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Transition to Parenthood

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Preface

As a graduate student, at the University of British Columbia, I was interested in studying marital quality and stability. In my first semester it became apparent from the literature that the transition to parenthood was a trying time for couples. I recall one qualitative study that found even couples who stayed together recalled the trying years when they first became parents. So I went to my Major Professor Dr. James White and I told him I was interested in studying the transition to parenthood and the effects it had on couples. His response was simply, people will always be having children so you can make a career out of this research focus! Today my research focusses mainly on the *Transition to Parenthood* and parenting among culturally diverse couples. I teach courses in parenting education, diversity in families, the transition to parenthood, and child development.

When I began my Doctoral Studies at Kansas State University I had the opportunity to develop a short three-week undergraduate course on the *Transition to Parenthood*. At first my classmates were skeptical that I could teach an entire course on the topic, at most they thought it was two days' worth of content. Well I did develop the course and taught it for three consecutive years as a graduate student. The course has since evolved into a semester-long undergraduate elective offered by the School of Family Studies and Human Services at Kansas State University. This course has always been popular among our students as they have appreciated the content area and the applicability of the material to their lives. Among my non-traditional students there is agreement that they wish they had taken the course before having children. I am always surprised by students' initial reactions to the content of this course; it seems that even some university educated adults still image the "white picket fence" scenario for themselves once they get married and have children. Most students believe that if they just finish their education, get married and then have children, there won't be any issues because they have done it the right way, the traditional way. They are surprised to learn that even the most prepared parent can have difficulty in adjusting to parenthood. Perhaps the most important aspect of this course for students, who are already parents, has been the acknowledgment that they are not the only person or couple that has had a difficult time adjusting.

Throughout the years I have used journal articles and census reports as reading packets for my course. The course content has always had a focus on the history of fertility in the United States, theory, relationship quality and stability, cultural

diversity, and program evaluation. I decided to write this book in order to marshal all the information I shared with students into one source. There are many publications that focus on pregnancy and there are even more that focus on parenting, yet there is a gap in books that focus on the *Transition to Parenthood*. This book fills the gap by putting together empirical information on the *Transition to Parenthood* in a way that is relevant for both professionals working with families and Researchers wishing to pursue further investigation. The transition to parenthood has been a subject of empirical investigation for over 60 years and there is a lot we know about this important life event. All professionals working with new parents need to understand the diversity amongst new parents and the strengths and limitations that this diversity creates. It is important to recognize the diversity amongst new parents because these parents are our students, clients, and peers. More children are being born outside of marriage today than we have ever seen in the past and professionals need to understand that this is not just a limitation but a reality for many new parents. Professionals need to understand these realities in order to provide the best service possible to all families making the transition to parenthood.

In writing this book I enlisted the expertise of two of my colleagues, Doctors Walter Schumm and Sonya Britt, in hopes they would add additional content to this book. Dr. Schumm has studied families for over four decades and published numerous peer reviewed articles on marital relationships. He, along with Steve Bollman and Tony Jurich, developed the Kansas Marital Satisfaction Scale and continues to teach courses on premarital education and marital interaction. Dr. Britt is internationally recognized for her groundbreaking research in the field of financial therapy and she teaches courses in advanced personal financial planning and family and consumer economics. The expertise of both my colleagues allowed us to add chapters on the content areas of Money and Relationship Maintenance. Although their expertise greatly added to the content of our book, it was the diversity in our life perspectives that was perhaps the greatest benefit in writing this book. Our viewpoints differed greatly in some aspects and I can attribute this to our previous experiences and stage in life.

Sonya and her husband Josh, of ten years, did not have children when we starting writing this book. Both had careers in academia and had recently moved back to Kansas. Today they are making the transition to parenthood and expecting their first child in late 2013.

I, in my early thirties had just gotten married after five years of being in a long-distance relationship with my husband Donovan. Donovan had just moved to Kansas and we learned we were expecting our first child. So I was literally experiencing the Transition to Parenthood when we began this book. Today we are the proud parents of a little girl.

Walter and his wife Kimberly have seven children, born between 1981 and 1996, four sons and three daughters. Today they have sixteen grandchildren, ten of whom were adopted from African-American families. Walter's own parents made the transition to parenthood twice, when his mother was 23 (his older brother) and again at age 43 (himself). The second transition was especially challenging for his

parents because he was born two months premature and was in such poor condition that the attending Physician told his mother that there was a one hundred percent chance that the new baby boy would die right away. And about a quarter of the babies born so premature at that time became blind, even if they survived. This type of problem is a reminder that in some parts of the United States many years ago, babies used not to be named for several months after birth because the death rates were high enough that it was easier to bury a nameless infant than one with a name.

