



The perception of fairness in infant care and mothers' postpartum depression[☆]



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ARTICLE INFO

Article history:

Received 9 January 2017

Received in revised form

17 August 2017

Accepted 23 August 2017

Available online 26 August 2017

Keywords:

United States

Equity theory

Infant care

Propensity scores

Depression

Longitudinal study

ABSTRACT

This study investigates a potential causal effect of mothers' perceptions of the fairness of infant care on their postpartum depression. Based on the tenets of equity theory, it is hypothesized that, net of controls, mothers who see infant care as fairly apportioned between themselves and their husbands will be less depressed than others. We utilize data from a longitudinal study of a nonrandom sample of 178 heterosexual couples experiencing the birth of their first child together. The primary focus variable is the mothers' perception in the first couple of months postpartum that infant care is fair to them. Statistical analysis involved the careful chronological sequencing of response variable and controls, along with regression modeling using propensity scores. We find that a perception of fairness is associated with about a quarter of a standard deviation lower depressive symptomatology, controlling for key covariates. Depressive symptomatology is additionally elevated for mothers experiencing more pre-partum depression, and for those who more generally felt, before the birth, that they were overbenefiting in the marriage. This paper contributes to both equity theory and research on postpartum depression. In a scenario in which it is not practical or ethical to randomly assign people to fairness-in-infant-care conditions, we are able to utilize longitudinal data and a natural "experiment," along with propensity-score modeling to attempt to assess the causal impact of fairness in infant care on postpartum depression. The finding that fairness in this arena appears to reduce postpartum depression emphasizes the importance of encouraging father participation in this critical stage of parenting. Limitations of the study with respect to causal inference are also discussed.

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Depressed mood is held to be one of the most common complications of childbirth. Estimates are that anywhere from 10 to 20% of women experience clinically significant symptoms of depression within the first year postpartum (Abassi et al., 2013; Reid and Taylor, 2015). This malady is, moreover, considered a risk factor for poor mother-infant bonding, delayed child development, and child and adolescent mental health disorders (Katon et al., 2014; Stone et al., 2015). Research has generally explored a variety of influences on postpartum depression, such as race/ethnicity, age,

educational attainment, socioeconomic status, pre-partum depression and anxiety, smoking during pregnancy, or experiencing an unintended pregnancy (Abassi et al., 2013; Katon et al., 2014; Reid and Taylor, 2015). Fewer studies, however, have examined how characteristics of a couple's relationship might affect depressive symptomatology. Whether childcare is fairly apportioned between husbands and wives may be one such characteristic of signal importance.

The last couple of decades have seen a burgeoning societal emphasis on the active involvement of fathers in childbearing and childrearing. Social scientists have increasingly investigated both the factors influencing father involvement in infant- and child care and how such involvement affects mothers (e.g. Galovan et al., 2014). Much of this literature has been informed by equity theory, which maintains that mothers are especially desirous of more father involvement in order to effect an equitable division of labor in childrearing (Biehle and Mickelson, 2012). Equity, or distributive justice, is considered by equity theorists to be a valued arrangement

[☆] This research was supported in part by a grant from the John Templeton Foundation (10976, 11604, and 11605) and in part by the Center for Family and Demographic Research, Bowling Green State University, which has core funding from the Eunice Kennedy Shriver National Institute of Child Health and Human Development (R24HD050959-01).

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in all human relationships (Walster et al., 1978). Literature to date has consistently pointed to a negative influence on relationships of inequity in household labor and childcare (see, for example, Buunk & Van Yperen, 1991; Joyner, 2009; Lennon and Rosenfield, 1994; Van Yperen and Buunk, 1990). Nevertheless, it is still not clear to what extent perceptions of equity or inequity play a causal role in precipitating other relationship phenomena. For example, Grote and Clark (2001) argue against the common assumption that perceptions of unfairness in household labor precipitate relationship distress. They suggest that the causal order is actually reversed. People become distressed in their relationships for other reasons and then search for “reasons” for their discomfort. A subsequent consideration of inputs and outcomes in the relationship can easily point to inequity as the “cause” of distress because we are always more aware of our own vs. the other’s efforts. What is required for untangling causal priority is a “natural experiment” in which inequity can be manipulated and then distress can be subsequently assessed.

Such is the goal of the present study. In particular, we undertake to examine whether the perception by mothers of fairness in infant care has a beneficial effect in reducing postpartum depression. Estimating causal effects with nonexperimental data is fraught with difficulty and controversial. Many studies have not been able to estimate such effects either because their data are not longitudinal or they lack adequate measures sequenced at proper intervals that would make causality plausible. In contrast, this study takes advantage of a longitudinal study of parents’ transition from pregnancy into first parenthood. The study employs carefully sequenced measures of pre- and postpartum depression, as well as mothers’ perceptions about infant-care fairness, along with pre-existing perceptions of the equitableness of the relationship, among other controls. Coupled with the use of propensity scores to enable the mimicking of random assignment to fairness groups, we proceed to more rigorously test whether a causal connection between infant-care fairness and mothers’ postpartum depression is plausible.

