter who, but just one of us would stay at home." However, they acknowledged that due to Eric's substantial income it made practical sense for Beth to stay home. Many couples mentioned that either parent could potentially be the primary care giver or talked about trading places but in practice, often due to income disparities, or due to beliefs about women's and men's roles, women stayed at home. Another couple, David and Keira also agreed that she should stay home, and they would take on the traditional roles of female caregiver and male provider. David explained, "I've always been taught, you know, to just to work" and therefore it was alright with him if his partner wanted "to be a stay at home mom." This new mother described at length how her own childhood and

experience as a childcare worker influenced her preferences about raising her own children:

Oh yeah, I mean, I always knew that I'd be staying home for as long as I felt like it was needed. I mean, if I do start working again, I have the kind of job where I would be able to bring her with me. I would never leave her and go back to work.

This mother said "if" she were to return to paid employment indicating that she might prefer to remain working in the home. This may pose problems in the future because, as David confessed, at times he wished that his spouse would return to the workforce sooner, rather than later:

So – I think it would be nice, I know she wants to open up a day home and kind of financially help eventually. At times where I wish she would do it right away but I know that's tough 'cause [daughter] takes up a lot of her time and I can understand that.

Financial concerns altered this father's thoughts on a traditional gendered arrangement. Another father, Neil, would have preferred his spouse to be able to stay at home full time if he made enough money and if she agreed. However, their financial situation did not permit them to seriously consider this option. In addition to adhering to preferred personal beliefs and gender roles, couples with the mother at home were influenced by their financial position. Eric and Beth, with the greater financial security, provide a contrast to David and Keira, and Neil and Trisha whose financial situation did not fully fit with their preferred plan.

Discussion of Support Exchange and Social Context

During the transition to parenthood, fathers' work schedules continued largely as they had been prior to the birth. Mother's schedules, on the other hand, changed as many first-time mothers took close to a year or more off from paid work. Indeed, studies have shown that after the birth of a baby, women's schedules change most drastically while men's schedules stay relatively unchanged (Bolzan, et al., 2004; Singley & Hynes, 2005). Parents appeared to hold the expectation that mothers' schedules were more changeable than fathers' schedules thus they made allowances for the primary earner (Kahu & Morgan,

2007; Sanchez & Thompson, 1997). Men's continuity in paid work, therefore, was possible due to changes made to the mother's role in paid work. Women returned to their roles in employment and student work with consideration to financial necessity and personal desire to continue with career and educational goals. Studies show that women who return to paid work are more oriented towards their career, have higher levels of education and may earn more (Voling & Belsky, 1993); they regard their identities as workers as salient to their sense of self (Cowan & Cowan, 1992; Gatrell, 2001). When women returned to paid work or student work, as four did in the current study, they did so part time as a strategy to manage their multiple responsibilities (Walzer, 1997). The flexible option of being able to work part time for pay appeared to help women in this study feel content about their resumption of paid work. In other studies, women reported a sense of dissatisfaction when they had to return to paid work full time; therefore congruence between preferred and actual employment status, including spouses' support, is important for women's emotional well being (Voling & Belsky). Even when women pursued their work or student obligations on a part time basis, success was not guaranteed if internal supports (spousal) and external support (reliable childcare) were not adequate to meet their needs. Lara's inability to resolve her student work with her responsibility at home, and her subsequent withdrawal from her program, provides an example of the importance of internal spousal support and external childcare supports.

Women spoke of a shift in priorities towards their infants and the need to manage their paid work commitments in relation to living up to their ideals of being a "good" mother. Women managed these commitments by part time employment or not returning to employment. Another way women thought they were being "good" mothers while they spent time at paid work was to rely on their spouses for care giving thus decreasing their reliance on outside sources of childcare. Working part time, caring for their infants in successive shifts, and relying on external family members when available were strategies used to decrease the need for non-family sources of care. First-time mothers and fathers indicated their preference for parental care over other forms of care which is

similar to other findings (Glass, 1998; Walzer, 1997). Couples, but especially women, spent time and energy locating good quality and affordable childcare. Considering the lack of a standard childcare system in Canada, the small amounts of subsidies available, the dearth of quality options and the ever-present wait-lists for subsidized and or quality sources of childcare, parents of small children, mostly mothers, faced a momentous task (Caragata & Miller, 2008). Finding childcare and worrying about the impact of care is predominantly the “work” of mothers (Walzer, 1996, 1997). Mothers, and to a lesser extent fathers, talked about their concerns regarding the cost and use of childcare and worried about their infants’ adjustment to the new day care environment. One couple was happy with their childcare arrangement and gained peace of mind from the reputation of the centre as one the best in their community. However, quality childcare was only in the reach of those with the highest incomes or with access to additional government and family sources of financial support. When cost of childcare was unaffordable, couples relied on parental and family care and, in the case of Sue, may have delayed her return to work. My findings support the claim that a supportive social context including access to quality childcare, longer paid maternity and parental leaves and shorter work hours are associated with better adjustment to paid work for women (Feldman, Sussman, & Zigler, 2004; Nelson, 2003).