Our experiences have undoubtedly impacted our perspectives and we kept this in mind when we asked Doctors Briana Nelson Goff, Nicole Springer, and Gail Bentley to write chapter nine on children with special needs. In this chapter personal experiences from two of the authors and several other families are shared. We feel that these personal stories and the multiple examples from real families that are shared throughout our book give readers a greater understanding of how the *Transition to Parenthood* impacts lives.

Roudi Nazarinia Roy

Acknowledgments

First and foremost I would like to thank Walter Schumm and Sonya Britt for their contribution to the book and their endless support as both colleagues and friends throughout my career at Kansas State University.

I would also like to thank my parents Mali and Masoud Nazarinia for their endless encouragement and love throughout my life. I would especially like to thank my mother for putting her life on hold and moving out to Kansas in order to assist us during our Transition to Parenthood. Her endless knowledge and support earn her the nickname “baby whisperer” among our friends.

Finally, I would like to thank my husband Donovan Roy for his endless love and support and our daughter Mali who has allowed us to embark on one of life’s greatest journeys, parenthood.

Roudi Nazarinia Roy

I would like to express my deepest gratitude toward some of my key mentors, including Tony Jurich, Steve Bollman, Wallace Denton, and Charles Figley. Without my family’s support, of course, none of this work would have been possible, so great credit belongs to my wife Kimberly and our seven children, who have taught me most of what I have learned about the *Transition to Parenthood* at the ground level.

Walter R. Schumm

My initial acknowledgements are due to my co-authors, Roudi Nazarinia Roy and Walter Schumm for allowing me to be a part of this project. It has been a learning experience and a fun adventure!

I would like to thank my friends, Jamie Breeden and Debbie Manthe, for providing wonderful stories that I was able to use in this book.

I would also like to thank my mom for providing a strong family system while I was growing up to allow me to pursue great things as an adult.

Finally, I would like to express my gratitude for the unending support of my loving husband, Josh Britt. His love and encouragement has allowed me to pursue a career I love while we simultaneously start our own Transition to Parenthood.

Sonya L. Britt

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Contents

1	A History of Fertility in America	1
	Fertility	2
	The Century in Review	3
	1920s to 1930s	4
	1940s	4
	1950s	6
	1960s	7
	1970s	8
	1980s	11
	1990s	13
	2000s	17
	More Recently	20
	Future Research	20
	Conclusion	21
	References	22
2	Theoretical Perspectives	27
	Symbolic Interaction Theory	30
	Ease of Transitioning into a Role	30
	Role Strain	31
	Quality of Role Enactment	31
	Attachment Theory	33
	Life Course Theory	34
	Ecological Framework	36
	Time Preference/Social Exchange (TPEX) Theory	37
	Time Preference Theory	38
	Social Exchange Theory	40
	The TPEX Model	40
	Discussion	42
	Future Research	43
	Conclusion	43
	References	43

3	Voluntary Versus Involuntary Childlessness	49
	Postponing Parenthood	50
	Voluntary Childlessness	53
	Involuntary Childlessness	55
	Adoption.	61
	The Social Class Factor in Women's Fertility	63
	Future Research.	64
	Conclusion	65
	References	65
4	Diversity	69
	Family Support	73
	Family Roles.	76
	Motherhood.	79
	Fatherhood	80
	Future Research.	82
	Conclusion	82
	References	83
5	Demographics.	89
	Age	89
	Education/Income	90
	Race/Ethnicity	91
	Gender	93
	Sexual Orientation	98
	Other Demographics.	100
	Marital Status	100
	Religion	100
	Pregnancy Intentions	101
	Parity	101
	Future Research.	102
	Conclusion	103
	Appendix	103
	References	103
6	Expectations.	111
	Prenatal Expectations	113
	Postnatal Expectations	115
	Unfulfilled Expectation.	119
	Future Research.	121
	Conclusion	121
	References	122

