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Division of Labor and Working-Class Women's Well-Being Across the Transition to Parenthood

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This study examines the degree to which the division of household and child-care tasks predicts working-class women's well-being across the transition to parenthood. Women completed questionnaires about the division of labor and their well-being before the birth of their first child and upon returning to work. Results showed that violated expectations regarding the division of child care were associated with increased distress postnatally, and there was some evidence that this relationship was moderated by gender ideology. Traditional women whose husbands did more child care than they expected them to do were more distressed. Work status also moderated the relationship between violated expectations and distress. The results suggest that the division of child care is more salient in predicting distress than the division of housework, for working-class women, at this time point.

Family roles have undergone many changes in the United States over the past 50 years. What was considered the traditional family arrangement in the 1950s (mom stays home, dad works) is clearly no longer the norm. In 2000, both parents were employed in 64.2% of married-couple families with children under 18, whereas the father, but not the mother, was employed in only 29.2% of married-couple families. In 2000, the labor force participation rate of married mothers was 69.8%, with 55.8% of married mothers with children under a year old in the work force (U.S. Bureau of Labor Statistics, 2000). These employment trends demonstrate that employed women who also claim the title of mother are clearly in the majority. Little is known about how the transition into the parent role, while maintaining one's work and marital roles, affects women's well-being. The goal of this study is to explore this phenomenon for working-class women.

Multiple Roles and Women's Mental Health

Much research has explored the effects of employment on women's mental health. Barnett and Hyde (2001) cite empirical data to support the notion that multiple roles are beneficial for women's mental health. Indeed, much research suggests that employed mothers enjoy greater psychological well-being than mothers who are housewives (e.g., Glass & Fujimoto, 1994; Hyde, Klein, Essex, & Clark, 1995; Kessler & McRae, 1982). However, other studies have not found significant differences in the mental health of housewives versus employed women (e.g., Klein, Hyde, Essex, & Clark, 1998; Lennon, 1994). These inconsistent findings may be explained, in part, by examining both paid and unpaid work together. For example, Rosenfield (1989) found that housewives were typically more depressed than employed women, with one exception: housewives were *less* depressed than the most overloaded employed women (full-time working mothers who received little help with housework and child care from their spouses).

It seems that holding multiple roles is not associated with singular or predictable outcomes. The degree to which a woman benefits from occupying multiple roles (i.e., mother, wife) is determined by many other factors, such as the number of hours she works (Shehan, 1984), the consonance between her work status and work preferences (Hock & DeMeis, 1990; Klein et al., 1998), her income (Rosenfield, 1989), and how much her husband contributes to family work (Berardo, Shehan, & Leslie, 1987; Glass & Fujimoto, 1994).

Division of Labor and Women's Mental Health

Research indicates that one of the most important factors affecting women's mental health in dual-earner couples is the division of labor. The division of labor is a particularly salient issue among working couples with children, especially infants, as these couples must negotiate not only the division of household tasks such as cleaning, cooking, and repairs but also child-care tasks such as feeding, diapering, and dressing. The transition to parenthood has been recognized as a critical time for examining the effects of multiple roles on men's and women's mental health, as couples renegotiate and widen their repertoire of roles to make room for a new person in their lives. Research indicates that even among couples in which spouses work an equal number of hours, women typically perform two to three times more of

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the daily, repetitive, and necessary household labor than men (Bianchi, Milkie, Sayer, & Robinson, 2000; Shelton & John, 1996).

The asymmetry in men's and women's workloads becomes even more dramatic across the transition to parenthood (Cowan & Cowan, 1988; Deutsch, 1999; Sanchez & Thompson, 1997). Only a few studies have examined changes in the division of labor across the transition to parenthood among *employed* mothers, explicitly (e.g., Gjerdingen & Chaloner, 1994). These researchers found that the division of labor tends to become more traditional across the transition to parenthood in dual-earner households. In short, the literature supports the ideas that (a) women assume a greater share of household responsibility than do men and (b) this difference becomes even more exaggerated when they have a child (Ferree, 1990; Sanchez & Thompson, 1997).

Sharing of Housework Versus Child Care: Effects on Women's Mental Health

One of the challenges to articulating the effect of the division of labor on women's mental health is that many studies have examined only the division of housework (i.e., Sanchez & Thompson, 1997) *or* the division of child care (Lewis & Cooper, 1988) but not both (i.e., Coltrane, 1990; Krause & Markides, 1985; Strazdins, Galligan, & Scannell, 1997). Studies that have considered both housework and child care have often lumped these two together (i.e., as "family work" or "household responsibilities") such that differential involvement in each cannot be examined (Ross, Mirowsky, & Huber, 1983). Studies that have included measures of both household and child-care task involvement have found evidence that these two domains may have different implications for women's mental health (Coltrane, 2000). For example, some studies have shown that husbands' lack of participation in child care, but not housework, is negatively related to distress among employed women (i.e., Kessler & McRae, 1982; Steil, 1997); however, at least one study found that husbands' involvement in housework was a better predictor of women's well-being than their involvement in child-care tasks (Krause & Markides, 1985). Moreover, several studies have indicated that women are more likely to be looking for assistance from their husbands with traditionally female rather than male tasks[1] (Benin & Agostinelli, 1988; Blair & Johnson, 1992; Dempsey, 1997). Studies have found that performing larger amounts of traditionally female tasks is associated with more depression in women and sometimes in men (Barnett & Shen, 1997; Glass & Fujimoto, 1994; Golding, 1990). An aim of the present study is to tease apart the independent effects of child care and household tasks.

