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**TAKING A COVENANT TO PICK UP HIS SOCKS:
GENDER-TRADITIONAL MARRIAGE AND DEPRESSION AMONG
NEWLYWED WIVES AND HUSBANDS**

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Taking a covenant to pick up his socks:

Gender traditional marriage and depression among newlywed wives and husbands

We use a distributive justice framework and unique data on covenant and standard married newlywed couples to explore gender differences in depression associated with marriage traditionalism and the transition to the new roles of wife and husband. Marriage traditionalism, measured by religiosity and covenant marriage status, has no effect on husbands' depression, but serves as a marker of selection effects for wives. Women predisposed to fewer depressive symptoms are more likely to elect covenant marriage and report greater religiosity. More important, we find gendered effects of the division of paid and unpaid labor, perceived unfairness of housework, and gender role attitudes on newlywed wives' and husbands' risks of depressive symptoms. Husbands report fewer depressive symptoms, if they succeed as breadwinners and do not feel under-benefited in the division of housework. Wives have a more complicated, ambivalent pattern of gendered risk factors, consistent with distributive justice perspectives on women's lower sense of entitlement.

This paper uses a distributive justice framework to contribute to research on mental health in heterosexual marriage by exploring gender differences in depressive symptoms between newlywed spouses. First, we explore gendered couple-level dynamics of attachment to formal institutionalized marriage traditionalism and religiosity on depressive symptoms. We explore whether marriage traditionalism and religiosity buffer against depressive symptoms and whether the effects differ for wives and husbands. In particular, we ask whether wives, more than husbands, are aided in mental health by a more traditional form of marriage and greater religiosity.

Second, we address the consequences of emergent gendered roles and the division of labor on wives' and husbands' depressive symptoms. The transition to the demanding "master" statuses of wife and husband may bring marked strains as couples renegotiate their sense of responsibilities and privileges as newly-married spouses. Further, these strains may operate in gendered ways such that the experiences which influence depressive symptoms may differ for wives and husbands.

We are well-situated to answer these culturally-charged and policy-relevant questions. We have access to a unique source of data on newlywed couples with rich information not only about their gender role attitudes and division of responsibilities, but also exceptionally detailed measures of religiosity. Of key relevance, these data address life in contemporary newlywed marriages for couples who had the unprecedented historic opportunity to be marriage innovators. The Marriage Matters data (1997-2004, University of Virginia) followed newlywed couples in Louisiana who had the choice between standard marriage with no-fault divorce provisions and the new covenant marriage which draws heterosexual couples into much stricter premarital and

marital counseling agreements and precludes divorce except for fault-based reasons after extended waiting periods.

Covenant marriage was created during great political and social ferment about the institutional meaning of marriage (Nock, Sanchez, & Wright, 2008). Covenant marriage first appeared in 1997, contemporaneously with the spate of federal and state Defense of Marriage Acts which formalized marriage as an institution uniting only a man and woman, and thus preemptively restricting access to marriage by lesbians and gays. Proponents cast covenant marriage as a more protective form of marriage for those who want security against the vicissitudes of divorce, so that spouses can specialize without risk in traditional wifely and husbandly roles. Thus, we use a distributive justice framework to address concretely whether covenant marriage delivers on its promise of reducing risk and strain by lowering depressive symptoms among covenant wives and husbands, as compared to standard-married wives and husbands. Additionally, we explore whether covenant marriage has gendered effects, by lowering wives' depressive symptoms more substantially than husbands', as wives experience the greater intended security against the risks associated with wives' marital dependency and subordination.

Gender Differences in Depression

Research demonstrates that women report greater depression than men (Elliot, 2001). Some evidence indicates these disparities may be partly an artifact of gender differences in reporting styles. Women may report more depressive symptoms than men simply because they know their health better and are more willing to communicate problems (Idler, 2003). Family members are also more likely to report depression in women than in men (Brommelhoff, Conway, Merikangas, & Levy 2004). Additionally, the gap is not an artifact of measurement

error. Mirowsky and Ross (1995) test whether prior research wrongly measured greater depression among women than men, since men typically show outward signs of anger and hostility while women internalize distress into depression. They find that gendered emotive styles do not fully account for the gap in depression.

Research suggests that two dynamics leave women more vulnerable to depressive symptoms than men. Women experience stress qualitatively differently and experience more oppressive forms of stress than men. Indeed, women often face mental health burdens associated with gendered social subordination, as evidenced by greater economic hardships and lower decision-making power within heterosexual relationships (Chen, Subramanian, Acevedo-Garcia, & Kawachi, 2005; Elliott, 2001; Nolen-Hoeksema, 2001; Nolen-Hoeksema, Larson, & Grayson, 1999). Women also routinely experience intense forms of role overload, particularly when balancing the demanding activities of paid employee, wife, and mother as primary parent (Nolen-Hoeksema, 2001; Simon, 1995). Some wives experience paid employment as directly in stressful competition with their family obligations. This role conflict between two valued domains of self-mastery can spur distress in wives who may feel thwarted by their perceived inability to meet the needs of their children or husband (Simon, 1995).

Marriage and Depression

Research is mixed about whether marriage buffers against depression or does so differently for women and men. Generally, research indicates that marriage enhances mental health (Waite & Lehrer, 2003). Some research indicates that marriage especially improves men's mental health (Nock, 1998; Ross, Mirowsky, & Goldstein, 1990). Simon (2002) uses data from the first two waves of the National Survey of Families and Households (NSFH) and finds that marriage buffers against depression equally for women and men. Gove and colleagues

(1983) indicate that being married improves mental health for men, whereas marital quality is significant for women's mental health. However, Williams (2003) finds that marital quality affects both women's and men's mental health.

