

Development and validation of the Partner Parental Support
Questionnaire

Couple and Family Psychology : Research and Practice

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Parenting is generally considered one of the most rewarding roles in adult life. But parenting is also recognized as one of the most demanding role in adulthood. For many parents, support is necessary to cope with costs and stressors associated with parenting, in particular the support that partners provide each other in the field of parenthood. The aim of the current study was to examine the construct validity of the concept of partner parental support and to provide researchers with an instrument to measure it. We conducted a questionnaire-based online study with a community sample of 442 parents using confirmatory factor analyses. We tested and supported a tridimensional structure of partner parental support (i.e., emotional support, concrete support, and role approval). The final version of the Partner Parental Support Questionnaire (PPSQ) contains 15 items and displays strong support for the validity of the questionnaire. We also examined the external validity of the concept of partner parental support. Moderate positive correlations confirm that significant relations exist between partner parental support, marital satisfaction and parental sense of competence. The results are discussed for their theoretical and clinical implications.

KEYWORDS: Coparenting; Alliance ; Couple; Marital Satisfaction; Dyadic; Psychometrics ;
Sense of Competence

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Parenting is generally considered one of the most rewarding roles in adult life. Parenthood provides individuals personal satisfaction as well as a sense of purpose and meaning in life. These feelings promote emotional and mental well-being (Menaghan, 1989; Sieber, 1974; Thoits, 1983). Parenting is also recognized as one of the most demanding roles in adulthood. Meeting a child's health and education needs requires profound involvement and many skills on the part of parents (Janisse, Barnett, & Nies, 2009). Sometimes, the emotional benefits gained from parenting are cancelled out or exceeded by the emotional costs associated with the parental role. Emotional rewards derived from parenthood may be diminished by the numerous demands and stressors associated with the parental role (Umberson & Gove, 1989), leading mothers and fathers to experience emotional difficulties in their parental role. Negative consequences of parenting on health, i.e. depressive symptoms or emotional exhaustion, have been widely studied in parental stress research (Abidin, 1990; Deater-Deckard, 1998) and more recently in parental burnout research (Roskam, Raes, & Mikolajczak, 2017).

For many parents, support is necessary to cope with the costs and stressors associated with parenting. In particular, in two-parent families, couple support has been shown to play a protective role with regard to stress and emotional difficulties related to parenting (Parfitt & Ayers, 2014; Séjourné, Vaslot, Beaumé, Goutaudier, & Chabrol, 2012). The deleterious consequences of the absence of couple support have been documented in studies on single parenthood (Hughes, 1989). For example, single people living with dependent children displayed greater emotional difficulties than their married peers (Andrews & Withey, 2012; McLanahan & Adams, 1985). Conversely, the benefits of couple support have been widely documented in the literature (Brock et al., 2014; Don & Mickelson, 2012; Lemola, Stadlmayr, & Grob, 2007). For example, couple support has been related to psychological and physical well-being (Lindorff, 2000; Sarason, Sarason, & Gurung, 2001), to more enjoyable and less

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tense marital interactions, to better relationship quality and greater relationship intimacy (Gleason, Iida, Bolger, & Shrout, 2003; Gleason, Iida, Shrout, & Bolger, 2008), to better co-parenting practices and parenting styles (Belsky, 1984; Schoppe-Sullivan, Mangelsdorf, Brown, & Sokolowski, 2007) as well as to lower depressive symptoms during the transition to parenthood (Gillis, Gabriel, Galdiolo, & Roskam).

In previous research, couple support was conceptualized and measured as the help and endorsement that partners offer each other in a large range of everyday concerns like work, friendship, sexuality or leisure. However, given the importance of support in the particular area of parenthood, the development and validation of a questionnaire specifically assessing both perceived and given partner parental support, is an important issue and the main goal of the current study. To achieve this goal, we first need to define partner parental support alongside proximal constructs, i.e. coparenting, parenting alliance, and couple support. We then need to determine the extent to which partner parental support shares certain dimensions with the other concepts.

Partner parental support in a conceptual network

We used a conceptual network approach to define the concept of partner parental support. This approach consisted of reviewing definitions and theoretical models of other concepts that were both close to and distinct from partner parental support. For this purpose, we reviewed the concepts of coparenting, parenting alliance and couple support.

