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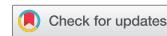
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Transition to parenthood: it does not get easier the next time. Exploring ways to support well-being among parents with newborns

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ABSTRACT

Investing in parents is important because their well-being is positively related to the development and well-being of their children. This study investigated which factors predict two types of parents' well-being: individual well-being and parenting-related well-being. Participants were 416 parents (90 fathers, 326 mothers) of a baby (younger than age 1 year old), both first-time parents and not-first-time parents. Relationship quality, life skills, parenting skills, and social support were taken into account. Results show that both types of well-being have different main predictors. Self-esteem, self-management, and interpersonal relationship skills contribute to both types of well-being, suggesting that interventions aimed at improving these skills could be very beneficial for parents in their transition to parenthood. Fathers and mothers differ significantly on several predictors—for example, self-esteem, self-management, parenting behavior, and empathy—suggesting they might have different needs for support in the transition to parenthood. Finally, results show that, though parents get better at providing basic care for their children, regarding well-being and relationship quality, not-first-time parents are not better off than first-time parents. Therefore, interventions aimed at easing the transition to parenthood should not only be aimed at first time parents, they might be more effective for parents who already have children.

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Introduction

Studies have shown that having children supposedly increases well-being, as parents have been found to be happier than nonparents (Aassve, Goisis, & Sironi, 2012; Ballas & Dorling, 2007; Nelson, Kushlev, English, Dunn, & Lyubomirsky, 2013). However, parenthood might also negatively affect well-being, as other studies have provided evidence that children have a negative effect on how adults value their life (Deaton & Stone, 2014; Evenson & Simon, 2005). These contradictory findings indicate that the relationship between parenthood and well-being is complex; parenthood

bringing costs (e.g., sleep disturbance) and rewards (e.g., greater meaning in life) (Nelson, Kushlev, & Lyubomirsky, 2014).

Parents are not merely caregivers of their children. Besides this parental domain, parents participate in several other domains, such as partner relationship and work that influence their well-being. Parental well-being should therefore be studied in a broader system in which parents function (Gravesteijn, 2015). In this study, *well-being* of parents is defined as a combination of parenting-related well-being and individual well-being (Gravesteijn, 2015; Vermulst, Kroes, De Meyer, Nguyen, & Veerman, 2015). *Parenting-related well-being* is defined as the extent to which a parent enjoys being around his or her child combined with any perceived parenting problems, and whether a parent experiences severe negative restrictions on one's own freedom due to the parenting role. *Individual well-being* is defined as the extent to which a parent experiences happiness with one's own life and with oneself. This distinction is important because a father or mother is not just a parent, but a person with many different roles such as partner and employee. Besides parental problems, they have individual wishes and problems as well (Gravesteijn, 2015; Petterson, Gravesteijn, & Roest, 2016).

Studying well-being of parents is meaningful because positive relationships between parental well-being and supportive, positive parenting behavior have been found (Sameroff, 2009; Voyndanoff & Donnelly, 1998). Parents' well-being and the child's well-being and development are also positively related (McKeown, Pratschke, & Haase, 2003; Sameroff, 2009; Vermulst et al., 2015). Depression in parents affects their children's behavior and development negatively (e.g., Fisher, Brock, O'Hara, Kopelman, & Stuart, 2015; Vermulst et al., 2015).

Identifying factors that influence well-being of parents can help to increase parents' well-being and to ease their transition to parenthood. This investment will benefit themselves, their children, and other people around them, such as their partner or employer. Four concepts that can be seen as important factors for parental well-being are discussed below: relationship quality, life skills, parenting skills, and social support.