Moreover, marital quality may strongly influence depression. Perceived support, affirmation, appreciation, marital happiness and relationship quality routinely are associated negatively with depressive symptoms for women and men (Gove, Hughes, & Style, 1983; Vanfossen, 1981; Williams, 2003). Using three waves of the Americans' Changing Lives survey, Williams (2003) examines the relationship between marital quality and depressive symptoms among continuously married and unmarried individuals. Williams uses a multidimensional measure of marital quality including overall satisfaction with marriage, spousal emotional support, marital conflict and marital strain. She finds that individuals in marriages with lower quality reported significantly more depressive symptoms compared to unmarried individuals. Whitton and colleagues (2007) find gendered effects with wives' relationship confidence as a mediator of the association between negative marital interaction and depression. For men, neither relationship confidence nor negative marital interaction influence depression. Also, mental health may rebound for women and men who separate or divorce from lower quality marriages, with fewer depressive symptoms reported post-separation (Williams, 2003).

Last, evidence is inconclusive about whether marital status, in and of itself, or selection effects into marriage, influence mental health. Research does show that marriage has direct mental health benefits. Using a sample of young adults, aged 18-35, from the NSFH data, Lamb, Lee and DeMaris (2003) find that depression does not affect selection into either marriage or cohabitation; rather, they find that marriage itself reduces depression in young people. But, mounting evidence indicates that selection effects into marriage may account for the better

mental health of the married and not the protective features of marriage alone. Individuals with predispositions for better mental health often select into marriage (Horwitz, White, & Howell-White, 1996; Mastekaasa, 1992; Stutzer & Frey, 2006). With respect to depressive symptoms, research suggests that greater depression reduces women's, but not men's likelihood of marriage (Horwitz, White, & Howell-White, 1996).

Religiosity and Depression

Religious involvement can have positive effects on both mental and physical health. Attending religious services at least once a week is associated with fewer illnesses and quicker recovery periods (George, Ellison, & Larson, 2002). Social support is related positively to health with religious participation offering more opportunities for social interaction and greater numbers of social ties (Ellison & George, 1994; George, Ellison, & Larson, 2002). Using data from the General Social Survey, Pollner (1989) finds that reporting a relationship with a divine power to be associated positively with mental well-being. Smith, McCullough, and Poll's (2003) meta-analysis finds a robust, but moderate correlation between religiousness and depressive symptoms.

Mirola (1999) finds that neither self-reported religiosity (measured by church attendance, holding an office or responsibilities in the church, and how religious or spiritual the respondent considered themselves) nor praying to cope with stress affects men's depression, but self-reported religiosity negatively affects women's depression. On the other hand, Maselko and Kubzansky (2006) find that weekly public religious activity is associated negatively with psychological distress for both women and men, but more strongly for men.

The Gender Division of Paid Employment and Housework and Depression

The division of household labor is a highly gendered arena, particularly within married households. Upon marrying, women's time in housework increases, whereas men's housework time decreases (Gupta, 1999). Married couples also have the largest gap in the allocation of housework time in comparison to other households (South & Spitz, 1994). Over the past few decades, wives significantly increased their paid employment while maintaining disproportionate responsibility for housework (Hochschild, 1989; Sayer 2005). At the same time, husbands increased their housework, but mainly in discretionary tasks and child care (Bianchi, Milkie, Sayer, & Robinson, 2000). Research thus indicates that married women still must juggle a "triple shift," combining great effort in paid employment, housework, and child care and often giving up free time (Sayer, 2005). While a significant source of strain, and given token validation in the media, this triple shift is poorly acknowledged within relationships (Hochschild, 1997). Instead, husbands still retain the psychic privilege of "breadwinning status" in most marriages, even when the wife also performs paid work.

Research also demonstrates that the gender division of housework is associated with depression. Housework is often monotonous, routine and repetitive (Barnett & Shen, 1997; Blair & Lichter, 1991), although some activities can inspire creativity, satisfaction, and self-actualization. Of mental health relevance, housework can be typified along a dimension of autonomy or self-control. Tasks which can be performed at one's own pace, discretion, and leisure are high in self-control, while those that require regular, often daily, schedule-bound performance are low in self-control. Autonomy in married couple's housework is still strongly gendered. Tasks still stereotypically aligned with husbands, such as car maintenance or minor repairs, are high in autonomy, while tasks stereotypically relegated to wives, such as meal

preparation and routine cleaning, are low in autonomy or self-direction. Research documents that time spent in low autonomy tasks is associated positively with depressive symptoms (Barnett & Shen, 1997). Bird (1999) more recently documents that not only does absolute time in low autonomy tasks increase reports of depressive symptoms among wives, but an increased relative share of low autonomy tasks, as compared to husbands, also increases wives' depressive symptoms. Furthermore, perceived inequity impacts depression levels within married couples. Husbands who perceive inequity in paid labor have increased levels of depression, whereas perceived inequity in household labor increases wives' depression (Glass & Fujimoto, 1994).

Perceived Entitlement to Equity, Newlywed Gender Roles, and Depression

Gendered distributive justice and equity theories explain women's muted sense of entitlement as a condition of structural gender inequalities in society (Baxter & Kane, 1995). Women's dependence on men in intimate heterosexual relationships and societal supports for this socioemotional subordination differentially shapes women's and men's gender ideologies, perceived latitude to structure paid employment and unpaid housework roles according to personal preferences, and ultimately well-being (Sanchez & Kane, 1996; Baxter & Kane, 1995; DeMaris & Longmore, 1996; Komter, 1989). Marriages with wife's greater dependency are associated with less egalitarian gender role attitudes for both women and men (Baxter & Kane, 1995). Wives' dependency serves to motivate wives to anticipate and meet husbands' expectations, whereas husbands may discount wives' expectations and preferences (Sanchez, 1994; Komter, 1989; Thompson, 1991).

