Coparenting has emerged as a central family process and relationship. However, a coparenting role may be unfamiliar and uncomfortable to many fathers. This study focused on fathers’ perceptions of coparental support to better understand factors that may help fathers adjust to a new and challenging parental role. A conceptual model of coparental support was developed and tested on a sample of 2,062 fathers from the national Fragile Families and Child Well-being study to determine what father and mother characteristics were associated with fathers’ perceptions of coparental support. Multigroup comparisons of the model were made between married and nonmarried fathers. Results found the model to be a good fit for both married and nonmarried fathers. Father involvement and relationship quality were significant positive correlates of perceptions of coparental support for married fathers, but not for nonmarried fathers. Father mental health showed a negative relationship with perceptions of coparental support for married and nonmarried fathers. Family dynamics and paternal roles, which affect fathers’ perceptions of support from the coparent, can be different based on marital status. Interventions aimed at increasing coparental support need to address depression and anxiety among fathers. Limitations and future directions of research on coparenting are also discussed.

Keywords: fathers, coparenting, coparental support, father involvement

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Coparenting is defined as the dynamics between two or more individuals within a family who are responsible for a particular child’s well-being; coparents decide how they will share childcare responsibilities and work together in their parenting roles (Feinberg, 2003; McHale et al., 2004; Van Egeren & Hawkins, 2004). Research has revealed that coparenting is associated with positive outcomes for children, such as increased effortful control and less internalizing (i.e., anxiety and depression) and externalizing (i.e., aggression and misbehavior) symptoms (McConnell & Kerg, 2002; Schoppe-Sullivan, Mangelsdorf, Frosch, & McHale, 2004; Schoppe-Sullivan, Weldon, Cook, Davis, & Buckley, 2009). Studies have also found that coparenting is associated with positive outcomes for parents such as increased marital satisfaction and perceptions of parental support, as well as decreased stress, negative parenting practices, and arguments about parenting practices (Dopkins-Stright & Stigler-Bales, 2003; Feinberg, 2002; Schoppe-Sullivan, McBride, & Ringo Ho, 2004).
Despite the known benefits, coparenting may be an unfamiliar and uncomfortable role to many fathers. Traditional gender roles in the family, with fathers as “breadwinners” and mothers as primary childcare providers, have deep roots in many families (Marks & Palkovitz, 2004). Thus, some men are inexperienced in direct child rearing and often play secondary roles to the mother in childcare activities (Lewis, 1997; Marsiglio, Amato, Day, & Lamb, 2000). In addition, gender socialization analysis has revealed that childcare is considered feminine while “breadwinning” is equated with masculinity (Maurer & Pleck, 2006). Fathers who have negotiated contemporary familial roles, such as stay-at-home dads, have experienced both internal and external pressure to participate in traditionally masculine activities (e.g., mow the grass, maintain paid work) (Doucet, 2004; Rochlen, Suizzo, McKelley, & Scaringi, 2008). Some fathers also lack confidence and self-efficacy in becoming more involved in childcare responsibilities or encounter relationship barriers to coparenting involvement (Braver, Griffin, & Cookston, 2005; Fagan, Palkovitz, Roy, & Farric, 2009; Garfield & Isacco, 2006; Hudson, Campbell-Grossman, Fleck, Elek, & Shipman, 2003; Isacco & Garfield, 2010). Despite these challenges, sociocultural shifts have placed more value on fathers as coparents, and many fathers want to engage in coparenting and consider good fathering to include coparenting (Cabrera, Tamis-LeMonda, Bradley, Hofferth, & Lamb, 2000; Coleman & Garfield, 2004; Henwood & Procter, 2003; Marks & Palkovitz, 2004). Furthermore, an increased number of fathers may be expected to fill coparenting roles in contemporary family compositions with working mothers and dual-career parents (Roy, 2004). In short, coparenting has been shown to be positive for both children and couples and is worth promoting among fathers. Understanding what contributes to fathers engaging in coparenting is understudied. Therefore, research aimed at understanding factors that may help fathers adjust to a new and challenging parental role is important.

The perception of coparental support is one construct that appears promising to promoting coparenting among fathers. Coparental support is considered an “essential component of the coparental relationship” (Bonds & Gondoli, 2007, p. 289). Scholars have defined coparental support as the transfer and perception of validation among parents about their parenting judgments (Abidin & Brunner, 1995; McHale, 1995). Initial research has indicated that fathers considered support from their partner to be most important among possible sources of support and coparental support has been associated with improved postdivorce attachment between parents and increased postdivorce father involvement in child rearing (Erera, Minton, Pasley, & Mandel, 1999; Madden-Derdich & Arditti, 1999; Summers, Boller, & Raikes, 2004). Furthermore, research with stay-at-home-fathers demonstrated that perceived support from their spouses increased marital and life satisfaction, suggesting that support from the spouse can further aid fathers in assuming nontraditional roles in the families (Rochlen, McKelley, Suizzo, & Scaringi, 2008). However, despite the benefits of perceived coparental support, research has yet to identify factors that contribute to fathers’ perceptions of coparental support.

