Parenting Expectations and Concerns of Fathers and Mothers of Newborn Infants*

Greer Litton Fox,** Carol Bruce, and Terri Combs-Orme

Mothers and their partners were interviewed in the Labor and Delivery units of two hospitals in Tennessee. An association was found between level of mother’s concern about caring for her child and a mismatch between partners’ expectations for father’s helpful involvement in certain aspects of parenting. The perinatal period while parents are in health care settings provides opportune time for family life education approaches that explore couples’ expectations for paternal involvement and their parenting concerns.

As reflected in the small but rapidly growing professional literature on fathers’ roles in early infant development, recognition of the potential importance of fathers in caring for newborns is itself in its infancy. The nature of father involvement and its impact on child outcomes have dominated the attention of researchers (Lamb, 1997a). There is less evidence of focus on the motivations, values, and beliefs that lead men to construct their father role in various ways. Role theory would suggest that the expectations of significant others are of great importance in shaping the enactment of one’s role (LaRossa & Reitzes, 1993a).

Changing cultural definitions of the role of father, including changing expectations of the nature and extent of his involvement and intended impact on his offspring, have been traced over more than two centuries of American history by several researchers (Coltrane, 1995; Griswold, 1993; LaRossa, 1988; LaRossa, Gordon, Wilson, Bairn, & Jaret, 1991; LaRossa & Reitzes, 1993b; Pleck & Pleck, 1997). Currently, the good father is defined as a co-parent who is expected to share the roles of provider, protector, and caregiver with the mother (Furstenberg, 1988; Marsigho, 1995; Pleck & Pleck, 1997). Some contest whether this set of cultural expectations is shared equally across race and social class lines and whether these expectations are reflected in men’s behavior (Furstenberg, 1995; Griswold, 1993). Recent survey evidence points to a gap between such participatory expectations and men’s behavior in the home; even so, it is in the care of children that the highest rates of men’s domestic participation are seen (Aroc & Demo, 1994; Goldscheider & Waite, 1991).

The popular literature and media reflect the current definition of the good father as co-parent, with special media features routinely focused on the new “nurturant father.” It is not unreasonable to expect that at least some of the attention in the popular media to new styles of fathering may be reflected in a changed set of normative expectations for whether and how fathers are to be involved with their infant children. However, little is known about the schedule of expectations parents may actually have of the father’s participation in caring for a new baby or for his provision of financial, material, and emotional support to the mother. This paper provides an overview of such expectations on the part of fathers of newborns, with paired comparisons to those of mothers. That is, we ask what fathers of newborns expect of themselves and what their baby’s mother expects of them as well.

A second issue explored in this paper is the expression of concerns and worries that mothers and fathers have about taking care of their infant, including concerns about potential maltreatment. Some who have studied parents of newborns have discovered them anxious to discuss their fears and concerns (Cowan & Cowan, 1990). However, little empirical research has specifically addressed fathers’ concerns about aspects of caring for their children. In particular, there is no research that addresses fathers’ and mothers’ concerns about the potential for abusing or neglecting their children (Egelant, 1991), and there are no reports of child abuse prevention programs directly asking either mothers or fathers about these concerns. It is reasonable to know what the concerns parents voice about parenting, in general, could provide important and useful information for designing family life education and preventive interventions for both mothers and fathers of newborns. Thus, a second purpose of this paper is to describe the concerns of fathers and mothers about caring for their new child.

A third issue explored here is the relationship between the consistency of a couple’s expectations of paternal support and involvement with the newborn and the level of concern each parent expresses about taking care of their infant. We suggest, following the work of Kelley and Thiebaut (1978), that expectations are not only useful indicators of a person’s location in “cultural space,” but they also are powerful shapers of one’s evaluations of experience. Previous research, drawing upon violated expectations theory, has suggested that primiparous mothers’ unmet expectations for help following childbirth were associated with greater dissatisfaction with mothering and a more difficult transition into the parent role 6 months postpartum (Kalmuss, Davidson, & Cushman, 1992). We extend this idea to couples, exploring whether associations exist between partners’ expectations for father’s involvement in parenting and levels of mother’s and father’s concerns about caring for their child. Following violated expectations theory, we reason that inconsistency across the parents in their expectations for the father’s assistance with the baby will be an additional stressor in their transition to parenting. If we are correct in our reasoning, we would expect this additional stress to be reflected in the expression of a greater number and higher levels of concerns about caring for the child on the part of both the father and mother. Additionally, given that the study of Kalmuss et al. (1992) focused on the experiences of primiparous mothers, we explore whether the re

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relationship between unmatched parental expectations for paternal participation and concerns about child care might vary with the mother’s or father’s previous parenting experience.