Relationship quality and parental well-being

On average, couples become less satisfied with their partner relationship after the birth of their child (Doss & Rhoades, 2017; Keizer, Dykstra, & Poortman, 2010; Keizer & Schenk, 2012; Mitnick, Heyman, & Smith Slep, 2009). Across the transition to parenthood, marital conflict increases and marital (conflict) interactions become increasingly negative (Kluwer, 2010). This is important because satisfaction with the partner relationship is related positively to personal well-being (McKeown et al., 2003; Proulx, Helms, & Buehler, 2007; Voydanoff & Donnelly, 1998). Furthermore, marital satisfaction is positively associated with the quality of parent-child interaction and the

development of children (Bernier, Jarry-Boileau, & Lacharité, 2014; Feinberg, Jones, Roettger, Solmeyer, & Hostetler, 2014).

Research shows that fathers and mothers experience a decline in their relationship quality, but there seems to be no agreement on whether fathers or mothers are most affected by the transition to parenthood (Keizer & Schenk, 2012). Having a second child causes a decline in marital quality, however, first-time parents and second-time parents do not differ on relationship quality (Figueiredo & Conde, 2015; Krieg, 2007).

Life skills and parental well-being

The World Health Organization (WHO; 1997, 2003) defines several life skills that enable individuals to deal effectively with the demands and challenges of everyday life. These skills may contribute positively to well-being, especially well-being of parents. In parenthood, parents are constantly challenged: life skills can support them with the demands and challenges associated with each stage of parenthood (Forgatch & DeGarmo, 1999; Galinsky, 1987; Gravesteijn, 2015; Petterson et al., 2016). Indeed, exploratory research has shown that life skills can influence parental well-being positively (Gravesteijn, 2015). Five life skills are taken into account in this study: self-esteem, self-management, empathy, interpersonal relationship skills, and critical thinking. In this study, the definitions of these terms are based on the description of these skills by the WHO (World Health Organization, Division of Mental Health, 1997, 2003).

Self-esteem is the ability of individuals to value themselves positively, to be proud of their abilities, and to have confidence in themselves. Self-esteem is often seen as an important dimension of well-being (Ryff, 1995). Self-esteem is predictive for success and positive life outcomes in important life domains such as relationships, work, and health (Orth & Robins, 2014).

Self-management is coping with stress and controlling one's emotions during stressful situations. It helps individuals to recognize emotions and to respond to their emotions appropriately. In parenthood, parents may experience negative emotions such as stress or exhaustion. Self-management can help them to respond to these feelings effectively (Gravesteijn, 2015; Petterson et al., 2016). Negative emotions and reactions that do not match their emotions have a negative effect on parents' own well-being, their parenting behaviors, and, consequently, their children's development (Nelson et al., 2014; Rutherford, Wallace, Laurent, & Mayes, 2015).

Empathy is the ability to understand and accept others who may be very different from themselves. It improves social interactions and encourages nurturing behavior toward others in need. Empathy can attribute to positive social relationships, which are seen as an important dimension of well-being (Ryff, 1995; Umberson, Slaten, Hopkins, House & Chen, 1996).

Interpersonal relationship skills are skills that enable individuals to relate to people they interact with in positive ways, and to communicate effectively. It can help parents to ask for advice in time of need. As pointed out above, positive relationships are an important dimension of well-being (Ryff, 1995; Umberson et al., 1996). Research shows that parents' communication skills contribute to relationship quality, and these skills are crucial to well-being of all family members (Feinberg et al., 2014; McKeown et al., 2003).

Critical thinking is the ability to analyze information and experiences objectively. This supports individuals in recognizing and assessing factors that influence their attitudes and behavior. Parents are confronted with all kinds of parental advice (e.g., friends, family, books, magazines, and internet). Critical thinking can help them to make solid and well-informed decisions, going beyond popular views and including scientific evidence. This may positively influence their parenting style and consequently their well-being (Connell-Carrik, 2006; Petterson et al., 2016).

Parenting skills and parental well-being

In this study two parenting skills are taken into account: parenting behavior and providing basic care (Veerman et al., 2012). Parenting behavior is the parent's ability to create a positive atmosphere with sufficient freedom and attention for the child, as well as the extent to which the parent is sensitive and flexible toward the child (Veerman et al., 2012). The lack of a positive atmosphere and not being sensitive and flexible can be a risk factor in inducing problematic behavior or psychological problems with children.