Coparenting is likely to differ between married and nonmarried fathers (Insabella, Williams, & Pruett, 2003). However, much of the foundation of coparenting literature is based on small convenience samples comprised primarily of married couples (Feinberg, 2003). Therefore, the application and generalizability of coparenting literature to diverse family structures such as nonmarried families is limited (Bonach, Sales, & Koeske, 2005; Madden-Derdich & Leonard, 2000; McHale, Kuersten-Hogan, Laerrti, & Rasmussen, 2000; Talbot & McHale, 2004). To our knowledge, no study has compared nonmarried and married fathers in an analysis of coparental support to examine possible differences or similarities. In addition, the literature has focused on analyzing coparental support in relation to sociodemographic variables (e.g., income, educational level) at the exclusion of social variables, such as parental involvement and expectations, relationship quality, and parent mental health (Bronte-Tinkew & Horowitz, 2010). Based on these gaps in the literature, our research question is what are the correlates of fathers’ perceptions of coparental support among married and nonmarried fathers? This study will attempt to answer that question by examining potential positive and negative correlates to fathers’ perceptions...
of coparental support using a nationally representative sample of fathers.

**Potential Positive and Negative Correlates to Coparental Support**

Father involvement is generally defined as what a father does with their child (Lamb, Pleck, Charnov, & Levine, 1985). Some research has found that nonmarried fathers may be less drawn to involvement compared with married fathers because of contextual barriers and relationship discord with the child’s mother (Carlson, McLanahan, & England, 2004; Garfield & Chung, 2006; Coley, 2001; Hohmann-Marriott, 2009). Therefore, differences to father involvement exist based on marital status and the dyadic relationship between mother and father, but how father involvement, for nonmarried and married fathers, correlates with their perceptions of coparental support is not directly explained in the literature. Some fathers model their childcare involvement after the mothers as a way to learn and practice effective parenting, implying that father involvement is connected to their perceptions of coparental support from their partner.

Relationship quality is described as the harmony and stability between parents (Coley & Chase-Lansdale, 1999). McHale and colleagues (2004) found that paternal participation in the coparental relationship was based on internal assessment of their partner as positive or negative (i.e., if fathers thought that the marital relationship with their partner was positive, they participated more in coparenting) in a sample of predominantly married couples. Conversely, conflict in relationships can lead to paternal disengagement from family processes (Cummings, Goeke-Morey, Raymond, & Lamb, 2004). In samples of both married and nonmarried couples, supportive relationships were associated with positive parenting behaviors (Carlson & McLanahan, 2006; Krishnakumar & Buehler, 2000). These findings suggest that a high-quality partner relationship may lead to increased fathers’ perceptions of coparental support.

Gender-based parenting expectations are defined as “personal beliefs for what will be done” with parental roles and responsibilities (Cook, Jones, Dick, & Singh, 2005, p. 166). Paternal expectations are conceptualized along a complex continuum while also being discussed into two dichotomous categories: traditional and nontraditional (Doucet, 2004; Summers et al., 1999). Most scholars agree that traditional parenting expectations for fathers include being a “good provider” through making financial contributions to the family while nontraditional parenting expectations include emotional nurturance and affection and direct childcare (e.g., Cook et al., 2005; Pleck & Lamb, 1997). The dichotomous view of parenting expectations has been found in research; for example, some fathers did not know how to assume both traditional and nontraditional parenting roles while fathers in nontraditional roles (e.g., stay-at-home fathers) participated in traditionally masculine activities as a way to create balance in their roles (Rochlen, Suizzo, et al., 2008; Roy, 2004). Indeed, men often hold conflicting expectations; Fox, Bruce, and Combs-Orme (2000) discovered that even fathers who considered a “good father” to be coparental and nurturing still expected to be most involved in their family through traditional provider functions such as providing money to the household and for baby items. Qualitative differences have been found based on marital status; while nonmarried fathers expected transitory involvement with their children, married fathers expected a more permanent commitment to the family and an awareness of balancing work–family roles to maintain their childcare involvement (Garfield & Chung, 2006). Yet, research has found that relationship stability has helped nonmarried fathers consider contemporary ideals of fatherhood (Hohmann-Marriott, 2009).

Nontraditional masculine beliefs about parenting have been found to contribute to fathers exhibiting coparenting involvement, attitudes, and behaviors (Bulanda, 2004; Hofferth, 2003). Conversely, traditional masculine beliefs about parenting seem to have a negative effect on fathers engaging in coparenting (Summers et al., 1999). These findings suggest that understanding gender-based expectations of parenting is important because of its effects on
coparenting attitudes, behaviors, and possibly perceptions of coparental support for fathers. As a result, fathers that adhere more to nontraditional masculine expectations about parenting may perceive more coparental support from their partner while fathers that adhere more to traditional masculine expectations about parenting may perceive less coparental support from their partner.

Depression and anxiety may differ based on marital status as some research has found that married couples (i.e., fathers and mothers) report less depressive and anxious symptoms than nonmarried couples (Frech & Williams, 2007; Huang & Warner, 2005; Meadows, McLanahan, & Brooks-Gunn, 2007). Yet, depression and anxiety may have a similar, negative impact on coparenting processes such as increased parenting stress, frustration with child rearing, marital dissatisfaction, marital conflict, and decreased problem-solving skills, expressions of warmth, and parental engagement in child rearing (Cummings, Keller, & Davies, 2005; Lyons-Ruth, Wolfe, Lyubchik, & Steinberg, 2002; Spector, 2006; Wilson & Durbin, 2010). Using the Children in the Community Study of 976 randomly sampled families from New York, paternal anxiety was associated with lower assistance to their wives, frequent loud arguments with their wives, poor fulfillment of familial roles, and maladaptive child rearing behavior (Johnson & Baker, 2004). Based on those findings, fathers may be less likely to perceive coparental support from the child’s mother if the child’s mother is experiencing depressive symptoms. Second, the typical depressive symptoms (e.g., feelings of sadness, worthlessness) and anxious symptoms (e.g., irritability, excessive worry) would seem to contribute to a mood in fathers that is unresponsive to or perhaps unaware of available coparental support (i.e., decreased perceptions of coparental support).