Each of these issues is investigated with interview data from a study of mothers of newborns and their partners. The remainder of the paper is structured as follows: a description of study methods and sample characteristics is provided, along with a detailed description of measures. Then fathers’ and mothers’ expectations for father participation are examined and compared, followed by a description and comparison of fathers’ and mothers’ concerns and worries about parenting their child. Next, couples are characterized by the match of their expectations about the father’s participation; the relationship between the level of consistency in their expectations and their expressions of concern about parenting is then explored. We conclude with a discussion of implications of our findings for further research and for those who work with expectant parents and parents of newborns.

Methods

Sample

Mothers. Over consecutive seven-day periods in different weeks, we interviewed newly delivered mothers with surviving, well infants in two large Tennessee hospitals. One was an urban, university affiliated hospital in a metropolitan area of moderate size, and the other was a non-university hospital located in a smaller, regional city. Both hospitals served not only their local base of urban populations, but provided services for rural and small-town residents in outlying areas. Private interviews with mothers took place in the mothers’ room, after they were moved from Labor and Delivery to the postpartum units and were comfortable and free of anesthetic. Mothers with uncomplicated vaginal deliveries are discharged approximately 24 hours after delivery, and those with uncomplicated Caesarean-sections are discharged 48 hours after delivery, so our interviews took place from 12 to 48 hours following delivery. Of the total 93 delivering women we approached in the two sites during the sample period, we collected usable data from 88 (94.5%). This sample of 88 women is reasonably representative of the population, with the exception of a slight under-representation of very young mothers. Our overall refusal rate for mothers was 4.5% in the metropolitan site and 6.1% in the regional city site.

Recruitment of fathers. At the end of their interview, mothers were asked for permission to interview their partner; only after receiving the mother’s permission were partners recruited for the study. Of the 88 women, 75 agreed to our interviewing their partner and provided contact information. We were able to interview 54 of the partners (72%). Comparisons of the sociodemographic characteristics of mothers with interviewed partners and mothers whose partners were not interviewed revealed no significant differences (χ² tests) between the mothers by age, race, education, relationship status, or parenting experience.

Fathers were successfully recruited in conjunction with a hospital visit to the mother prior to discharge. Extensive effort was made to reach fathers not available in the hospital for a telephone interview, but these efforts (just over 150 telephone calls) netted only 4 additional interviews. The four fathers who were interviewed by telephone were interviewed within two weeks of their child’s birth. With one exception, there were no differences of expectations or concerns between these fathers and those interviewed face-to-face. The fathers who were interviewed after the child returned home reported significantly higher expectations for providing emotional support to their partners when compared to those who were interviewed in the hospital (t = -3.560, p < .01). This fact is taken into account for analyses including this variable.

Interviews were completed with 66% of the partners of White women and 61% of African-American women. As might be expected, relationship status was selective of men’s participation: 70% of married, residential fathers participated; 48% of fathers living with but not married to their partners participated; and 40% of nonresidential fathers participated. Fathers were interviewed apart from mothers, generally in an available office or other hospital room where privacy could be assured. As was also true of mothers, fathers who completed interviews were given $10 gift certificates to a discount chain store.

