# FIRST-TIME MOTHERS' PRENATAL EXPECTATIONS ABOUT COPARENTING AND THEIR POSTNATAL EXPERIENCES

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# FIRST-TIME MOTHERS' PRENATAL EXPECTATIONS ABOUT COPARENTING AND THEIR POSTNATAL EXPERIENCES

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First-Time Mothers' Prenatal Expectations About

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## DECLARATION OF ORIGINALITY

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ABSTRACT

First-Time Mothers' Prenatal Expectations About Coparenting

and Their Postnatal Experiences

The aim of this study is to investigate primiparous women's perceptions of coparenting with a specific focus on childcare task division with their partners. Mothers' prenatal expectations, postnatal experiences, and expectation violations regarding postnatal childcare task division have been explored using a longitudinal design. In the first stage, 113 pregnant women participated in the study, with 97 participating in the second stage (i.e., 4-months postpartum). Family income, couple satisfaction, social support, child characteristics (temperament and sex), and environmental support (grandparental task division and number of caregivers) are used as predictors of childcare task division expectations, experiences, and expectation violations. The results indicate mothers' prenatal expectations about childcare task division with their husbands to have been towards egalitarian sharing, but most had their expectations violated as the mothers reported doing most of the childcare tasks in the postnatal period. While difference in the mothers' expectations could not be explained with the predictor variables, postnatal couple satisfaction has been found as the unique predictor of postnatal childcare task division. Moreover, expectation violations are seen to be predicted by family income and couple satisfaction. As a result, the unique importance of couple satisfaction for paternal involvement with childcare has been revealed, with implications for psychological counseling interventions being discussed. Counselors are recommended to guide parents to share their expectations about child-related responsibilities, and handle marital relationship and coparenting together during counseling process.

# ÖZET

## İlk Kez Anne Olan Kadınların Ortak Ebeveyliğe Yönelik Doğum Öncesi Beklentileri ve Doğum Sonrası Deneyimleri

Bu çalışmanın amacı, ilk kez anne olan kadınların ortak ebeveynlik algılarının, çocuk bakım işlerini eşleriyle paylaşımlarına odaklanarak incelemektir. İlk kez anne olan kadınların bebek bakım işlerinin paylaşımına yönelik doğum öncesi beklentileri, doğum sonrası deneyimleri ve beklenti ihlalleri boylamsal bir araştırma deseniyle incelenmiştir. İlk zaman diliminde araştırmaya 113 hamile kadın katılmış, ikinci zaman diliminde ise (doğumdan 4 ay sonra) 113 katılımcıdan 97'si araştırmaya katılmaya devam etmiştir. Aile geliri, eş doyumu, sosyal destek, çocuk özellikleri (mizaç ve cinsiyet) ve çevresel destek (büyükanne/büyükbaba ile iş bölümü, çocuk bakımına yardımcı kişilerin sayısı) yordayıcı değişkenler olarak kullanılmıştır. Sonuçlar, kadınların eşleriyle çocuk bakım işlerinin paylaştırılmasına yönelik beklentilerinin eşit bir paylaşıma yönelik olduğunu, ancak doğum sonrasında bu işlerin çoğunu kendilerinin yaptıklarını belirttiklerini, dolayısıyla beklentilerinin çoğunlukla gerçekleşmediğini göstermiştir. Değişkenlerin hiçbiri annelerin beklentilerini yordamazken; doğum sonrası eş doyumu, doğum sonrası iş bölümünü yordayan tek değişken olmuştur. Beklenti ihlalleri ise ailenin geliri ve eş doyumu tarafından yordanmıştır. Sonuç olarak, eş doyumunun babaların çocuk bakım işlerine katılımı üzerindeki önemi gözler önüne serilmiştir ve psikolojik danışmanlık müdahalelerine yönelik çıkarımlar tartışılmıştır. Psikolojik danışmanların çocukla ilgili sorumluluklara yönelik beklentilerini paylaşma noktasında ebeveynlere rehberlik etmeleri, psikolojik danışmanlık süresince evlilik ilişkisiyle ortak ebeveynliği birlikte ele almaları önerilmiştir.

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# CHAPTER 1

# INTRODUCTION

## 1.1 Background of the study

Coparenting is a relatively novel subject in family research, which has initially been conceptualized as a separate subsystem within the family in 1970s by Minuchin (1974, as cited in Gürmen, 2019). Following the years spent with attention primarily on the mother's influence on parenting and child development, scientific research about fathers as attachment and parental figures began in those years (Palm, 2014), even though their roles as moral teachers, breadwinners, and gender-role models had been acknowledged throughout history (Lamb, 2000). As the family systems theorists have mentioned, a family is comprised of interdependent members, and each member in the system is affected by whatever happens to others within the family. As an executive subsystem, parents play the role of family co-managers and regulate family interactions (Klein & White, 1996).

In parallel with the notion of family systems theorists, Weismann and Cohen (1985, as cited in Feinberg, 2003) suggested the concept of parenting alliance, "the component of a marital relationship that is distinct from the libidinal needs of spouses for each other." Although Hughes, Gordon and Gaertner (2004) suggested that parenting alliance represents the emotional bond between parents while coparenting constitutes parents' relationship regarding childcare tasks, parenting alliance term has been used interchangeably with coparenting in many studies (e.g., Delvecchio, Sciandra, Finos, Mazzeschi, & Riso, 2015; McBride & Rane, 1998). Because researchers concluded that the complexity of a marital relationship should be explored through the variables of family systems theory, recognizing that

parenting quality rather than marital quality has a major role in child development, they started to focus more on parenting (as cited in Feinberg, 2003). In this regard, parenting alliance is taken as a separate component of the marital relationship. A sound parenting alliance is characterized by both parents investing in the child, valuing of each other's involvement with the child, respecting each other's judgments on child-rearing, and having a desire to communicate child-related information with one another (as cited in Konold & Abidin, 2001). This is one of the concepts that led to the development of coparenting research (Feinberg, 2003).

In line with these theories and research findings about the influence of marital discord on children [e.g., the meta-analysis of the relationship between marital discord and child behavior problems (Reid & Crisafully, 1990), the relationship between marital quality and the child's attachment security (Howes & Markman, 1989)] a new concept called "coparenting" thus emerged in the field of psychology (Feinberg, 2003). It focuses on all caregivers and their relationships on child-related issues instead of the parent-child dyads (McHale et al., 2004). Although initially studied in relation to parents' post-divorce relationships and how they manage to work together for their children in different households (Maccoby et al., 1990), recent research has also focused on intact families and unmarried couples (Feinberg, 2003; Salman-Engin et al., 2017).

Coparenting is defined "a conceptual term that refers to the ways that parents and/ or parental figures relate to each other in the role of parent" (Feinberg, 2003, p. 96). It is a unique subsystem distinct from parents' marital, romantic, sexual, emotional, financial, and legal life, which are unrelated to childrearing (Feinberg, 2003; Lindsey et al., 2005). In accordance with this ideation, one study (Margolin et al., 2001) revealed the relationship between marital conflict and parenting to be

mediated by coparenting, indicating that marital conflict may spill over and reflect onto coparenting and thus affect parents' levels of parenting self-efficacy and stress. Similarly, another study (Jouriles et al., 1991) investigating the relation of married couples' childrearing disagreements with their sons' behavioral problems (the study did not include girls as previous research had found no relationship between girls' behavioral problems and marital adjustment) revealed that childrearing disagreements on issues such as pushing the child to learn too much at an early age and disciplining relates to a number of behavioral problems compared to disagreements on other topics such as handling family finances and how to spend holidays. As such, these studies point out coparenting as a unique concept that should be differentiated from the marital relationship. It is basically triadic in the sense that it refers to parents' implicit/explicit involvement with the child (Rodriguez & Heater, 2016).

Feinberg's ecological model of coparenting (2003) is the prominent and comprehensive coparenting model used in this study. According to this model, coparenting has four components: support/undermining between parents, childrearing agreement, joint family management, and childcare task division. While those components make up coparenting, the ecological model shows how coparenting works with many other variables and how it mediates and moderates among them. In this respect, parents' characteristics such as personality, socioeconomic status (SES), and age; child characteristics such as temperament and sex; inter-parental relationship status (i.e., parents' marital relationship); and extra-familial issues such as parents' employment status are major variables in this coparenting model.

As can be seen, coparenting is an important area of research for family studies as it relates to many aspects in child development and the marital relationship (Lamela et al., 2016; McHale, 1995; Morrill et al., 2010; Roy et al., 2016). Also, as a component of coparenting, culture-based childcare task division patterns in families, their association with parents' and infants' characteristics, and influence on the couple's satisfaction as well as the consistency between parents' prenatal expectations regarding childcare task division and their experiences during the postnatal period have been studied (Biehle & Mickelson, 1995; Craig & Mullan, 2011; Dew & Wilcox, 2011; Fillo et al., 2015; Levy-Shiff, 1994).

In addition, grandparents' involvement with childcare has been another research topic. As helpers for child caregiving and agents in teaching traditional values to new generations (Fergusson et al., 2007; Şentürk-Cankorur et al., 2015), grandparents have been one of the most important sources of childcare help for mothers in many cultures (Baydar et al., 2012; Family Structure Survey, 2006; Fergusson et al, 2007; Hoang & Kirby, 2019; Sivak, 2018). Their support for mothers is negatively related with postpartum depression and positively relatedwith mothers' likelihood of obtaining employment (Thomese & Liefbroer, 2013). As such, their involvement in childcare has had both psychological and economical consequences (Şentürk-Cankorur et al., 2015; Thomese & Liefbroer, 2013).

Beyond all this knowledge on coparenting and childcare task division in particular, one should keep in mind that childcare task division practices among caregivers (e.g., parents, grandparents) cannot emerge independent of the country's culture (Deinhart, 1998). Therefore, predictors of and outcomes from these practices vary across cultures. In this context, the similarities between previous findings in international literature and in Turkey have and what kind of patterns will be seen in a

different cultural context are questioned. Although some attempts have been made to understand current dynamics in relation to coparenting and childcare task division in Turkey (e.g., O'Neil & Çarkoğlu, 2020), some gaps appear in the literature in regard to the above-mentioned topics. Testing the variables in Feinberg's ecological model of coparenting (2003) with a specific focus on the task division component can contribute to the literature and fill the gaps regarding coparenting in Turkey. Also, findings could be helpful for psychological counselors; they can develop prevention and intervention programs about coparenting for families inspiring from the study findings.

## 1.2 Purpose of the study

In the light of background information and by considering the gaps in the literature, this study aims to present a general picture of mothers' reports of childcare task division in families in Turkey with respect to family income, perceived social support, couple satisfaction, infant sex, and infant temperament. Also, the consistency between mothers' prenatal expectations regarding postnatal childcare task division and their actual postnatal experiences is shown; discrepancies between these two points are examined in relation to the above-mentioned family, parent, and child characteristics from the perspectives of the mothers. In addition, mothers' reports of childcare task division are examined between grandparents and parents. The research questions (RQ) are as follows:

RQ 1: What are the primiparious mothers' prenatal expectations about childcare task division and their postnatal experiences?

RQ 2: What are the predictors of childcare task division expectations among primiparous women during the prenatal period?

RQ 3: What are the predictors of childcare task division experiences among primiparous women during the postnatal period?

RQ 4: What are the predictors of change between mothers' expected and experienced childcare task divisions?

## 1.3 Significance of the study

Transitions are stages of change; pregnancy and the transition to parenthood are significant times representing a period in the family that brings about new responsibilities, challenges, and joys for family members. Meanwhile, transitions are generally stressful life events and require the family to have adaptive self-organization. The coparenting relationship also emerges at this point, and new mothers and fathers need to invest in the coparenting relationship apart from their marriage and other responsibilities such as work life. Studying coparenting deserves attention as a distinct dimension of the relationship apart from the marriage and as a crossroad where parenting and marital relationship combine at such an important point (McHale et al., 2004).

The nature of coparenting as distinct from the marital relationship can be seen in parents who have marital conflict but are motivated to protect their children from their conflicted relationship to collaborate on childrearing issues. In this regard, family counselors and therapists can intervene in the coparenting relationship apart from the marital relationship in families where couples are not motivated to work on their marriage but want to protect the welfare of their children by enhancing the coparenting relationship (Margolin et al., 2001). As coparenting is associated with maternal and paternal mental health (Elliston, McHale, Talbot, Parmley, Kuersten-Hogan, 2008; Isacco, Garfield & Rogers, 2010; Williams, 2018), interventions on

coparenting relationship could have a positive influence on parents' mental health. So, coparenting can be an intervention point for counselors, and research studies on this topic can shed light on how to be able to enhance coparenting in families. Studying coparenting seems especially important in Turkey, as the coparenting relationship is largely shaped through the dominant culture and subculture (Feinberg, 2003). Presuming that childcare task division should be the same irrespective of culture, subculture, or society can lead to misinterpretations. Because parents' beliefs, values, and expectations vary based on culture, mothers' reports of expected and experienced childcare task division in Turkey are expected to differ from other countries'. Thus, although previous research has shown task division expectations and experiences to matter, this study does not merely suggest that the sample of this study will have the same results. Also, exploring the role of extended family members in coparenting can contribute to understanding the issue better in Turkey due to the functionally extended nature of Turkish families (Gülerce, 2007; Kongar, 1972).

Accordingly and based on the background information and purpose of the study, this thesis is divided into five chapters. Chapter 2 summarizes the theoretical background of coparenting research based on the family systems theory and a detailed definition of coparenting based on Feinberg's ecological model of coparenting (2003); the task-division component of coparenting is the main focus of this study, as well as family dynamics in Turkey and studies about grandparental childcare. Chapter 3 outlines the methods which were used in this study. Information about the sample characteristics and the procedure as well as the design of the study is presented in this chapter. Chapter 4 presents the statistical analysis results regarding the research questions; Chapter 5 lastly discusses the study findings in

light of the study's limitations and gives some recommendations for future research coupled with practical implications for psychological counselors in terms of prevention and intervention programs.

# CHAPTER 2

# LITERATURE REVIEW

## 2.1 Systems theory

Defining family is difficult as the understanding of family differs from one culture to another, and families have undergone large structural and functional transformations over the years. Gladding's (2015) definition can provide a relatively broad understanding, though. According to his definition, a family is "those persons who are biologically and/or psychologically related, are connected by historical, emotional, or economic bonds, and perceive themselves as a part of a household" (Gladding, 2015, p. 54). This definition can be useful for differentiating the family from other group types. Moreover, to better understand its function and structure, systems theory provides an important framework.

The systems theory is one of the most influential theories in family research and counseling. Although its foundations go back to the 19th century, it evolved within the 20th century and, as such, is relatively recent. System here means "a unit that affects its environment" (Klein & White, 1996, p. 157). According to the main assumptions of the theory, all parts of the system are interconnected, and one needs to view the whole to understand its parts (Klein & White, 1996). In parallel with this ideation, families are comprised of interconnected members who constantly and mutually interact with and affect one another (Gladding, 2015). A system is also affected by and affects its environment, as mentioned above. This circular loop that brings the output back to the system as an input is called "feedback" in the systemic perspective, which is an important concept within the theory. In addition to this, concepts such as "variety," "subsystem," and "equilibrium" have important places in

the systems view. Variety refers to the resources the system has for meeting new environmental demands or adapting to innovations, subsystem refers to various levels in the system, and equilibrium refers to a balance between inputs and outputs. An example of equilibrium can be the balance of income and expenditures, and a subsystem in families can be exemplified by marital subsystems, parent-child subsystems, and sibling subsystems (Klein & White, 1996).

Lastly, explaining the adaptive self-organization of family systems can be useful for highlighting the importance of the current study. Adaptive self-organization refers to how the family responds to transition difficulties as a system (e.g., birth of a child, death of a member). During transitions, all subsystems as well as the whole system are affected at different levels, and new patterns emerge as an adaptation to new circumstances. Therefore, transitions are important points in families. Because pregnancy and transitioning to parenthood processes are indicative of such transitions, the changes and ways of adapting within the family systems in these periods are worthy of research (Cox & Paley, 2003).

In conclusion, systems theory gives a broader perspective on the whole family as opposed to dyads or individual members and holistically conceptualizes processes at the family level. Coparenting research has also developed with inspiration from the systems approach (Cox & Paley, 2003).

## 2.2 Ecological model of coparenting

Coparenting is a multidimensional concept (Feinberg, 2003; Margolin et al., 2001). Margolin et al. (2001) suggested three dimensions: conflict between parents in child-rearing issues, partners' cooperation by easing each other's parenting burden, and

triangulation, which describes whether a parent forms a coalition with the child by excluding the other parent.

Feinberg (2003) argued for an ecological model of coparenting and suggested four components: the childrearing agreement, support/undermining, joint family management, and division of labor. Childrearing agreement refers to the (dis)agreement of parental figures on child-related issues such as moral values, education, and priorities. Support/undermining is about parents' supportiveness of each other and whether/to what extent they respect and acknowledge each other's efforts toward the children. Joint family management is about the effects of parents' relationships on children through coalitions, inter-parental conflicts, and the extent of involvement with child-related issues. Finally, division of labor refers to the division of child-related duties between caregivers and, more importantly, their satisfaction with that (Feinberg, 2002).

Feinberg's ecological model of coparenting (2003) proposes more than these components; his model includes factors at the individual, familial, and extra-familial level that influence coparenting processes. The centrality of coparenting in the model and its relationship with other factors can be seen in Figure 1 (Feinberg, 2003).

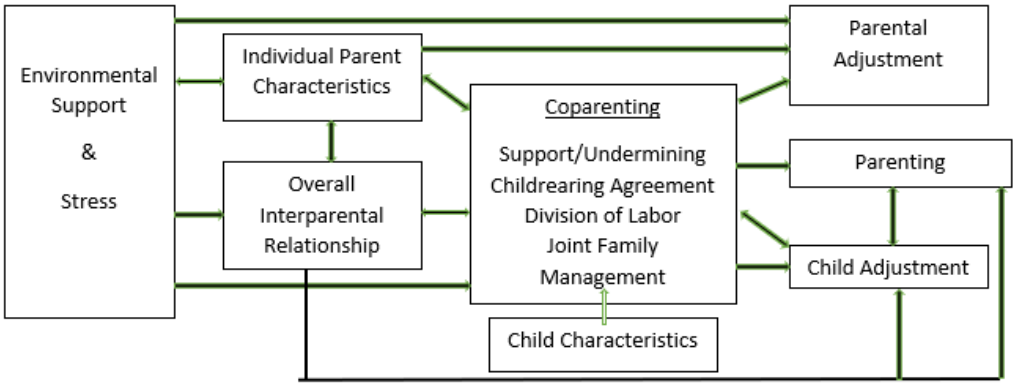



Figure 1. Ecological model of coparenting (Feinberg, 2003)

### 2.2.1 Components of coparenting

This part of the study highlights the significance of the components of coparenting (i.e., childrearing agreement, support/undermining, joint family management and division of labor) by showing their links with child outcomes and family functioning. Although these four components are partially distinct from one another, they should be noted as being moderately related according to Feinberg (2003). He argued that the degree of linkage among those components varies across families. For instance, some parents may disagree on certain childrearing values but they may avoid undermining each other so that children are not exposed to an inter-parental conflict, whereas other parents who disagree on childrearing may undermine each other. Figure 2 illustrates their associations.

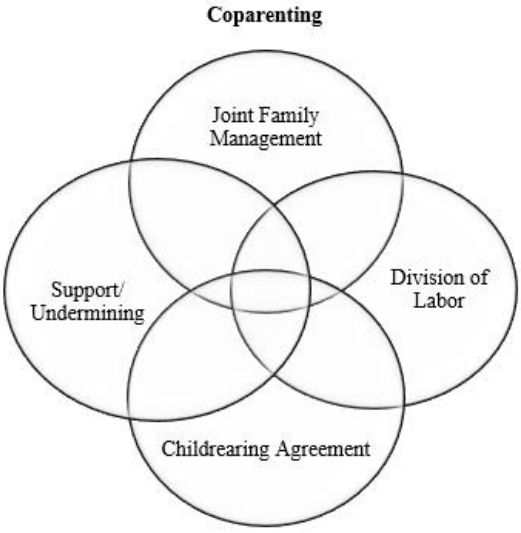



Figure 2. Model of coparenting components (Feinberg, 2003)

#### 2.2.1.1 Childrearing agreement

Previous findings show inter-parental agreement on childrearing values to be a predictor of children's behavior problems (Chen & Johnston, 2012; Meteyer & Perry-Jenkins, 2009), peer relationships (Lindsey & Mize, 2001), self-control (Block

et al., 1981), intelligence, and self-esteem (Vaugh et al., 1988). Lindsey and Mize (2001) showed peers like children more whose parents have a relatively high level of agreement on their beliefs about the use of control (e.g., trying to make the child show respect to the parent because they are the child's parent, believing that children only obey the parent by scolding or spankings). Lack of harmony between parents is indicated to have possible spillover effects on parent-child relationships, which in turn may influence children's developmental adjustment (Lindsey & Mize, 2001). Likewise, some longitudinal studies have demonstrated discrepancy in partners' value systems to be able to lead to marital discord and affect children's psychological functioning. When children get confused because of contradictory messages in the family environment, their perception of the world as a predictable place may shatter (Block et al., 1981; Vaugh et al., 1988).