7	Relationship Maintenance	125
	Model Based on Dr. John Gottman's Research	125
	Maximizing Positive Affect	127
	More Detailed Aspects of Maximizing Positive Affect	128
	Regulating Conflict Constructively	131
	Inevitability of Conflict	132
	Responding to Conflict	136
	Avoiding the Development/Escalation of Destructive Behaviors and Attitudes	140
	A Triangle Model	142
	Future Research	144
	Conclusion	144
	Appendix A	145
	References	154
8	Children and Money	161
	The Cost of Raising a Child	162
	Financial Obligations and Negotiations	163
	Family Support	163
	Parental Status	163
	Race	164
	Non-Monetary Support	164
	Work/Family Dynamics	165
	Job Flexibility	165
	Societal Expectations	165
	When and What to Teach Children About Money	166
	Financial Literacy	166
	Management Styles	167
	Future Research	168
	Conclusion	168
	References	169
9	Children with Special Needs	171
	Briana S. Nelson Goff, Nicole Springer and Gail E. Bentley	
	Introduction	171
	Understanding the Transition to Parenting of Children with Special Needs	172
	Research on Parents of Children with Special Needs	174
	Parent Stories: Navigating the Transition to Parenthood with a Child with Special Needs	177
	Future Research	184
	Conclusion	185
	References	186

10 Program Evaluations and Parenting Programs	189
Parenting Programs: The Need	190
Limitations of Program Evaluations	191
Improving Program Evaluation	192
Results from Meta-Analyses of Parenting Interventions	192
Interesting Outcomes from Specific Parenting Intervention Programs.	193
Future Research.	194
Conclusion	195
Appendix: Programs for New Parents.	195
Delivery Methods	196
Self-Education.	196
Interactive Training	202
Support Groups	204
References	206
Index	209

Chapter 1

A History of Fertility in America

Sara, a 31 year old successful business woman, has been living independently since graduating from high school. For the past six months she has been dating a man 5 years her junior and although they have talked about marriage and starting a family Sara has not really put much thought into where they are going as a couple. That is until she discovers that she is late on her period. This has happened before so she decides to wait it out. Two weeks later, she decides to take a home pregnancy test that comes out positive. She makes an appointment with her doctor, all the while ridden with anxiety unsure as to what she wants to do if she is pregnant. The doctor confirms what Sara already knows and then asks her if she ever wants to have children. Sara immediately says yes but before she can finish her sentence her doctor response with “well you aren’t getting any younger and as you get older it will become more difficult for you to conceive and that is an unfortunate reality we women face.” Her doctor goes on to tell her that she would have a different conversation with Sara if she was in her early twenties and not financially secure but in reality Sara has all she needs to raise her baby.

Three years later Sara and her then boyfriend are now cohabitating and have two beautiful and healthy little girls. Sara’s boyfriend moved in with her a few months before she gave birth to their first daughter and 21 months later she gave birth to their second daughter. Sara has managed to maintain her business, which has not always been easy because she has had to hire staff to cover for her and staff turnover has proven to be costly. Sara’s boyfriend is also working and they manage to share some of the childcare responsibilities although Sara is responsible for most of the childcare and household labor and has hired a nanny to come stay with their children on the three days a week she goes to work. Overall, Sara has managed to have her family and balance her career sustaining her sanity on most days.

As women in our society pursue their educational and career goals, it is not uncommon for them to be in their late twenties and early thirties and find themselves unmarried and childless. Scholars all over the world have suggested that later life parenthood and lower fertility rates in Western societies are related to women’s further education attainment and/or career establishment (Blossfeld and Jaenichen 1992; Callan 1981; Dribe and Stanfors 2009; Kemkes-Grottenthaler 2003;

Nomaguchi 2006; van Balen 2005; Welles-Nystrom 1997; Wilkie 1981; Wineberg and McCarthy 1989). With the Food and Drug Administration's (FDA) approval of the first birth control pill in 1960, many couples have been able to postpone parenthood which has contributed to older ages of first-time parents and indirectly a decline in fertility rates. In fact according to a 2011 National Vital Statistics Reports from 1970 to 2010 the rate of women having children in their early thirties has risen from 73.3 to 96.6 births per 1,000 women (Hamilton et al. 2011; Martin et al. 2011). Birth rates are the number of live births per 1,000 women 15–44 years of age, often referred to as fertility rate. Birth rates for a specific age group are also calculated by dividing the number of live births among that age group by the total number of women in that age group and multiplied by 1,000, resulting in a birth rate per 1,000.

