

## The Relationship between Transition to Parenthood and Marital Satisfaction in Housewives and Employed Women

Shahla Nourani (MSc)<sup>1</sup>, Fatemeh Seraj (MSc)<sup>2\*</sup>, Mohammad Taghi Shakeri (PhD)<sup>3</sup>, Naghmeh Mokhber (MD)<sup>4,5</sup>

<sup>1</sup> Lecturer, Nursing and Midwifery Care Research Center, Mashhad University of Medical Sciences, Mashhad, Iran

<sup>2</sup> MSc in Midwifery, Department of Midwifery, School of Nursing and Midwifery, Mashhad University of Medical Sciences, Mashhad, Iran

<sup>3</sup> Professor, Department of Epidemiology and Biostatistics, School of Health, Mashhad University of medical Sciences, Mashhad, Iran

<sup>4</sup> Professor, Psychiatry and Behavioral Sciences Research Center, Mashhad University of Medical Sciences, Mashhad, Iran

<sup>5</sup> Medical Practitioner, Southwest Centre for Forensic Mental Health Care, St Joseph's Health Care London, London, UK

### ARTICLE INFO

*Article type:*  
Original article

*Article History:*  
Received: 22-Oct-2017  
Accepted: 03-Jul-2018

*Key words:*  
Marital satisfaction  
Transition to parenthood  
Employed women  
Housewives

### ABSTRACT

**Background & aim:** Birth of the first child is one of the major life events for every woman. This event can make extensive changes in couple's life, which lead to the reduction of marital satisfaction or incidence of conflicts in wifehood and parenthood. Regarding this, the present study was conducted to determine the relationship between transition to parenthood and marital satisfaction among housewives and employed women.

**Methods:** This correlational study was carried out on 120 women referring to the healthcare centers of Mashhad, Iran. The study population was selected using the three-stage cluster sampling technique. The participants were assigned into two groups of housewife and employed women based on their occupational status. The data were collected using the Transition to Parenthood Scale and ENRICH Marital Satisfaction Inventory. Data analysis was performed in SPSS (version 16) using t-test, Mann-Whitney U test, as well as Spearman and Pearson correlation tests.

**Results:** The results showed a significant correlation between transition difficulty to parenthood and marital satisfaction among housewives and employed women ( $P < 0.005$ ). There was a significant difference between the housewives and employed groups regarding the transition difficulty to parenthood ( $P < 0.05$ ). The employed women faced more difficulty in transition to parenthood. However, no significant difference was found between the two groups in terms of marital satisfaction ( $P = 0.26$ ).

**Conclusion:** As the findings indicated, the employed women had more difficulty in transition to parenthood, compared to the housewives. Thus, it is recommended to devote more facilities and social support including spouse support to provide employed women with essential education assisting their transition to parenthood.

#### ► Please cite this paper as:

Nourani Sh, Seraj F, Shakeri MT, Mokhber N. The Relationship between Transition to Parenthood and Marital Satisfaction in Housewives and Employed Women. Journal of Midwifery and Reproductive Health. 2019; 7(3): 1806-1815. DOI: 10.22038/jmrh.2018.27141.1295

## Introduction

Marital satisfaction is a vital indicator of individuals' happiness with their marital life and is one of the most important factors affecting the survival and growth of a family (1, 2). Marital satisfaction refers to objective emotions about the woman or man's satisfaction regarding all aspects of their marriage. This mental state

encompasses various dimensions, including sexual relationships, personality traits, relations with others, participation in decision-making, relations with the spousal family, the way of spending leisure time, and religious commonality.

Olson believes that the extent of marital

\* Corresponding author: Fatemeh Seraj, MSc in Midwifery, Department of Midwifery, School of Nursing and Midwifery, Mashhad University of Medical Sciences, Mashhad, Iran. Tel: 09157749583; Email: f.s.shirvan2@gmail.com

satisfaction in each of the lifecycle stages is different. Schlesinger presents three curves for this concept, including a linear decline after the honeymoon period, a curved trend during which the family is devoid of children with increased independence as the most important event, and finally a U-shaped curve associated with a peak in the early years, a decline during the birth of children, and eventually a rise as the children leave the family (3-5).