#### 2.2.1.2 Support/undermining

Previous research reveals spouses who provide encouragement, advice, and assistance to one another without criticizing or ignoring the other to be more likely to show supportive parenting behaviors towards their children such as having an interest in the child's daily activities and being concerned about the child's feelings and emotions (Simons et al., 1992). In an earlier study, Lawrence (1982) showed mothers who got emotional support and positive evaluations about their mothering role to show a lower level of parenting stress compared to those who had not received this type of partner support. In addition, one study focusing on the post-divorce coparenting processes showed children of parents who undermine each other's parenting skills to exhibit more internalizing problems and children of cooperative parents to exhibit fewer externalizing problems (Lamela et al., 2015).

Overall, how spouses evaluate one another in both child-related and non-child-related issues appears to matter.

#### 2.2.1.3 Joint family management

The joint family management component of coparenting refers to parents' ability to protect children from exposure to inter-parental conflict and to not lead the child to take sides between parental figures through coalitions (triangulation), as well as the ability to establish balance in child involvement (Feinberg, 2003). Owen and Cox (1997) showed inter-parental conflict during the prenatal as well as the 3-month postpartum periods to be linked to disorganized infant attachment at one year. A possible explanation for this result might be that children of conflicted couples cannot learn how to manage their emotions because their parents are less likely to provide them with a sense of security, thus preventing them from the effects of their conflicted relationship. In addition to this, previous studies indicate children who witness frightening/are frightened by behaviors from their parents through partner violence or chronic marital discord to be more likely to have disorganized attachment, which may be attributed to the child's experience of the attachment figure as a source of comfort and a source of fear at the same time. The dilemma the child experiences may lead to disorganized attachment (Lee et al., 2009; van Ijzerdoon et al., 1999; Zeanah et al., 1999).

In terms of balanced parental involvement with the child, some findings exist that show discrepant levels of involvement with the infant during triadic play (e.g., withdrawal by one parent and/or over-involvement by the other) to predict the child's anxiety levels in preschool years. Psychological distancing of a parent from a mutual parental commitment is suggested to possibly be experienced as a family lacuna by

the child and may lead to feelings of insecurity, sadness, anxiety, and emptiness. Also, children may perceive withdrawal from a relationship as a coping mechanism for interpersonal stress (McHale & Rasmussen, 1998). Similarly, a study conducted in Israel examined the association between parents' involvement with childcare activities and their sensitivity towards their 5-month-old infant (Feldman, 2000). In this study, the researchers measured how fathers and mothers shared childcare and household activities, the range of parenting activities each parent performed in the dyadic relationship with the infant (e.g., babysitting, taking for trips), parents' agreement on marital satisfaction, and mother-child/father-child interactions. Parental interactions with the infant were observed in a dyadic interaction phase and coded in terms of parental sensitivity (e.g., positive affect, warm vocalization) and infant readiness for interaction (e.g., focused gaze, positive affect, fussiness). The results show sensitive fathering to relate to the amount and range of father involvement in childcare responsibilities and sharing of responsibilities between parents to predict maternal sensitivity (Feldman, 2000).

#### 2.2.1.4 Task division

Task division refers to how child-related tasks are allocated between parental figures (Feinberg, 2003). Transition to parenthood is an important time for parents to discuss parental roles and childcare task division (Feinberg, 2002). The importance of this period for task division derives from the fact that couples meet new daily childcare tasks at that time. The unpredictable and demanding nature of these tasks may become a source of distress for them, and they may need to negotiate how to divide tasks. In this regard, this new dimension of the relationship requires both to personally and relationally adapt (Fillo et al., 2015).

Although each family has its own way of dividing child-related tasks, previous research shows beliefs and expectations about who should do what for childcare to have shifted over the past decades towards more egalitarian participation. While men are expected to be more involved with family tasks, women are expected to work outside more and to do less housework and childcare labor (Cowan & Cowan, 1988). On the other hand, research findings reveal that even the most egalitarian couples adapt to more traditional gender roles through the transition to parenthood (Baxter et al., 2008; Biehle & Mickelson, 2012; Cowan & Cowan, 1988). Women still do much of the housework and childcare while men take the role of breadwinner (Baxter et al., 2008; Biehle & Mickelson, 2012; Cowan & Cowan, 1988; Hortaçsu, 1999). A study conducted in the United States reveals mothers to do 72% of child-related tasks in the first through fourth months after the birth of the baby (Biehle & Mickelson, 2012). Furthermore, even if both partners work full-time outside the home, women still do more housework then men (Feldman, 2000). In a cross-national study conducted in Denmark, Italy, France, and Australia, the researchers examined how childcare was shared in households with different employment configurations, such as dual full-time earners and male bread-winners across four countries; they compared the amount of time fathers and mothers spent on childcare, measuring it with respect to two dimensions. The first one is routine (activities that must be done regularly or according to a time-table such as feeding, bathing, dressing) vs. non-routine activities (talk-based care such as playing games, reading, telling stories). The second dimension is caring for children together as a couple vs. caring solo (one parent alone). What was expected from fathers in order to retain gender equality in childcare was to do routine and solo childcare as much as mothers. The study results were examined in light of the country's social context, such as policies on publicly

funded childcare, mandated parental leave, and the right to request shorter work hours, as well as the social ideals of intensive parenting and the expectations of maternal workforce participation. The findings indicated women to do significantly more tasks than men across all household types and countries. On the other hand, more equal sharing was done between parents when women are employed as fathers did more routine and solo childcare. Research also highlights the relation of cultural attitudes regarding masculinity and femininity with childcare task division. Accordingly, Danish women do less solo childcare than mothers in other countries, and Danish fathers do slightly more routine childcare than fathers elsewhere; this can be attributed to the egalitarian attitudes towards childcare sharing and father involvement in Nordic countries (Craig & Mullan, 2011).

### 2.2.2 Predictors of coparenting

This section details how individual, familial, and extra-familial factors such as parent characteristics, child characteristics, and the inter-parental relationship influence coparenting.

#### 2.2.2.1 Parent characteristics

Some findings show higher levels of maternal and paternal education to be linked to higher levels of supportive coparenting (e.g., Stright & Bales, 2003). Those researchers argued one possible explanation to be that highly educated parents may have some social-cognitive skills, such as taking their partner's perspective so as to become more supportive and cooperative in the relationship. Another explanation might be that educated parents may have more knowledge on the importance of being a team, and their behaviors may be shaped by this bit of knowledge (Stright &

Bales, 2003). In addition to parents' individual education levels, spousal differences in education level have been a topic of interest. However, Belsky et al. (1995) found it to have no association with coparenting.

According to the ecological model of coparenting (Feinberg, 2003), parents' personality characteristics may play a role in their coparenting relationship. One empirical study (Stright & Bales, 2003) investigated the associations between supportive coparenting and parents' personality traits. Researchers videotaped parents while interacting with their child during a family play interaction. Parents' behaviors were coded as supportive or unsupportive according to how they treated their spouses. If they competed to take the child's attention, interrupted what the other parent was doing, or contradicted one or each other, these behaviors were coded as unsupportive. Behaviors such as similarly responding to the child, repeating the other parent's behavior, or complementing it were coded as supportive. The results reveal mothers with high levels of neuroticism and low levels of extraversion, agreeableness, conscientiousness, and openness to experience to compete with their husbands and criticize them more while interacting with the child during the family play. Likewise, one study indicated the more fathers and mothers differ on their extraversion and interpersonal affect scores (i.e., the degree of sensitivity to the emotions and feelings of others), the more they display unsupportive coparenting, which includes negative affect (Belsky et al., 1995). On the other hand, differences in neuroticism levels do not relate to coparenting. The aspects of personality related to sociability and empathy are suggested to possibly make a difference in parents' coparenting processes.

#### 2.2.2.2 Child characteristics

Temperament is a multidimensional concept that can be defined as the inborn predispositions underlying the personality (Arnett, 2011). The first systematic study on temperament was conducted by Thomas et al. (1970). After observing infants self-expressing beginning from birth and their reactions to environmental stimuli, they noticed the child-rearing practices of their parents and of the family environment to differ from one another. They started to consider the environmentalist approach incapable of comprehending children's individual differences. For instance, they found the family upbringing of children with severe psychological problems to not differ from children with no severe psychological problems. To better understand the concept of temperament, they conducted structured interviews with parents of children aged two to three months. Also, trained observers checked the reliability of parental reports by observing the children. As a result, they identified nine characteristics: activity level (i.e., level of motor activity), rhythmicity (i.e., degree of regularity of functions such as eating and sleeping), approach/withdrawal (i.e., accepting the new experience or withdrawing from it), adaptability to new experience (i.e., behavioral adaptability to change in the environment), threshold of responsiveness (i.e., sensitivity to stimuli), intensity of reaction (i.e., energy level) , quality of mood (i.e., child's general mood; whether cheerful, friendly, or unfriendly), distractibility (i.e., degree of distractibility from what the child is doing) and persistence (i.e., attention span). These nine dimensions of temperament make up children's behavioral profile. They next conducted a longitudinal research study and followed children from birth to 14 years. As a result, they found most of children's characteristics to persist through the years. Based on the correlations of the nine dimensions of temperament, they grouped infants into

three: those with an easy temperament, a difficult temperament, and slow-to-warm-up temperament. They observed that, whereas children with an easy temperament to approach new events positively, be regular in sleeping and eating, and be generally happy, children with a difficult temperament tend to be more irritable, cry more often and longer, be less regular in eating and sleeping, and have difficulty adapting to new environments. Meanwhile, slow-to-warm-up children show a kind of passive resistance to novelties, are slow to adapt to new environments, and have low intensity levels for their reactions to situations.

In addition to Thomas and Chess (1970), Mary Rothbart is another researcher on temperament studies. She defined temperament as "constitutional differences in reactivity and self-regulation, with constitution seen as the relatively enduring biological makeup of the organism influenced over time by heredity, maturation, and experience." (Rothbart, 1981, p. 37). According to her conceptualization, reactivity refers to "characteristics of individual's reaction to changes" (p. 37) and self-regulation refers to "processes functioning to modulate this reactivity" (p. 37). As such, she linked temperament to the nervous system and defined the concept through psychophysiological processes, thus differentiating it from personality. According to her, temperament is about the "how" of behavior instead of the "what" or "how well" of behavior. In addition, temperament is distinct from motivation, which explains why a behavior is done. A person behaving slowly/quickly or mildly/intensely is an example of how a behavior is done (Rothbart, 1981). According to Rothbart, temperament has three main dimensions: surgency/extraversion (which refers to activity level, sociability, impulsivity, enjoyment of high intensity pleasure), negative affectivity (which refers to fear, anger, discomfort, sadness), and effortful control (which refers to attentional focusing and shifting, low intensity pleasure, inhibitory

control, and perceptual sensitivity; as cited in Rothbart et al., 2009). After explaining temperament in Rothbart's terms, temperament needing to be considered in the relationship between infant and caregiver should be noted as she suggests the infant and caregiver to be an interacting couple where each brings preexisting structures of self to the relationship and each affects the other (Rothbart, 1981).

Feinberg (2003) argued children with difficult temperament (e.g., low levels of soothability and approach) to possibly lead to stress and conflict between the parents. The findings from a recent research conducted in China seem to support this argument (Fan et al., 2020). Their study included preschool children and their parents, and its variables were child temperament (negative affect and effortful control), coparenting quality (supportive or undermining coparenting), and marital quality (e.g., communication, happiness, and relationship issues). For child temperament, the researchers only measured the negative affect and effortful control aspects of temperament, as they considered these to be the main features of difficult temperament that pose challenging behaviors to parents. Coparenting quality was defined as supportive coparenting, such as backing the partner up when disciplining the child. Marital quality was measured as communication, happiness, and other relationship issues in the marriage. Their results indicate children's temperamental characteristics to only relate to mothers' perceptions of fathers' contributions to the coparenting relationship. Whereas mothers contribute to coparenting regardless of child temperament, fathers tend to undermine coparenting or withdraw from the coparenting relationship if their child has difficult temperamental characteristics such as showing a high level of negative affect or a low level of effortful control. Thus, the findings indicate fathers to be less tolerant of their children's challenging behaviors and to withdraw from co-parenting when they perceive their child as more

difficult. A similar study (Burney & Leerkes, 2010) investigated the associations among infant temperament (e.g., distress to limitations, latency to sudden/novel stimuli, soothability, approach), division of parenting tasks (e.g., feeding, washing clothes, play), satisfaction with task division and the extent of the correlation between expectations regarding task division and experiences, coparenting (e.g., sense of teamwork, respect, positive comments about raising the child), and quality of marital functioning (e.g., conflict resolution) and showed a positive association to exist between infant soothability and supportive coparenting for mothers, which indicates having an infant with better self-regulation skills to facilitate a sense of teamwork between new coparents. In addition, a more reactive infant may distort the coparenting relationship if mothers perceive their infant as less easily soothed or are not satisfied with the division of parenting tasks. Thus, these findings indicate infant temperament to matter more for mothers than fathers, which is probably due to the fact that mothers spend more time with their children. Although the results of their study may seem contradictory to the research study Fan et al. (2020) conducted, different outcomes may be attributed to differences in the sample characteristics. Burney & Leerkes' (2010) study included 6-month-old infants, while Fan et al.'s (2020) included preschoolers. The coparenting relationship has also been found to be a key factor in the relationship between children's temperamental characteristics and parents' depressive symptoms. In other words, when coparenting support between parents is low, the relationship between the child's difficult temperament and parents' depression symptoms is positive; but under the condition of high coparenting support between parents, no significant link is found between child's temperament and parents' depressive symptoms. Solmeyer & Feinberg (2011) concluded the supportive coparenting relationship to play a buffering role that

protects parents from the possible negative influences of difficult temperament on their well-being. Meanwhile, Stright and Bales (2003) showed no association to exist between child temperament and quality of coparenting. They attributed this result to the sample of the study having no child at extreme ends of the scale (i.e., very difficult or very easy). Their recommendation for future research studies is to have a larger sample size.

For child's sex, Stright and Bales (2003) hypothesized that child sex may affect triangulation issues in the family; however, the findings of their study do not support this, as they show child sex to not be related to the quality of coparenting. Meanwhile, McHale's study (1995) on maritally distressed couples and their 8- to 11-month-old infants revealed certain differences between parents of boys and parents of girls in some dimensions of coparenting. Maritally distressed parents with boys have more hostile-competitive coparenting compared to parents of girls, while maritally distressed parents with girls have greater variation in their levels of involvement with their children (mothers are more involved with girls). These findings indicate that, while maritally distressed parents of boys are more likely to be involved in parenting at the expense of displaying competitive/hostile coparenting, maritally distressed parents of girls display more notably discrepant levels of involvement with their babies. Fathers tend to withdraw themselves from daughters whereas mothers join their daughter in play. Overall, the relation of child characteristics with coparenting appears to still be a question, and children's contributions to the family systems should be tested through different methods and samples.

#### 2.2.2.3 Interparental relationship

Family-level influences have an important place in Feinberg's (2003) ecological model. The relationship between parents appears to be the most relevant issue to test with coparenting at this level (Gable et al., 1994), and several studies have examined the different dimensions of coparenting in relation to quality of marriage. For example, one study investigating the relationship between marital satisfaction and father involvement (e.g., warmth and support toward the child, spending time with the child) revealed father's beliefs about involvement with parental tasks (e.g., a father should be as heavily involved in the care of the child as a mother, fathers should spend time with the child) to moderate this relationship. Therefore, the results indicate that when fathers have more positive attitudes toward father involvement, their prenatal marital satisfaction positively influences their involvement with the child, but when they have less positive attitudes, a happy marriage is unable to be a sufficient motivator for becoming more involved with the child (Lee & Doherty, 2007). For instance, Morrill et al. (2010) showed the quality of marriage to affect coparenting, and this in turn to affect both fathers' and mothers' parenting practices (e.g., positive parenting, involvement with the child, parental monitoring, inconsistent discipline, and corporal punishment). In addition, the results from their study indicate coparenting to directly predict marital quality and the parenting practices of both parents. Likewise, Floyd et al. (1998) revealed the association between marital quality and parenting practices to be mediated by the parenting alliance; in other words, marital quality predicts parenting alliance, which in turn predicts parents' interactions with the child.

#### 2.2.2.4 Extrafamilial influences

Feinberg's (2003) ecological model indicates the importance of extra-familial influences (e.g., social support, the occupational status or work stress of parents). Buckley & Schoppe-Sullivan's (2010) study examined the family earner status model by comparing coparenting for dual-earner families with preschoolers to that for single-earner families with preschoolers, revealing that when fathers are more involved in childcare and play activities with the child, parents exhibit less undermining coparenting behaviors in triadic family interactions. However, in single-earner families in which only fathers work, when fathers are more involved in caregiving, parents rate their spouses' coparenting behaviors as less supportive and more undermining. These findings were suggested to be consistent with some previous results showing father involvement and marital satisfaction to be positively related in dual-earner families while negatively related in single-earner families (Lee & Doherty, 2007). In addition, most of the previous research has focused on the influence of working status on parental task division with respect to their family earner status (Ehrenberg et al., 2001; Pilcher, 2000). In this regard, the researchers argue family ecology to be important.

## 2.3 Expectations and experiences regarding childcare task division

Some researchers in recent years have examined the discrepancy between what parents expect from their spouses regarding childcare task division prenatally and what their actual postnatal experience is (Biehle & Mickelson, 2012). Earlier findings show first-time mothers to tend to have inflated expectations regarding childcare task division, which means they expect to share childcare tasks with their partners in a more egalitarian way after the baby's birth, and postnatal experiences to

not match prenatal expectations for most couples. However, women generally did the most of childcare tasks as mentioned above (Biehle & Mickelson, 2012; Cowan & Cowan, 1988; Kalmuss et al., 1992; Roy et al., 2010).

Prenatal expectations may influence relationship satisfaction after the baby's birth and adjustment to parenthood (Kalmuss et al., 1992; Nicolson, 2007; Roy et al., 2010). Primiparous women with lower expectation levels regarding the division of childcare report higher levels of satisfaction regarding their marital relationships after childbirth. When they get more help than expected, their relationship satisfaction level increases (Roy et al., 2010). Likewise, earlier findings indicate the most consistent and powerful predictor of marital satisfaction after childbirth to be paternal involvement with childcare labor, which may be attributed to women's perception of men's involvement as a loving and caring act toward themselves (Levy-Shiff, 1994). Another reason for declining levels of marital satisfaction may result from the fact that partners spend less quality time together due to the increased number of responsibilities and their perception of unfairness in the household (Dew & Wilcox, 2011).

## 2.4 Grandparents' involvement with childcare

Although most households are nuclear in Turkey, some families still are often functionally extended, indicating a great deal of mutual support and contact to still be present among close relatives, generally tending to live as near as possible to each other (Gülerce, 2007; Kongar, 1972). Although the research on this topic is scarce in Turkey, the international literature provides crucial findings about grandparental childcare. For instance, a meta-ethnographic study containing synthesized data from qualitative studies on coparenting practices in Asian families revealed Asian

grandparents to not only be involved in all types of caregiving activities such as babysitting, feeding, and bathing their grandchildren but to also be important agents in teaching children traditional values. On the other hand, different childrearing attitudes between parents and grandparents have been stated as a possible source of conflict (Hoang & Kirby, 2019).

One study conducted in the UK shows grandparents as the major contributors in childcare compared to other relatives, friends, and neighbors (Fergusson et al., 2007). The researchers argued affordability to perhaps make grandparental care more likely instead of institutional or other types of childcare. On the other hand, the results reveal the more educated mothers are the less help they receive from grandparents on childcare. Mothers are more likely to get help from grandparents when they work part-time, are younger, and recall their own experiences with their mothers positively (Fergusson et al., 2007). Similarly, another study from the UK shows the informal care that generally comes from grandmothers to help mothers start work and work longer hours. This tendency to get support from grandparents is more common in mothers with lower levels of education, so grandparental help seems to be particularly important for low-income families (Gray, 2005). In parallel with the two studies conducted in the UK, a qualitative study (Sivak, 2018) with a group of Russian mothers revealed them to be under the pressure of an intensive parenting ideology where raising a child requires being guided by experts and some grandparental practices may be harmful; this may impair the healthy development of the child. Therefore, at least in Russia, educated, middle-class mothers tend to not receive grandparental help with childcare.

In contrast to these above-mentioned findings (Fergusson et al., 2007; Gray, 2005; Sivak, 2018), Zamberletti et al.'s (2018) study with a large sample of Italian

grandparents revealed grandparents with higher education levels and economic status to be more likely to be actively involved in intensive childcare. Those researchers argued that wealthier and higher educated grandparents may have wealthier and higher educated adult children who are more likely to be employed and thus be more in need of grandparental support in childcare.

In line with the findings of the studies conducted in the UK, perceived social support from extended family is particularly important for Turkish mothers with lower levels of education and income (Baydar et al., 2012; as cited in Sayıl & Yağmurlu, 2012). The findings also indicate receiving more social support from extended family to increase their support and warmth towards their children. The question of whether the amount of help parents get from grandparents varies with respect to education level in Turkey has yet to be answered.

A survey conducted by the Turkish Statistical Institute (TurkStat, 2006) in Turkey's provinces of Istanbul, Ankara, and Izmir showed 86% of children under the age of six to be cared for by their mothers and 7.4% to be cared for by their grandparents. Grandparents are the second most preferred caregiver after mothers, so their support for families seems important (Family Structure Survey, 2006). The current study will examine the extent to which grandparents share childcare activities with new parents during the postpartum period.