Couple characteristics. As Table 1 shows, the sample of couples obtained at the two sites was diverse in terms of age, race, education, income, relationship status, and parenting experience. Although the paired sample was predominantly in their twenties, both teenaged and older parents were represented (mean age = 27.6 (fathers), 26.2 (mothers); SD = 6.2 (fathers), 6.2 (mothers)). Approximately one-fourth (n = 11) of the couples were Black; 3 were biracial, 1 was Asian, and the remainder were White. The majority of both mothers and fathers in this sample achieved a high school diploma or beyond; incomes varied substantially, with a slight overrepresentation of couples in higher income categories (the median household income for the state in 1994–96 was $30,327 (Pollard & Crews, 1998)). In terms of marital or relationship status, two-thirds were married and living together, just over one-fifth were co-residential unmarried partners, and the remaining couples were nonresidential unmarried partners. (Four couples had discrepant reports of their marital or residential status.) To assess previous parenting experience, respondents were asked, “In the past year, how many children (your own or other children you had responsibility for)
were living with you?" As shown in Table 1, over one-half of the fathers and mothers reported living with children for whom they were responsible in the past year. Comparisons across sites showed more Black couples in the smaller, regional city site (0.3 = 3.14, p = .076), but no significant differences in respondents by other sociodemographic indicators, including income and education.

**Measures**

The interviews required about 20 minutes and included standard sociodemographic items, an assessment of expectations for paternal assistance, concerns about parenting, and several other attitudinal scales not included in the present analyses. Because several measures were new to this study, we paid particular attention to their psychometric properties.

**Help expectations.** The assessment of expectations for paternal assistance was developed for this study based on a measure used by Kalmuss et al. (1992). In order to facilitate comparability, and despite its construction of the father as "mother’s helper," we retained the wording of the question stem used in the original source. The series of questions was introduced as follows: "Some men help out a lot after a baby is born; other men don’t. How much help do you expect (your baby’s father) to be . . .?" Then both mothers and fathers were asked to respond, using a 7-point helpfulness rating scale (1 = not at all helpful; 7 = a very great help), to a general "overall helpfulness" question and five domain-specific questions including basic economic support; monetary support specifically for baby items such as diapers and formula; direct baby care such as feeding, diapering and bathing; housework such as laundry and meal preparation; and providing emotional support for the partner. The individual items were designed to tap both traditional male gender role domains (resource provision) as well as more contemporary constructions of father-partner participation (baby care, housework, and emotional support of the partner). Although exploratory factor analysis for the mothers' responses showed that the items comprised a single dimension of helpfulness, this was not the case for the fathers' responses. Given this finding and our interest in domain-specific expectations, the Help Expectation items were used singly in the analyses.

**Parenting concerns.** Parenting concerns is a new measure. It contains 14 items for mothers and 16 items for fathers, and is designed to be used with parents of newborns, regardless of previous parenting experience, for assessing a range of potential concerns about caring for their new infant. The problematic nature of definitions and assessments of child maltreatment has long been recognized in the literature (Garbarino, 1989; Sedlack & Broadhurst, 1996; Zuravin, 1991). In constructing this scale we took care to include a few items that could be indicative of parents' fears about their potential for maltreatment through neglect or abuse, with items roughly paralleling some of the kinds of behaviors that have been used as indicators of maltreatment (Sedlack & Broadhurst, 1996). For each item of concern, parents were first asked if the item (e.g., "That you will have enough food to feed your baby") was of concern to them. Parents who responded affirmatively were then asked to rate their level of concern on a scale of 1 (not much concern) to 10 (a very great deal). The format of this scale was taken from the divorce concerns scale, a similarly structured scale that assesses men's concerns about the potential impact of divorce on parenting (Fox & Bruce, 1999). Exploratory factor analyses indicated that the concerns items could be used as a unidimensional scale (Total Concern; alpha = .91 for mothers; alpha = .90 for fathers), or that we could derive three factors with items including Physical Care (6 items, alpha = .85 for mothers, alpha = .88 for fathers), Parenting (5 items, alpha = .59 for mothers, alpha = .63 for fathers), and Maltreatment (2 items, alpha = .97 for mothers, alpha = .93 for fathers).

**Results**

**Help Expectations**

The first two columns of Table 2 show, respectively, the expectations (means and standard deviations) of fathers' helpfulness across different domains for fathers (Dads) and their partners (Moms). Although this is a study of couples, a third group—mothers whose partners were not interviewed (PNI Moms)—was included for comparative purposes in the examination of help expectations. Having found no sociodemographic differences between the women, we were curious as to whether the partner expectations held by the two groups of women would be similar as well. The fourth column shows the results of paired t-tests and resulting significance levels for the help expectations of Dads and Moms, and the fifth column shows results of independent t-tests and resulting significance levels for Moms and PNI Moms.