Purpose of Study and Research Hypotheses

The literature review above describes potential positive and negative correlates to perceptions of coparental support. A conceptual model has yet to incorporate those positive and negative correlates. This study addresses that gap in the literature by testing a conceptual model (Figure 1) of coparental support to determine if there is empirical support for the model with married fathers and to a less studied, more diverse sample of fathers (i.e., nonmarried fathers). Given the limited amount of research in this area, this study poses the following exploratory hypotheses for both married and nonmarried fathers. Specifically, this study hypothesizes that father involvement, relationship quality, and nontraditional gender-based expectations about parenting will be positively correlated with coparental support while traditional gender-based expectations, maternal depression, paternal depression, and paternal anxiety will be negatively correlated with coparental support.

Method

Participants

The 2,062 fathers in this study are from the Fragile Families and Child Well-being study (FFCWS). The FFCWS is a national, longitudinal study that began in 1998 and follows a new birth cohort of approximately 4,700 births (3,600 nonmarital, 1,100 marital) in 75 hospitals within 20 large U.S. cities (Reichman, Teitler, Garfinkel, & McLanahan, 2001). The cities were selected using a stratified random sample of all U.S. cities with 200,000 or more people (Reichman et al., 2001). The study oversampled for nonmarried births with the primary goals of learning more about father involvement, relationship characteristics, and child...
health outcomes in unmarried families (Waller & Swisher, 2006). Baseline response rates for mothers were 82% among married mothers and 87% among nonmarried mothers; 89% among married fathers and 75% for nonmarried fathers (DeKlyen, Brooks-Gunn, McLanahan, & Knab, 2006). This article included fathers who completed all of the baseline and first-year measures used in this study, thereby, excluding cases with missing responses or those who were not asked questions from a scale within or between the two time points (i.e., listwise deletion). Baseline measures were collected between 1998 and 2000 and first year measures between 1999 and 2002 (Fragile Families, 2008). The mean age of the fathers was 29 years old, with a range between 17- and 81-years-old (SD = 7.25). Of all of the fathers in this sample, 64% were nonmarried, 77% were non-White, 54% had an income under $75,000, and 26% graduated from high school.

Marital status was assessed at 1-year postbirth. Several categories exist in the FFCWB study to account for differences in marital status. The first category is “married,” followed by five nonmarried subcategories. Nonmarried couples can be categorized as (a) nonmarried, living together (i.e., cohabiting), (b) nonmarried, romantically involved, but not living together, (c) nonmarried, not romantically involved, not living together, (d) friends, and (e) no relationship. For this study, the five nonmarried subcategories were recoded into a singular nonmarried variable and presented as categorically different from a married status (McLanahan & Carlson, 2004). See Table 1 for additional demographic information.

### Procedures

Parents were eligible for the study if they met the following criteria: they did not plan to place the child for adoption, were alive at the time of birth, the baby was living at the time of the interview, the parents spoke English well enough to complete an interview, the parents and baby were healthy, and the parents were at least 18 years old (Reichman et al., 2001). Parents were initially interviewed in the hospital after the child’s birth.

Mothers were interviewed first, in person, within 48 hours of the child’s birth. After the mother’s baseline interview, interviewers asked for information about the child’s father. The child’s father was then contacted for an interview and interviewed as soon as possible after the mother’s baseline interview (Carlson et al., 2004). Baseline interviews with fathers were conducted in the hospital or by telephone. The baseline interviews asked the fathers about their marital status in relation to the child’s mother as well as their initial parenting expectations. Follow-up interviews at the first year postpartum with fathers were typically completed over the phone. The 1-year post child birth interviews asked the fathers about any changes to their marital status since their child’s birth along with their current perceptions of coparental support (Coparental Support), their involvement in their child’s life (Father Involvement), relationship quality with the child’s mother (Relationship Quality), and mental health status (Depression and Anxiety). Mothers were also asked about their mental health (Depression) at the 1-year post child birth interview. All measures used at

<table>
<thead>
<tr>
<th>Demographic characteristics</th>
<th>N (%)</th>
</tr>
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<tbody>
<tr>
<td>Nonmarried</td>
<td>1,320 (64)</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td></td>
</tr>
<tr>
<td>Black/African American</td>
<td>784 (38)</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>474 (23)</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>454 (22)</td>
</tr>
<tr>
<td>Mexican</td>
<td>268 (13)</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>62 (3)</td>
</tr>
<tr>
<td>American-Indian</td>
<td>62 (3)</td>
</tr>
<tr>
<td>Asian</td>
<td>41 (2)</td>
</tr>
<tr>
<td>Income level</td>
<td></td>
</tr>
<tr>
<td>$75,000 or above</td>
<td>165 (8)</td>
</tr>
<tr>
<td>$50,000–75,000</td>
<td>186 (9)</td>
</tr>
<tr>
<td>$35,000–49,000</td>
<td>206 (10)</td>
</tr>
<tr>
<td>$20,000–34,999</td>
<td>309 (15)</td>
</tr>
<tr>
<td>$5,000–19,999</td>
<td>330 (16)</td>
</tr>
<tr>
<td>&lt;$5,000</td>
<td>82 (4)</td>
</tr>
<tr>
<td>Did not report income level</td>
<td>784 (38)</td>
</tr>
<tr>
<td>Education attainment</td>
<td></td>
</tr>
<tr>
<td>Attended graduate school</td>
<td>82 (4)</td>
</tr>
<tr>
<td>Earned a BA/BS</td>
<td>103 (5)</td>
</tr>
<tr>
<td>Some college experience or technical training</td>
<td>371 (18)</td>
</tr>
<tr>
<td>Graduated high school or earned a GED</td>
<td>536 (26)</td>
</tr>
<tr>
<td>Some high school experience</td>
<td>454 (22)</td>
</tr>
<tr>
<td>Did not go beyond the 8th grade</td>
<td>82 (4)</td>
</tr>
<tr>
<td>Did not report education attainment</td>
<td>433 (21)</td>
</tr>
<tr>
<td>Maintained steady employment in past year</td>
<td>1,320 (64)</td>
</tr>
</tbody>
</table>
the 1-year follow-up interview were designed to gain a current assessment of the constructs. Additional information about the Fragile Families study design, procedures, measures, and participants can be found at the study’s Web site http://www.fragilefamilies.princeton.edu/index.asp and published articles (e.g., Reichman et al., 2001).