In a study performed by Shakerian in Iran, 63.2% of the healthy women had problems in their marital relationships (6). In another study carried out by Attari, 49.9% of the participants reported to have a moderate level of satisfaction with their marital relationships (7). In a study conducted in Tehran, Saadat Mousavi found that one fourth of women with higher education level and one third of women with diploma had unpleasant and very unpleasant marital status and needed a serious couple therapy (8).

One of the most important stages of lifecycle that is relatively difficult and complex is transition from marriage to parenthood. The adaptation to the new member of the family is accompanied by the incidence of a number of changes across all aspects of marital relationship (9-11). The process of "transition to parenthood" initiates from the period before pregnancy. In other words, it begins from the days when the couple predict parenthood and imagine themselves in this role. This period is considered to usually consist of nine phases, including: 1) decision to become pregnant, 2) physical measures for pregnancy (non-use of contraceptives), 3) pregnancy, 4) birth, 5) the first 6 weeks post-delivery, 6) 6 weeks to 6 months post-delivery, 7) 6-12 months post-delivery, 8) 12-18 months of child's age, and 9) 18-24 months of child's age (12).

The birth of the first child is usually predicted as a time for happiness and excitement. However, the very issue of "transition to parenthood" can be associated with fatigue and confusion about the changes in roles and relations (13-6). When transitioning to the parental stage, changes in sexual relationships cause altered emotional intimacy, which is absolutely important (17). Factors, such as reduced sleep, neonate's dire need to the

parents, and increased maternal involvement with the newborn, cause further problems in this regard (18-20).

Both mother and father should specify their responsibilities and initiate the process of establishing a relationship with the newborn (13, 21). In a couple of studies performed by Doss B. et al. (2009) and Lawrence et al. (2008), the couples with children reported a lower level of sexual satisfaction and less time for common activities, compared to those without children (22, 23).

Various factors, including income status, children's health, sexual satisfaction, childbirth, and employment status, affect the couple's relationship in marital life (24, 25). It sounds that with the entrance of women to high-income jobs, the division of housekeeping duties and balance in couple contribution have been converted to important subjects for the perception of justice (26-28). Employed mothers should match their occupational responsibilities with the familial ones. However, this may result in conflicts, diminished occupational satisfaction, and poor performance in serving the maternal and spousal roles.

Multiple studies have investigated the relationship between marital satisfaction and division of housekeeping or parenthood duties among employed women and housewives. However, to the best of our knowledge, there is no study examining this relationship during the transition to parenthood period, which is a turning point in couple's relationship. Transition to parenthood period and marital satisfaction are issues of fundamental importance among employed women and housewives, which eventually contribute to strengthening the family system. With this background in mind, the current study was conducted with the aim of determining the relationship between the transition difficulty to parenthood and marital satisfaction among employed women and housewives.

## Materials and Methods

This correlational study was conducted on 120 housewives and employed mothers referring to the healthcare centers of Mashhad, Iran, in 2014 for neonatal health monitoring. The study population was selected using a

three-stage clustering technique. In this regard, in the first stage, the five healthcare centers in Mashhad were considered as classes. In the second stage, the healthcare centers and bases covered by each of the five centers were chosen through the table of random numbers. Finally, in the third stage, the research unit was selected through convenience sampling technique.

To this end, first, the healthcare centers and bases covered by each of the healthcare centers 1, 2, 3, 4, 5, and Samen were listed. Then, the population covered by each of the healthcare classes was determined, and its percentage to the total population covered by the healthcare centers was calculated. Thereafter, the share of each class in the entire sample size was calculated. Subsequently, the number of the required healthcare centers as cluster was calculated using the table of random numbers. Finally, the number of the required couples from each of the healthcare centers was determined, whereby 14 healthcare centers were specified. The sample size was determined by performing a preliminary study based on which the final sample size was estimated using a correlation formula. The participants were divided into two groups of housewife and employed based on their occupational status.