First, research consistently demonstrates that women do not feel entitled to receive compensation, reciprocity or privileges commensurate with the value of their work contributions (Hochschild, 1989; Major, 1993; Thompson, 1991). Indeed, women's devaluation of their

contributions radiates to both their paid employment and unpaid housework. In experimental research, Major, McFarlin, and Gagnon (1984) found that women routinely assign themselves lower pay and believe lower pay is fair, as compared to men, even when they work longer and produce higher quality work. Housework research also routinely finds that women feel great ambivalence about expecting appreciation, reciprocity, and mutuality in terms of housework contributions from their partners (Sanchez, 1994; Hochschild, 1989). Research further indicates that the symbolic meaning of housework as a valued outcome differs for women and men (Sanchez & Kane, 1996; Thompson, 1991). Wives often perform housework as an expression of care and love for family members, and would rather “keep peace” than press for gender equality in spousal roles and responsibilities (Thompson, 1991). But wives also symbolically value husbands’ housework as a tangible sign of appreciation and respect (Hawkins, Marshall, & Meiners, 1995). Not surprisingly, Thompson (1991, p. 190) concludes that “for women to feel that they deserve a better domestic arrangement, they must see the value of their own contributions to family work.”

Second, societal expectations about gender-appropriate comparison referents are an important component of women’s devaluation of their work. Comparison referents are the standards that individuals use to evaluate outcomes. Structural gender inequalities and ideologies encourage women and men to use within-gender rather than between-gender comparisons. Women are encouraged to compare their marital division of paid employment and housework to their mother’s or grandmother’s. Men endorse that women should evaluate their husbandly contributions to other husbands who preferably do less housework or to their father’s or grandfather’s from more traditional generations (Hochschild, 1989; Thompson, 1991). In a society marked by greater wife’s dependency, a sexual politics which suppresses direct between-

gender spousal comparisons deflects questions about equity and mutuality raised by wives, particularly during the pivotal early stages of establishing wife and husband roles.

This muted sense of entitlement, both to expect equity and to make direct comparisons to their husbands, may account for the justifications couples use to explain the seeming fairness behind wives continuing to perform the majority of unpaid housework, even when engaged in paid employment. Major (1993, p. 155) suggests that “women and men may legitimize the distribution of family work by the belief that her responsibility for family work and child care is a just exchange for his responsibility for breadwinning.” Thus, within-gender comparisons in the modern context encourage women to develop a “superwoman” mentality about contribution to paid employment, housework and child care, while muting and downplaying desires to expect anything more from husbands in terms of housework participation beyond men’s involvement in discretionary support roles. In fact, research suggests that even women with substantial breadwinning prestige feel pressure to downplay between-gender comparisons out of fear of being labeled as domineering and emasculating (Tichenor, 1999).

Gendered Entitlement and the Current Investigation

We use this distributive justice perspective to examine whether the sexual politics attendant in the new roles of wife and husband affect depression. Our study makes two contributions to research on marriage and mental health. First, we explore policy-relevant questions about whether religiosity and marriage law reform can buffer against depression. Second, we explore the feminist distributive justice question of whether gender traditionalism in the wife’s and husband’s roles are associated with greater depression among wives, but lesser depression among husbands.

Our first hypotheses address covenant marriage, religiosity, and religious fundamentalism. We expect covenant marriage to affect wives', but not husbands' depression. As compared to wives in standard marriages, we expect wives in covenant marriages to manifest fewer depressive symptoms, given the policy intention of covenant marriage to reduce the social and economic risks of divorce for women and thus a source of anxiety. We additionally expect one's own religiosity and fundamentalist status to buffer against depression, with the effects stronger for wives than husbands.

Our second hypotheses address spousal dynamics in comparison referents surrounding their new roles as wives and husbands. First, given the societal valorization of men's breadwinning, we expect husband's income to be associated with lower depression for both wives and husbands. Conversely, wife's paid employment should be associated with lower depression only for wives, but have no effect on husbands' depression. Second, given the lower salience of housework for men, participation in housework should not be associated with husbands' depressive symptoms. But we expect that housework participation will increase wives' depression, but only within male-stereotypic housework. Participation in female-stereotypic housework is a normative fundamental feature of the new role as wife. Thus, responsibility for male-stereotypic housework may be felt as a violation of their gendered marital expectations and as a distressing sign of lack of appreciation for their duties as wife.

Third, we expect that perceptions of unfairness about the division of housework should have no effect on husbands' depressive symptoms. But we expect that perceived unfairness should be a significant predictor for wives, with both their assessments of perceived unfairness to self and to their husband associated with greater depression. Last, we expect that gender role attitudes should have no effect on husband's depressive symptoms, but that both the wife's and

husband's gender role attitudes should be associated with wives' depressive symptoms. Greater traditionalism should be associated with more depressive symptoms. Thus, we test whether more egalitarian wives have a more keenly defined sense of entitlement which may create "more friction" in their new marriages about the duties of a wife, but also healthfully serves to reduce risks of depression.

