



Predictors of Childcare Task Division and Shared Parenting Attitudes in Families with Youthful Children in Turkey

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Abstract

Introduction: The division of child-care tasks is a critical element of the family system that has already received considerable attention from researchers and practitioners. The psychological and relational dynamics involved in coping together and sharing in their roles as parents with young children are at the forefront of this study. The purpose of this research was to determine the predictors of child-care task division and shared parenting attitudes in families with youthful children.

Methods: This was a cross-sectional study. The study population was consisted of couples with at least one three years child or younger. The couples were selected by a random sampling method. Data were collected using the Child Care Tasks and Shared Parenting Attitudes in Families Scale and an additional form for demographic characteristics of participants. The CCTS was designed to measure what percentages of times specific child-care tasks are completed by the mother alone, the father alone, and parents together. Respondents were asked to estimate the percentages for each task jointly. The alpha coefficient for the total CCT was 0.74. A total of 177 parent couples self-completed the instruments. This procedure took approximately 20–30 minute for each study participant. Predictor variables of the study were mother's age, father's age, mother's education level, father's education level, mother's occupation, father's occupation, monthly income, number of children, age of the youngest child, and gender of the youngest child. Pearson's correlation, factor, and reliability analyses, paired t-tests, multiple regression analyses were used CCT.

Results: Mothers spent a more significant proportion of their time completing independently child-care tasks than fathers. Considering all child-care tasks together, the average percentages of time that couples' estimated mothers spent on child-care tasks were between 40 and 60%, fathers' average percentages were 20 to 40%, and parents worked together approximately 20 to 40% in completing the tasks. Parenting goals of employed mothers were similar to their partners. Also, employed mothers were flexible with their partners regarding the division of child care.

Conclusions: Demographic variables of the couples and their child were significant predictors for CCT and shared parenting attitudes in families. It is possible that mothers who tend to share this responsibility feel a greater sense of commitment to their families.

INTRODUCTION

There are consensus in the literature that the intergenerational transmission of (dis)advantages is often filtered through intra-familial dynamics, in particular, parenting practices [1, 2]. In some families recently, fathers are every bit as involved in the day-to-day care of children as mothers. These fathers have gone far beyond "helping" their wives; they take equal parenting [3]. Nonetheless, in most families, mothers are still doing a disproportionate share of parenting, even when employed full-time [4]. Many studies that examine the division of labor at home search for its "causes." Rather than seeking causes, researchers need to pay attention to how mothers and fathers actively

create equal parenting to understand it better. Parents who develop unequal roles often believe that children naturally bond with mothers [3]. They also often believe that men cannot nurture infants the way mothers can. These myths become self-fulfilling prophecies because parents who believe in women's superior capacity to nurture and to "bond" with their children arrange their lives so that mothers will be more available to children. They promote both the bonds that they believe in the myth of maternal superiority [5]. Ideals for fatherhood are confused today. Responsibility for breadwinning is still expected from fathers, but increasingly we expect

good fathers to be involved, nurturing, and available for their children [6].

Families that claim to share child care are often characterized by “manager helper” dynamics, in which mothers are responsible for child care, and fathers merely help when asked [7]. Social interactions reinforce the dominant cultural images of what mothers and fathers should and should not be doing. Sometimes the social pressure is blatant, as when a co-worker chides a father who resists working long hours to care for his children or when a grandparent questions a mother’s decision to go back to work. However, sometimes the pressure is more subtle. Every time someone asks an expectant woman about her work plans while ignoring her husband’s plans, it communicates that parenting is primarily a mother’s responsibility [8].