Looking first at the expectations of the fathers, it is notable that the levels of expected helpfulness were uniformly high (6.11 or above on a 1–7 point scale) across all but two domains: physical care of the baby and emotional support of the partner. The average father expected to be quite involved in supporting his family. It is also notable that the two areas in which men expect to be most helpful were the gender role traditional provider functions: providing money for running the household and providing

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Table 2

<table>
<thead>
<tr>
<th>Help Expectations for Fathers (Dads), Mothers (Moms), and Mothers with Partners Not Interviewed (PNI Moms)</th>
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<tbody>
<tr>
<td><strong>Helpfulness Domain</strong></td>
</tr>
<tr>
<td>&quot;How helpful do you expect the baby’s father to be...?&quot;</td>
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<tr>
<td>Overall help</td>
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<tr>
<td>Providing for basic needs</td>
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<tr>
<td>Providing money for baby’s needs</td>
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<tr>
<td>Baby care tasks</td>
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<tr>
<td>Housework tasks</td>
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<td>Emotional support of baby’s mother</td>
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money for “things the baby needs.” In analyses not shown, paired comparisons of the fathers’ responses across each of the five specific help domains revealed that fathers had significantly higher expectations for their help as economic provider than for being helpful in the remaining domains (baby care \( t = 4.77, p = .000 \)), housework (\( t = 4.19, p = .000 \)), and emotional support (\( t = 7.15, p = .000 \)).

The mothers’ expectations for help from the fathers (column 2) showed overall expectations for the same high levels of father involvement as was seen among the fathers: all means are 5.6 or above on the 1–7 scale. As with the fathers themselves, mothers expected their partners to be of greatest help in the economic provider functions (paired \( t \)s were nonsignificant on these items). In contrast to the fathers’ expectations, the mothers expected their partners to be less helpful in providing direct physical care for the baby and in helping with housework, although these differences are not significant. The largest discrepancy in partners’ expectations for the fathers’ helpfulness was found in the mothers’ expectation of emotional support, an expectation not reciprocated by the Dads (\( t = -4.207, p = .000 \)).

In analyses not shown, we examined the impact of previous experience with children on expectations of helpfulness from fathers. It is not unreasonable to expect that previous parental experience would lead to a different schedule of expectations of one’s own or one’s partner’s performance as a father than found among first-time parents. For fathers, previous parental experience was not a significant factor in the levels of help they expected to provide. Mothers with previous parental experience reported significantly lower expectations in two areas: material assistance (\( t = 2.36, p = .030 \)) and assistance with infant care (\( t = 2.50, p = .016 \)), and marginally lower expectations for assistance with domestic tasks (\( t = 1.83, p = .074 \)).

We also examined the relationship between three sociodemographic variables (education, income, and race) and help expectations for fathers and mothers separately. In a multiple regression model containing the three variables simultaneously, none predicted mothers’ expectations for helpfulness. For fathers, race was significant for three of the six help expectations: Black fathers had significantly higher expectations for baby care and housework helpfulness (\( B = -0.334, p = .024 \), \( B = -0.310, p = .034 \)), and they had lower expectations for provision of emotional support than nonblack fathers (\( B = 0.348, p = .020 \)). To control for the possible impact of the larger number of Black respondents at one site, a variable for hospital site was entered into the regressions for mothers and fathers helpfulness expectations. The results for the mothers were unchanged. But the effects for race on fathers’ expectations for helpfulness were almost completely mediated by the site variable, and no longer significant.