Basic care refers to the extent to which a parent is capable of running the household, managing finances, keeping in touch with school, and taking care of the child. Not being able to do so could not only harm children, but can also cause stress, feelings of fear, shame, and guilt in the family (Veerman et al., 2012). Parents who are incapable of providing basic care for their family might therefore have a lower sense of well-being.

Social support and parental well-being

The transition to parenthood often leads to a decline in social networks. Men and women are reported to have fewer friends and acquaintances after the birth of their child and experience less support than expected (Kalmijn, 2012). Mothers report less frequent contact with friends, though this is partly compensated by more closeness to neighbors. At the same time, parents of young children indicate that their main cause of difficulty in childrearing is social isolation. Having an effective social network of family and friends was seen by many parents as essential for successful childrearing (Hogg & Worth, 2009).

Aim of the present study

The present study focused on factors that may contribute to well-being of parents of babies, namely, relationship quality, life skills, parenting skills, and social support. The research question in this study is to what extent do relationship quality, life skills, parenting skills, and social support influence well-being of parents of babies? Differences between fathers and mothers and differences between first-time parents and not-first-time parents were examined. These differences between groups were studied in order to better meet their specific needs when initiating or improving interventions to support parents.

We concentrated on the well-being of parents of children younger than 1 year of age because research has suggested that well-being of parents is lowest after the transition to parenthood; this is presumably the most demanding and the most difficult period (Keizer & Schenk, 2012; Nomaguchi, 2012). The first year of parenthood is important for parents because negative experiences in the transition to parenthood influence the likelihood of having another child (Margolis & Myrskylä, 2015). Having a second baby will require adjustment for all family members (Krieg, 2007), therefore we included not only first-time parents in this study.

Method

Procedure

The present study was based on the results of the first wave of an ongoing longitudinal investigation among parents in The Netherlands. This research was done following the ethical, methodological, and privacy standards of the code of conduct for research at universities of applied sciences in The Netherlands (Andriessen, Onstenk, Delnooz, Smeijsters, & Peij, 2010).

The first inclusion criterion for participating in this research project was being a biological parent of a child younger than age 1 year, regardless of the number of other children in the family. Also, respondents should be living in The Netherlands, either in urban or rural areas. Parents could be married, living together, or be single, and parents of all ethnic and cultural backgrounds could participate in the study. Exclusion criteria were not having a child younger than age 1 year, being underage (younger than age 18 years), not being able to read Dutch, or having severe mental problems.

Respondents were recruited from January 2015 till September 2016 (20 months) through several methods: requests on social media (e.g., parent forums, parent groups on Facebook); direct recruitment letters to parents of all newborn babies in 2014 and 2015 in the city of Leiden; posters and leaflets at places for young parents like hospitals and daycare centers; and articles

about the research project in (local) media. In the end, most of the respondents were recruited through social media and letters.

A preliminary questionnaire on different themes and consisting of various scales was tested on a group of parents ($N = 106$). It was revised, shortened, and the final questionnaire was established. The questionnaire was administered digitally, using the Dutch online survey software and questionnaire tool Parantion. After subscribing to the research project, respondents received an e-mail including a link to the online questionnaire. They could fill in the questionnaire whenever they wanted, after signing a digital Informed Consent form. The questionnaire consisted of 10 sections and finishing the complete questionnaire took approximately 20 to 30 minutes.

Participants

The final sample consisted of 416 parents of a baby (younger than age 1 year) living in The Netherlands, a third (34%) of which lived in or around the city of Leiden. More mothers ($n = 326$) than fathers ($n = 90$) participated. Mean age of the mothers was 31.8 years, and fathers' mean age was 35.0 years. Of the mothers, 79% ($n = 257$) has received high education (college/university), compared to 74% of the fathers ($n = 67$). The large amount of highly educated parents participating in this study could be due to our methods of recruitment and to the fact that Leiden is a university town with a relatively large group of higher educated inhabitants. Some fathers (10%) and mothers (8%) indicated that they had another ethnicity or nationality besides Dutch. All fathers (100%) and the majority of the mothers ($n = 317$, 97%) were in a relationship at the time of the study, either married or living together. Of the respondents 57% ($n = 237$, 180 mothers, 57 fathers) only had one baby (first-time parents), whereas 43% ($n = 179$, 146 mothers, 33 fathers) already had one or more other children.