After the birth of the baby, all couples regarded men’s employment outside the home as a necessity rather than an option. Hours at paid work did not decrease and, if anything, increased after the birth for some men. This finding follows larger social trends that men’s work/family issues are not viewed as a “choice” to the same extent as are women’s work/family issues (Daly & Palkovitz, 2004). As Daly and Palkovitz write, it is “culturally assumed men will work and pay attention to their families (in that order)” (p. 211). First-time fathers in this study lived up to this assumption of being a reliable worker first and an involved father second. As found in other studies, fathers in my study did not take formal workplace parental leave (Barclay & Lupton, 1999; Singley & Hynes, 2005). Instead, fathers took an average of two weeks of vacation days or

unpaid leave, and returned to work to face managing paid work with being available at home for their partners and new infants. Studies have found that fathers face the stressful task of combining or reconciling both the traditional norms of the breadwinner father and ideal of the “involved” father (Bolzan, et al., 2004). Men who commit to sharing family work may be experiencing a similar work/life conflict as experienced by mothers working a “second shift” when they return home from paid work (Hochschild, 1989). Upon returning to paid work fathers relied on ad hoc and informal support from managers to gain some flexibility to meet their families’ needs. Men made small adjustments, like keeping firm work hours and relying on informal work supports to gain flexibility in responding to family work. Studies from the Conference Board of Canada found a connection between managers and workers’ abilities to handle work/life demands with managers acting as “gatekeepers” of flexible family-friendly policies (Conference Board of Canada, 1999). However, due to work place culture that discourages making use of these options, a trend found across Canada, flexibility was not always available for fathers in this study (Caragata & Miller, 2008). This was particularly true for one father working in a temporary skilled position for a private company and for a father employed as a professional in the natural and applied sciences. When these two first-time fathers traveled for work their spouses accompanied them. In this way these new mothers compensated for their partners’ lack of workplace flexibility.

Fathers did not make use of formal paid leaves provided through their employer nor did they claim any portion of the gender-neutral federal parental leave. Paid parental leave was available for two fathers and unpaid leave was available for one father. However, in accordance with other studies, designated paid paternity leaves were not used due to financial constraints, and due to a lack of encouragement to use such policies (Barclay & Lupton, 1999; Caragata & Miller, 2008; Singley & Hynes, 2005). Four first-time fathers did not have access to parental leave either because it was not made available or they were unaware of its existence within their workplace. Although fathers could have claimed a portion or all of the 35 weeks of the federal parental leave program, couples chose

to have the mother claim all of this leave. More fathers in Canada are taking paternity leave, however, most of the gains are in the province of Québec where a designated and better paid paternity leave of 5 weeks at 70% of earnings came into practice in 2006 (Marshall, 2008). In 2006, fathers in the rest of Canada took leave 11% of the time and fathers in Quebec took leave 55% (Marshall). This small sample from Alberta reflects the majority of fathers outside of Quebec who did not take parental leave.

Fathers in this study thought that they just needed to get used to the increased workload of working full time (and even overtime) and being an involved father. As Sean mentioned; “it’s just more work. It’s getting used to it, right?” Other fathers discussed the need to, “do more with less”, and find time for oneself, time for their new infants and time for paid work. Fathers therefore tended to see their situation in individual terms requiring individual adaptation to their new demands (Barclay & Lupton, 1999; Henwood & Procter, 2003). Few fathers saw their situation as needing perhaps both personal and structural changes to assist them in being the involved fathers most wanted to be. More often it was women who noticed or took issue with the lack of support in the men’s places of work. Only Malcolm questioned the lack of flexible options available from his employers for parental leave:

I’ve been saving my, my vacation days, and so I’m fortunate in that respect. But, I just wish it was an option, or some sort of option. Even like, you know take 3 weeks off, and then take an extra 3 weeks at 50%. You know, there’s a variety of ways you can do it.

The lack of flexible options for parental leave meant first-time fathers had to manage work and family demands sooner than their spouses did, at least for those couples with mothers returning to paid work. Perhaps longer leave provisions would have allowed Malcolm more time with his spouse while his twins were in the Neonatal Intensive Care Unit or allowed David the needed time for him to feel competent in his care giving role. Time at home may have fostered an earlier awareness for Sean of the amount of time and energy Lara put into care giving work and household work. Generally, engagement in care giving work has been

found to lead to a sense of closeness with infants, the rewards of which then foster further engagement in care giving (Barclay & Lupton, 1999; Caragata & Miller, 2008; Cowdery & Knudson-Martin, 2005). However, parenting leaves are not often referred to as opportunities for adjusting to first-time parenthood or as an opportunity to bond with one's baby. Instead, men and fathers are primarily valued as employees whose needs will not compromise the continuation of "smooth labour force activity" (Bolzan, et al., 2004, p. 71). Singley & Hynes (2005) found in their US study a paucity of workplace policies that support men's role in care giving during the transition to parenthood. My small Canadian study concurs with their findings. Substantial obstacles exist to "new fatherhood" in the context of the workplace (Barclay & Lupton, 1999; Bolzan et.al., 2004).

Consideration of programs in other countries outside North America is thought provoking. Other countries have developed parental leave policies which appear popular with their citizens. In Iceland, parental leave was extended to 9 months at 80% of earnings and divided into thirds; one third for mothers, one third for father and one third to be designated as the family wishes (Marshall, 2008). Sweden has granted a generous 480 days of parental leave with 60 days designated for fathers and 60 for mothers paid at 80% of earnings up to \$47 000 per year (Caragata & Miller, 2008). The higher rate of pay lessens the financial disincentive for fathers to take parental leave. At the present time, Canada has a gender neutral policy that allows families choice to divide up 35 weeks of parental leave as they wish. It may be time to help new fathers become more involved in the care of their new infants by providing a portion of leave exclusively for fathers. As mentioned previously, Québec's Parental Insurance Plan (QPIP) has already implemented five weeks of leave for fathers at 70% of their pay. The recent ruling by the EI board stating that eligible parents with a multiple birth may both qualify for 35 weeks of parental leave is a step in the right direction; however there is much more to be done (CBC News, 2009, Sept 18). Quebec's implementation of leave for fathers provides an example and a challenge to the rest of the country to meet these standards of support for new parents. Well paid paternity leaves may facilitate early involvement in infant care

which has been shown to influence continued involvement later on (Caragata & Miller, 2008; Cowdery & Knudson-Martin, 2005). Furthermore, increased sharing in family work between men and women and equality in relationships has been shown to be a strengthening factor for families (Knudson-Martin & Rankin Mahoney, 2005). Therefore early paternity leave may help foster a unique bond between father and infant, and increase satisfaction for fathers in their parenting role, and possibly increase support for mothers.

