

IMPACT OF TRANSITION TO PARENTHOOD ON MARITAL SATISFACTION:
THE CASE OF FIRST TIME PARENTS AT ANDERSON CENTRE,
NAIROBI HOSPITAL, KENYA

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DECLARATION

I declare that this thesis is my original work and has not been submitted to any other college or university for academic credit.

Signed Date

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This thesis has been submitted for examination with our approval as the appointed Supervisors

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DEDICATION

To the young parents excited to start the most definitive stage of their lives. May you find true and deep friendship in your spouse and happiness in your marriage.

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I want to thank the Almighty and gracious God for His favor and mercies that are new every morning. He has brought me this far and renewed my strength when I felt faint.

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ABSTRACT

Transition to parenthood is a defining moment for first time parents. The challenges associated with the adjustments necessary to accommodate the new family member are sometimes difficult for new parents. This has an impact on the marriage of the new couple. If not well handled, the conflicts arising from this stage can affect the couple's marital satisfaction. Most studies on the impact of transition to parenthood on marital satisfaction are influenced by western thinking. Yet despite the potential contextual differences in family values from one culture to another, the topic of transition to parenthood and its impact on marital satisfaction has received limited research attention in Kenya. This study investigated the impact of transition to parenthood on marital satisfaction of first time parents in Kenya. The theoretical frame work for this study was Emotion Focussed Therapy (EFT) which is derived from attachment theory as it applies to adult love relationships. The research adopted a descriptive survey design with a mixed method approach. Both qualitative and quantitative methods were used to conduct the study, on a population comprising of first time parents in the antenatal, post-natal and well-baby clinics at the Anderson Centre, Nairobi Hospital. Sampling technique was stratified purposive. Questionnaires and interview guides were used to collect data from the respondents. Analysis was done using the Statistical Package for the Social Sciences (SPSS). Qualitative data was synthesized and presented in themes. The study established that on a 5-point scale, the greatest change that transition to parenthood caused on first time parents was in terms of finances ($M=3.97$, $SD=1.19$) as the couple had to adjust their finances to accommodate the needs of the baby. However, a positive correlation was found between transition to parenthood and marital satisfaction of first time parents ($r=.398$, $p<.01$), implying that marital satisfaction of first time parents increased with transition to parenthood. Transition to parenthood explained 14.9% of the variance in the marital satisfaction of first-time parents ($R^2=.149$), whereby one unit transition towards parenthood caused a 0.569 unit increase in the marital satisfaction of first time parents ($B=0.569$, $p<.01$). Marital satisfaction increased for 44% of the respondents while it remained the same for 34% of the respondents and decreased for 22% of the respondents following transition to parenthood. Support from friends and family was the single most adopted coping strategy, accounting for 57% of all the coping strategies mentioned by respondents. The study concluded that transition to parenthood generally enhances rather than erodes marital satisfaction of first time parents. This however depends on a number of underlying factors, most notably the presence and support of the spouse, financial preparedness and a strong social support system. Counseling and education for better preparation for transition to parenthood is an important institutional intervention but currently missing in healthcare facilities and counseling services. The study recommended that healthcare facilities should start offering marriage and family therapy services to expectant couples and first-time parents.

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LIST OF ABBREVIATIONS AND ACCRONYMS

EFT	Emotion Focused Therapy
KNBS	Kenya National Bureau of Statistics
NACOSTI	National Commission for Science, Technology and Innovation
SPSS	Statistical Package for the Social Sciences
USA	United States of America

DEFINITION OF TERMS

- Adjustment to parental roles: The role change from man and wife or partners to father and mother is part of the adjustment toward the parental role (Ahlborg & Strandmark, 2006).
- Intimacy: Intimacy in marriage when viewed in the context of adult attachment, is a sense of secure connection between romantic partners according to Johnson (2008).
- Marital satisfaction: It is a global evaluation of the state of one's marriage, a state of reflection of marital happiness and functioning. It means that the couples have the feelings of comfort, enjoyment and acceptance of every day of their marriage (Belal&Gaheen, 2016).
- Marriage: The voluntary union of a man and a woman when in a monogamous or polygamous union. Christian marriage is a relationship whereby both partners seek to follow God's design for their partnership (Stanley, McCain& Stethan, 2006).
- Parenthood preparation: The programs and ways in which parents can be given information and expectations about becoming parents. It is equipping the young parents with knowledge and skills to help them feel they have the self-efficacy to be parents (Entsieh & Hallstrom, 2016).

- Spousal expectations: These are the beliefs of the man or woman in a spousal relationship about the way things like behavior, roles, life, relationships will be or should be (Stanley et al., 2006).
- Spousal support: This is the belief that the spouse will be available in times of need and will be the person who is reliable and available (Salmela-Aro, Nurmi, Saisto, & Halmesmäki, 2010).
- Transition to parenthood: This refers to the phase where the couple become parents. It begins with the couple's decision to become pregnant up to the time the child is between 2-3 years old (Entsieh & Hallstrom, 2016).

CHAPTER ONE: INTRODUCTION AND BACKGROUND TO THE STUDY

Introduction

This introductory chapter presents the background to the study. The background provides an overview of the concept of transition to parenthood and the associated implications on marital satisfaction. It also considers global as well as local trends and experiences of first time parents through pregnancy, birth and the early years of parenthood. The chapter then states the problem and outlines the purpose, objectives and research questions of the study. The chapter also states the assumptions and justifications of the study and discusses the significance as well as scope of the study. The chapter ends with a consideration of the limitations and delimitations of the study.

Background to the Study

Transition refers to a movement from one place, state or condition to another, and is distinguished by a mark on existing roles, identities, relationships, behavior patterns and abilities (Simons, 2014). One of the most definitive stage in life's transitions is becoming a parent. When a couple gets their first child, life is never the same again (Carter & McGoldrick, 2005). Transition to parenthood has been said to be a period of disequilibrium where many new parents experience new situations and expectations. Belal and Gaheen (2016) assert that young parents have to work on the rapid changes that come with pregnancy, child-birth and taking care of a young child and making the home. When the first child arrives, the couple has to adapt to new ways of behavior, habits, and problem solving strategies. These new changes affect the way a couple interacts, the way they function, their roles and level of conflict (Guttman & Lazar, 2005). First time parents have reported that they feel unprepared for the transition and the accompanying adjustments (Biehle & Mickelson, 2013).

As couples get married and start families, they come with expectations about the adjustments needed in the parental role. Expectations are beliefs about the way things will be or should be (Stanley et al., 2006). Parenthood symbolizes change of status. Thus, the couple is required to negotiate new relationships and responsibilities together. Most times, what is highlighted about parenthood is only the happiness while the challenges associated with this stage are rarely mentioned (Carter & McGoldrick, 2005). The couple therefore has expectations that parenthood will make them happy. They may not be prepared about the adjustments that they have to make. The role change from man and wife or partners to father and mother is part of the adjustment toward the parental role (Ahlborg & Strandmark, 2006). There is a potential contrast between spouses' idealized version of parenthood and the realities of every day in parenthood and this can lead to disappointments (Macionis, 2010). The problems with expectations according to Stanley et al. (2006) is that the partners may be unaware of the expectations they have for each other. The expectations can be unreasonable, and even if reasonable, they may be unspoken.

Transition to parenthood therefore affects the marriage of a couple, with potential implications on their marital satisfaction. Marital satisfaction is a global evaluation of the state of one's marriage. This reflects on marital happiness and functioning. According to Kwan, Kwok and Ling (2015, p.1016), "marital satisfaction refers to marital relationship quality that includes intimacy, companionship and consensus, and that is stable, harmonious, compatible and supportive." This means that intimacy is a key ingredient of marital satisfaction. Yet a woman's health being delicate during transition to parenthood, may affect sexual relationship and time spent together with her husband. This is just but one example of how transition to parenthood can affect the marriages of first time parents. In addition, the couple's new status as parents can be stressful as it introduces

new pressure that the couple may not have been aware of before or even prepared for. This perspective finds support from Christopher, Umemura, Mann, Jacobvitz and Hazen (2015) who argue that first time parents have little time to spend on leisure and companion activities with their spouses as they are forced to adjust to their new roles as mother or father. Simons (2014) suggest that these new roles interfere with the health of the couple's relationship as the couple juggle conflicting roles as workers, parents, spouses, and the involvement of extended families. Their time and energy is spent on childcare, which may lead to parenting stress, which has been found to negatively predict marital satisfaction for both fathers and mothers (Kwan, Kwok & Ling, 2015).

A decline in marital satisfaction has been reported in most countries in the western (America, Britain and Canada) and eastern world (Pakistan) due to many factors including transition to parenthood (Aman, Abbas, Nurunnabi, & Bano, 2019). Trends of declining marital satisfaction have also been reported in Japan in comparable proportions to western European countries and this has been associated with modernization (Taniguchi & Kaufman, 2014).

Similar trends are beginning to be witnessed in Africa whereby Neetu, Seme, Roro, and Tsui (2017) observe an increasing shift in the structure and function of marriage in many African countries including South Africa, Ethiopia and Ghana that signifies profound changes in marital relations and role expectations over the course of a marriage. The situation in Kenya, though following the same script, offers a different perspective from the experience of parents in the western world as reported by Ahlborg and Strandmark (2006). A historical review of the literature reveals that parenthood is cherished in Kenyan societies and couples without children face stigma, meaning that parenthood is valued and is associated with the cultural pressure to have children

(Lasser, Fite, & Wadende, 2011). This means that the mere presence of children in a marriage potentially enhance the marital satisfaction of couples in Kenya.

Lasser et al. (2011) further recount that traditionally, Kenyan men rarely got involved in the toddler's life as this was perceived to be a woman's domain until the child is able to speak and walk. They note that in some cultures, husbands of expectant mothers were kept away by female birth attendants from the birth process during childbirth. This is contrasted to the western culture where norms are different and the presence of the husband during birth process can be interpreted as a gesture of love to the wife. This means that the value systems across cultures may differ and this may have an implication on the effect of transition to parenthood on marital satisfaction. In addition, unlike the western culture where shared parental responsibilities are the norm, there are reports of studies done in Kenya suggesting that women are perceived to be happier staying at home to care for children as the husband provides financial needs of the family (Bett, Kiptiony & Sirera, 2017). However, these trends are changing and so do their implications on the modern Kenyan marriages.

The current study was undertaken at Anderson Centre, Nairobi Hospital, Kenya. Anderson Center is a specialist clinic within Nairobi Hospital that provides a range of services including antenatal clinic, gynecology, postnatal and family planning services. The center also provide child's welfare/baby clinic as well as family health clinic services (Nairobi Hospital, 2019).

Statement of the Problem

It is assumed that parenthood is an automatic leap ahead in status, joy and fulfillment. This view of parenthood creates false expectations in young couples. As a result, marriages have been reported to have become institutions of violence, death and suffering, which signals high levels of dissatisfaction in modern day marriages. Ochieng

(2018) posits that this may be due to frustrations that pile up in the relationship, and which the couple does not know how to handle. One potential source of this marital dissatisfaction among Kenyan couples is the transition to parenthood as most first time parents find themselves unprepared for the transition into parenthood (Whittingham, Boyd, Sanders & Colditz, 2014).

First time parents report feeling overwhelmed by the responsibilities of having a baby, the adjustments involved and how this seems to affect the marital satisfaction. This is in spite of the couple having been very happy at the prospect of becoming parents. Studying how transition to parenthood could impact marital satisfaction is an important starting point for achievement of marital success. Family system theory which is used in Emotion Focused Therapy, suggests that when couples transition to parenthood, the family system which before comprised of a single relational system enlarges into four different, reciprocally related and mutually influencing systems namely, husband-wife, father-child, mother-child and the higher order family system, with each dyadic sub-system being sensitive to the development of the other two (Feldman, 2000). The emergent systems are associated with the marital quality of the couple (Feldman, 2000).

Most studies on the impact of transition to parenthood on marital satisfaction are influenced by western thinking. Yet despite the potential contextual differences in family values from one culture to another, the topic of transition to parenthood and its impact on marital satisfaction has received limited research attention in Kenya. Recently, a study examining the effects of gender role socialization on career couple's marital satisfaction in Kericho County, Kenya undertaken by Bett, Kiptiony and Sirera (2017) found that parenting roles predicted marital satisfaction among the couples as career couples adapted non-traditional domestic parenting roles. However, the research was undertaken in a County with a relatively homogenous population. Furthermore, it did

not address itself to transition to parenthood among first time parents. Given the lack of preparedness of many first time parents about demands of parenting, there was need to undertake a study among this cohort in order to establish how transition to parenthood impacts their marriages and the strategies that could be adopted to enhance marital satisfaction during this transition.

Purpose of the Study

The purpose of the study was to investigate the impact of changes caused by transition to parenthood on marital satisfaction of first time parents who visit Anderson Prenatal and Antenatal Clinics, Nairobi Hospital, Kenya.

Objectives of the Study

1. To determine the changes that transition to parenthood causes on the marital relationship of first time parents who visit Anderson Center's antenatal and postnatal clinics, Nairobi Hospital, Kenya.
2. To investigate the effect of changes caused by transition to parenthood on marital satisfaction of first time parents who visit Anderson Center's antenatal and postnatal clinics, Nairobi Hospital, Kenya.
3. To establish possible strategies that first time parents in Kenya could adopt to enhance their marital satisfaction as they transition into parenthood.

Research Questions

1. What are the changes that transition to parenthood causes on the marital relationship of first time parents who visit Anderson Center's antenatal and postnatal clinics, Nairobi Hospital, Kenya?
2. What is the effect of the changes caused by transition to parenthood on marital satisfaction of first time parents who visit Anderson Center's antenatal and postnatal clinics, Nairobi Hospital, Kenya?

3. What strategies could first time parents in Kenya adopt to enhance their marital satisfaction as they transition to parenthood?

Assumptions of the Study

This study assumed that;

1. Respondents would share their honest experiences as first time parents.
2. Many of the clients coming to the Anderson Centre's antenatal, post-natal and well-baby clinics were first-time mothers.
3. All spouses of first time mothers visiting Anderson Centre facilities were alive.

Justification of the Study

Becoming parents is a major stage for couples. This change requires major adjustments for the couple. There have been limited studies in Kenya on transition into parenthood and marital satisfaction. This study is important in helping address content of premarital counselling sessions, content of antenatal and postnatal clinics education for the expectant couple and preparation of the couple in this major undertaking.

Significance of the Study

This study contributes to the area of counselling for couples in transition to parenthood. It was a diagnostic study that is beneficial to counsellors dealing with first time parents to resolve issues that are a challenge. The study might influence practitioners to deal with the issues that are relevant to first time parents. The information gleaned from the study would be used to empower couples during the transition and increase their self-efficacy in their new roles. The couple will be better prepared as they adjust themselves to accommodate the new family member. The study enriches the information given to couples at the beginning of their relationships in premarital counselling, antenatal and post-natal clinics in order to safeguard their marital satisfaction.

Scope of the Study

The study was conducted on first time parents from pregnancy to two years post-delivery. It was conducted at the clinics in Anderson Centre Nairobi, Kenya. These clinics are the antenatal, post-natal and well-baby clinics.

Limitations

The main limitation of this study was the paucity of local literature on the topic of transition into parenthood and related implications on marital satisfaction as most publications in this area exist in the western contexts. There has been hardly any literature material in the Kenya African context. The male perspective might be underrepresented since most antenatal clinic visitors are mothers.

Delimitations

First time parents whose children have exceeded 2 years of age were excluded from the study. The study also did not focus on first time parents who utilize other care facilities outside the scope of Anderson Prenatal and Antenatal Centre of Nairobi Hospital. Those who visit satellite clinics of Nairobi Hospital in other parts of the City were not represented.

CHAPTER TWO: LITERATURE REVIEW

Introduction

This chapter reviews literature on transition into parenthood and how it impacts marital satisfaction. The first section reviews literature on the changes that transition into parenthood causes on the marriages of first time parents. The second section reviews past studies on the effect of transition into parenthood on the marital satisfaction of first time parents. The third section critically discusses strategies that first time parents should adopt to enhance their marital satisfaction as they transition into parenthood. The fourth section discusses the theoretical framework. The fifth section presents the conceptual framework. The last section synthesizes the literature gaps.

Changes that Transition into Parenthood causes on Marital Relationship of First-time Parents

Transition to parenthood is associated with many changes to the marital relationship of first time parents. Nyaga (2011) argues that on becoming parents, the main task is to realign the family to make room for the baby. The couple also has to adopt and develop parenting roles. The addition of the baby to the family comes with new responsibilities and activities. Of note is that the house work increases with the arrival of the baby. The increased workload at home can become a source of dissatisfaction and conflicts between the couple.

Existing literature suggest that the implications of transition to parenthood on marital satisfaction differ depending on circumstantial factors related to the marriage. According to Ahlborg and Strandmark (2006), relationships that are not functioning well emotionally before parenthood, deteriorate during the transition while those that were function well could even become better after the first child. This agrees with Carter and

McGoldrick (2005) who says that marriage for young couples tends to follow along the trajectory where couples are at the time of becoming parents. This means that those experiencing a decline in the quality of their marital relationship continued to do so, those experiencing no change did not note a change while those who noted improvement in their relationship also continued to notice further improvements. This means that there are advantages to both partners of being in a committed marriage.