Onlookers also reinforce inequality when they praise fathers for caregiving behaviors that women do routinely without praise. This double standard shouts that men are not really expected to soothe a crying baby, leave work to pick up a sick child at daycare, or go to a school conference [9]. Couples who share equally from the start resist conventional images of motherhood and fatherhood. Having rejected the belief in biological differences between mothers’ and fathers’ ability to nurture, they work out shared care of the tiniest infants; sharing infant care, in turn, reinforces their beliefs that both men and women can nurture [8, 10]. Because women are expected to put parenting first, and men are not, women make compromises in their work lives that men never consider: cutting back on work hours (or taking time off from paid employment), sacrificing career advancement if it interferes with parenting, and taking advantage of whatever flexibility exists on the job, even if doing so hurts their careers [8]. When mothers do all the compromising, it starts a spiral in which only men end up with careers, and women end up with the dominant role at home. Consider a common scenario—a mother cutting back to part-time work [5]. Then, the father’s job takes on more importance in the family. An unequal division of labor at home increasingly seems to make sense [8].

This study proposes that parenting together is not only about gender equity in family work, as described in “task-oriented” approaches to parenting, but perhaps more fundamentally about couples sharing an emotional investment in the well-being of their families, referring to a more “psychological” perspective on the parenting process to arrive at a better understanding of the parenting process in families. Specifically, this shared commitment to family life, considered “shared parenting” in our study, entails a process of interparental cooperation involving mutual support, flexibility in the allocation of family responsibilities, and similarity in parenting goals. Although the division of child-care-related tasks and responsibilities is undoubtedly an

important element of family systems, it is argued that working parents with young children face a uniquely heavy workload (involving household, intensive child care, and work demands), regardless of how this workload is divided. Therefore, the psychological and relational dynamics involved in coping together and in sharing in their roles as parents with young children are at the forefront in this study [11].

A few studies have been done in this area in a different part of the world. Nevertheless, this topic was newer examined in Turkey. This study done is essential due to in cultural differences of a different region. A final unique feature of this study will form the basis of subsequent studies in this field. Health care professionals who work with culturally diverse communities need to be aware that child-care task division and shared parenting attitudes in families in different cultural groups. So, for a healthy population, the empowerment of parents is crucial to enhancing their position in the family and increasing the health of society. In this respect, a public health nurse has the most critical role, working within society to establish close relationships with the parent. However, this topic is essential to child and family health. The results of this study can be used for child, family, and community health promotion.

This study aimed to determine predictors of child-care task division and shared parenting attitudes in families with youthful children.

METHOD

Participants

The study population included couples with at least one child three years or younger. Couples were recruited from the couples attending a primary healthcare center in Erzurum, Turkey. By performing a power analysis with an error of 0.05, a 0.95 confidence interval, an effect size of 0.6, and a population representation of 0.95, it was determined that the minimum sample size was 185 parent couples. Parents with younger children were explicitly chosen for this study because the more intense care demands of this age group were incredibly evocative of shared parenting processes. The couples were selected by a random sampling method for the study. Blended and stepfamilies were excluded from this study because the parenting challenges associated with the family reorganization were not a focus.

The inclusion criteria for couples were as follows: they should be married, did not have children from any previous relationships, had a child three years or younger, and should have been open to communication and cooperation. The exclusion criteria for couples were as follows: they have any vision or hearing loss or impairment and should not have been open to communication and cooperation.

Procedures

In the study, data were collected using the Child Care Tasks Scale (CCTS) and an additional form for demographic characteristics of participants between 1 March and 15 June 2012. A total of 177 parent couples self-completed the instruments. Eight parents did not complete them, either because they were too busy or did not want to participate in the study. This procedure took approximately 20–30 min for each study participant. The CCTS was designed to measure what percentages of times specific child-care tasks are completed by mother alone, the father alone, and parents together (e.g., 0-20%, 20%-40%, etc.) [12]. Respondents were asked to jointly estimate the percentages for each task. First, the questionnaire was translated into Turkish and was reviewed by two experts for clarity and cultural sensitivity. Then, three experts in both languages translated the Turkish instrument into English. No modification or change was made to the CCTS. Finally, the instrument was tested for comprehension. Factor analysis was conducted on the total data set. An initial