Chapter 5 - Implications and Conclusion

This study is distinctive in gathering both expectant mothers' and fathers' expectations and experiences of spousal support while they transitioned to first-time parenthood in western Canada. Few current, prospective, Canadian studies exist that explore the provision of support between spouses during the transition to first-time parenthood. Rather than rely on participants' retrospective memories of the entire transition, the research design allowed participants to give a prospective account of their experiences over two points in time. Expectant parents reported first their prenatal experiences and expectations then their postnatal experiences of spousal support. Couples in the study more often than not, met the challenge of working together to manage multiple demands on their time whilst nurturing their relationship and providing a healthy environment for their new infant. First-time parents had generally positive experiences of spousal support during the transition to parenthood; however, many did not anticipate the extent of support they would need to manage the interface between paid and family work. Dual-earning partners required substantial support from one another in addition to external sources of childcare and family support to manage their roles as parents and workers. Two first time parents experienced both support with a fair amount of nonsupport from their spouses. The experiences articulated by these two individuals reflect persistent concerns reported by first-time parents in studies from different western countries over the past two decades. This study begins to extend findings from other countries by adding data from a western Canadian context. First, implications for knowledge will be considered according to the four research questions and then implications for practice will be considered.

Implications for Knowledge

First-time parents' expectations and experiences of support and nonsupport

What are first-time parents' expectations and experiences of spousal support during the transition to parenthood? How do prenatal expectations compare to postnatal experiences? Although this sample is small, it suggests that overall first-time parents held generally realistic expectations for spousal support.

Fathers at times held less clear support expectations regarding family work in comparison to their partners, yet some fathers accurately anticipated the problems that their work schedules would pose for providing support with family work. Most expectant parents held accurate prenatal expectations concerning spousal support, a finding which stands in contrast to other studies. Past studies found most mothers held inaccurately high expectations about the amount of support they would receive with caring for the baby and household work (Cowan & Cowan, 1988; Gjerdingen & Center, 2005; Harwood, et al., 2007). If mothers and fathers held overly high expectations for spousal support in the present study, most did not report a discrepancy between their expectations for support and their actual experiences of support. The majority of first-time parents felt well supported by their spouses in undertaking their new parenting role.

At times, however, first-time parents experienced support with some incidents of nonsupport especially when managing the boundary between paid and family work. Two participants had concerns with their support experience during the transition to parenthood; one mother felt overburdened with family work which was not being divided equitably between her and her spouse and had insufficient support to address her student work. This mother's experience correlates to other studies noting women's concerns with the division of housework and childcare responsibilities after the birth of a baby (Gjerdingen & Center, 2005; Harwood, et al., 2007). Concerns about the fair distribution of family workload may impact negatively on women's marital satisfaction (Belsky & Pensky, 1988; Cowan & Cowan, 1988). Furthermore, student mothers with inadequate supports are at an increased risk of leaving their programs as this mother ended up doing (Springer, et al., 2009). The other participant with a non-supportive experiences was a father who felt his partner did not support his efforts in learning to parent. His experiences may be comparable to other research findings which describe fathers' uncertainty surrounding their skills in providing hands-on care for their infant and perceived criticism from partners regarding their parenting. Experiences of criticism may result in first-time fathers feeling more insecure in their parenting role and may act as an unintended barrier to their

participation in infant care (Barclay & Lupton, 1999; Cowan & Cowan, 1992; Goodman, 2005; Hall, 1994). These two participants, one mother and one father, experienced concerns reported by other first-time parents. These findings indicate a persistence of issues over time for some mothers and fathers. It is notable that although their expectations for support were not met to their satisfaction, both anticipated prior to the birth that their concern may become an issue after the birth. Their prenatal reports illustrate that expectant parents are at times aware of issues within the couple, which may be amenable to exploration and resolution by a trained health care worker. Furthermore, problems voiced in the prenatal period reinforces scholars' assertions that first-time parenthood does not deterministically lead to a decline in satisfaction in the relationship and that tensions in the postpartum have their origins in the couple's prenatal relationship (Belsky, 1985; Belsky & Pensky, 1988).

First-time parents' descriptions of supportive roles around family work

How do new parents describe supportive interactions with their partner during the transition to parenthood? How do new parents describe divisions of roles and responsibilities related to paid and family work? To manage the increased workload, couples' roles became more gender-linked after the birth with mothers taking ultimate responsibility for most tasks in the home, and fathers taking responsibility for continuing in waged work. This pattern mirrors findings from other regions, nationally and internationally (Barclay & Lupton, 1999; Goodman, 2005; Hall, 1994; Sanchez & Thomson, 1997; Singley & Hynes, 2005). Support with infant care fell along a continuum describing the extent to which couples shared in family work. Three couples predominantly used the managing/helping pattern where family work was chiefly organized by the mother, while four couples predominantly used the joint collaboration pattern, where both parents shared more fully in deciding how care was organized and carried out. Couples who worked together in a collaborative fashion also used the managing and helping pattern selectively when challenges arose with infant care. Parents shared infant care to a greater extent when the mother returned to paid

work which correlates with other studies (Gatrell, 2005). Over half of the couples shared responsibility for infant care, a number that is higher than reported rates of sharing in older studies (Hochschild, 1989) but is not as high as some more current findings (Coltrane, 1996; Gatrell); however, this study supports the assertion that men are contributing significant time to care giving work (Marshall, 2006).

Most couples appeared to agree about how roles were defined and carried out, which is central to the couple's support and satisfaction (Cast, 2004; Golden, 2001). Couples who agreed on their approach to the division of family and paid work tended to have negotiated an explicit arrangement, had the highest socioeconomic status of the sample, had higher degrees of flexibility with their paid work and were able to access resources towards organizing their preferred arrangement for paid and family work. Couples with conflicting ideas about their roles experienced greater conflict, feelings of dissatisfaction and uncertainty concerning the nature of their parenting role, the equitable division of household work and the ability to address student work responsibilities. Those couples who experienced the most tension had fathers who were involved in paid work that was highly structured and lacked flexibility. However, beyond the paid work context, these couples disagreed with each other about their roles in family work, with one partner preferring a more egalitarian arrangement than the current status quo. This was the case for one father and one mother, both from two different relationships and two different socioeconomic backgrounds. This indicates that the desire for a more egalitarian arrangement is not solely the experience of women as might be suggested from the extensive focus in the literature on women's experiences.

