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Coparenting and parenting self-efficacy in mothers and fathers at the postpartum period

Universidade do Minho
Escola de Psicologia







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**Coparenting and parenting self-
efficacy in mothers and fathers at the
postpartum period**

Dissertação de Mestrado
Mestrado em Psicologia Clínica na Infância e
Adolescência

Trabalho efetuado sob a orientação da
Professora Doutora Bárbara Figueiredo e
a co-orientação do **Prof. Doutor Tiago
Miguel Pinto**

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STATEMENT OF INTEGRITY

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Coparenting and parenting self-efficacy in mothers and fathers at the postpartum period

Abstract

The quality of the coparenting relationship is a form of feedback about one's parenting competence and it influence one's parenting self-efficacy. This study aimed to analyze the association between coparenting relationship and parenting self-efficacy at the postpartum period, as well as to assess the moderating role of parents' gender on this association. The study included 51 mothers and 51 fathers. At six months postpartum, parents completed the Coparenting Relationship Scale (CRS), that assessed their coparenting, and the Karitane Parenting Confidence Scale (KPCS), that assessed their parenting self-efficacy. Results showed that the CRS total score and coparenting agreement were associated with KPCS total score and KPCS parenting subscale, with higher coparenting being associated with higher parenting self-efficacy. A moderating impact of the parents' gender on the association between CRS total score and KPCS total score and KPCS parenting subscale was also observed, with this association being stronger in fathers than in mothers. This study highlights the importance of targeting coparenting to promote parents' parenting self-efficacy during the transition to parenthood. From a perspective that includes both parents, this study makes an important contribution to a better understanding of the association between coparenting relationship and parenting self-efficacy.

Keywords: coparenting, coparenting agreement, parenting self-efficacy, parents' gender

Coparentalidade e autoeficácia parental de mães e pais no período pós-parto

Resumo

A qualidade da relação coparental pode ser uma forma de feedback sobre a competência parental e pode influenciar a autoeficácia parental. Numa perspectiva que inclui ambos os pais, este estudo contribui para melhor compreender a associação entre coparentalidade e autoeficácia parental. O estudo procurou analisar a associação entre a coparentalidade e a autoeficácia parental no período pós-parto, e avaliar o papel moderador do género dos pais nesta associação. O estudo incluiu 51 mães e 51 pais. Aos seis meses após o parto, os pais preencheram a Escala da Relação Coparental (ECR), que avaliava a coparentalidade, e a *Karitane Parenting Confidence Scale* (KPCS), que avaliava a autoeficácia parental. Os resultados mostraram que a pontuação total da ECR e o acordo coparental estavam associadas à pontuação total da KPCS e à subescala de parentalidade da KPCS, sendo que maior acordo coparental estava associado a maior autoeficácia parental. Observou-se um impacto moderador do género dos pais na associação entre a pontuação total da ECR e a pontuação total da KPCS e a subescala parental da KPCS, sendo esta associação mais forte nos pais do que nas mães. Numa perspectiva que inclui ambos os pais, este estudo contribui para uma melhor compreensão da associação entre a relação coparental e a autoeficácia parental.

Palavras-chave: coparentalidade, acordo coparental, autoeficácia parental, género dos pais

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Introduction

Coparenting in mothers and fathers in the postpartum period

Coparenting describes how parents relate to each other in the role of parenting and work together, sharing the childrearing responsibilities (Feinberg, 2002; Feinberg, 2003; Hock & Mooradian, 2013). If parents work as a team, sharing responsibilities, mutually supporting each other, agreeing on childrearing, and planning family life together, it is easier to enter parenthood (Durtschi et al., 2017; Feinberg, 2003; McHale et al., 2004).

Coparenting has four interrelated components: childrearing agreement/disagreement, support/undermining in the coparenting role, division of labor, and joint family management of parents (Feinberg, 2003). The agreement/disagreement component is associated with the degree of understanding between parents on child-related issues, such as moral values, emotional necessities, and safety (Feinberg, 2003). This dimension is dual, with agreement and disagreement forming opposite poles. The support/undermining component is a dimension with two poles – one positive and one negative. The support between the coparental dyad is marked by emotional support and endorsement of parental competence, respect, and recognition of the other parent's competence (Belsky et al., 1996; McHale, 1995). Undermining is characterized by negative affection, hostility, and criticism towards the other parent. The division of labor component refers to the shared responsibilities and obligations related to the child. Greater division of tasks is associated with greater satisfaction with the relationship with the other parent and lower levels of stress when performing the parental roles (Carlson et al., 2020; Feinberg, 2003). Joint family management component is responsible for the quality of the family's structural functioning, the way parents regulate family members' roles and set boundaries among family subsystems (Feinberg, 2003; Lamela et al., 2018). Effective management is associated with efficient dyad self-control over their behaviors and communication patterns with each other (Feinberg, 2003; Lamela et al., 2010). The quality of the coparenting has been shown to be a predictor of child development and well-being (Lamela et al., 2010; Mosmann et al., 2018; Schoppe et al., 2001). Positive coparenting implies that parents negotiate child-related issues, support each other, and have cooperative behaviors, so that the overall emotional climate in the family is more positive and beneficial for the child (Jamison et al., 2014; Teubert & Pinquart, 2010). Contrarily, negative

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coparenting is marked by conflict and undermining between parents and is associated with internalizing and externalizing problems in children (Altenburger et al., 2015; Schoppe-Sullivan et al., 2009).

Several factors can influence how each parent adjusts to their new roles as coparents, namely individual parental characteristics, child's characteristics, interparental relationship, and contextual sources of stress and support (Feinberg, 2003). Mothers and fathers can develop different coparenting styles, experience different levels of satisfaction about their coparenting relationship and have different involvement in childcare (Perry et al., 2017; Van Egeren et al., 2004). During the postpartum period, mothers were found to report lower coparenting satisfaction and fewer positive attitudes toward fathers' involvement in childcare, compared to fathers (Perry et al., 2017; Van Egeren et al., 2004). These differences may be explained by the greater parental responsibilities of mothers, namely breastfeeding (Coltrane & Shih, 2009; Kotila et al., 2013). Some fathers can feel that their involvement in the child's care is secondary to the involvement of mothers, and report that their involvement is made easier by leaning heavily on mothers and the roles they have in childcare (Perry et al., 2017). Other fathers, who consider being part of a successful parenting team, are more present and involved in more roles regarding childcare (Van Egeren et al., 2004).

Parenting self-efficacy in mothers and fathers at the postpartum period

Parenting self-efficacy refers to the mother's/father's perception of their parenting skills, such as organizing and performing parenting tasks (Bandura, 1997; Črnčec et al., 2008; de Montigny & Lacharité, 2005). Parenting self-efficacy is an emergent and dynamic process that is modified by task and situational demands, as well as changing individual factors (Bandura, 1989; Sevigny & Loutzenhiser, 2009).

The way parents feel supported and encouraged to carry out their parental roles has an influence on their parental self-efficacy (Bandura, 1989). When parents feel encouragement and higher levels of support from others, they tend to maintain their beliefs about self-efficacy (Bandura, 1989; Hudson et al., 2003; Leahy-Warren, 2005). Parents with high parenting self-efficacy can better recognize and meet children's needs, since they have knowledge and confidence in their abilities to perform parenting tasks (Bandura, 1982). Perceiving themselves as capable of performing parenting tasks - such as feeding, soothing,

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and playing with the child (Jones & Prinz, 2005; de Montigny & Lacharite, 2005) -, parents tend to be more successful in their parenting. Performing parenting tasks, self-efficacy is enforced and parents become more involved with the child (Coleman & Karraker, 2000; Hudson et al., 2001; Giallo et al., 2013). High levels of parenting self-efficacy are also associated with positive parenting behaviors and positive child developmental outcomes (Coleman & Karraker, 2003; Jones & Prinz, 2005). Contrarily, low levels of parenting self-efficacy are associated with hostile or coercive parenting behaviors and child behavioral problems (Bor & Sanders, 2004; Murdock, 2013). Low levels of parenting self-efficacy can lead to adverse developmental outcomes in the child, such as internalizing and externalizing problems (Coleman & Karraker, 1998; Salonen et al., 2009; Teti & Gelfand, 1991).

Considering that parenting self-efficacy is a dynamic process, mothers and fathers can assess their abilities in different tasks and in different ways (Guimond et al., 2008), and may perceive differently their roles as parents (Daly, 2002; Schluterman, 2007). Some studies show similar levels of parenting self-efficacy in mothers and fathers (Dunning & Giallo, 2012; Gou et al., 2019; de Haan et al., 2013), while other studies suggest that mothers report higher parenting self-efficacy than fathers (Gordo et al., 2018; Salonen et al., 2009). For mothers, overall family functioning and self-efficacy were found to predict parenting self-efficacy, whereas, for fathers, parental stress, relationships with the family and social support were found to predict parenting self-efficacy (Leerkes & Burney, 2007; Sevigny & Loutzenhiser, 2010). Negative parental affect is negatively associated with maternal parenting self-efficacy, while parental control has been negatively associated with paternal parenting self-efficacy (Murdock, 2013). One explanation for these differences between parents may be traditional parental roles. Women have been socially associated with engaging in more affectionate and nurturing behaviors; compared to men, more emotionally expressive in interactions with children. Men are traditionally socialized to be dominant and controlling (Wood & Eagly, 2002), so, by being able to control their children's behavior, they feel more capable of performing their parenting tasks (Murdock, 2013).

Association between coparenting and parenting self-efficacy

The coparenting relationship is an important source of support for the adjustment of parents to their role as new parents (Solmeyer & Feinberg, 2011). The quality of the

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coparenting relationship can be considered a form of feedback about one's parenting competence and it can influence one's parenting self-efficacy (Bandura, 1977), and ultimately enhance child adjustment.

A supportive coparenting is associated with higher parenting self-efficacy (Merrifield & Gamble, 2013; Pinto et al., 2016; Solmeyer & Feinberg, 2011). A high-quality coparenting relationship, where parents feel supported and recognized, conveys positive feedback about one's parenting and it could bolster one's parenting self-efficacy (Bandura, 1989; Hudson et al., 2003). A coparenting characterized by negativity, competition for children's attention and discouragement towards the other parent is associated with lower parenting self-efficacy for both parents (Porter & Hsu, 2003; Solmeyer & Feinberg, 2011). Literature highlights the importance of both maternal and paternal coparenting and parenting self-efficacy during the transition to parenthood on children's development and mental health (Schoppe et al., 2001; Sevigny & Loutzenhiser, 2010). Coparenting and parenting self-efficacy have been showing to be associated, in a way that parents who receive higher coparenting support consider themselves more able to perform parenting tasks (Merrifield & Gamble, 2013; Pinto et al., 2016; Solmeyer & Feinberg, 2011). But little is known about the differences between mothers and fathers in terms of coparenting, parenting self-efficacy, and the association between the two.

To better understand the association between coparenting and parenting self-efficacy during the transition to parenthood, this study aimed to analyze (1) the association between coparenting and parenting self-efficacy in mothers and fathers at the postpartum period and (2) the moderating role of parents' gender in the association between coparenting and parenting self-efficacy at the postpartum period.