The inclusion criteria were: 1) literacy, 2) no history of any psychological diseases (i.e., nervous system diseases, psychiatric medication consumption, history of hospitalization in a psychiatric hospital, and being under the supervision of a psychiatrist or a psychologist consultant), 3) no history of any incurable physical diseases (e.g., cancer, AIDS, chemotherapy, amputation, spinal cord injury, paralysis, blindness, hearing loss, and speech impairment), 4) drug abuse, 5) use of psychotropic drugs or alcohol, and 6) being in the first marriage.

On the other hand, the participants who did not live with their parents or spouse were excluded from the study. In addition, the incidence of a traumatic event in the past three months and incomplete questionnaires by at most 5% were among other exclusion criteria. Furthermore, the inclusion criteria for the children were: 1) child's age range of 6 weeks to 6 months in couples with one child and

regarding the couples with two children, the first child's age of < 8 years and the second child's age range of 6 weeks to 6 months, 2) healthy status (i.e., lack of cardiovascular, pulmonary, and renal diseases, hypertension, diabetes, seizure, mental or physical retardation, and genetic diseases), 3) singleton birth, and 4) biological child.

The research instruments included Transition (to Parenthood) Difficulty Scale (TDS; Steffensmeier, 1982; Twiss, 1989), ENRICH Marital Inventory (29), and demographic form. The modified TDS measures the degree of "difficulty of transitioning" experienced by new parents. This instrument contains 38 items with four dimensions, namely parental responsibilities and limitations, parental satisfaction and gratification, marital intimacy and stability, and personal commitment (30). The TDS is rated on a 5-point Likert scale with the score ranges of 50-109, 110-179, and 180-250 suggesting low, moderate, and high levels of difficulty in transitioning to parenthood, respectively (10).

This scale is a standard and valid instrument, which has been used abroad in different studies (30-32). Since this instrument had not been used in Iran before, its reliability and validity were estimated in the present study. To this end, the translated version of the scale was distributed among the faculty members of nursing and midwifery, as well as the professors of English department to determine its content validity. In the next stage, the corrective comments were applied in the instrument.

The TDS has been used in a study performed by Zekowitz and Milet (1997) reporting a reliability range of 0.75-82 for its four subscales (30). In addition, Muller et al. reported the Cronbach's alpha coefficient of 0.81 and 0.65-0.82 for the entire instrument and its subscales, respectively (31). In the current study, the reliability of this scale was confirmed by obtaining a Cronbach's alpha coefficient of 0.79. Furthermore, this value was estimated as 0.78, 0.74, 0.81, and 0.70 for dimensions one, two, three, and four, respectively. The ENRICH Marital Inventory is a reliable and valid instrument, the reliability of which was calculated as 0.75 through Cronbach's alpha in this study.

After acquiring the confirmation of the Ethics

Committee of the University and an introduction letter from the Faculty of Nursing and Midwifery, the researcher referred to the family health units of the selected healthcare centers every morning during the working hours. The participants were provided with the necessary explanations about the research objectives. Furthermore, they were informed about anonymity and confidentiality terms. Subsequently, the subjects who were willing to participate in the study and meeting the inclusion criteria completed the written informed consent form, and then filled out the other questionnaires. The duration required for completing the questionnaires was around 30 min. The sampling lasted for 4 months, more specifically from March 2013 to June 2014.

The data were analyzed in SPSS software (version 16). First, the normality of the variables was determined using the Kolmogorov-Smirnov test. In the next step, independent t-test, Mann-Whitney U test, as well as Pearson and Spearman correlation tests were utilized. A confidence interval of 95% and significance level of 0.05 were considered for all tests.

## Results

According to the results, the mean age of the participants was  $30.49 \pm 5.28$  years (age range: of 16-43 years). Regarding the education status, 7 (5.8%), 6 (5%), 32 (26.7%), and 75 (62.5%) participants had primary, middle school, high school, and academic education levels, respectively. To investigate the homogeneity of the demographic variables among the employed and housewife groups, first, the normality of the

variables was checked, and then proper statistical tests were run (Table 1). Given the lack of any relationship between the demographic and main variables, t-test, and Mann-Whitney U test were used to compare the two groups.

Table 2 presents the extent of the difficulty of transition to parenthood among the employed women and housewives. Table 3 tabulates the data regarding the level of marital satisfaction among housewives and employed women.