Subjective Appraisals of the Division of Labor and Women's Mental Health

Women's perceptions of the division of labor, as opposed to the actual division of labor, may be related to their mental health, above and beyond the proportion of family work they do. Perceived unfairness has been found to predict distress for women only (Robinson & Spitze, 1992). Women who conceive of their situation as unfair are the unhappiest, regardless of the actual distribution of domestic labor (McHale & Crouter, 1992; Voydanoff & Donnelly, 1999). It should be noted that even when women are doing much more family work than their husbands, less than one third feel that it is unfair (Benin & Agostinelli, 1988; Pleck, 1985).

Violated Expectations and Women's Mental Health

As discussed, various aspects of women's subjective evaluations of the division of labor appear to be related to their mental health. Some researchers, interested in how cognitive processes change across the transition to parenthood, have examined whether women's *prenatal expectations* about the division of child care mediate the effect of the division of labor on well-being. Previous research indicates that primiparous mothers' unmet expectations for help following childbirth are associated with a more difficult adjustment to the parental role (Kalmuss, Davidson, & Cushman, 1992). Ruble, Fleming, Hackel, and Stangor (1988) found that new mothers who were doing a greater proportion of the child care and housework than they had expected rated their marriages more negatively than women whose experiences matched their expectations. Nicolson (1990) found that at 1 month postpartum most women reported a significant match between their prenatal expectations and their husbands' involvement in child care and were very satisfied; however, by 6 months, many women felt let down by their husbands and were in turn much more dissatisfied. Because the transition to parenthood invokes continual change and adjustment, it seems important to evaluate the match between wives' expectations and husbands' postnatal involvement for at least several months following delivery.

Division of Labor and Social Class

Much of the research on dual-earner couples has focused on dual-career couples (i.e., Barnett & Baruch, 1987; Yogev, 1981). Dual-career couples are characterized by a higher mean family income, higher levels of educational

[1] In acknowledgment of the gender-typing of household chores, many researchers refer to the daily and routine chores of cooking, cleaning, and shopping as "female" (Presser, 1994), "female-dominated" (Blair & Lichter, 1991), "traditionally feminine" (Orbuch & Eyster, 1997), or just "feminine" (Antill, Goodnow, Russell, & Cotton, 1996, as cited in Coltrane, 2000). Conversely, less frequent tasks such as taking out the garbage, mowing the lawn, and doing household repairs have often been labeled "male," "male-dominated," "male-typed," or "masculine" (Blair & Lichter, 1991). Often researchers indicate that the chores to which they assign gendered terms are neither inherently nor uncategorically gendered—for example, by putting the term in quotes: "'masculine' tasks" (Blair & Lichter, 1991); "'feminine' tasks" (Hall, Walker, & Acock, 1995, as cited in Coltrane, 2000).

attainment, and, thus, greater access to resources and opportunities. Less often studied are dual-earner, working-class couples. Working-class couples are also more likely to work opposite shifts, an arrangement that invokes less time together as a couple and more time doing child care alone (Presser, 1989).

Past research has illustrated a number of ways in which social class is associated with different values about men's and women's roles. For example, Perry-Jenkins and Folk (1994) found that working-class employed wives did a significantly higher proportion of traditionally feminine chores than women in middle-class occupations; however, the division of labor was unrelated to perceptions of fairness for working-class women. Moreover, some research suggests that dual-career couples are more likely to have the means to "buy out" of household work by hiring domestic help (Berardo, Shehan, & Leslie, 1987), thus avoiding the issue of how to divide housework and/or child care altogether.

Two studies of blue-collar women found that even when they viewed themselves as responsible for helping their husbands provide financially, they viewed themselves as secondary providers (Rosen, 1987; Zavella, 1987). Consistent with this, Deutsch (1999) found that 78% of the men and 65% of the women in her subsample of dual-earner, alternating-shift, largely working-class couples emphasized that the man was the main breadwinner in the home. As Deutsch noted, "couples recognized the necessity of wives' financial contributions but were not entirely comfortable with it, especially the men" (Deutsch, 1999, p. 283). Such tensions between women's ideals and their lived realities may very well have implications for their well-being.

The Current Study

The goal of this study is to address a number of the gaps and inconsistencies in the literature on the division of labor and women's well-being across the transition to parenthood and to examine these processes in the context of a dual-earner, working-class sample. Women who are performing the majority of household and child-care tasks in addition to working full-time outside the home seem to be at greater risk for depression and anxiety than women with husbands who are sharing. In this study, we explored the relationships among the division of housework and child-care tasks and women's psychological distress. In addition, we examined the subjective factors that might mediate this relationship: specifically, women's perceptions of fairness and their level of satisfaction with the division of labor. Finally, this study addressed whether the degree of discrepancy between women's prenatal expectations about how much child care their husbands will do and how much they actually do is related to their well-being.

In particular, we were interested in answering the following questions:

1. Is the division of labor related to women's well-being across the transition to parenthood? We hypothesized that as women take on a higher proportion of household tasks, psychological distress will increase. In terms of child-care tasks, it was hypothesized that in cases where new mothers are doing more than expected, they will experience increased distress.

2. How are perceived fairness and satisfaction about housework and child-care tasks related to the division of labor and to women's well-being? We hypothesized that women's sense of fairness and satisfaction would be inversely related to their proportional contribution to household tasks and child-care tasks. Second, we hypothesized that women's sense of fairness and satisfaction would be negatively related to their level of psychological distress.

3. Does husbands' participation in child-care tasks have different implications for wives' well-being than their participation in household tasks? It was hypothesized that the division of child care would be more strongly associated with change in women's well-being than the division of housework. This hypothesis is based on the notion that wives will value their husbands' participation in child-care tasks more highly than their participation in household tasks (Blair & Johnson, 1992; Dempsey, 1997).