METHODS AND DATA

The data are from a three-wave longitudinal study of newlywed couples funded by the National Science Foundation and a private foundation (Marriage Matters, University of Virginia). The sampling frame consisted of licenses drawn from 17 parishes randomly selected proportionate to size. All covenant marriage licenses were selected, as well as standard marriage licenses filed next to the covenant licenses. The initial recruitment rate from these licenses was 76%, with a subsequent first wave survey response rate of 59% (see Nock et al., 2008 for a more detailed description of the sampling and recruiting strategy). The current study uses couple-level data from the first wave, representing newlyweds interviewed within 3 months of their weddings. The data consist of 707 couples. Of these, 21 wives and 122 husbands did not complete surveys, reducing matched reporting couples to 564. Missing values on the depression index further reduced the sample by 28 wives and 27 husbands. Finally, 26 couples were missing information on the focal independent and control variables. The effective sample size is 483.

Dependent Variable

Depression. We measure the wife's and husband's depressive symptoms using an abbreviated 12 item index from the Center for Epidemiological Studies Depression CES-D Scale. The items asked "On how many days during the past week did you: feel bothered by things that usually don't bother you, not feel like eating (your appetite was poor), feel that you

could not shake off the blues even with help from your family or friends, have trouble keeping your mind on what you were doing, feel depressed, feel that everything you did was an effort, feel fearful, sleep restlessly, talk less than usual, feel lonely, feel sad, and feel like you just could not get going.” The depressive symptoms indices use the sum of each of these items and ranges from 0-82 for wives and 0-77 for husbands.

Focal Independent Variables

Covenant status. Covenant status is a dummy variable for whether the couple has a covenant marriage (1) or standard marriage (0).

Religiosity. We use five items to construct a measure of the wife’s and husband’s self-reported intense commitment to religious activity and beliefs. The summed indices count the number of instances that the wife and husband report that s/he attends religious services at least once a week, always attends services with partner, prays several times a day, religious faith is extremely important, and that it is extremely important that both partners feel the same way about religion. These indices range from 0-5 for wives and husbands.

Both spouses fundamentalist. We measure religious fundamentalism with a dummy variable which measures whether both the wife and husband strongly agreed with the statement, “I regard myself as a religious fundamentalist” (1) and all other responses (0).

Husband’s income. Husband’s income measures the husband’s reported yearly income ranging from no income to \$100,000 or more. This categorical measure ranges along the following 13 ranks: no income; less than \$5,000; \$5,000-\$9,999; \$10,000-\$19,999; \$20,000-\$29,999; \$30,000-\$39,999; \$40,000-\$49,999; \$50,000-\$59,999; \$60,000-\$69,999; \$70,000-\$79,999; \$80,000-\$89,999; \$90,000-\$99,999; and \$100,000 or more. Among couples in which a husband refused to report income, we used the wife’s report for her husband.

Wife's paid employment status. We measure wife's paid employment status with a dummy variable of her full- or part-time paid employment (1) and all other categories of unemployment and non-employment (0).

Sex-stereotypical housework participation. The wife's and husband's indices of female-stereotypical housework participation are created from self-reports of main responsibility for the following tasks: cleaning the house, washing dishes, washing clothes, preparing meals, shopping for groceries and household goods, keeping in touch with our families, and taking care of the children. The wife's and husband's indices of male-stereotypical housework participation are self-reports of main responsibility for the following tasks: bringing in the income, paying bills and keeping financial records, making decisions about money, outdoor and other household maintenance tasks, driving other household members around, and automobile maintenance and repair. These former and latter indices range from 0-7 and 0-6 for wives and husbands.

Perceived fairness of the division of housework. We measure the wife's and husband's self-reported perceptions of the fairness of the division of housework with two types of assessments. The two questions asked: "Do you personally feel that the division of responsibility for household chores between you and your partner is 'fair or unfair to you?' and 'fair or unfair to your partner?'" For both the wife and husband, two dummy variables measured whether the spouse perceived the division of housework as 'very unfair or somewhat unfair' to self (1) and 'very unfair or somewhat unfair' to the partner (1). The excluded categories were perceptions of fair or somewhat fair to self and partner, respectively.

Gender role attitudes. We measure the wife's and husband's gender role attitudes with five Likert-scale items with responses ranging from strongly disagree (1) to strongly agree (5). The items include: "All in all, family life suffers when the wife has a full-time job," "A

husband's job is to earn money, a wife's job is to look after the home and family,” “It works best when the man earns the money and the woman takes care of home and family,” “Taking care of children should be mainly a woman's responsibility,” and “By nature, women are better than men at making a home and caring for children.” The summed indices range from 5-25 with higher values reflecting greater traditionalism. The Cronbach’s alphas are .81 and .79 for the wife’s and husband’s indices, respectively.

Control Variables

Premarital disadvantages. We measure the wife’s and husband’s premarital disadvantages with summed indices of their self-reported problems before marriage. The items assess the amount of social, financial and medical troubles that each spouse brought into the marriage. The wife’s and husband’s premarital disadvantage indices were created by counting instances in which the spouse reported not having a job, a car, savings of more than \$1,000, an owned home or reported having a criminal record, a drinking or drug problem, more than \$500 in credit card debt, other significant debt, personal bankruptcy, and a medical (health) problem. The indices ranged from 0-7 with higher scores reflecting greater accumulated premarital disadvantages.