Evidences on the association between coparenting and parenting self-efficacy at the postpartum period can help to better understand family dynamics and how they affect child development, and raises public awareness of these topics. These evidences can also contribute to implement psychological interventions that develop positive coparenting relationship which may improve parenting self-efficacy. These types of interventions ought to promote parents' adjustment to the transition to parenthood and children's development and well-being. Knowing more about the differences between parents will allow us to identify

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parents at risk and to build a strong foundation for parenting by improving coparenting relationships and parents' parenting self-efficacy.

Method

Procedure

The sample derived from two larger longitudinal studies, one aiming to explore mothers' adjustment to the transition to parenthood (see Dias et al., 2021) and other aiming to explore fathers' adjustment to the transition to parenthood (see Pinto et al., 2016; Pinto et al., 2019). Both studies received approval of the ethical commissions of the institutions involved. Mothers and fathers were recruited from two hospitals in Northern Portugal during their routine antenatal care appointments, and the recruitment procedures were the same for both parents. The parents who agreed to participate in the studies signed an informed consent form. The exclusion criteria for the study with mothers were unable to read/write in Portuguese, multiple births, multiparous mothers, gestational or fetal complications, and psychiatric medication intake. For the study with fathers, the exclusion criteria were unable to read/write in Portuguese, lived in Portugal for less than 10 years, multiparous fathers, multiple gestations, and pregnancies with gestational or fetal complications.

In both studies, there was an assessment at six months postpartum, where the participants completed online a Sociodemographic Questionnaire, the Coparenting Relationship Scale (CRS), and the Karitane Parenting Confidence Scale (KPCS). For the present study, participants that completed the Sociodemographic Questionnaire at the time of recruitment and completed both the CRS and the KPCS at six months postpartum were included.

The study conducted with mothers, contacted 536 mothers and 485 of them (90.5%) agreed to participate. In the father's study, a total of 130 fathers was contacted and 91 of them (70.0%) agreed to participate. The sample size for the current study corresponds to the mothers and fathers, of both studies, who completed the assessments at six months postpartum, so it consists of 161 mothers (30.0%) and 51 fathers (59.3%). Considering there were 51 fathers, to address the discrepancy in the sample size of mothers and fathers, 51 mothers were randomly selected from the total of 161.

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Participants

The sample comprised 102 participants, 51 mothers and 51 fathers, who were not couples. Nearly all participants were Portuguese (93.1%), Caucasian (92.2%) and Catholic (91.2%). More than half of them were married (64.7%), with age over 30 years old (72.5%, $M = 31.66$, $SD = 4.05$), and the infant was male (57.6%). The majority of the participants were employed at the time of the study (83.3%), half of them had over 12 years of education (51.0%) and more than half had medium/low socioeconomic level (58.8%) (see Table 1).

Table 1

Sociodemographic characteristics

Characteristic	Total ($N = 102$)		Mothers ($n = 51$)		Fathers ($n = 51$)		
	N	%	n	%	N	%	
Marital status							
Married	66	64.7	32	62.7	34	66.7	
Cohabitation	26	25.5	14	27.5	12	23.5	
Single	10	9.8	5	9.8	5	9.8	
Age (in years)							
18 - 29	28	27.5	13	25.5	15	29.4	
≥ 30	74	72.5	38	74.5	36	70.6	
Infant sex							
Male	53	57.6	32	60.8	22	53.7	
Female	39	42.4	19	39.2	19	46.3	
Occupational status							
Employed	85	83.3	39	76.5	46	90.2	
Unemployed	15	14.7	11	23.5	4	7.8	
Household or student	2	2.0	1	2.0	1	2.0	
Education (in years)							
≤ 12	50	49.0	15	29.4	35	68.6	

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> 12	52	51.0	36	70.6	16	31.4
Socioeconomic level						
High	35	41.2	23	59.0	12	26.1
Medium/Low	50	58.8	16	41.0	34	73.9

Measures

Sociodemographic characteristics

The sociodemographic questionnaire was used to collect sociodemographic information about the participants, such as matrimonial status, age, the infant sex, current occupational status, years of education, and socioeconomic level (using the Graffar (1956) Scale of Professional Classification).

Coparenting Relationship

The Coparenting Relationship Scale – CRS (Feinberg et al., 2012; Lamela et al., 2018) was used to assess coparenting in mothers and fathers. The CRS is based on Feinberg’s conceptual framework of coparenting (agreement/disagreement in parenting practices, division of labor, support/undermining in the coparenting role, and joint family management). The Portuguese version of CRS is a 30-item self-report measure scored on a seven-point Likert-type scale, where 0 is “not true of us”, and 6 is “very true of us”, and comprises of 6 subscales: (1) coparenting agreement (three items), (2) coparenting closeness (four items), (3) exposure to conflict (five items), (4) coparenting support (six items), (5) coparenting undermining (six items); (6) endorse partner parenting (seven items). Higher scores indicating better relationship scale. Subscale scores are calculated by summing the items, some of them inverted, and dividing by the number of items in each subscale. The positive and negative coparenting scales can be calculated by normalizing each scale by adding the positive and negative subscales and dividing by the number of subscales, respectively. The positive subscales are agreement, closeness, support and endorse partner parenting, and the negative subscales are exposure to conflict and undermining.

CRS was shown to have good internal consistency, Cronbach's alpha .94 for mothers and .91 for fathers (Feinberg et al., 2012). The Portuguese version also showed a good internal

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consistency, Cronbach's alpha = .74 (Lamela et al., 2018)). In the present study, Cronbach's alpha for the total CRS was .75 ($\alpha = .80$ for mothers and $\alpha = .70$ for fathers). All the subscales showed a good internal consistency across genders. Overall, the CRS showed good internal consistency in the present study: coparenting Support ($\alpha = .94$ for mothers and $\alpha = .93$ for fathers), exposure to conflict ($\alpha = .84$ for mothers and $\alpha = .91$ for fathers), endorsement of partner parenting ($\alpha = .82$ for mothers and $\alpha = .93$ for fathers), coparenting closeness ($\alpha = .80$ for mothers and $\alpha = .79$ for fathers), was above .70 for both genders. The internal consistency of coparenting undermining was above .70 for fathers ($\alpha = .77$) and under .70 for mothers ($\alpha = .61$). The internal consistency of coparenting agreement was strong for fathers ($\alpha = .81$), but weaker for mothers ($\alpha = .44$).

Parenting Self-efficacy

The Karitane Parenting Confidence Scale (KPCS; Črnčec et al., 2008; Pinto et al., 2016; Pinto et al., 2023) was used to assess parenting self-efficacy in mothers and fathers. The KPCS was designed to assess parenting self-efficacy in parents of children aged between zero and 12 months. The KPCS is a 15-item self-report measure scored on a four-point Likert-type scale, from 0 (no, almost never) to 3 (yes, most of the time), and is comprised of 3 subscales: (1) parenting (eight items), (2) support (five items), and (3) child development (2 items). The scores range between 0 and 45 for the KPCS total score, between 0 and 24 for the KPCS parenting subscale, between 0 and 15 for the KPCS support subscale, and between 0 and 6 for the KPCS child development subscale. Higher scores indicate higher parenting self-efficacy. The original version of this measure showed good internal consistency, Cronbach's alpha = .81 (Črnčec et al., 2008), and in the Portuguese version, Cronbach's alpha = .77. (Pinto et al., 2023). The KPCS showed good internal consistency in present study: Cronbach's alpha = .82 ($\alpha = .74$ for mothers and $\alpha = .84$ for fathers). Regarding the internal consistency of the KPCS subscales, the parenting subscale showed good reliability values with Cronbach's alpha = .83 ($\alpha = .74$ for mothers and $\alpha = .87$ for fathers). The support subscale with Cronbach's alpha = .46 ($\alpha = .62$ for mothers and $\alpha = .30$ for fathers), and the child development subscale with Cronbach's alpha = .47 ($\alpha = .35$ for mothers and $\alpha = .46$ for fathers) both showed low reliability values.

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Data analysis

Descriptive statistics were performed in the study variables. Chi-square tests were performed to investigate the associations between parents' gender and sociodemographic characteristics. Independent-samples T-tests were performed to compare the means of coparenting and parenting self-efficacy between mothers and fathers.

Simple and multiple linear regressions were performed to study the association between coparenting and parenting self-efficacy in mothers and fathers at the postpartum period. A simple linear regression was performed, including the CRS total score as the independent variable and the KPCS total score as the dependent variable. Additionally, three simple linear regressions were performed, including the CRS total score as the independent variable with each one of the subscales of KPCS as the dependent variable (parenting, support, and child development). Four multiple linear regressions (stepwise method) were performed including, for all of them, the four positive dimensions of the CRS (coparenting agreement, coparenting closeness, coparenting support, and endorse partner parenting) as the independent variables, and the KPCS total score, KPCS parenting subscale, KPCS support subscale, and KPCS child development subscale, respectively, as the dependent variable. Four multiple linear regressions (stepwise method) were performed including, for all of them, the two negative subscales of the CRS (exposure to conflict, and coparenting undermining) as the independent variables, and the KPCS total score, KPCS parenting subscale, KPCS support subscale, and KPCS child development subscale, respectively, as the dependent variable. By using the stepwise method with a forward approach, it is possible to select the stronger predictor variables from a larger set of potential predictors (Ratner, 2010). By using this approach, only those coparenting subscales (positive and negative dimensions) that are significant predictors of parenting self-efficacy (KPCS total score, and the subscales of KPCS) remained in the model.

To explore the moderating role of parents' gender in the association between coparenting and parenting self-efficacy, a moderation model was tested using hierarchical multiple linear regression (Baron & Kenny, 1986). Moderation models were performed for associations that were found to be significant in the linear regressions for the first aim. Four hierarchical multiple linear regressions were performed to analyze the moderating role of

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parent's gender on (1) the association between the CRS total score and the KPCS total score, (2) the association between the CRS total score and the KPCS parenting subscale, (3) the association between the coparenting agreement and the KPCS total score, and (4) the association between the coparenting agreement and the KPCS parenting subscale. The first step of the moderation model included the independent variable, being the CRS total score or the coparenting agreement, and the dependent variable, being the KPCS total score or the KPCS parenting subscale. The second step included the variables from model one, adding the parents' gender (fathers coded as -1 and mothers coded as 1). The third step included the variables from the previous model, adding the interaction between the independent variable and parents' gender.

The data analysis was conducted using the software IBM-SPSS® (Version 28.0. Armonk, NY: IBM Corp.). Statistical significance was considered with $p < .05$ and marginal significance was considered with $p < .10$.

Results

Preliminary analysis

No significant associations were found between parents' gender and matrimonial status, age, infant sex and occupational status. Parents' gender was significant associated with education years $X^2(1) = 14.92$, $p < .001$, with 70.6% of mothers and 31.4% of fathers reporting more than 12 years of schooling. Parents' gender was also significant associated with socioeconomic level, $X^2(1) = 9.31$, $p = .002$, with 59.0% of mothers and 21.6% of fathers reporting higher socioeconomic level.