Considering the normality of transition difficulty to parenthood in the two groups, the data were subjected to t-test. Accordingly, a significant difference was observed between the employed women and housewives regarding the extent of transition difficulty to parenthood ( $P=0.009$ ). In this regard, transition to parenthood was more difficult for employed women than for the housewives. The mean scores of difficulty in transitioning to parenthood were  $1.40 \pm 22.87$  and  $1.50 \pm 18.36$  in the housewife and employed groups, respectively. However, the results of the Chi-square test revealed no significant difference between the two groups in terms of marital satisfaction ( $P=0.71$ ).

**Table 1.** Demographic variables of the employed and housewife groups

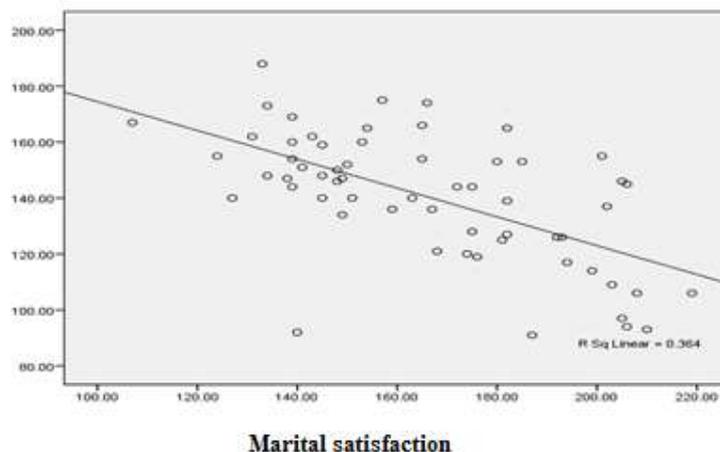
Variable	Type of test	P-value
Age	t-test	$P < 0.05$
Education status	Chi-square	$P < 0.05$
Income level	Chi-square	$P > 0.05$
Level of social class	Chi-square	$P > 0.05$

**Table 2.** Extent of transition difficulty to parenthood among employed women and housewives

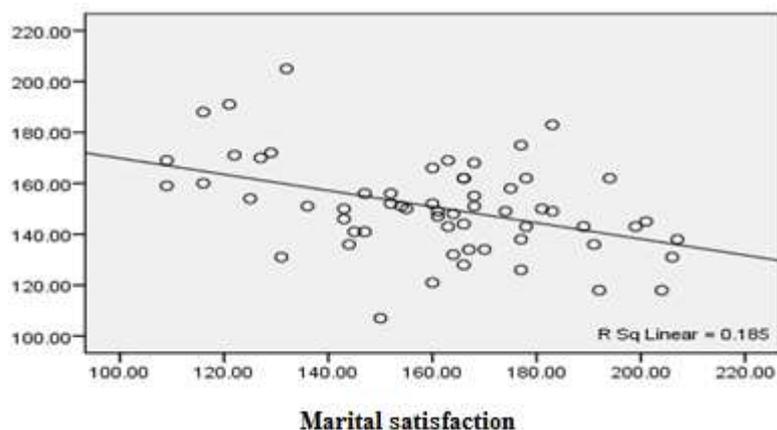
Extent of difficulty in transitioning to parenthood	Housewives		Employed women	
	Number	Percentage	Number	Percentage
Low	6	10	1	1.7
Moderate	52	86.7	55	91.7
Considerable	2	3.3	4	6.7

**Table 3.** Marital satisfaction level among employed women and housewives

Extent of marital satisfaction	Housewives		Employed women	
	Number	Percentage	Number	Percentage
Relative satisfaction	4	4.4	6	10
Moderate satisfaction	32	35.6	20	33.3
Considerable satisfaction	39	43.3	29	48.3
Very considerable satisfaction	15	16.7	5	8.3



**Figure 1.** Relationship between transition difficulty to parenthood and marital satisfaction among housewives



**Figure 2.** Relationship between transition difficulty to parenthood and marital satisfaction among employed women

Among the housewives, there was an inverse significant relationship between the extent of difficulty in transitioning to parenthood and marital satisfaction level ( $r=-0.60$ ,  $P<0.05$ ). In other words, as the difficulty of transition to parenthood increased, the extent of marital satisfaction decreased (Figure 1). A significant relationship was observed between transition difficulty to parenthood and the level of marital satisfaction among the employed women ( $r=-0.43$ ,  $P<0.05$ ) (Figure 2).