The expectations of partner support from women whose partners were not interviewed (column 3) offer additional insight into the nature of expectations for father involvement after the birth of his child. Immediately noticeable is the lower level of average expectations for help among the PNI Moms as compared to the mothers whose partners we interviewed: all of the pairwise differences are significant (column 5). It is also notable that the order of expected help across domains is similar for both sets of mothers; that is, after expecting their partners to provide economic support for the baby and secondarily for the home, the mothers expected their partners to be most helpful in providing them with emotional support. Recall that there were no significant differences between the Moms and the PNI Moms on sociodemographic indicators, including relationship status. The distinction between these two sets of mothers lies in our not reaching the fathers for the study. The fathers’ inaccessibility to us during the study (caused primarily by their not visiting the hospital during the hours of our data collection and not responding to our attempts to reach them by telephone) is matched by their seeming remoteness from the mother of their new baby, at least as measured in terms of her low expectations for his involvement in helping to care for his new child.

Parenting Concerns of Fathers and Mothers

The Concerns measure elicited at least some response of concern or worry from nearly all of the fathers and from two-thirds of the mothers. Among the 54 parental pairs, only 4 fathers (7%) and 18 mothers (33%) expressed no concerns from our list. As Table 3 shows, the concerns voiced by the greatest number of fathers related to his ability to “take good enough care” of his child (61%) and his ability to “keep your kids safe” (53%). Among mothers, concerns about safety (31%) and finding child care (31%) predominated. The items that asked specifically about fears of maltreatment yielded substantially different patterns between Dads and Moms. Not only did more fathers of newborns indicate some concern about their potential to harm their child, but their level of concern was significantly higher than that of the mothers, as shown in the paired \( t \)-tests. Moreover, more fathers than mothers were concerned that the mother might potentially harm their child. (Mothers inadvertently were not asked a comparable concerns question about the child’s father’s potential to harm.)

A notable pattern in the responses of fathers to this list of concerns was the number of fathers worried about their ability to perform adequately in the provider role—the ability to provide food, a place to live, safety, someone to care for the child, and general provisions. The levels of worry about these concerns were among the highest in the list and as shown in the results of the paired \( t \)-tests in column 3, Dads were significantly more concerned about their ability to provide than were Moms. Taken in conjunction with the high levels of expectation on both the mothers’ and the fathers’ parts about the fathers’ helpfulness in the economic provider role (see Table 2), these results suggest that fathers of newborns may feel especially burdened by performance expectations in precisely the area in which their performance is most taken for granted.

Two other items differentiate fathers from mothers in terms of the number and level of concern. More men than women fear losing their children (18% vs 4%), and their level of concern is significantly higher (\( t = 2.309, p = .032 \)). This may say less about fear of child welfare agency personnel than it does about the men’s recognition of the precarious linkage of young fathers to their children. Men, more than women, are likely to lose ready access to children when custody becomes an issue (Fox & Kelly, 1995). We suspect that for many of the men in these couples, especially those who are unmarried fathers, the fear that “your kids might be taken away from you” is more than a hypothetical concern (Fox & Bruce, 1999; Hetherington & Stanley-Hagan, 1997).

Significantly, more fathers than mothers (28% vs 4%) expressed concern that “your kids tie you down too much” (\( t = 3.607, p = .001 \)). The expression of reluctance to take on the father role immediately and completely is not uncommon among families.
younger fathers (Christmon, 1990; Fox, Sayers, & Bruce, 1998; Marsiglia, 1991). Given the burden of expectations of providing and their concerns about meeting those expectations satisfactorily, it is not surprising that some of these fathers of newborns expressed worry about becoming locked into the father role.

As we did with the help expectations variables, we looked for an effect of previous parenting experience with children on the expression of concerns of fathers and mothers respectively. Contrary to our expectations, this factor failed to differentiate among levels of expressed concern for either fathers or mothers. In further exploration, a multiple regression of concerns onto three sociodemographic factors (education, income, and race) indicated that these factors were significant predictors only for concerns associated with Physical Care. Among fathers, Physical Care concerns were predicted by income ($B = -.421, p = .013$), such that fathers with more income expressed fewer concerns in this area. Among mothers, race and income were significantly associated with Physical Care Concerns ($B = .376, p = .011$; $B = -.434, p = .011$), such that White mothers and mothers with more income reported fewer concerns in this area. Notably, none of the sociodemographic variables were significantly correlated with the Parenting or Maltreatment Concerns subscales for either parent. As we did with the help expectations, we also reran the regressions including a dummy variable for hospital site; the addition of this variable did not alter the results for concerns for either the mothers or fathers.