Measures

Father involvement. Father Involvement was measured 1-year postbirth using an eight-item index adapted from the Home Observation for Measurement of the Environment Scale (HOME; Bradley & Caldwell, 1984). The HOME contains several subscales, such as cognitive stimulation, emotional supportiveness, and father–child activity, all designed to examine the quality of the home environment on young children’s development (Bronte-Tinkew, Horowitz, & Carrano, 2010). This construct is most reflective of the engagement component of Lamb et al. (1985) model, which taps into parent–child interaction through activities and other conceptualizations of father involvement that have expanded upon Lamb’s work to include categories such as errands (taking the child somewhere) and affection (physical affection such as hugs) (e.g., Palkovitz, 1997). Examples of specific items asked of fathers included, “how many days do you usually play games like “peek-a-boo or gotcha” with your child; sing songs or nursery rhymes to your child; read stories to your child.” The responses are measured on a 7-point scale ranging from 0 days of the week to 7 days a week. Scores can range from 0 to 56, with higher scores indicating more father involvement. Scores ranged from 0 to 56 for married and nonmarried fathers in this study (married fathers: \( M = 34.45, SD = 12.88, \alpha = .96 \); Nonmarried Fathers: \( M = 28.19, SD = 16.43, \alpha = .95 \)).

Relationship quality. Father–mother relationship quality was assessed 1-year postbirth using a 9-item index adapted from the Multi-Dimensional Support Scale (MDSS) and influenced by previous research (Lloyd, 1997; Winefield, Winefield, & Tiggeman, 1992). The MDSS has been used to describe sources of support during difficult experiences (Winefield et al., 1992). The Fragile Families index modification of the MDSS specifically assesses support and other relationship dynamics (e.g., conflict) within the current dyadic partner relationship. Examples of specific items asked of fathers included, “did (MOTHER) behave this way often, sometimes, or never: she was fair and willing to compromise when you had a disagreement; she expressed affection or love for you; she insulted or criticized you or your ideas.” The responses are measured on a 2-point, dichotomous scale: 2 (sometimes and often) or 0 (never) (Bronte-Tinkew, Moore, Matthews, & Carrano, 2007). Scores can range from 0 to 18, with higher scores indicating a higher relationship quality. Scores ranged from 2 to 18 for married fathers and from 0 to 18 for nonmarried fathers in this study (married fathers: \( M = 10.77, SD = 2.42, \alpha = .90 \); nonmarried fathers: \( M = 9.55, SD = 4.49, \alpha = .93 \)).

Gender-based parenting expectations. Gender-based parenting expectations were assessed at the child’s birth. Indices for both traditional and nontraditional parenting expectations were developed for this study and were based on previous qualitative and quantitative research with married and nonmarried fathers, some of which was part of the Fragile Families project (Garfield & Chung, 2006; Hohmann-Marriott, 2009; Waller, 2002). Traditional parenting expectations were measured using two items, which asked, “Fathers do many things for their children. Please tell me how important each of the following activities is to you: Providing regular financial support? Serve as an authority figure and discipline the child?” The responses are measured on a 2-point scale ranging from 0 (not important), 1 (somewhat important), to 2 (very important). Scores can range from 0 to 4, with higher scores indicating more traditional parenting expectations. Scores ranged from 1 to 4 for married fathers and from 0 to 4 with nonmarried fathers in this study (married fathers: \( M = 3.78, SD = .55, \alpha = .99 \); nonmarried fathers: \( M = 3.82, SD = .48, \alpha = .99 \)). Nontraditional parenting expectations were measured using two items, which asked, “Fathers do many things for their children. Please tell me how important each of the following activities is to you: Provide direct care, such as feeding, dressing, and child care? Show love and affection to the child?” The responses are measured on a 2-point scale ranging from 0 (not important), 1 (somewhat important), to 2
Scores can range from 0 to 4, with higher scores indicating more nontraditional parenting expectations. Scores ranged from 1 to 4 for married and nonmarried fathers in this study (married fathers: $M = 3.88$, $SD = .35$, $\alpha = .99$; nonmarried fathers: $M = 3.93$, $SD = .28$, $\alpha = .99$).