We begin this chapter by examining the past century and relating the onset of childbearing to societal events. We discuss the trends in ages of new parents and the number of children per family. Geographical differences are also highlighted as many trends differ across different regions. We conclude the chapter with questions of concern about the state of parenthood in our current society that need to be addressed by future research and draw conclusions as to where we may be headed in terms of our national fertility rates.

Fertility

Over the past century numerous studies in the United States (U.S.) and other countries have identified associations between fertility patterns and the postponement of marriage (Barber 2004; Macklin 1980; Rossi 1987), female educational attainment, and employment (Callan 1981; Dykstra and Hagestad 2007; Forest et al. 1995). From the Great Depression, when women pursued further education and employment while postponing parenthood, to more recent trends of higher rates of postsecondary enrollment by women and greater career ambitions, and an increase in childbearing after the age of 36. Undoubtedly, the lives of American men and women have been influenced by the societies in which they have lived.

In the following section, we discuss some of the contexts within which fertility trends have taken place, paying particular attention to the development of family planning practices. We evaluate fertility patterns in the U.S. over the past century. See Fig. 1.1. Data presented in this chapter have largely come from two sources: various reports published by the U.S. Department of Health and Human Services and the Current Population Reports of the U.S. Bureau of the Census. General Fertility Rates are based on the number of live births per 1,000 women ranging in age from 15- to 44-years old. When the data allow it we have also incorporated race/ethnicity differences.

We believe the transition to parenthood is closely tied to the social, economic, and historical features of the periods during which women spend their childbearing years. Thus, we evaluate major factors that we believe have influenced

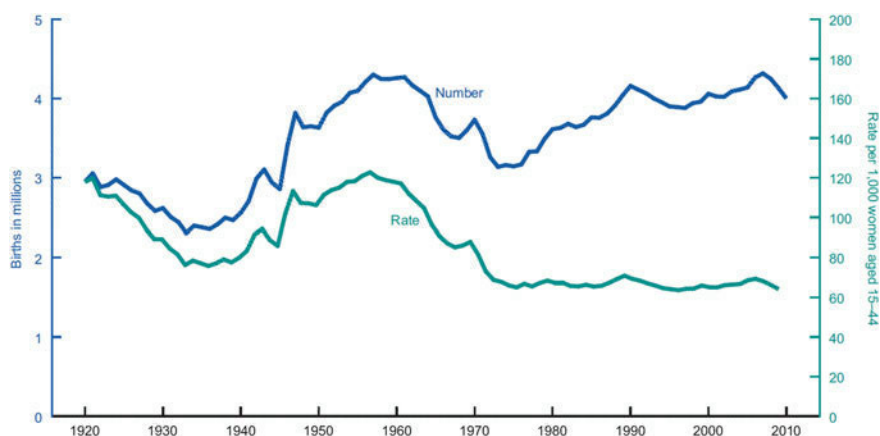


Fig. 1.1 Fertility patterns in the United States from 1920 to 2010

reproductive behavior in the U.S. and perhaps worldwide. The majority of the literature discussed in this book is focused on research conducted with U.S. populations, and thus most of the fertility patterns we are discussing here are focused on U.S. patterns of fertility.

The Century in Review

Family size in the U.S. drastically declined between 1800 and 1900 from 7 to 3.5 children (Lincoln 1972). Although traditional demographic theory has linked changes in fertility with the shift from a rural, agricultural society to an urban, industrialized one (Callan 1981), greater access to reproductive knowledge and control also played a crucial role. For example, high fertility rates in the previous century can be attributed to a lack of information about contraception, timing of ovulation, length of fertile period, and other reproductive knowledge (Center for Disease Control and Prevention [CDC] 1999). Families also faced a reality of federal and state laws that banned contraceptive devices (Connell 1999; Wardell 1980).

In 1912, a public health nurse by the name of Margaret Sanger, initiated efforts to circulate information about and provide access to contraception, and in 1916, she opened the first family planning clinic in Brooklyn, New York, challenging laws that banned the distribution of such information (Wardell 1980). Sanger continued to promote family planning in the 1920s and 1930s by opening more clinics and challenging legal restrictions on the use of contraception. By the 1930s, family planning services were being provided by a few state health departments and public hospitals (CDC 1999).