Five couples had generally supportive experiences. Part of the positive finding of the current study, may be due to the timing of the interviews which took place when the babies were around nine months to one year of age giving parents' time to develop routines and skills in relation to their infant's care and settle on patterns of support which worked for most couples. The timing of the interviews was chosen to capture participants' experiences of first-time

parenthood after mothers had either returned or decided not to return to paid work. Such decisions were influenced by contextual factors and preferences related to parenting roles.

The influence of social context on support exchange

In what respect is couple's support exchange influenced by their social context? Although most spouses had positive support experiences, the increase in workload of new parenthood tested their support. Parents found it a challenge to manage the interface between infant care and paid employment. For some first-time mothers, the interface between family and paid work became indistinct. Several women carried out their paid or student work responsibilities in the home environment which was less than ideal; without extra support with infant care they struggled with finding adequate time for their student work. Furthermore, when women planned to return to paid work they were generally responsible for locating quality infant care. First-time mothers returning to work came up against obstacles while looking for quality childcare, such as the long wait-lists and the scarcity of economic subsidies which might help to decrease the financial burden of providing their infants with quality care (Caragata & Miller, 2008).

Fathers' concerns also involved managing the boundary between paid work and family work, but from a different perspective. Fathers' work schedules continued as they had before the birth, leaving fathers to manage work and family demands from the outset. Flexibility in their work day and supportive managers who facilitated flexible ad hoc arrangements were available for four fathers; however, other fathers did not have any leeway for rearranging their work schedules. Most saw their dilemma as a personal challenge of "getting used to it", rather than as an indication of broader structural issues and need for reform at the corporate and federal level to support involved parenting. Comparable to studies from Australia, Canada and the US, fathers in the current study faced obstacles from their places of employment in taking parental leave and engaging directly in infant care (Caragata & Miller, 2008; Barclay & Lupton; Singley & Hynes, 2005). Parenting leaves are not viewed by workplaces as a valid opportunity for fathers to adjust to first-time parenthood and support their family by participating for a

prolonged period of time in care giving. Men are valued as employees, first and foremost, whose personal needs are not to disturb the continuation of “smooth labour force activity” (Bolzan, et al., 2004, p. 71). My western Canadian study suggests that certain patterns found in other western countries are similar to the experiences of this small sample of first-time parents particularly around the lack of opportunity for parental leave for fathers and, the persistence of gender-linked divisions of labour in the postpartum period. However, this study can conclude that despite the demands of paid work there is an increase in collaboration between partners in infant care and a striving towards this ideal on behalf of other participants during the initial year of parenthood.

Future research questions

The findings of this study should not be generalized to larger populations of first-time parents in other parts of Canada or in other western countries. The sample was a homogenous group of white Euro-Canadian couples with some variation in education and employment status. A larger sample of parents from a wider variety of socioeconomic backgrounds or parents from other cultural backgrounds may have different experiences of social support between mothers and fathers during the transition to first-time parenthood. Furthermore, this study was a focused analysis from a larger study exploring first-time parents’ and grandparents’ experiences with intergenerational support. Due to the nature of secondary analysis, where interview questions posed to participants may not fully align with the new research questions of interest, data were not always available to answer specific questions in further detail. For example, data concerning the sharing of household labour was relatively scant compared to data on care giving activities and data on the decision making process of the couple was incomplete. With these limitations in mind, this study has taken preliminary steps to extend research on support between spouses during the transition to first-time parenthood in a western Canadian context.

In-depth future analysis would be beneficial to explore couple-level interaction and decision making about the management of paid and family work. At the provincial level, an in-depth examination of the large industrial sector and

their policies around the work/family interface and supports for new families would be valuable as an extension of the current work. The findings of this study suggest the possibility of a disjuncture between the informal workplace culture of some companies and their male workers' increased orientation towards family following child birth and desire to manage career with family responsibilities. To broaden the findings, a parallel study might be undertaken using the main study data to examine experiences of spousal support among couples who recently immigrated to Canada and to compare those findings to this study. On a national scale, exploring couples' use of parental leave from different cultural backgrounds and across provinces in Canada would glean current cross-provincial information relevant to strengthening the argument for better leave provisions for fathers and families.

Implications for Practice

Participants in my study identified similar concerns reported in other studies about managing the increased workload of care giving with their need to engage in paid employment. As mothers took on the day-in, day-out responsibility of caring for a new infant, fathers managed their involvement in infant care with full-time employment. This study suggests assistance for first-time parents could be addressed both at the couple level and at the societal and policy levels. Although childcare policy was not explored in depth in my study, the experiences of the four dual earner couples suggest the need to attend to the cost of childcare and availability of early childcare services. Furthermore, fathers in Canada would benefit, as fathers already do in Quebec, from the opportunity to take paternity leave, 5 weeks or more, at 70% of their current pay. The utility of this policy for fathers and families is reflected in the growing use of this program: in 2006, fathers in the rest of Canada took leave 11% of the time and fathers in Quebec took leave 55% of the time (Marshall, 2008). Mothers and fathers in my study relied heavily on one another for support in the first year of parenting – and with the absence of family within in the same community some couples relied on each other even more. Families could benefit from structural supports such as strengthened opportunities for parental leave or flexible workplace options and

first-time parents, fathers in particular, also need recognition and support from professionals working with new families.