No differences were found between mothers and fathers in the total score and subscales of the CRS, as well as in the KPCS Support subscale. However, significant differences were found on KPCS total score ($t = -2.90$, $df = 100$, $p = .005$), KPCS Parenting subscale ($t = -2.75$, $df = 100$, $p = .007$), and KPCS Child development ($t = -3.00$, $df = 100$, $p = .003$), with mothers showing higher levels than fathers, in all three cases (see Table 2).

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Table 2

Means and standard deviations of coparenting and parenting self-efficacy

Variable	Total (N = 102)		Mothers (n = 51)		Fathers (n = 51)		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
CRS total score	3.52	0.48	3.52	0.51	3.53	0.45	
Coparenting	Coparenting agreement	5.07	1.03	5.05	0.95	5.09	1.12
	Coparenting closeness	4.95	1.15	5.00	1.11	4.91	1.19
	Exposure to conflict	0.60	0.96	0.69	0.96	0.52	0.96
	Coparenting support	5.05	1.21	5.05	1.20	5.06	1.23
	Coparenting undermining	0.85	0.99	0.73	0.89	0.97	1.08
	Endorse partner parenting	5.34	0.96	5.32	0.83	5.37	1.08
	Parenting self-efficacy	KPCS total score	40.42	4.21	41.59	3.33	39.25
KPCS Parenting subscale		21.65	2.68	22.35	2.14	20.94	2.98
KPCS Support subscale		13.12	1.77	13.39	1.81	12.84	1.70
KPCS Child development subscale		5.66	0.65	5.84	0.42	5.47	0.78

Note. CRS = Coparenting Relationship Scale; KPCS = Karitane Parenting Confidence Scale.

Association between coparenting and parenting self-efficacy in mothers and fathers

The simple linear regression model for the KPCS total score showed a marginal association between the CRS total score and the KPCS total score, $F(1,101) = 3.01, p = .086$, with the total CRS explaining 2% of the variance of total KPCS. Higher levels in CRS total score

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were marginally associated with higher levels in KPCS total score ($\beta = 1.51, t = 1.73, p = .086$) (see Table 3).

The simple linear regression model for the KPCS Parenting subscale showed a marginal association of the CRS total score on the KPCS parenting subscale, $F(1, 101) = 3.35, p = .070$, with the CRS total score explaining 2% of the variance in KPCS parenting subscale. Higher levels in CRS total score were marginally associated with higher levels in KPCS parenting subscale ($\beta = 1.01, t = 1.83, p = .070$) (see Table 3).

The simple linear regression model for the KPCS support subscale didn't show a significant association of the CRS total score on the KPCS support subscale, $F(1, 101) = 1.03, p = .312$. The simple linear regression model for the KPCS child development subscale didn't show a significant association of the CRS total score on the KPCS child development subscale, $F(1, 101) = 0.82, p = .367$ (see Table 3).

Table 3

Association between coparenting (CRS total score) and parenting self-efficacy (KPCS total score, parenting subscale, support subscale; child development subscale) in mothers and fathers at the postpartum period (stepwise method forward approach)

Variable	B	SE B	t	P	95% CI	R^2_{adj}	F	
KPCS total score							.02	3.01
CRS total score	1.51	0.87	1.73	.086	[-0.22; 3.24]			
KPCS Parenting subscale							.02	3.35
CRS total score	1.01	0.55	1.83	.070	[-0.08; 2.11]			
KPCS Support subscale							.00	1.03
CRS total score	0.38	0.37	1.02	.312	[-0.36; 1.11]			
KPCS Child development subscale							-.00	0.82
CRS total score	0.12	0.14	0.91	.367	[-0.15; 0.39]			

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Note. CI = confidence interval; CRS = Coparenting Relationship Scale; KPCS = Karitane Parenting Confidence Scale.

The Multiple Linear Regression with stepwise method for the KPCS total score showed that the positive dimension of coparenting associated with the KPCS total score was coparenting agreement, $F(1,101) = 4.17, p = .044$. The coparenting agreement explains 4% of the variance in KPCS total score. Higher levels of coparenting agreement were associated with higher levels of KPCS total scores ($\beta = 0.82, t = 2.04, p = .044$) (see Table 4).

The Multiple Linear Regression with stepwise method for the KPCS parenting subscale showed that the positive dimension of coparenting associated with KPCS parenting subscale was coparenting agreement $F(1, 101) = 4.47, p = .037$. The coparenting agreement explains 4% of the variance in KPCS parenting subscale. Higher levels of coparenting agreement were associated with higher levels of KPCS parenting Subscale ($\beta = 0.54, t = 2.11, p = .037$) (see Table 4).

No associated variables were returned in the model for the KPCS support subscale and the KPCS child development subscale.

Table 4

Association between positive coparenting subscales and KPCS total score and KPCS Parenting subscale in mothers and fathers at the postpartum period (stepwise method forward approach)

Variable	<i>B</i>	<i>SE B</i>	<i>t</i>	<i>P</i>	<i>95% CI</i>	<i>R</i> ²	<i>F</i>	
KPCS total score							.04	4.17
Coparenting agreement	0.82	0.40	2.04	.044	[0.02; 1.61]			
KPCS parenting subscale							.04	4.47
Coparenting agreement	0.54	0.25	2.11	.037	[0.03; 1.04]			

Note. CI = confidence interval; KPCS = Karitane Parenting Confidence Scale.

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No associated variables were returned in the model for the KPCS total score, KPCS parenting subscale, KPCS support subscale and the KPCS child development subscale.

The moderating role of parents' gender in the association between coparenting and parenting self-efficacy

CRS total

CRS total score showed to be marginally associated with KPCS total score, ($\Delta R^2 = .02$, $F(1,101) = 3.01$, $p = .086$), and marginally associated with KPCS parenting self-efficacy ($\Delta R^2 = .02$, $F(1, 101) = 3.35$, $p = .070$). Higher scores in CRS total scores are marginally associated with higher scores in KPCS total score ($\beta = 1.51$, $t = 1.73$, $p = .086$) and in KPCS parenting self-efficacy ($\beta = 1.01$, $t = 1.83$, $p = .070$) (see Table 5).

Parents' gender showed to be associated with KPCS total score ($\Delta R^2 = .09$, $F(2,101) = 5.97$, $p = .004$, $\beta = 1.17$), and with KPCS parenting subscale ($\Delta R^2 = .09$, $F(2,101) = 5.72$, $p = .006$, $\beta = 0.71$). In both cases, when compared to fathers, mothers showed higher scores of KPCS (see Table 5).

The interaction between CRS total score and parents' gender was associated with KPCS total score and KPCS parenting subscale. Parents' gender acts as a moderator of the association between CRS total score and KPCS total score at the postpartum period ($\Delta R^2 = .13$, $F(3, 101) = 6.15$, $p = .017$, $\beta = -2.01$), and of the association between CRS total score and KPCS parenting subscale ($\Delta R^2 = .11$; $F(3, 101) = 5.44$, $p = .037$, $\beta = -1.12$). In both cases, the association between CRS total score and KPCS is stronger in fathers than in mothers (see Table 5, Figure 1 and Figure 2).

Table 5

The moderator role of parents' gender in the association between CRS total score and KPCS total score and KPCS parenting subscale at postpartum period

	B	95% CI for B	p
Variable			
KPCS total score			
Step 1			

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CRS total score	1.01	[-0.22; 3.24]	.086
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Step 2			
CRS total score	1.03	[-0.13; 3.20]	.071
Parents' gender	0.71	[0.38; 1.96]	.004
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Step 3			
CRS total score	1.17	[0.16; 3.43]	.032
Parents' gender	4.66	[2.43; 14.08]	.006
CRS total score x Parents' gender	-1.12	[-3.65; -0.37]	.017
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KPCS parenting subscale			
<hr/>			
Step 1			
CRS total score	1.51	[-0.08; 2.11]	.070
<hr/>			
Step 2			
CRS total score	1.53	[-0.03; 2.08]	.058
Parents' gender	1.17	[0.21; 1.21]	.006
<hr/>			
Step 3			
CRS total score	1.80	[0.12; 2.22]	.029
Parents' gender	8.25	[0.92; 8.39]	.015
CRS total score x Parents' gender	-2.01	[-2.17; -0.07]	.037

Note. CI = confidence interval; KPCS = Karitane Parenting Confidence Scale; CRS = Coparenting Relationship Scale.

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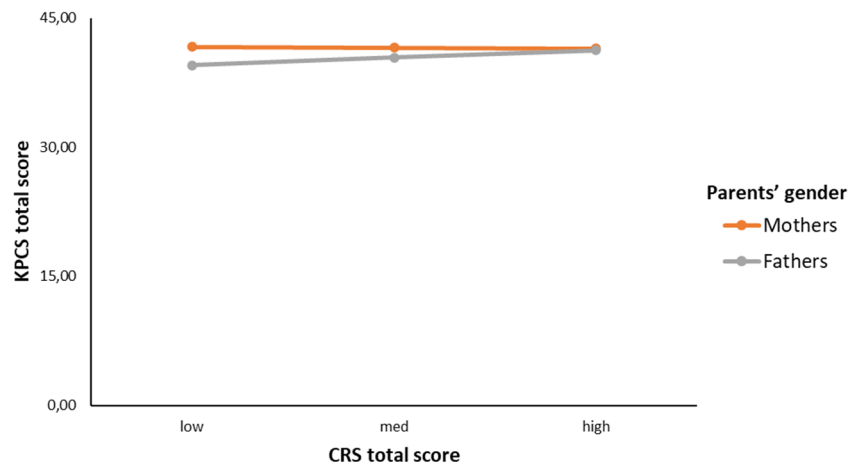


Figure 1. *The moderator role of parents' gender in the association between CRS total score and KPCS total score*

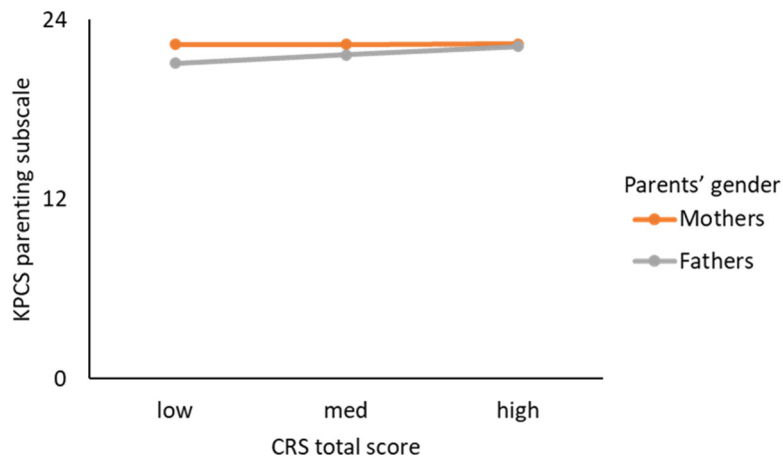


Figure 2. *The moderator role of parents' gender in the association between CRS total score and KPCS parenting subscale*

Coparenting agreement

Coparenting agreement showed to be associated with KPCS total score, ($\Delta R^2 = .04$, $F(1,101) = 4.17$, $p = .044$), and with KPCS parenting self-efficacy ($\Delta R^2 = .04$, $F(1, 101) = 4.47$, $p = .037$). Higher scores in coparenting agreement are associated with higher scores in KPCS total score ($\beta = 0.54$, $t = 2.11$, $p = .0$) and in KPCS parenting self-efficacy ($\beta = 0.54$, $t = 2.11$, $p = .037$) (see Table 6).