Thongori (2018) expands further on the line of thought implied by Carter and McGoldrick (2005) that marriage is viable if couples make the right choices in some issues like their shared values. This means that when couples have shared values on parenting and are supportive of each other, the transition to parenthood can actually enhance marital satisfaction rather than reduce it. Wilkinson and Mulcahy (2010) hold the same view that during the potentially stressful period of transition to parenthood, individuals who are supported by their spouses are likely to experience a sense of comfort with both intimacy and autonomy since they are able to get their relationship needs met, and are less likely to get depressed. This is usually expressed by couples in therapy. The couples who perceive their spouses as not being available when they were going through a stressful time in the transition to parenthood like pregnancy, during birth or in an emergency with the baby, express feelings of frustration. If this is not resolved, it can lead to marital difficulties.

Some scholars argue that the arrival of a child may also enhance marital satisfaction since a close and supportive relationship between a parent and his child allows the former to meet emotional needs they could not gain from the spouse; thus, parents turn to their children to plug the gap (Kwok, Ling, Leung & Li, 2013). These scholars make reference to Chinese culture where they observe that marital quality is related to the parent–child relationship as this exert strong impact on parental well-being

(Kwan, Kwok & Ling, 2015). This is contrasted to modern parents in the western society who may feel that the arrival of a child disturb their intimacy. According to Ahlborg and Strandmark (2006), the wish to have a child increased happiness but when a baby finally came, happiness decreased again especially among fathers. The difficulties experienced in association to parenthood result in less intimacy and the differing views of the child's upbringing negatively affect the intimacy in marriage. In Sweden where this study was conducted, most separations and divorces take place among parents with small children with a peak of 1.5 years post-delivery. Some of the reasons given for the difficulties in intimacy were for example that the couple experienced a lot of tiredness. This contributed to the low energy to have sex and there was also no time for even hugs and time alone without the baby.

In their research on smooth versus rocky transitions to parenthood in a Southern State in USA, Holmes, Sasaki and Hazen (2013) assert that expectations about the responsibilities on one's roles and responsibilities are very important in the interactions in the family system. First time parents who do not hold a realistic view of the expectations and responsibilities of this transition will have difficulties adjusting. Violations of these expectations may spill over into the marital relationship and thus affect marital satisfaction. A possible explanation for this according to the authors is that there is disruption of the marital routines that happen when the baby arrives and increased conflict between partners as they transition. Family responsibility among mothers increases. Khazan, McHale and Decourcey (2008) speculate that possibly, mothers do overestimate how much responsibilities fathers may take on after the baby is born. This means that mothers may start the journey of transition with expectations that the spouse will equally share with the responsibilities of baby care and house work. Ahlborg and Strandmark (2006) say that failure to confirm expectations related to

sharing of child care and housekeeping responsibilities may influence marital satisfaction negatively.

In a study on first time fathers, Kowlessar, Fox and Wittkowski (2015) found that their overall experience was hopelessness as they struggled to adjust to their new role. These feelings widened the emotional gap between the expectant father and the pregnancy process. The findings also indicated that the level of motivation, health status and engagement the mother had was directly related to how the father developed a sense of mastery in the early post-natal period. Of note is that the birth of the couple's baby marks the continuation of their transition and not the start of it. The feelings and experiences are carried over from the antenatal period. The difficulties encountered by men at this stage may become a hindrance in their adjustment to their roles as a supportive spouse. Men usually experience feelings of separation during the pregnancy process. They may feel reduced to spectators during the pregnancy and birth process of the baby, feeling lost and not sure what to do to help.

These feelings do not go away when the baby arrives and the men become fathers. According to Kowlessar et al. (2015), the confirmation of pregnancy marks the men's start of separation from their familiar, usual social lives. Men have described their social circles as changing and they see their old interpersonal relationships drift away. The adjustment involved in transition is sometimes very difficult for some means their roles and status change. The pregnancy changes how they think about themselves, their social contexts and also how their social worlds relate to them. This causes anxiety and uncertainty which may contribute to widening the emotional gap between the expectant father and the pregnancy process. The expectant mother may view this as lack of support from her spouse. This ultimately affects how the mothers handles the pregnancy, level of motivation and health status (Kowlessar et al., 2015). This study was done among first

time fathers in the United Kingdom and seems to agree with studies done on first time fathers.

The arrival of the baby has a financial cost to the couple as children are expensive. This will increase the financial burden on the couple especially the fathers which may lead to dissatisfaction in the marriage (Twenge, Campbell & Foster, 2003). Carter and McGoldrick (2005) posit that increased cost of child care means that the breadwinner has to put in more work hours at the workplace. This leads to deprivation of time at home, more time is spent in the office which leads to parental guilt and ultimately this hurts the marital relationship. This socioeconomic squeeze on young families leads to problems of time, isolation and relationship distress. During transition to parenthood, this can damage the couple's marital relationship which if not addressed can negatively impact on their marital satisfaction.

For dual earning couples, Claxton and Perry-Jenkins (2011) note that soon after the involving activities surrounding pregnancy, birth, adjustments to the new baby, the couple has to further adjust to the mother going back to work. For some couples, this transition may dictate a change in career or putting on hold the mother's career to care for the baby. This also introduces another dimension of adjustments for the couple. Nchabira (2013) make similar observations in Kenya. Nchabira did a survey of 326 women in management levels in the civil service. The study found that family responsibilities such as nursing children got in the way of their career and, often the women had the additional burden of balancing between the demands of work and maternal responsibilities. The new mother now has many roles to juggle which are all demanding.

The new care giving role also comes with reduced freedom and reduced autonomy (Jenkins, Ras-bash, & O'Connor, 2003; Twenge et al., 2003). The restriction

to freedom that comes with the arrival of the baby is more applicable for the modern couple who are having children later in life after already having successful careers. They may already have become used to their freedom so the restriction may contribute to marital dissatisfaction.

In a study on gender roles and changing perspectives on marriage, Ogletree (2015) observe that the traditional marriage where the man was the breadwinner and the woman took care of the house and did the childcare is slowly changing. The study established that women and men were found to have different working hours with men having more working hours. The difference in hours employed could be because of the traditional role expectations that men are responsible for the family income while women were more responsible for childcare and the home. The negative consequences is that women had a second shift of responsibilities, being employed full time and still coming home to childcare and house hold responsibilities. This imbalance in share of responsibilities can potentially affect the couple's marital satisfaction.

Lack of leisure time contributes to a decline in marital satisfaction (Ahlborg & Strandmark, 2006). Claxton and Perry-Jenkins (2011) say that spending quality time together is an important way to communicate love to a partner. There is an emotional need for leisure time together for couples. During the transition however, time together for leisure is increasingly put on hold as activities for baby care and household activities take center stage. Couples devote less energy to their relationship after the birth of the baby. In a study on self-concept of parents undergoing the transition to parenthood, when they viewed that the parent roles increased, the partner and lover roles decreased. This decline however, has also been interpreted as a normal process of a brief adjustment from which many couples recover.

Claxton and Perry-Jenkins (2011) found that couples who had high shared leisure before the birth of the baby, experienced the greatest decline in shared leisure after the baby but this did not bring down their marital quality. This was in a study on levels of leisure before birth and the experience after birth of a baby. When couples are in transition to parenthood, they may focus on the baby, the numerous activities that come with being a first time parent and forget to nurture their relationship. This may result in feelings of dissatisfaction in the relationship, no communication, less togetherness and intimacy decreases (Johnson, 2008). This is supported by a study of transition to parenthood and mental health reported by McKenzie and Carter (2013) which concluded that parenthood for the first time leads to changes in mental health and psychological distress. This is because parents have to cope with new roles and responsibilities which can drastically disrupt the lives of individuals.

Effect of Changes caused by Transition into Parenthood on Marital Satisfaction of First-time Parents

Transition to parenthood is associated with many marital challenges and successes of first time parents. According to Ahlborg and Strandmark (2006), having different desires, where one is ready for sex and the other is not, or the differences in sensuality and sexuality during transition to parenthood affect marital satisfaction. Some women felt they were not attractive and this affected their desire for intimacy. Some men also said that the attention to the baby was at their expense. However, some of the couples were happy with this stage of their life and felt that the baby created a deeper meaning of togetherness and gave their love a deeper dimension. The conclusion was that there is a relationship between the couples parenthood and marital satisfaction. If the couple was sexually active during the pregnancy, the relationship was evaluated as better

in terms of tenderness and communication. The relationship was more stable and less negatively affected three years later. This implies that transition to parenthood escalates whatever state couples were in their marital relationship, whereby a bad relationship is made worse and a good relationship is made better.

In their study on parents in transition who were also employed, Claxton and Perry-Jenkins (2011) found out that the fewer independent leisure activities husbands were involved before the baby was born, the less conflict they reported in their marriage one year later. They concluded that maybe husbands spend time away from their wives because they feel less connected to them and less fulfilled in their marriage. They posited that it could also be that, the wives may resent the husband's independent time which leads to negative effects in the marital relationship. The data therefore suggested that for the husband, too much time spent away from the partner during transition to parenthood is a precursor for marital dissatisfaction. This means that during transition to parenthood, independent time spent by the spouse can cause marital dissatisfaction. This further confirms that the transition to becoming parents can become challenging if couples are not prepared on the adjustments needed along the journey.

Claxton and Perry-Jenkins (2011) finding was that those with a high amount of leisure shared before the baby was born has the largest decline in leisure activities after the baby's birth. However, the marriages were resilient despite the decline in leisure activities after the baby. The possible explanation is that they possibly continued to experience its advantages despite engaging in fewer lesser activities after the baby. This is critical as it implies that the state of the marriage before the baby is born is important. The suggestion is that the leisure activities before the birth of the baby helped the couple develop positive communication and have more shared interests. The communication may be a glance, smile, touch or verbal. It confirms to the partner that they are important,

valuable and appreciated. The study suggests that the more time a couple have and spend together before the baby arrives, the more the intimacy between them grows as they bond and develop their relationship. This underscores the need to have premarital counseling towards strengthening the couples' bond before the baby arrives.

A study done on the transition for first time parents indicate that a decline in marital satisfaction ensues at the birth of the first child. The study on Italian mothers by Castellano, Velotti and Zavattini (2013) found that spouses becoming parents reported a pronounced decline in marital satisfaction than childless couples. Italian mothers were less satisfied with the marriage compared to their husbands. The study also indicated that conflict for the prospective parents was more pronounced. Wives reported increase in poor conflict management than their husbands and this seemed to indicate that they were more sensitive to the impact of having a baby. The aspects of marital quality affected during this transition were mainly a decrease in time spent together, decrease in feelings of love and reduction in communication. There was less satisfaction in intimacy and an increase in negative beliefs about marriage. This was in relation to the new social role of being parents and the traditional division of house work. Thus, the decline in marital satisfaction could be linked to the spouses' transition into parenthood.

In a related study, Ahlborg and Strandmark (2006) also found that what made the parental role more difficult for new mothers and fathers was the imbalance in the responsibility for home and the child. Mothers in this study felt tired and coped by resigned acceptance to their role. Many new parents said intimacy was important in their wellbeing. However, this need was overshadowed by time for other activities and an imbalance for sexual desire was found to be a common situation. This means that their new role as parents disrupted their intimacy as a couple, thereby potentially affecting their marital satisfaction.

Twenge, Campbell and Foster (2003) also in their study concluded that marital satisfaction decreases after the birth of a child due to role conflicts and restriction of freedom. Marital satisfaction was more for mothers of infants than for those with older children. This is potentially associated with little time spent with the husband and/or perceptions of unfairness division of work. For instance, Dew and Wilcox (2011) in a national survey of families and households found that the marital satisfaction of new mothers declined after the birth of the first baby because of the reduction of time spent with the husband and an increase in the perception about the unfairness of house work. When a couple transition to become parents therefore, there is now more focus about being a mother and a father than about being a couple. This shift can lead to the couple focusing on the baby and forgetting to take care of their relationship because of the demands that come with this transition.

Some couples however may not experience these detrimental changes to their relationship. The arrival of a baby for some couples creates an increased sense of meaning in becoming parents and results in sense of togetherness which overrides the reduction in satisfaction and individual well-being (Ahlborg & Strandmark, 2006). In a study done in Israel by Guttman and Lazar (2006), sixty first time parents and sixty childless couples were asked to rank the degree to which different aspects affected their marital satisfaction. First time parents were more satisfied with their marriages than those who did not have a child in all aspects tested. The study also attributed this effect to the cultural value attached to having children in the Jewish religion. This cultural bias in favor of parenting may have contributed to giving these first time parents a sense of accomplishment and actualization.

Strategies to Enhance Marital Satisfaction during Transition into Parenthood

Preparation strategies that would enhance marital satisfaction are better understood by understanding what would prevent deterioration of marital satisfaction during this transition. New parents have concerns as to whether they will be good parents. This is referred to as self-efficacy. This is the individual judgment on their own capability to carry out activities required of them. Self-efficacy then is the gaining of knowledge and skills. It is also the belief in the individual ability to use this skills effectively. These skills can be gained from relationships with others, personal experiences or from the individual themselves. Those who start the journey with high parenting efficacy engage in better parenting practices and have less psychological distress during transition to parenthood (Biehle & Mickelson, 2013). This would translate to marital satisfaction during transition to parenthood. This means that acquisition of parenting skills can enhance marital satisfaction during transition to parenthood. For instance, there are studies that suggest that father efficacy and involvement predict marital satisfaction during transition to parenthood. Kwok, Ling, Leung and Li (2013) examined the predictability of fathering self-efficacy and marital satisfaction on father involvement among 2,029 fathers of children aged 2-6 months in Hong Kong. Results showed that fathering self-efficacy and marital satisfaction were significant positive predictors of father involvement, whereas marital satisfaction moderated the effect of fathering self-efficacy on father involvement.

In support of Biehle and Mickelson's (2013) point of parental efficacy, Gilmer, Buchan, Letourneau, Bennett, Shanker, Fenwick and Smith-Chant (2016) believe that parental education is a key intervention. They conducted study on parent education interventions designed to support the transition into parenthood. The focus was on parents during pregnancy up to the end of the first year of a child's life. The study

established that first time parents can be supported during this time by giving them parent education as a strategy to help them expand their insight, understanding and attitudes and acquire knowledge and skills about the development of both parents and their child and the relationships. The education programs are based on the belief that increased knowledge will reduce parental stress, improve knowledge and awareness of healthy parenting behaviors. The assumption is that when parents are equipped with knowledge, distress will be reduced and ultimately, positive changes occur in the relationship. The conclusion was that it is imperative that education programs are tailored towards the needs of parents.

A different perspective is fronted in a study of marriage education programs by Fawcett, Hawkins and Yorgason (2013). They suggest that marriage evaluators should focus more on marital virtues such as commitment, loyalty, forgiveness rather than technical matters such as learning positive communication and conflict resolution. Instead of focusing on couples behavioral interactions, marriage education may be strengthened by emphasizing on the couples attributes. They argue that if couple education programs focus on skill performance, they may overlook the strategies that make the largest difference for clients.

Couples who view the transition to becoming parents as an issue for both partners and not for the individual will work together to discuss the issues that arise along the journey. They establish ways of dealing with potential negative stress. When this is owned by both of them, pregnancy is a joint affair. They will therefore attend antenatal clinic, doctors' appointments together and also baby care and house hold responsibilities will be shared (Biehle & Mickelson, 2013). This cooperation between spouses should enhance their marital satisfaction as they adjust to their new status as parents. This

suggests that couples should be sensitized on the need for cooperation between them during transition to parenthood.

In a subsequent study, Kwok, Cheng, Chow and Ling (2015) examined the associations of various parenting correlates, including parenting self-efficacy, parenting stress, co-parenting alliance, satisfaction with father involvement, and marital satisfaction of mothers. They undertook a cross-sectional survey of 1,140 mothers from 20 nurseries. The findings revealed that greater co-parenting alliance was associated with higher maternal marital satisfaction. This implies that one of the strategies that should be recommended is greater sensitization of fathers on the importance of their involvement in sharing responsibilities of taking care of the newborn. This is in line with the social support perspective whereby meta-analysis examining change in relationship satisfaction across transition to parenthood found that having social supports could buffer the relational stressors for young expecting couples (Gordon, Campbell, Washington, Albritton, Divney, Magriples, & Kershaw, 2016).

Extending the perspective of Biehle and Mickelson (2013) further, Mickelson and Chong (2016) suggest that support for the spouse is predictive of relationship satisfaction. Couples consider their spouses to be their primary source of support. A spouse is usually the first person from who help is sought during a crisis. Even if support is obtained from other sources, this does not compensate for support from the intimate spousal relationship or marriage support (Salmela-Aro, Nurmi, Saisto, & Halmesmäki, 2010). Spousal support is the single best predictor for a successful birth. Spousal support includes perceived fairness in child care and house work. This is closely associated with spousal emotional support. Wives who perform a greater amount of household labor compared to their spouses will usually report lower levels of emotional support. This perceived unfairness in child care, house hold labor is thus related to spousal support and

in retrospect, emotional intimacy. This depends on whether a partner is able to gauge the spouse's needs (Mickelson & Chong, 2016).