1920s to 1930s

In the 1920s, two family planning milestones were reached: first in 1925, the diaphragm was first manufactured in the U.S.; and in 1928, ovulation timing was established (CDC 1999). This increased access to birth control and the new ideals of dating and courtship gave young women and men greater individual options for shaping the timing of family life compared to previous generations (Forest et al. 1995). National Vital Statistic Reports (NVSR) from the early 1900s separated the United States population into essentially two race groups, White and non-White. White Americans had a long-term decline in their birth rates from the early 1900s to the mid-1930s while the rest of the population had a decrease in fertility for a shorter period of time from the 1920s to the mid-1930s.

The limited employment opportunities and financial uncertainty of the Great Depression, which began in 1929, greatly impacted the lives of young American men and women. During this time both men and women pursued further education and the number of women graduating from high school increased (Bauman and Graf 2003). Although the median age for women's first marriage during the depression remained relatively constant with earlier trends (McLaughlin et al. 1988), social class differences began to appear in terms of age of marriage and number of children. Families that had limited opportunities during this time were part of the lower social class and were more likely to marry younger and bear more children at an earlier age (Elder 1974). On the other hand, middle class families who that greater opportunity for more steady employment generally postponed marriage, and postponed parenthood by engaging in self-conscious family planning (May 1988; Modell 1989).

Delayed childbearing had reached a significantly high level in the last few years of the depression and it was not until 1933 after the worst years of the Great Depression, that the rates of first and second born children started to rise again (U.S. Department of Health, Education, and Welfare [DHEW] 1961). Family planning practices were also gaining more attention and in 1937, the American Medical Association endorsed birth control and North Carolina became the first state to include birth control in their public health program (CDC 1999).

1940s

The rates of first and second births in the U.S. started to increase during the late 1930s but the rates of third and fourth births did not increase until 1940 and 1943, respectively (DHEW 1961). Over 2.5 million children (over 2.1 million were White children) were born in the U.S. in 1940 and the nation had a 79.9 rate of fertility (Martin et al. 2009). Rates of fertility for all non-White women were generally higher and generally paralleled White women's patterns from the 1930s to 1947 (Taffel 1977). The average age of all women who gave birth in 1940 was 26, with

average ages of 23 for first births, and 25.3 for second births with the majority of mothers having given birth under the age of 30 (DHEW 1961). Although the average age of all mothers is relevant, the average age of first time mothers gives a clearer depiction of when family formation was taking place as multiple births to the same woman could easily increase the average age of all mothers giving birth.

In the early 1940s, many American men went off to fight in World War II (WWII) and there was a rapid increase in labor force participation of women, including single adolescents (McLaughlin et al. 1988) as there were greater employment opportunities in manufacturing and clerical work. In addition to an increase in women's employment, young adults in general were becoming more educated in the early 1940s (Bauman and Graf 2003). Wartime conditions encouraged change in the rates of marriage and childbirth (Rindfuss and St. John 1983) and during the early years of WWII there was an increase in marriage rates, a trend that slowed during the middle war years and reversed by the war's end, when a boom of weddings occurred among couples in their mid- to late twenties (Modell 1989). In 1942, the Planned Parenthood Federation of America was established (CDC 1999). The onset of parenthood after marriage also changed as the number of women giving birth within the first 12 months of marriage declined steadily (McLaughlin et al. 1988). The average rate of fertility in the 1940s (1940–1949) was 95.3 per 1,000 women which was an increase compared to the average rate of 79.7 in the 1930s (1930–1939) (DHEW 1961).

In the mid-1940s, the post war era was a period of financial uncertainty and the career opportunities for women eroded dramatically as the wartime economy came to an end. American couples who had postponed marriage and childbirth had to catch-up and establish their families (Modell 1989). In 1945, over 2.8 million children were born (over 2.4 million were White children) and the nation had a fertility rate of 85.9 (Martin et al. 2009). Between 1945 and 1949, over 55 % of new brides had their first child within the first two years of marriage, up from less than half during the war years (McLaughlin et al. 1988). There was a burst of postwar marriages immediately followed by the beginning of what we commonly refer to as the “baby boom” as fertility rates surged to 101.9 births per 1,000 women in 1946 (Taffel 1977). Moreover, the median age for women's first childbirth began its descent toward what would be the century's lowest point during the early 1950s. During the post-war era women were particularly encouraged to marry and have children as both higher education and employment were believed to be detrimental to women's procreation (Modell 1989). Although women continued to enroll in college, their overall educational attainment decreased in comparison to men who greatly benefited from the G.I. Bill of Rights, which included extended educational benefits for veterans, the vast majority of whom were male (McLaughlin et al. 1988). Although White Americans were not the only ones who served their country in WWII, they did receive the greatest benefits from the post war policies. For example, many communities that were established to encourage financial security through home ownership post war were available to White veterans and these suburban communities stayed White for several decades. For young White women, postwar college attendance was

perceived to enhance upward mobility, not through degree attainment, but through preparation for motherhood and homemaking, as well as marriage to a college-educated man (May 1988). In fact, young wives were encouraged to help their husbands with their college education by taking care of the home or even financially supporting their husband until he could finish his education (May 1988).