There was a significant relationship between the difficulty of transition to parenthood and marital satisfaction among women and their spouses. Furthermore, the marital satisfaction of women was inversely associated with all

dimensions of transition difficulty to parenthood, including the parental responsibilities and limitations, parental satisfaction and gratification, marital intimacy and stability, and personal commitment. This suggests that as the difficulty increased across the dimensions of transition to parenthood, the women's marital satisfaction declined (Table 4).

The results of the Pearson correlation coefficient indicated no significant relationship between transition difficulty to parenthood and the variables of age, level of education, household income, duration of marital life, and desired pregnancy among housewives ( $P>0.05$ ). However, the marital satisfaction was significantly associated with household income

in this group ( $r=0.36$ ,  $P=0.004$ ). Accordingly, as the income enhanced, the extent of marital

satisfaction increased (Table 5).

**Table 4.** Correlation coefficient of women’s marital satisfaction with the four dimensions of transition difficulty to parenthood

Dimensions of transition difficulty to parenthood	Women’s marital satisfaction	
Dimension 1: parental responsibilities and limitations	$P<0.001$	$R=-0.33$
Dimension 2: parental satisfaction and gratification	$P<0.001$	$R=-0.51$
Dimension 3: marital intimacy and stability	$P<0.001$	$R=-0.40$
Dimension 4: personal commitment	$P<0.01$	$R=-0.21$

**Table 5.** Relationship between marital satisfaction and transition difficulty to parenthood with underlying variables

	Marital satisfaction				Transition difficulty to parenthood			
	Employed women		Housewives		Employed women		Housewives	
	Correlation coefficient	P-value	Correlation coefficient	P-value	Correlation coefficient	P-value	Correlation coefficient	P-value
Age	-0.21	0.10	0.07	0.56	0.005	0.96	0.005	0.97
Education level	0.05	0.65	0.04	0.72	0.07	0.59	0.12	0.34
Household income	0.00	0.99	0.36	0.004	-0.31	0.014	-0.13	0.29
Duration of marital life	0.07	0.59	0.10	0.42	-0.24	0.06	-0.02	0.82
Pregnancy intentionality	-0.35	0.006	0.05	0.68	0.07	0.56	0.08	0.53
Daily working hours	-0.20	0.11	-	-	0.00	0.99	-	-

Regarding the employed group, transition difficulty to parenthood did not have any significant relationship with age, level of education, duration of marital life, pregnancy intentionality, and working hours of the woman ( $P>0.05$ ). However, the household income demonstrated a significant relationship with the transition difficulty to parenthood among the employed women ( $P=0.014$ ).

Furthermore, regarding the employed women, marital satisfaction did not have a significant association with the variables of age, education level, household income, duration of marital life, and working hours ( $P>0.05$ ). Nonetheless, pregnancy intentionality showed a significant relationship with marital satisfaction ( $r=-0.35$ ,  $P=0.006$ ) (Table 5).

## Discussion

The aim of the current study was to determine the correlation between the difficulty of transition to parenthood and marital satisfaction and compare it between the employed women and housewives. As the

findings indicated, there was an inverse significant relationship between the transition difficulty to parenthood and marital satisfaction both in employed women and housewives. In other words, as the difficulty of transition to parenthood increased, the extent of marital satisfaction diminished, which is inconsistent with the findings obtained by Muller et al. (2008). However, this finding was congruent with the results obtained by Doss et al. (2009), Lawrence et al. (2008), Cowan (1995), and Crohan (1996) (22, 23, 31, 32).

In a general conclusion, Muller stated that in the transition to parenthood period, the volume of housekeeping duties and stress of couples are the indicators of happiness in the relationships of the couples, who have recently become parents. One of the limitations of the mentioned study was the use of inaccurate instruments for the measurement of house workload experience and stress, which were more significant among women than among men (33).