Measures

Parenting-related well-being was measured using the sum of three scales of the Parenting Stress Questionnaire (PSQ; Vermulst et al., 2015). The scale Parent-Child Relationship (six items) measures the extent to which a parent has positive emotions about the child and feels happy being around the child. Parenting competence (seven items) indicates how a parent feels about his or her parenting skills. Role restriction (six items) is the extent to which a parent experiences the parental role as restrictive. On these scales, a higher score represents more problems, a heavier parental burden, thus a lower level of well-being. Individual well-being was measured using the sum score of all items of another scale of the PSQ (Vermulst et al., 2015): depressive moods (seven items). This scale measures the level of experienced (un)happiness

with oneself and with one's own life. A high score on this scale indicates that the parent is often unhappy and uncomfortable.

Vermulst et al. (2015) found good reliability and validity for these scales. In this study, reliability was measured by Cronbach's alpha and found to be good (depressive moods .84; parent-child relationship .86, parenting competence .82, role restriction .83; parenting-related well-being .86). Originally, the items on these scales were rated on a 4-point Likert-type scale, ranging from 1 (*not true*) to 4 (*very true*), in this study a 5-point scale was used (adding a neutral option in between).

Life skills were measured using a preliminary version of the Life Skills Questionnaire-Parents (LSQ-P; Petterson et al., 2016). Five scales were used: self-esteem (8 items), self-management (6 items), empathy (8 items), interpersonal relationship skills (8 items); and critical thinking (5 items). The scales were rated on a 5-point Likert-type scale. For all scales, the mean score of items is taken into account. A high score on a scale represents a high level of functioning in this life skill. A low score indicates that the skill is less developed. The reliability of the scales was measured with Cronbach's alpha and turned out to be medium to high: interpersonal relationship skills (.59); self-management (.68); critical thinking (.73); empathy (.79); self-esteem (.83). The LSQ-P shows a similar pattern, the scale Interpersonal Relationship skills having a comparable rather low alpha (Petterson et al., 2016).

Basic care (7 items), parenting behavior (7 items), relationship quality (5 items), and social support (5 items) were measured using scales from the Family Functioning Questionnaire (Veerman et al., 2012). In this study, a 5-point Likert-type scale was used. The items are positively phrased (or reverse coded), whereby a low sum score represents more problems and a higher sum score represents more positive results.

Veerman et al. (2012) found good reliability and validity for basic care, parenting behavior, relationship quality, and social support. In this study we used Cronbach's alpha to measure reliability. The results turned out to be medium to high: basic care (.60), parenting behavior (.72), relationship quality (.86), social support (.72). Basic care usually has higher alphas. Low reliability in this study could be due to the fact that fathers and mothers participated in the study, whereas the scale is only validated among mothers (Veerman et al., 2012).

Analyses

Firstly, we checked whether individual well-being and parenting-related well-being could indeed be regarded as two separate aspects of well-being. Having only 33.6% of explained variance in common ($r = .58, p < .001$) and two thirds of the variance is

unaccounted for, we decided to study these types of well-being separately, to find out whether they might have different predictors.

Secondly, we checked whether the independent variables were correlated. The weakest significant correlation was social support * self-management, with $r = .13, p < .001$. The strongest significant correlation was parenting behavior * basic care, with $r = .53, p < .001$, explaining no more than 28% of variance in common. We concluded that the scales measured different concepts and could be included in a regression analysis separately.

Thirdly, we checked whether fathers and mothers differed on two dependent variables, and whether first-time parents differed from not-first-time parents on these variables, using independent sample *t* tests. Then we tested differences between these groups on nine independent variables.