exploratory principal component analysis suggested a four-factor solution. Four factors were extracted using principal component factoring with varimax rotation. The factor loadings of the items were above 0.30. Consequently, the researcher constructed four subscales for each of the CCTS items. Factor analysis explained 52.1% of the variance by these items in the current study. Cronbach’s alpha examined the internal consistency (reliability) of the scale. The alpha coefficient for the total CCT was 0.74. The occasional child-care duties subscale was 0.63, daily child-care chores subscale was 0.77, taking the child to and from daycare and on outings was 0.58, and family-related managerial duties were 0.84. Item-total correlations of the scale’s items ranged between 0.243 and 0.646. The scale consisted of 13 items on a five-point Likert format with the following coding: a score of “1” was assigned to the 0-20% range, “2” for the 20-40% range, “3” for the 40-60% range, “4” for the 60-80% range, and “5” for the 80-100% range.

Table 1. Factor Loading and Item-Total Correlation of Items of the Child Care Tasks Scale

The items of the scale	Factor Loading	Item-total correlation	Alpha	Variance (%)	Eigenvalue
Occasional child-care duties			0.63	14.0	5.4
Making snack for child	0.692	0.483***			
Making feed to child	0.682	0.463***			
Taking the child to the doctor	0.510	0.646***			
Staying home when child sick	0.487	0.416***			
Daily Child-Care Chores			0.77	14.3	5.6
Supervising child’s morning routine	0.730	0.439***			
Cleaning up child’s room	0.601	0.243*			
Particular time with the child at bedtime	0.640	0.538***			
Supervising child’s hygiene	0.644	0.414***			
Taking the child to and from daycare and on outings			0.58	10.8	4.2
Taking child to/from day care	0.666	0.432***			
Taking a child on an outing	0.577	0.618***			
Family-related managerial duties			0.84	12.8	5.0
Buying clothes for the child	0.496	0.532***			
Planning family-oriented activities	0.469	0.575***			
Responsible for family management	0.432	0.608***			
Total			0.74	52.1	

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

Ethical Considerations

The Ethics Committee approved the study at Atatürk University, and informed consent was obtained from each participant. The parents were informed of the purpose of the study, were assured of their right to refuse to participate or to withdraw at any stage.

Variables

Predictor variables of the study were Age mother, age father, mother’s education level, father’s education level, mother’s occupation, father’s occupation, monthly

income, number of children, age of the youngest child, and gender of the youngest child.

Dependent variables were child-care task division and shared parenting attitudes in families.

Data Analysis

The data were analyzed using SPSS (version 16). Pearson’s product-moment correlation, factor, and reliability analyses were used for scale construction. Paired t-tests were used to determine whether differences between the proportions of time mothers versus fathers spent on each task. Multiple regression analysis with the enter method was used to determine the predictors of CCT.

Table 2. Demographic Characteristics of the Sample Group (n= 177)

Characteristics	N	%
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Mother's education level		
Literate	27	15.3
Primary school	60	33.9
Secondary school	12	6.8
High school	39	22.0
University degree	39	22.1
Father's education level		
Literate	6	3.4
Primary school	36	20.3
Secondary school	19	10.7
High school	60	33.9
University degree	49	27.7
Postgraduate	7	4.0
Mother's occupation		
Education professional	14	7.9
Housewife (unemployed)	120	67.8
Civil servant	4	2.3
Health professional	37	20.9
Laborer	2	1.2
Father's occupation		
Education professional	18	10.2
Civil servant	40	22.6
Health professional	18	10.2
Commerce	54	30.5
Military	16	9.0
Laborer	31	17.5
Gender of the youngest child (n = 175)		
Daughter	79	45.1
Son	96	54.9
The mean age of the youngest child	3.3 ± 2.4	
The mean age of the mother	31.1 ± 8.7	
The mean age of the father	34.9 ± 8.5	
The number of children	2.2 ± 1.2	
Monthly income (\$)	807.3 ± 570.5	

Table 3. Child-Care Tasks Means for Mother Alone, Father Alone, Parents Together, and According to Mothers Employment