Goldberg (2004) found that the difficulty of transition to parenthood decreased with the

greater contribution of fathers to parental duties (34). Clover and Johnson (2007) stated that transition to parenthood stage does not cause disturbance and stress in relationships. Rather, the problems that previously existed become intensified at this stage, the resolution of which requires constructive communication skills (35-37). The difficulty of transition to parenthood was greater among the employed women than among the housewives, which is in accordance with the results obtained by Bayanchi et al. (2000) in the US (24). There was no significant difference between the two groups in terms of marital satisfaction.

To the best of our knowledge, no study has investigated the difficulty of transition to parenthood, specifically among employed women and housewives. Many women obtain merit and autonomy in performing an outdoor work, and their reason for feeling stressful is the loss of their professional identity (38, 39). Based on the literature, planned pregnancy and immersion in parental role are among the important factors for the satisfaction of both parents (40-42).

The difficulty of transition to parenthood showed no significant relationship with the variables of age, level of education, household income, duration of marital life, and desired pregnancy among the housewives. However, in terms of the employed women, the difficulty of transition to parenthood was directly correlated with the level of education and socioeconomic class of the woman. Accordingly, with the elevation of education status and social class, the difficulty of transition to parenthood increased.

In the present study, the marital satisfaction of women did not have any significant relationship with their age, level of education, socioeconomic class, and occupational status, which is in congruent with a study carried out by Kalmejin et al. (1999). In this regard, Kalmejin reported that the life of the employed women or those with higher education levels became instable after the birth of the first child since they had better extramarital economic options; moreover, these groups were reported to be more likely to quit an unfavorable marital relationship (43). However, in the present study, higher education levels and employment status

did not have any relationship with marital satisfaction, which may be due to the special culture in our country.

Our findings also revealed that parental support was significantly associated with marital satisfaction and transition difficulty to parenthood across all women, which is not in accordance with the results obtained by Muller et al. in Sweden (2008). This discrepancy can be due to the difference in research context and the high level of welfare in Sweden. In Iran, the support offered by the family and acquaintances is more important than the support given by the society. Communication with familial networks is associated with positive consequences including physical and psychological welfare and social adaptation, thereby reducing depression in mothers with an infant (44-48).

Among the limitations of this research were the small sample size and environmental factors, such as light, heat, and noise. Attempts were made to provide a quiet and peaceful environment for the research units to respond to the questionnaires. Restlessness and cry of the infants may have affected the responses of individuals and their accuracy. Therefore, it is suggested to perform further studies using a larger sample size and a longitudinal design to investigate the trend of changes in marital satisfaction, employed women across different occupational groups, and comparison of urban and rural women in this regard.

## Conclusion

As the findings of the present study indicated, the employed women had more difficulty in transitioning to parenthood than the housewives. Regarding this, it is suggested to consider social facilities for essential training targeted toward the familiarization of couples with transition to parenthood period and enhancement of spousal supports, including emotional support or greater contribution in parental affairs.

## Acknowledgements

This paper was adapted from a thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in Midwifery with the number of 920690. The current study was approved by the Ethics

Committee of Mashhad University of Medical Sciences, Mashhad, Iran, and conducted with the financial support of the Research Deputy. Hereby, the researchers extend their gratitude to the research deputy of this university for their support, the authorities in healthcare centers, and research participants for cooperating in this study.

### Conflicts of interest

The authors declare no conflicts of interest.