Method

Data and Description of the Sample

Data were obtained in face-to-face interviews with 97 dual-earner couples experiencing the transition to parenthood for the first time.[2] Heterosexual couples in which women were in their third trimester of pregnancy were recruited from prenatal education classes at several hospitals in western Massachusetts. Eligibility for inclusion in the study was based on the following criteria: (a) both members of the couple were employed full-time (defined as 35 or more hours per week) prior to the baby's birth, (b) both members of the couple planned to return to full-time work within 6 months of their baby's birth, (c) both members of the couple were "working class" (defined by restricting educational level to an associate's degree or less),[3] (d) both members of the couple were expecting their first child, and (e) the couple was either married or cohabiting at the time of inclusion in the study.

Data for the present investigation were taken from an ongoing, short-term longitudinal study in which 150 working-class couples are interviewed five times across the transition to parenthood. For

[2] *N*s vary from 89 to 97 for correlation and regression tables.

[3] Definition or categorization of families as "working class" is an issue that has been subject to controversy; the role of income and education in this definition, in particular, has been debated (Hughes & Perry-Jenkins, 1996). This study places greater emphasis on education, as opposed to income, for several reasons. First, as Kohn (1995) has pointed out, educational attainment is a barometer, or marker, of individuals' ability to move up the career ladder. Individuals in the study had an associate's degree or less, which acts as a cap on their career mobility or potential for achievement. Income is not necessarily as stable an indicator of access to opportunity in the job market and maximum career potential, and thus was allowed to vary in this study. Individuals' reports of income are often unreliable. Also, working at low-status jobs and having little education limits career mobility but not income; some individuals who work considerable overtime or have been at the same job for many years make substantially more money than individuals who have a high level of education or work at high-status jobs.

the purposes of this study, wives' data from Phase 1 of the project, which occurred during their third trimester of pregnancy, and Phase 3, which occurred shortly after both members of the couple returned to work, were used. The timing of Phase 3 varied for couples, because it was dependent on mothers' return to work, but occurred, on average, at about 15 weeks postpartum. It was determined that the relationship between child age at Phase 3 and women's psychological distress would be assessed via correlational analyses and that if these two variables were significantly correlated, child age would be included as a control variable in all regressions.

Sample Demographics

The age of female participants ranged from 19 to 41 years, with an average age of 27.8 years. The majority (83.8%) of the couples were married. The average length of marriage or cohabitation was 2.9 years. Most participating couples were White (94.1% of women, 91.2% of men); this may be related to the fact that prenatal education classes served as our primary recruiting site.

Educational attainment levels ranged from less than high school to an associate's degree: 2.0% of women had less than a high school diploma, 16.7% of women had obtained a high school diploma, 52.0% of women had some additional schooling or vocational training beyond high school (e.g., beautician school), and 29.4% of women possessed an associate's degree. The most common occupations of these women included secretary, receptionist, cashier, hairdresser, home health aide, and salesperson. Wives' work hours at Time 1 ranged from 35 to 60 hr/week, with a mean of 42.9 hr/week and a median of 42 hr/week.

Wives' work hours at Time 2 ranged between 10 and 56 hr/week, with an average of 36.4 hr/week and a median of 40 hr/week. Among those women who continued to work full time after the birth of their child (Time 2), work hours ranged from 35 to 56, with a mean of 41.5 hr/week and a median of 40 hr/week. Among those women who decided to return to work part time, work hours ranged from 10 to 33 hr/week, with a mean of 23.6 hr/week and a median of 24.5 hr/week. Wives' annual income at Time 1 ranged from $8,125 to $61,875, with an average of $23,250 and a median of $23,250. At Time 2, wives' annual income ranged from $3,000 to $58,900, with an average of $24,159 and a median of $23,875. Among women who returned full time at Time 2, annual income ranged from $11,388 to $58,900, with an average of $28,638 and a median of $26,000. Among women who returned part time, annual income ranged from $3,000 to $31,000, with a mean of $12,644 and a median of $11,464. It is important to clarify the apparent inconsistency between our designation of our sample as "working class" and the fact that the upper range of incomes in our sample is so high. High income is often a reflection of working multiple jobs and/or significant overtime. Thus, in this study we have chosen to place greater emphasis on educational attainment than on income for reasons detailed earlier.

Measures

Division of Labor

Household tasks: Who does what? (Atkinson & Huston, 1984). Wives' reports of their proportional contribution to traditionally feminine household tasks were assessed at both Time 1 and Time 2. Wives' contribution to traditionally feminine tasks was used as an index of housework involvement, as it is these tasks that are considered the most time consuming and repetitive (Dempsey, 1997) and the domain in which wives most value their husbands' involvement. There are eight feminine tasks: making beds, cleaning, cooking, dish washing, laundry, running errands, preparing for events and activities like birthdays, and buying presents for and making calls to family and friends. Wives were asked to indicate their proportional contribution to each task on a 5-point scale: 1 = *usually or always my spouse (0%–20% personal contribution)* to 5 = *usually or always myself (80%–100% personal contribution).* At Time 1, the alpha coefficient for the subscale of female tasks was .69; at Time 2, it was .65.

To determine whether change in the division of tasks from Time 1 to Time 2 was associated with psychological distress, a change score was computed (Time 1 household tasks [HHT] minus Time 2 HHT) to represent the degree of change in women's proportional contribution to housework from Time 1 to Time 2. A high, or positive, change score indicated that women were doing less at Time 2 than at Time 1. A low, or negative, change score indicated that women were doing a greater proportion of the housework at Time 2 than at Time 1.