**Expectation Consistency and Parental Concerns**

Recall that based on violated expectations theory we had suggested that discrepant expectations across partners would be associated with higher Concerns scores. Table 4 shows results of our examination of the relationship between the consistency of help expectations a couple has and their level of expressed concern about caring for their child. Consistency in help expectations was measured by creating a differential expectations variable, computed by subtracting the score for the mother’s expectations from the father’s. Low scores on the resulting variable indicated that within the couple, the mother’s expectations for assistance exceeded the father’s, and high scores indicated that the father’s expectations for providing help exceeded the mother’s expectations for receiving help. A series of simple regression analyses were performed to test the influence of differential expectations on each of the three types of concerns. None of the analyses of the fathers’ Concerns subscales was significant and are not shown. Table 4, which provides the analysis of the mothers’ Concerns subscales, shows that the level of mothers’ concerns about parenting is affected by discrepancies in a couple’s expectations for help with housework and emotional support, as well as their expectations for overall helpfulness. When the mother’s expectations...
for overall helpfulness exceeded the father’s expectations, the mother reported higher Parenting Concerns. When the mother’s expectations for help with domestic tasks exceeded the father’s expectations, the mother reported higher Parenting Concerns. Finally, when the father’s expectations for providing emotional support to the mother exceeded her expectations, the mother reported higher Parenting Concerns.

Although having had previous experience with children did not predict the level of concerns expressed by mothers, concerns or helpfulness expectations of fathers, and significantly predicted lower expectations of helpfulness for the mothers in only two areas, we decided to examine whether the relationships between helpfulness expectation differentials and expressed concerns might vary depending on the mother’s previous parenting experience. The significance and directions of the reported relationships were not altered by the addition of the interaction between expectation differential and previous parenting experience. Similarly, the addition of interaction terms for race with expectation differential and for location with expectation differential did not alter the pattern of results reported in Table 4.

Discussion

Help Expectations

In general, the results show a high level of expectation on the part of fathers of newborns for participation in and support of their new family member. In this sense, the fathers in this study reflect the predominant cultural construction of the “nurturant father.” Although our measuring instrument implies a “father as helper” construction, which relegates the father role to one that is subordinate to the mother role, nevertheless most of these fathers expected to be highly involved in the care of their newborns. At the same time, there was a clear differentiation in the arenas in which the fathers expected to participate and to provide assistance. The provider role continues to dominate their expectations of “helpfulness,” thus pointing to the continuing importance of the economic provider function to men’s understanding of what it means to be a father.

It is of interest that, prior to taking hospital location into account, race was the only one of the three sociodemographic factors that differentiated among help expectations of fathers in the simultaneous regression models. The finding of Black fathers’ higher levels of help expectations in baby care and chores around the home is consistent with the more egalitarian patterns of domestic task sharing some have found among Black couples (Acock & Demo, 1994; McAdoo, 1993). Black fathers were also significantly less likely to expect to provide emotional support to their baby’s mother. This item taps into a domain of nurturance that could be considered central to the new “sensitive, nurturant” model of manhood and fatherhood. Some commentators have expressed concern that the “new man/father” model fosters cleavages among social classes, in part because the accessibility of real-time caregiving participation on the part of men may be a function of having sufficient resources and leisure time to enact this model (Fox & Bruce, 1996), and in part because knowing the “correct” social conventions (such as portrayal of self in interview settings) is a function of education and social class. In this way the “new man/father” model serves as a cultural icon that fosters and perpetuates social class distinctions in men’s constructions of their husband and fathering roles (Griswold, 1993).

Our finding from the multivariate regression that it was Black fathers who were less likely to expect to provide emotional support to the baby’s mother lends only partial support to this argument, because both income and education were held constant in the analysis. At the same time, the fact that the effect of race was mediated or channeled through the hospital location variable suggests that the diffusion of cultural innovations may occur at different paces not just along sociodemographic lines. It suggests that, despite the tendency of the mass media to push toward cultural homogeneity, change may occur more slowly in areas out of the mainstream. This pattern of effects may point to possible cultural particularities and cleavages in fathers’ construction of the partnered parent role.