Premarital risk. We measure the wife’s and husband’s perceived likelihood of a successful marriage with items which address the occurrence of deception in courtship, history of courtship infidelity, bouts of breakup, and intensity of relationship conflict. The premarital risk indices count the number of instances of reported risks across six items. The indices count whether (a) the spouse did not get a good picture of what the partner was like while dating, (b) the partner did not get a good picture of the spouse, (c) the spouse became romantically or sexually involved with someone else while dating once or more than once, (d) the spouse thinks

the partner became romantically or sexually involved with someone else while dating once or more than once, (e) the spouse reports that the couple broke up and got back together more than once, and (f) the spouse reports the premarital relationship had a lot of conflict. The indices ranged from 0-6 with higher scores reflecting greater premarital risk.

Total family and peer approval. We measure the wife's and husband's perceived family and peer approval when they announced their engagement. The family and peer approval indices counted the number of self-reports of strong approval across the following people: the spouse's father, spouse's mother, partner's father, partner's mother, brothers and sisters, partner's brothers and sisters, friends, and partner's friends. We combined both the wife's and husband's assessments of perceived approval to create an index which ranges from 0-16.

Couple's community participation. We measure the wife's and husband's perceived frequency of community participation together as a self-reported index of 8 items. The possible responses for the frequency of each activity are every day (6), several times a week (5), weekly (4), sometimes (3), rarely (2), and never (1). The activity items include: "engage in outside interests together", "work together on a project", "visit your relatives", "visit your partner's relatives", "spend an evening with friends", "go to a bar or tavern together", "go bowling, golfing, or other sports", and "go out to a restaurant together." These community participation indices range from 12-48 for wives and 11-43 for husbands, with higher values indicating more frequent participation together in community-based events.

Major childhood problems. The major childhood problems index assesses the amount of traumatic childhood problems for each spouse. We use self-reported responses across fourteen items. The question asked: "Were any of the following a problem or source of conflict in your family when you were growing up? Violence between your parents, violence directed at you,

sexual abuse, severe depression, other mental illness, alcoholism, drug abuse, foul and abusive language, periods of unemployment, not enough money to make ends meet, serious physical illness, not enough love in the home, high conflict between your parents, name-calling and sarcasm.” The childhood major problems indices count the number of items that were reported as major problems, ranging in value from 0-12 for wives and 0-14 for husbands.

Family history controls. We measure family background characteristics with multiple measures of marital, cohabitation, and parenthood histories. We measure marriage history with three dummy variables for husband-only ever divorced, wife-only ever divorced, or both divorced, as compared to the excluded category of neither spouse previously experienced divorce. We measure cohabitation history with two dummy variables representing couples in which the spouses cohabited only together or couples in which either partner cohabited with another partner, compared to the excluded category of neither spouse experienced cohabitation. We measure parenthood history with two contrast-coded dummy variables representing at least one child present at the start of marriage or more than one child present at the start of marriage, as compared to the excluded category of no children present at the start of marriage.

Last, we use spouses’ education and race/ethnicity and the wife’s age as sociodemographic controls. We measure the wife’s and husband’s self-reported education through a set of dummy variables, representing the excluded category of less than high school, against the categories of high school graduate, some college attainment, and at least a college baccalaureate degree. We measure the couple’s race/ethnicity with dummy variables for the excluded category of both spouses are white, non-Hispanic, as compared to both spouses are Black, and all other racial/ethnic combinations. We measure wife’s age in years.

RESULTS

Are wives more depressed than husbands?

We begin by highlighting gender differences in newlyweds' depressive symptoms. Table 1 presents means for the depression indices and all other variables by gender. Consistent with previous research, wives report significantly more depressive symptoms than husbands, even in the early days of marriage.

[Table 1 about here]

Do covenant marriage and religiosity buffer against depression among newlyweds?

We now test our focal hypotheses about the potential buffering effects of covenant marriage and religiosity on depression. Table 2 presents multivariate Seemingly Unrelated Regression models of jointly-estimated wife's and husband's depressive symptoms for a model with all focal independent variables and controls.

[Table 2 about here]

We find mixed support for our hypotheses about covenant marriage. As hypothesized, for husbands, covenant marriage does not buffer against depressive symptoms, as compared to standard marriage. In fact, for husbands, covenant marriage is not significant in either the bivariate or multivariate equations. Covenant marriage does not influence wives' depression either. However, unshown analyses indicate that the premarital circumstances controls mediate the beneficial effect of covenant marriage on wives' depressive symptoms. The effect of covenant marriage is associated significantly and negatively with wives' depression, until the premarital circumstance variables are entered into the nested equation.

Our hypotheses about religiosity receive mixed support. Personal religiosity is not associated with depressive symptoms, for either wives or husbands. Self-identified

fundamentalist beliefs are associated negatively with wives' depression, but have no association with husbands' depression. Thus, our findings for this unique sample of Louisiana newlyweds demonstrates that the new legal reform of covenant marriage and personal religiosity do not buffer against depression for either wives or husbands, net of other factors commonly reported as determinants. However, we find some buffering effect of religious fundamentalism for wives.

Do gendered newlywed roles cause depression?

We begin the exploration of the management of newly-established wife and husband roles on depression, by addressing the effects of their actual distribution of breadwinning, paid employment, and housework activities. As hypothesized, we find that the husband's earnings are associated significantly and negatively with depressive symptoms for husbands. But husband's earnings do not significantly affect wives' depressive symptoms. However, we still find tentative support for our overall hypotheses about breadwinning. A constraints test demonstrates that the negative effects of the husband's earnings can be constrained to be equal on wives' and husbands' depressive symptoms (analyses not shown). In support of our hypotheses, the wife's paid employment hours significantly reduce wives', but not husbands', depressive symptoms. A constraints test demonstrates that this significant effect for wives, but not husbands, is robust (analyses not shown). The wife's paid employment buffers against wives depression, but not husbands.