Mickelson and Chong (2016) set out to establish perceived fairness and relations satisfaction during transition to parenthood and the mediating role of spousal support, the aim was to examine how perceived fairness in child care and house hold labor, influenced relationship satisfaction. The study also wanted to find out how the interactions both negative and positive affect the emotional spousal support and examining spousal effects on perceived fairness of family labor on spousal support and relationship satisfaction. They used data from first parents. The findings were that when spouses perceived fairness early in the transition period, it had a long lasting effect on the new parents' relationship satisfaction. The writers finish by concluding that husbands would benefit their relationship by making some contribution to simple every day household and childcare task. This implies that the husband's participation in care giving chores is important in enhancing marital satisfaction during transition to parenthood.

Johnson, Bradley, Furrow, Lee, Palmer, Tilley and Wooley (2005) argue that when a partner feels unsupported in the relationship or abandoned at a time when the partner was needed, it can cause serious distress. This may affect the emotional health of the individual and in retrospect, the relationship. When the person one counted on to support and protect does not come through, this may be an event like not turning up during labor or being on a business trip when the wife was going to deliver, and she felt her life was in danger. It may be even feeling unsupported when she needed help with a sick baby or was overwhelmed by something causing a lot of fear. This would negatively affect marital relationships. This further reinforces the argument that support to the spouse through contribution in childcare is a strategy for enhancing marital satisfaction.

In a study on marital conflict and the role of sex, finances, division of labor and raising children, Dillon, Nowak, Weisfeld, Shattuck, Imamoglu, Butovskaya and Shen (2015) found that all the four issues were significantly related to perceived marital dissatisfaction. However, most significant was that a key to marital success or failure was kindness. The results showed that kindness from the spouse was necessary to sustain the prolonged and intimate relationship of cooperating to raise one's children. Lack of kindness reduced co-operation between couples and increased stress levels between couples. This means that communication with kindness is a key ingredient for marital satisfaction during transition to parenthood.

Besides kindness, literature also underscores the importance of teamwork. Don, Biele and Mickelson (2013), in their study on perceived parenting agreement among first-time parents concluded that it is important for first time parents to feel a sense of agreement on the parenting responsibilities. This parenting agreement may be an important aspect in the parent's adjustments to during the transition. They say that though there are worries, changes and stresses as parents go through the transition, feeling like part of a team eases the transition and results in better mental health and relationships.

In a study on couples experience with fatigue during the transition to parenthood, Elek, Hudson and Fleck (2002), found out that the report of fatigue corresponded with a decrease in marital satisfaction. They also say that studies have found that the symptoms of fatigue are ameliorated if the couple is prepared by giving them information on the need to exercise and quiet rest interventions which led to a decrease in anxiety and depression symptoms. This points to the need for preventive strategies for couples during this transition. This would go a long way in enhancing marital satisfaction at this time of

transition. The preventive strategies however would need to be tailored to the needs of couples.

Ahlborg and Strandmark (2006), in their study on factors influencing the quality of intimate relationships six months after delivery for first time mothers recommended discussions in parent groups within health care facilities. These discussions can have a positive effect on the relationship. Such forums can have discussions that help parents to solve problems without blaming each other, expressing their needs and wishes and affirming each other's strengths. When parents' strengths and resources are emphasized, this could help in new parents developing resilience and developing ways of coping with the transition to parenthood. When this transition is put into context as a natural source of strain, the situation is normalized and parents' feelings of guilt and self-reproach are reduced. Supporting the parental role will give new parents the confidence needed and increase the well-being in the relationship, preventing unnecessary conflict, distress and marital dissatisfaction.

Couples preparing to get married especially in church weddings are usually required to undergo pre-marital counseling by the church minister officiating the wedding. Stanley et al. (2006) in their manual for couples preparing to get married discuss various topics including communication, expectations, forgiveness and physical oneness and commitment. These are useful topics for couples at this stage. However, the relevance of the content these studies have to the couple in transition however needs to be investigated. The question then that would need to be investigated is how premarital counseling can be relevant to the couple in the transition into parenthood and what content would help these couples.

Theoretical Framework

The theoretical framework for this study was Emotion Focussed Therapy (EFT) model (Greenberg, 2016) which is based on attachment theory as it applies to adult love relationships. The focus of this approach is task collaboration, bonding and empathic orientation of couples. It works with a couple's emotional responses that are a result of attachment needs. The therapy focuses on creating and strengthening the emotional bond between partners by identifying and transforming the key moments that foster adult loving relationships.

Attachment theory states that a sense of secure connection between romantic partners is the key to positive loving relations. In this theory, marital satisfaction is dependent on the extent to which spouses effectively meet the needs of closeness and security, whereby marital satisfaction is experienced when one's spouse becomes available and a reliable source of closeness, intimacy and support (Mikulincer & Shaver, 2010). Seeking and maintaining contact with significant others across the lifespan is essential for human beings. Dependence on another human being is part of being human. Secure dependence allows one to have a felt sense of inter-dependency, which then allows autonomy.

Attachment offers a safe haven and the presence of the loved one offers comfort and security, while perceived unavailability or inaccessibility creates distress (Mikulincer & Shaver, 2010). If the loved person is physically present but emotionally absent, it creates distress in the relationship because even physically present, the significant person is emotionally absent and seen as unavailable. Emotional engagement is crucial in relationships and the trust that the loved one will indeed be there (Johnson, 2008). These relations are a huge source of strength for the people in the relationships. When a couple feel secure, they are comfortable with closeness, and are comfortable depending on their

loved one. When people are secure in relationships, they are also able to give support and receive it (Johnson, 2008). In couples, this is very important because it gives understanding to the emotions related to the transition period and what may contribute to some couples going through the transition without much distress while others end up in serious trouble. The trauma of deprivation, rejection and abandonment by those one cares for most is described in Attachment theory. The centre of ongoing ordinary marital distress is due to the stress of deprivation and separation (Johnson, 2008).

EFT also incorporates Family Systems theory which focuses on the interactions between people. In distressed couples, the demanding partner creates and maintains withdrawal in the other. This creates a cycle of interaction and they become stuck. The behaviour of one partner will always have an effect on the other, so that the behaviour is viewed in the context of the family system. The interactions for distressed couples tend to be characterised by regular, repeating cycles of interaction. The more narrow and rigid the cycles are, the more likely for the relationship to be in distress. All behaviour in the family system communicates, and even turning away and staying silent is a communication in itself to a distressed partner. EFT also incorporates the emotional aspect of individuals which leads the dance of interactions in couples. Emotions move people and in couples, the emotions move and communicate to others (Johnson, 2008). This theoretical framework then is core to the functioning of the family in transition as it allows evaluation in the dance of the relationship as the changes occur, which may have a negative or positive impact on the marital satisfaction.

Summary of the Literature Gaps

There is a consensus in the literature that the arrival of a baby disrupts the equation of time, money and energy couples accord to each other with potential negative implications on the level of marital satisfaction, with wives being the most negatively

affected (Kowlessar et al., 2015; Nyaga,2011). However, there are also studies that report a positive impact on marital satisfaction, especially among the mothers (Bett et al., 2017; Kwok et al., 2013; Kwan et al., 2015; Lasser et al., 2011). Many of the studies on the impact of transition to parenthood on marital satisfaction have been undertaken in the western context, thus dominated by western values about marriage and parenthood. Further, suggestions on parenthood preparation strategies are not only contradictory in some instances, they are also supported by inadequate research evidence. The literature review suggests that the relationship between transition to parenthood and marital satisfaction has received limited research attention in Kenya. Given the contextual value differences depending on the cultural context of marriage, further studies are needed to determine whether similar results can be obtained in the Kenyan context. This would be helpful in designing intervention strategies that are relevant to first time parents in Kenya. The current study sought to fill this knowledge gap.

Conceptual Framework

The conceptual framework is illustrated in Figure 2.1. The figure shows the relationship between the study variables. Changes that transition into parenthood causes on marital relationship of first time parents is presented as the independent variable, whereas marital satisfaction is given as the dependent variable. The intervening variable is parental preparation strategies. The figure suggests that parenthood determine marital satisfaction of first time parents and this relationship is moderated by parenthood preparedness of the couple.

INDEPENDENT VARIABLE

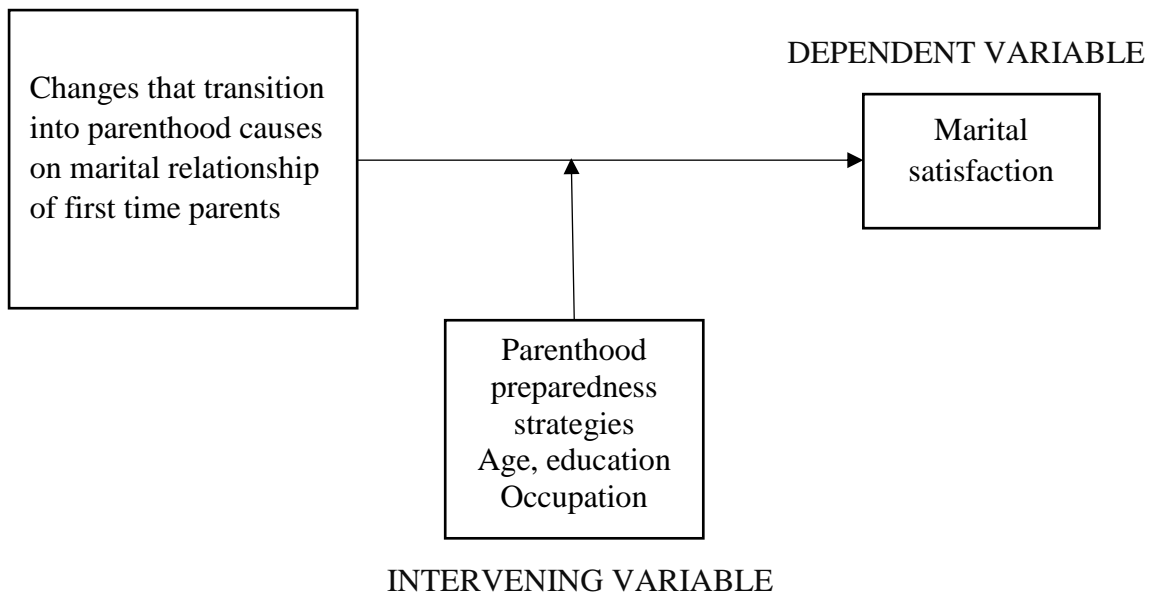


Figure 2.1 *Conceptual framework*

Chapter Summary

This chapter has reviewed empirical literature on transition into parenthood and marital satisfaction. The review has been based on the objectives of the study. The Theoretical framework used best helps in understanding the dynamics of family during the transition. The conceptual frame work presented gives a summary of the study. The next chapter describes the methodology used.

CHAPTER THREE: RESEARCH METHODOLOGY

Introduction

This chapter presents a detailed description of the procedure that was used to undertake the study. The procedure used sought to answer the research questions and achieve the study objectives. The chapter begins with a description of the research design, population, and the selection of the study site. This is followed by a description of the sampling design, data collection and the analysis methods.

Research Design

According to Creswell (2015), research design is a systematic plan that allows one to study a scientific problem. The research was a descriptive survey design which is associated with positivist research paradigm which holds that local analysis can be used to explain empirical observations of real life. A descriptive survey design is a description of trends, attitudes or opinions of a population got by studying a sample of that population using questionnaires or structured interviews. A descriptive study according to Mcleod (2003), involves careful observation and classification of findings within a single case, or from interviewing a group of people. The research design was used because the researcher intended to describe the changes that parenthood causes in the marriages of first time parents and establish how these changes affect their marital satisfaction. The research design also enabled the description of possible strategies that first time parents in Kenya could adopt to enhance their marital satisfaction as they transition into parenthood.

Target Population

The population comprised of the clinic users who utilize the Nairobi Hospital's Anderson Centre Speciality Clinics. The antenatal, post-natal and well-baby clinics are managed on a schedule throughout the week. According to records obtained for the

Outpatient clinic, the clinic receives at least 800 clinic users on a monthly basis (Nairobi Hospital, 2018). As of February 2018, the number stood at 864. This comprised 441 antenatal visitors, 87 postnatal visitors and 336 well-baby clinic visitors. The visitors are pregnant women and nursing mothers who are sometimes accompanied by their spouses. This is presented in Table 3.1.

Table 3.1 *Population distribution*

Category	Population
Antenatal	441
Postnatal	87
Well baby	336
Total	864

Source: Nairobi Hospital (2018).

Sample

Mugenda and Mugenda (2003) recommends the use of 10% as a representative sample. Based on this, a sample size of 87 first time parents was used. This was divided across the three categories of respondents as presented in Table 2.

Table 3.2 *Sample size distribution*

Category	Population	Sample size
Antenatal	441	44
Postnatal	87	9
Well baby	336	34
Total	864	87

Source: Author (2018)

Sampling Method

Stratified purposive sampling technique was used. This allowed for representation of each category of clinic user into the sample in proportion to their population size. This approach ensures that all possible respondents from heterogeneous

groups (Antenatal, Postnatal and Well baby) have a chance to be represented. Within each category, stratified purposive sampling technique was used to determine research participants based on whether they were married first time parents. This was so as to allow sampling for a group with the characteristics required for the study.

Type of Data

The study collected quantitative as well as qualitative data. The quantitative data included years married, age of child or months of pregnancy. Qualitative data entailed perception of respondents about their satisfaction with marriage and the experience they have had as first time parents.

Data Collection Methods

Data was collected through use of questionnaires and interviews. The questionnaire had closed as well as open ended questions. The questionnaire comprised of four sections. The first section was made up of questions related to demographic information such as age, marital status and level of education. The second section sought information on changes that first time parents experienced in their marital relationship as they transition to parenthood. The third section comprised a set of Likert scale statements measuring the impact of transition to parenthood on marital satisfaction. The last section was concerned with parenthood preparation strategies that first time parents can adopt to enhance to safeguard their marital satisfaction.

Validity of the Research Instrument

The validity of research instrument is concerned with whether the questions or items in the questionnaire or interview schedule represents all dimensions of the attribute being measured. Validity was achieved by designing Likert-type scales with a battery of statements that collectively measures the underlying construct. A psychology scholar

was then asked to review and give expert opinion on the appropriateness and completeness of the tool as suggested by (O'Dwyer & Bernauer, 2013).

Reliability of the Research Instrument

Reliability is concerned with whether the instrument measures what it purports to measure (Polit & Beck, 2008). In this study, reliability of the research instrument was tested through test-retest, whereby respondents outside the target population were given the questionnaires to respond to twice within an interval of two weeks as explained by Keele (2010). Further, triangulation strengthened the results of the study by combining different methods of data collection. This was achieved by collecting data through questionnaires as well as undertaking in-depth interviews.

Instrument Pretesting

Pre-testing was done before the study commences with first time parents not involved in the study, who were willing to give feedback on the instruments and procedures used. According to Mcleod (2003), this can provide information on how long it takes participants to fill the questionnaire, the clarity of items or instructions, whether anything has been left out and the kind emotions coming through as they fill the questionnaire. The pretesting helped in checking the validity and reliability of the instruments being used. It helped to pick out any issues that may not have been anticipated. Another benefit was that it allowed the researcher to gain some experience and confidence. The validity of the results was also checked against the data and instruments used.

Data Analysis

Data was first checked for quality and completeness. The data was then entered into the Statistical Package for the Social Sciences (SPSS). Descriptive statistical techniques were used to analyse data. This comprised determination of mean and

standard deviation. Inferential statistical techniques such as Chi-square and correlation techniques were used to determine association between the study variables. The findings and data was presented in the form of tables, bar graphs, pie-charts. The qualitative data was grouped and presented in themes.

Ethical Considerations

The researcher adhered to ethical principles in undertaking the study. This is because when conducting research with human participants, it's imperative that researchers address issues such as protecting participants from harm, ensuring informed consent, anonymity and confidentiality of the participants (Mugenda & Mugenda, 2003). Permission was sought from the University and from the Nairobi Hospital to conduct this research. Permission was also sought from NACOSTI.

Respondents were assured of anonymity of their participation and that their identity would not be revealed. Informed consent was sought from the participants before they undertake the research questionnaires. This means that the participants were fully informed about the research and they gave consent in writing. This was by way of signing an informed consent form. Participants were also allowed the right not to participate if they chose not to. To ensure anonymity, participants were not required to fill in their names or any other bio data that could identify them. This was important because the data was of a sensitive nature and the patients need to be protected.

This study was also touching on sensitive issues in a couple's relationship. This may cause emotional discomfort, some may feel like crying and may require support. Counsellors were on standby to support and if necessary schedule counselling sessions should it be necessary. They was also part of the research team

All data collected were treated as confidential and were only accessed by the researcher, research assistants and the university supervisor. All the data collected was only used for the purpose of this study.

