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 JOURNAL OF  
 ADOLESCENT  
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Original article

## Family and Relationship Influences on Parenting Behaviors of Young Parents

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Article history: Received December 12, 2012; Accepted August 19, 2013

Keywords: Parenting; Interpersonal relationships; Family context

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 A B S T R A C T

**Purpose:** Assess the influence of relationship and family factors during pregnancy on parenting behavior 6 months postpartum among low-income young parents.

**Methods:** Some 434 young expectant couples were recruited from obstetrics clinics during pregnancy and followed 6 months postpartum. Using a series of general estimating equations to control for the correlated nature of the data, we assessed the influence of relationship factors (e.g., relationship satisfaction, attachment) and family factors (e.g., family functioning, family history) during pregnancy on parenting (e.g., parenting involvement, time spent caregiving, parenting experiences, and parenting sense of competence) 6 months postpartum controlling for covariates.

**Results:** Relationship functioning related to parenting involvement, caregiving, parenting experiences, and parenting sense of competence. In addition, several family factors related to parenting. Mother involvement during childhood was related to more parenting involvement, parenting positive experiences, and parenting sense of competence. History of being spanked as a child related to less time spent caregiving and less positive life change from being a parent. Further, gender significantly moderated the associations between relationship and family factors and parenting behavior. Male parenting behavior was more influenced by relationship and family factors than female parenting.

**Conclusions:** This study suggests the importance of relationship and family contexts for parenting behaviors of young mothers and fathers, highlighting the potential utility of involving both young mothers and fathers in parenting programs, and developing interventions that focus on strengthening young parents' romantic relationships and that address negative parenting experienced during childhood.

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 IMPLICATIONS AND  
 CONTRIBUTION

Good relationship functioning between parents during pregnancy and a strong family context during childhood was associated with better parenting behavior for young mothers and fathers. There may be a need for programs that focus on strengthening young parents' romantic relationships and that address negative parenting experienced during childhood.

Children's behaviors are partially shaped by their early experiences and exposures, which exist primarily in the context of parent-child relationships [1]. Doherty and colleagues proposed the Ecosystem Model of parental involvement, which

suggests that parenting is shaped by a combination of the family context while growing up (e.g., relationship with parents as a child; problems in the household as a child) and current interpersonal relationships with romantic partners [2]. We used the Ecosystem Model as the guiding framework of our study by exploring a wide range of family context and relationship factors that might relate to parenting.

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Young parents who had positive experiences while growing up and who have strong current relationships with their parents may be more committed to becoming parents and have more confidence in their ability to be good parents, leading to increased commitment and parenting involvement [3]. Parental involvement may also be associated with the environment fostered by one's own parents [4]. For example, a history of family dysfunction has been associated with negative parenting behaviors [4], suggesting that negative aspects of parenting are passed on from parent to child [5,6]. Similarly, just as family environment can shape parental behavior, parents' relationship with one another may also play a role. Satisfaction with the relationship between the father and mother of the baby is associated with more effective parenting [7], and positive parenting and family outcomes [8].

Men and women may differ in their involvement and ability as parents. Mothers tend to be more attentive and comforting to a young child's needs compared with fathers [9]. Young mothers and fathers can vary in their perceptions of how competent they are as parents [10], which may impact actual parenting behaviors (e.g., nurturing, spending time with their child) [11–13]. In addition, poor family context (e.g., neglect, bad childhood) and a poor relationship between parents have been linked to poor parenting for both males and females [14–17]. However, few studies have directly compared whether family context and relationship factors differentially relate to parenting for males and females. Historical expectations and role norms around parenting may lead to differential impact of family and relationship factors for males and females. Gender norms around responsibility and caregiving may make females less susceptible to external influences of parenting and caregiving than males [2]. Thus, it is beneficial to explore parenting of both young mothers and fathers.