Şentürk-Cankorur et al. (2015) explored the predictors of the incidence and persistence of depression in mothers during the postpartum period in nuclear and traditional/extended family structures through a longitudinal design covering both the prenatal and postnatal periods. Nuclear families were defined as households comprised of the husband, wife, and their children whereas traditional/extended families were defined as households in which at least one adult lives with the married

couple and children. Three aspects of the quality of relationships with mother, mother-in-law, and husband were used as the independent variables: emotional support (e.g., how often does the person make the mother feel good about herself), practical support (e.g., how often does the mother receive practical assistance on important matters from that person), and relational challenges (e.g., how often does the person cause the mother feel stressed or worried). The results demonstrate the postnatal incidence of depression to relate to a lower amount of emotional support from the mother-in-law and the postnatal persistence of depression to relate to a lower amount of emotional support from the husband. No difference was found between family structure types, so even if the mother-in-law does not live with in the same household as the mother, their emotional support matters. Meanwhile, another study conducted in Eastern Turkey showed mothers' own mothers to be a key source of social support for new mothers' mental wellbeing (Ege et al., 2008). Although support from the spouse, spouse's family, and mother's own family were tested as predictors of postnatal depression symptoms in the research, support from the mother's own family has been found to significantly and negatively be associated with maternal postnatal depression.

Overall, grandparents seem to hold their place in the family systems of different cultures even though societies have continued to change. As Thomese and Liefbroer (2013) also mentioned in their study on dual-earner Dutch couples, grandparent's support in childcare positively influences both mothers and grandparents; thanks to grandparental involvement in childcare, mothers can combine family and work and grandparents can feel productive as they age. Moreover, grandparental childcare support increases the likelihood of having additional children (Thomese & Liefbroer, 2013). As a result, grandparents' support

toward childcare has not only psychological outcomes for parents but also some economic and social consequences for society.

## 2.5 Family dynamics in Turkey

### 2.5.1 Traditional gender roles

Turkey has been changing from a traditional, rural, patriarchal society to a modern, urban, egalitarian, and industrial one. Nevertheless, some aspects of social functioning such as gender attitudes and family relations have not changed as rapidly (Sunar & Okman-Fişek, 2005). In this context, feminist theory seems relevant to the current study as feminism is a social movement and ideology that advocates the social, economic, and political equality of the sexes and mainly focuses on issues such as patriarchy, gender inequality, gender roles, and sexism. For instance, socialist/Marxist feminists, one of the five feminist movements, attribute the roots of patriarchy to capitalism and argue women's unpaid household and childcare labor at home to strengthen the capitalist system. They indicated capitalism to exploit women by not paying their labor at home and to exploit men by underpaying them. The capitalist system maintains itself in this way. Feminists' main foci have been to restructure the family by ending women's slavery at home and to develop collective methods to divide household and childcare labor. As such, feminists' main concern is the gender roles that make women subordinate to men and create injustice (Giddens & Sutton, 2016). Because gender roles become more evident in coparenting, particularly in the dimension of childcare task division labor (Baxter et al., 2008; Biehle & Mickelson, 2012; Cowan & Cowan, 1988; Hortaçsu, 1999), socialist

feminists' arguments can provide a basis and explanation for mothers' reports of childcare task division.

Turning back to the families in Turkey, research studies conducted here can give a broader understanding to explain country-specific patterns. For example, the Turkish Value of Children (VOC) Study (Kağıtçıbaşı et al., 1986), part of a cross-cultural research carried out in eight countries (i.e., Turkey, Indonesia, Korea, Philippines, Taiwan, Singapore, Thailand, and USA) examined women's intra-family status based on decision making (e.g., "Who usually makes the decision about new expensive purchases?"), role sharing (e.g., "Has your husband ever helped with the housework?"), and communication between spouses (e.g., "Have you ever discussed with your husband the number of children he wants?"). Data were collected through in-depth interviews with 2,305 married people in Turkey (75% of the sample are female, 25% male). The results reveal women's intra-family status among the eight countries to be lowest in Turkey. Women were found to be more dependent on their relationship with their spouses than men; this is an indicator of lower status, lower power, and lower prestige in the family. In Turkey, the best indicator of women's intra-family status is the combination of education and organized urban labor force participation.

A recent report from the Turkish Statistical Institute (Organisation for Economic Co-operation and Development, 2016) revealed men to allocate 3.5% of their time to care (the time spent on a child or another adult for personal care and education), while women allocate 22% of their time on these activities. Furthermore, 7.1% of women and 4.6% of men reported household responsibilities to be a reason for inter-spousal conflict, while 5.6% of women and 3.4% of men gave responsibilities related to children as a reason for inter-spousal conflict. The impact

from division of labor between married couples on their marital relationships was explored in the Family Structure Survey conducted by TurkStat (2016). One of the most notable reasons for inter-parental conflict was limited time spent time with the family (TurkStat, 2017).

O'Neil and Çarkoğlu's (2020) comprehensive research examined men's contribution to familial responsibilities. Both men and women were asked how much they contribute to childrearing issues (e.g., taking care of children, playing, helping with children's schoolwork, changing diapers) and household labors (e.g., cooking, cleaning, repairing). The mothers were asked a number of questions such as "How much does your husband contribute to childcare?" and the fathers were also asked "How much do you contribute to childcare?" The same questions were asked for household task division. Participants reported 51% of fathers to help take care of children, 36% to play with children, 29% to help their children with their school works, 13% to help them get to sleep, 13% to feed them, 10% to give their children baths, and 8% to change diapers regularly. Parents' education level and paternal contribution to child-related responsibilities are positively related. In terms of men's contribution to household labor, 62% do shopping for the home, 65% repair the home, 7% clean the home, 8% cook, and 4% do laundry regularly. Men's education level and their contribution to house-related responsibilities are positively related.

How fathers relate to their children is another issue that has received scientific attention. Two findings occur about fathers' contribution to child development. The first one focuses on fathers' contribution to the family system by supporting the primary caregiver mother through the breadwinner role, and the second one focuses on fathers' role as the child's playmate, which is distinct from the mother's role as fathers are generally more energetic and physical compared to

mothers (Bocknek et al., 2017; Kazura, 2000). In addition, Kim and Kim (2012) stated fathers to contribute to children's social-emotional development by affecting mothers' psychological parenting environment. In Turkey, fathers' relationships with their infants and young children are generally playful and affectionate, but as children grow up, their relationship starts to become dominated by a sense of authority and respect **(**Sunar & Okman-Fişek, 2005). This type of pattern appears consistent with the international literature in some respects, which shows fathers' relationships with their children to generally be based on play activities in the early years of parenting (Kazura, 2000; Lamb, 1997). As such, Turkish fathers' early interactions with their infants as a playmate and their contribution to the family system as a breadwinner indicate somewhat similar trends among these studies.

# CHAPTER 3

# METHODOLOGY

This thesis study is part of the longitudinal research project, Origins of Early Individual Differences in Infant Attention: A Multi-Method Study Involving Primiparous Mothers of Twins and Singletons" (For further information about the project see: Appendix A). This study's researcher is also part of the project's research team, which includes four Psychological Counseling and Guidance Program Masters' students at Boğaziçi University, and have had an active role in the recruitment and data collection processes of the research project. This section describes the research methodology (i.e., sample characteristics, data collection procedure, data collection tools, and data analyses) of this thesis study.

## 3.1 Sample

The study sample consists of 113 primiparous women in the prenatal period; 97 of these participated in the postnatal assessments. The rest of the participants had dropped out the study. Inclusion criteria for participants are: living in Istanbul and having finished the 20$^{th}$ week of pregnancy at the time of recruitment. Convenience sampling method has been used to reach the participants. Descriptive characteristics about the participants during the prenatal and postnatal assessments are presented in Tables 1 and 2, respectively. In addition, descriptive characteristics of participants who dropped out before the postnatal assessments are displayed in Table 3.

Table 1. Descriptive Characteristics of the Prenatal Sample

| Age | *Min.* | *Max.* | *M* | *SD* |
|---|---|---|---|---|
| Mother (in years) | 21 | 42 | 29.24 | 4.41 |
| Father (in years) | 32 | 39 | 34.36 | 1.89 |
| Mother's Education | *f* | *%* | | |
| Secondary School | 1 | 0.9 | | |
| High School | 12 | 10.6 | | |
| Vocational Higher Ed. | 8 | 7.1 | | |
| Bachelor's Degree | 64 | 56.6 | | |
| Graduate Education | 27 | 23.9 | | |
| Other | 1 | 0.9 | | |
| Father's Education | | | | |
| Secondary School | 2 | 1.8 | | |
| High School | 17 | 15 | | |
| Vocational Higher Ed. | 8 | 7.1 | | |
| Bachelor's Degree | 69 | 61.1 | | |
| Graduate Education | 17 | 15 | | |
| Family Income | | | | |
| Low (≤ 5.000) | 31 | 27.7 | | |
| Middle (between 5.001 and 11.000) | 48 | 42.9 | | |
| High (≥ 11.001) | 33 | 29.5 | | |
| Mother's Employment Status | | | | |
| Employed (currently) | 33 | 28.2 | | |
| Unemployed (currently) | 80 | 68.4 | | |

Note: $n$ = 113

Table 2. Descriptive Characteristics of the Postnatal Sample

| | *Min.* | *Max.* | *M* | *SD* |
|---|---|---|---|---|
| Infant Age (in months) | 4 | 6 | 4.4 | 0.65 |
| Gestational Age (in weeks) | 36 | 42 | 39.2 | 1.31 |
| Sleep | | | | |
| Infant Sleep During the Day (hours) | 4 | 18 | 13.3 | 2.4 |
| Number of Infant Daytime Naps | 0 | 7 | 3.14 | 1 |
| Infant Sleep During the Night | 2 | 13 | 9.2 | 1.8 |
| Number of Infant Night Wakings | 0 | 8 | 3.2 | 1.4 |
| Mother's Overall Sleep Satisfaction | 0 | 4 | 1.91 | 1 |
| | *f* | % | | |
| Infant Sex | | | | |
| Male | 45 | 45.9 | | |
| Female | 52 | 54.1 | | |
| Breastfeeding | | | | |
| Yes | 89 | 91.8 | | |
| No | 8 | 8.2 | | |
| Formula Use | | | | |
| Yes | 26 | 26.7 | | |
| No | 71 | 73.2 | | |
| Formula Use Reasons | | | | |
| Doctor's advice | 13 | | | |
| I know how much my baby fed | 2 | | | |
| To be sure that my baby gets enough feeding | 5 | | | |
| Easier than breastfeeding | 1 | | | |
| It is tiring to breastfeed all night | 2 | | | |
| My baby needs feeding often | 7 | | | |
| I am ill/use medicine | 1 | | | |
| Others can help take care of the baby | 2 | | | |
| Other | 11 | | | |
| Infant Care Support | | | | |
| Yes | 40 | 41.2 | | |
| No | 57 | 58.8 | | |
| Care givers | | | | |
| Maternal Grandmother | 22 | | | |
| Paternal Grandmother | 10 | | | |
| Nanny | 7 | | | |
| Paternal Aunt | 3 | | | |
| Maternal Aunt | 2 | | | |
| Mother's Employment Status | | | | |
| Employed | 14 | 14.4 | | |
| Unemployed | 53 | 54.6 | | |
| On paid leave | 9 | 9.3 | | |
| On unpaid leave | 21 | 21.6 | | |

Note: $n = 97$

A logistic regression analysis tested if sample attrition (dummy coded as dropped-out = 0 and retained = 1) was predicted by the dummy-coded three levels of income (low income = 0, 0; middle income = 0, 1; high income = 1, 0) as well as task division expectations, prenatal couple satisfaction, and perceived social support. All variables were entered simultaneously. Model $\chi^2$ was insignificant ($\chi^2$ (5) = 2.73, $p$ > .05). As a result, no substantial differences emerged between the remaining participants and drop-outs with regard to any study variable.

Table 3. Descriptive Characteristics of the Participants Who Had Dropped Out by the Postnatal Period

| Age | *Min.* | *Max.* | *M* | *SD* |
|---|---|---|---|---|
| Mother (in years) | 21 | 36 | 29.6 | 3.9 |
| Father (in years) | 23 | 45 | 33.2 | 5.3 |
| Mother's Education | *f* | *%* | | |
| Secondary School | 0 | 0 | | |
| High School | 3 | 17.6 | | |
| Vocational Higher Ed. | 0 | 0 | | |
| Bachelor's degree | 9 | 52.9 | | |
| Graduate Ed. | 4 | 23.5 | | |
| Other | 1 | 5.9 | | |
| Father's Education | | | | |
| Secondary School | 1 | 5.9 | | |
| High School | 3 | 17.6 | | |
| Vocational Higher Ed. | 2 | 11.8 | | |
| Bachelor's degree | 9 | 52.9 | | |
| Graduate Ed. | 2 | 11.8 | | |
| Family Income | | | | |
| Low (≤ 5.000) | 6 | 35.3 | | |
| Middle (between 5.001 and 11.000) | 7 | 41.2 | | |
| High (≥ 11.001) | 4 | 23.5 | | |

Note: $n$ = 16

## 3.2 Design

The study design is a panel study, a subtype of longitudinal survey research. In panel studies, the same people are examined over time so that actual changes in specific individuals can be detected (Creswell, 2002; Gravetter & Forzano, 2011). In this study, data were collected at two points in time: firstly in the prenatal period (between the 32nd and 38th weeks of pregnancy) and secondly in the postnatal period when the babies reached four months of age.

## 3.3 Procedure

The ethics approval from the Institutional Review Board for Research with Human Subjects at Boğaziçi University (Appendix B), permission from the Istanbul Directorate of Health [İstanbul İl Sağlık Müdürlüğü] (Appendix C) were obtained for the research project. The research team collaborated with perinatologists, gynecologists, doulas, and midwives in public as well as private hospitals for recruiting participants. Project assistants visited hospitals and childbirth education classes to inform pregnant women about the project and recruit volunteers. Also, the project was announced on social media to reach out to possible participants. In total, 170 primiparous women were reached at the beginning of the study.

Before starting the prenatal data collection, participants' written informed consent was taken [Appendix D (English) & E (Turkish)]. First, the researcher interviewed the participants about their demographics [Appendix F (English) & G (Turkish)] and noted their responses. Second, participants were asked to complete a survey booklet consisting of questions about their demographics, couple satisfaction, social support, and task division expectations (Appendix F, G, H, I, J, K, L & M). Prenatal meetings were conducted at places convenient for the expectant mothers

(e.g., their homes, cafes, hospitals). These meetings lasted approximately 25 minutes. By the end of the first data collection, which had taken place between December 2018 and January 2020, 113 pregnant women had participated in the study.

Project assistants called the participants when the babies reached 4 months of age. At the second meeting (postnatal), mothers were visited in their homes by two project assistants at the same time. At this time, they received informed consent from the mothers [(Appendix N (Turkish) and O (English)] and fathers [Appendix P (Turkish) & Q (English)] and collected two sets of data for this study. One researcher first asked the mothers some pre-interview questions related to infant characteristics (Appendix R & S). Next, mothers completed a survey booklet consisting of questions regarding demographics, sleep patterns of mothers and infants, task division, task division satisfaction, couple satisfaction, infant temperament, and infant characteristics (Appendix R, S, T, U, V, W, X & Y). Each postnatal home visit lasted approximately 90 minutes. In total, 97 participants out of the original 113 participated in the postnatal study. Postnatal data collection occurred between May 2019 and March 2020. Participants were given some gifts as incentives both times.

Overall, a comprehensive table showing all data collection tools including the forms and scales can be seen in Table 4.

Table 4. Forms and Instruments

| Forms & Instruments | Prenatal | Postnatal |
|---|---|---|
| Informed Consent Form | + | + |
| Pre-interview Questions | + | + |
| Survey Questions | + | + |
| Who Does What Husband-Form | + | + |
| Who Does What Grandparent-Form | - | + |
| Couple Satisfaction Index | + | + |
| Multidimensional Scale of Perceived Social Support | + | - |
| Infant Behavior Questionnaire Revised Short Form | - | + |

### 3.3.1 Measurement tools

#### 3.3.1.1 Pre-interview questions

Two sets of pre-interview questions were used, one for the prenatal and the other for the postnatal data collection. Some demographic questions were included in the pre-interview and others were included in the survey booklets.

The prenatal pre-interview (Appendix F & G) includes questions that measure gestational age, parents' dates of birth, highest education achieved by parents, parents' employment status, parents' job titles, and parents' total working hours.

The postnatal pre-interview (Appendix R & S) includes questions about the birth type and infant characteristics such as sex and date of birth.

#### 3.3.1.2 Survey questions

Two sets of survey questions were used, one at the prenatal data collection and the other at the postnatal data collection. The prenatal survey questions include total household income (Appendix F & G). The postnatal survey questions include demographic questions such as the mother participant's employment status (if she is working or not, on a leave of absence with pay or on leave without) after giving birth, how many days the mother has been working, and when she started to work after giving birth. In addition, the postnatal survey booklet (Appendix R & S) also includes questions on the number of people living with the new parents in the same household, who is helping with childcare aside from the parents, as well as other related questions such as the mothers' breastfeeding status and total number of hours the participants spend with their infant during the day.

#### 3.3.3.3 Couple satisfaction index

The Couple Satisfaction Index (CSI) is a 32-question self-report measure which asks respondents about their levels of satisfaction with their romantic relationships. One item uses a 7-point scale: "Please indicate the degree of happiness, all things considered, of your relationship", from 0 (extremely unhappy) to 6 (perfect). The other 31 items use a 6-point scale with a variety of response anchors. This study only uses six items from the CSI for both the prenatal and postnatal data collections. The sample items are as follows: "Our relationship is strong" and "I really feel like part of a team with my partner" (Funk & Rogge, 2007). Since two items have 7-point Likert-type scales and four items have 6-point scales, this study uses the composite score based on z-scores. The CSI is a psychometrically sound measure (Graham, Diebels, & Barnow, 2011) with convergent and construct validity as well as high reliability ($\alpha$ = .90 & .92). This study's Cronbach's alpha values are .94 for the prenatal form and .91 for the postnatal form. The scale is presented in Appendices H (Turkish) and I (English).

#### 3.3.3.4 Multidimensional scale of perceived social support

The Multidimensional Scale of Perceived Social Support (Zimet, Dahlen, Zimet, & Farley, 1988) is a 12-item self-report scale measuring perceived social support from three different sources (family, friends, and significant other). Each item is rated on a 7-point scale (1 = strongly agree, 7 = strongly disagree). The original (Zimet, Powell, Farley, Werkman, & Berkoff, 1990) and Turkish (Eker & Akar, 1995) forms of the scale are found reliable and valid. The internal consistency ranges from .84 to .92 for the original form and .88 for the Turkish form. The mothers were asked to fill out the

instrument only in the prenatal period. Cronbach's alpha value is .92 for this sample. The scale is presented in Appendices J (Turkish) and K (English).

#### 3.3.3.5 Task division – Who does what?

The scale was developed by the project's Dutch team (R.A.G. Emmen, personal communication, September 1, 2017) based on the Who Does What Scale (as cited in Cowan, Cowan, Coie, & Coie, 1978) and translated into Turkish by the project's principal investigator. Originally, the Who Does What Scale has three subscales, each with 12 questions. The topics of the subscales consist of (i) household and family tasks such as cooking, (ii) family decisions such as working at a job and plans for vacation, and (iii) child-related tasks such as feeding, dressing, and calling the doctor (Cowan & Cowan, 1988). This study only uses the subscale on child-related tasks and asks 11 questions. In the prenatal period, the respondents were asked to fill out the 9-point scale, with 1 indicating the woman will do everything, 5 indicating the woman and man will share everything equally, and 9 indicating the man will do everything [Appendix L (Turkish) & M (English)]. In the postnatal period, mothers answered the same set of questions to indicate the actual division of childcare tasks between them and their partners. For postnatal data collection, this form also included a question measuring mothers' satisfaction from dividing tasks with their husband [Appendix T (Turkish) & U (English)]. In addition, the grandparent form from the Task Division Scale, which contains 11 questions on a 9-point scale with 1 indicating parents do it all, 5 indicating parents and grandparents share tasks equally, and 9 indicating grandparents do everything [Appendix V (Turkish) & W (English)] was used. In the current study, Cronbach's alpha is .70 for the Prenatal Form, .71 for the Postnatal form, and .89 for the Grandparent Form. The item-total correlations for

the Prenatal form ranges between .21 and .43, between .18 and .50 for Postnatal Form, and between .29 and .84 for Grandparent Form.

#### 3.3.3.6 Infant behavior questionnaire - Revised short form

The scale measures the various temperamental characteristics of infants between 3 and 12 months of age (Putnam, Helbig, Gartstein, Rothbart, & Leerkes, 2014). The original form has 91 items in the following 14 subscales: activity level, approach, cuddliness, distress to limitation, duration of orienting, falling reactivity, fear, high intensity pleasure, low intensity pleasure, perceptual sensitivity, sadness, smiling and laughter, soothability, and vocal reactivity. This study uses 19 items from three of the scale's three subscales (i.e., duration of orienting, distress to limitations, and fear). Duration of orienting refers to a "child's vocalization, looking at, and/or interaction with a single object for extended periods of time when there has been no sudden change in stimulation," distress to limitations refers to a "child's fussing, crying, or showing distress while waiting for food, refusing food, being in a confining place or position, being dressed or undressed, being prevented access to an object toward which the child is directing their attention," and fear refers to "the child's distress and/or extended latency to approach an intense or novel stimulus" (Rothbart, 1981, p. 573). Mothers were asked to rate their infants' daily behaviors from the past 1 and 2 weeks on a 7-point Likert scale. The original scale has a high level of internal consistency ($\alpha > .70$) (Putnam et al., 2014). Cronbach's alpha values for the subscales of duration of orientation, distress to limitations, and fear are .68, .66, and .78, respectively. As the Turkish adaptation of the scale could not be obtained, the original scale was retranslated to Turkish by a native speaker with a Master's degree in Psychological Counseling and Guidance and translated back to English by a

Turkish doctoral student of English Language Teaching. This scale was used only in the postnatal data collection and is presented in Appendices X (Turkish) and Y (English).