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Parents' gender showed to be associated with KPCS total score ($\Delta R^2 = .10$, $F(2,101) = 6.75$, $p = .003$, $\beta = 1.19$), and with KPCS parenting subscale ($\Delta R^2 = .10$, $F(2,101) = 6.46$, $p = .005$, $\beta = 0.72$). In both cases, when compared to fathers, mothers showed higher scores of KPCS (see Table 6).

The interaction between coparenting agreement and parents' gender was not associated with KPCS total score and KPCS parenting subscale. Parents' gender does not act as a moderator of the association between coparenting agreement, and KPCS total score ($F(3, 101) = 5.20$, $p = .163$), and KPCS parenting subscale ($F(3, 101) = 4.67$, $p = .301$), in none of the analysis performed (see Table 6).

Table 6

The moderator role of parent's gender in the association between Coparenting agreement and KPCS total score and KPCS Parenting subscale at the postpartum period

Variable	B	95% CI for B	P
KPCS total score			
Step 1			
Constant	36.29	[32.20; 40.39]	<.001
Coparenting agreement	.82	[-.02; 1.61]	.044
Step 2			
Constant	36.16	[32.21; 40.10]	<.001
Coparenting agreement	.84	[-.08; 1.60]	.031
Parents' gender	1.19	[-.40; 1.97]	.003
Step 3			
Constant	36.58	[32.61; 40.55]	<.001
Coparenting agreement	.76	[-.01; 1.53]	.054
Parents' gender	3.94	[-.03; 7.91]	.052
Coparenting agreement*Parents' gender	-.54	[-1.31; .22]	.163
KPCS parenting subscale			
Step 1			

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Constant	18.94	[16.24; 21.53]	<.001
Coparenting agreement	0.54	[0.03; 1.04]	.037
<hr/>			
Step 2			
Constant	18.86	[16.35; 21.37]	<.001
Coparenting agreement	0.55	[0.07; 1.04]	.027
Parents' gender	0.72	[0.22; 1.22]	.005
<hr/>			
Step 3			
Constant	19.06	[16.52; 21.59]	<.001
Coparenting agreement	0.51	[0.02; 1.00]	.042
Parents' gender	2.02	[-0.52; 4.56]	.117
Coparenting agreement*Parents' gender	-0.26	[-0.75; 0.23]	.301

Note. CI = confidence interval; KPCS = Karitane Parenting Confidence Scale.

Discussion

This study provided evidence on the association between mothers' and fathers' coparenting and parenting self-efficacy at the postpartum period, as well as the moderator role of parents' gender in the association between coparenting and parenting self-efficacy. The total score of the CRS was marginally associated with the total score of the KPCS, as well as with the KPCS parenting subscale. Higher levels in CRS total score were marginally associated with higher levels in KPCS total score, and higher levels in KPCS parenting subscale.

The association between coparenting and parenting self-efficacy is in line with literature in a way that parents who receive higher coparenting support consider themselves more able to perform parenting tasks (Merrifield & Gamble, 2013; Pinto et al., 2016; Solmeyer & Feinberg, 2011). Some relevant factors were not taken into account, such as social support and infant temperament (Solmeyer & Feinberg, 2011; Teubert & Pinquart, 2010), taking in account the number of participants, and may influence the association between coparenting and self-efficacy on this study.

Coparenting agreement was the coparenting dimension that showed to be particularly important for parenting self-efficacy. It was observed an association of coparenting

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agreement with the total score of the KPCS, as well as with the KPCS parenting subscale, which is consistent with the literature. Higher levels of coparenting agreement are a form of encouragement and support about one's parenting competence and it influences positively parenting self-efficacy (Bandura, 1989; Hudson et al., 2003; Leahy-Warren, 2005). When parents discuss and agree on topics regarding the infant as a team, they feel greater sense of parenting self-efficacy as they may feel supported and respected while putting into practice their parenting tasks (Bandura, 1989; Hudson et al., 2003).

When considering the parents' gender, no differences were found between mothers and fathers regarding coparenting, which is congruent with some previous studies (Geiger, 1996; Solmeyer & Feinberg, 2011). As in recent decades there has been an increase in the diversity of family structures and dynamics, as well as an increase in the number of women working, fathers have been more involved in childcare, playing a more active role as coparent (Cabrera et al., 2014; Jappens & Van Bavel, 2012; Wall et al., 2016). Both parents take equal responsibility for the care of the child, existing a better division of labor (Cowan & Cowan, 1992; Walzer, 1998), which makes them both feel like part of a team.

Differences were observed between mothers and fathers on the KPCS total score, KPCS parenting subscale and KPCS child development subscale. Compared to fathers, mothers showed higher levels of parenting self-efficacy and higher perceptions of their parenting abilities and child development, which is congruent with some studies (Gordo et al., 2018; Salonen et al., 2009). These results may reflect the traditional roles that are still present in the distribution of family care, with mothers being the archetypal primary caregiver and spending more time in parenting than fathers (SchoppeSullivan & Fagan, 2020). Another explanation for these results is the belief that mothers are naturally better caretakers can make fathers feel that they are not so adequate at childrearing, comparatively to mothers (Donithen & Schoppe-Sullivan, 2022; Gaunt, 2006).

Results also revealed that parents' gender moderates the association between CRS total score and KPCS total scores, and the association between CRS total score and KPCS parenting subscale. These associations are significant for both parents, but are stronger in fathers than in mothers. Higher CRS total scores seem to have a stronger impact on fathers' KPCS total score and KPCS Parenting subscale. Knowing that factors determining parenting

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self-efficacy can be different for mothers and fathers (Leerkes & Burney, 2007), it appears that coparenting is more determinant for fathers' parenting self-efficacy than it is for mothers. These findings are consistent with previous findings in the literature, which tell us that general family functioning and sense of self-efficacy are the factors that best predict mothers' parenting self-efficacy, while for fathers it is family relationships and parental stress that predict parenting self-efficacy (Sevigny & Loutzenhiser, 2010). Being a parent seems to be a more prominent aspect of women's identity than men's because of the ideology that mothers are the primary caregivers and fathers take on a more supportive role (Daly 2002; Haddock et al. 2003). Thus, mothers may feel effective in their parenting role regardless of their relationship with the parenting partner. Meanwhile, mothers' engagement on a facilitative gatekeeping, where they support and encourage fathers and their involvement with the child, positively influences fathers' perceptions of their parenting and they become more involved in caring for the child (McBride et al., 2005; Pruett et al., 2007). Fathers may have increased levels of parenting self-efficacy and may be more involved in childrearing by relying on mothers and their role as coparents (Perry et al., 2017).

The transition to parenthood is a complex process characterized by several changes that require adjustment (Epifanio et al., 2015), and agreement with one's coparent may help ease adjustment to the postpartum period (Don et al., 2013; Solmeyer & Feinberg, 2011). Higher quality coparenting relationships, where the coparents provide emotional support to each other and support each other's parenting decisions (Schoppe-Sullivan et al., 2023), contribute to develop and maintain parenting self-efficacy (de Montigny & Lacharite 2005).

Even though there is an increasingly equal division of tasks regarding children, with fathers being more involved in childcare (and both parents showing no differences in their coparenting relationship), gender roles still seem to be present today and seem to impact parenting self-efficacy and the association between coparenting and parenting self-efficacy. General attitudes towards gender differentiation and parental involvement can have an influence when parents define responsibilities and roles with the child (Austin et al., 2013). The traditional view of motherhood involves parenting burdens that naturally fall on mothers (Daly 2002; Haddock et al. 2003, Kotila et al., 2013), which can lead them to believe that they are most effective in carrying out these roles and, consequently, to have a greater sense of parenting self-efficacy. As for fathers, traditional fatherhood places few parenting burdens on

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them, but with the equal division of tasks, they are given new burdens that they may feel they are not as effective at carrying out as a mother. However, if fathers feel that mothers are inclusive, that they facilitate and encourage a close father-child relationship, fathers tend to have higher parental self-efficacy and become more involved with the child (Austin et al., 2013; McBride et al., 2005).

The factors that determine parental self-efficacy may differ according to parents' gender (Leerkes & Burney, 2007), and gender roles still appear to be accountable for this, as it seems to influence the association between coparenting and mothers' and fathers' parenting self-efficacy. For fathers, coparenting looks like it's more impactful on their parenting self-efficacy, than it is for mothers. Having a positive coparenting relationship where fathers feel supported and valued by the mother have a positive influence on their parenting self-efficacy (McBride et al., 2005; Pruett et al., 2007).

Limitations and implications for future studies

Limitations

One of the main limitations of this study is the fact that it is a cross-sectional study. The results of this study are only applied for this sample, and they cannot be generalized for populations with different sociodemographic characteristics. Considering that the participants in this study volunteer to be part of it, this study is prone to selection bias. Parents who completed the evaluation at six months may be those who were more satisfied with their coparenting relationship and their parenting self-efficacy.

Another limitation is the small sample size. Having the same number of mothers and fathers participating in the study provides initial insights for both parents, however the small sample size has limited statistical power. A larger sample can help to test more complex, so a larger sample would be recommended for future studies to better explore coparenting, the dimensions that compose it, and parental self-efficacy.

Mothers and fathers showed differences in terms of years of education and socioeconomic levels. These two characteristics can influence coparenting (Bronte-Tinkew et al., 2010; Schoppe-Sullivan et al., 2008; Roopnarine et al., 2005) and parenting self-efficacy (Coleman & Karraker, 1998; Taylor et al., 2012), so it is possible that they can have some

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influence on the association between coparenting and parenting self-efficacy. These differences between mothers and fathers were not taken into account on this study considering the sample size. For future studies, these sociodemographic characteristics should be considered in order to understand if and how they influence the association between coparenting and parenting self-efficacy.

Implications

This study can contribute to the literature by providing a more complete view of coparenting and parental self-efficacy from a perspective that includes both mothers and fathers. By having the same number of mothers and fathers participating in the study, it provides initial insights for both parents. By including parents who are not couples, we are following a more inclusive approach that includes different family configurations and structures. This study allows to better understand family dynamics while raising public awareness about the advantages of a healthy relationship between coparents and how it can have a positive influence on parenting self-efficacy. This study helps to better understand the association between coparenting and parenting self-efficacy, while contributing to understanding if the parents' gender can moderate this association. It contributes to a better understanding of the needs of each parent, and the influences of gender roles by testing for differences between parents.

In a clinical component, this study may help to understand how coparenting and parental self-efficacy are related and the importance of having an agreement between both parents so that they feel effective in their role as parents. Many studies already showed that parent education interventions can significantly enhance parental self-efficacy (Bloomfield and Kendall, 2007; Liyana Amin et al., 2018; Yap et al., 2019). The results of this study highlight the importance of targeting coparenting to promote mother's and father's parenting self-efficacy during the transition to parenthood. Through these programs, it is possible to help parents to have a good coparenting relationship, to feel confident in their roles, and to do so free of judgment and prejudice. Working towards a future in which motherhood and fatherhood are seen in the same light, a future in which both parents are satisfied with their parenting partner and are able to communicate with each other, will consequently improve the child's development and well-being.