Variables of Child-Care Tasks	Mother Alone	Father Alone	Parents Together	Employee Mother	Unemployed Mother
Making snack for child	4.6 ± 0.8	0.8 ± 1.1	0.9 ± 1.3	4.2 ± 1.2	4.9 ± 0.5
T-test & sig.	t: 19.2 P = 0.000***			t: 3.7 P = 0.000***	
Making feed to child	4.4 ± 1.1	1.0 ± 1.1	1.0 ± 1.4	3.8 ± 1.5	4.7 ± 0.8
T-test & sig.	t: 13.6 P = 0.000***			t: 3.4 P = 0.001***	
Taking child to the doctor	2.0 ± 2.0	2.0 ± 2.0	3.4 ± 1.6	2.0 ± 2.1	2.0 ± 1.1
T-test & sig.	t: 1.8 P = 0.074			t: .2 P = 0.867	
Supervising child's morning routine	4.5 ± 0.9	1.0 ± 1.3	1.0 ± 1.5	4.1 ± 1.2	4.7 ± 0.7
T-test & sig.	t: 14.8 P = 0.000***			t: 4.0 P = 0.000***	
Cleaning up child's room	4.7 ± 0.6	0.8 ± 1.2	.5 ± 1.0	4.3 ± 0.9	4.8 ± 0.4
T-test & sig.	17.8 P = 0.000***			t: 4.7 P = 0.000***	
Special time with child at bed time	4.1 ± 1.3	1.5 ± 1.5	1.4 ± 1.5	3.5 ± 1.5	4.3 ± 1.2
T-test & sig.	t: 8.4 P = 0.000***			t: 4.6 P = 0.000***	
Taking child to/from day care	4.6 ± 0.8	0.8 ± 1.1	0.8 ± 1.3	4.1 ± 1.3	4.9 ± 0.4
T-test & sig.	t: 21.2 P = 0.000***			t: 3.6 P = 0.000***	
Buying clothes for child	2.8 ± 1.9	2.3 ± 2.0	2.5 ± 1.8	3.0 ± 1.7	2.7 ± 2.0
T-test & sig.	t: 1.2 P = 0.209			t: 5.4 P = 0.000***	
Taking child on outing	2.6 ± 1.9	1.9 ± 1.8	2.8 ± 1.5	2.3 ± 1.7	2.8 ± 1.2
T-test & sig.	T: 1.1 P = 0.248			t: 0.7 P = 0.443	
Supervising child's hygiene	4.4 ± 0.9	1.0 ± 1.1	1.0 ± 1.4	4.0 ± 1.0	4.6 ± 0.9
T-test & sig.	15.0 P = 0.000***			t: 1.3 P = 0.176	
Staying home when child sick	4.5 ± 0.9	1.1 ± 1.4	1.1 ± 1.5	4.3 ± 0.9	4.6 ± 1.0
T-test & sig.	14.5 P = 0.000***			t: 3.5 P = 0.001***	
Planning family-oriented activities	2.4 ± 1.9	2.9 ± 1.9	2.3 ± 1.7	2.5 ± 1.5	2.3 ± 2.0
T-test & sig.	t: 2.3 P = 0.024*			t: 1.9 P = 0.059	
Responsible for family management	1.7 ± 1.6	3.5 ± 1.7	2.2 ± 1.7	2.1 ± 1.3	1.5 ± 1.7
T-test & sig.	t: 5.9 P = 0.000***			t: 1.7 P = 0.089	

Checklist of child care tasks percentage ranges are assigned numbers (1 = 0-20%, 2 = 20-40%, 3 = 40-60%, 4 = 60-80%, 5 = 80-100%). ***P < .001.

RESULTS

The characteristics of the sample are summarised in Table 2.

As seen in Table 2, the mean age of mothers was 31.1 (SD = 8.7) years, and the mean age of fathers was 34.9 (SD = 8.5) years. Less than half of the mothers (33.9%)

had primary school education, while less than half of the father (33.9%) had a high school education. The mean number of children per family was 2.2 (SD = 1.2). The parents' mean monthly income was US\$ 807.3 (SD = 570.5).