## 3.4 Data analysis

To analyze the current data, the Statistical Packages for Social Sciences (SPSS v. 22) was used. For hypothesis testing, a significance level of $p < .05$ was used. Group differences have been explored using the paired-samples *t-t*est. In addition, the Pearson product-moment correlation coefficient has been used to determine the nature of the relationships among the study's variables.

The variable of income, measured as an ordinal variable with 8 categories, was recoded into three new categories: low income (1,000-5,000 Turkish Lira), middle income (5,001-11,000) and high income (11,001 or more), and the new income variable was converted into dummy variables by taking the low income category as a reference category for the regression analyses. Therefore, two new dummy variables have been obtained: middle income and high income.

### 3.4.1 Research question 1

Descriptive statistical analysis has been used to examine mothers' reports of childcare task-division expectations and experiences from the first research question. To examine the mothers' reports of childcare task-division expectations and experiences between mothers and fathers, three categories were computed: "predominantly the mother" (i.e., mother does/will do it more), "almost equally" (i.e., mother and father do/will do it almost equally) and "predominantly father" (i.e., father does/will do it more) as an indicator of who does/will predominantly do which

task for each item in the scale. The low end of the scale (1, 2, and 3) is labeled "predominantly mother"; the "almost equally" category is formed from mothers who scored 4, 5, or 6 and the high end of the scale (7, 8, and 9) is labeled "predominantly father".

### 3.4.2 Research question 2

To estimate the explained variances in task division expectations, hierarchical multiple regression is used. Income was entered in Step 1, prenatal couple satisfaction in Step 2, and prenatal perceived social support in Step 3. In Feinberg's ecological model of coparenting (2003), any variable is given priority in terms of its relationship with coparenting. In this regard, order of variables in hierarchical regression is based on previous studies in coparenting research. Income, being a demographic variable, is used in Step 1 of the analysis with the aim of testing and checking its influence over the dependent variable. Meanwhile, since couple satisfaction was found highly related to coparenting in past research (Gable et al., 1994), it is used in Step 2, therefore, unique contribution of it could be detected in our sample. In Step 3, social support is entered and by controlling income and couple satisfaction, how social support uniquely contributes to coparenting could be explored.

### 3.4.3 Research question 3

To estimate the variance explained in task division experiences, hierarchical multiple regression has again been used. Income is entered in Step 1, postnatal couple satisfaction in Step 2, child characteristics (temperament and sex) in Step 3, and grandparental support and number of caregivers helping with childcare apart from

the parents in Step 4. Couple satisfaction refers to the overall interparental relationship, grandparental support and number of caregivers helping with childcare apart from the parents refer to environmental support, and temperament and sex refer to child characteristics in the ecological model of coparenting (Feinberg, 2003). As mentioned above, Feinberg's ecological model (2003) does not offer any priority in terms of the variables related to coparenting. Income, being a demographic variable, is used in Step 1 of the analysis with the aim of testing and checking its influence over the dependent variable. As previous research revealed that couple satisfaction has a significant relationship with coparenting (Gable et al., 1994), this is entered into the model after the variable of income. Therefore, if variables entered after it have unique contribution to the model could be detected. In this regard, child characteristics are entered in Step 3, and the variables referring to environmental support are entered in Step 4. Since research about the contribution of environmental support to coparenting is scarce (Feinberg, 2003), it is entered in the model lastly.

### 3.4.4 Research question 4

Hierarchical multiple regression is used to estimate the explained variance in task division changes. Income is entered in Step 1, postnatal couple satisfaction in Step 2, and child characteristics (temperament and sex) in Step 3. Couple satisfaction refers to the overall interparental relationship, and temperament and sex refer to the child's characteristics in the ecological model of coparenting (Feinberg, 2003). Income, being a demographic variable, is used in Step 1 of the analysis with the aim of testing and checking its influence on the dependent variable. Couple satisfaction is entered into the model after income. Child characteristics are entered in Step 3 (see Figure 2). As previously explained in research question 3, Feinberg (2003) does not offer

any priority for variables related to coparenting and rationale behind the order of variables is the same as in the research question 2 and 3.

### 3.4.5 Testing assumptions

The assumptions of the hierarchical multiple regression analysis are multicollinearity, outliers, and normality and have been evaluated prior to conducting the analyses. The results from the assumption testing are presented in Chapter 4.

# CHAPTER 4

# RESULTS

This chapter presents the results from the data analyses, first providing the descriptive statistics from the interest variables and the bivariate correlations among them. The inferential statistics answering each research question are presented next.

## 4.1 Descriptive analyses of the variables

Table 5 presents the minimum and maximum scores, means, and standard deviations of the variables. For every scale, the higher the score is the more significant the construct is; namely, higher father responsibility/involvement in task division, higher perceived social support, higher couple satisfaction, higher grandparent involvement in task division, and higher satisfaction from childcare task division with the husband. Higher scores in duration of orientating means the child has more duration of orientation ability, higher scores in distress to limitations mean the child has more distress to limitations, and higher scores in fear mean the child is more fearful.

The change in scores from task division was calculated by subtracting the postnatal task division scores from the prenatal ones. Therefore, the higher the change in score, the greater the difference in the mother's expectations; in other words, a positive change in score indicates the mother does more childcare tasks than she had expected.

Table 5. Means, Standard Deviations, and Minimum/Maximum Scores for the Study's Variables

| Measure | *M* | *SD* | *Min.* | *Max.* |
|---|---|---|---|---|
| Prenatal Scale Scores (*n* = 113) | | | | |
| Social Support | 5.9 | 6.2 | 1 | 7 |
| Couple Satisfaction | 0 | 0.8 | -3.3 | 0.7 |
| Task Division Expectations | 4.1 | 4.1 | 1 | 5.3 |
| Postnatal Scale Scores (*n* = 97) | | | | |
| Couple Satisfaction | 0 | 0.8 | -3.1 | 0.8 |
| Task Division-Husband | 3.2 | 0.7 | 1 | 4.9 |
| Task Division Satisfaction | 3.8 | 0.9 | 1 | 5 |
| Task Division-Grandparents | 1.7 | 0.9 | 1 | 4.3 |
| Distress to Limitations | 3.8 | 1.1 | 1.3 | 6 |
| Duration of Orienting | 4.7 | 1.2 | 1.8 | 7 |
| Fear | 2.3 | 1.2 | 0 | 6 |
| Task Division Change | 0.8 | 0.7 | -0.7 | 3 |

Descriptive statistics analysis have been conducted to be able to understand the task division scores in terms of expectations, experiences, and change based on level of family income. Table 6 shows the mean scores for task division expectations, experiences, and change based on family income level. Positive scores for change indicate the father does more childcare than the mother had expected and vice versa.

Table 6. Task Division Group Means Based on Income Level

| | Low-income | Middle-income | High-income |
|---|---|---|---|
| Expectations | 4.05 | 4.21 | 4.10 |
| Experiences | 4.45 | 3.16 | 3.45 |
| Change | +0.82 | -1.09 | -0.62 |

4.2 Bivariate correlations among the study variables

The associations among the study variables have been examined using the Pearson product-moment correlation coefficient; correlations among all study variables can be seen in Table 7.

In the prenatal period, a positive correlation exists between mothers' task division expectations and perceived social support ($r = .22$, $p < .05$), indicating that mothers with more social support from their families, friends, and significant others expected more father involvement for childcare tasks.

In the postnatal period, mothers' task division experiences with their husbands positively correlate to their satisfaction levels regarding task division ($r = .56$, $p < .01$) and couple satisfaction ($r = .34$, $p < .01$), but negatively correlate to task division with grandparents ($r = -.26$, $p < .01$) and change in task division expectations (prenatal task division scores – postnatal task division scores; $r = -.73$, $p < .01$). The results suggest mothers who experience more father involvement in childcare tasks to be more satisfied with the way childcare tasks have been divided with their husbands and to have higher levels of couple satisfaction. On the other hand, mothers who reported their husbands to be highly involved got less help from the grandparents. Furthermore, mothers who experienced more father involvement in

childcare tasks experienced less expectation violations regarding childcare task division.

In terms of the difference between mothers' prenatal and postnatal task division expectations (change in task division), the change in scores negatively correlate to the scores for task division between parents ($r$ = -.73, $p$ < .01), task division satisfaction ($r$ = -.38, $p$ < .01) and couple satisfaction ($r$ = -.26, $p$ < .05). The results indicate that mothers who do more childcare tasks than expected to be less satisfied with task division and their couple relationship. In addition, while mothers with middle income experienced more expectation violations compared to mothers with low income ($r$ = .24, $p$ < .05), mothers with higher income experienced less expectation violations than mothers with lower income ($r$ = -.24, $p$ < .05).

Mothers' satisfaction levels in terms of task division positively correlate to the way they divide tasks with their husbands ($r$ = .56, $p$ < .01) and their satisfaction levels with their marriage ($r$ = .53, $p$ < .01), whereas they negatively correlate with task division with grandparents ($r$ = -.32, $p$ < .01) and changes in task division expectations ($r$ = -.38, $p$ < .01). The results indicate mothers with higher levels of task division satisfaction to report more egalitarian task division with their husbands and a better couple relationship. Mothers who are more satisfied with their task division with their husbands get less help from grandparents with childcare. Also, mothers with middle income are less satisfied with task division ($r$ = -.21, $p$ < .05).

Table 7. Bivariate Correlations Among the Study Variables

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1.TD_expectation | 1 | .09 | .22* | .44** | .27** | -.42** | .28** | .15 | .10 | -.03 | .12 | -.19 | .15 | .02 | -.17 |
| 2. CS_prenatal | | 1 | .39** | .28** | .39** | -.18 | -.22* | .58** | -.01 | .03 | .02 | -.17 | .07 | -.00 | .03 |
| 3. Social Support | | | 1 | -.01 | .15 | -.00 | -.00 | .32** | .13 | .03 | .04 | -.02 | .10 | -.11 | .10 |
| 4. TD_experience | | | | 1 | .56** | -.26** | -.73** | .34** | -.17 | .12 | .11 | -.12 | .09 | -.07 | -.08 |
| 5. TD_satisfaction | | | | | 1 | -.32** | -.38** | .53** | -.21* | .07 | -.10 | -.10 | .04 | .06 | -.07 |
| 6. TD_grandparents | | | | | | 1 | -.02* | -.27 | -.03 | .16 | -.08 | .09 | -.14 | .09 | .59** |
| 7. TD_change | | | | | | | 1 | -.26* | .24* | -.24* | -.06 | -.02 | .01 | .07 | -.13 |
| 8. CS_postnatal | | | | | | | | 1 | -.08 | -.00 | .00 | -.14 | .13 | -.10 | -.10 |
| 9. Middle Income | | | | | | | | | 1 | -.56** | .01 | .07 | .04 | -.14 | -.16 |
| 10. High Income | | | | | | | | | | 1 | .07 | -.10 | .02 | .012 | .26** |
| 11. Infant Sex (being female) | | | | | | | | | | | 1 | .09 | .16 | -.14 | .18 |
| 12. Distress_limitation | | | | | | | | | | | | 1 | .01 | .34** | .02 |
| 13.Duration_orientating | | | | | | | | | | | | | 1 | -.08 | .02 |
| 14. Fear | | | | | | | | | | | | | | 1 | .03 |
| 15. Number of caregivers | | | | | | | | | | | | | | | 1 |

Note: TD_expectation: Task division expectations. CS_prenatal: Prenatal couple satisfaction. TD_experience: Task division between parents. TD_satisfaction: Satisfaction with task division. TD _grandparents: Task Division between parents and grandparents. TD_change: Task division change (pre-post). CS_postnatal: Postnatal couple satisfaction. Distress_limitation: Distress to limitations. Duration_orienting: Duration of orientating. Number of Caregivers: Number of child caregivers apart from parents. * $p < .05$ ** $p < .01$.

## 4.3 Testing assumptions

The assumptions of the hierarchical multiple regression analysis (i.e., having multicollinearity, outliers, and normality) have been evaluated prior to conducting the analyses. Normality assumption was checked using normal probability plots; the points were almost on a straight line with no major deviations from normality. The multicollinearity tests indicate a very low level of multicollinearity. Outliers have been checked using the Mahalanobis distance test, and two outliers were found only for the second research question. These two outliers have been excluded from the analyses.

## 4.4 Results according to the research questions

### 4.4.1 Mothers' reports of expectations and experiences regarding childcare task division among primiparous women

To examine mothers' reports of childcare task division expectations and experiences between parents, three new variables have been computed: "predominantly the mother" (i.e., mother will do/does it more), "almost equally" (i.e., mother and father will do/do it almost equally), and "predominantly the father" (i.e., father will do/does it more) as an indicator of who does which task predominantly. Scores on the low end of the scale (1, 2 and 3) are labed as "predominantly the mother;" "almost equally" category is formed for mothers who scored 4, 5, or 6; and scores on the high end of the scale (7, 8, and 9) are labeled as "predominantly the father." Table 8 shows the percentages for task division expectations and experiences for each task.

Table 8. Childcare Task Division Between Mothers and Fathers

| CHILDCARE TASKS | Predominantly the Mother | | Almost Equally | | Predominantly the Father | |
|---|---|---|---|---|---|---|
| | Prenatal (%) | Postnatal (%) | Prenatal (%) | Postnatal (%) | Prenatal (%) | Postnatal (%) |
| Feeding | 6.9 | 80.2 | 53.1 | 19.8 | 0 | 0 |
| Keeping track of feeding times | 47.8 | 79.4 | 52.2 | 20.6 | 0 | 0 |
| Changing diapers; dressing | 35.4 | 64.9 | 62.8 | 35.1 | 1.8 | 0 |
| Bathing | 20.4 | 28.9 | 77 | 68 | 2.7 | 3.1 |
| Responding to night wakings | 16.8 | 37.5 | 80.5 | 62.5 | 2.7 | 0 |
| Deciding how to respond to the baby | 37.2 | 68.8 | 61.9 | 28.1 | 0.9 | 3.1 |
| Taking the baby out | 8 | 22.7 | 79.6 | 71.1 | 12.4 | 6.2 |
| Choosing toys | 15 | 40.2 | 75.2 | 56.7 | 9.7 | 3.1 |
| Playing | 5.3 | 10.3 | 87.6 | 85.6 | 7.1 | 4.1 |
| Doing laundry | 81.4 | 87.6 | 18.6 | 11.3 | 0 | 1 |
| Dealing with the child's doctor | 12.4 | 26.8 | 83.2 | 71.1 | 4.4 | 2.1 |

To examine the mothers' reports of childcare task division between parents and grandparents, three new variables have been computed: "predominantly the parents", "almost equally", and "predominantly grandparents" as an indicator of who does which task predominantly. "Predominantly the parents" means that parents do it more, "almost equally" means that parents and grandparents do it almost equally, and "predominantly the grandparents" means grandparents do it more. Category

computations parallel the scores from the task division between parents. Table 9 shows the percentages for task division experiences by task.

Table 9. Childcare Task Division Between Parents and Grandparents

| CHILDCARE TASKS | Predominantly the Parents (%) | Almost equally (%) | Predominantly the Grandparents (%) |
|---|---|---|---|
| Feeding | 93.8 | 6.3 | 0 |
| Keeping track of feeding times | 92.7 | 7.3 | 0 |
| Changing diapers; dressing | 83.3 | 14.6 | 2.1 |
| Bathing | 79.2 | 19.8 | 1 |
| Responding to night wakings | 83.3 | 16.7 | 0 |
| Deciding how to respond to the baby | 96.9 | 3.1 | 0 |
| Taking the baby out | 87.5 | 11.5 | 1 |
| Choosing toys | 92.7 | 6.3 | 1 |
| Playing | 69.8 | 29.2 | 1 |
| Doing laundry | 88.5 | 6.3 | 5.2 |
| Dealing with the child's doctor | 96.9 | 3.1 | 0 |

### 4.4.2 Predictors of childcare task division expectations

A three-step hierarchical multiple regression has been conducted with mothers' task division expectations as the outcome variable. Family income is entered in Step 1, as it indicates the parental characteristic component in the ecological model of coparenting. Family income explains 0.8% of the variance in task division expectations, but the result is insignificant, $F$ (2, 107) = 0.41. In Step 2, prenatal couple satisfaction is entered, as it indicates the interparental relationship component

in the ecological model of coparenting. After being entered, the total variance explained by the model is 1.7 %, $F$ (3, 106) = 1.06, p > .05. This accounts for an additional 0.2 % of the variance, $\Delta R^2$ = 0.02, $\Delta F$ (1, 106) = 0.12, p > .05. The model still is insignificant. Prenatal social support is entered in Step 3, as this indicates the environmental support component in the ecological model of coparenting. After being entered, the total variance explained by the model becomes 1.7 %, F (4, 105) = 0.87, $p$ > .05. This accounts for an additional 0.03 % of the variance, $\Delta R^2$ = 0.00, , $\Delta F$ (1,105), $p > .05$. In total, this model explains 1.7 % of the variance in task division expectations, but the model is still insignificant, $R^2$ = 3.2, adjusted $R^2$ = -0.005, $p$ > .05. The detailed results are presented in Table 10.

Table 10. Hierarchical Multiple Regression Analysis of Prenatal Task Division

| | | $B$ | SE $B$ | β | $R^2$ | $\Delta R^2$ |
|---|---|---|---|---|---|---|
| Step 1 | | | | | .00 | .00 |
| | High Income | 0.05 | .13 | 0.05 | | |
| | Middle Income | -0.05 | .14 | -0.04 | | |
| Step 2 | | | | | .03 | .02 |
| | High Income | 0.05 | .13 | 0.04 | | |
| | Middle Income | -0.06 | .14 | -0.05 | | |
| | Couple Satisfaction | 0.09 | .06 | 0.14 | | |
| Step 3 | | | | | .03 | .00 |
| | High Income | 0.06 | .13 | 0.05 | | |
| | Middle Income | -0.06 | .14 | -0.05 | | |
| | Couple Satisfaction | 0.11 | .07 | 0.18 | | |
| | Social Support | -0.03 | .06 | -0.06 | | |

4.4.3 Predictors of childcare task division experiences

A four-step hierarchical multiple regression has been conducted with task division between mothers and fathers as the outcome variable. Family income is entered in Step 1 and explains 3.1% of the variance in task division, but the result is insignificant, $F$ (2, 75) = 1.18, $p > .05$. Postnatal couple satisfaction is entered in Step 2, as this indicates the interparental relationship component in the ecological model of coparenting. After being entered, the total variance explained by the model becomes 14%, $F$ (3, 74) = 4.04, $p < .05$. Couple satisfaction accounts for an additional 11% of the variance, $\Delta R^2$ = 0.11, $\Delta$F (1, 74) $= 9.49,\ p < .05$. Child sex and temperament subscales (duration of orienting, distress to limitations, and fear) are entered in Step 3, as they indicate the child characteristics component in the ecological model of coparenting. After being entered, the total variance explained by the model becomes 15%, and the model has yet to be significant, $F$ (7, 70) = 1.89, $p < .05$. Above and beyond Model 2, child characteristics explain no variance in the mothers' task division experiences, $\Delta R^2$ = 0.01, $\Delta F$ (4,70)$= 0.38,\ p > .05$. Task division between parents and grandparents and the number of people helping with childcare apart from the parents are entered in Step 4, as they indicate the environmental support component in the ecological model of coparenting; however, the new variables do not explain any additional variance, $\Delta R^2$ = 0.32, $\Delta$F (2, 68) $=$ $1.33,\ p > .05$. In total, this model explains 19% of the variance in experienced postnatal task division, $R^2$= .19, adjusted $R^2$= .08, $p > .05$. The detailed results are presented in Table 11.

Table 11. Hierarchical Multiple Regression Analysis of Postnatal Task Division

| | | *B* | SE *B* | β | $R^2$ | $\Delta R^2$ |
|---|---|---|---|---|---|---|
| Step 1 | | | | | .03 | .03 |
| | Middle Income | -.22 | .21 | -.14 | | |
| | High Income | .07 | .22 | .04 | | |
| Step 2 | | | | | .14* | .11* |
| | Middle Income | -.15 | .20 | -.10 | | |
| | High Income | .12 | .21 | .07 | | |
| | Couple Satisfaction | .29 | .09 | .33** | | |
| Step 3 | | | | | .15 | .01 |
| | Middle Income | -.18 | .20 | -.12 | | |
| | High Income | .07 | .22 | .04 | | |
| | Couple Satisfaction | .28 | .10 | .31** | | |
| | Distress to Limitations | -.04 | .08 | -.06 | | |
| | Duration of Orienting | .02 | .07 | .03 | | |
| | Fear | -.01 | .07 | -.02 | | |
| | Infant Sex | .16 | .17 | .10 | | |
| Step 4 | | | | | .19 | .03 |
| | Middle Income | -.15 | .20 | -.10 | | |
| | High Income | .14 | .22 | .08 | | |
| | Couple Satisfaction | .24 | .10 | .27* | | |
| | Distress to Limitations | -.03 | .08 | -.05 | | |
| | Duration of Orienting | .00 | .07 | -.01 | | |
| | Fear | -.00 | .07 | -.01 | | |
| | Infant Sex | .13 | .18 | .08 | | |
| | Grandparental Support | -.16 | .12 | -.19 | | |
| | Number Caregivers | .00 | .00 | .00 | | |

Note. * p < .05 ** p < .01

4.4.4 Predictors of change between expected and experienced task division

a. Is there a significant change between expected and experienced childcare task division?