Child-care tasks: Child-care responsibility (Barnett & Baruch, 1987). Wives' expectations about the division of child care after their baby's birth were assessed at Time 1, and the actual division of child care was assessed at Time 2. There are 15 child-care tasks, and they include chores such as feeding, changing diapers, getting up at night with the baby, and playing with the baby. Wives rated their expected (Time 1) and actual (Time 2) proportional contribution to child-care tasks using a 5-point scale: 1 = *usually or always my spouse (0%–20% personal contribution)* to 5 = *usually or always myself (80%–100% personal contribution).* At Time 1, the alpha coefficient for the overall scale of child-care tasks (which measures women's expectations) was .85; at Time 2, it was .78.

Change scores were also computed for child-care tasks, to represent the degree to which women's expectations about the division of child care—how much they thought they would do—were discrepant with the actual division of tasks (Time 1 child-care tasks [CCT] minus Time 2 CCT). A high, or positive, change score indicated that women were doing less at Time 2 than they had expected, and a low, or negative, change score indicated that they were doing more than they had anticipated.

Subjective Evaluations of the Division of Labor

Sense of fairness. Wives' sense of fairness about the division of housework was assessed at Time 2, via a single item. Respondents were asked, "How do you feel about the fairness of your relationship when it comes to the division of household tasks?" and asked to choose between five possible responses: 1 = *very unfair to you*; 2 = *slightly unfair to you*; 3 = *fair to both you and your spouse/partner*; 4 = *slightly unfair to your partner*; and 5 = *very unfair to your partner.* At Time 2, respondents were also asked about their sense of fairness about the division of child-care tasks and given the same five possible responses.

Sense of satisfaction. Wives' levels of satisfaction with the division of housework and with the division of child-care tasks were assessed at Time 1 (household tasks only) and Time 2, via a single item. Respondents were asked, "How satisfied are you with the current division of household tasks/child-care tasks?" and asked to choose among five possible responses, from 1 = *very dissatisfied* to 5 = *very satisfied.*

Psychological Distress

To obtain a more global measure of wives' psychological distress, as opposed to looking at several outcomes of distress, wives' scores on the depression and anxiety scales were collapsed to form

a composite score for each individual. This decision was made on the basis of the fact that depression and anxiety were highly correlated ($r = .64$, $p < .001$, at Time 1; $r = .73$, $p < .001$, at Time 2). Thus, scores on both the Center for Epidemiological Studies—Depression (CES–D) Scale and the Spielberger State Anxiety Scale (both of which are described below) were transformed into *z* scores and averaged. Thus, the resultant score represents an average of women's depression and anxiety. A high score on this measure indicates greater symptomatology. This variable is referred to as *psychological distress* in all analyses and tables.

Depression (CES–D Scale; Radloff, 1977). Wives' depression at Time 1 and Time 2 was assessed via a 20-item scale devised by the Center for Epidemiological Studies of the National Institute for Mental Health. Respondents were asked to consider the previous week and, using a 4-point scale (from 0 = *rarely/none of the time* to 3 = *most or all of the time*), to indicate how often they had experienced various feelings and behaviors (e.g., "I felt lonely; I could not 'get going'"). The coefficient alpha at Time 1 was .88; at Time 2, it was .90.

Anxiety (State Anxiety Scale; Spielberger, 1972). Wives' anxiety at Time 1 and Time 2 was assessed via Spielberger's State Anxiety Scale. Respondents were given a list of 20 items or statements (e.g., "I feel nervous and restless; I feel secure") and asked to rate the extent to which each represented their current feelings, using a 4-point scale (from 1 = *not at all* to 4 = *very much so*). The alpha coefficient for this scale was .89 at Time 1 and .91 at Time 2.

Work Status

One of the criteria of this study was that women had to be planning to go back to work full time after the birth of their baby. However, not every woman in our study ultimately met this criterion. Given that women's work hours were not normally distributed, work status was dichotomized into a two-level variable; that is, women were categorized as either part-timers (under 35 hr/week) or full-timers (35 hr/week or more). The sample consists of those who went from full-time to part-time status across the transition to parenthood ($n = 26$) and those who maintained their full-time status across the transition ($n = 71$); thus, it was possible to assess the differential implications of remaining full time versus switching to part time after giving birth.

Shift Work Status

The effect of shift status was assessed both at the individual level and at the couple level. To investigate the effect of shift status at the individual level, women were categorized into two groups: women who worked day shifts and women who worked evening/night/rotating shifts. Shift status was also assessed at the couple level; women were categorized into two groups: women who worked the same shift as their husbands and women who worked opposite shifts from their husbands (Presser, 2000).

Gender Ideology

Gender ideology was assessed by having women indicate whether they agreed or disagreed with the statement "The man should be the main breadwinner."

Results

Bivariate Relationships

Division of Labor and Psychological Distress

Bivariate correlations between division of labor and distress variables were conducted for the full sample and also for part-timers and full-timers separately, on the basis of the hypothesis that relationships between division of task variables and distress might differ as a function of work status. These analyses are described in Table 1.