Table 4. Summary Table for Predictors of Shared Parenting

Shared Parenting	Mothers	Fathers	Both	Employee Mother	Unemployed Mother
To what extent are your goals similar to your partner's parenting goals? ^a	3.2 ± 1.3	3.36 ± 1.3	3.3 ± 1.3	3.8 ± 1.2**	2.9 ± 1.2
How often do you receive praise from your partner for your parenting efforts? ^b	3.3 ± 1.2	3.2 ± 1.1	3.3 ± 1.2	3.5 ± 0.9	3.2 ± 1.2
How often does your partner express a general feeling of support for you? ^c	3.7 ± 1.1*	3.3 ± 1.0	3.5 ± 1.0	3.7 ± 1.0	3.5 ± 1.2
How flexible are you regarding the division of child care? ^d	2.8 ± 1.3	3.5 ± 1.2**	3.1 ± 1.2	3.3 ± 1.1**	2.8 ± 1.3

^aPossible range: 1-5 with 1 = extremely dissimilar and 5 = extremely similar.

^{b,c}Possible range: 1-5 with 1 = never and 5 = very often.

^dPossible range: 1-5 with 1 = not at all flexible and 5 = extremely flexible. * P < .05, t=2.34

**P < .01, t=3.39

Table 5. Regression Analysis Predicting Couples' Childcare Task Division and Shared Parenting Attitude

Independent Variables for Mothers	Unstandardized Coefficients	Standardized Coefficients	T	P-Value
	B	Beta		
(Constant)	59.011		5.779	0.000
Age mother	6.417E-03	0.006	0.025	0.980
Age father	-7.457E-02	-0.068	-0.280	0.781
Mother's education level	-6.139E-02	-0.010	-0.039	0.969
Father's education level	-0.662	-0.093	-0.468	0.642
Mother's occupation	0.999	0.114	0.898	0.372
Father's occupation	0.561	0.113	0.824	0.413
Monthly income (\$)	-1.164E-03	-0.069	-0.313	0.755
Number of children	-0.359	-0.050	-0.317	0.752
Age of your youngest child	0.259	0.065	0.500	0.619
Gender of your youngest child	0.853	0.046	0.398	0.692
Similarity of goals	-0.218	-0.031	-0.202	0.841
Receiving praise	-2.089	-0.261	-1.589	0.117
Receiving support	-1.268	-0.158	-0.980	0.330
Flexibility regarding child care	0.570	0.076	0.518	0.606
	R = 0.488, R ² = 0.238, F = 1.43, df = 84, P = 0.155			
Independent variables for fathers	B	Beta	t	P-Value
(Constant)	-15.234		-10.262	0.212
Age mother	0.317	0.240	0.945	0.349
Age father	7.690E-02	0.058	0.227	0.822
Mother's education level	0.406	0.057	0.222	0.825
Father's education level	1.398	.171	0.855	0.396
Mother's occupation	-0.279	-0.028	-0.232	0.818
Father's occupation	-0.305	-0.053	-0.365	0.717
Monthly income (\$)	-5.820E-03	-0.296	-1.225	0.226
Number of children	-0.959	-0.115	-0.783	0.437
Age of your youngest child	0.529	0.116	0.891	0.377
Gender of your youngest child	-6.234	-0.287	-2.584	0.012*
Similarity of goals	2.631	0.311	1.923	0.060
Receiving praise	1.731	0.172	1.135	0.261
Receiving support	2.093	0.209	1.340	0.186
Flexibility regarding child care	0.193	0.021	0.149	0.882
	R = 0.645, R ² = 0.415, F = 2.60, df = 70, P = 0.005			