The paired-samples t-test has been conducted to compare the means of the scores from prenatal expectations and postnatal experiences regarding childcare task

division. The results show that mothers to have expected significantly more father involvement ($M$ = 4.1, $SD$ = 0.54, $N$ = 93) than actually experienced ($M$ = 3.3, $SD$ = 0.76, $N$ = 93). Repeating the paired-samples t-test shows mothers to have experienced less father involvement than expected, t (92) = 11.91, $p < .05$. The detailed results are presented in Table 12.

Table 12. Paired-Samples t-test Results Comparing Prenatal Expectations and Postnatal Experiences Regarding Childcare Task Division

| | Prenatal Expectations | | Postnatal Experiences | | t (92) | *p* |
|---|---|---|---|---|---|---|
| | *M* | *SD* | *M* | *SD* | | |
| Childcare Task Division | 4.1 | 0.54 | 3.3 | 0.76 | 11.91* | .000 |

Note. * p < .05

b. What are the predictors of change in scores from task division expectations and experiences in the transition to parenthood?

A four-step hierarchical multiple regression has been conducted with change in task division expectations to experiences as the outcome variable. Family income is entered in Step 1 and explains 7.7% of the variance in task division change, $F$ (2, 75) = 3,13, $p < .05$. Compared to mothers with low-income, mothers with middle income statistically significantly experienced more expectation violations. However, compared to mothers with low income, mothers with high income experienced significantly less expectation violations. Postnatal couple satisfaction scores are entered in Step 2. After being entered, the total variance explained by the model becomes 14.3%, $F$ (3, 74) = 4.12, $p < .01$. Postnatal couple satisfaction accounts for an additional 6.6% of the variance, $\Delta R^2$ = 0.66, $\Delta F$ (1, 74) = 5.72, $p < .05$. Child

sex and temperament subscale scores (duration of orienting, distress to limitations, and fear) are entered in Step 3. After being entered, the total variance explained by the model becomes 16.8%, $F$ (7, 70) = 2.02, $p$ > .05. Child characteristics account for an additional 0.2% of the variance, but their contribution is insignificant, $\Delta R^2$ = .02, $\Delta F$ (4,70)= 0.52, $p > 0.5$. In total, this model explains 16% of the variance in change in task division scores (expected to experienced), $R^2$ = .16. adjusted $R^2$= .085, $p$ > .05. The detailed results are presented in Table 13.

Table 13. Hierarchical Multiple Regression Analysis of Task Division Change

| | | $B$ | SE $B$ | β | $R^2$ | $\Delta R^2$ |
|---|---|---|---|---|---|---|
| Step 1 | | | | | .07* | .07* |
| | Middle Income | 0.21 | 0.19 | 0.14 | | |
| | High Income | -0.26 | 0.21 | -0.16 | | |
| Step 2 | | | | | .14* | .06** |
| | Middle Income | 0.16 | 0.18 | 0.11 | | |
| | High Income | -0.29 | 0.20 | -0.18 | | |
| | Couple Satisfaction | -0.21 | 0.09 | -0.25* | | |
| Step 3 | | | | | .16 | .02 |
| | Middle Income | 0.19 | 0.19 | 0.13 | | |
| | High Income | -0.29 | 0.21 | -0.19 | | |
| | Couple Satisfaction | -0.23 | 0.09 | -0.27* | | |
| | Distress to Limitations | -0.08 | 0.07 | -0.13 | | |
| | Duration of Orienting | 0.04 | 0.06 | 0.06 | | |
| | Fear | 0.06 | 0.06 | 0.11 | | |
| | Infant Sex | -0.05 | 0.16 | -0.03 | | |

Note. * p < .05 ** p < .01

# CHAPTER 5

# DISCUSSION

The first aim of this study is to explore first-time mothers' expectations and experiences regarding childcare task division. The second aim is to examine the presence of any factors that predict individual differences between first-time mothers' prenatal expectations and postnatal experiences. The third aim is to investigate the factors that predict the differences between prenatal expectations and postnatal experiences. The findings of the study are discussed below.

## 5.1 Discussion based on the research questions

### 5.1.1 Mothers' reports of expectations and experiences regarding childcare task division

The findings from this study indicate first-time mothers to have expected to share childcare-related tasks with their husbands in a more egalitarian way. In other words, most mothers expected fulfilling childcare tasks such as feeding, changing diapers, bathing, and playing equally with their husbands. One exception for this was the task of doing laundry. Most mothers expected to do their infants' laundry predominantly by themselves. However, mothers' expectations of equal sharing for other tasks were mostly violated, which parallels the findings from previous studies (Biehle & Mickelson, 2012; Kalmuss et al.,1992; Khazan, McHale, & Decourcey, 2008). The largest gap between expectations and experiences concerns the tasks of feeding, keeping track of feeding times, changing diapers, and deciding how to respond to the baby. However, expectations regarding playing with the infant, bathing, doing laundry, and dealing with the child's doctor were mostly met. Mothers expected to

do the baby's laundry predominantly by themselves, and they actually did do this; they also expected giving the baby baths, dealing with the child's doctor, and playing with the infant equally with their husband, and most do share these tasks equally with their husbands. Not surprisingly, most parents tend to play with their infants equally most of the time. Previous studies in both the international and national literature show fathers' interactions with their children to generally be based on play activities in early years (Kazura, 2000; Lamb, 1997; Ozgun & Honig, 2005; Sunar & Okman-Fişek, 2003). Meanwhile, the current results appear inconsistent with the findings from Powell's study (2014) in some respects, as she found the smallest gap between mothers' expectations and experiences to be in responding to the baby's cries and the largest gap to be in bathing. The results from the current study indicate the opposite: mothers' expectations regarding bathing the infant are mostly met, whereas their expectations regarding deciding how to respond to the infant have mostly not been met. This may be due to the mothers' employment status. Because infants' bathing times can be set according to the fathers' work hours, parents can share this task equally. However, taking care of a baby, observing the baby's signals, and responding to these is a constant job for new mothers in the post-partum period (i.e., 4 months). One can argue that mothers may have underestimated their role in deciding how to respond to the infant before the baby was born. Taking into account that almost all fathers are at work the whole day, most mothers can be said to have taken a more active role than they ever expected in deciding what the baby needs and is helpful.

Based on the results, the three categories from the postnatal division of childcare tasks are as follows: The tasks the mothers predominantly fulfill are feeding, keeping track of feeding times, changing diapers, dressing, and deciding

how to respond to the infant; the tasks parents share equally are bathing, responding to night wakings, taking the baby out, playing, and dealing with the child's doctor; and the fathers predominantly fulfill none of the tasks. Because most of the mothers (91.8%) breastfeed and not use formula (73.2%), the mothers understandably are primarily responsible for feeding and keeping track of the feeding times. On the other hand, mothers' greater involvement with other childcare tasks can be attributed to several factors. Previous studies on childcare and household task division in families revealed mothers' employment status to be a relevant variable. For instance, Craig and Mullan's (2011) cross-national study conducted in Denmark, Italy, France, and Australia indicated that, when mothers worked full-time, more equal sharing is performed as fathers do more routine and solo childcare; however, mothers still shoulder most of the childcare tasks. In the present study, most of the mothers were on parental leave or unemployed (85.6%) at the time of postnatal data-collection, so the findings can be attributed to mothers' employment status. In other words, equal sharing between parents may be less because mothers mostly do not work full-time and fathers have the breadwinner role.

Unequal sharing of most of the childcare tasks between partners may relate to to grandparental involvement with childcare tasks. The results demonstrate a negative correlation to exist between the task division sharing experiences between fathers and mothers with respect to grandparental involvement. Fathers may be withdrawn from childcare tasks when grandparents are involved in childcare, or perhaps grandparents may offer more help when fathers are not involved as much as the mothers had expected them to be. This argument is tentative, as the previous research on the links between paternal involvement and grandparental involvement in infant care is scarce.

A possible explanation for the lower levels of paternal involvement in childcare tasks may be mothers' "maternal gatekeeping" attitudes. Allen and Hawkins (1999, p. 200) described maternal gatekeeping as "a collection of beliefs and behaviors that ultimately inhibit a collaborative effort between men and women in family work by limiting men's opportunities for learning and growing through caring for home and children". Although maternal gatekeeping attitudes have not been measured in this study, some findings exist indicating insight may be provided by examining this to understand the concept of coparenting and father involvement better (De Luccie, 1995). For instance, one study indicated mother's negative attitudes toward the father to be associated with gatekeeping behaviors, resulting in less father-child interactions in adolescence (Stevenson et. al., 2013). In other words, marital behavior problems predict increased maternal gatekeeping behaviors, and these behaviors lead to a decrease in father-child interactions. In this study, mothers' couple satisfaction is associated with the couple's task division, so maternal gatekeeping may be a mediator between these variables. Namely, mothers who report lower levels of couple satisfaction may show gatekeeping behaviors toward the fathers, resulting in less father involvement in childcare tasks.

Mothers reports regarding childcare task divisionmay relate to gender roles and cultural influences. Traditional gender roles are still evident in Turkey (Sunar & Okman-Fişek, 2005; O'Neil & Çarkoğlu, 2020). In this context, Feldman, Biringen, and Nash (1981, as cited in Calvo-Salguero, García-Martínez, & Monteoliva, 2008) argued age to be influential on adhering to gender roles; in the early adulthood stage between the approximate ages of 20 and 40, which corresponds to the time most people have children, men take on more masculine roles and women take on more feminine roles. When children grow up and leave home, men become more feminine

and women become more masculine compared to earlier ages. This argument is in accordance with studies that have revealed even the most egalitarian couples to be able to tend to take on more traditional gender roles when they have children (Baxter, Hewitt, & Haynes, 2008; Biehle & Mickelson, 2012; Cowan & Cowan, 1988). So, because the current study's participants are in the transition to parenthood, traditional gender roles may appear more in our sample.

To the knowledge of the researcher, the present study is the first to investigate childcare task division between parents and grandparents in Turkey. Because families in Turkey are functionally extended (Gülerce, 2007; Kongar, 1972) and grandparental support is important for mothers' well-being during the postpartum period (e.g., Şentürk-Cankorur et al., 2015), this study has aimed to reveal grandparental involvement in childcare. In the present study's sample, grandparental involvement with childcare is rare; most mothers reported fulfilling childcare tasks by themselves. In families where grandparents help with childcare, grandparents help parents mostly by bathing, responding to night wakings, changing diapers, and dressing them. Because these tasks require routine care, grandparents who support parents for these tasks may be those that stayed in the same household as the parents. Approximately 10% of the mothers reported having others who live with them. Although whom they live with is unspecified, grandparents may be whom they live with.

Overall, mothers' reports of childcare task division in the sample of the present study do not differ much from previous research (O'Neil & Çarkoğlu, 2020; Turkish Statistical Institute [TurkStat], 2017). Mothers are primarily responsible for most childcare tasks.

### 5.1.2 Predictors of childcare task division expectations

Income, couple satisfaction, and perceived social support have been tested as predictors of mothers' expectations for childcare task division, but none contributed to the model significantly, nor was the entire model statistically significant. As the descriptive statistics show, mothers' expectations were toward egalitarian sharing, and the results from the regression analysis reveal their expectations to not differ with respect to the variables of interest in our sample. Null results may be attributed to the low level of variance in the expectant mothers' prenatal expectation scores. Most mothers tended to expect equal sharing for the division of postnatal childcare task. Similarly, as prenatal couple satisfaction scores and social support scores showed little variance, the possible relationships may not have appeared in our sample.

The social support scale examines three types of social support (i.e., family, friends, significant others). Because our outcome variable (i.e., task division expectations from the husband) is toward the father sharing childcare tasks (i.e. the husband being supportive), the result regarding husbands' insignificant contribution of social support to task division expectations may be due to this. A specific scale regarding husbands' social support may be able to relate to the task divisions expected from the husband.

### 5.1.3 Predictors of childcare task division experiences

Based on Feinberg's ecological model of coparenting (2003), the present study has tested if family income, couple satisfaction, child characteristics (sex and temperament), and environmental support (grandparental support and number of caregivers) can predict childcare task division in the postnatal period.

The results indicate that family income, child characteristics, and environmental support make no significant difference on the sharing of childcare tasks in the postnatal period. Postnatal couple satisfaction is the only variable to make a unique contribution to the model; it significantly predicts mothers' task division experiences. Mothers with higher satisfaction from their couple relationship report higher levels of paternal involvement in childcare tasks. This result is consistent with previous findings showing that fathers' parenting rather then mothers' may spill-over from the marital relationship (Cummings, Goeke-Morey, & Raymond, 2004; Pekel-Uludağlı, 2019). This means that their feelings and thoughts about the marital subsystem transfer to the father-child subsystem (Foley, Branger, Alink, Lindberg, & Hughes, 2019). Moreover, fathers are likely to withdraw from relationships as a coping mechanism when they face distress (Cummings, Merrilees, & George, 2010). In this regard, problems in the marital relationship may lead fathers to withdraw from childcare. Furthermore, a more profound explanation for the process of spill-over from the marital relationship to paternal involvement may be made with inspiration from a previous study. Bouchard and Lee (2000) indicated fathers' sense of competence in childcare activities (i.e., sense of self-efficacy in the parenting role) to relate to their involvement with childcare and marital satisfaction combined with the perception that mothers see them as competent fathers to be predictive of fathers' sense of self-efficacy in the parenting role. Therefore, maritally-satisfied mothers may perceive their partners as competent fathers and encourage them to get involved in childcare, and this may increase paternal involvement. Likewise, Kwok et al. (2013) showed marital satisfaction to moderate the relationship between fathers' sense of self-efficacy and their involvement in childcare. Marital satisfaction ameliorated the impact from low levels of self-efficacy

in paternal involvement. Overall, subsystem interrelations (i.e., marital subsystem and parent-child subsystem) appear evident in coparenting processes, just as family systems theorists argue (Gladding, 2015).

Previous findings on child characteristics in coparenting studies seem inconsistent (Gable, Belsky, & Crnic, 1992; Stright & Bales, 2012). They generally focus on other aspects of coparenting (e.g., support/undermining, joint family management) rather then the task division component (e.g., Fan et al., 2020; Stright & Bales, 2003). Null results may be due to infant temperament being linkable to other dimensions of coparenting; however, it may not be associated with task division per se. Child's age and developmental phase may also have an influence on the the relationship between temperament and coparenting. In our study, the postnatal sample includes 4-month-old infants, the age when they are highly likely to spend most of their time with their mothers as the mothers breastfeed the infants and are mostly at home. Thus, child temperament may have not yet affected fathers' involvement with childcare so much. In the following months and years when children interact with their fathers more through play activities and become less dependent on the mothers by getting nutrition in complement to breast milk, child temperament may make more difference on the fathers' coparenting behaviors. Therefore, infants' contributions to coparenting, particularly to task division, should be re-examined in different developmental phases and ages.

The reason behind the insignificant contribution of environmental support on childcare task division may be the small number of parents getting help from grandparents. In other wordds, the variability on grandparental task division and number of caregivers in our sample may have been insufficient.

### 5.1.4 Predictors of change between expected and experienced task division

Income and couple satisfaction are significant predictors of changes in scores between expected and experienced task division s, while child characteristics made no significant contribution to the model.

In the present study, change in scores are highest among mothers with middle income, low income, and high income, respectively. When considering the direction of change in scores and the significance of income's prediction of change in scores, the following interpretations may be made: Mothers with middle and high income experience less paternal involvement than expected, whereas mothers with low income experienced more paternal involvement than expected. As mothers with low-income expected lower levels of involvement, they may have perceived any involvement from the father as substantial; their perception of paternal involvement may be magnified due to having low expectation levels. The highest level of change in score is experienced by mothers with middle-incomes, who also expected the highest level of involvement. Contrary to mothers with low-income, having the highest levels of expectations may have led mothers with middle-income to see their partners' contributions as worse than they are in reality. This result parallels a recent research finding on the associations between sacrifice expectations and partner appreciation in romantic relationships (Zoppolat, Visserman, & Righetti, 2020), where researchers examined whether partners' expectations of sacrifices from the other partner predicted their appreciations for their partners' sacrifices and level of relationship satisfaction. Their results indicated that, when partners' satisfaction expectations are low, they experienced greater partner appreciation like gratitude and respect and their relationship satisfaction increased. On the other hand, when the partners had higher levels of expectation regarding sacrifice from the partner, the

other partner's sacrifices had no effect on appreciation and relationship satisfaction. Therefore, expectations are powerful elements in romantic relationships and shape partners' evaluations of behaviors toward each other; in our study, mothers' perceptions and evaluations based on their expectations may have played a role.

A different explanation for the significant predicton income has on change in scores may relate to mothers' opportunities to get help for childcare. Mothers with high income may have much more support, such as nannies or helpers for housework and childcare; therefore, they may have less need for paternal support. Bivariate correlations also support this argument, which indicate high income and number of caregivers to be significantly and positively correlated; this means mothers with high-income have more childcare support compared to mothers with low-income. Fathers may not be involved with childcare tasks such as dressing and changing diapers less than expected as other helpers do such work; therefore, mothers' expectations regarding paternal involvement may have been replaced by other resources. On the other hand, mothers with low income experience more paternal involvement than expected. Because they have no paid support for childcare, fathers with low income may become more involved in childcare than mothers' expected.

The unique contribution of postnatal couple satisfaction scores to changes in child task scores indicate higher couple satisfaction to lead to lower levels of disappointment. This result may be interpreted twofold. Firstly, mothers who are more satisfied with their relationship may have perceived task division with their husbands as less contradictory to their expectations. Their happiness in their marital relationship may lead them to see their husbands as more caring individuals. However, the direction of the relationship may be the opposite. In other words, mothers whose expectations were met in the postnatal period may have been more

satisfied with their couple relationship. As mentioned above, mothers whose expectations were met more are more satisfied with the way childcare tasks are shared, and satisfaction with task division is associated with couple satisfaction. As the current study is correlational, a cause-effect relationship cannot be inferred; as such the relations can noteworthily be considered bidirectional.

The insignificant contribution of child characteristics to change in scores indicates that, although a significant change is found between expectations and experiences in terms of childcare task division while transitioning to parenthood, child's temperament does not contribute to this change. Some other factors exist that contribute to the difference in scores. No matter whther their infants have easy or difficult temperamental traits, fathers still are less involved with them for most tasks.

## 5.2 General discussion

According to the findings from this study, the more that mothers expect involvement from fathers, the more their expectations are violated, because a negative association exists between the change in task division expectation scores and task division experience scores.

As can be expected, the less their husbands are involved in childcare, the less satisfied mothers are with them regarding sharing childcare tasks. Also, the less satisfied they with how childcare tasks are shared, the less satisfied they are with their couple relationship. Furthermore, their satisfaction with childcare task division in the postnatal period relates more to the actual experiences rather then the mismatch between expectations and experiences. Similarly, postnatal couple satisfaction relates more to actual task division experiences than the mismatch between expectations and experiences. This finding is contradictory to previous

research, which showed expectation violations rather than actual experiences to relate to couple satisfaction while transitioning to parenthood (Biehle & Mickelson, 2012). The current results indicate that, even though expectation violations matter to new mothers, what they experience post-partum is crucial for couple satisfaction, regardless of their prenatal expectations.

An interesting finding is that mothers' couple satisfaction is associated with childcare task division experiences but not with expectations. In other words, mothers who have a more egalitarian sharing with their husbands have higher levels of couple satisfaction in the postnatal period, but having more couple satisfaction did not make them more likely to expect more involvement from their husbands in the prenatal period. What leads mothers to have higher levels of couple satisfaction in relation to increased paternal involvement with children may be their perceptions of their husbands as loving and caring due to being involved with childcare taks. When they feel supported in the face of demanding childcare tasks, they may have better relationships with their husbands. Also, feelings of fairness in sharing childcare tasks may make them more satisfied in their marriages (Levy-Shiff, 1994).

Overall, the results indicate the importance of expectation violations and actual task division experiences in the transition to parenthood. Although the latter is significant for couple satisfaction and task division satisfaction for first-time mothers, the former also made significant contributions. As previous studies suggested, realistic expectations regarding paternal involvement is particularly critical as fathers' caregiving behaviors are the most powerful predictor of marital adjustment and satisfaction in the transition to parenthood (Levy-Shiff, 1994)

A glance at demographic characteristics shows most mothers to have reported not working or being on leave ($n$ = 85.6%) and fathers to have the breadwinner role

in the postnatal period; so, even though couples hold egalitarian beliefs, mothers may take on more responsibilities regarding childcare naturally as they have to spend more time with their babies. This argument is in line with previous research showing that dual-earner parents share tasks more equally than single-earners (Craig & Mullan, 2011).

## 5.3 Limitations of the study and recommendations for the future research

First of all, because the convenience sampling method has been used to reach the participants and the sample of the study is mostly comprised of mothers with high socioeconomic status levels, the results cannot be generalized to all first-time mothers. Thus, replicating the findings with more representative samples is recommended. Also, to be able to understand the influence of employment status on childcare task division , dual-earner couples should be involved in future studies because the sample from the current study shows no variability in mothers' employment status at the time of postnatal data collection (employed = 14.4%, unemployed/on leave = 85.5%). The participants in this study may also be monitored, and childcare task division can be explored again when the mothers start to work.