This study adds to the literature by using the Ecosystem Model to assess how family context while growing up and relationship between parents relate to parenting. Few studies have incorporated a wide range of possible family and relationship factors and parenting outcomes. Further, much of the literature on parenting has focused on small samples of white, middle-income, married couples, despite the fact that many of the disparities involving family health outcomes are found among young low-income minority parents [18–20]. The aims of this study are to: (1) assess the associations of relationship and family factors during pregnancy with parenting (e.g., parenting involvement, time spent caregiving, parenting experiences, and parenting sense of competence) 6 months postpartum; and (2) assess whether males and females differ on the relationship and family factors related to parenting.

## Methods

### Study sample and procedures

Data for this study come from a longitudinal study of pregnant and postpartum young females and their partners. Between July 2007 and February 2011, 296 pregnant adolescents and their male partners (592 total participants) were recruited from obstetrics and gynecology clinics and from an ultrasound clinic in four university-affiliated hospitals in Connecticut. Potential participants were screened and, if eligible, research staff explained the study in detail. If the baby's father was not present

at the time of screening, research staff asked for permission to contact the father to explain the study.

Inclusion criteria included (1) a female partner in the second or third trimester of pregnancy at time of baseline interview; (2) females: age 14–21 years; males: age at least 14 years, at time of the interview; (3) both members of the couple report being in a romantic relationship with each other; (4) both report being the biological parents of the unborn baby; (5) both agree to participate in the study; and (6) both are able to speak English or Spanish. Because this was a longitudinal study, we used an initial run-in period as part of eligibility criteria where participants were deemed ineligible if they could not be recontacted after screening and before their estimated due date.

The couples separately completed structured interviews via audio computer-assisted self-interviews. Participation was voluntary and confidential. All procedures were approved by the Yale University Human Investigation Committee and by institutional review boards at study clinics. Participants were reimbursed \$25 each for each assessment.

Of 413 eligible couples, 296 (72.2%) couples enrolled in the study. Couples who agreed to participate were of greater gestational age ( $p = .03$ ). Participation did not vary by any other prescreened demographic characteristic (all  $p > .05$ ).

Participants were interviewed in their third trimester of pregnancy ( $M = 29$  weeks gestation) and at 6 months postpartum. Participants were followed and assessed regardless of relationship status and whether their partner dropped out of the study. The retention rate at the 6-month postpartum assessment was 73% (434/592). Therefore, our final sample size for these analyses was 434. We compared the 434 included in the analyses with the 158 that were missing. Results showed that those included in the analyses ( $n = 434$ ) did not differ from those not included in the analyses ( $n = 158$ ) on any demographics or key study variables with the exception of race ( $p < .05$ ). Results showed that individuals included in the analyses were more likely to be Hispanic and were less likely to be white than those not included in the analyses.

### Measures

**Outcomes.** All outcomes were measured at 6 months postpartum.

*Parenting involvement* was measured using seven items adapted from the Fragile Families Study [21]. Items assessed the number of days in a given week (0–7) that individuals engaged in activities with their children (e.g., playing, holding, reading to, or showing affection). Results showed good internal consistency for males ( $\alpha = .78$ ) and females ( $\alpha = .68$ ). *Time spent caregiving* was assessed by an item that asked what percentage of the time the person took care of the baby. *Parenting experiences* were assessed using two 8-point Likert subscales from What Being the Parent of a New Baby is Like (WPL-R) [22]. The subscales include the 11-item *positive parenting experiences scale*, which asks questions about how satisfying it is to be a parent, and the 4-item *positive parenting life change*, which assesses the degree to which becoming a parent has positively impacted the individual's life. Examples of items include “How connected with your baby do you feel?” for the *positive parenting experiences scale* and “How much has your life changed for the better since your baby?” for the *positive parenting life change scale*. Results showed good internal consistency for *positive parenting experiences* for males ( $\alpha = .84$ ) and females ( $\alpha = .71$ ) and for *positive parenting life*

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