As hypothesized, housework participation has no effects on husbands' depressive symptoms. Also, we find that the effect of participation in female-stereotypical housework is consistent with normative expectations about wifely duties and has no effect on wives' depressive symptoms. But participation in counter-normative male-stereotypical housework is associated significantly with greater depressive symptoms among wives. This finding is key,

given the robustness of the effect, net of premarital circumstances, childhood problems, and a host of other background controls. Further, a constraints test indicates that the effects of male stereotypical housework do significantly differ across the couple's equations (analyses not shown). In sum, for husbands, only their earnings affect depression as they transition to their newlywed roles. In sharp contrast, wives seem more sensitive to the gendered context of the couple's paid and unpaid work roles. For wives, we find that the husband's breadwinning and their own paid employment buffer against depression, but responsibility for gender-atypical housework exacerbates depressive symptoms.

We now turn to their subjective evaluations of the fairness of their division of housework responsibilities and their gender role attitudes. The effects of these subjective evaluations do not support our hypotheses. Nowhere is this more evident than with the perception of fairness findings. Neither perceptions of unfairness to self nor to the partner are significant predictors of wives' depressive symptoms. In contrast, perceptions of unfairness to self are associated with significantly elevated depressive symptoms among husbands, though perceptions of unfairness to spouse have no effect. A constraints test shows that the coefficient effects of perceived inequity to self cannot be constrained to be equal for husbands and wives; perceived unfairness to self is a salient source of distress for husbands in a way not shared by their wives (analyses not shown). Unshown analyses indicate that the childhood problems controls mediate the negative effects of perceived unfairness to self on wives' depressive symptoms. Importantly, we ran a further constraints test holding the coefficient effects of her perceived unfairness to her spouse and his perceived unfairness to self to be equal without worsening the model fit and with both coefficients becoming positive and significant (analyses not shown). Thus, we find tentative

evidence that perceived under-benefit by husbands and perceived over-benefit by wives exacerbates depression.

The findings for gender role attitudes provide stronger support for our hypotheses, particularly for husbands, if not for wives. As expected, neither the wife's nor the husband's gender role attitudes significantly predict husbands' depressive symptoms. This finding is robust in the final model, as well as in an equation with only gender role attitudes as predictors. Thus, husbands' attitudes toward gender-traditionalism have no effect on depression among newlywed men. In contrast, we find that the wife's own, but not her husband's, gender role attitudes are associated with depressive symptoms. Consistent with our hypotheses, attitudes toward gender-traditionalism are associated with significantly more depressive symptoms among newlywed wives, net of the actual division of paid and unpaid responsibilities, perceptions of fairness, and other determinants. However, support for our hypothesis about the non-effects of gender role attitudes for husbands is tempered by a constraints tests that indicates that the effects of one's own gender role attitudes can be constrained across the wife's and husband's equations (analyses not shown). This test provides speculative evidence that greater traditionalism in attitudes is associated with greater depressive symptoms among both newlywed wives and husbands.

Finally, we present the results for the control measures. First, we find the premarital circumstances and childhood problems measures are strong predictors of depressive symptoms, especially for wives. The premarital risk factors index is associated significantly with depressive symptoms for both wives and husbands, and the premarital disadvantages, family and peer approval, and childhood problems indices are significant predictors for wives. Second, joint participation in community activities is associated significantly with fewer depressive symptoms for wives and husbands. Third, we find fewer significant effects among the marital,

cohabitation, parenthood history and sociodemographic control measures. The effect of one's own previous divorce when married to a spouse with no divorce experience is associated with greater depressive symptoms among wives. For husbands, the effect of entering a marriage with more than one child is associated with greater depressive symptoms. Regarding education, the only significant relationship is that wives with some college are significantly less likely to be depressed than wives who did not complete high school. We find no race/ethnic effects for wives or husbands.

Thus, the general picture is that the premarital circumstances of couples, the wife's childhood problems, and an active social life in marriage far outweigh covenant marriage or religiosity as predictors of depressive symptoms. In the face of extreme life burdens or relationship troubles, neither a law reform to strengthen marriage nor personal religiosity buffer against depressive symptoms. Nonetheless, a critical feature of our results is that despite the powerful effects of these premarital circumstances, childhood problems, and joint social activities indices, a gendered story about the association between the transition to wifely and husbandly roles and depressive symptoms prevails. The division of actual paid and unpaid work matter as predictors of wives' depressive symptoms, but only own breadwinning affects husbands' depressive symptoms. Critically, neither gender role attitudes nor perceived unfairness of the division of housework to the wife significantly affect husbands' depressive symptoms, though some cautionary evidence indicates that perhaps own traditionalism may have an effect for husbands which should be explored with further research. But strong, robust results clearly show that husbands' perceived unfairness to self is associated significantly with elevated depressive symptoms. In contrast, perceptions of unfairness and the husband's gender role

attitudes do not affect wives' depressive symptoms, but own gender role attitudes are associated significantly with wives' depressive symptoms.

From a gendered distributive justice perspective, the husbands' findings portray a simple story. Housework and the wife's paid employment matter not at all as predictors of depressive symptoms, while own breadwinning capacity reduces depressive symptoms and perceived under-benefit in housework increases depressive symptoms. We have some contradictory evidence that their own gender role attitudes may matter, but the strongest picture shows salutary effects of their breadwinning capacity and corrosive effects of their perceived under-benefit in terms of household labor. For husbands, perceived unfairness to self is a source of distress, net of the actual division of housework. For wives, a more contradictory pattern emerges. Own paid employment buffers against depressive symptoms and attitudes in support of gender role traditionalism are a risk factor. But a perplexing set of findings demonstrate that actual participation in male stereotypic housework is associated positively with depressive symptoms, but perceived unfairness about housework has no effects.