At the bivariate level, the division of household chores was unrelated to women's psychological distress both prenatally and postnatally. Women who expected to do more child-care tasks at Time 1 were somewhat more likely to be depressed at Time 2 ($r = .19$, $p < .10$). Violated expectations regarding child care were also related to women's depression at Time 2 such that women who ended up doing *less* than they expected were more depressed at Time 2 ($r = .26$, $p < .05$); this association was particularly strong for women who ended up returning to work part time, and thus, this relationship seemed to be carried by the association for part-timers. In terms of absolute levels of depression, women who returned part time were not significantly more

Table 1
Correlations of Division-of-Labor Variables With Psychological Distress Variables for Whole Sample ($N = 95$) and by Work Hours (Part-Timers, $n = 27$; Full-Timers, $n = 68$)

	Psychological distress		
Division-of-labor variable	T1 distress	T2 distress	Change in distress
T1 HHT			
Whole sample ($N = 92$)	−.03	.01	−.05
Part-timers ($n = 25$)	−.31	.05	−.33
Full-timers ($n = 67$)	.05	−.04	.09
T2 HHT			
Whole sample	.04	−.06	.10
Part-timers	−.10	−.05	−.05
Full-timers	.07	−.10	.17
ΔHHT			
Whole sample	−.08	.08	−.16
Part-timers	−.24	.09	−.31
Full-timers	−.03	.07	−.10
T1 CCT (expectations)			
Whole sample	.17	.19†	−.01
Part-timers	−.15	.09	−.22
Full-timers	.32	.16	.21†
T2 CCT (actual division)			
Whole sample	−.09	−.15	−.05
Part-timers	−.22	−.33	.15
Full-timers	−.06	−.16	.08
ΔCCT			
Whole sample	.18†	.26*	−.06
Part-timers	.16	.41*	−.29
Full-timers	.20	.23†	.01

Note. HHT = household tasks; CCT = child-care tasks; ΔHHT = change in household tasks; ΔCCT = violated expectations about child care.
† $p < .10$ (marginally significant). * $p < .05$.

depressed at Time 1, $F(1, 99) = 0.003$, $p = .959$, but they were more depressed at Time 2, $F(1, 95) = 4.85$, $p < .05$.

Division of Labor and Subjective Evaluations of the Division of Labor

Bivariate correlations among the division of labor and subjective evaluation variables were conducted for the whole sample and for part-timers and full-timers separately; they are presented in Table 2. Women who did relatively more housework at Time 1 were less likely to think the division at Time 2 was fair and less likely to be satisfied with it. Similarly, women who did more housework at Time 2 were less likely to think the division was fair at Time 2 or to be satisfied with it. In terms of change in housework, women who reported performing smaller proportions of housework at Time 2 than at Time 1 were more likely to perceive the division of tasks at Time 2 as fair; they were also somewhat more satisfied with the division at Time 2.

Among women who ended up returning to work part time, expecting to do more child care at Time 1 was strongly associated with lower satisfaction at Time 2, whereas no relationship emerged for full-timers. In terms of violated expectations regarding the division of child care, women who ended up doing less child care than expected tended to perceive the division of tasks at Time 2 as more fair and to be more satisfied with it.

Table 2
Correlations Among Division-of-Labor and Subjective Evaluation Variables for Whole Sample and by Part-Time and Full-Time Status

Division-of-labor variable	Subjective evaluation	
	T2 fairness	T2 satisfaction
T1 HHT		
Whole sample ($N = 94$)	−.30**	−.21*
Part-timers ($n = 25$)	−.27	−.09
Full-timers ($n = 69$)	−.28*	−.24*
T2 HHT		
Whole sample	−.24*	−.40***
Part-timers	−.49*	−.48*
Full-timers	−.56***	−.36**
ΔHHT		
Whole sample	.25*	.18†
Part-timers	.13	.30
Full-timers	.32**	.13
Satisfaction with HHT		
Whole sample	.52***	
Part-timers	$.85_a$**	
Full-timers	$.40_b$***	
T1 CCT (expectations)		
Whole sample ($N = 90$)	−.23*	−.20†
Part-timers ($n = 24$)	−.32	$-.49_a$*
Full-timers ($n = 66$)	−.13	$-.04_b$
T2 CCT		
Whole sample	−.53***	−.45***
Part-timers	−.56***	−.45*
Full-timers	−.50***	−.44***
ΔCCT (violated expectations)		
Whole sample	.42***	.38***
Part-timers	.42*	.21
Full-timers	.45***	.43***
Satisfaction with CCT		
Whole sample	.38***	
Part-timers	.66***	
Full-timers	.28*	

Note. Correlations with different subscripts are significantly different. HHT = household tasks; CCT = child-care tasks; ΔHHT = change in household tasks; ΔCCT = violated expectations about child care.
† $p < .10$ (marginally significant). * $p < .05$. ** $p < .01$. *** $p < .001$.

Subjective Evaluations of the Division of Labor and Psychological Distress

Contrary to expectation, women's subjective evaluations of the division of labor at Time 2 were generally unrelated to their level of psychological distress at both time points, with a few exceptions, which are noted in Table 3. Specifically, dissatisfaction with the division of child care was related to distress for part-timers only. Thus, the notion that perceived fairness and satisfaction might mediate relationships between tasks and well-being was generally not supported, with the exception noted above.

Predicting Women's Psychological Distress: Hierarchical Linear Regressions

A series of hierarchical linear regressions was performed to assess the relative strength of several variables (the division of housework and child care, and fairness and satisfaction) in predicting change in women's well-being across the transition to parenthood. Separate regression models were computed for child care and housework to determine how these variables operate independently in predicting women's well-being. Work status was also included as a predictor in these models.[4] Child age was not included in these regressions, as the relationship between distress and child age was determined to be nonsignificant in an analysis of variance. Likewise, analyses of variance determined that shift work, conceptualized at both the individual level (whether women worked day or non-day shifts) and the couple level (whether women worked opposite shifts from their husbands), was unrelated to distress ($F = 0.82$, $p > .10$; $F = 1.79$, $p > .10$); thus, shift status was not included in the regressions.

Time 1 distress was adjusted for in this series of regressions in an attempt to identify a model of predictors of change in well-being. Work status was entered as Step 2. Step 3 consisted of the division-of-tasks variables. Step 4 consisted of the subjective evaluation variables.

[4] Work status was included in the regression and income was not, given that these two variables were highly correlated. Income was also not related to change in depression in either the housework or child-care model.