1950s

In the early 1950s, young American couples benefited from a strong American economy (Modell 1989) where home ownership was on the rise and moving to the suburbs promised to be a path to a higher standard of living. As average incomes increased during the 1950s, young women and men were more able than earlier cohorts to fulfill their ideals about family formation (Modell). In 1950, over 3.6 million children were born (over 3.1 million were White children) and the nation's fertility rate had jumped again to 106.2 births per 1,000 women (Martin et al. 2009). An ideology promoting childbearing continued to shape the lives of many American women and the number of women having at least two children rose from 55 % during the 1930s to 85 % by the 1950s (McLaughlin et al. 1988). Women had an average of three children and completed their family formation in their late twenties with the majority of women having their first child between the ages of 20 and 25 (DHEW 1961). The average age of all women who gave birth in 1950 was 26.2, with average ages of 22.7 for first births and 25.5 for second births (DHEW 1961). These averages dropped in 1959 to total average age of 25.6 for all women, 21.6 for first births, and 24.0 for second births.

This rise in births postwar continued and peaked to a historic high in 1957 of 122.7 births per 1,000 women (117.6, White; 161.7 Non-White) (Taffel 1977). As family patterns became increasingly homogeneous, almost 60 % of women who married between 1950 and 1954 had their first child within 2 years of marriage and at younger ages than either their mothers or grandmothers (McLaughlin et al. 1988). In 1955, over 4 million children were born (over 3.4 million were White children) and the nation's fertility rate had increased to 118.3 (Martin et al. 2009).

This was also the decade in which researchers started to pay greater attention to fertility and the impact children had on a couple's relationship. In 1955, the first Growth of American Families Study was conducted to examine marital fertility and family planning in the U.S. Women were asked questions about their fertility, including pregnancy history and opinions of childrearing, desire for more children and contraception, including contraception use. In 1957, E. E. LeMasters published the first research article on the transition to parenthood in which he reported that parenthood was a time of "crisis." LeMasters established that parenthood was a time when parents have to reestablish their roles, shift their positions, in order to meet the need of their new family and this in part creates a crisis for the established couple. With a title of *Parenthood as Crisis*, this retrospective self-report

study caught the attention of many scholars and thus began a flurry of research and publications on the transition to parenthood.

1960s

A Gallup poll conducted by the Pew Research Center in the 1960 s found that the majority of families polled reported that their ideal number of children was 4 or more, followed by 3 children and then 2 children with a mean fluctuating between 3.3 and 3.4 throughout the polls conducted in the 1960 (Livingston and Cohn 2010). These numbers are not far off from the National Health Statistics that reports an average of 3.7 children per woman in the 1960s (Martinez et al. 2012). Fertility rates, however, started to decline substantially throughout this decade from 118.0 (113.2, White and 153.6, Black) in 1960 to 96.3 (91.3, White and 133.2, Black) in 1965 and 86.1 (82.2, White and 112.1, Black) in 1969 (Martin et al. 2009). The average age of all women having a child did not initially shift much from the previous decades at 25.5 years old in 1960 with first-time mothers having an average age of 21.5 years. However, there was a trend of delayed motherhood that began in the early 1960 s. First births during the period 1960–1964 were, on the average, occurring 14 months after marriage and 24 % of married women ages 20–24 were childless (Moore et al. 1979). The early twenties were a time of high fertility in the previous decade marked by the baby boom, but the 1960s was a new decade.

The 1960s was a period of social and economic liberalization, which began in the late 1960 s, with relatively low and definitely delayed fertility (Kirmeyer and Hamilton 2011). Young adults were starting to move out of their parents' home and live independently without getting married. Marriage, which was once a transitional event marking adulthood, was gradually being postponed and women's average age at first marriage went from 20.3 years in 1960 to 22.1 years, in 1979 (U.S. Department of Commerce, Bureau of the Census 1981). There were also new developments in public health during this decade as both the birth control pill and intrauterine device, more commonly referred to today as the IUD, were approved by the FDA in 1960. These contraception tools were undeniably factors influencing both the steady decline in fertility rates and rise in delayed childbearing which began that decade.