At the couple level, educational supports ought to be broadened to include content on parenting and possible changes to the parents' relationship, in addition to typical emphasis on pregnancy and child birth. Deave and Johnson (2008) found that fathers pinpointed the need for information and adequate time in the prenatal period to learn baby care skills, and to learn about issues surrounding parenting and potential changes in their relationships with spouses. Brotherson's (2007) article on preparing couples for the transition to parenthood describes the *Transition to Parenthood Quiz* where couple's identify their "key transition issues" selected from a list of concerns accumulated from research by Belsky and Kelly at Pennsylvania State University. This list of concerns includes dividing housework and infant care; worries about money; relationships difficulties and so on. Once concerns are identified, a discussion with suggestions for strategies should follow. Although time in prenatal classes is very limited, most tensions between first-time parents stem from disagreements over who will do what task after the birth (Cowan & Cowan, 1988); therefore, time devoted to exploring roles in family work and paid work may prompt expectant parents to voice concerns, anticipate problems and work through differences before they become embedded tension.

Nurses and other professionals can assist first-time parents by raising awareness around issues of managing work load and addressing mothers' and fathers' concerns with developing their own parenting skills. Although my personal bias is towards sharing in family work and joint collaboration, rather than mothers managing the load and fathers helping, couples need to find the most satisfactory arrangement possible for them. As Hall (1994) concluded from her study on new fatherhood, nurses can help men to define their role as involved fathers in their particular family context (p. 226). Towards this end, promoting explicit decision making and challenging the default gender-linked managing and helping pattern in family work may increase support for each partner and help each partner, individually and together, reflect on and identify what their roles

will be. Encouraging fathers to have their own time with the baby may further promote increased sharing of not only childcare but other household tasks (Coltrane, 1996). Sharing in family work means fostering a sense of equality and assuming that responsibility for raising children will be a shared responsibility of both mothers and fathers. Changing individual attitudes about prescribed roles and responsibilities in family work may not always be possible, nor should it be the explicit focus of parenting programs; however, studies show that relationships where spouses agree on their approach to family and paid work, “who does what” tend to be the strongest partnerships (Hochschild, 1989). Other studies find that relationships with high degrees of equality tend to be stronger and longer lasting (Knudson-Martin & Mahoney, 2005). Equality in relationships is understood by Knudson-Martin and Mahoney as a process that fosters mutual “accommodation” and “attention” which strongly resembles support between couples. Therefore, time is needed to enable couples transitioning to first-time parenthood to engage in active negotiation, to foster “mutual attention to relationship and family tasks” which has been shown to promote stability, general well-being in the family and long term success in relationships.

References

- Adler, N. et al., (1994). Socioeconomic status and health: The challenge of the gradient. *American Psychologist*, 49(1), 15-24.
- Agar, M. (1996). *The professional stranger: An informal introduction to ethnography*. San Diego, CA: Academic Press, Inc.
- Allen, S., & Hawkins, A. (1999). Maternal gatekeeping: Mothers' beliefs and behaviors that inhibit greater father involvement in family work. *Journal of Marriage and the Family*, 61, 199-212.
- Bailey, L. (2000). Bridging home and work in the transition to motherhood: A discursive study. *European Journal of Women's Studies*, 7(53), 53-70.
- Barclay, L., & Lupton, D. (1988). The experience of new fatherhood: a socio-cultural analysis. *Journal of Advanced Nursing*, 29(4), 1013-1020.
- Baumeister, R., & Vohs, K. (2007). *Encyclopedia of social psychology*. Vol 2. Thousand Oaks, CA: Sage Publications, Inc.
- Bell, L., Goulet, C., St.-Cyr Tribble, D., Boisclair, A., & Tronick, E. (2007). Mothers' and Fathers' views of the interdependence of their relationships with their infant: A systems perspective on early family relationships. *Journal of Family Nursing*, 13(2), 179-200.
- Beitel, A., & Parke, R. (1998). Paternal involvement in infancy: The role of maternal and paternal attitudes. *Journal of Family Psychology*, 12, 268-288.
- Belsky, J., & Pensky, E. (1988). Marital change across the transition to parenthood. *Marriage and Family Review*, 12(3/4), 133-156.
- Belsky, J. (1985). Exploring individual differences in marital change across the transition to parenthood: The role of violated expectations. *Journal of Marriage and the Family*, 47(4), 1037-1044.
- Belsky, J., & Rovine, M. (1984). Social network contact, family support, and the transition to parenthood. *Journal of Marriage and the Family*, 46(2), 455-462.
- Bloom, J. (1990). Research Note: The relationship of social support and health.

- Social Science & Medicine*, 30(5), 635-637.
- Bolzan, N., Gale, F., & Dudley, M. (2004). Time to father. *Social Work in Health Care*, 39(1/2), 67-88.
- Bridges, W. (2003). *Managing Transitions 2nd Edition: Making the Most of Change*. Cambridge, Mass: DaCapo Press.
- Brotherson, S. (2007). From partners to parents: Couples and the transition to parenthood. *International Journal of Childbirth Education*, 22(2), 7-12.
- Brown, M. (1986). Marital support during pregnancy. *JOGNN*, 15, 475-483.
- Caragata, L., & Miller W. (2008). What Supports Engaged Fathering: Employment & family supports. Guelph, ON: Father Involvement Research Alliance.
- Cast, A. (2004). Well-being and the transition to parenthood: An identity theory approach. *Sociological Perspectives*, 47 (1), 55-78.
- CBC News (2009, Sept 18). Both parents of twins get leave: EI board. Retrieved from <http://www.cbc.ca/canada/ottawa/story/2009/09/18/twin-leaves.html>
- Claxton, A., & Perry-Jenkins, M. (2008). No fun anymore: Leisure, and marital quality across the transition to parenthood. *Journal of Marriage & Family*, 70, 28-43.
- Coffman, S., & Ray, M. (1999). Mutual intentionality: A theory of support processes in pregnant African American women. *Qualitative Health Research*, 9(4), 479-492.
- Cook, K. (2005). Using critical ethnography to explore issues in health promotion. *Qualitative Health Research*, 15(1), 129-138.
- Cook, J., Jones, R., Dick, A., & Singh, A. (2005). Revisiting men's role in father involvement: The importance of personal expectations. *Fathering*, 3(2), 165-178.
- Coltrane, S. (1996). *Family Man: Fatherhood, Housework, and Gender Equity*. New York, NY: Oxford University Press.
- Conference Board of Canada. (1999). News Release: Managers play key role in work-life balance. Retrieved from <http://www.conferenceboard.ca/press/1999/worklife2-99.htm>