Of greater significance, however, is the potential impact of differential expectations for the father’s support regardless of the particular support needs in consideration of the interaction and relationship quality, and the subsequent quality of parental care that is provided to the couple’s infant. Although we posited that discrepant expectations are likely experienced as stressful and thus would feed into higher levels of parental Concerns, we emphasize that stress in this model is an unmeasured, hypothesized intervening variable. Other pathways (e.g., role strain) also provide reasonable hypothesized linkages. It is also plausible that women minimize their expectations as a way of avoiding disappointment and conflict (Konter, 1989). The positive relationship between quality of marital (or co-parental) interaction and parenting quality is one of the most consistent findings in the child and family development literature (excellent reviews are provided in Cummings & Davies, 1993; Cummings & O’Reilly, 1997; Lamb, 1997b). Unfortunately, given the nature of our data, we cannot demonstrate empirically a causal connection between our measures of couples’ expectations of help from the father, their likely interaction patterns, the care they provide to their infant, and child outcomes. Our findings that the level of the mother’s concerns about her parenting is associated with discrepancies in the mother’s and father’s expectations of his overall helpfulness and with housework and emotional nurturance are consistent with such a causal chain. The findings of Kalmuss et al. (1992) are pertinent here as well. They suggest that when mothers’ expectations for help from their partners are violated, the potential for negative marital interactions, difficult transitions to parenthood, and less positive child outcomes are more likely.

Because the expectations of others are powerful shapers of behavior, partner expectations are salient to parenting in yet another way. In general, according to symbolic interaction theory, people seek to conform to the expectations that others have of their behavior; especially if the other person is significant or valued in some way by the actor (Klein & White, 1996). This implies that the expectations that mothers express for their partner’s helpfulness can shape the level of involvement that men feel called upon to provide. The finding that mothers generally expected lower levels of help from the fathers expected to provide is instructive because it could potentiate a lower level of actual participation than that preferred by the fathers of newborns. Ethnographic research among fathers has shown that sometimes new fathers have feelings of being pushed aside or discounted as caregivers by their partners in the first months of new parenthood (Fox & Bruce, 1996; Furstenberg, 1995; Heimer & Stajflen, 1995). More attention to the subtle ways that men are shifted into lower levels of involvement or out of the father role altogether is warranted (Allen & Hawkins, 1999).
Parent Concerns

In general, the parents in this study expressed a high degree of confidence in their ability to care for their newborns. Mothers were significantly less likely than fathers to express high levels of concern. Two of our findings merit special attention. First, the fathers' expression of concern with fulfilling the provider functions of the father role suggests that this is a domain of potentially high role strain for fathers. Historically, the provider role has been the one consistent component in the construction of broad cultural models of the "good father" (Amato, 1998; LaRossa et al., 1991; Pleck & Pleck, 1997). It may well be that this is one element in male parenting that cannot be compensated for by more active participation in other domains of the parent role. Failure to meet expectations in the provider function of the father role has been blamed for the disengagement of men from their families, most especially among younger, lower-income, and inner city families (Furstenberg, 1995; Liebow, 1967; Marsiglio, 1995). Our data suggest no diminution in the potency of provider role expectations in engendering concern on the part of the fathers.

Second, the expression of concern by fathers about their own and their partner's potential to harm their children is of considerable significance. Our findings that fathers of newborns, when given the opportunity, will voice concerns about behaving in potentially abusive ways toward their infants provides an important tool for accessing and short-circuiting the hidden family processes that result in child maltreatment. Our findings bear replication with a larger sample of couples who are parents of newborns, and one that does not have the regional limitations of the present data set. Although we looked for correlates of expressions of parent concerns, recall that none of the multivariate relationships was significant in identifying sociodemographic factors associated with maltreatment concerns for either fathers or mothers. A larger sample size would provide not only more power to detect small but significant relationships but also could accommodate the analyses necessary for more complete understanding of parenting concerns.