Dependent Variables: CCCT and Shared parenting attitude

*P < 0.05

The means for the CCT are presented in Table 3 to show the percentages of time-specific child-care tasks completed by the mother alone, the father alone, parents, together, and according to mother employment. Paired t-tests were used to determine whether differences in the proportions of time mothers versus fathers spent on each task were statistically significant. Mothers in this study spent a significantly greater proportion of their time completing independently child-care tasks about making a snack for a child, making the feed to the child, supervising the child's morning routine, cleaning up the child's room, special time with the child at bedtime, taking the child to/from daycare, supervising child's hygiene, and staying home when child sick more time alone than

fathers on these activities. However, the father spent a significantly greater proportion of Responsible for family management. Considering all child-care tasks together, the average percentages of time that couples' estimated mothers spent on the child-care tasks were between 40 and 60% (M = 3.36, SD = 0.72); fathers' average percentages of time were 20 to 40% (M = 1.25, SD = 0.82), and parents worked together approximately 20 to 40% (M = 1.16, SD = 0.78) in completing the tasks. Additionally, unemployed mothers spent a significantly more significant proportion of their time completing independently child-care tasks about making a snack for the child, making the feed to the child, supervising child's morning routine, cleaning up child's room, particular time with the child at bedtime, taking the child

to/from daycare, supervising child's hygiene than employee mother Means and standard deviations for the measures of shared parenting were calculated as follows: similarity of goals (for mothers $M = 3.18$, $SD = 1.31$; for fathers $M = 3.36$, $SD = 1.29$), flexibility regarding child-care tasks (for mothers $M = 2.78$, $SD = 1.27$; for fathers $M = 3.45$, $SD = 1.17$), general feelings of support (for mothers $M = 3.76$, $SD = 1.16$; for fathers $M = 3.35$, $SD = 1.02$), and specific praise for parenting efforts (for mothers $M = 3.33$, $SD = 1.24$; for fathers $M = 3.26$, $SD = 1.11$). Paired t tests revealed that the responses of mothers and fathers on these variables were significantly different for general feelings of support ($t = 2.34$, $P < 0.05$) and flexibility regarding child-care tasks ($t = 3.39$, $P < 0.01$). Means and standard deviations for the measures of shared parenting for employee and unemployed were calculated as follows: similarity of general feelings of support and specific praise for parenting efforts regarding child-care tasks.

Table 5 summarizes the results of a regression analysis of couples' difference scores on outcome variables. Potentially confounding variables, including the age of mother and father, father's and mother's education level, father's and mother's occupation, monthly income, number of children, age of your youngest child, the gender of your youngest child, the similarity of goals, receiving praise for parenting efforts, receiving general expressions of support, and flexibility regarding child-care tasks entered into the equation first to enable the examination of shared parenting variables and outcome measures independently of these variables were entered. For father, an inspection of individual variables indicated that one variable was a statistically reliable predictor, including the gender of your youngest child. The proportions of variance accounted for by demographic variables were significant for CCCT and shared parenting attitudes. The block of demographic variables did not significantly predict the extent to which mothers feel close to their children. Demographic variables explained 23% of the variance in CCCT in this study. Also, demographic variables explained 41% of the variance in shared parenting attitudes.

DISCUSSION

The purpose of our study was to explore child-care task division and shared parenting attitudes in families with young children. Shared parenting as a process of interparental cooperation involving mutual support, flexibility in the allocation of family responsibilities, and similarity in parenting goals were conceptualized. Of particular interest were couples' perceptions of these shared parenting dimensions as they applied to their parenting relationships.

Mothers in this study spent a significantly more significant proportion of their time completing independently child-care tasks more time alone than fathers. Considering all child-care tasks together, the average percentages of time that couples' estimated mothers spent on childcare tasks were between 40 and 60%, fathers' average percentages were 20 to 40%, and parents worked together approximately 20 to 40% in completing the tasks. Although an examination of the CCT responses indicated that mothers spent a significantly more significant proportion of time on most child-care tasks than fathers, one of the most "fun" tasks, planning family-oriented activities, was typically completed by both parents together. It may be that doing fun things together as a family promotes a sense of togetherness and shared parenting among couples. Also, although mothers usually take enormous responsibility for day-to-day family management, it is possible that mothers who tend to share this responsibility feel a greater sense of commitment to their families.