- Cowan, C., & Cowan, P. (1992). *When partners become parents: The big life change for couples*. Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Cowan, C., & Cowan, P. (1988). Who does what when partners become parents: Implications for men, women, and marriage. *Marriage and Family Review, 12*(3/4), 105-131.
- Cowdery, R., & Knudson-Martin, C. (2005). The construction of motherhood: Tasks, relational connection, and gender equality. *Family Relations, 54*(3), 335-345.
- Creswell, J. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.
- Daly, K., & Palkovitz, R. (2004). Guest Editorial: Reworking work and family issues for fathers. *Fathering, 2*(3), 211-213.
- Deave, T., & Johnson, D. (2008). The transition to parenthood: What does it mean for fathers? *Journal of Advanced Nursing, 63*(6), 626-633.
- deMontigny, F., Lacharité, C., & Amyot, É. (2006). The transition to fatherhood: The role of formal and informal support structures during the post-partum period. *Texte & Contexte Enfermagem, 15*(4), 601-609.
- DeSalvo-Rankin, E., Duff-Campbell, N., & Soeken, K. (1985). Adaptation to parenthood: Differing expectations of social supports for mothers versus fathers. *Journal of Primary Prevention, 5*(3), 145-153.
- Feldman, R., Sussman, A., & Zigler, E. (2004). Parental leave and work adaptation at the transition to parenthood: Individual, marital, and social correlates. *Applied Developmental Psychology, 25*, 459-479.
- Fox, B. (2001). The formative years: How parenthood creates gender. *CRSA/RCSA, 38*(4), 373-390.
- Gatrell, C. (2005). *Hard labour: The sociology of parenthood*. New York, NY: Open University Press.
- Gaunt, R. (2008). Maternal gatekeeping: Antecedents and consequences. *Journal of Family Issues, 29*(3), 373-395.
- Gjerdingen, D., & Center, B. (2005). First-time parents' postpartum changes in

- employment, childcare, and housework responsibilities. *Social Science Research*, 34, 103-116.
- Glass, J. (1998). Gender liberation, economic squeeze, or fear of strangers: Why fathers provide infant care in dual earner families. *Journal of Marriage and Family*, 60(4), 821-834.
- Goldberg, A., & Perry-Jenkins, M. (2007). The division of labor and perceptions of parental roles: Lesbian couples across the transition to parenthood. *Journal of Social and Personal Relationships*, 24(2), 297-318.
- Goldberg, A., & Perry-Jenkins, M. (2004). Division of labor and working-class women's well-being across the transition to parenthood. *Journal of Family Psychology*, 18(1), 225-236.
- Golden, A. (2001). Modernity and the communicative management of multiple roles: The case of the worker-parent. *Journal of Family Communications*, 1(4), 233-264.
- Goodman, J. (2005). Becoming an involved father of an infant, *JOGNN*, 34, 190-200.
- Gottlieb, B. (1978). Development and application of a classification scheme of informal helping behavior. *Canadian Journal of Behavioral Science*, 10, 105-115.
- Hall, W. (1994). New fatherhood: Myths & realities. *Public Health Nursing*, 11(4), 219-228.
- Hammersley, M., & Atkinson, P. (2007). *Ethnography: Principles in practice* (3rd ed.). New York, NY: Routledge.
- Harwood, K., McLean, N., & Durkin, K. (2007). First-time mothers' expectations of parenthood: What happens when optimistic expectations are not matched by later experiences? *Developmental Psychology*, 43(1), 1-12.
- Henwood, K., & Procter, J. (2003). The 'good father': Reading men's accounts of paternal involvement during the transition to first-time fatherhood. *British Journal of Social Psychology*, 42, 337-355.
- Higgins, C. & Duxbury, L. (2002). The 2001 National Work-Life Conflict Study: Report One. Ottawa, ON: Healthy Communities Division, Health Canada.

- Hochschild, A. (with Machung, A.). (1989). *The Second Shift*. New York, NY: Avon Books.
- Hodgson, I. (2000). Ethnography and health care: Focus on nursing. *Forum Qualitative Social Research, 1*(1). Retrieved May, 2007 from <http://qualitative-research.net/login.ezproxy.library.ualberta.ca/fqs/fqs-eng.htm>
- House, J. (1981). *Work Stress and Social Support*. Reading, Reading, MA: Addison-Wesley.
- Kahu, E., & Morgan, M. (2007). Weaving cohesive identities: New Zealand women talk as mothers and workers. *Kotuitui: New Zealand Journal of Social Sciences, 2*, 55-73.
- Kane, C. (1988). Family social support: Towards a conceptual model. *Advanced Nursing Science, 10*(2), 18-25.
- Kluwer, E., Heesink, J., & De Vliert, E. (2002). The division of labor across the transition to parenthood: A justice perspective. *Journal of Marriage and Family, 64*, 930-943.
- Knudson-Martin, C., & Rankin Mahoney, A. (2005). Moving beyond gender: Processes that create relationship equality. *Journal of Marital and Family Therapy, 31*(2), 235-258.
- Kuperberg, A. (2009). Motherhood and graduate education: 1970-2000. *Popul Res Policy Rev, 28*, 473-504.
- Kushner, K. (2005). Embodied context: Social institutional influences on employed mothers' health decision making. *Health Care for Women International, 26*, 69-86.
- Loscocco, K., & Spitze, G. (2007). Gender patterns in provider role attitudes and behaviour. *Journal of Family Issues, 28*(7), 934-954.
- Lu, L. (2006). The transition to parenthood: Stress, resources, and gender differences in a Chinese society. *Journal of Community Psychology, 34*(4), 471-488.
- Madison, D. (2005). *Critical ethnography: Methods, ethics and performance*. Thousand Oaks: Sage Publications.