Second, as the measures were all based on self-reporting, they may show biased results. Multi-method data collection can give more robust results. For instance, the lack of a father report regarding the variables of interest is a deficiency in the present research, and this may be a significant limitation. Task division, couple satisfaction, child temperament, and environmental support are all based on mothers' perceptions, and we have no idea which paternal factors influence the outcome variables. Future research should collect data from fathers as well and compare

fathers' contributions to the childcare task division with respect to the mothers' contributions. Their perceptions on child temperament, for example, may have an impact on their involvement. As a method of data collection, observational measures could be useful. In a recent study, Salman-Engin and her colleagues (2018) used Lausanne Trilogue Play and rated coparenting behaviors of parents and grandparents in a Turkish sample. The researchers showed that the tool and paradigm used in their study give meaningful results and are appropriate to use in Turkish sample. So, future research can collect data through this method. Also, variables such as maternal gatekeeping and paternal self-efficacy in the nurturing role should be measured in order to detect their roles. Fathers may withdraw from childcare if their sense of self-efficacy is low, or mothers who show certain gatekeeping behaviors may make fathers more reluctant to be involved in the childcare.

Third, although the current longitudinal findings provide insight regarding how maternal perceptions on coparenting unfold from pregnancy to postpartum, an assessment from an additional point of time would portray them more vividly. For instance, fathers may be more involved in feeding after infants' weaning process, or they might be more involved in play when children become a bit older. Thus, as this study uses only two time points to investigate the relationships among the study variables, a third assessment time-point when the child has different developmental characteristics may provide insightful information about the changes in task division. As such, future research can follow families at diverse time-points that capture infants' various developmental time-points (e.g., toddlerhood).

Fourth, as the coparenting scale used in this study (i.e., Who Does What?) was translated into Turkish but not adapted to Turkish culture, it may not be culturally sensitive. Given that only a few measurement tools exist on coparenting

that have been adapted to Turkey, future research may consider adapting or developing coparenting scales that are culturally sensitive for Turkey. In a very recent doctoral dissertation, the Coparenting Relationship Scale (Feinberg et al., 2012) was translated and adapted to Turkish, and the instrument appears to capture crucial components of coparenting such as agreement or undermining between parents; however, it only has two items that assess division of labor (Çetin, 2020). Establishing a valid, culturally sensitive instrument that measures task division in childcare and involves all members of the child's caregiving network (e.g., parents, grandparents, nannies) in Turkish appears necessary. Taking the infant's developmental needs into account will also be vital when establishing this instrument. For instance, although 4-month olds spend most of the day sleeping and take two to three naps during the day, the Who Does What Scale has no item related to who helps the baby. Also, it does not include several childcare tasks such as massaging the baby after bathing or cuddling the baby.

Lastly, researchers who would like to use task division as a variable in coparenting studies can test Feinberg's ecological model using other variables in the model. For instance, parent characteristics (e.g., personality), child adjustment, parenting (e.g., parent sensitivity), and parental adjustment (e.g., depression) could be used to test the model.

### 5.4 Practical implications

This study may provide several practical implications for psychological counselors, especially for those working with families transitioning to parenthood. As mentioned earlier, this is a time of transition and requires adaptive self-organization from the families (McHale, Kuersten-Hogan, & Rao, 2004). New subsytems in the family

(e.g., mother-infant, father-infant, mother-father-infant) emerge, and couples have to take on new responsibilities such as childcare. As shown in the present study, reported childcare task division between parents have associations with the marital subsystem, and mothers with expectation violations regarding childcare task division or who perceive sharing as less equal are less satisfied with their couple relationship. For this reason, prevention and intervention programs in this area become more of an issue.

Psychological counselors' roles in easing the transition and helping new parents adapt better emerges at that time. In light of the results from the present study, prenatal expectations regarding postnatal childcare task division matters to new mothers, especially to their marital relationship. As shown in previous studies (Brotherson, 2007; Hawkins, Lovejoy, Holmes, Blanchard, & Fawcett, 2008), guiding expectant parents in discussing how to share childcare responsibilities and telling them about the importance of shared childcare as well as the value of being just and fair can be beneficial. Therefore, new parents can be more alert to the importance of the division of childcare labor for their relationship. The study by Hawkins et al. (2008, p. 58) revealed "a specific call to action may be more effective in prompting father involvement than general education about infants and parenting." As such, adding a lesson regarding sharing of childcare tasks in the curriculum of parenting prevention and intervention programs and highlighting the importance of the issue to expectant parents are highly recommended. Specifically, encouraging parents to specify certain childcare tasks to do together is advised. Florsheim and his colleagues' (2012) prevention program for prospective coparents can also give some cues in terms of counseling new parents to develop interpersonal skills and positive parenting. In the 10-week counseling program administered to both expectant

mothers and fathers during pregnancy, they educated couples about the impact of coparenting on child development, set relationship goals and determined the interpersonal skills they need to achieve these goals, educated them about the communication and self-regulation skills to develop positive coparenting, and helped couples negotiate the changing roles in transition to parenthood. The prevention program has been found useful as it facilitated the positive paternal engagement in postnatal period. In this regard, counseling interventions should not forget to target fathers, as has been practiced in previous coparenting intervention programs (e.g., McHale, Salman-Engin, & Coovert, 2015), and the importance of childcare task division should be highlighted.

## 5.5 Conclusion

To sum up, this study presents the mothers' reports of childcare task division sharing in a sample of primiparious parents in Turkey. The general picture of the childcare task division does not differ from previous studies in either the national or international literature (e.g., O'Neil & Çarkoğlu, 2020). Couple satisfaction has been the most important variable in relation to childcare task division, revealing how paternal involvement associates with the marital subsystem. While child characteristics and environmental (i.e., grandparental) support make no difference in expectation violations, family income does. Overall, intercorrelations between childcare task division and couple satisfaction in the transition to parenthood has led researchers to urge psychological counselors to consider first-time parents' expectations regarding postnatal processes- childcare task division in particular- and to guide new parents to discuss child-related responsibilities for the sake of their marriage. Because coparenting cannot be considered independent of couple

satisfaction, which the present research has revealed, intervention practices should aim to promote partner relationship as well as coparenting practices.

APPENDIX A

RESEARCH PROJECT PROTOCOL

| PRENATAL | POSTNATAL |
|---|---|
| Self-developed questions about parents' education, occupational status, and general health of the baby and mother | Self-developed questions about infants' general health, sleep and feeding practices, screen time as well as parents' education and occupational status and labor experience |
| Prenatal Distress Inventory | Infant Behavior Questionnaire-Revised Short Form |
| Multidimensional Scale of Perceived Social Support | Two questions from the Insomnia Severity Index |
| Center for Epidemiologic Studies- Depression | Center for Epidemiologic Studies- Depression |
| Couples Satisfaction Index | Couple Satisfaction Index |
| Who Does What? | Who Does What? |
| Self-Efficacy in Nurturing Role Questionnaire | Self-Efficacy in Nurturing Role Questionnaire |
| Five-minute speech sample | Five-minute speech sample |
| | Social smile |
| | A-not-B (puppet) task |
| | Free play on lap |
| | Still Face Paradigm |

# APPENDIX B

# ETHICS COMMITTEE APPROVAL

Evrak Tarih ve Sayısı: 18/06/2020-43

T.C.
BOĞAZİÇİ ÜNİVERSİTESİ
SOSYAL VE BEŞERİ BİLİMLER YÜKSEK LİSANS VE DOKTORA TEZLERİ ETİK İNCELEME KOMİSYONU
TOPLANTI TUTANAĞI

| | | |
|---|---|---|
| Toplantı Sayısı | : | 05 |
| Toplantı Tarihi | : | 15/06/2020 |
| Toplantı Saati | : | 14:00 |
| Toplantı Yeri | : | Zoom Sanal Toplantı |
| Bulunanlar | : | Prof. Dr. Feyza Çorapçı, Dr. Öğr. Üyesi Yasemin Sohtorik İlkmen, Prof. Dr. Özlem Hesapçı Karaca, Doç. Dr. Ebru Kaya, Prof. Dr. Fatma Nevra Seggie |
| Bulunmayanlar | : | |

Bütün Ünverdi
Eğitim Bilimleri Bölümü Psikolojik Danışmanlık ve Rehberlik

Sayın Araştırmacı

"Prenatal Expectations and Postnatal Experiences of First-Time Mothers about Coparenting" başlıklı projeniz ile ilgili olarak yaptığınız SBB-EAK 2020/34 sayılı başvurunuz komisyonumuz tarafından 15 Haziran 2020 tarihli toplantıda incelenmiş ve uygun bulunmuştur.

Bu karar tüm üyelerin toplantıya çevrimiçi olarak katılımı ve oybirliği ile alınmıştır. COVID-19 önlemleri kapsamında kurul üyelerinden ıslak imza alınamadığı için bu onanı mektubu üye ve raportör olarak Fatma Nevra Seggie tarafından bütün üyeler adına e-imzalanmıştır.

Saygılarımızla, bilgilerinizi rica ederiz.

Prof. Dr. Fatma Nevra SEGGIE
ÜYE

e-imzalıdır
Prof. Dr.Fatma Nevra SEGGIE
Raportör

SOBETİK 05 15/06/2020

Bu belge 6070 sayılı Elektronik İmza Kanununun 6. Maddesi gereğince güvenli elektronik imza ile imzalanmıştır.

# APPENDIX C

# PERMISSION FROM ISTANBUL DIRECTORATE OF HEALTH

İSTANBUL İL SAĞLIK MÜDÜRLÜĞÜ - İSTANBUL SAĞLIĞIN GELİŞTİRİLMESİ BİRİMİ
16/08/2019 15:32 - 16867222 - 604.01.01 - E.2678
000994401615

T.C.
İSTANBUL VALİLİĞİ
İl Sağlık Müdürlüğü

Sayı : 16867222-604.01.01
Konu : Nihal YENİAD MALKAMAK'ın
Araştırma Projesi İzin Başvurusu Hk.

BOĞAZİÇİ ÜNİVERSİTESİ REKTÖRLÜĞÜNE
( 34342 Bebek / İstanbul )

İlgi : a) 08/03/2019 tarihli ve 71211201-1765 sayılı yazı.
b) 11/03/2019 tarihli ve 71211201 sayılı yazı.
c) 26/04/2019 tarihli ve 16867222-604.01.01-1681 sayılı yazı.

İlgi a) sayılı yazınız ile Üniversiteniz Eğitim Fakültesi Eğitim Bilimleri Bölümü Rehberlik ve Psikolojik Danışmanlık Anabilim Dalında görevli **Dr. Öğretim Üyesi Nihal YENİAD MALKAMAK'ın** yürütücülüğünde, Yüksek Lisasns Öğrencileri; Melike HACIOĞLU, Sedanur SORGUN ve Büşra ÜNVERDİ'nin **"Erken Dönem Dikkat Becerisindeki Bireysel Farklılıkların Araştırılması: Tek ve İkiz Bebekli Ailelerle Çoklu Yöntemli Bir Çalışma"** başlıklı proje kapsamında *Bahçelievler DH, Başakşehir DH, Büyükçekmece Mimar Sinan DH, Esenler Kadın Doğum ve Çocuk Hastalıkları Hastanesi, Kağıthane DH, Marmara Üniversitesi Pendik EAH, Şişli Hamidiye Etfal EAH ve (Sarıyer), Okmeydanı EAH, Ümraniye EAH, Zeynep Kamil Kadın ve Çocuk Hastalıkları EAH, Haydarpaşa Numune EAH, Üsküdar DH ve İstanbul EAH (Süleymaniye Kadın Doğum ve Çocuk Hastalıkları Hastanesi)'nden* hizmet alan gebelerden veri toplama talebi Müdürlüğümüze iletilmiş olup, ilgi c) sayılı yazımız ile çalışmayı uygun gören hastane listesi kurumunuza gönderilmişti.

Söz konusu çalışmanın yapılabilmesi için ilgi c) sayılı yazımıza istinaden Müdürlüğümüz ve Rektörlüğünüz arasında imzalanan Araştırma İzinleri İş Birliği Protokolü'nün bir nüshası ekte gönderilmekte olup, konunun çalışmada adı geçen **Dr. Öğretim Üyesi Nihal YENİAD MALKAMAK'a** tebliği hususunda;

Gereğini bilgilerinize arz ederim.

e-imzalıdır.
Op. Dr. Kemal TEKEŞİN
Müdür a.
Başkan

ENLİ ELEKTRONİK İMZALI ASLI İLE AYNIDIR 19/08/2019

Permin GÖRECEK
İstanbul Sağlık Müdürlüğü
Sağlığın Geliştirilmesi Şubesi
Birim Sorumlusu

**EKLER:**
1- İmzalı Protokol ( 2 Sayfa)

Seyitnizam Mah. Mevlana Cd. No:85, 34015 Kat: 1 Oda No: 102 Zeytinburnu/İst.
Sağlığın Geliştirilmesi Birimi
Telefon: Faks No:
e-Posta:arzu.sarmusak@saglik.gov.tr İnt.Adresi: www.istanbulsaglik.gov.tr
Bilgi için:Arzu SARMUSAK
FİRMA
Telefon No:0212 638 33 99 - 3102

Evrakın elektronik imzalı suretine http://e-belge.saglik.gov.tr adresinden e2bf816c-2790-41bd-8eef-e3b137079acc kodu ile erişebilirsiniz.
Bu belge 5070 sayılı elektronik imza kanuna göre güvenli elektronik imza ile imzalanmıştır.

APPENDIX D

INFORMED CONSENT FORM (PRENATAL)

Name of the institution: Boğaziçi University Faculty of Education
Department of Educational Sciences Psychological Counseling and Guidance Program
Title of the research: Origins of Early Individual Differences in Infant Attention: A Multi-Method Study Involving Families of Twins and Singletons
Project director: Dr. Nihal Yeniad
Master students: Melike Hacıoğlu. Sedanur Sorgun. Büşra Ünverdi

E-mail: [redacted] Phone Number: [redacted]

The main goal of our study is to investigate individual differences in infant attention skills in the context of early environmental factors.

If you

- are pregnant,
- completed 32nd week of your pregnancy,
- will become a mother for the first time.

We invite you to participate in our project to help us in this research.

If you accept to participate in this research.

We will kindly request you to fill out a questionnaire that includes questions about your general health status. mood. social support and family life and to tell us your expectations about your baby while we record your voice for 3 minutes on a digital voice recorder approximately 1 month before your estimated date of delivery. This interview will take approximately 20 minutes.

We will visit you 4 months after delivery at a convenient time for you and we will play 2 different games with your baby for 10 minutes and videotape his/her reactions while we smile at him/her and show him/her puppets.

We will kindly request you to spend free time with your baby for 5 minutes and to interact with him/her with different facial expressions for 5 minutes subsequently. For example. you play with him/her as you would normally do for 2 minutes, look at him/her with a still face for 1 minute, and to play with him/her as you would normally do for 2 minutes. The interaction between you and your baby will be videotaped.

We will kindly request you to tell us your emotions, thoughts and expectations about your baby while we record your voice on a digital voice recorder for 5 minutes.

We will kindly request you to fill out the questionnaire that takes approximately 15 minutes via computer during or after our visit. Our visit will take approximately 45 minutes.

We will have small gifts for your baby in each of our interviews to thank you for your participation.

Your participation in this study is completely voluntary. You may withdraw from the study in any time without stating a reason. In the case of withdrawal of consent, your samples will be destroyed and your personal data will be deleted.

This research is conducted for scientific purposes in consideration of preserving confidentiality of personal information. An identification number is used instead of names of the participants in surveys, videos and voice records. Hard disks in which records are protected will be kept in a locked file cabinet and will be wiped when the research is completed. In case you give written permission, these records may be used for education of our students or in scientific presentations without stating personal information of you or your baby.

If you agree to participate in this research, please sign this form, place it into the envelope and return it to us.

If you have any questions, please ask them before signing.

The nature and purpose of this research have been sufficiently explained to me and I agree to participate in this study with my baby/babies.

Name-Surname: ……..
Date (dd/mm/yyyy): ...../...../.....
Signature: ……

APPENDIX E

INFORMED CONSENT FORM (PRENATAL) - TURKISH

KATILIMCI BİLGİ ve ONAM FORMU

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi Eğitim Fakültesi Eğitim Bilimleri Bölümü Rehberlik ve Psikolojik Danışmanlık Anabilim Dalı

Araştırmanın adı: Erken Dönem Dikkat Becerisindeki Bireysel Farklılıkların Araştırılması: Tek ve İkiz Bebekli Ailelerle Çoklu Yöntemli bir Çalışma

Proje yürütücüsü: Dr. Öğretim Üyesi Nihal Yeniad
Yüksek lisans öğrencileri: Melike Hacıoğlu. Sedanur Sorgun. Büşra Ünverdi

E-posta adresi: [redacted] Telefonu: [redacted]

---

Araştırmamızın amacı, bireylerin kendi düşünce ve davranışlarını düzenleyebilmeleri için gerekli olan dikkat becerisinin erken dönemde çevresel faktörler bağlamında incelenmesidir.

- Bebek bekliyorsanız,
- Hamileliğinizde 32 haftayı tamamladıysanız,
- İlk defa anne olacaksanız.

Bu araştırmada bize yardımcı olmanız için sizi projemize katılmaya davet ediyoruz.

Katılmayı kabul ettiğiniz takdirde.

1. Beklenen doğum tarihinden yaklaşık bir ay önce sizden genel sağlık ve duygu durumunuz, sosyal desteğiniz ile aile yaşamınız hakkında sorular içeren bir anketi doldurmanızı ve bebeğiniz hakkındaki beklentilerinizi bir ses kayıt cihazıyla kaydederken 5 dakika boyunca anlatmanızı rica edeceğiz. Bu görüşmemiz yaklaşık 20 dakika sürecektir.

2. Doğumdan 4 ay sonra sizin için uygun bir zamanda ziyarete gelerek

- Önce bebeğinizle toplam 10 dakika süren iki ayrı oyun oynayacağız. Biz gülümserken ve kuklalar gösterirken ne tür tepkiler verdiğini kamerayla kaydedeceğiz.
- Daha sonra sizden bebeğinizle önce 5 dakika serbest vakit geçirmenizi; sonrasında ise bir 5 dakika da farklı yüz ifadeleri ile onunla iletişime geçmenizi isteyeceğiz.

Örneğin 2 dakika onunla her zaman oynadığınız gibi oynamanızı, bunun ardından 1 dakika ona ifadesiz bir yüzle bakmanızı ve sonra 2 dakika tekrar normal şekilde oynamanızı isteyeceğiz. Yani toplam 10 dakika boyunca bebeğinizin ve sizin etkileşiminizi kameraya alacağız.

- 5 dakika boyunca bebeğiniz hakkında duygu, düşünce ve beklentilerinizi ses kayıt cihazı kaydederken anlatmanızı rica edeceğiz.
- Yaklaşık 15 dakikalık anketi ziyaret sırasında veya sonrasında bilgisayar üstünden doldurmanızı isteyeceğiz. Bu görüşmemiz yaklaşık 45 dakika sürecektir.

Katılımınız için teşekkür etmek amacıyla her görüşmemizde ufak hediyelerimiz olacak.

Bu araştırmaya katılmak tamamen isteğe bağlıdır. Katıldığınız takdirde çalışmanın herhangi bir aşamasında herhangi bir sebep göstermeden onayınızı çekme hakkına sahipsiniz. Bu durumda sizden toplanan verilerin hepsi hiçbir şekilde kullanılmadan imha edilecektir.

Bu araştırma bilimsel bir amaçla katılımcı bilgilerinin gizliliği esas tutularak yapılmaktadır. Anketlerde, video ve ses kayıtlarında katılımcıların ismi/soyismi yerine bir numara kullanılır. Kayıtların saklandığı harddiskler. araştırma projemiz süresince kilitli bir dolapta muhafaza edilip araştırma sona erdiğinde temizlenecektir. Yazılı izin verdiğiniz takdirde bu kayıtlar sizin ya da bebeğinizin kimliği belirtilmeden bölüm öğrencilerimizin eğitiminde veya bilimsel nitelikteki sunumlarda kullanılabilir.

Katılmak isterseniz lütfen bu formu imzalayıp ekteki zarfın içine koyarak bize ulaştırınız.
İmzalamadan önce sorularınız varsa lütfen sorun.

Bana anlatılanları ve yukarıda yazılanları anladım. Araştırmaya bebeğimle birlikte katılmayı kabul ediyorum.

Katılımcı Adı-Soyadı:……..
Tarih (gün/ay/yıl):...../...../.....
İmzası:……

APPENDIX F

PRE-INTERVIEW AND SURVEY QUESTIONS (PRENATAL)

Q1 How did you hear about our project? _____

Q2 Which week of your pregnancy are you at? _____

The expected birthdate of your baby (day/month/year):_____

Q3 Your date of birth: _____

Q4 Your partner's date of birth: _____

Q5 Lastly you graduated from:

1 ____ Primary school
2 ____ Secondary school
3 ____ High school
4 ____ Vocational school of higher ed.
5 ____ University (4 years)
6 ____ Master
7 ____ Other (Please specify_____ )

Q6 Your occupation: _____

Q7 Do you work currently?