Discussion

We find that the division of paid and unpaid labor, perceived fairness, and gender role attitudes matter as domains affecting the wife's and husband's depressive symptoms, controlling for a host of personal and relationship stressors associated with depression. But we find that traditional marriage as an institution, as represented by religiosity and covenant marriage, does not buffer against depressive symptoms among newlywed couples.

Our results are consistent with a gendered distributive justice perspective on depression among newlyweds. First, our study demonstrates the importance of paid employment and earnings as a source of mental health. Wives' paid labor is associated with reduced chances of

depressive symptoms. Paid labor may empower wives, foster independence, and provide an outlet to release tension. For husbands, earnings are associated with lower depressive symptoms. Higher incomes may provide a sense of financial security and validate men's need for accomplishment at normative expectations about husbandry, thereby relieving major stressors associated with depression. Thus, our results underscore that commitment to paid employment reduces depressive symptoms among both newlywed wives and husbands.

Second, the gendered entitlement perspective comes into clearer focus when we examine the actual division of unpaid housework and perceived fairness. Consistent with distributive justice theories that women's subordination results in the devaluation of their housework and their reduced entitlement to act on perceived unfairness, we find that neither wives' responsibility for female-stereotypical housework nor perceived unfairness were associated with depressive symptoms. But responsibility for male-stereotypic housework was a strong predictor of newlywed wives' depressive symptoms. Hence, among newlyweds, wives are not more vulnerable to depression when they assume responsibility for female-stereotypical homemaking roles. Rather, wives experience more depressive symptoms if they perform housework normatively identified as men's work, perhaps because of acute feelings of a lack of appreciation by their new husbands for their distinctive wifely homemaking roles (Hawkins, Marshall & Meiners, 1995; Thompson, 1991). Similarly, consistent with distributive justice perspectives on men's perceived entitlement to discount or ignore housework, husband's depressive symptoms are not associated with either male- or female-stereotypical housework.

Contrary to distributive justice expectations, husbands, but not wives, are sensitive to perceived unfairness to self about the division of housework as a trigger for depression. We tentatively argue that wives' lower sense of entitlement in marriage disconnects personal feelings

about inequity in the division of housework from their mental wellbeing as manifest by depressive symptoms. Komter (1989, p. 213) states, “the ideological underpinnings of inequality in marital power that are confirmed by means of invisible power do not reflect accidental beliefs and opinions, but express cultural and societal hegemonic values about women, men, and what is appropriate and natural.” So, the long-standing cultural view that housework remains wives’ work may constrain any potential effects of perceived unfairness on depression.

On the other hand, among husbands, since housework is normatively “wife’s work,” any perceived under-benefit as a newly married husband may be keenly felt as a distressing disturbance to their sense of masculinity in marriage. Thus, while new wives may take on the task of accepting their more gender subordinate position in marriage and discount any emotional or cognitive connections between perceived unfairness and distress, husbands may feel more sensitive to counternormative perceived inequities that result in their felt under-benefit as men and husbands. In short, they may feel more entitled to let perceived unfairness translate into depressive symptoms.

Last, gender role attitudes play an important consistent role in wives’, but not husbands’, depressive symptoms. Some sub-analyses indicated that the husbands’ gender role attitudes may influence husbands’ depression, but the wives’ gender role attitudes were uniformly robust in effects across all analyses. One possible explanation is that more traditional wives have much higher expectations for their wifely duties than less traditional wives. These higher expectations may foster a “super feminine woman” mentality which could result in worsened mental health to the extent that a wife fails to live up to her ideal. An alternative explanation is a potential “honeymoon effect” in which, as compared to more egalitarian wives, wives with traditional attitudes anticipate greater joys from their housewife duties, and hence greater disappointment

and distress when the tasks prove more burdensome and unappreciated than imagined. Of course, these relatively negative scenarios are speculative. At this point, we simply document that gender role traditionalism is associated with greater vulnerability to depressive symptoms.

Overall, our research contributes to scholarship on marital depression in two key ways. First, our findings inform ongoing debates on healthy marriage promotion policies. We find that neither covenant marriage nor religiosity buffer against depressive symptoms for wives or husbands. These findings are surprising, given the relationship and mental health skills covenant marriage and religious participation are meant to impart to marrying couples. For example, covenant marriage requires both premarital and marital counseling. An implication is that policymakers interested in mental health may better serve women and men in intimate relationships by focusing efforts on the personal, relationship and social contexts that burden their coping mechanisms before they marry, rather than through changes in marriage law, marriage promotion or faith-based initiatives that address their lives after they marry.

In close, we show that the transitions to the roles of wife and husband have effects on the risk of depression, net of a host of stressors and risk factors linked with poor mental health. For husbands, we discovered a clean narrative about normative masculine traditionalism. Put simply, these newlywed men bore a lower risk of depression if they succeeded as breadwinners and did not feel cheated in the division of housework. In contrast, women presented a more complicated modern portrait of the mental health stressors associated with wifery. On the one hand, egalitarian and employed wives fared better in terms of depressive symptoms. On the other hand, and consistent with distributive justice perspectives on women's lower sense of entitlement and gender-normative desires to monitor appreciation through token housework, their own perceived unfairness had no effects on depressive symptoms while responsibility for male-

stereotypic housework had significant positive effects. In short, wives did not feel entitled to let their own felt inequity translate into recognized emotional upset, but felt disturbed and more depressed if their new husbands shirked their masculine, possibly token, housework responsibilities. Thus, we close with a somewhat thorny story about the role of gendered relationships and mental health in new marriages. Newlywed men do better mentally to the extent that they display competence at traditional forms of masculinity. At the same time, the inherent ambivalence in women's contemporary roles as wives leaves them with a unique, contradictory pattern of risks for depression.