**Paternal and maternal depression.** Paternal depressive symptoms are measured 1-year postbirth by the Composite International Diagnostic Interview-Short Form (CIDI-SF; Kessler, Andrews, Mroczek, Utsun, & Wittchen, 1998). The CIDI-SF assesses several mental disorders found in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM–IV)*, such as major depression, general anxiety, specific phobia, social phobia, agoraphobia, panic attacks, obsessive-compulsive disorder, and alcohol and drug dependence (Nelson, Kessler, & Mroczek, 2001). Use of the CIDI-SF include epidemiological, cross-cultural, basic research and clinical assessments (Bronte-Tinkew et al., 2007). Depression is based on *DSM–IV* criteria for major depression (i.e., depressed mood, anhedonia, fatigue, change in weight, trouble with sleep, trouble concentrating, and thoughts about death). Test–retest analysis of the depression scale yielded an 86% agreement, kappa of .66, and interrater kappa was .97 (Wittchen, 1994). A numeric score ranging from 0 to 7 is converted to a probability of caseness between 0 and 1 in order to arrive at a “positively diagnosed respondent” of depression (score of 1) or no depression (score of 0) (Fragile Families, 2005, p. 5). Participants have the option of answering “yes” or “no” to a series of questions about *DSM–IV* criteria for depression. Participants that answer “yes” to 3 or more symptoms, lasting “2 or more weeks,” for “at least half of the day,” “almost every day” with a probability score greater than .5 are considered to have major depression and those scoring below this criteria are considered without major depression (Fragile Families, 2005). In this study, scores ranged from 0–1 for married and nonmarried fathers (married fathers: $M = .12$, $SD = .32$, $\alpha = .96$; nonmarried fathers: $M = .40$, $SD = .49$, $\alpha = .96$).

**Paternal anxiety.** Anxiety was assessed 1-year postbirth using the CIDI-SF, which is designed to classify respondents according to the criteria of *DSM–IV* for Generalized Anxiety Disorder (GAD). Reliability estimates specific to anxiety yielded an 89% test–retest agreement, .69 kappa, and .96 interrater kappa (Wittchen, 1994). Participants have the option of answering “yes” or “no” to a series of questions about *DSM–IV* criteria for anxiety. If the diagnostic requirements are fulfilled, the respondent receives a probability of caseness equal to one. GAD is met when the respondent reports a period of feeling worried, tense, or anxious, which has lasted at least 6 months. Respondents who do not report an anxious period lasting at least six months are skipped out of the section and receive a probability of caseness equal to zero. Scores ranged from 0 to 1 for married and nonmarried fathers in this study (married fathers: $M = .03$, $SD = .18$, $\alpha = .92$; nonmarried fathers: $M = .01$, $SD = .12$, $\alpha = .92$).

**Coparental support.** Questions assessing Coparental Support were asked at 1-year postbirth. The questions were developed by researchers from the Fragile Families study and did not rely on previous research due to the lack of an existing adequate measure in the literature (Teitler, 2010, personal communication). A 5-item index of Coparental Support was developed for this study. Examples of questions asked fathers included: “the mother acts like the mother you want for the child when she is with the child; you can trust the mother to take good care of the child; the mother respects the schedules and rules established by you.” The responses are measured on a 3-point scale: 2 (*always true*), 1 (*sometimes true*), 0 (*rarely true/NA*). Scores can range from 0 to 10, with higher scores indicating a higher level of perceived coparental support. Scores ranged from 0 to 10 for married and nonmarried fathers in this study (married fathers: $M = 8.53$, $SD = 1.83$, $\alpha = .71$; nonmarried fathers: $M = 9.23$, $SD = 1.35$, $\alpha = .76$).

**Data analysis.** Path analysis is one of the most common forms of structural equation modeling (Kline, 2005). Although path analysis is not used to establish causality or the “correctness” of a specific model, it is a useful method to examine complex models and to determine
the best fit for the data (Streiner, 2005). Analyses for this study were conducted using the structural equation modeling (SEM) computer software, Lisrel 8.53 to examine the structural models of coparental support. According to Kline (2005), a simple, direct, and effective approach to multigroup SEM is to estimate the same model between two groups and compare fit indices and unstandardized path estimates. Therefore, the primary analysis in this study entailed examining the same model separately for married and nonmarried fathers to assess whether the model functioned similarly across different groups of fathers. To determine differences in parameter estimates across the groups, the unstandardized coefficients were compared. To determine model fit, goodness-of-fit statistics were obtained to assess both relative and absolute fit.

In this model, father anxiety and father depression loaded onto the latent variable named father mental health, while relationship quality, father involvement, traditional parenting expectations, nontraditional parenting expectations, maternal depression, and coparental support remained measured variables. The independent variables were relationship quality, father involvement, traditional parenting expectations, nontraditional parenting expectations, maternal depression, and father mental health, and the dependent variable is coparental support.