☐ Yes ☐ No

Q8 If yes, how many hours a week do you work on average? _____

Lastly your partner graduated from:

1 ____ Primary school
2 ____ Secondary school
3 ____ High school
4 ____ Vocational school of higher ed.
5 ____ University (4 years)
6 ____ Master
7 ____ Other (Please specify_____ )

Q9 His occupation _____

Q10 Does he work currently? ☐ Yes ☐ No

Q11 If yes, how many hours a week does he work on average? _____

Survey Question at Prenatal Survey Booklet:

Total monthly income of household:

- 1,000-3,000 TL
- 3,001-5,000 TL
- 5,001-7,000 TL
- 7,001-9,000 TL
- 9,001- 11,000 TL
- 11,000 -13,000 TL
- 13,001 – 15,000 TL
- 15,001 TL and above

APPENDIX G

PRE-INTERVIEW AND SURVEY QUESTIONS (PRENATAL) – TURKISH

S1 Projemizden nasıl haberdar oldunuz? _____
S2 Hamileliğinizin kaçıncı haftasındasınız?_____
S3 Bebeğinizin beklenen doğum tarihi (gün/ay/yıl):_____
S4 Sizin doğum tarihiniz:_____
S5 Eşinizin doğum tarihi: _____
S6 En son mezun olduğunuz okul:
1 ____ İlkokul
2 ____ Ortaokul
3 ____ Lise
4 ____ Meslek Yüksek Okulu (2 yıllık)
5 ____ Üniversite (4 yıllık)
6 ____ Lisansüstü
7 ____ Başka (belirtiniz_____ )

S7 Mesleğiniz: _____

S8 Şu an çalışıyor musunuz?

☐ Evet ☐ Hayır

S9 Eğer evetse, haftada ortalama kaç saat çalışıyorsunuz? _____

S10 Eşinizin en son mezun olduğu okul:
1 ____ İlkokul
2 ____ Ortaokul
3 ____ Lise
4 ____ Meslek Yüksek Okulu (2 yıllık)
5 ____ Üniversite (4 yıllık)
6 ____ Lisansüstü
7 ____ Başka (belirtiniz_____)

S11 Eşinizin mesleği: _____

S12 Eşiniz şu an çalışıyor mu?
☐ Evet ☐ Hayır

S13 Eğer evetse, haftada ortalama kaç saat çalışıyor? _____

Survey Question at Prenatal Survey Booklet:

Hane halkının aylık toplam geliri:
□ 1.000-3.000 TL
□ 3.001-5.000 TL
□ 5.001-7.000 TL
□ 7.001-9.000 TL
□ 9.001- 11.000 TL
□ 11.001 -13.000 TL
□ 13.001 - 15.000 TL
□ 15.001 TL’nin üzerinde

APPENDIX H

COUPLE SATISFACTION INDEX

Please indicate the degree of happiness, all things considered, of your relationship:

- Perfect
- Extremely happy
- Very happy
- Happy
- A little happy
- Extremely unhappy

In general, how often do you think that things between you and your partner are going well?

- All the time
- Most of the time
- Frequently
- Occasionally
- Rarely
- Never

Please choose appropriate statement:

| | Not at all true | A little true | Somewhat true | Mostly true | Almost completely true | Completely true |
|---|---|---|---|---|---|---|
| 1. Our relationship is strong. | | | | | | |
| 2. My relationship with my partner makes me happy. | | | | | | |
| 3. I have a warm and comfortable relationship with my partner. | | | | | | |
| 4. I really feel like part of a team with my partner. | | | | | | |

APPENDIX I

COUPLE SATISFACTION INDEX - TURKISH

Aşağıda eşinizle ilişkiniz hakkında bazı sorular bulunmaktadır. Lütfen her bir soru için size en uygun seçeneği işaretleyiniz.

Her şeyi hesaba kattığınızda ilişkinizden ne kadar mutlusunuz?

- ❍ Mükemmel
- ❍ Son derece mutlu
- ❍ Çok mutlu
- ❍ Mutlu
- ❍ Biraz mutsuz
- ❍ Oldukça mutsuz
- ❍ Son derece mutsuz

Genel olarak, eşinizle ilişkinizin iyi gittiğini ne sıklıkta düşünüyorsunuz?

- ❍ Her zaman
- ❍ Çoğu zaman
- ❍ Sık sık
- ❍ Bazen
- ❍ Nadiren
- ❍ Hiçbir zaman

Lütfen uygun ifadeleri seçiniz:

| | Hiç doğru değil | Biraz doğru | Kısmen doğru | Çoğu zaman doğru | Oldukça doğru | Tamamen doğru |
|---|---|---|---|---|---|---|
| 1. İlişkimiz güçlüdür. | | | | | | |
| 2. Eşimle ilişkim beni mutlu ediyor. | | | | | | |
| 3. Eşimle sıcak bir ilişkim vardır. | | | | | | |
| 4. Eşimle birlikte bir takımın parçası gibi hissediyorum. | | | | | | |

APPENDIX J

MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

| | Very Strongly Disagree | Strongly Disagree | Mildly Disagree | Neutral | Mildly Agree | Strongly Agree | Very Strongly Agree |
|---|---|---|---|---|---|---|---|
| 1. There is a special person who is around when I am in need. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. There is a special person with whom I can share my joys and sorrows. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. My family really tries to help me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. I get the emotional help and support I need from my family. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. I have a special person who is a real source of comfort to me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. My friends really try to help me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. I can count on my friends when things go wrong. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. I can talk about my problems with my family. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. I have friends with whom I can share my joys and sorrows. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. There is a special person in my life who cares about my feelings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. My family is willing to help me make decisions. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. I can talk about my problems with my friends. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

APPENDIX K

MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT – TURKISH

Aşağıdaki her ifadenin sizin için ne kadar doğru olduğunu veya olmadığını belirtmeniz için 7 seçenek verilmiştir. Her ifade için sizce doğruya en yakın olan seçeneği yuvarlak içine alınız. Lütfen hiçbir ifadeyi cevapsız bırakmayınız.

| | Kesinlikle katılmıyorum | Katılmıyorum | Pek katılmıyorum | Ne katılıyorum ne katılmıyorum | Biraz katılıyorum | Katılıyorum | Kesinlikle katılıyorum |
|---|---|---|---|---|---|---|---|
| 1. Ailem ve arkadaşlarım dışında ihtiyacım olduğunda yanımda olan bir insan (örneğin, akraba, komşu, doktor) var. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Ailem ve arkadaşlarım dışında sevinç ve kederlerimi paylaşabileceğim bir insan (örneğin, akraba, komşu, doktor) var. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Ailem (örneğin, annem, babam, eşim, çocuklarım, kardeşlerim) bana gerçekten yardımcı olmaya çalışır. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. İhtiyacım olan duygusal yardımı ve desteği ailemden (örneğin, annemden, babamdan, eşimden, çocuklarımdan, kardeşlerimden) alırım. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Ailem ve arkadaşlarım dışında beni gerçekten rahatlatan bir insan (örneğin, akraba, komşu, doktor) var. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| | Kesinlikle katılmıyorum | Katılmıyorum | Pek katılmıyorum | Ne katılıyorum ne katılmıyorum | Biraz katılıyorum | Katılıyorum | Kesinlikle katılıyorum |
|---|---|---|---|---|---|---|---|
| 6. Arkadaşlarım bana gerçekten yardımcı olmaya çalışırlar. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. İşler kötü gittiğinde arkadaşlarıma güvenebilirim. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. Sorunlarımı ailemle (örneğin, annemle, babamla, eşimle, çocuklarımla, kardeşlerimle) konuşabilirim. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. Sevinç ve kederlerimi paylaşabileceğim arkadaşlarım vardır. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. Ailem ve arkadaşlarım dışında olan ve duygularıma önem veren bir insan (örneğin, akraba, komşu, doktor) var. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. Kararlarımı vermede ailem (örneğin, annem, babam, eşim, çocuklarım, kardeşlerim) bana yardımcı olmaya isteklidir. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. Sorunlarımı arkadaşlarımla konuşabilirim. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

APPENDIX L

WHO DOES WHAT? HUSBAND (PRENATAL)

All couples develop ways of dividing the caring and rearing of children if they are parents. Please show how you think you and your partner will divide the family tasks related to your new baby. Using the numbers on the scale below, show HOW I THINK IT WILL BE when you are the parents of a young infant.

| | I will do it all. | | | | We will both do this about. equally. | | | | Other parent will do it. |
|---|---|---|---|---|---|---|---|---|---|
| 1. Mealtimes with our child | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 2. Keeping track of our child's feeding times | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 3. Changing our child's diapers; dressing our child | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 4. Bath time with our child | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 5. Responding to our child's crying in the middle of the night. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 6. Deciding how to respond to the baby | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 7. Taking our child out: walking, driving, visiting. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 8. Choosing toys for your baby | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 9. Playtime with our child | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10. Doing our child's laundry | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 11. Dealing with the doctor regarding our child's health | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

APPENDIX M

WHO DOES WHAT? HUSBAND (PRENATAL) - TURKISH

Eşler ebeveyn olduklarında çocuk bakım işlerini paylaşma yolları geliştirirler. Aşağıdaki sorular bebeğiniz doğduktan sonra bakımıyla ilgili işleri eşinizle aranızda nasıl bölüşeceğinize dair beklentilerinizi değerlendirmeye yöneliktir. Ölçekteki 1-9 aralığındaki numaraları kullanarak bu işleri kimin ne kadar yapacağına dair beklentinizi belirtin. Örn: Bebeğinizi daima sizin besleyeceğinizi, babasının hiç beslemeyeceğini düşünüyorsanız 'Hep ben yapacağım' ifadesine ait '1' rakamını, eşinizle eşit sıklıkta besleyeceğinizi düşünüyorsanız '5' rakamını, daima babasının besleyeceğini, sizin hiç beslemeyeceğinizi düşünüyorsanız '9' rakamını işaretleyin.

| | Hep ben yapacağım. | | | | İkimiz de eşit yapacağız. | | | | Hep babası yapacak. |
|---|---|---|---|---|---|---|---|---|---|
| 1. Bebeğimizi beslemek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 2. Bebeğimizin ne zaman beslenmesi gerektiğini takip etmek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 3. Bebeğimizin altını değiştirmek; (bebeği) giydirmek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 4. Bebeğimize banyo yaptırmak | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 5. Bebeğimiz ağladığında ne yapmak gerektiği konusunda karar vermek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 6. Gece yarısı bebeğimizin ağlamalarına yanıt vermek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 7. Bebeğimizi dışarı çıkarma: yürüyüş, araba ile bir yerden bir yere götürmek, ziyarete gitmek, vb. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 8. Bebeğimiz için oyuncak seçmek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 9. Bebeğimizle oynamak | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10. Bebeğimizin çamaşırlarını yıkamak | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 11. Bebeğimizin sağlığı ile ilgili doktor ile görüşmek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

APPENDIX N

INFORMED CONSENT FORM (POSTNATAL)

PARTICIPANT MOTHER INFORMED CONSENT FORM

Name of the institution: Boğaziçi University Faculty of Education
Department of Educational Sciences Psychological Counseling and Guidance Program
Title of the research: Origins of Early Individual Differences in Infant Attention: A Multi-Method Study Involving Families of Twins and Singletons
Project director: Dr. Nihal Yeniad
Master students: Melike Hacıoğlu. Sedanur Sorgun. Büşra Ünverdi

E-mail: [redacted] Phone Number: [redacted]

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First of all. thank you for continuing to contribute to our research project. Today

-We are going to play two different games with your baby for 10 minutes in total and record his or her reactions when we smile at him/her and show him/her puppets.

- We are going to kindly ask you to spend 5 minutes free time with your baby and communicate with him/her with different face expressions for 5 minutes. You are going to play with your baby for 2 minutes as you always play with him/her. then look at him/her with a still face for 1 minute and then play for 2 minutes again as you normally do. The interaction between you and him/her will be videotaped.

- We are going to ask you to describe your feelings and thoughts about your baby for 5 minutes. Your response will be audiotaped.

- We are going to ask you to fill out the Participant Survey Booklet online during or after the assessment.

This interview will take approximately 45 minutes. Like last time, for your participation we will have a gift basket for your baby.

Your participation in this study is completely voluntary. You have the right to withdraw your consent without any reason. In this case, all of your data will be destroyed without any use.

The confidentiality of participant information is essential. An identifaction number is used instead of names of the participants in surveys, videos and voice records. The hard disks in which the records are stored will be kept in locked cabinet during the research project and will be wiped when the project is completed.

If you agree to continue to participate in this research, please sign this form and place it in the envelope. If you have any question, please ask before signing.

I understand what is explained to me and what is written above. I agree to participate in the study.

Name-Surname: ……..
Date (dd/mm/yyyy): ...../...../.....
Signature: ……

Please indicate your preferences for records by ticking the appropriate boxes below.

☐ My and my baby's camera recordings can be used for the education of your department students or for scientific presentations while keeping the confidentiality of our identity information.

☐ I do not want my and my baby's camera recordings to be used for the education of your department students or scientific presentations.

APPENDIX O

INFORMED CONSENT FORM (POSTNATAL) – TURKISH

KATILIMCI ANNE BİLGİ ve ONAM FORMU

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi Eğitim Fakültesi Eğitim Bilimleri Bölümü Rehberlik ve Psikolojik Danışmanlık Anabilim Dalı

Araştırmanın adı: Erken Dönem Dikkat Becerisindeki Bireysel Farklılıkların Araştırılması: Tek ve İkiz Bebekli Ailelerle Çoklu Yöntemli bir Çalışma
Proje yürütücüsü: Dr. Öğretim Üyesi Nihal Yeniad

Yüksek lisans öğrencileri: Melike Hacıoğlu. Sedanur Sorgun. Büşra Ünverdi
E-posta adresi: [redacted] Telefonu: [redacted]

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Öncelikle araştırma projemize katkı sağlamaya devam ettiğiniz için teşekkürler. Bu görüşmemizde

- Önce bebeğinizle toplam 10 dakika süren iki ayrı oyun oynayacağız. Biz gülümserken ve kuklalar gösterirken ne tür tepkiler verdiğini kamerayla kaydedeceğiz.
- Daha sonra sizden bebeğinizle önce 5 dakika serbest vakit geçirmenizi; sonrasında ise bir 5 dakika da farklı yüz ifadeleri ile onunla iletişime geçmenizi isteyeceğiz. Örneğin 2 dakika onunla her zaman oynadığınız gibi oynamanızı, bunun ardından 1 dakika ona ifadesiz bir yüzle bakmanızı ve sonra 2 dakika tekrar normal şekilde oynamanızı isteyeceğiz. Yani toplam 10 dakika boyunca bebeğinizin ve sizin etkileşiminizi kameraya alacağız.
- 5 dakika boyunca bebeğiniz hakkında duygu, düşünce ve beklentilerinizi ses kayıt cihazı kaydederken anlatmanızı rica edeceğiz.
- Yaklaşık 15 dakikalık anketi ziyaret sırasında veya sonrasında bilgisayar üstünden doldurmanızı isteyeceğiz.

Ziyaretimiz yaklaşık 45 dakika sürecektir. Katılımınız için geçen sefer olduğu gibi bu görüşmemizde de bebeğiniz için bir hediye sepetimiz olacak.

Bu araştırmaya katılmak tamamen isteğe bağlıdır. Herhangi bir sebep göstermeden onayınızı çekme hakkına sahipsiniz. Bu durumda sizden toplanan verilerin hepsi hiçbir şekilde kullanılmadan imha edilecektir.

Katılımcı bilgilerinin gizliliği esastır. Anketler. kamera ve ses kayıtlarında katılımcıların ismi/soyismi yerine bir numara kullanılmaktadır. Kayıtların saklandığı harddiskler. araştırma projemiz süresince kilitli bir dolapta muhafaza edilip araştırma sona erdiğinde temizlenecektir.

Araştırmamıza katılımınızı devam ettirmeyi kabul ediyorsanız lütfen bu formu imzalayıp ekteki zarfın içine koyun.
İmzalamadan önce sorularınız varsa lütfen sorun.

Bana anlatılanları ve yukarıda yazılanları anladım. Çalışmaya katılmayı kabul ediyorum.

Katılımcı Adı-Soyadı:……..

Tarih (gün/ay/yıl):...../...../.....

İmzası:……

Kayıtlarla ilgili tercihinizi aşağıdaki kutucuklardan sizin için uygun olanını işaretleyerek belirtiniz.

☐ Ben ve bebeğime ait kamera kayıtları kimlik bilgilerimizin gizliliği korunarak bölüm öğrencilerinizin eğitiminde veya bilimsel nitelikteki sunumlarda kullanılabilir.

☐ Ben ve bebeğime ait kamera kayıtlarının bölüm öğrencilerinizin eğitiminde veya bilimsel nitelikteki sunumlarda kullanılmasını istemiyorum.

APPENDIX P

FATHER INFORMED CONSENT FORM (POSTNATAL)

FATHER INFORMED CONSENT FORM

Name of the institution: Boğaziçi University Faculty of Education
Department of Educational Sciences Psychological Counseling and Guidance Program
Title of the research: Origins of Early Individual Differences in Infant Attention: A Multi-Method Study Involving Families of Twins and Singletons
Project director: Dr. Nihal Yeniad
Master students: Melike Hacıoğlu, Sedanur Sorgun, Büşra Ünverdi

E-mail: [redacted] Phone Number: [redacted]

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Dear Father,

This document was prepared to inform you about the project we conduct with mothers and infants, and to get consent from you about the involvement of your infant to the porject.

The main goal of our study is to investigate individual differences in infant attention skills in the context of early environmental factors. We collect data in a two-waves. In the first wave, we meet with expectant mothers approximately 1 month before their estimated dates of delivery and collect information about their general health status. mood. social support. family life and their expectations about motherhood. In the second wave. we visit homes to make assessment about infant attention and interaction between mothers and infants.

If you and your wife accept to participate in the study.

-We are going to play two different games with your baby for 10 minutes in total and record his or her reactions when we smile at him/her and show him/her puppets.

- We are going to kindly ask your wife (the mother) to spend 5 minutes free time with your baby and communicate with him/her with different face expressions for 5 minutes. They are going to play with your baby for 2 minutes as they always play. then look at him/her with a still face for 1 minute and then play for 2 minutes again as they normally do. The interaction between them will be videotaped.

This interview will take approximately 45 minutes. Like last time, for your participation we will have a gift basket for your baby.

Your participation in this study is completely voluntary. You have the right to withdraw your consent without any reason. In this case, all of the data collected from your baby and your wife will be destroyed without any use.

The confidentiality of participant information is essential. An identification number is used instead of names of the participants in surveys, videos and voice records. The hard disks in which the records are stored will be kept in locked cabinet during the research project and will be wiped when the project is completed.

If you agree to continue to participate in this research, please sign this form and place it in the envelope. If you have any question, please ask before signing. You can contact with dr. Nihal Yeniad via e-mail address and telephone number above.

I understand what is explained to me and what is written above. I agree to the participation of my wife and my baby in the study.

Name-Surname: …….
Date (dd/mm/yyyy): ...../...../.....
Signature: ……

Please indicate your preferences for records by ticking the appropriate boxes below.

☐ My wife’s and my baby’s camera recordings can be used for the education of your department students or for scientific presentations while keeping the confidentiality of our identity information.

☐ I do not want my wife’s and my baby's camera recordings to be used for the education of your department students or scientific presentations.

APPENDIX Q

FATHER INFORMED CONSENT FORM (POSTNATAL) - TURKISH

BABA BİLGİ ve ONAM FORMU

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi Eğitim Fakültesi Eğitim Bilimleri Bölümü Rehberlik ve Psikolojik Danışmanlık Anabilim Dalı

Araştırmanın adı: Erken Dönem Dikkat Becerisindeki Bireysel Farklılıkların Araştırılması: Tek ve İkiz Bebekli Ailelerle Çoklu Yöntemli bir Çalışma

Proje yürütücüsü: Dr. Öğretim Üyesi Nihal Yeniad
Yüksek lisans öğrencileri: Melike Hacıoğlu, Sedanur Sorgun, Büşra Ünverdi

E-mail: [redacted] Phone Number: [redacted]

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Sayın baba.

Bu döküman. anne ve bebekleriyle yürüttüğümüz projemiz hakkında sizi bilgilendirmek ve uygun gördüğünüz takdirde bebeğinizin katılımı konusunda onayınızı almak için hazırlanmıştır.

Araştırmamızın amacı. bireylerin kendi düşünce ve davranışlarını düzenleyebilmeleri için gerekli olan dikkat becerisinin erken (bebeklik) dönemde çevresel faktörler bağlamında incelenmesidir. Projemiz için iki aşamada veri toplamaktayız. İlk aşamada bebeğin doğum tarihinden yaklaşık bir ay önce anne adaylarıyla birebir görüşerek genel sağlık ve duygu durumları. sosyal destekleri ile anneliğe dair beklentileri hakkında bilgi almaktayız. İkinci aşamada ise bebeklerin dikkat becerileri ve anne-bebek arasındaki etkileşimi değerlendirmek ev ziyaretleri yapmaktayız.

Eşiniz ve siz onay verdiğiniz takdirde bu görüşmemizde

- Önce bebeğinizle toplam 10 dakika süren iki ayrı oyun oynayacağız. Biz gülümserken ve kuklalar gösterirken bebeğinizin ne tür tepkiler verdiğini kamerayla kaydedeceğiz.
- Daha sonra eşinizin (annenin) bebeğinizle önce 5 dakika serbest vakit geçirmesini; sonrasında ise bir 5 dakika da farklı yüz ifadeleri ile onunla iletişime geçmesini isteyeceğiz. Örneğin 2 dakika onunla her zaman oynadığı gibi oynamasını, bunun ardından 1 dakika ona ifadesiz bir yüzle bakmasını ve sonra 2 dakika tekrar normal

şekilde oynamasını isteyeceğiz. Yani toplam 10 dakika boyunca bebeğinizin ve eşinizin (annenin) etkileşimini kameraya alacağız.

Ziyaretimiz yaklaşık 45 dakika sürecektir. Teşekkür etmek amacıyla bebeğiniz için bir hediye sepetimiz olacak.

Bu araştırmaya katılmak tamamen isteğe bağlıdır. Herhangi bir sebep göstermeden onayınızı çekme hakkına sahipsiniz. Bu durumda eşiniz (anne) ve bebeğinizle toplanan verilerin hepsi hiçbir şekilde kullanılmadan imha edilecektir.