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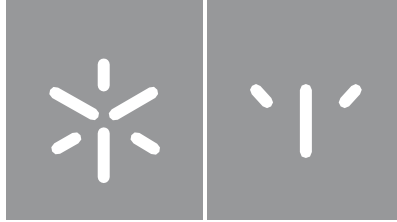
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e Adolescência

Trabalho efetuado sob a orientação da

Professora Doutora Bárbara Figueiredo e a co-orientação do **Prof.
Doutor Tiago Miguel Pinto**

Outubro
2023

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STATEMENT OF INTEGRITY

I hereby declare having conducted this academic work with integrity. I confirm that I have not used plagiarism or any form of undue use of information or falsification of results along the process leading to its elaboration.

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Universidade do Minho, Braga

Alexandra Isabel Lopes

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Coparenting and parenting self-efficacy in mothers and fathers at the postpartum period

Abstract

The quality of the coparenting relationship is a form of feedback about one's parenting competence and it influence one's parenting self-efficacy. This study aimed to analyze the association between coparenting relationship and parenting self-efficacy at the postpartum period, as well as to assess the moderating role of parents' gender on this association. The study included 51 mothers and 51 fathers. At six months postpartum, parents completed the Coparenting Relationship Scale (CRS), that assessed their coparenting, and the Karitane Parenting Confidence Scale (KPCS), that assessed their parenting self-efficacy. Results showed that the CRS total score and coparenting agreement were associated with KPCS total score and KPCS parenting subscale, with higher coparenting being associated with higher parenting self-efficacy. A moderating impact of the parents' gender on the association between CRS total score and KPCS total score and KPCS parenting subscale was also observed, with this association being stronger in fathers than in mothers. This study highlights the importance of targeting coparenting to promote parents' parenting self-efficacy during the transition to parenthood. From a perspective that includes both parents, this study makes an important contribution to a better understanding of the association between coparenting relationship and parenting self-efficacy.

Keywords: coparenting, coparenting agreement, parenting self-efficacy, parents' gender

Coparentalidade e autoeficácia parental de mães e pais no período pós-parto

Resumo

A qualidade da relação coparental pode ser uma forma de feedback sobre a competência parental e pode influenciar a autoeficácia parental. Numa perspectiva que inclui ambos os pais, este estudo contribui para melhor compreender a associação entre coparentalidade e autoeficácia parental. O estudo procurou analisar a associação entre a coparentalidade e a autoeficácia parental no período pós-parto, e avaliar o papel moderador do género dos pais nesta associação. O estudo incluiu 51 mães e 51 pais. Aos seis meses após o parto, os pais preencheram a Escala da Relação Coparental (ECR), que avaliava a coparentalidade, e a *Karitane Parenting Confidence Scale* (KPCS), que avaliava a autoeficácia parental. Os resultados mostraram que a pontuação total da ECR e o acordo coparental estavam associadas à pontuação total da KPCS e à subescala de parentalidade da KPCS, sendo que maior acordo coparental estava associado a maior autoeficácia parental. Observou-se um impacto moderador do género dos pais na associação entre a pontuação total da ECR e a pontuação total da KPCS e a subescala parental da KPCS, sendo esta associação mais forte nos pais do que nas mães. Numa perspectiva que inclui ambos os pais, este estudo contribui para uma melhor compreensão da associação entre a relação coparental e a autoeficácia parental.

Palavras-chave: coparentalidade, acordo coparental, autoeficácia parental, género dos pais

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Introduction

Coparenting in mothers and fathers in the postpartum period

Coparenting describes how parents relate to each other in the role of parenting and work together, sharing the childrearing responsibilities (Feinberg, 2002; Feinberg, 2003; Hock & Mooradian, 2013). If parents work as a team, sharing responsibilities, mutually supporting each other, agreeing on childrearing, and planning family life together, it is easier to enter parenthood (Durtschi et al., 2017; Feinberg, 2003; McHale et al., 2004).

Coparenting has four interrelated components: childrearing agreement/disagreement, support/undermining in the coparenting role, division of labor, and joint family management of parents (Feinberg, 2003). The agreement/disagreement component is associated with the degree of understanding between parents on child-related issues, such as moral values, emotional necessities, and safety (Feinberg, 2003). This dimension is dual, with agreement and disagreement forming opposite poles. The support/undermining component is a dimension with two poles – one positive and one negative. The support between the coparental dyad is marked by emotional support and endorsement of parental competence, respect, and recognition of the other parent's competence (Belsky et al., 1996; McHale, 1995). Undermining is characterized by negative affection, hostility, and criticism towards the other parent. The division of labor component refers to the shared responsibilities and obligations related to the child. Greater division of tasks is associated with greater satisfaction with the relationship with the other parent and lower levels of stress when performing the parental roles (Carlson et al., 2020; Feinberg, 2003). Joint family management component is responsible for the quality of the family's structural functioning, the way parents regulate family members' roles and set boundaries among family subsystems (Feinberg, 2003; Lamela et al., 2018). Effective management is associated with efficient dyad self-control over their behaviors and communication patterns with each other (Feinberg, 2003; Lamela et al., 2010). The quality of the coparenting has been shown to be a predictor of child development and well-being (Lamela et al., 2010; Mosmann et al., 2018; Schoppe et al., 2001). Positive coparenting implies that parents negotiate child-related issues, support each other, and have cooperative behaviors, so that the overall emotional climate in the family is more positive and beneficial for the child (Jamison et al., 2014; Teubert & Pinquart, 2010). Contrarily, negative

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coparenting is marked by conflict and undermining between parents and is associated with internalizing and externalizing problems in children (Altenburger et al., 2015; Schoppe-Sullivan et al., 2009).

Several factors can influence how each parent adjusts to their new roles as coparents, namely individual parental characteristics, child's characteristics, interparental relationship, and contextual sources of stress and support (Feinberg, 2003). Mothers and fathers can develop different coparenting styles, experience different levels of satisfaction about their coparenting relationship and have different involvement in childcare (Perry et al., 2017; Van Egeren et al., 2004). During the postpartum period, mothers were found to report lower coparenting satisfaction and fewer positive attitudes toward fathers' involvement in childcare, compared to fathers (Perry et al., 2017; Van Egeren et al., 2004). These differences may be explained by the greater parental responsibilities of mothers, namely breastfeeding (Coltrane & Shih, 2009; Kotila et al., 2013). Some fathers can feel that their involvement in the child's care is secondary to the involvement of mothers, and report that their involvement is made easier by leaning heavily on mothers and the roles they have in childcare (Perry et al., 2017). Other fathers, who consider being part of a successful parenting team, are more present and involved in more roles regarding childcare (Van Egeren et al., 2004).

Parenting self-efficacy in mothers and fathers at the postpartum period

Parenting self-efficacy refers to the mother's/father's perception of their parenting skills, such as organizing and performing parenting tasks (Bandura, 1997; Črnčec et al., 2008; de Montigny & Lacharité, 2005). Parenting self-efficacy is an emergent and dynamic process that is modified by task and situational demands, as well as changing individual factors (Bandura, 1989; Sevigny & Loutzenhiser, 2009).

The way parents feel supported and encouraged to carry out their parental roles has an influence on their parental self-efficacy (Bandura, 1989). When parents feel encouragement and higher levels of support from others, they tend to maintain their beliefs about self-efficacy (Bandura, 1989; Hudson et al., 2003; Leahy-Warren, 2005). Parents with high parenting self-efficacy can better recognize and meet children's needs, since they have knowledge and confidence in their abilities to perform parenting tasks (Bandura, 1982). Perceiving themselves as capable of performing parenting tasks - such as feeding, soothing,

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and playing with the child (Jones & Prinz, 2005; de Montigny & Lacharite, 2005) -, parents tend to be more successful in their parenting. Performing parenting tasks, self-efficacy is enforced and parents become more involved with the child (Coleman & Karraker, 2000; Hudson et al., 2001; Giallo et al., 2013). High levels of parenting self-efficacy are also associated with positive parenting behaviors and positive child developmental outcomes (Coleman & Karraker, 2003; Jones & Prinz, 2005). Contrarily, low levels of parenting self-efficacy are associated with hostile or coercive parenting behaviors and child behavioral problems (Bor & Sanders, 2004; Murdock, 2013). Low levels of parenting self-efficacy can lead to adverse developmental outcomes in the child, such as internalizing and externalizing problems (Coleman & Karraker, 1998; Salonen et al., 2009; Teti & Gelfand, 1991).

Considering that parenting self-efficacy is a dynamic process, mothers and fathers can assess their abilities in different tasks and in different ways (Guimond et al., 2008), and may perceive differently their roles as parents (Daly, 2002; Schluterman, 2007). Some studies show similar levels of parenting self-efficacy in mothers and fathers (Dunning & Giallo, 2012; Gou et al., 2019; de Haan et al., 2013), while other studies suggest that mothers report higher parenting self-efficacy than fathers (Gordo et al., 2018; Salonen et al., 2009). For mothers, overall family functioning and self-efficacy were found to predict parenting self-efficacy, whereas, for fathers, parental stress, relationships with the family and social support were found to predict parenting self-efficacy (Leerkes & Burney, 2007; Sevigny & Loutzenhiser, 2010). Negative parental affect is negatively associated with maternal parenting self-efficacy, while parental control has been positively associated with paternal parenting self-efficacy (Murdock, 2013). One explanation for these differences between parents may be traditional parental roles. Women have been socially associated with engaging in more affectionate and nurturing behaviors; compared to men, more emotionally expressive in interactions with children. Men are traditionally socialized to be dominant and controlling (Wood & Eagly, 2002), so, by being able to control their children's behavior, they feel more capable of performing their parenting tasks (Murdock, 2013).

Association between coparenting and parenting self-efficacy

The coparenting relationship is an important source of support for the adjustment of parents to their role as new parents (Solmeyer & Feinberg, 2011). The quality of the

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coparenting relationship can be considered a form of feedback about one's parenting competence and it can influence one's parenting self-efficacy (Bandura, 1977), and ultimately enhance child adjustment.

A supportive coparenting is associated with higher parenting self-efficacy (Merrifield & Gamble, 2013; Pinto et al., 2016; Solmeyer & Feinberg, 2011). A high-quality coparenting relationship, where parents feel supported and recognized, conveys positive feedback about one's parenting and it could bolster one's parenting self-efficacy (Bandura, 1989; Hudson et al., 2003). A coparenting characterized by negativity, competition for children's attention and discouragement towards the other parent is associated with lower parenting self-efficacy for both parents (Porter & Hsu, 2003; Solmeyer & Feinberg, 2011). Literature highlights the importance of both maternal and paternal coparenting and parenting self-efficacy during the transition to parenthood on children's development and mental health (Schoppe et al., 2001; Sevigny & Loutzenhiser, 2010). Coparenting and parenting self-efficacy have been showing to be associated, in a way that parents who receive higher coparenting support consider themselves more able to perform parenting tasks (Merrifield & Gamble, 2013; Pinto et al., 2016; Solmeyer & Feinberg, 2011). But little is known about the differences between mothers and fathers in terms of coparenting, parenting self-efficacy, and the association between the two.