Chapter Summary

This chapter has described in detail the methodology that was used in data collection, analysis and presentation. It has described the research design, the target population, sample size, sampling method, type of data, data collection method and data analysis methods. It has also explained the ethical measures to be taken.

CHAPTER FOUR: RESULTS AND DISCUSSIONS

Introduction

This chapter presents, interprets and discusses the results of the study. The chapter opens by analysing and discussing the response rate, followed immediately with a descriptive analysis of the demographic profile of the respondents. The rest of the chapter is divided thematically in line with the study objectives. Therefore, the first section presents a descriptive analysis of the changes that transition to parenthood causes on the marital relationship of first time parents who visit Anderson Centre, Nairobi Hospital, Kenya. The second section presents findings on the effect of changes caused by transition to parenthood on marital satisfaction of first time parents who visit Anderson Centre, Nairobi Hospital, Kenya. The last section analyzes and discusses the possible strategies that first time parents in Kenya could adopt to enhance their marital satisfaction as they transition into parenthood.

Response Rate

Questionnaires were distributed to 44 respondents attending antenatal clinic, 9 respondents attending postnatal clinic and 34 respondents attending well-baby clinic. The response rate is presented in Table 4.1.

Table 4.1: *Response rate*

Category	Administered questionnaires	Returned questionnaires	Response rate
Antenatal	44	44	100.0%
Postnatal	9	9	100.0%
Well baby	34	23	67.6%
Total	87	76	87.4%

Source: Author (2018)

The results in Table 4.1 reveal that 100% response rate was obtained among antenatal and postnatal attendees and a response rate of 67.6% was realized among well-baby clinic attendees. In total, 76 out of 87 questionnaires were successfully filled, translating to a response rate of 87.4%. The results suggest that a high response rate was obtained. The response rate met the adequacy threshold for data analysis in line with Mugenda and Mugenda (2003) who assert that response rates in excess of 60% are very good for analysis.

Descriptive Analysis of Respondents' Demographic Profile

This section analyzes respondents' age, level of education, occupation, years in marriage, gestation of pregnancy and age of baby in month.

Age of Respondents

The distribution of respondents by age is presented in Figure 4.1

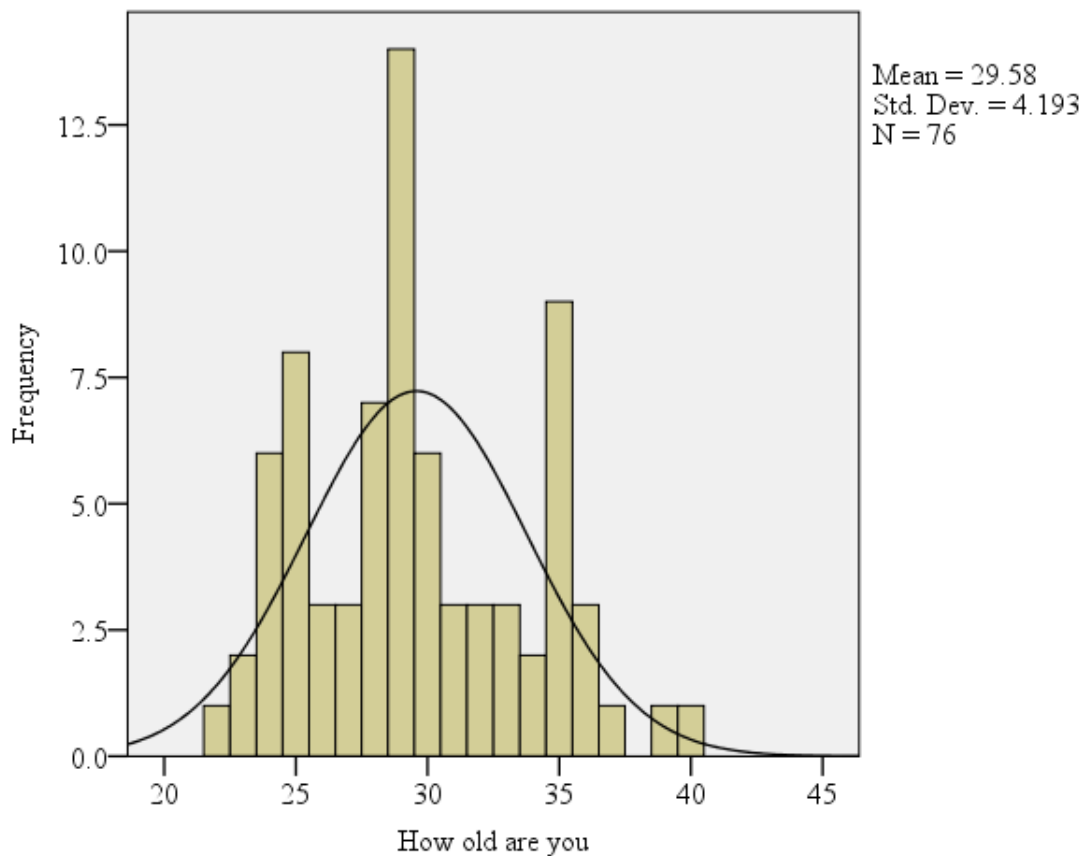


Figure 4.1: *Distribution of respondents by age in years*

Figure 4.1 shows that the average age of the respondents was about 30 years with a deviation from this average by about 4 years ($M=29.58$, $SD=4.193$). The age of respondents ranged between 22 years and 40 years. This finding is in line with the mean age at first pregnancy reported in the western world by Bellieni (2016) who documented mean ages at first pregnancy in the UK at 30 years, in Switzerland at 29.4 years. This suggests that there are no major differences in trends of first pregnancy between the western world and Kenya.

Respondents' Occupation

The distribution of respondents by their occupation is presented in Table 4.2

Table 4.2: *Distribution of respondents by occupation*

Occupation	Frequency	Percent
Employed	58	76.3%
Self employed	14	18.4%
Housewife	4	5.3%
Total	76	100.0%

Table 4.2 shows that 76.3% of the respondents were employed, 18.4% were self-employed and 5.3% of the respondents were housewives. The results reveal that majority of the respondents were career women. This finding challenges the view by Bett et al. (2017) suggesting that women choose to be housewives to care for the children as the husband provides for the financial needs of the family. It can thus be inferred from the finding that transition to parenthood had no effect on the respondents' career since most of them remained in employment.

Education of Respondents

Respondents were asked to indicate their highest level of education. The findings is presented in table 4.3.

Table 4.3: *respondents' highest level of education*

Education level	Frequency	Percent
Graduate	46	60.5%
Diploma holder	26	34.2%
Secondary education	3	3.9%
Primary education	1	1.3%
Total	76	100.0%

Table 4.3 indicates that 60.5% of the respondents were graduates, 34.2% of the respondents were diploma holders, 3.9% of the respondents, attained secondary education and 1.3% of the respondents attained primary level of education. Therefore, majority of the respondents were degree holders, meaning that they had high level of education. This may be explained by the fact that Nairobi Hospital attracts patients from relatively high social class and therefore, the education status of first time mothers that patronize the clinic is likely also to be high. Studies have associated such high levels of education with marital satisfaction and reduced post-partum psychological health problems (Parfitt & Ayers, 2014).

Years in Marriage

Figure 4.2 presents findings on the years respondents had been married.

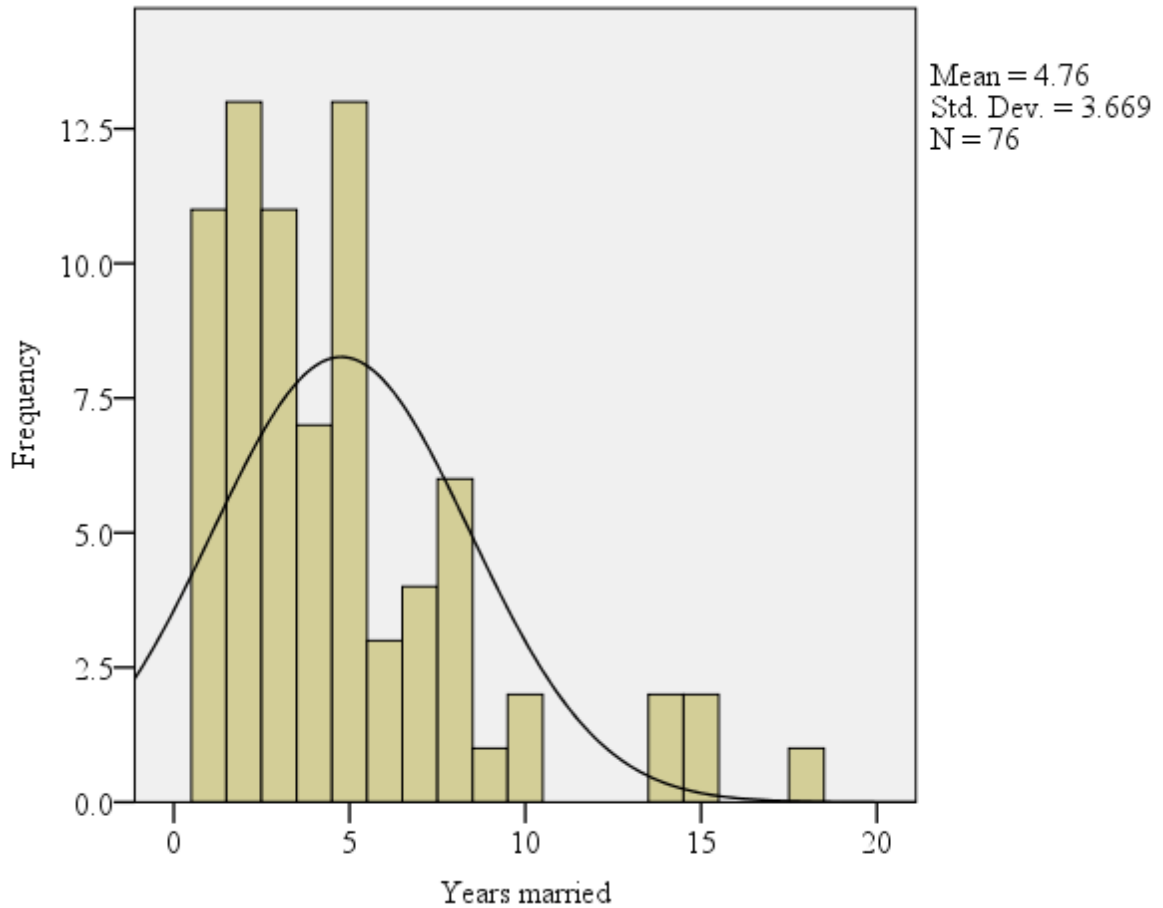


Figure 4.2: *Distribution of respondents by years in marriage*

Figure 4.2 reveals that respondents had been in marriage for an average of about 5 years with a deviation of about 4 years ($M=4.76$, $SD=3.559$). The results indicate that the years in marriage ranged from 1 to 18 years. The findings suggest that most of the respondents were in their early years of marriage.

Gestation in Months

The study sought to establish from antenatal attendees, the number of weeks they had been pregnant. The results are presented in Figure 4.3.

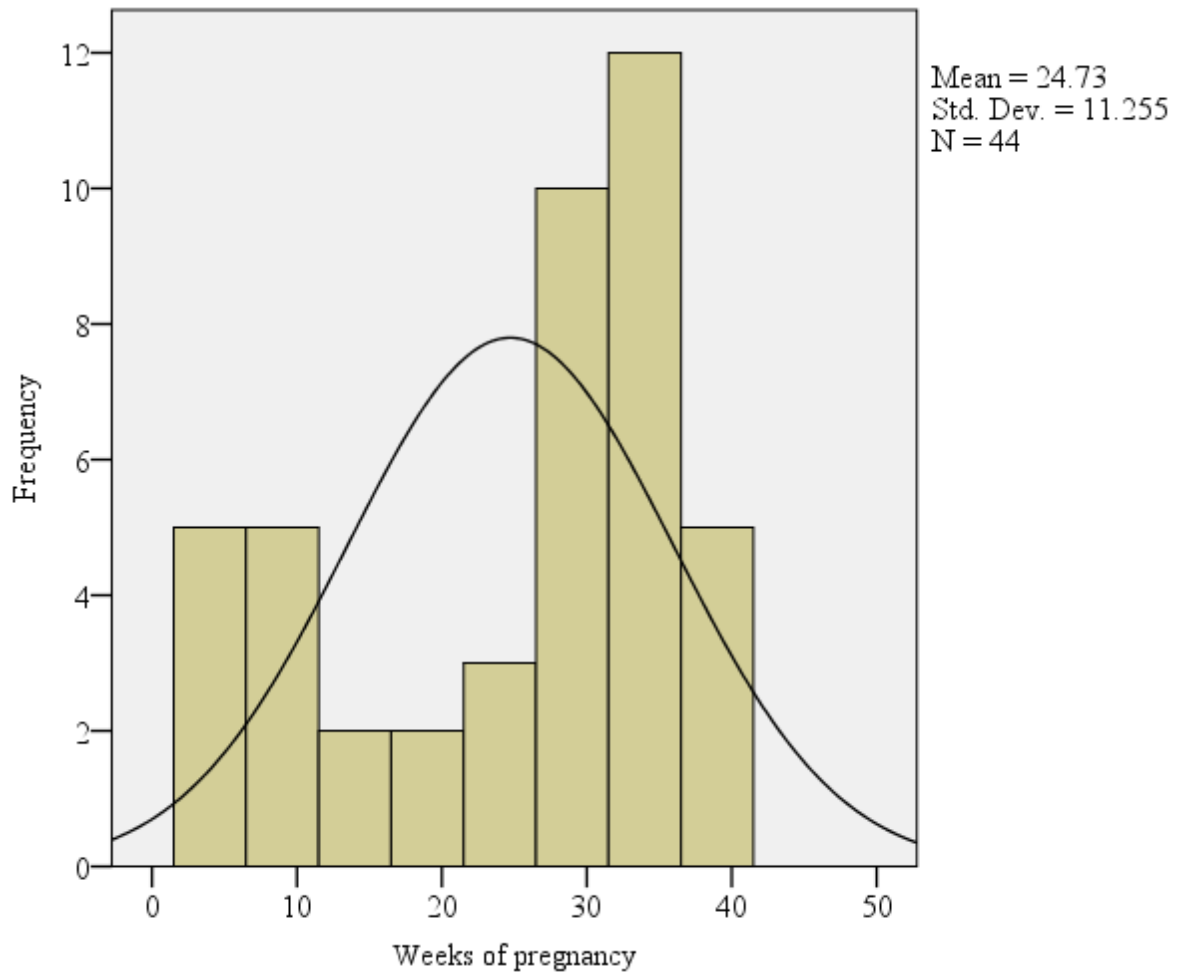


Figure 4.3: *Distribution of respondents by weeks of pregnancy*

Figure 4.3 reveals that respondents had been pregnant on average, for about 25 weeks, with a deviation of 11 weeks (M=24.73, SD=11.255, N=44). The results indicated that some respondents had been pregnant for only 4 weeks while others had been pregnant for 38 weeks. The findings imply that most of the pregnancies were in their second trimester and third trimesters.

Changes Transition to Parenthood Causes on the Marital Relationship of First-time Parents

The first objective of the study was to establish the changes that transition to parenthood causes on marital relationship. Table 4.4 presents descriptive statistics such

as the minimum (Min), maximum (Max), mean (M), and standard deviation (SD) of dataset on a 5-point scale from 1=strongly disagree to 5=strongly agree.

Table 4.4: *Descriptive analysis of respondents' experiences on transition to parent-hood on a 5-point scale*

Statement	Min	Max	M	SD
We have had to adjust our finances to accommodate the needs of the baby	1	5	3.97	1.19
Demands of pregnancy/parenthood has taken the time we used to spend together as a couple	1	5	3.10	1.18
My spouse has had to spend more time working to provide for the child.	1	5	3.00	1.30
We no-longer have freedom to socialize the way we used to due to the demands of pregnancy/parenthood	1	5	2.71	1.24
Shared leisure time has decreased since pregnancy/the arrival of the baby	1	5	2.67	1.23
I usually have no energy left to be intimate with my spouse after a whole day of attending to the effects of pregnancy/needs of the child.	1	5	2.66	1.18
My desire for intimacy during pregnancy/parenthood reduced	1	5	2.64	1.33
We are not able to find time for each other due to increased responsibility	1	5	2.63	1.19
I have had to put on hold my career to care for the baby	1	5	2.48	1.40

Table 4.4 reveals that the greatest impact of transition to parenthood on first time parents was in terms of finances, as indicated by a high mean score on a 5-point scale (M=3.97, SD=1.19) as the couple had to adjust their finances to accommodate the needs of the baby. This agrees with the observation by Twenge et al. (2003) that transition to parenthood has significant financial implications, as the financial burden of child-rearing is expensive. This means that first-time parents have unique budgetary adjustments to contend with both during pregnancy and after birth of the child, which if not managed well, can affect their marital relationship.