- Mayan, M. (2001). *An Introduction to Qualitative methods: A training module for students and professionals*. Edmonton, AB: Qual Institute Press.
- Marshall, K. (2008). Fathers' use of paid parental leave. *The Daily Ottawa*, ON: Statistics Canada.
- Marshall, K. (2006). Converging gender roles. *Perspectives* (Catalogue no. 75-001-XIE) Ottawa, ON.: Statistics Canada.
- Mehall, K., Spinrad, T., Eisenberg, N., & Gaertner, B. (2009). Examining the relation of infant temperament and couples marital satisfaction to mother and father involvement: A longitudinal study. *Fathering*, 7(1), 23-48.
- Meleis, A., Sawyer, L., Im, E., Hilfinger Messias, D., & Schumacher, K. (2000). Experiencing transitions: An emerging middle-range theory. *Advances in Nursing Science*, 23 (1), 12-28.
- Meleis, A., & Trangenstein, P. (1994). Facilitating transitions: Redefinition of the nursing mission. *Nursing Outlook*, 42, 255-259.
- Miller, T. (2007). "Is this what motherhood is all about?": Weaving experiences and discourse through transition to first-time motherhood. *Gender & Society*, 21, 337-358.
- Moller, K., Hwang, P., & Wickberg, B. (2008). Couple relationship and transition to parenthood: Does workload at home matter? *Journal of Reproductive & Infant Psychology*, 26(1), 51-68.
- Morse, J., & Field, P. (1995). *Qualitative research methods for health professionals* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Mottarella, K., Fritzche, B., Whitten, S., & Bedsole, D. (2008). Exploration of "Good Mother" stereotypes in the college environment. *Sex Roles*, 60, 223-231.
- National Occupational Classification. (2001). Human Resources and Skills Development Canada. Retrieved from:
www5.hrsdc.gc.ca/NOC/English/NOC/2006/Welcome.aspx
- Nelson, A. (2003). Transition to motherhood. *JOGNN*, 32(4), 465-477.
- Neufeld, A., & Harrison, M. (2003). Unfulfilled expectations and negative interactions: non-support in the relationships of women caregivers.

- Journal of Advanced Nursing*, 41(4), 323-331.
- Neufeld, A., & Harrison, M. (1997). Women's experience of barriers to support while caregiving. *Health Care for Women International*, 18(6), 591-602.
- NICHD Early Childcare Research Network. (2000). Factors associated with fathers' caregiving activities and sensitivity with young children. *Journal of Family Psychology*, 14. 200-219.
- Pancer, S., Pratt, M., Hunsburger, B., & Gallant, M. (2000). Thinking ahead: Complexity of expectations and the transition to parenthood. *Journal of Personality*, 68(2), 253-280.
- Polomeno, V. (2007). Relationship or content? Which is more important in perinatal education? *International Journal of Childbirth Education*, 22(1), 4-11.
- Richards, L., & Morse, J. (2007). *Readme first for a user's guide to qualitative methods* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Ruble, D., Fleming, A., Hackel, L., & Stangor, C., (1988). Changes in the marital relationship during the transition to first-time motherhood: Effects of violated expectations concerning division of household labour. *Journal of Personality and Social Psychology*, 55(1), 78-87.
- Sanchez, L., & Thomson, E. (1997). Becoming mothers and fathers: Parenthood, gender, and the division of labor. *Gender and Society*, 11, 747-772.
- Schoppe-Sullivan, S., Brown, G., Cannon, E., Mangelsdorf, S., & Szewcyk Sokolowski, M. (2008). Maternal gatekeeping, coparenting quality, and fathering behavior in families with infants. *Journal of Family Psychology*, 22(3), 389-398.
- Service Canada. (2010). Employment Insurance (EI) frequently asked questions. Retrieved from: www.servicecanada.gc.ca/eng/ei/faq/faq_general.shtml.
- Singley, S., & Hynes, C. (2005). Transitions to parenthood: Work-family policies, gender, and couple context. *Gender and Society*, 19(3), 376-397.
- Springer, K., Parker, B., & Leviten-Reid, C. (2009). Making space for graduate student parents: practice and politics. *Journal of Family Issues*, 30(4), 435-457.

- Statistics Canada. (2006). *Women in Canada, 5th Edition: A gender-based statistical report*. Ottawa: Author.
- Statistics Canada. (2007). Family Income. *The Daily* May 29. Retrieved from www.statscan.ca/Daily/English/070529/d070529e.html
- Statistics Canada. (2009). Births, 2007. *The Daily* Sep 22. Retrieved from www.statcan.gc.ca/daily-quotidien/090922/tdq090922-eng.htm
- Strauss, R., & Goldberg, W. (1999). Self and possible selves during the transition to fatherhood. *Journal of Family Psychology, 13*(2), 224-259.
- Thomas, J. (1993) *Doing critical ethnography*, 26. Newbury Park, CA: Sage Publications.
- Vanier Institute of the Family. (2004). *Profiling Canada's families III*. Ottawa: Author.
- Volling, B., & Belsky, J. (1993). Maternal employment: Parent, infant, and contextual characteristics related to maternal employment decisions in the first year of infancy. *Family Relations, 42*(1), 4-12.
- Wallace, P., & Gotlib, I. (1990). Marital adjustment during the transition to parenthood: Stability and predictors of change. *Journal of Marriage and the Family, 51*, 21-29.
- Walker, A., & McGraw, L. (2000). Who is responsible for responsible fathering? *Journal of Marriage & Family, 62*, 563-570.
- Walzer, S. (1996). Thinking about the baby: Gender and division of infant care. *Social Problems, 43*(2), 219-234.
- Walzer, S. (1997). Contextualizing the employment decisions of new mothers. *Qualitative Sociology, 20*(2), 211-227.
- Williams, P., Barclay, L., & Schmied, V. (2004). Defining social support in context: A necessary step in improving research, intervention, and practice. *Qualitative Health Research, 14*(7), 942-960.
- Wisemann, S., Boeijs, H., van Doorne-Huiskes, A., & den Dulk, L. (2008). "Not worth mentioning": The implicit and explicit nature of decision-making about the division of paid and domestic work. *Community, Work & Family, 11*(4), 341-363.