Table 3
Correlations of Subjective Evaluation Variables With Psychological Distress Variables for Whole Sample, Part-Timers, and Full-Timers

Division-of-labor variable	Psychological distress		
	T1 distress	T2 distress	Change in distress
T2 Fairness (HHT)			
Whole sample ($N = 90$)	−.10	.02	−.13
Part-timers ($n = 24$)	−.03	.03	−.06
Full-timers ($n = 66$)	−.13	.14	−.27
T2 Satisfaction (HHT)			
Whole sample	−.17	−.17	−.01
Part-timers	−.18	−.13	−.03
Full-timers	−.18	−.14	−.07
T2 Fairness (CCT)			
Whole sample	.05	.05	.04
Part-timers	−.01	−.19	.19
Full-timers	.06	.14	−.06
T2 Satisfaction (CCT)			
Whole sample	−.20†	−.17†	−.04
Part-timers	−.05	−.38*	.37*
Full-timers	−.25*	−.09	−.19

Note. HHT = household tasks; CCT = child-care tasks; ΔHHT = change in household tasks; ΔCCT = violated expectations about child care.
† $p < .10$ (marginally significant). * $p < .05$.

Predicting Change in Psychological Distress as a Function of Household Tasks

As Table 4 indicates, in the model with household variables, work status emerged as the only significant predictor of change in well-being across the transition to parenthood. Part-timers were significantly more likely to experience increased distress. Also, women who were dissatisfied with the division of housework at Time 2 were somewhat more likely to experience increased distress, at the level of a trend. The division of tasks at Time 1, change in the division of tasks, and perceived fairness were not significant predictors of change in women's well-being.

To examine the possibility that the relevant variables might interact with one another, all possible interactions were tested. None were significant.

Predicting Change in Psychological Distress as a Function of Child-Care Tasks

Regression results in Table 5 indicate that work status and violated expectations about the division of child care emerged as significant predictors of change in women's well-being.[5] Again, part-time status appears to be associated with an increase in symptomatology across the transition to parenthood. In addition, women who end up doing less child care than they expected tend to experience an increase in symptomatology across the transition to parenthood.

In testing interactions, a significant relationship between work status and satisfaction with child care emerged, at the level of a trend. Among part-timers, women who were dissatisfied with the division of child care were more likely to experience increased distress. It is important to note that part-timers were not using the full scale in responding: Few women reported being *somewhat* dissatisfied, and no one reported being *very* dissatisfied. Among full-timers—who did use the full scale in responding—satisfaction was not associated with change in distress. On the basis of this interaction, exploratory analyses were conducted to examine work status as a possible moderating variable. Analyses were conducted separately for part-timers and full-timers.

Exploratory analysis: Predicting women's psychological distress from child-care task variables for part-timers and full-timers separately. When the child-care task model was used to predict distress for part-timers and full-timers separately, several interesting findings emerged. For women who went back to work part time, violated expectations were associated with an increase in distress such that women who ended up doing less child care than expected were more depressed. Likewise, part-timers who were less satisfied were somewhat more likely to become more distressed across the transition to parenthood. None of the child-care task variables were significant predictors of distress for full-timers. It is important to regard these exploratory findings with caution given the small numbers of part-timers ($n = 24$) and full-timers ($n = 65$).

Exploratory analysis: Considering gender role ideology as a factor in predicting women's psychological distress. Our surprising finding that women who were doing less than expected were most likely to experience an increase in distress prompted us to consider why this might be. We hypothesized that women's gender ideology might also moderate the relationship between violated expectations and well-being such that doing less child care than expected

[5] The absolute level of child-care tasks at Time 2 was found to be nonsignificant when included in the model with violated expectations about child care; it was removed out of concern for statistical power.

Table 4
Predicting Change in Psychological Distress Across the Transition to Parenthood From Household Task Variables (N = 94)

Household task variable	Step			
	1	2	3	4
T1 distress	.533***	.530***	.539***	.534***
PT/FT		−.242**	−.248**	−.277**
T1 HHT			−.076	−.032
ΔHHT			.156	.113
Sat. HHT				.170†
Fair. HHT				.207
ΔR^2	.284***	.058**	.018	.032
R^2	.284***	.343***	.361***	.351***

Note. Values are unstandardized regression coefficients. PT/FT = part-time/full-time; HHT = household tasks; ΔHHT = change in household tasks; Sat. = satisfaction; Fair. = fairness.
† $p < .10$ (marginally significant). ** $p < .01$. *** $p < .001$.

would be associated with greater distress for traditional women who would prefer to stay home full time with their baby, as opposed to egalitarian women, who believed that both partners should work. Women were categorized according to whether, at Time 2, they agreed or disagreed with the statement "The man should be the main breadwinner." Correlations between violated expectations and distress were computed for traditional women ($n = 32$) and egalitarian women ($n = 60$) separately. The correlation between violated expectations and depression at Time 2 was .40 ($p < .05$) for traditional women and was nonsignificant for egalitarian women ($r = .18$, $p = .18$); the correlation between violated expectations and change in depression was nonsignificant for both groups, although it was larger for the traditional women ($r = -.24$, $p = .19$) than for the egalitarian women ($r = .07$, $p = .59$).

Replicating the part-time/full-time analyses, we conducted analyses separately for traditional women and egalitarian women. Again, these results should be regarded with caution because of the small sample sizes. In this set of analyses, violated expectations emerged as a significant predictor of change in well-being for traditional women ($B = .61$, $p < .05$), and the change in R^2 for this step was significant; in addition, work status became nonsignificant as a predictor. In contrast, violated expectations was not a significant predictor of change in well-being for egalitarian women, whereas part-time status did indeed emerge as a significant predictor ($B = -.42$, $p < .05$); the change in R^2 for this step was also significant. Thus, for traditional women, who are more identified with the role of wife–mother than provider, it appears that doing less child care than expected is associated with increased depression across the transition to parenthood; contrastingly, for women who believe that both spouses are responsible for providing financially, returning part time is associated with increased depression.