### References

1. Mirghafourvand M, Mohammad Alizadeh Charandabi S, Asghari Jafarabadi M, Tavananezhad N, et al. Socio demographic predictors of marital satisfaction in women of reproductive age, Tabriz, Iran, 2013. *The Iranian Journal of Obstetrics, Gynecology and Infertility*. 2013; 16(72):1-2. (Persian)
2. Wagheiy Y, Miri MR, Ghasemipour M. A survey about effective factors on the marital satisfaction in employees of two Birjand universities. *Journal of Birjand University of Medical Sciences*. 2010; 16(4):43-50. (Persian)
3. Olson MC, Wilson M. *Families California*. 2<sup>nd</sup> ed. California: Sage Publication; 1989.
4. VanLaningham J, Johnson DR, Amato P. Marital happiness, marital duration, and the U-shaped curve: evidence from a five-wave panel study. *Social Forces*. 2001; 79(4):1313-1341.
5. Allendorf K, Ghimire DJ. Determinants of marital quality in an arranged marriage society. *Social Science Research*. 2013; 42(1):59-70.
6. Shakeriyan A. The role of personality trait dimensions and gender on predicting marital adjustment. *Journal of Kermanshah University of Medical Science*. 2011; 16(1):16-22.
7. Attari Y, Amanalahifard A. The Relationship between personality characteristics and individual-family factors with marital satisfaction in employees of public offices in Ahwaz city. *Journal of Education and Psychology*. 2005; 13(3):81-108. (Persian)
8. Sadat Musavi MA. Survey on the marriage satisfaction of educated women. Tehran: Ministry of Sciences, Researches and Technology; 2004. P. 70-75.
9. Durham R, Chapman L. Transition to parenthood. *Maternal newborn nursing*, 2<sup>nd</sup> ed. Boston: Davis Company; 2014. P. 337-356.
10. Page LA. *The new midwifery*. London: Churchill Living Stone; 2000.
11. Katz-Wise SL, Priess HA, Hyde JS. Gender-role attitudes and behavior across the transition to parenthood. *Developmental Psychology*. 2010; 46(1):18.
12. Polomeno V. The Polomeno family intervention framework for perinatal education: preparing couples for the transition to parenthood. *The Journal of Perinatal Education*. 2000; 9(1):31-48.
13. London ML, Ladewig PW, Ball JW, Bindler RM, Cowen KJ. *Maternal & child nursing care*. Trans: Taghizadeh Z, Khodamoradi K, Jafarbiglo M. Tehran: Andishe Rafi; 2013. (Persian)
14. Burroughs A, Leifer G. *Maternity nursing: an introductory text*. 8<sup>th</sup> ed. Philadelphia: WB; 2009.
15. Varney H, Burst V, Kriebs JM, Gegor CL. *Varney's midwifery*. 4<sup>th</sup> ed. Massachusetts: Jones & Bartlett Learning; 2004. P. 1047.
16. Darvill R, Skirton H, Farrand P. Psychological factors that impact on women' experiences of first-time motherhood: a qualitative study of the transition. *Midwifery*. 2010; 26(3):357-366.
17. Pacey S. Couples and the first baby; responding to new parents' sexual and relationship problems. *Sexual and Relationship Therapy*. 2004; 19(3): 223-246.
18. Ruth BV, Brown L. *Myles text book for midwives*. 14<sup>th</sup> ed. London: Churchill Livingstone; 2003.
19. Burroughs A, Leifer G. *Maternity nursing: an introductory text*. 8<sup>th</sup> ed. Philadelphia: WB Saunders; 2009.
20. Page LA, McCandlish R. *The new midwifery*. London: Churchill Livingstone; 2000.
21. Mercer RT. Becoming a mother versus maternal role attainment. *Journal of Nursing Scholarship*. 2004; 36(3):226-232.
22. Doss BD, Rhoades GK, Stanley SM, Markman HJ. The effect of the transition to parenthood on relationship quality: an 8-year prospective study. *Journal of Personality and*