Assessing Model Fit

Fit indices were selected a priori to determine how well the model fit the data (Hu & Bentler, 1998). Because of the large sample size of this study, the $\chi^2$ statistic is not a reliable index for determining model fit (Kline, 2005). To assess absolute fit (i.e., the proportion of variability in the sample covariance matrix explained by the model), this study used the goodness-of-fit index (GFI), root-mean-square error of approximation (RMSEA), standardized root-mean-square residual (SRMR), and root-mean-square residual (RMR). The GFI, an index that measures the matrix of proportion of the explained variance, can range from 0 to 1, with larger values reflecting better-fitting models. GFI greater than or equal to .90 is considered acceptable, and GFI greater than or equal to .95 is considered excellent. The RMSEA, which is a built in correction for model complexity, less than or equal to .05 represents a “close fit,” .05 to .08 a “reasonably close fit,” and > .10 an unacceptable fit (Browne & Cudeck, 1993). The SRMR measures the overall difference between the observed and predicted correlations; a value less than .08 is considered a good model fit (Hu & Bentler, 1998). The RMR is a measure of the mean absolute values of the covariance residuals and is compared across multiple models applied to the same data set (Kline, 2005). The smaller the RMR value, the better the model fits the data; a RMR value of zero indicates a perfect model fit. To assess relative fit, this study used the normed fit index (NFI), nonnormed fit index (NNFI), which also corrects for model complexity as well as the relative fit index (RFI), and comparative fit index (CFI), which measure relative improvement in model fit compared with the baseline model (Kline, 2005). For the relative fit indices of NFI, NNFI, and CFI, scores range from 0 to 1, and values greater than or equal to .90 are considered acceptable fit (Bentler, 1990; Bentler & Bonnett, 1980).

Results

Correlation matrices were created to determine the relationship between the independent and dependent variables for both married and nonmarried fathers (Table 2). Most of the correlations are not highly correlated. Maternal depression was highly correlated with perceptions of coparental support (.29 for married fathers; .47 for nonmarried fathers) and relationship quality (.44 for married fathers; .48 for nonmarried fathers).

The following section of the results elaborates on the analyses among married and nonmarried fathers. Within each section, a summary of the fit statistics and confirmation of the hypotheses is provided. The section concludes with a summary of the similarities and differences between married and nonmarried fathers. Table 3 is a comparison overview of the unstandardized path coefficients, SEs, standardized path coefficients, and effect sizes of each parameter estimate between married fathers and nonmarried fathers.

Analysis of Married Fathers

The path model assessing correlates of coparental support for married fathers ($n = 742$)
produced a good fit, ($\chi^2 = 10.95, df = 5, p < .05$; GFI = .99, SRMR = .01, RMSEA = .04, RMR = .01; NFI = .98, RFI = .89, NNFI = .93, CFI = .99), and 30% of the variance of fathers’ perceptions of coparental support was explained. As seen in Table 3, all effect sizes were small and all of the paths were significant except the two paths of gender-based parenting expectations to perceptions of coparental support. In addition, all paths were in the expected direction except maternal depression, and traditional and nontraditional parenting expectations. The path model indicated that father involvement, relationship quality, and maternal depression had a significant positive relationship to coparental support. Increased depressive and anxiety symptoms in fathers were negatively correlated with perceptions of coparental support.

Analysis of Nonmarried Fathers

The path model assessing correlates of coparental support for nonmarried fathers ($n = 1320$) produced a good fit, ($\chi^2 = .40, df = 5, p < .001$, GFI = 1.0, SRMR = .00, RMSEA = .00, RMR = .00; NFI = 1.00; RFI = .99, NNFI = 1.00; CFI = 1.00) and accounted for

Table 2
Correlation Matrices for Each Analysis

<table>
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<tr>
<th></th>
<th>CS</th>
<th>RQ</th>
<th>FI</th>
<th>FD</th>
<th>FA</th>
<th>TPE</th>
<th>NTPE</th>
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<tr>
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</table>

Note. CS = coparental support; RQ = relationship quality; FI = father involvement; FD = father depression; FA = father anxiety; TPE = traditional gender-based parenting expectations; NTPE = nontraditional gender-based parenting expectations; MD = mother depression.

Table 3
Parameter Estimates and Effect Sizes of Paths for Married and Nonmarried Fathers

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>Married fathers ($n = 742$)</th>
<th>Nonmarried fathers ($n = 1320$)</th>
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<tr>
<td></td>
<td>Parameter estimates</td>
<td>Effect sizes</td>
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</tr>
<tr>
<td>Relationship quality</td>
<td>.06 (.02) [.13]*</td>
<td>.13</td>
</tr>
<tr>
<td>Traditional parenting expectations</td>
<td>.01 (.07) [.01]</td>
<td>.01</td>
</tr>
<tr>
<td>Nontraditional parenting expectations</td>
<td>-.03 (.02) [-.02]</td>
<td>.02</td>
</tr>
<tr>
<td>Maternal depression</td>
<td>.84 (.14) [.27]**</td>
<td>.27</td>
</tr>
<tr>
<td>Father mental health</td>
<td>-.12 (.30) [-.28]**</td>
<td>-.28</td>
</tr>
</tbody>
</table>

Note. SEs are presented in parentheses and standardized coefficients in brackets. * $p < .01$. ** $p < .001$. 
69% of the variance of fathers’ perceptions of coparental support. As seen in Table 3, effect sizes ranged from small to large and maternal depression and father mental health were the only significant paths. In addition, all paths were in the expected direction except maternal depression and nontraditional parenting expectations. Increased depressive and anxiety symptoms continued to show a significant negative relation to coparental support with nonmarried fathers \( (p < .001) \), with a medium effect size \( (-.44) \). Maternal depression had a significant positive relation to coparental support \( (p < .001) \), with a large effect size \( (.63) \).

Summary of Similarities and Differences Between Married and Nonmarried Fathers

Overall, the conceptual model that tested how father involvement, relationship quality, gender-based parenting expectations, maternal depression, and father mental health (anxiety and depression) were related to coparental support demonstrated good absolute and relative fit for the married fathers \( (n = 742) \) and nonmarried fathers \( (n = 1,320) \) when examined separately. However, the model accounted for more variance in the path analysis with nonmarried fathers and the RMR decreased (from .01 with married fathers) to .00 and RFI increased to .99 (married fathers RFI = .89), indicating improved absolute and relative fit with nonmarried fathers.