Finally, we performed two stepwise-entry linear regression analyses, in which we corrected for "sex" and "first child" by entering these dummy variables first (enter-entry) into the regression equation. We included nine independent variables and one dependent variable for each analysis.

Results

Fathers and mothers did not differ significantly on individual well-being and parenting-related well-being ([Table 1](#)). No significant differences between first-time parents and not-first-time parents were found ([Table 1](#)).

We found that the groups differ significantly on various independent variables ([Table 1](#)). Mothers assessed themselves as being better in these abilities than fathers. Mothers experienced a higher level of social support than fathers and they scored higher on empathy, which means mothers reported to function higher on this skill than fathers. On the other hand, fathers' scores on self-esteem and self-management were higher than mothers', which implies these two skills are more developed in fathers.

Parents with more than one child scored significantly higher on basic care than first-time parents, which implies not-first-time parents rated this ability more positively than first-time parents. Finally, relationship quality scores were significantly higher among first time parents, implying they had a more positive attitude toward relationship quality than parents with more than one child.

[Table 2](#) shows the results of the multivariate prediction of parenting-related well-being on the basis of the independent variables. After controlling for sex and whether it was the first child in the first step, all independent variables were entered stepwise into the equation, resulting in a five-step model with six contributors: sex, first child, parenting behavior, self-esteem, interpersonal relationship skills, and self-management. The results show that sex did not have a significant effect in the model. In the final model, the variables that predict parenting-related well-being account for 34.4% of the variance, $F(6, 400) = 34.99, p < .001$. Four scales were found to be significant

Table 1. Differences between groups (independent *t* tests).

	Fathers (<i>n</i> = 90) <i>M SD</i>	Mothers (<i>n</i> = 326) <i>M SD</i>	<i>t</i>	<i>p</i>	First-time parent (<i>n</i> = 237) <i>M SD</i>	Not-first- time parent (<i>n</i> = 179) <i>M SD</i>	<i>t</i>	<i>p</i>
Individual well-being	11.42 2.64	11.91 3.41	-1.45	.148	11.81 3.51	11.80 2.92	.04	.972
Parenting-related well-being	41.89 6.84	41.18 7.91	.77	.442	40.89	41.93	-1.36	.174
Basic care	28.43 2.67	29.24 2.49	-2.67	.008**	28.65 2.55	29.61 2.43	-3.91	.000**
Parenting behavior	28.76 2.35	29.63 2.46	-3.01	.003**	29.38 2.58	29.53 2.31	-.61	.540
Social support	19.77 2.94	20.46 2.82	-2.05	.041*	20.30 2.86	20.32 2.86	-.05	.959
Relationship quality	22.13 2.10	21.88 2.56	.85	.396	22.19 2.38	21.62 2.54	2.33	.020*
Self-esteem	3.91 .37	3.76 .49	3.26	.001**	3.80 .51	3.78 .41	.49	.622
Self-management	3.67 .44	3.53 .45	2.62	.009**	3.55 .46	3.58 .43	-.71	.480
Empathy	4.21 .38	4.37 .38	-3.75	.000**	4.35 .40	4.32 .37	.77	.440
Interpersonal relationship skills	3.61 .41	3.59 .40	.36	.717	3.59 .40	3.60 .41	-.32	.749
Critical thinking	4.09 .45	4.07 .46	.43	.669	4.08 .47	4.07 .44	.18	.859

*significant *p* <.05, **significant *p* <.01.

predictors: parenting behavior (24.2%), self-esteem (7.2%), interpersonal relationship skills (1.4%), and self-management (1.0%). Interestingly, first child had a small effect in the last step: being a first-time parent predicted parenting-related well-being.

Table 3 shows the results of the multivariate prediction of individual well-being on the basis of the independent variables. After controlling for sex and whether it was the first child in the first step, all independent variables were entered stepwise into the equation, resulting in a six-step model with seven contributors: sex, first child, self-esteem, self-management, relationship quality, interpersonal relationship skills, and parenting behavior. It shows that sex did not have a significant effect on the model, nor did first child. In the final model, the variables that predicted individual well-being accounted for 47.2% of the variance, $F(7, 399) = 50.90$, *p* < .001. These scales were found to be significant predictors of individual well-being: self-esteem (36.0%), self-management (5.8%), relationship quality (3.0%), interpersonal relationship skills (1.3%), and parenting behavior (0.7%).