However, it seemed possible that the effect of violated expectations on distress for traditional women might be an effect of higher expectations to begin with; that is, we questioned whether unequal variances in the expectations-about-child-care variable might be responsible for the apparent relationship. Testing for homogeneity of variances for this variable revealed that, indeed, traditional women were using less of the scale than egalitarian women; that is, they had significantly higher expectations about how much child care they would do to begin with ($M = 3.53$, $SD =$

Table 5
Predicting Change in Psychological Distress Across the Transition to Parenthood From Child-Care Task Variables, for Full Sample (N = 89)

Child-care task variables	Step				
	1	2	3	4	5
T1 distress	.521***	.520***	.485***	.438***	.458***
PT/FT		−.254**	−.260**	−.246**	−.771*
ΔCCT			.176*	.259*	.221*
Sat. CC				−.152	−.863*
Fair. CC				−.036	−.013
Sat. × PT/FT					.930†
ΔR^2	.272***	.064**	.030*	.021	.025†
R^2	.272***	.336***	.366***	.387***	.412***

Note. Values are unstandardized regression coefficients. PT/FT = part-time/full-time; CCT = child-care tasks; ΔCCT = violated expectations about child care; Sat. = satisfaction; Fair. = fairness.
† $p < .10$ (marginally significant). * $p < .05$. ** $p < .01$. *** $p < .001$.

0.31). Thus, they had more room to fall than egalitarian women ($M = 3.39$, $SD = 0.20$).

Given that the findings for part-timers versus full-timers were similar to the findings for traditional versus egalitarian women, we hypothesized that gender ideology and work status might interact—that is, part-timers might be traditional women "in disguise." A chi-square test on these two variables was performed and was not significant. Thus, both work status and gender ideology seem to moderate the effect of violated expectations on distress; however, these effects appear to operate independently of one another.

Discussion

This investigation of the interrelationships of the division of labor, women's subjective appraisals of family work, and women's mental health across the transition to parenthood yielded some interesting, and in some cases surprising, results.

Division of Labor and Well-Being

Contrary to our first hypothesis, few relationships emerged between the actual division of labor and well-being. Specifically, there was little support for the hypothesis that wives' reports of the division of housework would be related to their well-being. This finding is somewhat inconsistent with the findings of Ross et al. (1983), who found that husbands' help with housework was associated with lower levels of depression among both employed and nonemployed wives, although other studies (i.e., Kessler & McRae, 1982) have found no relationship between husbands' proportional involvement in housework and women's distress. An interesting finding emerged for child-care tasks: Violated expectations regarding child care were associated with increased symptomatology across the transition to parenthood. This relationship was in the direction opposite what past research might suggest: Women who ended up performing less child care than they had anticipated were the most distressed. There was some evidence that this relationship was moderated by work status and gender ideology such that both women who returned part time and women who espoused more traditional gender ideologies were more distressed when they did less than expected. Although the findings for part-timers and traditional women are similar, the effects of work status and ideology appear to be largely independent: Although there is overlap, traditional women and part-timers do not represent the same group.

Subjective Evaluations of Division of Labor, Actual Division of Labor, and Well-Being

Next, we explored the interrelationships among women's subjective evaluations of the division of labor, the actual division of labor, and women's well-being. We found that, as expected, the greater women's proportional responsibility for household and child care, the less fairness and satisfaction they reported. However, surprisingly, subjective evaluations of housework and child care were generally found to be unrelated to well-being. This lack of association is inconsistent with the results of studies that have linked perceptions of unfairness of family work to unhappiness among women (e.g., McHale & Crouter, 1992; Voydanoff & Donnelly, 1999) and dissatisfaction with family work to distress (e.g., Gjerdingen & Chaloner, 1994). What might account for this surprising lack of association? It should be noted that the majority of studies that found such an association were conducted on middle-class families. Perry-Jenkins and Folk (1994) found that social class appears to moderate the relationship between perceived equity and marital conflict: That is, perceived equity of the division of chores was related to marital conflict for middle-class wives but not for working-class wives. Thus, it is possible that for these working-class women, perceived unfairness may not have implications for women's internalizing symptoms but may lead to feelings of anger and frustration.

Work Status

Work status consistently emerged as an important predictor of change in women's level of distress across the transition to parenthood. Women who returned to work part time after the birth of their first child were significantly more depressed postpartum than they were prenatally. Stable full-timers did not experience the same increase in symptomatology. One potential explanation for this is suggested by the results of our second exploratory analysis—specifically, that when the sample is split in terms of gender ideology, it is only among egalitarian women that part-time status is associated with increased symptomatology. These women believe that it is both partners' responsibilities to provide financially; thus, in returning to work part time, these women may be experiencing incongruence between their attitudes and behavior regarding the division of labor, which has been found to have implications for well-being (Coltrane & Ishii-Kuntz, 1992; Helms-Erickson, 2001). It may be that women working part time find that, rather than feeling a strong sense of power and identity in two domains, they end up feeling helpless and overwhelmed and insufficiently competent in *both* the home and employment spheres. Part-timers may represent a group that would like to ask their husbands for help but feel conflicted about their right to do so. The finding that part-timers, who fail to use the entire scale in reporting their level of satisfaction with the division of child care (only 6 women reported being somewhat dissatisfied, and no women reported being very dissatisfied), were also those most likely to experience an increase in symptomatology supports this. Part-timers are ambivalent about their right to express discontent with the status quo (in that they are "only" working part time), and thus, there is a conflict between how they feel and how they think they should feel. Also, in that part-time work is typically found in lower level positions, it is associated with less power and autonomy than full-time work and thus may be less rewarding than full-time work. In addition, working fewer hours is associated with earning less money. However, though work status and income are highly correlated,

regression analyses found income to be relatively unrelated to psychological distress, suggesting that although part-timers do make less money, this alone does not explain why part-timers are more depressed.