Women's roles were also shifting during this decade. Again, the increase in level of education attained by women was strongly related to the delay in first. Women's employment, especially in professional and other white-collar jobs, was also associated with delaying first births (Wilkie 1981). The increase in employment was not necessarily a result of women's career aspirations, but perhaps an issue of financial need as we saw an increase in the percentage of women working during their first pregnancy and shortly thereafter. Forty-four percent of women worked during their first pregnancy from 1961 to 1965, and almost 50 % of women were working during their first pregnancy in the second half of the decade.

This increase was proportional to the age and level of education women had before their first pregnancy, such that mothers who were older and had a greater amount of education were also more likely to work during their pregnancy (Smith et al. 2001). In the early 1960s, as in previous decades, it was expected that women would leave their jobs after the birth of their first child and stay home to care for that child, however, this decade saw a shift in the percentage of women returning to work after having their first child. From 1961 to 1965, almost 17 % of new mothers went to work within six months of having their first child and 24 % worked within the first year. The latter half of the decade saw an increase in these percentages with over 22 % of new mothers working within 6 months of having their first child (Smith et al. 2001).

The 1960s was also marked with a shift in how researchers and theorists viewed the onset of parenthood. This life event moved away from what LeMasters (1957) had called a “crisis” where couples’ “roles have to be reassigned, status positions shifted, values reoriented, needs met through new channels” (LeMasters, p. 352). To be called a “somewhat stressful” event by Hobbs (see Hobbs 1965, 1968) and later in the decade it was seen as a “transition” by Rossi (1968). Rossi believed that there were developmental stages in becoming parents and argued that although the parental role was a more difficult one for couples to transition to it was simply a transition from one developmental stage for the couple to the next. This theoretical assumption was echoed decades later by Miller and Sollie (1980) whose research also identified the transition to parenthood as a normal developmental event.

1970s

In 1970, the average age of first-time mothers started at 21.4 years (Mathews and Hamilton 2009), but throughout the decade this age started to rise to levels last seen before the beginning of the baby boom of 1957. Women under the age of 20 accounted for 36 % of all births and only 1 out of 100 births were to women over the age of 35. Birth rates of women aged 30–34 generally increased from 1976 through 2007. Births by women in the 35–39 age category increased starting in 1979. The national Total Fertility Rate (TFR), however, fell below replacement in 1972 (Martin et al. 2011). Theoretically, the replacement rate for a population is a TFR of 2.1. This implies that women will have a child to replace themselves and another child to replace their child’s father and the 0.1 births is to replace those who do not reach or survive through their reproductive years.

Fertility fell sharply from 1970 to 1973 (1970, 87.9; 1971, 81.8; 1972, 73.1) reaching 69.2 births per 1,000 women in 1973. This decrease in births occurred despite the growing number of women in childrearing age due to the baby boom of the late 1950s and early 1960s. This rate continued to drop in 1974 (67.8) and 1975 (66.0) reaching record low fertility rates by the mid-1970s. Geographical differences in age of first-time mothers were also starting to become more apparent with

the youngest average age being reported in Arkansas at 20.2 and the oldest average age being reported in Connecticut, Massachusetts, and New York at 22.3 (Mathews and Hamilton 2009). In 1970, the U.S. also had the lowest average age of mothers having their first baby as compared to Poland (22.8), Canada (23.7), and Sweden (25.9).