To better understand the association between coparenting and parenting self-efficacy during the transition to parenthood, this study aimed to analyze (1) the association between coparenting and parenting self-efficacy in mothers and fathers at the postpartum period and (2) the moderating role of parents' gender in the association between coparenting and parenting self-efficacy at the postpartum period.

Evidences on the association between coparenting and parenting self-efficacy at the postpartum period can help to better understand family dynamics and how they affect child development, and raises public awareness of these topics. These evidences can also contribute to implement psychological interventions that develop positive coparenting relationship which may improve parenting self-efficacy. These types of interventions ought to promote parents' adjustment to the transition to parenthood and children's development and well-being. Knowing more about the differences between parents will allow us to identify

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parents at risk and to build a strong foundation for parenting by improving coparenting relationships and parents' parenting self-efficacy.

Method

Procedure

The sample derived from two larger longitudinal studies, one aiming to explore mothers' adjustment to the transition to parenthood (see Dias et al., 2021) and other aiming to explore fathers' adjustment to the transition to parenthood (see Pinto et al., 2016; Pinto et al., 2019). Both studies received approval of the ethical commissions of the institutions involved. Mothers and fathers were recruited from two hospitals in Northern Portugal during their routine antenatal care appointments, and the recruitment procedures were the same for both parents. The parents who agreed to participate in the studies signed an informed consent form. The exclusion criteria for the study with mothers were unable to read/write in Portuguese, multiple births, multiparous mothers, gestational or fetal complications, and psychiatric medication intake. For the study with fathers, the exclusion criteria were unable to read/write in Portuguese, lived in Portugal for less than 10 years, multiparous fathers, multiple gestations, and pregnancies with gestational or fetal complications.

In both studies, there was an assessment at six months postpartum, where the participants completed online a Sociodemographic Questionnaire, the Coparenting Relationship Scale (CRS), and the Karitane Parenting Confidence Scale (KPCS). For the present study, participants that completed the Sociodemographic Questionnaire at the time of recruitment and completed both the CRS and the KPCS at six months postpartum were included.

The study conducted with mothers, contacted 536 mothers and 485 of them (90.5%) agreed to participate. In the father's study, a total of 130 fathers was contacted and 91 of them (70.0%) agreed to participate. The sample size for the current study corresponds to the mothers and fathers, of both studies, who completed the assessments at six months postpartum, so it consists of 161 mothers (30.0%) and 51 fathers (59.3%). Considering there were 51 fathers, to address the discrepancy in the sample size of mothers and fathers, 51 mothers were randomly selected from the total of 161.

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Participants

The sample comprised 102 participants, 51 mothers and 51 fathers, who were not couples. Nearly all participants were Portuguese (93.1%), Caucasian (92.2%) and Catholic (91.2%). More than half of them were married (64.7%), with age over 30 years old (72.5%, $M = 31.66$, $SD = 4.05$), and the infant was male (57.6%). The majority of the participants were employed at the time of the study (83.3%), half of them had over 12 years of education (51.0%) and more than half had medium/low socioeconomic level (58.8%) (see Table 1).

Table 1

Sociodemographic characteristics

Characteristic	Total ($N = 102$)		Mothers ($n = 51$)		Fathers ($n = 51$)		
	N	%	n	%	N	%	
Marital status							
Married	66	64.7	32	62.7	34	66.7	
Cohabitation	26	25.5	14	27.5	12	23.5	
Single	10	9.8	5	9.8	5	9.8	
Age (in years)							
18 - 29	28	27.5	13	25.5	15	29.4	
≥ 30	74	72.5	38	74.5	36	70.6	
Infant sex							
Male	53	57.6	32	60.8	22	53.7	
Female	39	42.4	19	39.2	19	46.3	
Occupational status							
Employed	85	83.3	39	76.5	46	90.2	
Unemployed	15	14.7	11	23.5	4	7.8	
Household or student	2	2.0	1	2.0	1	2.0	
Education (in years)							
≤ 12	50	49.0	15	29.4	35	68.6	

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> 12	52	51.0	36	70.6	16	31.4
Socioeconomic level						
High	35	41.2	23	59.0	12	26.1
Medium/Low	50	58.8	16	41.0	34	73.9

Measures

Sociodemographic characteristics

The sociodemographic questionnaire was used to collect sociodemographic information about the participants, such as matrimonial status, age, the infant sex, current occupational status, years of education, and socioeconomic level (using the Graffar (1956) Scale of Professional Classification).

Coparenting Relationship

The Coparenting Relationship Scale – CRS (Feinberg et al., 2012; Lamela et al., 2018) was used to assess coparenting in mothers and fathers. The CRS is based on Feinberg’s conceptual framework of coparenting (agreement/disagreement in parenting practices, division of labor, support/undermining in the coparenting role, and joint family management). The Portuguese version of CRS is a 30-item self-report measure scored on a seven-point Likert-type scale, where 0 is “not true of us”, and 6 is “very true of us”, and comprises of 6 subscales: (1) coparenting agreement (three items), (2) coparenting closeness (four items), (3) exposure to conflict (five items), (4) coparenting support (six items), (5) coparenting undermining (six items); (6) endorse partner parenting (seven items). Higher scores indicating better relationship scale. Subscale scores are calculated by summing the items, some of them inverted, and dividing by the number of items in each subscale. The positive and negative coparenting scales can be calculated by normalizing each scale by adding the positive and negative subscales and dividing by the number of subscales, respectively. The positive subscales are agreement, closeness, support and endorse partner parenting, and the negative subscales are exposure to conflict and undermining.

CRS was shown to have good internal consistency, Cronbach's alpha .94 for mothers and .91 for fathers (Feinberg et al., 2012). The Portuguese version also showed a good internal

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consistency, Cronbach's alpha = .74 (Lamela et al., 2018)). In the present study, Cronbach's alpha for the total CRS was .75 ($\alpha = .80$ for mothers and $\alpha = .70$ for fathers). All the subscales showed a good internal consistency across genders. Overall, the CRS showed good internal consistency in the present study: coparenting Support ($\alpha = .94$ for mothers and $\alpha = .93$ for fathers), exposure to conflict ($\alpha = .84$ for mothers and $\alpha = .91$ for fathers), endorsement of partner parenting ($\alpha = .82$ for mothers and $\alpha = .93$ for fathers), coparenting closeness ($\alpha = .80$ for mothers and $\alpha = .79$ for fathers), was above .70 for both genders. The internal consistency of coparenting undermining was above .70 for fathers ($\alpha = .77$) and under .70 for mothers ($\alpha = .61$). The internal consistency of coparenting agreement was strong for fathers ($\alpha = .81$), but weaker for mothers ($\alpha = .44$).

Parenting Self-efficacy

The Karitane Parenting Confidence Scale (KPCS; Črnčec et al., 2008; Pinto et al., 2016; Pinto et al., 2023) was used to assess parenting self-efficacy in mothers and fathers. The KPCS was designed to assess parenting self-efficacy in parents of children aged between zero and 12 months. The KPCS is a 15-item self-report measure scored on a four-point Likert-type scale, from 0 (no, almost never) to 3 (yes, most of the time), and is comprised of 3 subscales: (1) parenting (eight items), (2) support (five items), and (3) child development (2 items). The scores range between 0 and 45 for the KPCS total score, between 0 and 24 for the KPCS parenting subscale, between 0 and 15 for the KPCS support subscale, and between 0 and 6 for the KPCS child development subscale. Higher scores indicate higher parenting self-efficacy. The original version of this measure showed good internal consistency, Cronbach's alpha = .81 (Črnčec et al., 2008), and in the Portuguese version, Cronbach's alpha = .77. (Pinto et al., 2023). The KPCS showed good internal consistency in present study: Cronbach's alpha = .82 ($\alpha = .74$ for mothers and $\alpha = .84$ for fathers). Regarding the internal consistency of the KPCS subscales, the parenting subscale showed good reliability values with Cronbach's alpha = .83 ($\alpha = .74$ for mothers and $\alpha = .87$ for fathers). The support subscale with Cronbach's alpha = .46 ($\alpha = .62$ for mothers and $\alpha = .30$ for fathers), and the child development subscale with Cronbach's alpha = .47 ($\alpha = .35$ for mothers and $\alpha = .46$ for fathers) both showed low reliability values.

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Data analysis

Descriptive statistics were performed in the study variables. Chi-square tests were performed to investigate the associations between parents' gender and sociodemographic characteristics. Independent-samples T-tests were performed to compare the means of coparenting and parenting self-efficacy between mothers and fathers.

Simple and multiple linear regressions were performed to study the association between coparenting and parenting self-efficacy in mothers and fathers at the postpartum period. A simple linear regression was performed, including the CRS total score as the independent variable and the KPCS total score as the dependent variable. Additionally, three simple linear regressions were performed, including the CRS total score as the independent variable with each one of the subscales of KPCS as the dependent variable (parenting, support, and child development). Four multiple linear regressions (stepwise method) were performed including, for all of them, the four positive dimensions of the CRS (coparenting agreement, coparenting closeness, coparenting support, and endorse partner parenting) as the independent variables, and the KPCS total score, KPCS parenting subscale, KPCS support subscale, and KPCS child development subscale, respectively, as the dependent variable. Four multiple linear regressions (stepwise method) were performed including, for all of them, the two negative subscales of the CRS (exposure to conflict, and coparenting undermining) as the independent variables, and the KPCS total score, KPCS parenting subscale, KPCS support subscale, and KPCS child development subscale, respectively, as the dependent variable. By using the stepwise method with a forward approach, it is possible to select the stronger predictor variables from a larger set of potential predictors (Ratner, 2010). By using this approach, only those coparenting subscales (positive and negative dimensions) that are significantly associated with parenting self-efficacy (KPCS total score, and the subscales of KPCS) remained in the model.

To explore the moderating role of parents' gender in the association between coparenting and parenting self-efficacy, a moderation model was tested using hierarchical multiple linear regression (Baron & Kenny, 1986). Moderation models were performed for associations that were found to be significant in the linear regressions for the first aim. Four hierarchical multiple linear regressions were performed to analyze the moderating role of

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parent's gender on (1) the association between the CRS total score and the KPCS total score, (2) the association between the CRS total score and the KPCS parenting subscale, (3) the association between the coparenting agreement and the KPCS total score, and (4) the association between the coparenting agreement and the KPCS parenting subscale. The first step of the moderation model included the independent variable, being the CRS total score or the coparenting agreement, and the dependent variable, being the KPCS total score or the KPCS parenting subscale. The second step included the variables from model one, adding the parents' gender (fathers coded as -1 and mothers coded as 1). The third step included the variables from the previous model, adding the interaction between the independent variable and parents' gender.

The data analysis was conducted using the software IBM-SPSS® (Version 28.0. Armonk, NY: IBM Corp.). Statistical significance was considered with $p < .05$ and marginal significance was considered with $p < .10$.

Results

Preliminary analysis

No significant associations were found between parents' gender and matrimonial status, age, infant sex and occupational status. Parents' gender was significant associated with education years $X^2(1) = 14.92, p < .001$, with 70.6% of mothers and 31.4% of fathers reporting more than 12 years of schooling. Parents' gender was also significant associated with socioeconomic level, $X^2(1) = 9.31, p = .002$, with 59.0% of mothers and 21.6% of fathers reporting higher socioeconomic level.