Zvonkovic, A., & Greaves, K. (1996). The marital construction of gender through work and family decision making: A qualitative analysis. *Journal of Marriage and the Family*, 58, 91-100.

Appendix A - Summary of Research



MOBILIZING INTERGENERATIONAL SOCIAL SUPPORT DURING THE TRANSITION TO PARENTHOOD SUMMARY OF RESEARCH¹

**Dr. Kaysi Kushner, Dr. Deanna Williamson, Dr. Miriam Stewart,
Dr. Nicole Letourneau, Dr. Denise Spitzer, Dr. Gwen Rempel²,
& Dr. Rhonda Breitzkreuz**

PURPOSE

This study examines how first-time mothers and fathers seek and experience social support to manage responsibilities in family and paid work. Strategies for mobilizing support exchange between parents and grandparents, and implications for family well-being during the transition to parenthood will be explored. Gender, socioeconomic, and cultural influences on intergenerational social support for low-income, immigrant, and middle class families will be explicated.

BACKGROUND

The transition to parenthood is experienced by most couples. This transition challenges new parents' ability to deal with family and paid work demands. Grandparents provide social support to their adult children by sharing knowledge, experience, and caregiving. Most men and women in Canada, however, become grandparents during midlife and must deal with their own multiple demands from family and paid work. Social expectations about the availability of family support for new parents are challenged by employment, geographic mobility, and policy conditions that may be out of step with traditional images of grandparents ready to provide assistance.

Social support is a protective factor which facilitates the development of family strengths to deal with everyday, as well as extraordinary challenges. Social support can be provided informally by the natural network of spouses, partners, family, and friends, and formally by professionals and through programs and policies such as parental leave and employer-provided family benefits.

Several major knowledge gaps will be addressed. Limited attention has been directed to support exchange between generations, particularly during the transition to parenthood. Research has mainly focused on women's experience

¹ This research project is funded by the Social Sciences and Humanities Research Council of Canada (SSHRC).

² Drs. Kushner, Stewart, & Rempel, Faculty of Nursing; Drs. Williamson & Breitzkreuz, Human Ecology, University of Alberta; Dr. Letourneau, Faculty of Nursing, University of New Brunswick; Dr. Spitzer, Institutes of Women's Studies and Population Health, University of Ottawa

and has largely overlooked men's experiences of social support particularly during the transition to fatherhood. Moreover, there is limited understanding of the intersection of social support, employment, culture and gender ideals for new parents and grandparents in diverse population groups. The socio-economic and political context in Alberta, including a recent decade of social system reforms, recession followed by the current boom economy, and population growth double the national average primarily from international and inter-provincial immigration, provides a unique setting in which to study social support and family transitions.

DESIGN & METHODS

The study uses a prospective, critical ethnographic approach in the sociological tradition. The purposive sample includes women and men who are first-time parents, are employed at least 15 hours/week (at least one member of a couple), live in the Capital Health Region, speak English or can be interviewed with assistance of an individual to translate interactively, and have at least one parent available for face-to-face or telephone interviews. We recruited 21 families who reflect economic and cultural diversity in Alberta, specifically families who (a) live on low income; (b) immigrated to Canada in the past 15 years; or (c) are middle or high income. Individual interviews are being completed at two key transition times: 2nd or 3rd trimester of pregnancy, and 6-15 months after birth (in relation to mother's decisions about returning to paid work). In a subsequent phase of the study, parents and grandparents will be invited to participate in a family interview focusing on intergenerational support exchange and family dynamics. Documents will be collected to examine federal, provincial, and participant workplace programs and policies that enhance or detract from social support mobilization during the transition to parenthood.

IMPLICATIONS

The findings of this study will provide information useful to health and social service professionals in tailoring programs and policies that support the transition to parenthood for parents and grandparents.

For more information, please contact Margo Charchuk (492-6099; margo.charchuk@ualberta.ca) or Dr. Kaysi Kushner (492-5667; kaysi.kushner@ualberta.ca)

Appendix B - Health Research Ethics Board Approval Form

Health Research Ethics Board

213 Heritage Medical Research Centre University of Alberta, Edmonton, Alberta T6G 2S2 p. 780.492.9724 (Biomedical Panel) p. 780.492.0302 (Health Panel) p. 780.492.0459 p. 780.492.0839 f. 780.492.7808

HEALTH RESEARCH ETHICS RE-APPROVAL FORM HEALTH PANEL B

Date: June 2008

Name of Applicant: Dr. Kaysi Kushner

Department: Faculty of Nursing

File Number: B-140606

Project Title: Mobilizing Intergenerational Social Support during the Transition to Parenthood

The Health Research Ethics Board has reviewed the progress report and file for this project and found it to be acceptable within the limitations of human experimentation

The re-approval for the study as presented is valid for one year. It may be extended following completion of the annual progress report, which will be sent to you in your renewal month. Alternatively, you may access the progress report at www.hreb.ualberta.ca. This form may also be used to notify the REB of project completion. Any proposed changes to the study must be submitted to the HREB for approval prior to implementation

For studies where investigators must obtain informed consent signed copies of the consent form must be retained, as should all study related documents, so as to be available to the HREB upon request. They should be kept for the duration of the project and for at least seven years following study completion.



 Dr. Glenn Griener, PhD.
 Chair of the Health Research Ethics Board
 (B: Health Research)