- Social Psychology. 2009; 96(3):601.
23. Lawrence E, Rothman AD, Cobb RJ, Rothman MT, Bradbury TN. Marital satisfaction across the transition to parenthood. *Journal of Family Psychology*. 2008; 22(1):41.
  24. Bianchi SM, Milkie MA, Sayer LC, Robinson JP. Is anyone doing the housework? Trends in the gender division of household labor. *Social Forces*. 2000; 79(1):191-228.
  25. Perry-Jenkins M, Claxton A. The transition to parenthood and the reasons "Momma Ain't Happy". *Journal of Marriage and Family*. 2011; 73(1):23-28.
  26. Deave T, Johnson D, Ingram J. Transition to parenthood: the needs of parents in pregnancy and early parenthood. *BMC Pregnancy and Childbirth*. 2008; 8(1):30.
  27. Simpson KR, Creehan PA. *AWHONN's Perinatal Nursing*. 4<sup>th</sup> ed. Philadelphia: Lippincott Williams & Wilkins; 2013. P. 117-189.
  28. Ghobadi K, Dehghani M, Mansour L, Abbasi M. Division of household labor, perceived justice (fairness), and marital satisfaction. *Journal of Family Research*. 2011; 2(7):207-222.
  29. Sanayi MB, Alagheband S, Hooman A. Scales for assessment of family and marriage. Tehran: Beasat; 2000.
  30. Splonskowski JM. Maternal coping adaptations. Social support and transition difficulties to parenthood of first-time civilian and military mothers. *Military Medicine*. 1995; 160(1):28-32.
  31. Cowan CP, Cowan PA. Interventions to ease the transition to parenthood: why they are needed and what they can do. *Family Relations*. 1995; 44(4):412-423.
  32. Crohan SE. Marital quality and conflict across the transition to parenthood in African American and White couples. *Journal of Marriage and the Family*. 1996; 58(4):933-944.
  33. Moller K, Hwang PC. Couple relationship and transition to parenthood: does workload at home matter? *Journal of Reproductive and Infant Psychology*. 2008; 26(1):57-68.
  34. Goldberg AE, Perry-Jenkins M. Division of labor and working-class women's well-being across the transition to parenthood. *Journal of Family Psychology*. 2004; 18(1):225.
  35. Kluwer ES, Johnson MD. Conflict frequency and relationship quality across the transition to parenthood. *Journal of Marriage and Family*. 2007; 69(5):1089-1106.
  36. Mangeli M, Gholami M. Marital satisfaction and related factors in pregnant women. The 1st Conference on Hygiene and Health, Islamic Azad University of Marand, Iran; 2007. (Persian)
  37. Malarewicz A, Szymkiewicz J, Rogala J. Sexuality of pregnant women. *Ginekologia Polska*. 2006; 77(9):733-739.
  38. Pacey S. Couples and the first baby; responding to new parents' sexual and relationship problems. *Sexual and Relationship Therapy*. 2004; 19(3): 223-246.
  39. Bouchard G. Intergenerational transmission and transition to fatherhood: a mediated moderation model of paternal engagement. *Journal of Family Psychology*. 2012; 26(5):747.
  40. Lachance-Grzela M, Bouchard G. Marital status, pregnancy planning and role overload: a mediated-moderation model of parenting satisfaction. *Journal of Family Psychology*. 2009; 23(5):739.
  41. Lachance-Grzela M, Bouchard G. The well-being of cohabiting and married couples during pregnancy: Does pregnancy planning matter? *Journal of Social and Personal Relationships*. 2009; 26(2-3):141-159.
  42. Twiss JJ. The effect of first time childbearing on women 35 years or older as compared to younger women: transition difficulty, maternal adaptation and role satisfaction. [PhD Dissertation]. Nebraska: Philosophy, University of Nebraska; 1989.
  43. Kalmijn M. Father involvement in Childrearing and the perceived stability of marriage. *Journal of Marriage and the Family*. 1999; 61:409-421.
  44. World Health Organization. *Global tuberculosis control: surveillance, planning, financing: WHO report 2008*. Geneva: World Health Organization; 2008.
  45. Witt WP, DeLeire T, Hagen EW, Wichmann MA, Wisk LE, Spear HA, et al. The prevalence and determinants of antepartum mental health problems among women in the USA: a nationally representative population-based

- study. *Archives of Women's Mental Health*. 2010; 13(5):425-437.
46. May C, Fletcher R. Preparing fathers for the transition to parenthood: recommendations for the content of antenatal education. *Midwifery*. 2013; 29(5):474-478.
47. Bost KK, Cox MJ, Burchinal MR, Payne C. Structural and supportive changes in couples' family and friendship networks across the transition to parenthood. *Journal of Marriage and Family*. 2002; 64(2):517-531.
48. Mbekenga CK, Lugina HI, Christensson K, Olsson P. Postpartum experiences of first-time fathers in a Tanzanian suburb: a qualitative interview study. *Midwifery*. 2011; 27(2):174-180.