This was followed by time spent together which recorded a moderate mean score on a 5-point scale (M=3.10, SD=1.18), with claims that demands of

pregnancy/parenthood took the time they formerly used to spend together as a couple. The results imply that transition to parenthood affected respondents' time spent together, which is consistent with Kwan et al. (2015) who argue that couples transiting to parenthood shift their time and energy on childcare at the expense of time for each other. Similarly, a moderate mean score was also obtained in terms of impact on time spent at work ($M=3.00$, $SD=1.30$). This also means that transition to parenthood had a considerable impact on the breadwinner's time spent working. In this case, the impact is such that the breadwinner between the couple spends more time at work and less time with the family, which escalates the time imbalance further. This agrees with the point of view of Carter and McGoldrick (2005) who posit that the financial demands of transition to parenthood means that the breadwinner has to put in more work hours at the workplace.

With regards to whether respondents no-longer have freedom to socialize the way they used to due to the demands of pregnancy/parenthood, a moderately low mean score was recorded on a 5-point scale ($M=2.71$, $SD=1.24$), implying that transition to parenthood had a minimal impact on the social life of the couple. Further, with regards to whether shared leisure time decreased since pregnancy/the arrival of the baby, a moderately low mean score was obtained on a 5-point scale ($M=2.67$, $SD=1.23$), suggesting that transition to parenthood had a minimal impact on the couple's shared leisure time. This is contrary to the viewpoint of Christopher et al. (2015) suggesting that transition to parenthood has a reducing effect on the couple's shared leisure time due to the adjustment to the new role of parenting. There are two possible explanations for this finding. Firstly, the couples' social class or social support system may privilege them with leisure time, because of the ability to delegate some of the allied chores. The other

possible explanation is that since leisure time is subjective, the spouses may be considering certain involvement in responsibilities as part of leisure time.

Concerning whether respondents usually had no energy left to be intimate with their spouse after a whole day of attending to the effects of pregnancy/needs of the child, a moderately low mean score was obtained on a scale of 1 to 5 ($M=2.66$, $SD=1.18$), which implies that transition to parenthood had a minimal impact on the respondents' energy for intimacy. Similarly, a moderately low response was obtained on a 5-point scale with respect to respondents' desire for intimacy during pregnancy/parenthood ($M=2.64$, $SD=1.33$). These results suggest that the couples' desire and energy for intimacy were less affected by pregnancy or birth of the child. This finding contradicts the results of a study in Sweden reported by Ahlborg and Strandmark (2006), where the couples had difficulties in intimacy due to a lot of tiredness as a result of transition to parenthood. This difference in research findings suggest that different experiences exist in different social contexts, and as such, the experiences in the western world may not necessarily be the same as the experience of transition to parenthood in the African social context.

In terms of whether respondents were not able to find time for each other due to increased responsibility, a moderately low mean score was computed on a scale of 1 to 5 ($M=2.67$, $SD=1.19$), suggesting that transition to parenthood had a minimal impact the couple's time for each other. This may be explained by the fact that majority of the respondents in this study had not yet given birth yet, and therefore, could still afford time for each other as the baby had not yet arrived.

Concerning whether respondents had to put on hold their career to care for the baby, a low mean score was obtained on a 5-point scale ($M=2.48$, $SD=1.40$), meaning that transition to parenthood had a very minimal impact on respondent's career

development. The results suggest that not all first-time parents suffer a disruption in career development due to transition to parenthood. This is consistent with the observation by Claxton and Perry-Jenkins (2011) who made the observation that the transition may dictate putting on hold the mother's career for some couples, while for others, the couples are able to adjust without disruption, as implied in the current study.

Respondents Experience in the Marriage During the Pregnancy Process

Respondents were asked to describe their experience during the pregnancy process. Figure 4.4 classifies the experiences of the respondents into positive or negative.

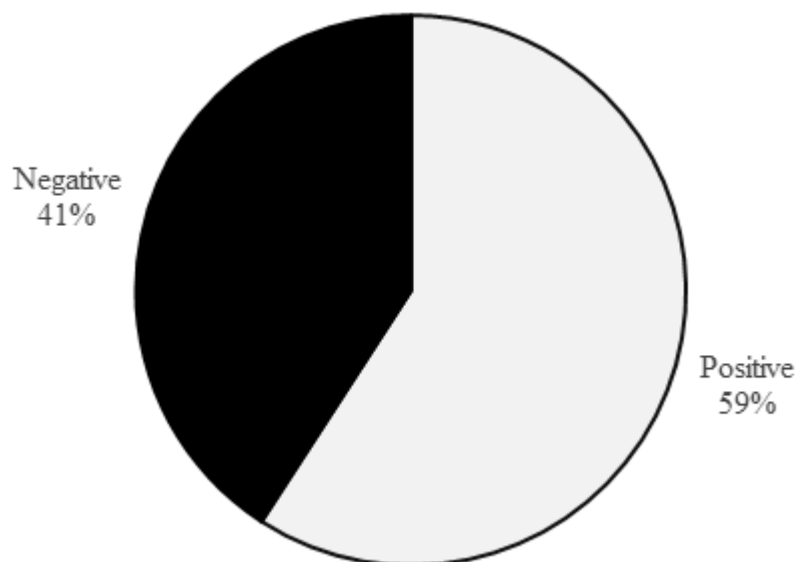


Figure 4.4: *Respondents' experience in marriage during pregnancy*

Figure 4.4 reveals that 59% of the respondents had a positive experience in their marriage during pregnancy whereas the experience of 41% of the respondents was negative. Therefore, for majority of the respondents, the experience was positive. However, the distribution suggests that the proportion of respondents who reported negative experience was substantial and is a cause of concern. Qualitative analysis of views of the respondents suggested that supportiveness or lack therefore, of the spouse

was a key determinant of whether the experience was positive or negative. Respondents who reported a positive experience had these to say:

“The pregnancy brought us closer. There was a lot of support provided by my husband”.

“I got support from my spouse, financial, emotional and moral support”.

“It was great, I had support from spouse and family”.

“Fine. My husband has more concern about me and the baby”

“My experience was smooth with great support from my husband”.

“Our love continues to grow each day as we get excited to be parents”.

“Very nice. I am given attention and bonding with my husband has increased”.

“My experience was very interesting because of the support I have from my husband”.

“We are closer during the pregnancy”.

It is clear from the verbatim examples that spousal support was key to a successful transition to parenthood. This is in line with the findings of Mickelson and Chong (2016) which also established that support for the spouse is predictive of relationship satisfaction as couples consider their spouses to be their primary source of support.

On the other hand, respondents whose experiences were negative had a myriad of reasons ranging from absence and/or lack of support from the spouse to physical discomfort surrounding the pregnancy. The following are verbatim excerpts:

“First pregnancy was difficult since we were not living together”.

“Reduced intimacy. My husband is not always around as he has to work hard to provide for us”.

“Sometimes I felt alone, my husband was somehow aloof”.

“It was horrible. I had a lot of emotional distress going on”.

“Adjustment during pregnancy was tough. At times I was feeling tired and have no mood for intimacy”.

“I have needed more support in house chores, reduced desire for intimacy”.

“It was devastating, plus I was diagnosed with hyperemesis gravidarum”.

“More tired, resulting to less intimate time”.

“There was decreased spending on personal and social life”.

Interview results undertaken with respondents’ spouses revealed similar experiences during transition to parenthood, with most (10, 62.5%) of the respondents reporting positive experiences than negative ones (6, 37.5%). This is reflected in the following verbatim excerpts;

“It was a very wonderful experience”.

“It was exciting and sometimes frightening”.

It brought growth in our marriage”.

“It was the most memorable experience”.

“It was new and unique filled with anxiety and happiness”.

From the foregoing analysis, it is evident that the presence and support of each other, especially from the husband, is key to a positive experience during transition to parenthood. This finding is in line with Thongori (2018) who asserts that when couples are supportive of each other, the transition to parenthood can actually enhance marital satisfaction rather than reduce it. The finding is also consistent with the perspective of Wilkinson and Mulcahy (2010) that during the

potentially stressful period of transition to parenthood, individuals who are supported by their spouses are likely to experience a sense of comfort with both intimacy and autonomy since they are able to get their relationship needs met, and are less likely to get depressed.

Changes in Marriage After Birth of The Baby

Respondents who had given birth were asked to indicate the changes they noticed in their marriage since the arrival of the baby. The changes were classified into either positive or negative, and the results presented in figure 4.5.

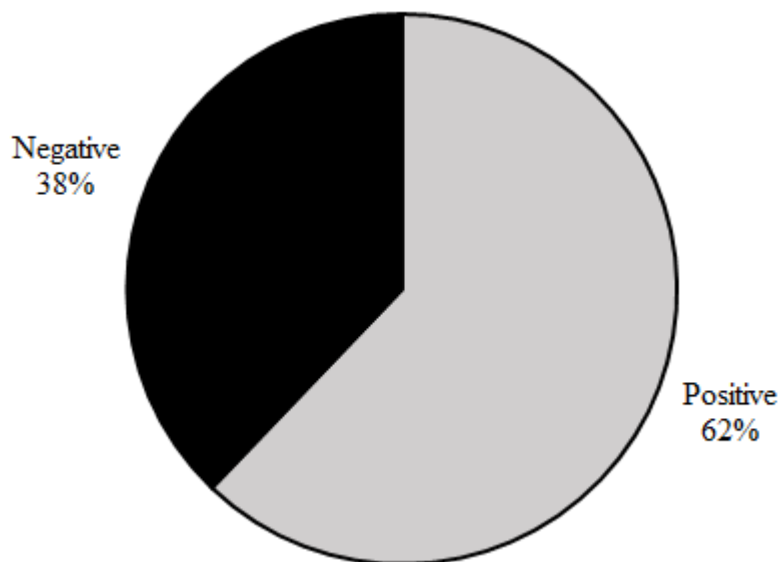


Figure 4.5: *Changes in marriage after birth of the baby*

Figure 4.5 reveals that 62% of the respondents reported having a positive experience in marriage after birth of the baby whereas 38% indicated that their experience was negative. The results suggest that there were more positive experiences reported than negative ones. Respondents who reported positive changes in their marriage since the arrival of the baby had the following to say;

“There is increased unity”.

“My husband has become very responsible”.

“My husband is more supportive”.

“Spouse has given me more support”.

“There is more love”

“There is too much excitement that wasn't before”.

“We are closer and more intimate and mature”.

“We are closer and our bond strengthened”.

“We got closer as we wanted this for a long time”.

“We have grown together. As a couple stronger in communication”.

Interviews held with respondents' spouses revealed that most (11, 69.2%) of the respondents reported positive changes in marriage after birth of the child. The underlying theme was more sense of responsibility of the man, with more involvement with family life and less time for friends, as reflected in the following verbatim examples;

“It helped make right priorities”.

“It has enabled me to be more responsible”.

“More time has been created for family time”.

“Our bond has strengthened through the experience”.

“My marriage is stronger and we move closer than ever”.

From the results, it can be inferred that there is an increased sense of responsibility and bonding that accrue to the couples after the arrival of the baby. This finding is in line with the theory by Kwok et al. (2015) that the arrival of a child may also enhance marital satisfaction since a close and supportive relationship between a parent and his child allows the former to feel more fulfilled in the relationship. This agrees with Lasser et al. (2011) whose review of the historical literature on Kenyan societies revealed that the mere presence of

children in a marriage potentially enhance the marital satisfaction of couples in Kenya, unlike in the western world where the arrival of children is associated with decline in marital satisfaction.

The dominant theme emerging from the responses reporting negative experience was that of reduced attention to the marriage as all attention was directed to the baby. Other common themes were sleep deprivation, tiredness, limited attention to each other and more conflict in the marriage. The following are the verbatim examples:

“He's much concerned with the baby, and mostly spend time with the baby”.

“I give more attention to the baby than my husband. We do not spend time together so often”.

“I have more time with the babies than my husband”.

“Less time for me and my spouse”.

“My attention is on the baby not spouse”.

“No time for us to talk like we used”.

“Sleep deprivation leads to forgetting of small issues to be taken care of as well as throwing blame on each other”.

“Misunderstanding handling the right way is difficult with hubby”.

The experience of the minority (5, 30.8%) of the respondents' spouses' was negative, with the reasons given ranging from financial strain to emotional challenges. The following were some of the comments:

“Life has become a bit expensive”.

“My wife gets a lot of mood swings”

“Relationship with my wife has drifted”.

The negative experiences as reported in the findings above are in line with studies done in the western world whereby Ahlborg and Strandmark (2006)

established that reasons given for the negative experiences included a lot of tiredness and lack of time alone without the baby.

Impact of Changes Caused by Transition to Parenthood on the Marital Satisfaction of First-time Parents

The second objective of the study was to investigate the effect of changes caused by transition to parenthood on marital satisfaction of first time parents who visit Anderson Centre, Nairobi Hospital, Kenya. This section presents both descriptive and inferential analysis of the study findings.

Descriptive Analysis of Impact of Transition to Parenthood on Marital Satisfaction

Table 4.5 presents the minimum (Min), maximum (Max), mean (M) and standard deviation (SD) of the dataset on a 5-point scale from 1=strongly disagree to 5=strongly agree.

Table 4.5: *Descriptive analysis of impact of transition to parenthood on marital satisfaction dimensions on a 5-point scale*

Statement	Min	Max	M	SD
The pregnancy/baby has given us a deeper meaning of togetherness and love	1	5	4.00	1.14
I feel a deep emotional connection with my spouse since pregnancy/the arrival of the baby	1	5	3.78	1.15
I feel happier in my marriage because of the pregnancy/baby.	1	5	3.75	1.16
I feel that the division of housework and baby care responsibilities is unfair.	1	5	2.48	1.24
I feel that my spouse spends too much time away from me.	1	5	2.34	1.20
Communication between my spouse and I has reduced since pregnancy/the arrival of the baby	1	5	2.32	1.31
I feel emotionally disconnected to my spouse	1	5	2.08	1.30

As per table 4.5 above, a high mean score was obtained on a 5-point scale with regards to whether the pregnancy/baby gave respondents a deeper meaning of

togetherness and love ($M=4.00$, $SD=1.14$). This means that transition to parenthood enhanced rather than reduced marital satisfaction for the majority of the respondents. This agrees with the observation by Ahlborg and Strandmark (2006) who note that the arrival of a baby for some couples creates an increased sense of meaning in becoming parents and results in sense of togetherness which overrides the reduction in satisfaction and individual well-being.

Further, a moderately high mean score was obtained on a scale of 1 to 5 with regards to feeling deep emotional connection with spouse since pregnancy/the arrival of the baby ($M=3.78$, $SD= 1.15$) and feeling happier in marriage because of the pregnancy/baby ($M=3.78$, $SD=1.16$). These findings suggest that transition to parenthood enhanced the love bond between the spouses, hence marital satisfaction. This affirms the findings of a previous study done in Israel by Guttman and Lazar (2006) which revealed that first time parents were more satisfied with their marriages with the expectation and/or arrival of the baby in the family.

Concerning whether respondents felt that the division of housework and baby care responsibilities was unfair, a low mean score was obtained on a 5-point scale ($M=2.48$, $SD=1.24$), meaning that transition to parenthood had a minimal impact on perceived fairness on parenting responsibilities. Further findings as pertains to whether respondents felt that their spouse spent too much time away from them showed that a low mean score was computed on a scale of 1 to 5 ($M=2.34$, $SD=1.20$), meaning that most of the respondents disagreed that their spouse spent too much time away from them. These study findings challenge the argument that it is tradition for Kenyan men to get involved in child rearing responsibility especially in the early stages of child development (Lasser et al., 2011). The findings of this study therefore reveal changing

trends suggesting that the modern Kenyan man is fully involved in the responsibility of baby care and parenting, which strengthens the couples' emotional bond.

In terms of whether communication between the couple reduced since pregnancy/arrival of the baby, a low mean score was obtained on a 5-point scale ($M=2.32$, $SD=1.31$), implying that transition to parenthood had a minimal impact on communication in marriage. Similarly, with regards to whether respondents felt emotionally disconnected to their spouse, a low mean score was realized on a 5-point scale ($M=2.08$, $SD=1.30$), which means that for a majority of the respondents, transition to parenthood did not affect their emotional connection. These results mean that transition to parenthood does not cause a change in the communication or reduce the emotional connection between couples. It can thus be inferred that first time parents continue to communicate with each other the same way they did before transition to parenthood. This goes contrary to studies reporting that communication in marriage deteriorates at the onset of parenthood (Sillars, Tafoya, & Canary, 2014). This apparent contrast in research findings may be explained by potential differences in marital adjustment between Kenyan couples and couples in the western world.

Respondents' Current Level of Marital Satisfaction

Respondents were asked to rate their current level of marital satisfaction on 5-point scale. The results are presented in figure 4.6. Figure 4.6 reveals that 50% of the respondents were very satisfied with their marriage and a further 25.8% of the respondents reported being satisfied with their marriage. However, 16.1% of the respondents were neutral whereas 3.2% and 4.8% of the respondents were unsatisfied and strongly dissatisfied, respectively. The results suggest that majority (75.8%) of the respondents were satisfied with their marital union. Relatively similar levels of

satisfaction were established from in-depth interviews with respondents' spouses' interviewed, whereby out of the 16 respondents interviewed, majority (11, 68.8%) were either satisfied or very satisfied with their marriage while the rest were either neutral (3,18%), dissatisfied (1, 6.3%) or very dissatisfied (1,6.3%). It can be inferred from the results that most of respondents experienced were generally satisfied with their marriages during transition to parenthood. This contradicts findings of studies conducted in the western world which report that majority of couples are dissatisfied with their marriages upon the arrival of the first baby (Sillars et al., 2014). This means that patterns of marital satisfaction is context dependent, and cannot be generalized across the world.