No differences were found between mothers and fathers in the total score and subscales of the CRS, as well as in the KPCS Support subscale. However, significant differences were found on KPCS total score ($t = -2.90, df = 100, p = .005$), KPCS Parenting subscale ($t = -2.75, df = 100, p = .007$), and KPCS Child development ($t = -3.00, df = 100, p = .003$), with mothers showing higher levels than fathers, in all three cases (see Table 2).

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Table 2

Means and standard deviations of coparenting and parenting self-efficacy

Variable	Total (N = 102)		Mothers (n = 51)		Fathers (n = 51)		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
CRS total score	3.52	0.48	3.52	0.51	3.53	0.45	
Coparenting	Coparenting agreement	5.07	1.03	5.05	0.95	5.09	1.12
	Coparenting closeness	4.95	1.15	5.00	1.11	4.91	1.19
	Exposure to conflict	0.60	0.96	0.69	0.96	0.52	0.96
	Coparenting support	5.05	1.21	5.05	1.20	5.06	1.23
	Coparenting undermining	0.85	0.99	0.73	0.89	0.97	1.08
	Endorse partner parenting	5.34	0.96	5.32	0.83	5.37	1.08
	Parenting self-efficacy	KPCS total score	40.42	4.21	41.59	3.33	39.25
KPCS parenting subscale		21.65	2.68	22.35	2.14	20.94	2.98
KPCS support subscale		13.12	1.77	13.39	1.81	12.84	1.70
KPCS child development subscale		5.66	0.65	5.84	0.42	5.47	0.78

Note. CRS = Coparenting Relationship Scale; KPCS = Karitane Parenting Confidence Scale.

Association between coparenting and parenting self-efficacy in mothers and fathers

The simple linear regression model for the KPCS total score showed a marginal association between the CRS total score and the KPCS total score, $F(1,101) = 3.01, p = .086$, with the total CRS explaining 2% of the variance of total KPCS. Higher levels in CRS total score

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were marginally associated with higher levels in KPCS total score ($\beta = 1.51, t = 1.73, p = .086$) (see Table 3).

The simple linear regression model for the KPCS parenting subscale showed a marginal association of the CRS total score on the KPCS parenting subscale, $F(1, 101) = 3.35, p = .070$, with the CRS total score explaining 2% of the variance in KPCS parenting subscale. Higher levels in CRS total score were marginally associated with higher levels in KPCS parenting subscale ($\beta = 1.01, t = 1.83, p = .070$) (see Table 3).

The simple linear regression model for the KPCS support subscale didn't show a significant association of the CRS total score on the KPCS support subscale, $F(1, 101) = 1.03, p = .312$. The simple linear regression model for the KPCS child development subscale didn't show a significant association of the CRS total score on the KPCS child development subscale, $F(1, 101) = 0.82, p = .367$ (see Table 3).

Table 3

Association between coparenting (CRS total score) and parenting self-efficacy (KPCS total score, parenting subscale, support subscale; child development subscale) in mothers and fathers at the postpartum period

Variable	B	SE B	t	P	95% CI	R^2_{adj}	F
KPCS total score							
						.02	3.01
CRS total score	1.51	0.87	1.73	.086	[-0.22; 3.24]		
KPCS Parenting subscale							
						.02	3.35
CRS total score	1.01	0.55	1.83	.070	[-0.08; 2.11]		
KPCS Support subscale							
						.00	1.03
CRS total score	0.38	0.37	1.02	.312	[-0.36; 1.11]		
KPCS Child development subscale							
						-.00	0.82
CRS total score	0.12	0.14	0.91	.367	[-0.15; 0.39]		

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Note. CI = confidence interval; CRS = Coparenting Relationship Scale; KPCS = Karitane Parenting Confidence Scale.

The Multiple Linear Regression with stepwise method for the KPCS total score showed that the positive dimension of coparenting associated with the KPCS total score was coparenting agreement, $F(1,101) = 4.17, p = .044$. The coparenting agreement explains 4% of the variance in KPCS total score. Higher levels of coparenting agreement were associated with higher levels of KPCS total scores ($\beta = 0.82, t = 2.04, p = .044$) (see Table 4).

The Multiple Linear Regression with stepwise method for the KPCS parenting subscale showed that the positive dimension of coparenting associated with KPCS parenting subscale was coparenting agreement $F(1, 101) = 4.47, p = .037$. The coparenting agreement explains 4% of the variance in KPCS parenting subscale. Higher levels of coparenting agreement were associated with higher levels of KPCS parenting Subscale ($\beta = 0.54, t = 2.11, p = .037$) (see Table 4).

No associated positive coparenting subscales were returned in the model for the KPCS support subscale and the KPCS child development subscale.

Table 4

Association between positive coparenting subscales and KPCS total score and KPCS Parenting subscale in mothers and fathers at the postpartum period (stepwise method forward approach)

Variable	<i>B</i>	<i>SE B</i>	<i>t</i>	<i>P</i>	<i>95% CI</i>	<i>R</i> ²	<i>F</i>	
KPCS total score							.04	4.17
Coparenting agreement	0.82	0.40	2.04	.044	[0.02; 1.61]			
KPCS parenting subscale							.04	4.47
Coparenting agreement	0.54	0.25	2.11	.037	[0.03; 1.04]			

Note. CI = confidence interval; KPCS = Karitane Parenting Confidence Scale.

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No associated negative coparenting subscales were returned in the model for the KPCS total score, KPCS parenting subscale, KPCS support subscale and the KPCS child development subscale.

The moderating role of parents' gender in the association between coparenting and parenting self-efficacy

CRS total

CRS total score showed to be marginally associated with KPCS total score, ($\Delta R^2 = .02$, $F(1,101) = 3.01$, $p = .086$), and marginally associated with KPCS parenting self-efficacy ($\Delta R^2 = .02$, $F(1, 101) = 3.35$, $p = .070$). Higher scores in CRS total scores are marginally associated with higher scores in KPCS total score ($\beta = 1.51$, $t = 1.73$, $p = .086$) and in KPCS parenting self-efficacy ($\beta = 1.01$, $t = 1.83$, $p = .070$) (see Table 5).

Parents' gender showed to be associated with KPCS total score ($\Delta R^2 = .09$, $F(2,101) = 5.97$, $p = .004$, $\beta = 1.17$), and with KPCS parenting subscale ($\Delta R^2 = .09$, $F(2,101) = 5.72$, $p = .006$, $\beta = 0.71$). In both cases, when compared to fathers, mothers showed higher scores of KPCS (see Table 5).

The interaction between CRS total score and parents' gender was associated with KPCS total score and KPCS parenting subscale. Parents' gender acts as a moderator of the association between CRS total score and KPCS total score at the postpartum period ($\Delta R^2 = .13$, $F(3, 101) = 6.15$, $p = .017$, $\beta = -2.01$), and of the association between CRS total score and KPCS parenting subscale ($\Delta R^2 = .11$; $F(3, 101) = 5.44$, $p = .037$, $\beta = -1.12$). In both cases, the association between CRS total score and KPCS is stronger in fathers than in mothers (see Table 5, Figure 1 and Figure 2).

Table 5

The moderator role of parents' gender in the association between CRS total score and KPCS total score and KPCS parenting subscale at postpartum period

	B	95% CI for B	p
Variable			
KPCS total score			

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Step 1			
CRS total score	1.01	[-0.22; 3.24]	.086
Step 2			
CRS total score	1.03	[-0.13; 3.20]	.071
Parents' gender	0.71	[0.38; 1.96]	.004
Step 3			
CRS total score	1.17	[0.16; 3.43]	.032
Parents' gender	4.66	[2.43; 14.08]	.006
CRS total score x Parents' gender	-1.12	[-3.65; -0.37]	.017
KPCS parenting subscale			
Step 1			
CRS total score	1.51	[-0.08; 2.11]	.070
Step 2			
CRS total score	1.53	[-0.03; 2.08]	.058
Parents' gender	1.17	[0.21; 1.21]	.006
Step 3			
CRS total score	1.80	[0.12; 2.22]	.029
Parents' gender	8.25	[0.92; 8.39]	.015
CRS total score x Parents' gender	-2.01	[-2.17; -0.07]	.037

Note. CI = confidence interval; KPCS = Karitane Parenting Confidence Scale; CRS = Coparenting Relationship Scale.

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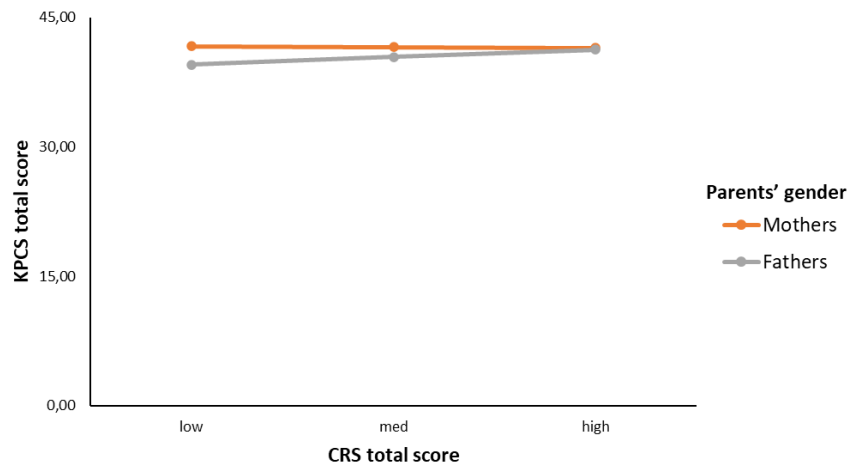


Figure 1. *The moderator role of parents' gender in the association between CRS total score and KPCS total score*

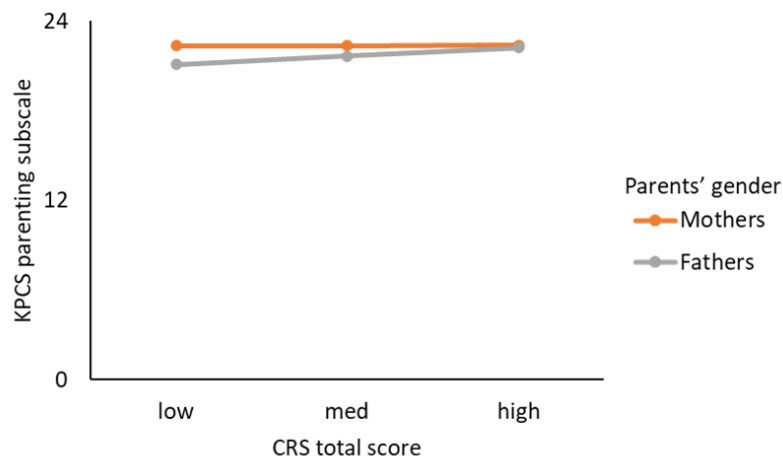


Figure 2. *The moderator role of parents' gender in the association between CRS total score and KPCS parenting subscale*

Coparenting agreement

Coparenting agreement showed to be associated with KPCS total score, ($\Delta R^2 = .04$, $F(1,101) = 4.17$, $p = .044$), and with KPCS parenting self-efficacy ($\Delta R^2 = .04$, $F(1, 101) = 4.47$, $p = .037$). Higher scores in coparenting agreement are associated with higher scores in KPCS total score ($\beta = 0.54$, $t = 2.11$, $p = .0$) and in KPCS parenting self-efficacy ($\beta = 0.54$, $t = 2.11$, $p = .037$) (see Table 6).