1. Theoretical background

1.1. Equity in marriage

Equity theory is concerned with how human relationships are affected by the equitableness of exchanges within them. The theory maintains that justice is a universal goal in human relationships. And people judge whether their relationship is just based on whether it is equitable. Equity obtains as long as each partner is reaping outcomes from the relationship that are commensurate with what the relationship is “costing” him or her in terms of input. As long as the ratio of outcome to input is the same for each participant, equity is present. If the relationship becomes imbalanced in either direction, one person will experience underbenefit and the other will experience overbenefit. Either situation results in distress and people will try to redress the imbalance and restore equity. In the worst case scenario, the relationship will be terminated (Adams, 1965; Hatfield et al., 2008; Sprecher, 1986; Walster et al., 1978).

There is some controversy over whether such considerations pertain to long-term intimate relationships such as marriage. Grote and Clark (2001), for example, maintain that relationships first become distressed for other reasons, later leading participants to redefine their relationships as unfair. However, several scholars argue that equity is an ever-present consideration in marriage, as well as other romantic relationships (Buunk & Van Yperen, 1991; DeMaris, 2007; Hatfield et al., 1978; Hatfield et al., 2008). This is partially due to an increasingly deinstitutionalized marital

institution with little remaining authority to mandate the continuance of the conjugal bond (Cherlin, 2004). Instead, marriage is thought to be viewed in a positive light to the extent that it continues to provide personal gratification and individual growth (Amato, 2004). Individuals are therefore expected to treat romantic relationships as “investments” that need continual monitoring to assess whether they are worth their “costs.” Consistent with this, several studies have found inequity, especially of the underbenefiting kind, to be a harbinger of emotional distress (DeMaris and Longmore, 1996; Lennon and Rosenfield, 1994; Longmore and DeMaris, 1997), relationship dissatisfaction (Buunk & Van Yperen, 1991; Van Yperen and Buunk, 1990), or even union disruption (DeMaris, 2007, 2010; Frisco and Williams, 2003; Joyner, 2009).

1.2. The stresses of childrearing

Several studies have documented the stresses of new parenthood, particularly concerning the fairness of contributions to childcare and housework in this period. Despite egalitarian ideals, family work often takes on a traditional complexion during this phase of the couple’s relationship. Mothers typically do the majority of infant- and childcare tasks (Biehle and Mickelson, 2012; DeMaris et al., 2011; Dew and Wilcox, 2011; Grote et al., 2002). Husbands as well as wives perceive this to be unfair to wives, especially when wives are also employed in the labor force (DeMaris and Mahoney, 2017). Nevertheless, wives typically cut back on work hours when young children are in the household (Bertrand et al., 2010). To the extent that husbands are shouldering more of the burden of paid labor, both spouses perceive less inequity directed at wives (DeMaris & Mahoney; DeMaris and Longmore, 1996). Inequity in family labor takes a toll on the marriage. New mothers are more likely than childless women to experience a decline in marital satisfaction in the early years of marriage (Dew and Wilcox, 2011). This is primarily due to the transition to motherhood precipitating increases in perceived housework inequity (Grote et al., 2002). And perceived unfairness in family work, in particular, lowers marital satisfaction for wives (Biehle and Mickelson, 2012; Dew and Wilcox, 2011). On the other hand, the more that wives perceive husbands are engaged in routine family work tasks, the better the relationship appears to be for both spouses (Galovan et al., 2014).

1.3. Equity and postpartum depression

Postpartum depression affects a substantial minority of mothers, with estimates of the number of affected women normally ranging from 10% to 20% (Abassi et al., 2013; Reid and Taylor, 2015), although figures as high as 80% for “transient baby blues” have been cited (Stone et al., 2015). This condition has wide-ranging effects, not only impacting mothers’ health, but also being associated with marital conflict, poor mother-child relationships, and later problems in child development (Katon et al., 2014; Milgrom et al., 2005; Stone et al., 2015). A variety of studies of postpartum depression suggest that immediate risk factors are an unwanted pregnancy and pre-partum depression. Fewer studies have considered how the marital relationship itself might affect this condition. DeMaris et al. (2010) studied pre-partum depression as a function of relationship inequity. They found a nonlinear pattern in which increases in women’s relative advantage were associated with reductions in depression when women were underbenefited. However, further increases in relative advantage elevated depressive symptoms for women who were overbenefited. Stone et al. (2015) found that partner related stressors, such as arguing with the partner more than usual, the partner not wanting the pregnancy, or experiencing a separation or divorce,

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