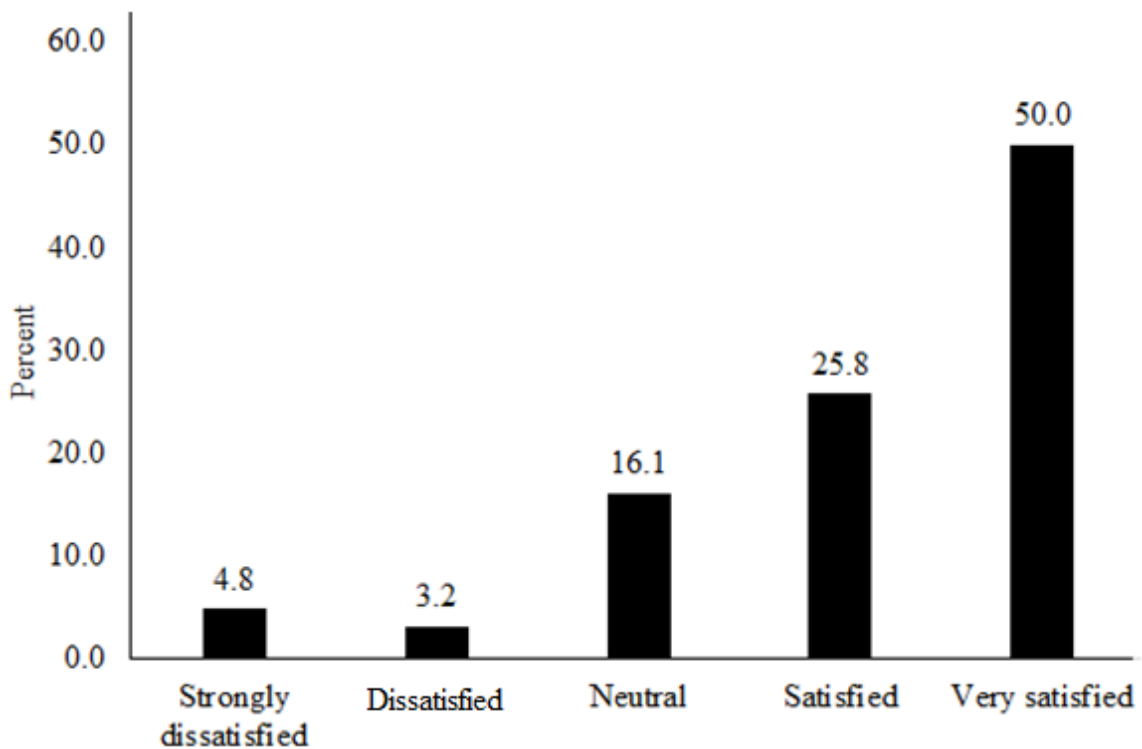


Figure 4.6: Respondents' rating of their marital satisfaction

Changes in Marital Satisfaction Following Transition to Parenthood

Respondents were asked to describe how their marital satisfaction changed following transition to parenthood. Figure 4.7 shows the results.

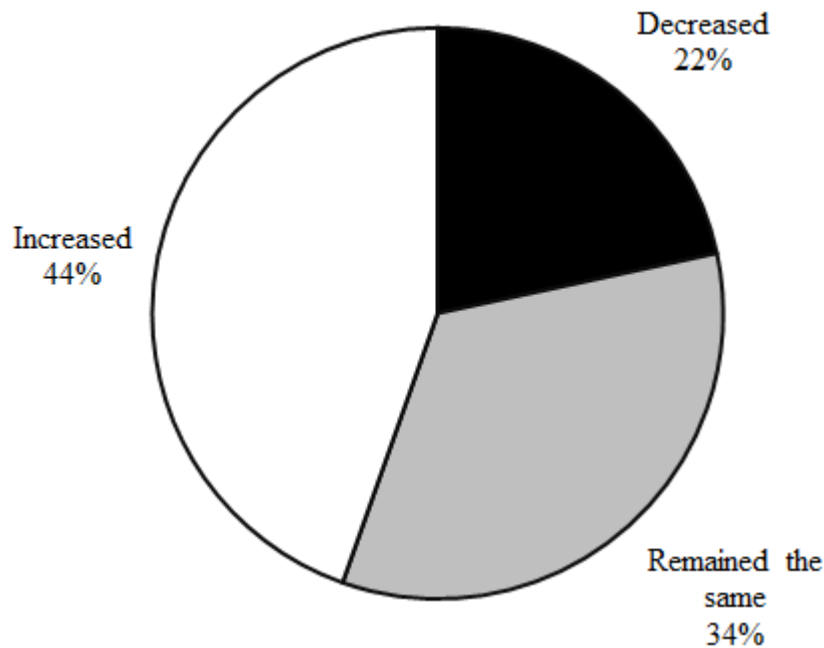


Figure 4.7: *Changes in marital satisfaction following transition to parenthood*

Figure 4.7 shows that marital satisfaction increased for 44% of the respondents compared to 22% whose marital satisfaction decreased following transition to parenthood. However, the level of marital satisfaction remained the same to some 34% of the respondents. The results suggest that for most of the respondents, marital satisfaction levels actually increased, in contrast with the sense of hopelessness and dissatisfaction reported in studies undertaken in other parts of the world (Whittingham et al., 2014; Kowlessar et al., 2015). However, the findings affirm similar findings in Africa, implying that there are potential cultural differences that underpin the relationship between marital satisfaction and parenthood. One example is a study by Onyishi, Sorokowski, Sokokowska and Pipitone (2012) which found that having children increased marital satisfaction among the Igbo people of Nigeria.

Relationship between transition to parenthood and marital satisfaction

Spearman's rank correlation analysis was run between transition to parenthood composite score and respondents' rating of their current level of marital satisfaction.

Table 4.6 presents the results.

Table 4.6: *Correlation between transition to parenthood and marital satisfaction*

Spearman's rho		1	2
Transition to parenthood	Correlation Coefficient	1.000	
	Sig. (2-tailed)	.	
	N	76	
Marital satisfaction	Correlation Coefficient	.398**	1.000
	Sig. (2-tailed)	.001	.
	N	76	62

** . Correlation is significant at the 0.01 level (2-tailed).

Table 4.6 reveals that there was a positive correlation between transition to parenthood and marital satisfaction of first time parents ($r=.398, p<.01$). This implies that the marital satisfaction of first time parents increased with transition to parenthood. This finding further affirms the study of Onyishi et al. (2012) in Nigeria, suggesting that there could be shared social systems that characterize marital relationships in Africa quite distinct from the western world.

The Effect of Transition to Parenthood on Marital Satisfaction

Marital satisfaction rating of respondents was regressed on the composite measure of transition to parenthood and the results presented in Tables 4.7 to 4.9.

Table 4.7: *Model summary*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.386 ^a	.149	.135	1.031

a. Predictors: (Constant), Transition to parenthood

Table 4.7 reveals that transition to parenthood explained 14.9% of the variance in the marital satisfaction of first-time parents ($R^2=.149$). The ANOVA results are presented in Table 4.8.

Table 4.8: *ANOVA^a*

Model	Sum of Squares	Df	Mean Square	F	Sig.
1 Regression	11.186	1	11.186	10.523	.002 ^b
1 Residual	63.782	60	1.063		
Total	74.968	61			

a. Dependent Variable: Marital satisfaction

b. Predictors: (Constant), Transition to parenthood

Table 4.8 shows that the regression model had a statistically significant predictive power on the variability in marital satisfaction ($F>1$, $p<.01$). Finally, Table 4.9 presents the regression coefficients.

Table 4.9: *Coefficients^a*

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
	1 (Constant)	2.311	.575		
1 Transition to parenthood	.569	.176	.386	3.244	.002

a. Dependent Variable: Marital satisfaction

An examination of the unstandardized coefficient suggest that one unit transition towards parenthood caused a 0.569 unit increase in the marital satisfaction of first time parents ($B=0.569$, $p<.01$). The linear equation for the model is as follows:

$$\text{Marital satisfaction of first time parents} = 2.311 + 0.569 \text{ transition to parenthood.}$$

The finding suggests that transition to parenthood is one of the positive and statistically significant contributors to marital satisfaction of first-time parents. This finding leads to the rejection of the notion that having children reduces marital satisfaction, as findings from the western world projects it.

Possible Strategies that First-time Parents in Kenya Could Adopt to Enhance their Marital Satisfaction as they Transition into Parenthood

The third objective of the study was to establish possible strategies that first time parents in Kenya could adopt to enhance their marital satisfaction as they transition into parenthood. This section analyzes the opinions of the respondents.

Strategies Practiced by Spouses to Enhance Marital Satisfaction

Table 4.10 presents a descriptive analysis of the various strategies first time couples used to enhance their marital relationship during transition to parenthood on a 5-point scale from 1=Strongly disagree to 5=Strongly agree. The descriptive statistics of the dataset presented are the minimum rating (Min), maximum rating (Max), mean rating (M) and Standard deviation (SD).

Table 4.10: *Descriptive analysis of strategies for enhancing marital satisfaction practiced by spouses*

Strategy	Min	Max	M	SD
My spouse shows me kindness.	1	5	4.33	0.94
I get emotional support from my spouse.	1	5	4.03	1.09
Me and my spouse work as a team in nurturing our baby	1	5	4.02	1.09
My spouse share in baby care and housework.	1	5	3.55	1.35
My spouse and I deliberately spend quiet time of ourselves.	1	5	3.36	1.24

Table 4.10 shows that a high mean score was obtained on a 5-point scale with regards to whether respondents' spouse showed kindness ($M=4.33$, $SD=0.94$), suggesting that the men practiced kindness to their wives. This suggests that the respondents' spouses recognized the significance of acts of kindness during transition to parenthood. This is in line with Salmela-Aro et al. (2010) who suggest that spousal kindness is an ingredient for lasting marital happiness, especially during pregnancy and after the baby's arrival.

Respondents were also asked whether they got emotional support from their spouses. Table 4.10 shows that a high mean score was obtained on a 5-point scale ($M=4.03$, $SD=1.09$), implying that emotional support was a strategy adopted by the couples. This is in line with the assumptions of EFT theory which, according to Greenberg (2016) puts emphasis on emotional support for each other in order to create and strengthen the emotional bond between partners. The finding is also consistent with the Mikulincer and Shaver's (2010) discourse on EFT theory whereby they hold that marital satisfaction is dependent on the extent to which spouses effectively meet the needs of closeness and security, whereby marital satisfaction is experienced when one's spouse becomes available and a reliable source of closeness, intimacy and support.

The study sought to establish whether the couples worked as a team in nurturing their baby. A high mean score was computed on a 5-point scale ($M=4.02$, $SD=1.09$), indicating that teamwork was a strategy practiced by the first time parents. This means that the couples managed transition to parenthood in a collaborative manner, as theorized in the EFT model (Greenberg, 2016).

Concerning whether respondents' spouse shared in baby care and housework, a moderately high mean score was obtained on a 5-point scale ($M=3.55$, $SD=1.35$),

implying that the spouses sometimes helped out with house chores and baby care. This finding agrees with the observation by Ogletree (2015) that the traditional marriage where the man was the breadwinner and the woman took care of the house and did the childcare is slowly changing. This could be explained by the fact that the contemporary world is increasingly being characterized by dual career couples, necessitating the shift.

With regards to whether respondents and their spouses deliberately spend quiet time of themselves, a moderate mean score was realized on a 5-point scale ($M=3.36$, $SD=1.24$), meaning that first time parents sometimes made a deliberate effort to spend quality time for themselves. This agrees with attachment theory which, according to Mikulincer and Shaver (2010), emphasizes the need for intentionally creating quality time for each other as an ingredient for marital satisfaction, especially during transition to parenthood.

Relationship between Strategies Practiced by Spouses with Marital satisfaction

Spearman's rank correlation analysis was run to establish whether the relationship between strategies adopted and respondents' rating of their marital satisfaction was statistically significant. Table 4.11 presents the findings.

Table 4.11: *Correlation between strategies practiced and marital satisfaction*

Spearman's rho		1
1. Marital satisfaction	Correlation Coefficient	1.000
	Sig. (2-tailed)	.
	N	76
2. Kindness of the spouse	Correlation Coefficient	.515**
	Sig. (2-tailed)	.000
	N	76
3. Teamwork in baby care	Correlation Coefficient	.296*
	Sig. (2-tailed)	.028
	N	76
4. Intentional couple time	Correlation Coefficient	.159
	Sig. (2-tailed)	.225

	N	76
	Correlation Coefficient	.349**
5. Emotional support from spouse	Sig. (2-tailed)	.005
	N	76
	Correlation Coefficient	.396**
6. Helping hand from the spouse	Sig. (2-tailed)	.002
	N	76

** . Correlation is significant at the 0.01 level (2-tailed)

** . Correlation is significant at the 0.01 level (2-tailed)

Table 4.11 reveals that there was a statistically significant correlation between respondents' level of marital satisfaction and kindness of the spouse ($r=.515, p<.01$), teamwork in baby care ($r=.296, p<.05$), emotional support from spouse ($r=.349, p<.01$) and helping hand from the spouse ($r=.396, p<.01$). These findings imply that marital satisfaction of first time parents increased during transition to parenthood with increased kindness, teamwork, emotional support, and helping hand from the spouse. It can therefore be inferred from these results that the behaviors of the spouse, typically the husband, holds the key to marital satisfaction during transition to parenthood. This is consistent with the conclusion by Mickelson and Chong (2016) husbands would benefit their relationship by making some contribution to simple every day household and childcare task.

However, the relationship between marital satisfaction and intentional couple time was not statistically significant ($r=.159, p>.05$), suggesting that deliberately sparing time for each, while a necessary condition for marital satisfaction, was not sufficient in enhancing the same during transition to parenthood. One possible explanation consistent with Claxton and Perry-Jenkins (2011) is that the couples perceive the prioritization of baby care as a normal process and a necessary adjustment that should not affect the bond and love spouses have for each other.

Strategies for Balancing Parental Role and Partner Role

The study sought to establish how respondent and their partner balanced parental role and partner role. The common themes were ranked by order of frequency as presented in Figure 4.8.

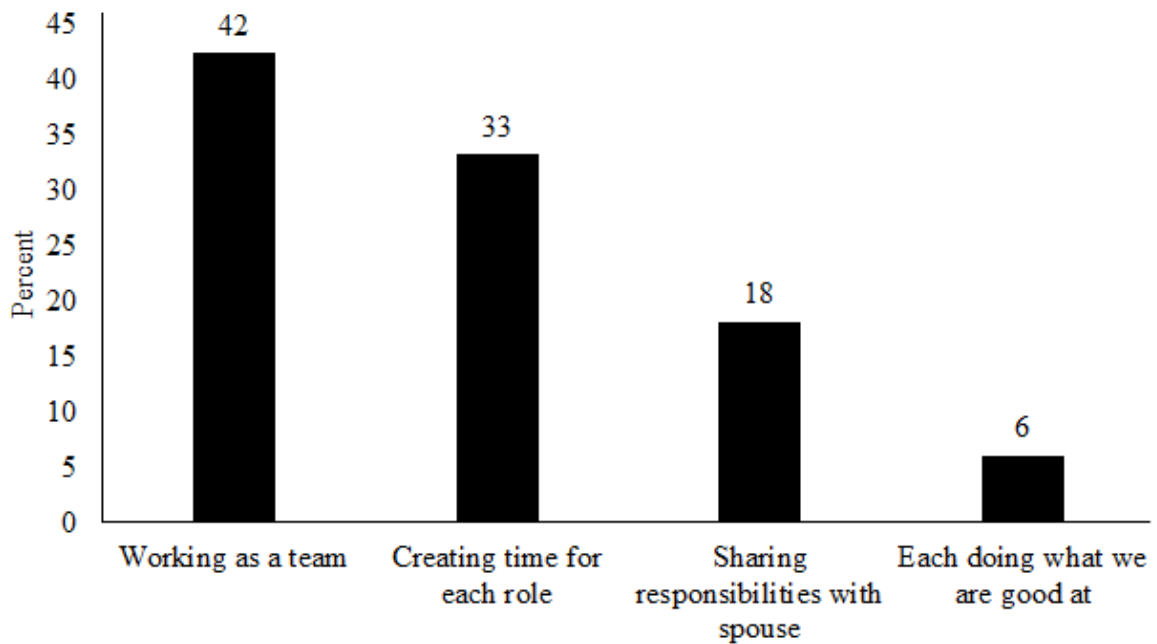


Figure 4.8: *How respondents balanced parental role and partner role*

Figure 4.8 reveals that the most dominant strategy the respondents adopted for balancing parental role and partner role was getting to work as a team (42%), meaning that collaborating with each other in navigating the transition to parenthood was a critical success factor. This is consistent with EFT theory which emphasizes collaboration. It supports the viewpoint propounded by Don et al. (2013) that feeling like part of a team eases the transition and results in better mental health and relationships.