Of course, these findings beg the following question: Do women return part time because they are depressed? This does not appear to be the case, given that results indicate that women who return part time are not significantly more depressed at Time 1 than full-timers; rather, these women are only more depressed postnatally. Also, anecdotal evidence suggests that most women who return to work part time claim to do so out of a desire to spend more time with their children. However, it is still possible that women return part time because they experience postpartum depression. Future analyses might explore this possibility.

Violated Expectations, Work Status, and Gender Ideology

Returning to the findings related to violated expectations about child-care tasks, we consider Ferree's (1991) suggestion that wives' own expectations for themselves regarding their standards and performance of family work may hold the greatest implications for their mental health. Women who return to work part time and women who espouse more traditional gender role ideologies may consist of two distinct but overlapping groups: (a) women who simply want to spend more time with their children and (b) women who firmly believe that it is their role, as a mother, to be the primary caregiver. Women who return to work part time to take on more of the child care may be faced with a similar sense of disappointment in their inability to "do it all" and, in turn, experience increased guilt and distress. Traditional women, also, appear to be more prone to depression if they are doing less than expected. However, interestingly, this association appears to be a function not so much of violated expectations, per se, but of the fact that traditional women started out with higher expectations about how much caretaking they would do, and thus had more room to fall, compared with egalitarian women. Their higher expectations regarding how much child care they would do reflects their belief that their role is not to provide economically but to care for their child, and their compromised well-being is in turn likely a consequence of the clash between their ideals and their lived reality. Furthermore, as Coltrane (1996) pointed out, if women do not wish to give up control of the domestic sphere, being forced to share child care and housework may have deleterious effects on their well-being. Thus, increased distress among traditional women may constitute evidence that if women are employed but believe women should be home with their children, their mental health will suffer (Barnett & Hyde, 2001). There is still the possibility that part-timers and traditional women are doing less than expected because they are victims of postpartum depression—but the fact that egalitarian women don't also show this pattern provides evidence against this.

Conclusions and Implications

In interpreting the findings related to the division of chores and mental health, it is essential to recall that our first hypothesis, that doing more than expected in terms of family work would be related to increased distress, was based on the existing literature, which consists primarily of studies using middle-class samples. We have less of an understanding about the values and preferences of working-class wives and how they might shape women's feelings about the division of labor. Women may place high priority on homemaking, not only believing that it is their duty to assume primary responsibility for family work but also having a strong desire to maintain control over how things are done and maintaining extremely high standards of performance. This may be particularly true for traditional working-class women; indeed, there is great variability within the working class, as these findings highlight.

Our hypothesis that husbands' contributions to child care versus housework might have different implications for women's well-being was substantiated. Aspects of the division of child-care tasks appeared to be more important in predicting change in women's psychological distress than did elements of the division of household tasks.

The findings have several potential implications. First, this research underscores the need to consider the division of housework and child-care tasks as separate domains of influence and, thus, the importance of not lumping them together in analyses under the rubric of "family work." The results also suggest that context, in this case social class, may play a role in shaping processes and outcomes. Future research on individuals of various social class backgrounds is needed. Additionally, research on variability within working-class samples (i.e., as a function of work status and gender ideology) should be expanded and explored further. Finally, this study represents an effort to help fill the gap in multiple-roles research that was identified by Barnett and Hyde (2001), who emphasized that more research is needed on the processes through which multiple roles are beneficial to mental health. The findings of this study comment on the importance of considering both paid and unpaid labor and of considering the complexities of each (work status, ideology/preferences, and expectations vs. the actual division of labor). In this study, the effect of multiple roles on women's mental health appeared to be moderated by their beliefs and preferences and the consonance of their work–family preferences with their actual work–family arrangements.

There are several limitations to the current study. First, although the size of our overall sample was relatively large (*N*s varied between 89 and 97 for all analyses), the size of our subsample of part-timers was relatively small (*n*s ranged between 24 and 26). Given this, our findings on differences according to work status should be interpreted with some caution. Another limitation of the current study is the fact that the satisfaction and fairness variables were based on single items.

It is also important to note that data in the current study are based on only two time points, approximately 4 months apart, on average. Follow-up is needed to know whether the

trends and associations observed in the current study are transient or whether they represent stable patterns. Nicolson (1990) found the relationship between the division of labor and women's well-being to be different at 1 month and 6 months postpartum. Thus, it is possible that in a few months, the women in this sample may feel differently and the predictors of distress may be very different. In this same vein, the absence of effects of shift work on mental health must be viewed in the context of the fact that these women have only been back at work a month; it is quite possible that there may be more long-term effects of shift work on well-being.

In summary, these data suggest that violated expectations about the division of child care hold more implications for change in working-class women's mental health than the actual division of child care or housework. Evidently, within this sample of working-class women, if women's "felt" roles are discrepant with their lived reality, they suffer. Indeed, our findings regarding the interrelationships of the division of labor, subjective evaluations, and women's well-being, so discrepant with the results of studies using middle-class samples, clearly suggest that social context may be moderating these relationships. Future research with working-class, dual-earner couples can help to establish whether this is indeed the case.

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