Powerful cultural myths link this ideology to biological differences between men and women. Parents who develop unequal roles often believe that children naturally bond with mothers [8, 13]. They also often believe that men cannot nurture infants the way mothers can. These myths become self-fulfilling prophecies because parents who believe in women's superior capacity to nurture and to "bond" with their children arrange their lives so that mothers will be more available to children. They promote both the bonds that they believe in and the myth of maternal superiority [8, 10, 14]. Ideals for fatherhood are confused today. Responsibility for breadwinning is still expected from fathers, but increasingly we expect good fathers to be involved, nurturing, and available for their children [11]. Skirting the issue of equality, the belief that fathers should be involved often coexists with the conviction that mothers are primarily responsible for children. Families that claim to share child care are often characterized by "manager helper" dynamics, in which mothers are responsible for child care, and fathers merely help when asked [3, 15]. Social interactions reinforce the dominant cultural images of what mothers and fathers should and should not be doing. Sometimes the social pressure is blatant, as when a co-worker chides a father who resists working long hours to care for his children.

Means and standard deviations for the measures of shared parenting were calculated as follows: similarity of goals and specific praise for parenting efforts. Paired t -tests revealed that the responses of mothers and fathers on these variables were significantly different for general feelings of support ($P < 0.05$) and flexibility regarding child-care tasks ($p < .01$). Mothers may be more

accepting of the fact that they are responsible for a greater proportion of child-care duties as long as their husbands participate in family-oriented activities, are willing to help out when necessary, and are explicitly supportive of their efforts as wives, mothers, and workers (Table 4). The role of the mother remains firmly culturally prescribed despite more egalitarian views of women in the workforce. Therefore, working mothers may feel the need to bear a greater responsibility for the care of their children to feel like a “good” mother [16]. The regression analysis with the enter method was used to determine the predictors of CCT. The analysis found that the independent variables were not a predictor of CCT for mothers (Table 5). Also, the extent to which mothers feel close to their children was not significantly predicted by the block of demographic variables. For father, an inspection of individual variables indicated that one variable was statistically reliable predictors, including the gender of your youngest child. The proportions of variance accounted (16.8%) by demographic variables were significant for CCT. Mothers were more involved than fathers in positive engagement and routine child-care on both days and at each assessment and allocated more available time on workdays to these domains than fathers, with one exception. Fathers and mothers allocated similar shares of available workday time to positive engagement at nine months. More significant equity in responsibility and accessibility was found; Mothers spent more, a more significant share of parenting time in responsibility than fathers on the nine months workday only, and were more accessible on the 3-month workday only [17]. Ehrenberg et al. (2001) reported that the demographic characteristics of the sample did not predict couples’ averaged scores on outcome measures [18]. The current findings should be considered only as a first step in delineating psychologically oriented shared parenting dimensions and must be interpreted based on the study’s limitations. First, the reader is reminded that the referral sources invite couples to participate in this study. Second, there are also limitations regarding sample size.

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CONCLUSION

The present study is useful for clinicians for educating couples about three basic requirements for a successful parenting relationship, including flexibility, mutual support, and shared goals, which may serve to enhance marital and parent-child interactions. Clinicians who educate and endorse these “active” messages of support encourage couples’ sense of partnership and subsequently reduce parenting role stress.

The strengths of our study lie in its focus on couples rather than individual parents and its attempt to expand “task-oriented” notions of child-care division to consider more psychologically focused aspects of shared parenting processes. Future investigations of psychologically oriented aspects of shared parenting processes in intact families should include observationally-based assessments.

This study’s findings will eventually lead to meaningful connections between couples’ feelings about shared parenting processes for family practitioners assisting families.

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Ethical Considerations

The ethical approval was obtained on IR. ATA. HSS. RES. 2016/15-29 by the Ethics Committee of Atatürk University Health Sciences.

Author contribution

BE was responsible for the study conception and design; the data analysis; the drafting of the manuscript; critical revisions to the paper for important intellectual content; data collection; statistical expertise; supervised the study.

Conflicts of Interest

None of the authors has any conflicts of interest to declare.

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