We are gratified that our new measure of parent concerns was able to elicit from parents a sense of the risks they feel they will face in caring for their children, especially concerns about maltreatment. This becomes important in light of the fact that research on parental behaviors indicative of child maltreatment is fraught with difficulties ranging from legal requirements to report suspicion of parental maltreatment, to selectivity in respondent loss from study samples, to social desirability biases in reporting socially stigmatized and legally proscribed behavior. It should be noted that we found the total parent concerns measure to be almost as reliable as the more narrow maltreatment subscale. The total measure would incur less stigma than a measure specifically about abuse and neglect and could also be used to identify fathers and mothers with other significant concerns about caring for their child. Further research is needed to refine this measure and to determine how it might be useful for identifying parents who need support and services to prevent early maltreatment. These findings are particularly noteworthy for settings where a primary prevention approach is desired, but where the routine administration of a child abuse screening measure may be unacceptable or impractical, that is, where there is access to a general population such as during prenatal care and in delivery settings.

Pregnancy has been called a "window of opportunity" to change parental behavior because of parents' high motivation at this time (Helfer, 1987); for example, drug-abusing parents frequently are able to stop or reduce consumption with the aid of such motivation (Chavkin, Allen, & Oberman, 1991). The delivery setting may provide strong motivation for men and women who have concerns about parenting, including reasons to fear their potential for hurting their children. Parents of newborns are usually enthralled by their infants, desirous of being good parents, and yet anxious about the task ahead of them (Cowen & Cowen, 1990; Lamb, 1997b). Moreover, most new parents are receptive to advice about parenting difficulties (Schmitt, 1987). Such circumstances may provide the optimal opportunity for identifying those at risk of partner misunderstandings, misgivings, and mismatched expectations, and parental maltreatment. It was within the context of measures such as the Help Expectations and Parental Concerns measures with separate and conjoint discussions about identified problems. Indeed, we would reiterate the recommendation of Duro (1988) that pediatricians, nurses, social workers, and family life educators within the existing health care delivery system might use the postpartum period as an opportunity to inquire about parents' concerns about maltreatment within the context of general parenting concerns. For service providers, the postpartum setting does not suffer from the selectivity bias of prenatal care settings, especially important for working with parents for whom prenatal care is obtained only late in pregnancy or not at all.

We emphasize that several of our findings have specific import for family life educators in health care settings. First, our findings would support broadening the content of postpartum education services beyond family planning and immediate health care concerns to family life, parenting, and couple issues such as those reported here.

Second, we note the importance of making contact with experienced parents as well as those entering parenthood for the first time. The expectations and concerns voiced by experienced parents in this study were not simply hypothetical but were based in the realities of their previous experiences with children. The fact that the newborn mothers and fathers were virtually indistinguishable on our measures from their new parent counterparts underlines the importance of broad-based service provision as opposed to approaches which triage recipients and reserve preventive education services for those presumed most needy. At the same time, we caution that while our measures were designed to be useful with both experienced and new parents for assessing a range of potential expectations and concerns about caring for their new infant, the scale items do not specifically include matters that could be expected to be of concern only to parents with additional children at home, such as incorporating the newborn into the household, or establishing good sibling relationships and the like. We acknowledge the suggestions of the associate editor and an anonymous reviewer who pointed out the incomplete nature of the concerns scale for experienced parents and who suggested that the inclusion of additional items of salience to experienced parents would alter our results and conclusions.

Finally, our comparison of two sets of mothers—those whose partners were and were not interviewed—underlines the importance of bringing the male partner into the service setting. It is possible to overinterpret a father's absence from the birth of a child, in the same way that we may err to assume that men who display attentiveness in public settings, such as health care facilities, are equally supportive to their partner and newborn in private. Nonetheless, the PNI mothers were not an insignificant group; they accounted for more than one-third of the women in
the study. The dynamics of parenting by mothers of newborns with nonsupportive or noninvolved father/partner needs exploration. How to respond to and provide family life educational services to couples with nonparticipatory father/partners is a special challenge.

Conclusion

The results support the contention that vital information can be obtained by asking fathers and mothers of newborns about their parenting expectations and concerns during the immediate perinatal period in health care settings. The fathers and mothers of newborns appear to have a sense and range of potentially serious problems. The timing and setting might make such information from parents useful for the effective design and delivery of family life and parenting education, including child abuse prevention services.

References


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