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Parents' gender showed to be associated with KPCS total score ($\Delta R^2 = .10$, $F(2,101) = 6.75$, $p = .003$, $\beta = 1.19$), and with KPCS parenting subscale ($\Delta R^2 = .10$, $F(2,101) = 6.46$, $p = .005$, $\beta = 0.72$). In both cases, when compared to fathers, mothers showed higher scores of KPCS (see Table 6).

The interaction between coparenting agreement and parents' gender was not associated with KPCS total score and KPCS parenting subscale. Parents' gender does not act as a moderator of the association between coparenting agreement, and KPCS total score ($F(3, 101) = 5.20$, $p = .163$), and KPCS parenting subscale ($F(3, 101) = 4.67$, $p = .301$), in none of the analysis performed (see Table 6).

Table 6

The moderator role of parent's gender in the association between Coparenting agreement and KPCS total score and KPCS Parenting subscale at the postpartum period

Variable	B	95% CI for B	P
KPCS total score			
Step 1			
Coparenting agreement	0.82	[0.02; 1.61]	.044
Step 2			
Coparenting agreement	0.84	[0.08; 1.60]	.031
Parents' gender	1.19	[0.40; 1.97]	.003
Step 3			
Coparenting agreement	0.76	[-0.01; 1.53]	.054
Parents' gender	3.94	[-0.03; 7.91]	.052
Coparenting agreement*Parents' gender	-0.54	[-1.31; .22]	.163
KPCS parenting subscale			
Step 1			
Coparenting agreement	0.54	[0.03; 1.04]	.037
Step 2			
Coparenting agreement	0.55	[0.07; 1.04]	.027

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Parents' gender	0.72	[0.22; 1.22]	.005
<hr/>			
Step 3			
Coparenting agreement	0.51	[0.02; 1.00]	.042
Parents' gender	2.02	[-0.52; 4.56]	.117
Coparenting agreement*Parents' gender	-0.26	[-0.75; 0.23]	.301

Note. CI = confidence interval; KPCS = Karitane Parenting Confidence Scale.

Discussion

This study provided evidence on the association between mothers' and fathers' coparenting and parenting self-efficacy at the postpartum period, as well as the moderator role of parents' gender in the association between coparenting and parenting self-efficacy. The total score of the CRS was marginally associated with the total score of the KPCS, as well as with the KPCS parenting subscale. Higher levels in CRS total score were marginally associated with higher levels in KPCS total score, and higher levels in KPCS parenting subscale.

The association between coparenting and parenting self-efficacy is in line with literature in a way that parents who receive higher coparenting support consider themselves more able to perform parenting tasks (Merrifield & Gamble, 2013; Pinto et al., 2016; Solmeyer & Feinberg, 2011). Some relevant factors were not taken into account, such as social support and infant temperament (Solmeyer & Feinberg, 2011; Teubert & Pinquart, 2010), taking in account the number of participants, and may influence the association between coparenting and self-efficacy on this study.

Coparenting agreement was the coparenting dimension that showed to be particularly important for parenting self-efficacy. It was observed an association of coparenting agreement with the total score of the KPCS, as well as with the KPCS parenting subscale, which is consistent with the literature. Higher levels of coparenting agreement are a form of encouragement and support about one's parenting competence and it influences positively parenting self-efficacy (Bandura, 1989; Hudson et al., 2003; Leahy-Warren, 2005). When parents discuss and agree on topics regarding the infant as a team, they feel greater sense of

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parenting self-efficacy as they may feel supported and respected while putting into practice their parenting tasks (Bandura, 1989; Hudson et al., 2003).

When considering the parents' gender, no differences were found between mothers and fathers regarding coparenting, which is congruent with some previous studies (Geiger, 1996; Solmeyer & Feinberg, 2011). As in recent decades there has been an increase in the diversity of family structures and dynamics, as well as an increase in the number of women working, fathers have been more involved in childcare, playing a more active role as coparent (Cabrera et al., 2014; Jappens & Van Bavel, 2012; Wall et al., 2016). Both parents take equal responsibility for the care of the child, existing a better division of labor (Cowan & Cowan, 1992; Walzer, 1998), which makes them both feel like part of a team.

Differences were observed between mothers and fathers on the KPCS total score, KPCS parenting subscale and KPCS child development subscale. Compared to fathers, mothers showed higher levels of parenting self-efficacy and higher perceptions of their parenting abilities and child development, which is congruent with some studies (Gordo et al., 2018; Salonen et al., 2009). These results may reflect the traditional roles that are still present in the distribution of family care, with mothers being the archetypal primary caregiver and spending more time in parenting than fathers (SchoppeSullivan & Fagan, 2020). Another explanation for these results is the belief that mothers are naturally better caretakers can make fathers feel that they are not so adequate at childrearing, comparatively to mothers (Donithen & Schoppe-Sullivan, 2022; Gaunt, 2006).

Results also revealed that parents' gender moderates the association between CRS total score and KPCS total scores, and the association between CRS total score and KPCS parenting subscale. These associations are significant for both parents, but are stronger in fathers than in mothers. Higher CRS total scores seem to have a stronger impact on fathers' KPCS total score and KPCS Parenting subscale. Knowing that factors determining parenting self-efficacy can be different for mothers and fathers (Leerkes & Burney, 2007), it appears that coparenting is more determinant for fathers' parenting self-efficacy than it is for mothers. These findings are consistent with previous findings in the literature, which tell us that general family functioning and sense of self-efficacy are the factors that best predict mothers' parenting self-efficacy, while for fathers it is family relationships and parental stress that

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predict parenting self-efficacy (Sevigny & Loutzenhiser, 2010). Being a parent seems to be a more prominent aspect of women's identity than men's because of the ideology that mothers are the primary caregivers and fathers take on a more supportive role (Daly 2002; Haddock et al. 2003). Thus, mothers may feel effective in their parenting role regardless of their relationship with the parenting partner. Meanwhile, mothers' engagement on a facilitative gatekeeping, where they support and encourage fathers and their involvement with the child, positively influences fathers' perceptions of their parenting and they become more involved in caring for the child (McBride et al., 2005; Pruett et al., 2007). Fathers may have increased levels of parenting self-efficacy and may be more involved in childrearing by relying on mothers and their role as coparents (Perry et al., 2017).

The transition to parenthood is a complex process characterized by several changes that require adjustment (Epifanio et al., 2015), and agreement with one's coparent may help ease adjustment to the postpartum period (Don et al., 2013; Solmeyer & Feinberg, 2011). Higher quality coparenting relationships, where the coparents provide emotional support to each other and support each other's parenting decisions (Schoppe-Sullivan et al., 2023), contribute to develop and maintain parenting self-efficacy (de Montigny & Lacharite 2005).

Even though there is an increasingly equal division of tasks regarding children, with fathers being more involved in childcare (and both parents showing no differences in their coparenting relationship), gender roles still seem to be present today and seem to impact parenting self-efficacy and the association between coparenting and parenting self-efficacy. General attitudes towards gender differentiation and parental involvement can have an influence when parents define responsibilities and roles with the child (Austin et al., 2013). The traditional view of motherhood involves parenting burdens that naturally fall on mothers (Daly 2002; Haddock et al. 2003, Kotila et al., 2013), which can lead them to believe that they are most effective in carrying out these roles and, consequently, to have a greater sense of parenting self-efficacy. As for fathers, traditional fatherhood places few parenting burdens on them, but with the equal division of tasks, they are given new burdens that they may feel they are not as effective at carrying out as a mother. However, if fathers feel that mothers are inclusive, that they facilitate and encourage a close father-child relationship, fathers tend to have higher parental self-efficacy and become more involved with the child (Austin et al., 2013; McBride et al., 2005).

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The factors that determine parental self-efficacy may differ according to parents' gender (Leerkes & Burney, 2007), and gender roles still appear to be accountable for this, as it seems to influence the association between coparenting and mothers' and fathers' parenting self-efficacy. For fathers, coparenting looks like it's more impactful on their parenting self-efficacy, than it is for mothers. Having a positive coparenting relationship where fathers feel supported and valued by the mother have a positive influence on their parenting self-efficacy (McBride et al., 2005; Pruett et al., 2007).

Limitations and implications for future studies

Limitations

One of the main limitations of this study is the fact that it is a cross-sectional study. The results of this study are only applied for this sample, and they cannot be generalized for populations with different sociodemographic characteristics.

Considering that the participants selected for this study were those who answered all the questions in the CRS and the KPCS, this study is prone to selection bias. Parents who completed the evaluation at six months may be those who were more satisfied with their coparenting relationship and their parenting self-efficacy.

Another limitation is the small sample size. Having the same number of mothers and fathers participating in the study provides initial insights for both parents, however the small sample size has limited statistical power. A larger sample can help to test more complex, so a larger sample would be recommended for future studies to better explore coparenting, the dimensions that compose it, and parenting self-efficacy.

This study does not have a homogenous sample, with mothers and fathers showing differences in terms of years of education and socioeconomic levels. These two characteristics can influence coparenting (Bronte-Tinkew et al., 2010; Schoppe-Sullivan et al., 2008; Roopnarine et al., 2005) and parenting self-efficacy (Coleman & Karraker, 1998; Taylor et al., 2012), so it is possible that they can have some influence on the association between coparenting and parenting self-efficacy. These differences between mothers and fathers were not taken into account on this study considering the sample size. For future studies, these sociodemographic characteristics and others variables should be considered in order to

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understand if and how they influence the association between coparenting and parenting self-efficacy.

Implications

This study can contribute to the literature by providing a more complete view of coparenting and parental self-efficacy from a perspective that includes both mothers and fathers. By having the same number of mothers and fathers participating in the study, it provides initial insights for both parents. By including parents who are not couples, we are following a more inclusive approach that includes different family configurations and structures. This study allows to better understand family dynamics while raising public awareness about the advantages of a healthy relationship between coparents and how it can have a positive influence on parenting self-efficacy. This study helps to better understand the association between coparenting and parenting self-efficacy, while contributing to understanding if the parents' gender can moderate this association. It contributes to a better understanding of the needs of each parent, and the influences of gender roles by testing for differences between parents.

In a clinical component, this study may help to understand how coparenting and parental self-efficacy are related and the importance of having an agreement between both parents so that they feel effective in their role as parents. Many studies already showed that parent education interventions can significantly enhance parental self-efficacy (Bloomfield and Kendall, 2007; Liyana Amin et al., 2018; Yap et al., 2019). The results of this study highlight the importance of targeting coparenting to promote mother's and father's parenting self-efficacy during the transition to parenthood. Through these programs, it is possible to help parents to have a good coparenting relationship, to feel confident in their roles, and to do so free of judgment and prejudice. Working towards a future in which motherhood and fatherhood are seen in the same light, a future in which both parents are satisfied with their parenting partner and are able to communicate with each other, will consequently improve the child's development and well-being.

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