The biggest difference between the two groups of fathers was that father involvement and relationship quality were significant positive correlates for married fathers, but not for nonmarried fathers. In terms of similarities between married and nonmarried fathers, father mental health proved to be the most consistent significant correlate of coparental support, showing the hypothesized negative relationship. In addition, gender-based parenting expectations were nonsignificant for the two groups of fathers and maternal depression proved to be a significant positive correlate to coparental support, which was not hypothesized.

Discussion

The purpose of this study was to test a conceptual model of correlates of coparental support between a large, nationally representative, randomly sampled, diverse sample of married and nonmarried fathers and to gain a better understanding of factors that may help fathers adjust to a new and challenging parental role. Findings indicated that the proposed model fit well for married and nonmarried fathers. The similarities and differences that emerged between the two groups of fathers contributes to the current literature on fathers and families by providing increased knowledge of an understudied group of fathers, namely, nonmarried fathers.

The primary difference between the two groups of fathers was that married fathers who reported more involvement and a higher relationship quality with mothers perceived more coparental support; this relationship was not significant with nonmarried fathers. This key difference supports previous research that has found an overlap between coparenting processes as married fathers are likely to fuse their parental role and husband role (Cummings et al., 2004; McConnell & Kerig, 2002; McHale & Rasmussen, 1998). As a result of the fusion between parent and husband roles, married fathers are more likely to consider the relationship with their spouse in nonparenting and parenting matters as interrelated parts of the same family system than nonmarried fathers. For married fathers who do not differentiate between the husband and parenting roles, it makes sense that positive engagement in both their parenting and spousal relationship is positively related to perceived coparental support. Conversely, nonmarried fathers have been found to view their roles as father and partner as more distinct, which helps explain the nonsignificant path between relationship quality and coparental support in the sample of nonmarried fathers (McConnell & Kerig, 2002; Talbot & McHale, 2004).

Similarities also emerged between married and nonmarried fathers and are important to acknowledge. As hypothesized, both married and nonmarried fathers who were depressed and anxious perceived less coparental support. This finding is largely consistent with extant literature, which has found associations between depression and negative parenting behaviors (e.g., expressed criticism between parents) and coparental conflict (Dudley, Roy, Kelk, & Bernard, 2001; Hoard & Anderson, 2004; Huang & Warner, 2005; Wilson & Durbin, 2010). As depressed
men may be angry and exhibit defensiveness in relationships, the contribution of depression to a lack of coparental support is not surprising (Cochran, 2001). Depressed fathers may, therefore, contribute to conflict with their coparent. Fathers may also perceive less coparental support because they are depressed. Although speculative, it is possible that depressed fathers’ perceptions of low coparental support may be accurate if their depressive symptoms cause conflict and a rescinding of coparental support from the other parent.

The postpartum period is known to be a risky time for the mental health of both parents. However, a myriad of health studies have examined maternal depression and have identified supports for mothers in postpartum; few studies have examined paternal depression and anxiety (Condon, 2006; Matthey, Barnett, Howie, & Kavanagh, 2003; Thorp, Krause, Cukrowicz, & Lynch, 2004). Current research estimates that 10.4% of fathers experience depression in the perinatal period, which signifies a significant public health concern (Paulson & Baze-more, 2010). Furthermore, fathers who experienced depression in the postpartum period have been found to withdraw from coparenting, feel less respected by their coparent, and display lower parental warmth (Elliston, McHale, Talbot, Parmley, & Kuersten-Hogan, 2008). Fathers are most likely to look toward their partner for support only to be reminded that they are expected to provide support to the mother (Dehle, Larsen, & Landers, 2001; Dennis & Ross, 2006; Lemola, Stadlmayr, & Grob, 2007; Rini, Dunkel, Hobel, Glynn, & Sandman, 2006; Zelkowitz & Milet, 2001). In this context, it is easy to understand that depressed and anxious fathers in this study perceived less support in their coparental relationship.

This study anticipated that maternal depression would negatively correlate with coparental support. Yet, the analysis indicated a significant positive relationship between maternal depression and coparental support in both groups of fathers. This finding is largely incongruent with previous research that has shown the adverse effects of maternal depression on all family relationships (Boyd, Zayas, & McKee, 2006; Burke, 2003). A possible statistical explanation for this finding is that maternal depression is highly correlated with coparental support and relationship quality in the correlation matrices analyses. The high correlations between those three variables lend evidence to the presence of collinearity, which can impede precise individual estimates of regression coefficients in path analyses (Leech, Barrett, & Morgan, 2005).

We hypothesized that increased traditional gender-based parenting expectations will be associated with decreased coparental support and increased nontraditional gender-based parenting expectations will be associated with increased coparental support. However, these relationships were not supported in either group of fathers. Such findings do not fit with previous research that has found expectations about parenting roles to be important for fathers (Bulanda, 2004; Garfield & Chung, 2006). Although not examined in this study, coparental congruence about expectations of paternal familial roles may shed some light on findings in this study (Hohmann-Marriott, 2009). One possible explanation of these nonsignificant results is that fathers expected to be involved coparents but mothers held more traditional expectations of fathering (Bulanda, 2004; Deinhart, 2001; Sayer, Bianchi, & Robinson, 2004). Such incongruence between coparents may explain why a father with nontraditional expectations would perceive less coparental support from the mother, who expects more traditional fathering behavior.