Table 2. Multivariate prediction of parenting-related well-being.

Model	β	p value	Total R^2	ΔR^2
Step 1			.006	.006
Sex	-.045	.362		
First child	.070	.163		
Step 2			.248	.242
Sex	.026	.559		
First child	.084	.055		
Parenting behavior	-.497	.000		
Step 3			.320	.072
Sex	-.025	.549		
First child	.075	.070		
Parenting behavior	-.404	.000		
Self-esteem	-.287	.000		
Step 4			.334	.014
Sex	-.026	.536		
First child	.077	.060		
Parenting behavior	-.375	.000		
Self-esteem	-.245	.000		
Interpersonal relationship skills	-.131	.004		
Step 5			.344	.010
Sex	-.039	.359		
First child	.081	.048		
Parenting behavior	-.355	.000		
Self-esteem	-.213	.000		
Interpersonal relationship skills	-.119	.009		
Self-management	-.112	.014		

Summary

Individual well-being and parenting-related well-being had different main predictors. Parenting-related well-being was mainly predicted by parenting behavior, explaining 24.2% variance in the model. It was of less importance for individual well-being: only in the sixth step it added 0.7% explained variance to the model. Individual well-being was mainly predicted by self-esteem and self-management. Relationship quality had a unique contribution to the prediction of individual well-being, though playing no significant role in the prediction of parenting-related well-being.

Discussion

We investigated how relationship quality, life skills, parenting skills, and social support influenced individual well-being and parenting-related well-being. In two regression models, we identified multiple predictors, explaining a notably large amount of variance. The difference between the two models is remarkable: both aspects of well-being have different main predictors. These findings emphasize the importance of looking into different aspects of parents' well-being. Parenthood is not just about raising a child; parents have different roles and activities in their adult life, and besides their worries

Table 3. Multivariate prediction of individual well-being.

Model	β	p value	Total R^2	ΔR^2
Step 1			.003	.003
Sex	.059	.235		
First child	-.004	.937		
Step 2			.364	.360
Sex	-.020	.616		
First child	-.017	.676		
Self-esteem	-.606	.000		
Step 3			.422	.058
Sex	-.040	.302		
First child	-.006	.865		
Self-esteem	-.504	.000		
Self-management	-.263	.000		
Step 4			.452	.030
Sex	-.040	.282		
First child	-.025	.495		
Self-esteem	-.459	.000		
Self-management	-.268	.000		
Relationship quality	-.179	.000		
Step 5			.465	.013
Sex	-.034	.354		
First child	-.021	.563		
Self-esteem	-.420	.000		
Self-management	-.250	.000		
Relationship quality	-.164	.000		
Interpersonal relationship skills	-.127	.002		
Step 6			.472	.007
Sex	-.016	.675		
First child	-.017	.648		
Self-esteem	-.407	.000		
Self-management	-.231	.000		
Relationship quality	-.142	.000		
Interpersonal relationship skills	-.112	.007		
Parenting behavior	-.096	.023		

as a parent, they also have individual wishes, worries, responsibilities (Gravesteijn, 2015; Petterson et al., 2016).

Predictors of well-being

In accordance with other research (Ryff, 1995), self-esteem was found to be an important predictor of parents' well-being, especially individual well-being. This is important because research has shown that the transition to parenthood has a negative impact on parents' self-esteem (Bleidorn et al., 2016). The authors suggest that in the transition to parenthood parents are overwhelmed by new stressors and challenges, and their self-esteem is very responsive to these stressful aspects of parenthood. Our results indicate that this decline in self-esteem highly influences their well-being. Consequently, parents could indeed benefit a great deal from interventions promoting or protecting self-esteem (Bleidorn et al., 2016).