The second most adopted strategy was creating time for each role (33%), which implies that time management is an important skill in successfully navigating transition to parenthood. Further, sharing responsibilities with spouse (18%) and each partner doing what they are good at (6%) were additional strategies that enabled respondents

effectively cope with transition to parenthood. The results suggest that the couples adopted non-traditional parenthood roles, with positive implications on marital satisfaction. This finding is consistent with Bett et al.'s (2017) study in Kericho County which found that parenting roles predicted marital satisfaction among the couples as career couples adapted non-traditional domestic parenting roles.

Parenting Education for Enhancing Marital Satisfaction

The views of respondents were sought with regards to whether parenting education can enhance marital satisfaction among first time couples in transition to parenthood.

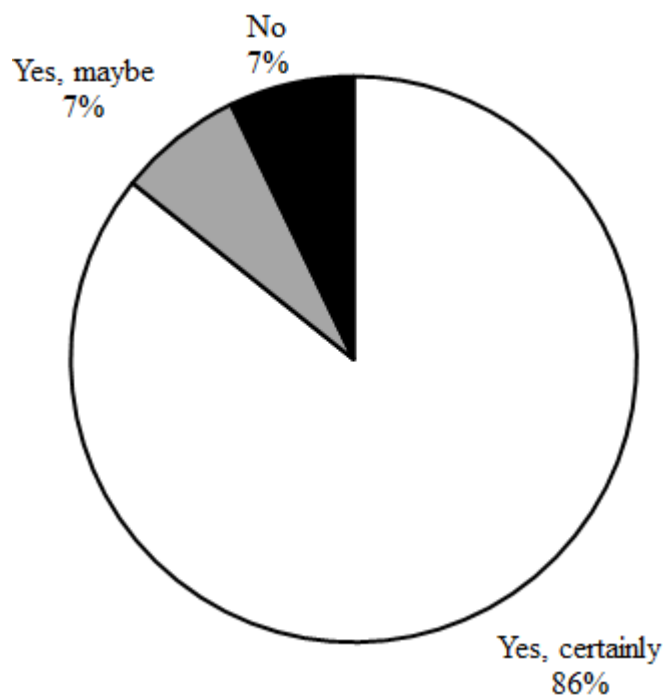


Figure 4.9: *Parenting education for enhancing marital satisfaction of couples*

Figure 4.9 reveals that 86% of the respondents were certain that parenting education can enhance marital satisfaction of first time couples in transition to parenthood. The figure also indicates that some 7% were affirmative but were not sure whereas 7% of the respondents said no. Similar views were reflected in the interviews

held with respondents' spouses, with nearly all (15, 93.7%) of the interviewed respondents agreeing that parenting education can enhance marital satisfaction of couples. This finding affirms the observation made by Biehle and Mickelson (2013) that couples who start the transition journey with high parenting efficacy engage in better parenting practices and have less psychological distress during transition to parenthood.

Inclusion of Discussion on Parenting in Healthcare Facilities

The opinion of respondents were sought as to whether discussion of parenting should be included in healthcare facilities. Figure 4.10 presents the findings.

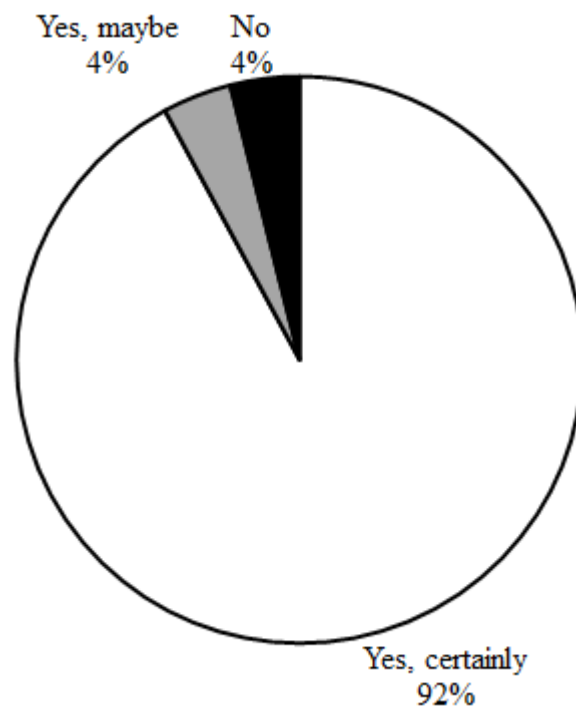


Figure 4.10: *Inclusion of discussion on parenting in healthcare facilities*

Figure 4.10 shows that 92% of the respondents supported the idea of including discussions on parenting in healthcare facilities, 4% of the respondents also said yes, but were not sure while 4% of the respondents said no. Responses from respondents' spouses interviewed revealed a shared view, as all (16, 100%) of the respondents were affirmative that discussion on parenting should be included in health care facilities. It can

be inferred from the results that first time parents believe that inclusion of discussion on parenting should be a feature adopted in healthcare facilities. This agrees with Gilmer et al. (2016) who argue that parental education is a key intervention that should be found in health facilities. It also affirms the recommendations of a study by Ahlborg and Strandmark (2006) that discussions in parent groups within health care facilities would go a long way in helping first time parents to transition successful into parenthood.

Enhancing Premarital Counseling for Transition to Parenthood

The suggestions of respondents were sought on how pre-marital counseling can be enhanced to help couples manage transition to parenthood. Responses were classified into common themes and their frequencies generated as presented in Figure 4.11.

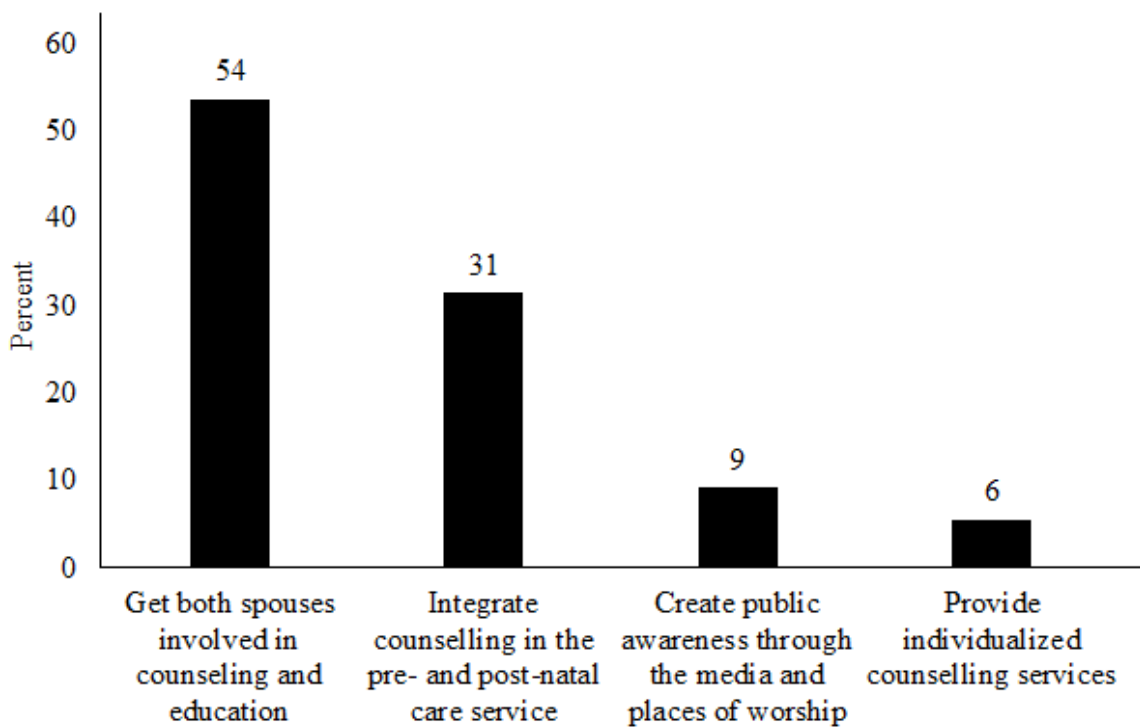


Figure 4.11: *How pre-marital counseling can be enhanced for better transition*

Figure 4.11 reveals that the most recurring suggestion was to get both spouses involved in counseling and education (54%) and integrate counseling in the pre-and post-natal care services (31%). Some 9% of the respondents suggested the creation of public

awareness through the media and places of worship such as churches and 6% of the respondents recommended the provision of individualized counseling services. The results suggest that couple counseling, if bundled together with pre-and post-natal care services, would add a lot of value to first-time parents. It means there is a gap in the current provision of holistic healthcare service as the element of parenting education and counseling seems to be absent in healthcare institutions.

Challenges First-time Parents Should be Prepared for During Transition

Respondents were asked to share the challenges they thought first time parents need to be prepared for during transition to parenthood. The recurrent themes are ranked by order of frequency in Figure 4.12.

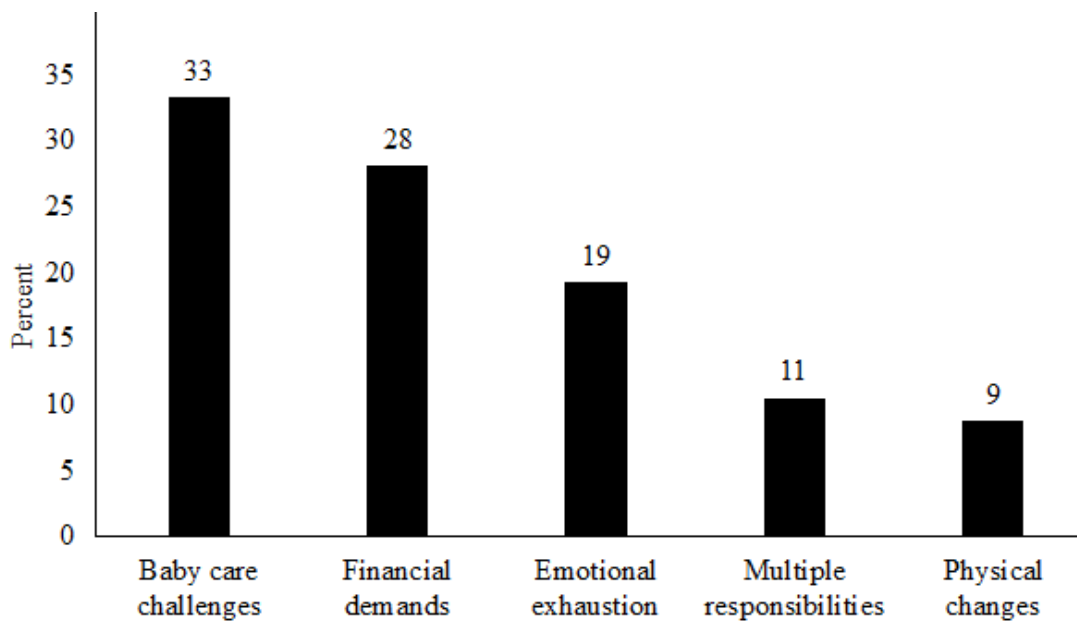


Figure 4.12: *Challenges first-time parents should be prepared for*

Figure 4.12 shows that baby care challenges was the most common challenges (33%), followed by financial demands (28%), emotional exhaustion (19%) and physical changes (9%). The findings agree with Belal and Gaheen’s (2016) observation that young parents have to work on the rapid changes that come with pregnancy, child-birth and taking care of a young child and making the home. These results suggest that baby

care skills, financial preparedness, strategies for emotional regeneration, multitasking and self-care are the focus areas for intervention towards better transition to parenthood.

Coping with Transition to Parenthood by First-time Parents

The study sought to establish how respondents coped with the challenges of transition to parenthood. The coping themes are presented in Figure 4.12.

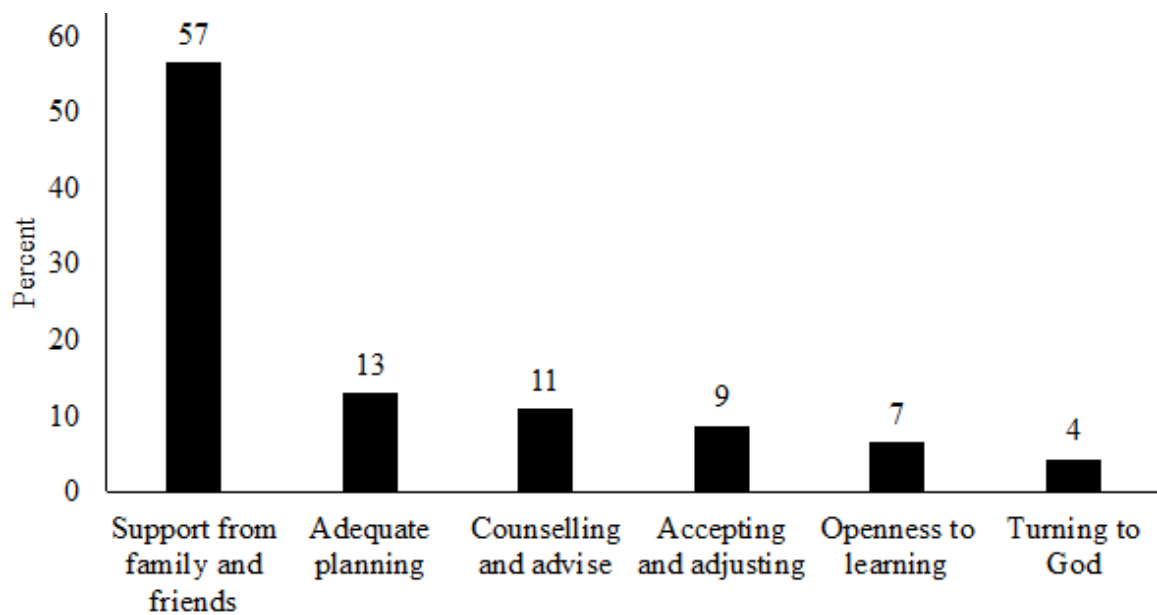


Figure 4.13: *How respondents coped with transition to parenthood*

Figure 4.13 shows that most of the respondents coped with challenges of transition to parenthood by receiving support from family and friends (57%). Figure 4.13 further shows that adequate family planning (13%), seeking counseling and advice (11%), accepting the reality and adjusting (9%), being open to learning (7%) and turning to God (3%), in that order, were the other coping approaches respondents used.

Therefore, a strong social support system was the single most relied on strategy for navigating transition to parenthood. This is in line with the social support perspective whereby meta-analysis examining change in relationship satisfaction across transition to parenthood found that having social supports could buffer the relational stressors for

young expecting couples (Gordon et al., 2016). This may be explained by the fact that social support systems such as supportive friends and family serve as buffers against the stressors associated with transition to parenthood.

Chapter Summary

In this chapter, the results and discussion of the study findings have been presented. The analysis has entailed triangulation of both quantitative and qualitative data. This comprised the presentation and interpretation of descriptive and inferential statistics as well as thematic analysis of verbatim responses. The results have been discussed in view of current theoretical and empirical knowledge. In the next chapter, the key findings are summarized and the implications discussed.

CHAPTER FIVE: SUMMARY OF FINDINGS, RECOMMENDATIONS, AREAS OF FURTHER RESEARCH AND CONCLUSION

Introduction

The purpose of the study was to investigate the impact of changes caused by transition to parenthood on marital satisfaction of first time parents who visit Anderson Centre, Nairobi Hospital, Kenya. This chapter summarizes the major findings of the study and discusses their implications. Recommendations are then made based on the findings and conclusions of the study and further research areas are suggested.

Summary of Findings

The following is a summary of the key findings in line with the specific objectives of the study:

Changes transition to parenthood causes on the marital relationship of first-time parents

The study established that the greatest change that transition to parenthood caused on first time parents was in terms of finances, as indicated by a high mean score on a 5-point scale ($M=3.97$, $SD=1.19$) as the couple had to adjust their finances to accommodate the needs of the baby. This was followed by time spent together which recorded a moderate mean score on a 5-point scale ($M=3.10$, $SD=1.18$), with claims that demands of pregnancy/ parenthood took the time they formerly used to spend together as a couple. However, transition to parenthood had a minimal impact on respondents' freedom to socialize ($M=2.71$, $SD=1.24$), shared leisure time ($M=2.67$, $SD=1.23$), energy ($M=2.66$, $SD=1.18$), desire for intimacy ($M=2.64$, $SD=1.33$) and career ($M=2.48$, $SD=1.40$). Overall, 59% of the respondents had a positive experience in their marriage during pregnancy and 62% of the respondents reported having a positive experience in marriage after birth of the baby. Qualitative analysis of views of the respondents

suggested that supportiveness or lack thereof, of the spouse was a key determinant of whether the experience was positive or negative.