Although four Gallup polls conducted by the Pew Research Center in the 1970s reported that the average number of children desired by Americans ranged from 2.6 to 2.8 (Martinez et al. 2012) as the nation's total fertility dropped to its lowest point in 1976. The TFR was at 1.7 in 1976 and this average has stayed relatively stable since, with only a 0.2 fluctuations over the past few decades (Martinez et al. 2012). Major factors that have contributed to this decline in fertility rates include a change in timing patterns of childrearing, a smaller family size, and a decline in unwanted pregnancies (some via abortion). First, change in timing patterns of childrearing occurred as the interval between marriage and first births increased in the 1970s. This interval was 18 months during the first half of the 1970s and increased to 24 months during the second half of that decade (Moore et al. 1979). This change in timing of first birth after marriage occurred for women of all race groups, but White women, on average, had the greatest interval. The delay in having a child indirectly led to the second factor of smaller families. The emerging preference for smaller families occurred in the early 1970s as marriage and parenthood were no longer seen as requirements for manhood and womanhood or as events marking adulthood as in previous decades (Thornton and Young-DeMarco 2001). Although most young adults valued and planned to marry, they did not leave their parents' homes only to enter into marriage. Instead, a larger proportion of young adults started to live independently and postponed both marriage and parenthood (Wilkie 1981). During this decade, Americans held a strong pronatalist attitude and voluntary childless couples faced a degree of social disapproval (Macklin 1980). Even with these pronatalist attitudes, this decade saw an increase in the average age of marriage and childbearing (Moore et al. 1979). Women who did not have a first child by age 30 often opted to forego parenting permanently (Macklin 1980).

The postponement of motherhood for the pursuit of education and employment was becoming particularly apparent in 1976. Women under the age of 30 were experiencing a higher level of childlessness than seen in previous decades at 21 and 14 % for White and non-White groups, respectively (Martin et al. 2009). The third and final factor in the decline in fertility rates was the decline in number of unwanted births as contraception became more reliable and acceptable allowing for more control in family size. In addition, in 1970 federal funding for family planning services were established under the Family Planning Services and Population Research Act, which created Title X of the Public Health Service Act providing family planning service to low income and uninsured individuals. Medicaid funding for family planning was also authorized in 1972 and services provided under Title X grew rapidly in the 1970s (CDC 1999). In addition, in 1973 the Supreme Court ruled to legalize abortion (Roe vs. Wade).

In 1970, 11 % of all births were to non-married women (Martinez et al. 2012) which was double the rate reported in 1955 (Ventura 1995). From 1970 to 1976 the rate of unmarried women having children declined every year creating an overall decline of 8 %. This trend did not last long and in 1976 the rate of unmarried women having children increased without interruption until 1991 (Ventura 1995). In 1978, there was also an increase in the rate of unmarried adolescent pregnancies which accounted for a total of 50 % of the unmarried births in the 1970s. Although the rate of unmarried pregnancy to women over the age of 20 had declined in the early 1970s, there was a substantial rise in this rate starting in the mid-1970s (Ventura 1995). In addition, although the rates of unmarried births to Black women have consistently been higher than that of White women in the 1970s, these rates rose for White women and dropped for Black women. Thus, while Black women had a rate of unmarried births seven times that of White women in 1970, that difference dropped to four times that of White women by 1980.

If we evaluate the educational attainment of women who had children outside marriage we find that the majority of women who had unmarried births had only a grade school education, followed by high school graduates (Ventura 1995). The lowest rates of unmarried births occur amongst women who had some college or a college degree. These patterns hold true for all women combined, as well as White and Hispanic women. Black women, however, have a different pattern, with the highest rate of unmarried births amongst high school graduates, followed by some high school and then grade school. However, like their White and Hispanic counterparts, the lowest rates of unmarried birth occur amongst some college and college graduates.

Employment of pregnant women and new mothers continued to increase during the 1970s (Smith et al. 2001). Between the years of 1971–1975, 53.5 % of pregnant women worked during their pregnancy and almost 28 % of new mothers went back to work with the first year after giving birth. In 1976–1980, 61.4 % of women worked during their pregnancy and almost 39 % went back to work within the first year (Smith et al. 2001). In the late 1970s, there were major changes occurring in the U.S. with the employment of women, as men's incomes became stagnant and the need for a second income became a reality for many middle-class families in America. The shifts in the employment of women also led to new federal policies that were family focused. In 1976, the Federal Tax Code allowed families with dependent children to take a tax credit for childcare. In 1978, the Pregnancy Discrimination Act was passed prohibiting employment discrimination on the basis of pregnancy or childbirth. The act was meant to cover all hiring and firing policies. The legal, economic, and cultural shift of employed mothers in the 1970s and early 1980s would affect the normative balance between work and family life for women more so than ever before.

The literature on the transition to parenthood was in its infancy during the 1970s with researchers replicating previous studies with samples of racial minorities. Hobbs and Maynard-Wimbish (1977), in an investigation of transition to parenthood among African-American couples, replicated two previous studies conducted with samples of new White parents. Some of their findings were