Self-management predicts individual well-being and parenting-related well-being. Corresponding to previous studies, this implies that responding properly to one's own emotions influences well-being positively (Nelson et al., 2014; Rutherford et al., 2015). Emotion regulation is a critical faculty to parents because they not only need to be able to manage their own emotions when, for example, soothing their distressed child, but also facilitate regulation in their child (Rutherford et al., 2015). Therefore, coping with stress and controlling emotions is relevant for parent and child development. Interventions building emotion regulation in parents show promising results in improving parent and child well-being (Rutherford et al., 2015). As self-management influences both types of well-being, interventions that focus on this skill could benefit parents twofold: as an individual and as a parent.

In this study, relationship quality was found to be important for parents' well-being. Much research has stressed this importance of satisfaction with the partner relationship for well-being (e.g., McKeown et al., 2003; Proulx et al., 2007; Voydanoff & Donnelly, 1998). In this study, relationship quality had a unique contribution to the prediction of individual well-being; parenting-related well-being is not predicted by relationship quality. On the other hand, parenting-related well-being is mostly predicted by parenting behavior, whereas this behavior contributes hardly to individual well-being. These findings suggest that fathers' and mothers' well-being as a parent is influenced mainly by positive interaction with the child, whereas their well-being as an individual is mainly influenced by the relationship with the partner.

Interestingly, social support did not predict either type of well-being, in contrast to previous research that showed that social contacts and support are important aspects of well-being of parents (Ryff, 1995; Strange, Bremner, Fisher, Howat, & Wood, 2016; Umberson et al., 1996). However, in this study, interpersonal relationship skills were found to be a significant predictor for both types of well-being. As a parent and as an individual, parents benefit from having these skills, enabling them to relate and communicate with people they interact with properly. These findings suggest that skills to communicate effectively and to ask for help and advice in time of need are more important for parents' well-being than their social network.

Our findings strongly imply that it is worthwhile to invest in life skills of parents, especially self-esteem, self-management, and interpersonal relationship skills because these skills increase parents' well-being, as an individual and as a parent. Programs focusing on improving parents' general skills, for example, communication skills, problem solving, and emotion regulation, show a positive effect on well-being and also have a positive outcome on their children (Feinberg et al., 2014; Feinberg & Kan, 2008; Forgatch & DeGarmo, 1999).

How and why fathers and mothers differ

In general, men tend to have higher self-esteem than women (Orth, Trzesniewski & Robins, 2010), and previous research (Petterson et al., 2016) showed that fathers had higher self-esteem than mothers. This study support this difference in self-esteem between fathers and mothers. Research (Bleidorn et al., 2016) shows that mothers' self-esteem is more affected by the transition to parenthood than fathers'. This implies that it could be meaningful to invest even more in women's self-esteem than men's. This also applies to self-management: mothers show lower levels of this skill, so they might benefit more by improving this skill than fathers.

Empathy was higher among mothers than among fathers in this study. This is of interest because research (Kazmierczak, Kielbratowska & Karasiewicz; 2015) has shown that partners' empathy plays an important role in coping with adjustment problems to parenthood, especially for mothers. This suggests that increasing paternal empathy does not directly influence fathers' own well-being (empathy was not a predictor in either of the models), but this could support their partners in their transition to parenthood.

Fathers had significant lower scores on parenting behavior and basic care than mothers. These skills may be less developed among fathers, due to being around the child less than mothers, or they could be insecure and value themselves less capable of parenting and providing for their child than mothers. Strengthening these skills among fathers will benefit not only themselves, but also their children, because a parent's sense of competence during infancy is positively associated with toddlers' behavioral outcomes (Zimmer-Gembeck & Rae, 2010).

Study experienced less social support than mothers. Fathers and mothers experienced a decline in their social network after the transition to parenthood. However, mothers tended to get closer to neighbors (Kalmijn, 2012), which may account for this difference between fathers and mothers. Because parents with a good social network experience less parenting stress (Parkes, Sweeting, & Wight, 2015), investing in fathers' (local) social network could increase their well-being. In fact, providing a social network to mothers (participation in a mothers group) increased their well-being (Strange et al; 2016).