Impact of changes caused by transition to parenthood on the marital satisfaction of first-time parents

The second objective of the study was to investigate the effect of changes caused by transition to parenthood on marital satisfaction of first time parents who visit Anderson Centre, Nairobi Hospital, Kenya. A positive correlation was found between transition to parenthood and marital satisfaction of first time parents ($r=.398, p<.01$), implying that marital satisfaction of first time parents increased with transition to parenthood. Transition to parenthood explained 14.9% of the variance in the marital satisfaction of first-time parents ($R^2=.149$), whereby one unit transition towards parenthood caused a 0.569 unit increase in the marital satisfaction of first time parents ($B=0.569, p<.01$). Marital satisfaction increased for 44% of the respondents while it remained the same for 34% of the respondents and decreased for 22% of the respondents following transition to parenthood. A high mean score was obtained on a 5-point scale with regards to whether the pregnancy/baby gave respondents a deeper meaning of togetherness and love ($M=4.00, SD=1.14$), respondents felt deep emotional connection with spouse since pregnancy/the arrival of the baby ($M=3.78, SD= 1.15$) and felt happier in marriage because of the pregnancy/baby ($M=3.78, SD=1.16$).

Strategies that can enhance marital satisfaction during transition to parenthood for first-time parents

The third objective of the study was to establish possible strategies that first time parents in Kenya could adopt to enhance their marital satisfaction as they transition into parenthood. The most common strategies were: in rank order, working as a team, creating time for each role, sharing responsibilities with spouse and each spouse doing what they are good at. The study established that there was a statistically significant

correlation between respondents' level of marital satisfaction and kindness of the spouse ($r=.515, p<.01$), teamwork in baby care ($r=.296, p<.05$), emotional support from spouse ($r=.349, p<.01$) and helping hand from the spouse ($r=.396, p<.01$). Further findings revealed that 86% of the respondents were certain that parenting education can enhance marital satisfaction of first time couples in transition to parenthood, 92% of the respondents supported the idea of including discussions on parenting in healthcare facilities. Concerning how counseling can be enhanced, the most recurring suggestion was to get both spouses involved in counseling and education (54%) and integrate counseling in the pre-and post-natal care services (31%).

Implications

There are a number of theoretical and practical implications accruing from the study. Firstly, the widely held notion that marital satisfaction declines with the arrival of children is challenged as a western concept that is not necessarily generalizable to all marriages on earth. Children seem to add meaning to marriages, and their mere arrival becomes a unifying factor that consolidates the marital bond. This is hypothetically due to cultural differences notably distinguished between the western individualist culture and the African collectivist culture. Unlike the depressing statistics often reported in western societies, this study has established that transition to parenthood actually enhances, rather than erodes, marital satisfaction. This is not to downplay the salience of the issue among individuals who report a different experience, or to trivialize the rising cases of marital dissatisfaction in society, but rather, to point out that they are the exceptions rather than the norm, at least as far as the this study findings is concerned.

Secondly, financial preparedness and management is at the nerve center of successful transition to parenthood, with serious implications on marital satisfaction of first time parents. That the arrival of children demands significant adjustment in one's

finances makes adequate financial preparedness very important, and, in this study, money has emerged to be one of the most essential things in family life for first time parents throughout the transition. This is probably because there is an element of direct and indirect financial cost for every aspect of childbearing and nurturing from health insurance to pre-and post-natal care and even hiring domestic helpers.

Aside from money, perceived supportiveness of the spouse is a key determinant of marital satisfaction, thus affirming the relevance of EFT theory. Related to this is the observation that the modern African man is gradually embracing roles which were hitherto believed to be the sole responsibility of the wife such as helping with baby care and housework, working as a team, being present and generally getting involved in the toddler's life. It is worth noting that first-time mothers who report deterioration in marital satisfaction during transition to parenthood had spouses who were either physically absent, emotionally absent or both. Being there for each other at the moment of need thus turns out to be a significant ingredient for marital satisfaction for first-time parents, and, unlike in the western world where it is expected, supportiveness of the husband comes out as a pleasant surprise to the typical African wife.

Finally, social support systems are important buffers against the adverse effects of transition to parenthood for first time parents. In this regard, a strong social network of supportive friends and family plays a great role. This is because the entire transition can be overwhelming and full of anxiety and it therefore helps to know that a friend or family member has your back, especially when the going gets tough. Friends and family who have passed through that phase are a repository of experiential knowledge that can be a source of counseling and advice.

At the institutional level, healthcare facilities and even counseling centers can be an important alternative for those who lack a strong social support network but

preparation for transition to parenthood appears to be a missing element in these institutions. Although spouses reporting a negative experience of transition to parenthood are in the minority, their numbers are still high enough to warrant intervention. This opens up opportunities for enterprising healthcare facilities to respond with relevant value adding services. By extension, it also underscores the currency of marriage and family therapy as a timely service in healthcare facilities providing pre-and post-natal services such as the Nairobi Hospital.

Recommendations

The following recommendations are made:

- i) Healthcare facilities should start offering marriage and family therapy services to expectant couples and first-time parents. This should start at the first point of contact with the couple. This will help the couple to view this service as part of the care offered by the institution towards the successful transition to parenthood. This can either be bundled as a value added service along with pre- and post-natal care or provided as an independent healthcare product. Marketing of the product can easily be achieved through cross-selling to patrons utilizing clinic services at the hospital.
- ii) Public awareness and education initiatives should be started in healthcare facilities targeting upcoming parents. The objective of this is to expose first-time parents to the likely challenges associated with transition to parenthood such as financial demands, emotional exhaustion and physical changes as well as highlight tips for successfully navigating the transition. For example, a 10-minute video clip on effective coping could be run on screens in waiting halls. Introduction of group sessions for the parents at various stages of transition such as pregnancy, post-natal, or well-baby parents would help create a forum for

them to share their challenges with each other. This would be facilitated by a Marriage and Family Therapist.

- iii) A concerted effort should be made by all stakeholders to get both spouses involved in counseling and education targeted at preparing first time couples for parenthood rather than projecting early parenthood as a woman's affair. Incentives should be created to encourage increased involvement of the father at every stage of the child's life from pregnancy and baby care to later development.

Recommendations for Further Studies

A number of research areas are identified for further study as follows:

- i) Since the current study was undertaken among individuals patronizing a high-end healthcare facility, a similar study could be carried out in a comparatively low class healthcare environment in order to establish whether there are underlying social class differences in experiences of transition to parenthood and marital satisfaction.
- ii) Although the study objectives have been achieved, the male voice was underrepresented in the sample, thus potentially skewing the study results and conclusions in favour of one gender. Therefore, a future study could ensure gender balance in sampling.
- iii) Further studies should be undertaken on the role of culture as an influential factor affecting marital satisfaction of Kenyan couples in transition to parenthood. Such studies should also control for demographic factors such as dual income and education in order to isolate their contribution to marital satisfaction or lack thereof for first time parents.

Conclusion

This chapter has summarized the study findings and discussed their implications for theory and practice. In conclusion, transition to parenthood generally enhances rather than erodes marital satisfaction of first time parents. This however depends on a number of underlying factors, most notably the presence and support of the spouse, financial preparedness and a strong social support system. Counseling and education for better preparation for transition to parenthood is an important institutional intervention but currently missing in healthcare facilities and counseling services. Theoretical and practical recommendations for improvement have been made.

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APPENDICES

APPENDIX I: CONSENT FORM

CONSENT FORM

Hello Sir/Madam,

My name is Judith Thumbi studying MA in Marriage and Family Therapy at the Pan Africa Christian University (PACU). This study is being carried out as part-fulfillment of Master of Marriage and Family therapy degree requirement. I will give you information on what the study is about and then invite you to be a study participant. I and the research team will take time to address any queries or concerns you may have now or later.

May we proceed? Yes _____ No _____.

You have been purposefully selected for this study because you fit the criteria of married first time parents. Your name will not be recorded on the questionnaire. A number will be used. Any personal information will be kept confidential and only used for the purpose of the study. The questions asked are sensitive in nature and will only be used for the purpose of understanding the topic. Your participation in the study will be very important and I rely on your answers in understanding the phenomena of transition to parenthood and marital satisfaction for first time parents.

There are no risks associated with your participation in this study. Your participation will however help in knowing how the challenges associated with this stage in life can be addressed.

The questionnaire will take about ten minutes of your time.

Kindly indicate if you consent to undertake this interview. Yes No

If you do not wish to participate kindly indicate the reason.....

Signature of interviewee to indicate consent was obtained:

.....

Name and signature of interviewer:.....Date.....

APPENDIX II: QUESTIONNAIRE

Serial number of questionnaire:

SECTION A: BACKGROUND CHARACTERISTICS		
N ^o	Questions	Responses
01	Please indicate your gender	
02	How old are you?	
03	How long have you been married?	
04	If pregnant, gestation of pregnancy	
05	If given birth, age of baby (in months)	
06	Occupation	Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Housewife <input type="checkbox"/>
07	Highest level of education	Graduate <input type="checkbox"/> Diploma holder <input type="checkbox"/> Secondary education <input type="checkbox"/>

SECTION B: MARITAL SATISFACTION		
08	Please rate your level of satisfaction with your marriage before transition to parenthood	Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/>
09	What is your level of marital satisfaction currently?	Very dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/>
10	How has your marital satisfaction changed following transition to parenthood?	Decreased <input type="checkbox"/> Remained the same <input type="checkbox"/> Increased <input type="checkbox"/>

SECTION C: CHANGES THAT TRANSITION TO PARENTHOOD CAUSES ON MARITAL RELATIONSHIPS

Please indicate the level at which you agree with the following statements on a scale of 1-5 from 1= Strongly disagree; 2= Disagree; Neutral = 3; Agree = 4; 5= Strongly agree

		1	2	3	4	5
11	Demands of pregnancy/parenthood has taken the time we used to spend together as a couple					
12	I usually have no energy left to be intimate with my spouse after a whole day of attending to the effects of pregnancy/needs of the child.					
13	We are not able to find time for each other due to increased responsibility					
14	We have had to adjust our finances to accommodate the needs of the baby					
15	My spouse has had to spend more time working to provide for the child.					
16	I have had to put on hold my career to care for the baby					
17	We no-longer have freedom to socialize the way we used to due to the demands of pregnancy/parenthood					
18	Shared leisure time has decreased since pregnancy/the arrival of the baby					
19	My desire for intimacy during pregnancy/parenthood reduced					

20. What was your experience in the marriage during the pregnancy process?

21. What changes have you noticed in your marriage since the arrival of the baby (if applicable)?

22. How has your social life changed since your pregnancy or birth of the baby?

23. Has the transition to parenthood impacted on you emotionally?

SECTION D: IMPACT OF CHANGES CAUSED BY TRANSITION TO PARENTHOOD ON MARITAL SATISFACTION

Please indicate the level at which you agree with the following statements on a scale of 1-5 from 1= Strongly disagree; 2= Disagree; Neutral = 3; Agree = 4; 5= Strongly agree

		1	2	3	4	5
24	I feel happier in my marriage because of the pregnancy/baby.					
25	I feel emotionally disconnected to my spouse					
26	The pregnancy/baby has given us a deeper meaning of togetherness and love					
27	I feel a deep emotional connection with my spouse since pregnancy/the arrival of the baby					
28	I feel that my spouse spends too much time away from me.					
29	Communication between my spouse and I has reduced since pregnancy/the arrival of the baby					
30	I feel that the division of housework and baby care responsibilities is unfair.					

31. How has pregnancy experience affected your marital relationship after the birth of the baby? _____

32. On a scale of 1-5, whereby 1- I am very dissatisfied with my marriage, 5- I am very satisfied with my marriage, where would you place your marital satisfaction as it stands today. What are your reasons for the score you have given?

SECTION D: STRATEGIES THAT CAN ENHANCE MARITAL SATISFACTION DURING TRANSITION TO PARENTHOOD

Please indicate the level at which you agree with the following statements on a scale of 1-5 from 1= Strongly disagree; 2= Disagree; Neutral = 3; Agree = 4; 5= Strongly agree

		1	2	3	4	5
34	My spouse shows me kindness.					
35	Me and my spouse work as a team in nurturing our baby					
36	My spouse and I deliberately spend quiet time of ourselves.					
37	I get emotional support from my spouse.					
38	My spouse share in baby care and housework.					

39. How have you and your partner balanced the parental role and the partner role?

40. Can parenting education enhance marital satisfaction among couples?

41. Should discussion of parenting be included in healthcare facilities?

42. How can pre-marital counseling be enhanced to help couples manage transition to parenthood? _____

43. What strategies or education can institutions/health care facilities employ to assist first time parents during this transition?

44. What challenges do you think first time parents would need to be prepared for during the transition to parenthood? _____

45. How have you coped with the challenges you mentioned?

46. What training or information would you recommend as a preparation for parents at this time? _____

APPENDIX III: INTERVIEW SCHEDULE FOR HUSBANDS

1. What was your experience in the marriage during the pregnancy process?
2. How has this experience affected your marital relationship after the birth of the baby?
3. How has your social life changed since the pregnancy of your spouse or birth of the baby?
4. Has the transition to parenthood impacted on you emotionally?
5. How have you and your partner balanced the parental role and the partner role?
6. On a scale of 1-5, whereby 1- I am very dissatisfied with my marriage, 5- I am very satisfied with my marriage, where would you place your marital satisfaction as it stands today. What are your reasons for the score you have given?
7. Can parenting education enhance marital satisfaction among couples?
8. Should discussion of parenting be included in healthcare facilities?
9. How can pre-marital counseling be enhanced to help couples manage transition to parenthood?
10. What strategies or education can institutions/health care facilities employ to assist first time parents during this transition?

APPENDIX IV: PAC UNIVERSITY INTRODUCTION LETTER

13th June, 2018.



P.O. Box 56875 - 00200
Nairobi, Kenya
Lumumba Drive, Roysambu
off Kamiti Rd, off Thika Rd
Tel: 0734 400694/0721 932050
Email: enquiries@pacuniversity.ac.ke
website: www.pacuniversity.ac.ke

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: JUDIYH THUMBI REG. NO (MFT/0651/15)

Greetings! This is an introduction letter for the above-named person a final year student at Pan Africa Christian University (PAC University), pursuing a Master of Arts in Marriage and Family Therapy.

She is at the final stage of the programme and she is preparing to collect data to enable her finalise on her thesis. The thesis title is 'Impact of Transition to Parenthood on Marital Satisfaction: The Case of First-time Parents at Anderson Centre, Nairobi Hospital, Kenya.'

We therefore kindly request that you allow her conduct research at your organization.

Warm Regards,

Lilian Vikiru
Dr. Lilian Vikiru
Registrar Academics

PAN AFRICA CHRISTIAN UNIVERSITY
P.O. Box 56875, NAIROBI - 00200.
TEL: 8561820 / 8561945 / 2013146

13th June, 2018

Where Leaders are Made

APPENDIX V: NACOSTI RESEARCH PERMIT



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,
2241349, 3310571, 2219420
Fax: +254-20-318245, 318249
Email: dg@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

NACOSTI, Upper Kabete
Off Waiyaki Way
P.O. Box 30623-00100
NAIROBI-KENYA

Ref. No. **NACOSTI/P/18/88244/24666**

Date: **6th September, 2018**

Judith Wambui Thumbi
Pan Africa Christian University
P.O Box 56875 – 00200
NAIROBI

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *“Impact of transition to parenthood on marital satisfaction: The case of first time parents at Anderson Center, Nairobi Hospital, Kenya”* I am pleased to inform you that you have been authorized to undertake research in **Nairobi County** for the period ending **5th September, 2019**.

You are advised to report to **the County Commissioner and the County Director of Education, Nairobi County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit **a copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.


BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Nairobi County.

The County Director of Education
Nairobi County.

National Commission for Science, Technology and Innovation is ISO9001:2008 Certified

APPENDIX VI: NAIROBI HOSPITAL RESEARCH PERMIT



THE NAIROBI HOSPITAL

Our Ref. TNH/ADMIN/CEO/13/07/18

13 July 2018

Judith Thumbi
The Nairobi Hospital

Dear Ms. Thumbi,

**RE: IMPACT ON TRANSITION TO PARENTHOOD ON MARITAL
SATISFACTION: THE CASE OF FIRST TIME PARENTS AT
ANDERSON CENTRE, NAIROBI HOSPITAL**

Reference is made to your request to carry out the above study at The Nairobi Hospital.

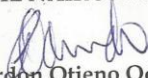
We are pleased to advise that approval has been granted.

In line with the Research Projects Policy, you will be required to submit a copy of the final audit findings to the Bioethics & Research Committee for records.

Do note that information/data collected and potential findings shall not be in conflict with the Hospital's confidentiality clause which states that "You will not without consent of the Association disclose any of its secrets or other confidential matters to anyone who is not authorized to receive them".

Please note that this approval is valid for the period July 2018 to July 2019, if an extension is required, a fresh application should be done before proceeding with the audit.

Yours sincerely,
FOR: THE NAIROBI HOSPITAL


Gordon Otieno Odundo
CHIEF EXECUTIVE OFFICER

C.c. Chairman - Bioethics & Research Committee
Unit Manager - Anderson Centre

ISO 9001:2008 Certified

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