Clinical Implications

Based upon the link between father involvement, relationship quality, paternal mental health with perceptions of coparental support, it is important to consider possible clinical implications to professionals who work with fathers and families. For married fathers, our findings suggest that counselors can encourage married fathers to become more engaged in childcare activities such as reading books to their child more frequently, if a goal of individual counseling is to gain more coparental support from their spouse. Counselors may provide psycho-education to married fathers on how to enhance their relationship quality with their wife, such as compromising and expressing affection, which also has the possibility of increasing coparental support.

Regardless of marital status, paternal mental health in the postnatal period is important to be aware of for health professionals working with
families. Findings in this study fit with previous assertions in the literature that perinatal mental health interventions such as education and counseling, which focus on problem-solving, stress-coping skills, and enhancing couples’ resiliency, should be available to mothers and fathers (Gao, Chan, & Mao, 2009; Goodman, 2008). In the process of intervening to address paternal depression and anxiety, married and nonmarried fathers’ perceptions of coparental support may increase. Alternatively, since a father’s primary source of support (i.e., partner or spouse) is often unavailable or preoccupied in the postnatal period due to childcaring demands, a beneficial intervention for fathers may include providing information to and encouraging fathers to utilize additional sources of support. Counselors can help fathers identify friends, siblings, parents, grandparents, or community programs that may be beneficial sources of coparental support.

**Limitations and Directions for Future Research**

The measures used to assess gender-based parenting expectations were developed for the Fragile Families study and lack psychometric evidence (J. Teitler, personal communication, 2010). Furthermore, the participants in this study produced high mean scores on both measures for traditional (married fathers, $M = 3.78$; nonmarried fathers, $M = 3.88$) and nontraditional gender-based expectations (married fathers, $M = 3.88$; nonmarried fathers, $M = 3.93$), introducing the possibility of range restriction. The extant literature on men’s expectations of their fathering roles and responsibilities has largely relied on qualitative methodology (Doucet, 2004; Roy, 2004; Summers et al., 2004; Summers et al., 1999), utilized a single question, or developed a measure for a specific study in quantitative analyses (Cook et al., 2005; Fox et al., 2000). A “gold-standard” for a gender-based parenting expectations measure does not exist. The Caregiving and Breadwinning Identity and Reflect-ed-Appraisal Inventory (CBIRAI; Maurer & Pleck, 2006) is a more psychometrically sound measure and could be used in future studies that aim to capture traditional (e.g., breadwinner) and nontraditional (e.g., caregiving) identities of parents.

Another potential limitation associated with gender-based parenting expectations is that those variables were assessed at the child’s birth while all other variables were assessed at 1 year after the child’s birth. As a result, the temporal causality between the gender-based parenting expectations (independent variables) and perceptions of coparental support (dependent variable) is ambiguous (Heppner, Kivlighan, & Wampold, 1999). For example, could increased perceptions of coparental support cause a father to have more nontraditional parenting expectations? Further, because parenting expectations were not assessed at the 1-year follow-up interview, this study did not have the ability to track how fathers’ expectations changed over time or if fathers engaged in parenting that was congruent with their expectations.

Other demographic variables (e.g., race/ethnicity, residential status, child’s gender) already found to relate to marital status, relationship dynamics, and parenting processes were also not included in this study (Carlson, McLanahan, & Brooks-Gunn, 2008). Future research may benefit from including these variables and exploring associations between less studied variables such as number of years that the parents have lived together, age of father and mother, and access to children and coparental support.

The conceptual model put forth in this study can be used to study alternate multigroup analyses based on ethnicity, socioeconomic status, and residential status. For example, an analysis based on race/ethnicity may provide an opportunity for continual research that expands the conceptualization of the coparental relationship to account for cultural diversity in families. Recent qualitative studies with Asian families and predominately nonmarried African American fathers have identified the benefit of an extended network for parenting support (Davies et al., 2004; Deepak, 2005; Hamer & Marchioro, 2002; Roy, 2005). A nonsignificant association in this study between relationship quality and coparental support could be explained in families that adhere to cultural norms that include the extended network of family and friends as coparents. In these family situations, fathers may seek coparental support from the child’s grandparents, which would place increased importance on the relationship quality between the father and child’s grandparents.
rather than the father and the child’s mother. Given the qualitative methodology of those studies, future research should begin to employ statistical methods with ethnically diverse families that allow for more generalizations.

Inclusion of mothers is another direction for future research. This study included some variables that are ideally situated in a relational-context (e.g., relationship quality, father involvement, perceptions of coparental support) but lacked data from mothers. Inclusion of mother reports could have changed some of the findings as well as potentially shed additional light on the impact of variables on paternal perceptions of coparental support. In addition, this study focused on correlates of coparenting support among heterosexual fathers and couples, therefore, limiting the generalizability of our findings to same-sex parents. Overall, scholars contend that gay fathers and heterosexual fathers share more similarities than differences in parenting styles and attitudes (Perrin, 2002). Yet, gay fathers are likely to experience unique developmental and contextual stress and would likely benefit greatly from coparental support (Armesto, 2002; Meyer, 2003). An examination of correlates of coparental support, while also accounting for the contextual, cultural, and developmental issues of gay fathers, would be a welcome addition to the literature. Taken together, future research can greatly aid the understanding of a comprehensive framework of coparenting, which includes demographic, individual, relational, systemic, and cultural factors that impact coparental support with diverse populations of fathers and families.


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References


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