Finally, no significant differences were found between fathers and mothers on how they value their relationship quality. It could be argued that not gender, but other factors, such as age, labor division, employment and income, and infant characteristics influence the effect of transition to parenthood on relationship quality (Keizer & Schenk, 2012; Mitnick et al., 2009).

How and why first-time parents and not-first-time parents differ

First of all, first-time parents had lower scores on basic care than not-first-time parents, indicating that first-time parents have more difficulties in this domain. Having another child, as this study suggests, did not make running the household, managing finances, keeping in touch with school, and taking care of the child more difficult. In fact, having more children increased the ability to provide basic care for children, probably because a parent has already gained some experience in doing so.

Second, this study shows that relationship quality is lower among parents with more than one child. This is in contrast with other studies where no differences in relationship quality between first-time parents and second-time parents were found (Figueiredo & Conde, 2015; Krieg, 2007). Also, “first child” added significance to the regression model of parenting-related well-being. This indicates that parenting-related well-being is negatively influenced by the amount of children.

Altogether, this study indicates that though providing basic care may get easier, in terms of parenting-related well-being and relationship quality, transition to parenthood seems to be getting harder the next time. When a first child is born, couples may experience changes in their roles and have to find a balance between caring for an infant and other responsibilities (Doss & Rhoades, 2017). When another child is born, they have to find a way to balance the needs of all family members, which increases stress (Krieg, 2007), decreases parenting-related well-being and negatively influences relationship quality. Having another baby could actually be a more difficult task than previously presumed.

Limitations

This study has some limitations. First, the sample does not fully represent the Dutch population of parents of a child younger than age 1 year. The sample consists of mainly highly educated parents, with many parents who might have a more privileged background and fewer parents who are part of more vulnerable groups. The sample is largely made up of female respondents, which makes it difficult to generalize the results to both parents. The small sample size of Dutch parents with a non-Western ethnic background made it statistically difficult to establish significant differences due to ethnicity. Examining a larger, more differentiated group could enable more analyses on differences between groups that could refine our results and deepen our understanding of well-being of parents.

Second, the data is cross-sectional and does not provide information on intra-individual changes in time, for example, the change from first-time parent to seasoned parent. Also, we used individual, self-reported data of fathers and mothers, as opposed to dyadic data of couples. Studying couples

may deepen our understanding of life skills, well-being, and partner relationship among parents. Differences between single parents, married couples, and cohabiting partners could be taken into account in future research.

Notwithstanding these limitations, this study makes a valid contribution to the knowledge of well-being of parents. The predictors in the equation models accounted for high percentages of variance, and the study indicates that parents' life skills are important predictors for their well-being.

Conclusion

Investing in the well-being of parents is important because it influences parents, their children, and others in their surroundings, such as their partners and employers. This exploratory study suggests that interventions focusing on relationship quality and parenting behavior could be effective in increasing parents' well-being and easing the transition to parenthood. Even more, supporting their life skills—especially self-esteem, self-management, and interpersonal relationship skills—can help parents in their transition to parenthood. Investing in parents' relationship skills, enabling them to ask for help in times of need, could be even more effective for well-being than increasing their social network.

This study cautiously indicates that in the transition to parenthood, fathers may have different needs when it comes to their well-being than mothers. Fathers' well-being can be increased by strengthening their parenting skills, or strengthening their sense of competence about these skills. Fathers and mothers can be supported in the transition to parenthood by investing in their self-esteem and self-management. This could be most effective for women as these skills were less developed among women.

Finally, this study shows that the transition to parenthood is hard for parents having another baby, probably even harder than for first-time parents: even though they find themselves more capable of caring for their child than first-time parents, parents with more than one child are disadvantaged in terms of relationship quality and well-being. This implies that interventions aimed at easing the transition to parenthood and changes in relationship quality should not only be aimed at first-time parents, as parents who already have children are also in need.

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