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Table 1. Descriptive Statistics for all Variables

	Wife Mean	Std. Dev	Husband Mean	Std. Dev
Depression				
Depressive Symptoms	12.80 ***	13.53	9.20	12.03
Marriage Traditionalism				
Covenant Marriage	0.45		0.45	
Religiosity Index	2.30	1.82	2.10	1.79
Both Spouses Fundamentalist	0.20		0.20	
Labor Allocations				
Husband's Income	5.61	2.17	5.61	2.17
Wife's Employment	0.77		0.77	
Female Stereotypical Housework Index	3.02	1.85	0.48	0.92
Male Stereotypical Housework Index	0.83	1.00	2.90	1.42
Perceptions of the Gendered Division of Labor				
Perception of Unfairness to Self	0.20		0.06	
Perception of Unfairness to Spouse	0.07		0.16	
Traditional Gender Role Attitudes Index	12.89	4.30	13.58	3.99
Premarital Circumstances				
Premarital Disadvantages Index	2.51	1.38	2.41	1.38
Premarital Risk Factors Index	0.44	0.81	0.43	0.88
Total Family and Peer Approval	8.02	5.11	8.02	5.11
Joint Community Participation				
Community Participation Together Index	25.70	4.63	25.68	4.33
Childhood Problems				
Major Childhood Problems Index	1.48	2.35	0.92	1.86
Marital, Cohabitation, and Parenthood Histories				
Husband Only Ever Divorced	0.30		0.30	
Wife Only Ever Divorced	0.29		0.29	
Both Ever Divorced	0.20		0.20	
Cohabited Only Together	0.48		0.48	
Either Partner Cohabited With Another	0.51		0.51	
At Least One Child at Marriage Start	0.34		0.34	
More than One Child at Marriage Start	0.13		0.13	
Sociodemographic Controls				
High School Graduate	0.33		0.38	
Some College	0.26		0.22	
College Graduate	0.36		0.34	
Wife's Age	28.97	8.31	28.97	8.31
Both Partners Black	0.10		0.10	
Both Partners Other Race	0.11		0.11	

Note: N = 483

***Significant difference between wives' and husbands' depression at $p < 0.001$

Table 2. Seemingly Unrelated Regression Model for Predictors of Depressive Symptoms, All Controls

	Wife β	Std. Error	Husband β	Std. Error
Intercept	30.48 ***	6.08	18.38 **	5.70
Marriage Traditionalism				
Covenant Marriage	-2.33	1.31	-0.40	1.23
Religiosity Index	-0.09	0.38	-0.12	0.37
Both Spouses Fundamentalist	-3.03 *	1.49	-0.63	1.41
Labor Allocations				
Husband's Income	-0.09	0.29	-0.63 *	0.28
Wife's Employment	-3.16 *	1.34	0.51	1.28
Female Stereotypical Housework Index	-0.34	0.33	-0.42	0.60
Male Stereotypical Housework Index	2.00 ***	0.59	-0.28	0.38
Perceptions of the Gendered Division of Labor				
Perception of Unfairness to Self	2.24	1.46	7.67 ***	2.20
Perception of Unfairness to Spouse	3.40	2.12	2.10	1.38
Wife's Traditional Gender Role Attitudes Index	0.43 **	0.15	0.14	0.14
Husband's Traditional Gender Role Attitudes Index	-0.20	0.16	0.04	0.15
Premarital Circumstances				
Premarital Disadvantages Index	1.05 **	0.40	0.55	0.39
Premarital Risk Factors Index	3.81 ***	0.70	1.80 **	0.61
Total Family and Peer Approval	-0.28 *	0.12	-0.15	0.11
Joint Community Participation				
Community Participation Together Index	-0.33 **	0.12	-0.25 *	0.12
Childhood Problems				
Major Childhood Problems Index	0.62 **	0.23	0.54	0.28
Marital, Cohabitation, and Parenthood Histories				
Husband Only Ever Divorced ^a	2.02	2.04	-0.44	1.94
Wife Only Ever Divorced	5.07 *	2.37	1.37	2.23
Both Ever Divorced	-3.12	3.06	-4.09	2.85
Cohabited Only Together ^b	1.20	1.34	0.86	1.28
Either Partner Cohabited With Another	-2.81	1.48	-0.88	1.40
At Least One Child at Marriage Start	-1.91	1.49	-0.87	1.40
More than One Child at Marriage Start	1.56	1.96	5.87 **	1.87
Sociodemographic Controls				
High School Graduate ^c	-4.22	2.64	-2.20	2.19
Some College	-5.40 *	2.75	-2.46	2.35
College Graduate	-2.09	2.80	-1.04	2.35
Wife's Age	-0.28 **	0.10	-0.04	0.09
Both Partners Black ^d	1.36	2.02	1.48	1.92
Both Partners Other Race	-1.07	1.70	0.37	1.62
F Statistic	6.27 ***		3.51 ***	
R ²	0.29		0.18	

Note: N = 483

*p<0.05 **p<0.01 ***p<0.001 (two-tail test)

Excluded categories are (a) first marriage, (b) no cohabitation either partner, (c) less than high school, (d) both partners white.