Katılımcı bilgilerinin gizliliği esastır. Anketler, kamera ve ses kayıtlarında katılımcıların ismi/soyismi yerine bir numara kullanılmaktadır. Kayıtların saklandığı harddiskler, araştırma projemiz süresince kilitli bir dolapta muhafaza edilip araştırma sona erdiğinde temizlenecektir.

Bebeğinizin araştırmamıza katılımını kabul ediyorsanız lütfen bu formu imzalayıp ekteki zarfın içine koyun.
İmzalamadan önce sorularınız varsa Dr. Öğretim Üyesi Nihal Yeniad ile yukarıda belirtilen e-posta veya telefon numarası üzerinden iletişime geçebilirsiniz

Bana anlatılanları ve yukarıda yazılanları anladım. Bebeğimizin eşimle beraber çalışmanıza katılmasını kabul ediyorum.

Katılımcı Adı-Soyadı:……..
Tarih (gün/ay/yıl):...../...../.....
İmzası:……

Kayıtlarla ilgili tercihinizi aşağıdaki kutucuklardan sizin için uygun olanını işaretleyerek belirtiniz.

☐ Eşim ve bebeğimize ait kamera kayıtları kimlik bilgilerinin gizliliği korunarak bölüm öğrencilerinizin eğitiminde veya bilimsel nitelikteki sunumlarda kullanılabilir.
☐ Eşim ve bebeğimize ait kamera kayıtlarının bölüm öğrencilerinizin eğitiminde veya bilimsel nitelikteki sunumlarda kullanılmasını istemiyorum.

APPENDIX R

PRE-INTERVIEW AND DEMOGRAPHIC QUESTIONS (POSTNATAL)

Q1 Your baby's date of birth (day/month/year): _____

Q2 How many weeks was your baby when you gave birth? _____

Q3 Sex of your baby: ☐Boy ☐Girl

Q4 How much weight did your baby when you gave birth? _____

Q5 How many cm was your baby when you gave birth? _____

Q6 How many cm was your baby's head circumference? _____

Q7 Type of delivery: Caesarean ☐ Normal/vaginal delivery ☐

Q8 Has any medical complication been experienced during delivery?
(e.g. a cord around the neck, asphyxiation)
Yes ☐ No ☐

Q9 If yes, please specify what the complication was _____

**Survey Questions at Postnatal Survey Booklet:**

Sex of your baby: ☐Boy ☐Girl

Are you working now?
□ Yes □ No □ On paid leave □ On non-paid leave

If yes, how old was your baby when you started working?
_____month-old.

If yes, how many days do you work in a week?
_____ day(s)

Total number of people living in your household _____

How many hours do you spend with your baby during the day (07.00-19.00)?
Is there anyone helping you for childcare?
□ Yes □ No
If yes, who are these people? _____

Do you breastfeed your baby currently?
□ Yes
□ No

If yes, how many times do you breastfeed your baby in a day?

If yes, are you breastfeeding your baby according to a plan or from your baby?

□ According to a plan
□ According to the request from my baby
□ Both
□ I don't know

Do you use formula to feed your baby? □ Yes □ No

If your answer is yes, what are your reasons for using formula / follow-on milk? (You can choose more than one)

□ Doctor's advice
□ So I know how much food my baby is getting
□ To make sure my baby is getting enough food
□ Easier than breastfeeding
□ I don't want to breastfeed all night feeds, it's too tiring
□ My baby needs frequent feedings
□ I use medication because I am sick or ill
□ So that others can help me in caring for the baby
□ I do not like breastfeeding
□ Breastfeeding is uncomfortable
□ Other: _____

Your Baby's Sleep

During this period, the sleep of babies is generally not settled yet. Your baby's sleep may also differ from one day to the next. Still, considering the last month, try to answer the following questions in a way that best reflects your baby's sleep.

How many hours does your baby sleep in a day (in a 24-hour period)? _____ hour

How many times does your baby sleep during the day on average? _____ times

How many hours does your baby sleep in a night (between 19.00 and 08.00)? _

How many times does your baby wake up on average in a night (between 19.00 and 08.00) ? __ times

APPENDIX S

PRE-INTERVIEW AND SURVEY QUESTIONS (POSTNATAL) – TURKISH

S1 Bebeğinizin doğum tarihi (gün/ay/yıl): _____
S2 Bebeğiniz kaç haftalık doğdu? _____
S3 Bebeğinizin cinsiyeti:
□ Erkek
□ Kız
S4 Bebeğiniz kaç kilo doğdu?_____
S5 Bebeğinizin boyu doğduğunda kaç cm idi? _____
S6 Bebeğinizin baş çevresi doğduğunda kaç cm idi? _____
S7 Doğum tipi:
□ Sezaryen
□ Normal/vajinal doğum
S8 Doğum sırasında tıbbi bir komplikasyon yaşandı mı? (Örneğin; kordon dolanması. oksijensiz kalması)
□ Evet
□ Hayır
S9 (Cevabınız evet ise) komplikasyonun ne olduğunu söyleyiniz _____

Survey Questions at Postnatal Survey Booklet:

Bebeğinizin cinsiyeti: □ Erkek □ Kız

Şu anda çalışıyor musunuz?
□ Evet □ Hayır □ Ücretli izindeyim. □ Ücretsiz izindeyim.

Cevabınız evet ise. bebeğiniz kaç aylıkken çalışmaya başladınız?
_____aylıkken

Cevabınız evet ise, haftada kaç gün çalışıyorsunuz?
_____ gün

Evde yaşayan toplam kişi sayısı: _____

Bebeğinizle gün içinde (07.00-19.00 arasında) ne kadar vakit geçiriyorsunuz? __ saat
Sizin dışınızda bebeğinizin bakımına yardımcı olan biri var mı?
□Evet □Hayır

Cevabınız evetse, bu kişi veya kişilerin kimler olduğunu yazınız.

Bebeğinizi emziriyor musunuz?  Evet  Hayır

Cevabınız evet ise, bebeğinizi bir günde ortalama kaç kez emziriyorsunuz?

Cevabınız evet ise, bebeğinizi bir plan doğrultusunda mı yoksa bebeğinizden gelen isteğe göre mi emziriyorsunuz?

- Plan doğrultusunda
- Bebeğimden gelen isteğe göre
- Her ikisi de
- Bilmiyorum

Bebeğinizi beslemek için mama/devam sütü kullanıyor musunuz?

- Evet
- Hayır

Cevabınız evet ise, mama/devam sütü kullanmadaki sebepleriniz nelerdir? (Birden fazla seçim yapabilirsiniz)

- Doktor tavsiyesi
- Böylece bebeğimin ne kadar besin aldığını biliyorum
- Bebeğimin yeteri kadar besin aldığından emin olmak için
- Emzirmekten daha kolay
- Tüm gece beslemelerinde emzirmek istemiyorum, çok yorucu
- Bebeğim çok sık beslenmeye ihtiyaç duyuyor
- Hastayım ya da hasta olduğum için ilaç kullanıyorum
- Böylece başkaları bebeğin bakımında bana yardım edebilir
- Emzirmeyi sevmiyorum
- Emzirmek rahatsız edici
- Diğer: _____

Bebeğinizin Uykusu

Bu dönemde bebeklerin uykusu genelde henüz bir düzene oturmamış olur. Sizin bebeğinizin uykusu da bir günden diğerine değişiklik gösteriyor olabilir. Yine de **son bir ayı** göz önüne alarak aşağıdaki soruları bebeğinizin uykusunu en iyi yansıtacak şekilde cevaplandırmaya çalışınız.

Bebeğiniz bir günde (24 saatlik süre içinde) toplam kaç saat uyuyor? _____ saat

Bebeğiniz bir günde ortalama kaç kez gündüz uykusu uyuyor? _____ kez

Bebeğiniz bir gecede (19.00 ile 08.00 arasında) toplam kaç saat uyuyor? ____ saat

Bebeğiniz bir gecede (19.00 ile 08.00 arasında) ortalama kaç kez uyanıyor? __ kez

APPENDIX T

WHO DOES WHAT? HUSBAND (POSTNATAL)

Below are a list of family tasks related to your child. Please write a number to indicate how it is now in terms of how you and your partner divide the family tasks listed here.
For example. if you think you always feed your child and the other parent never does. you should type 1. If you think you both feed your child about half the time you should type 5. Or if you think the other parent always feeds your child and you never do. you should type 9.

| | I do it all. | | | | We do this equally. | | | | Other parent does it. |
|---|---|---|---|---|---|---|---|---|---|
| 1. Mealtimes with our child | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 2. Keeping track of our child's feeding times | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 3. Changing our child's diapers; dressing our child | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 4. Bath time with our child | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 5. Responding to our child's crying in the middle of the night. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 6. Deciding how to respond to the baby | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 7. Taking our child out: walking, driving, visiting. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 8. Choosing toys for your baby | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 9. Playtime with our child | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10. Doing our child's laundry | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 11. Dealing with the doctor regarding our child's health | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

In general, how satisfied are you with the way you and your partner divide the family tasks related to your child?

- Very satisfied
- Pretty satisfied
- Neutral
- Somewhat Dissatisfied
- Very Dissatisfied

APPENDIX U

WHO DOES WHAT? HUSBAND (POSTNATAL) – TURKISH

Aşağıda, bebeğinizin bakımıyla ilgili işleri eşinizle aranızda nasıl bölüştüğünüze dair bilgi almaya yönelik sorular yer almaktadır. 1- 9 aralığındaki numaraları kullanarak bu işleri kimin ne kadar yaptığını belirtin. Örn: Bebeğinizi daima sizin beslediğinizi ve babasının hiç beslemediğini düşünüyorsanız *'Hep ben yapıyorum'* ifadesine ait *'1'* rakamını, eşit sıklıkta beslediğinizi düşünüyorsanız '5' rakamını, bebeğinizi daima babasının beslediğini ve sizin hiç beslemediğinizi düşünüyorsanız '9' rakamını yuvarlak içine alınız. İş bölümünüzü diğer rakamları da kullanarak belirtiniz.

| | Hep ben yapıyorum. | | | | İkimiz de eşit yapıyoruz. | | | | Hep babası yapıyor. |
|---|---|---|---|---|---|---|---|---|---|
| 1. Bebeğimizi beslemek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 2. Bebeğimizin ne zaman beslenmesi gerektiğini takip etmek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 3. Bebeğimizin altını değiştirmek; (bebeği) giydirmek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 4. Bebeğimize banyo yaptırmak | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 5. Bebeğimiz ağladığında ne yapmak gerektiği konusunda karar vermek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 6. Gece yarısı bebeğimizin ağlamalarına yanıt vermek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 7. Bebeğimizi dışarı çıkarma: yürüyüş. araba ile bir yerden bir yere götürmek. ziyarete gitmek. vb. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 8. Bebeğimiz için oyuncak seçmek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 9. Bebeğimizle oynamak | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10. Bebeğimizin çamaşırlarını yıkamak | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 11. Bebeğimizin sağlığı ile ilgili doktor ile görüşmek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Genel olarak, sizin ve eşinizin bebeğinizle ilgili aile görevlerini bölüşme biçiminizden ne kadar memnunsunuz?

 Çok memnunum
 Oldukça memnunum
 Nötrüm (Ne memnunum ne değilim)
 Pek memnun değilim
 Hiç memnun değilim

APPENDIX V

WHO DOES WHAT? GRANDPARENT (POSTNATAL)

Below are a list of family tasks related to your child. Please write a number to indicate how it is now in terms of how you and other family members divide the family tasks listed here.

| I and my husband do it all. | | | | My mum/dad (or my husband's mum/dad) and we do it equally. | | | | My mum/dad (or my husband's mum and dad) do it all. |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. Mealtimes with our child | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 2. Keeping track of our child's feeding times | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 3. Changing our child's diapers; dressing our child | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 4. Bath time with our child | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 5. Responding to our child's crying in the middle of the night. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 6. Deciding how to respond to the baby | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 7. Taking our child out: walking, driving, visiting. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 8. Choosing toys for your baby | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 9. Playtime with our child | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10. Doing our child's laundry | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 11. Dealing with the doctor regarding our child's health | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

APPENDIX W

WHO DOES WHAT? GRANDPARENT (POSTNATAL) - TURKISH

Aşağıda bebeğinizin bakımıyla ilgili verilen işleri ailenin diğer üyelerinin (sizin ve/veya eşinizin anne-babasının) ne kadar yaptığını 1'den 9'a kadar olan rakamlardan uygun olanı yuvarlak içine alarak belirtiniz.

| Hep ben ve eşim yapıyoruz. | | | | Anne/babam (veya eşimin anne/babası) ile biz eşit yapıyoruz. | | | | Hep anne/babam (veya eşimin anne/babası) yapıyor. |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. Bebeğimizi beslemek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 2. Bebeğimizin ne zaman beslenmesi gerektiğini takip etmek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 3. Bebeğimizin altını değiştirmek; (bebeği) giydirmek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 4. Bebeğimize banyo yaptırmak | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 5. Bebeğimiz ağladığında ne yapmak gerektiği konusunda karar vermek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 6. Gece yarısı bebeğimizin ağlamalarına yanıt vermek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 7. Bebeğimizi dışarı çıkarma: yürüyüş. araba ile bir yerden bir yere götürmek. ziyarete gitmek. vb. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 8. Bebeğimiz için oyuncak seçmek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 9. Bebeğimizle oynamak | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10. Bebeğimizin çamaşırlarını yıkamak | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 11. Bebeğimizin sağlığı ile ilgili doktor ile görüşmek | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

APPENDIX X

INFANT BEHAVOR QUESTIONNAIRE REVISED SHORT FORM

Below are a list of behaviors your baby may or may not be showing.
As you read each description of a baby's behavior below, please indicate how often your baby showed each behavior during the last week (the past seven days) by selecting one of the numbers.

Note: The "Does Not Apply" option is used when you did not see the baby in the situation described during the last week.
For example, if the situation mentions the baby having to wait for food or liquids and there was no time during the last week when the baby had to wait, indicate the "Does Not Apply" column. This option is different from "Never", which is used when you saw the baby in the situation but the baby never engaged in the behaviour listed during the last week.
For example, if the baby did have to wait for food or liquids at least once but never cried loudly while waiting, indicate the "Never" option.

0 Does not apply
1 Never
2 Very rarely
3 Less than half the time
4 About half the time
5 More than half the time
6 Almost always
7 Always

| |
|---|
| 1. How often did your baby seem angry (crying and fussing) when you left him/her in the crib? |
| 2. How often did your baby seem contented when left in the crib? |
| 3. How often did your baby cry or fuss before going to sleep for naps? |
| 4. How often during the last week did your baby look at pictures in books and/or magazines for 5 minutes or longer at a time? |
| 5. How often during the last week did your baby stare at a mobile. crib bumper or picture for 5 minutes or longer? |
| 6. How often during the last week did your baby play with one toy or object for 5 to 10 minutes? |
| 7. How often during the last week did your baby play with one toy or object for 10 minutes or longer? |
| 8. How often during the last week did your baby repeat the same movement with an object for 2 minutes or longer (e.g., putting a block in a cup. kicking or hitting a mobile? |
| 9. How often during the last week did your baby protest being placed in a confining place (infant seat, play pen, car seat etc.)? |
| 10. How often during the last week did your baby startle at a sudden change in body position (e.g., when moved suddenly)? |
| 11. How often during the last week did your baby watch adults performing household activities (e.g., cooking etc.) for more than 5 minutes? |
| 12. When your baby wanted something, how often did s/he become upset when s/he could not get what s/he wanted? |
| 13. When your baby wanted something. how often did s/he have tantrums (crying. screaming, red face, etc.) when s/he did not get what s/he wanted? |
| 14. After sleeping, how often did the baby cry if someone doesn't come within a few minutes? |

Please indicate how often your baby showed each behavior during the last two weeks by selecting one of the numbers.

| |
|---|
| 1. When introduced to an unfamiliar adult, how often did your baby cling to you/your partner? |
| 2. When introduced to an unfamiliar adult, how often did your baby refuse to go to the unfamiliar person? |
| 3. When introduced to an unfamiliar adult, how often did your baby never "warm up" to the unfamiliar adult? |
| 4. When in the presence of several unfamiliar adults, how often did your baby continue to be upset for 10 minutes or longer? |
| 5. When an unfamiliar person came to your home, how often did your baby cry when the visitor attempted to pick him/her up? |

## APPENDIX Y

## INFANT BEHAVOR QUESTIONNAIRE REVISED SHORT FORM - TURKISH

Aşağıda bebeğinizin gösterdiği ya da göstermediği davranışların listesi bulunmaktadır. Her bir bebek davranışıyla ilgili açıklamayı okuduktan sonra aşağıdaki rakamlardan birini seçerek bebeğinizin son bir hafta boyunca (son yedi gün) belirtilen davranışı hangi sıklıkta gösterdiğini belirtiniz.

0 Durum mevcut değil
1 Hiçbir zaman
2 Çok nadir
3 Haftanın yarısından daha az (nadir)
4 Yaklaşık olarak haftanın yarısında
5 Haftanın yarısından daha fazla süre (çoğu zaman)
6 Neredeyse her zaman
7 Her zaman

Not: Bebeğinizi son bir hafta içinde açıklaması yapılan durumda görmediyseniz '*Durum mevcut değil*' seçeneğini işaretleyin. Örneğin, bebeğin yiyecek ve içecek beklemek zorunda kaldığını belirten durumda, eğer bebeğiniz hiç beklemek zorunda kalmadıysa 'Durum mevcut değil' seçeneğini işaretleyin. Bu seçenek, bebeğin mevcut durumu deneyimlediği ancak belirtilen davranışı göstermediğinde işaretlenmesi gereken '*Hiçbir zaman*' seçeneğinden farklıdır. Örneğin, bebek en az bir kez yiyecek ya da içecek için beklediyse ancak beklerken hiç yüksek sesle ağlamadıysa 'Hiçbir zaman' seçeneğini işaretleyin.

| |
|---|
| 1. Bebeğinizi beşikte bıraktığınızda ne sıklıkta sinirli (ağlama ve huysuzlanma) göründü? |
| 2. Bebeğinizi beşikte bıraktığınızda ne sıklıkta memnun göründü? |
| 3.Bebeğiniz gündüz uykusuna dalmadan önce ne sıklıkta ağladı ve huysuzlandı? |
| 4. Bebeğiniz geçen hafta boyunca ne sıklıkta tek seferde 5 dakika ya da daha uzun süreliğine kitaplardaki ve / ya da dergilerdeki resimlere baktı? |
| 5. Bebeğiniz geçen hafta boyunca ne sıklıkta aralıksız şekilde 5 dakika ya da daha uzun süreliğine beşik dönencesine (mobil), beşik minderlerine ya da bir resme baktı? |
| 6. Bebeğiniz geçen hafta boyunca ne sıklıkta bir oyuncakla ya da nesneyle 5 - 10 dakika kadar oynadı? |
| 7. Bebeğiniz geçen hafta boyunca hangi sıklıkta bir oyuncakla ya da nesneyle 10 dakika ya da daha uzun süreliğine oynadı? |
| 8. Bebeğiniz geçen hafta boyunca ne sıklıkta bir objeyle iki dakika ya da daha uzun süre boyunca aynı hareketi yaptı (bir oyuncağı bir kutunun içine koymak. beşik dönencesine elleriyle vurmak ya da tekmelemek gibi)? |
| 9. Bebeğiniz geçen hafta boyunca ne sıklıkta sınırlı bir alana yerleştirilmesine (bebek koltuğu, etrafı kapalı oyun alanı, araba koltuğu vb.) tepki gösterdi / itiraz etti / direnç gösterdi? |
| 10. Bebeğiniz geçen hafta boyunca ne sıklıkta beden pozisyonunun aniden değiştirilmesinden dolayı ürktü (örn. aniden hareket ettirildiğinde)? |
| 11. Bebeğiniz geçen hafta boyunca ne sıklıkta 5 dakikadan daha uzun bir süre boyunca yetişkinleri ev işleri (yemek yapmak vb.) yaparken izledi? |
| 12. Bebeğiniz ne sıklıkta bir şey istediğinde ve istediği şeyi elde edemediğinde mutsuz oldu / üzüldü? |
| 13. Bebeğiniz hangi sıklıkta bir şey istediğinde ve istediği şeyi elde edemediğinde öfke nöbeti (ağlama, çığlık atma, kızarma vb.) geçirdi? |
| 14. Bebeğiniz hangi sıklıkta uykudan uyandıktan hemen sonra yanına birkaç dakika içinde biri gelmediği için ağladı? |

Lütfen bebeğinizin aşağıdaki davranışları son iki hafta içinde hangi sıklıkta gösterdiğini bir rakam seçerek belirtiniz.

| |
|---|
| 1. Bebeğiniz ne sıklıkta tanımadığı bir yetişkinle tanıştırıldığında size/eşinize sıkıca sarıldı? |
| 2. Bebeğiniz ne sıklıkta tanımadığı bir yetişkinle tanıştırıldığında o kişinin kucağına gitmeyi reddetti? |
| 3. Bebeğiniz ne sıklıkta tanımadığı bir yetişkinle tanıştırıldığında bu kişiye asla ısınmadı? |
| 4. Bebeğiniz ne sıklıkta tanımadığı birden fazla yetişkinin yanındayken 10 dakika ya da daha uzun süreliğine mutsuz oldu? |
| 5. Bebeğiniz ne sıklıkta tanımadığı biri evinize geldiğinde ve bebeğinizi kucağına almaya çalıştığında ağladı? |

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