Coparenting is defined as coordination between adults responsible for the care and the development of the child (Feinberg, 2003). A coparental relationship exists when at least two individuals are expected to have joint responsibilities for the well-being of a child. It starts with the birth of a child between biological parents or between legally responsible parents in the case of adoption, for example. Unlike partner parental support, the coparental relationship

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is independent of the romantic relationship and it may or may not occur in that context. It exists even if the parents do not live with the child, because they share legal responsibilities for the child's health or education (Ahrons, 1981). And it persists beyond the couple's separation (Van Egeren & Hawkins, 2004).

Parenting alliance can be seen as an indicator of parenting adjustment in couples and the most important factor of coparenting (Delvecchio, Sciandra, Finos, Mazzeschi, & Di Riso, 2015; McHale, 2007). This concept refers to the manner in which coparents show respect for each other in parental roles (Abidin & Brunner, 1995) and how they function together as a coparenting team (Gable, Belsky, & Crnic, 1992). Parenting alliance is characterized by mutual child investment, valuing reciprocal involvement with the child, valuing the partner's judgment regarding the child and positive communication about child-related matters (Weissman & Cohen, 1985). It has to be considered as a subset of coparenting. In this respect, parenting alliance and coparenting share the same characteristics: they start with childbirth or adoption, they concern parents who are legally responsible for at least one child and they extend beyond the romantic relationship.

Couple support is a particular type of social support. Among the sources of support surrounding the individual, the help exchanged within the romantic relationship has been considered the most important (Beach, Fincham, Katz, & Bradbury, 1996). A supportive partner listens to his/her partner and provides him/her with help, encouragement and advice when he/she is in distress (Aycan & Eskin, 2005). Like partner parental support, couple support is given and received in the context of a romantic relationship and consequently ceases in the event of separation (Wallace & Jovanovic, 2011). Also, couple support does not imply reciprocity or equality, since partners may differ in the extent to which they need support and to which they are prompt to give support. However, unlike coparenting and parenting alliance, couple support does not imply the presence of children.

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Partner parental support can be defined as support that partners offer each other in the specific area of parenthood. It concerns situations where a parent seeks help from his/her partner when he/she encounters problems or difficulties related to parenting (e.g. a need for information about parenting, a need to assert parental identity or a need for help with daily childcare). Partner parental support is present in couples where at least one partner is a parent. It is given or received solely in the context of a romantic relationship. It can be received from a partner who is the other biological or adoptive parent, a step-parent, a same-sex partner or simply a romantic partner. As far as it concerns the other biological or adoptive parent, partner parental support starts with the birth of a child but it can also start later on for a step-parent for example. In addition, partner parental support does not imply reciprocity or equality: partners may differ in the extent to which they need support and to which they are prompt to give it.

Dimensions of partner parental support

Starting from our conceptual approach, we reviewed the core components of coparenting, parenting alliance and couple support. We then selected the dimensions corresponding to the definition of partner parental support and finally selected three main dimensions that made sense conceptually.

Coparenting is composed of a number of dimensions, defined variously by different authors. Van Egeren and Hawkins (2004) identify four components of coparenting, while Feinberg, Brown, and Kan (2012) list seven. Four components are mentioned in common by both sets of authors: (a) coparenting agreement (e.g. the way in which the two parents share a common perspective about childrearing), (b) coparenting support (e.g. solidarity, cooperation, cohesion and warmth exchanged between parents), (c) division of labor (e.g. the division of childrearing tasks) and (d) coparenting undermining (e.g. conflicts and competition between parents). Feinberg et al. (2012) list three additional components: (a) endorsement of partner's

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parenting (e.g. the way in which the individual expresses a positive attitude toward his or her partner's parenting), (b) exposure to conflict (e.g. whether the parents expose the child to their conflicts) and (c) coparenting closeness (e.g. the degree to which coparenting reinforces intimacy and improves the quality of the marital relationship). Among these dimensions, coparenting support is of particular interest for partner parental support because it concerns the way in which parents or partners support each other in the field of parenthood, and the division of labor in coparenting addresses the provision of concrete support between romantic partners. The dimensions of coparenting undermining and endorsement are also important because they address role approval in partner parental support. They concern the way in which parents or partners support parenting decisions and the parental identity of the other parent.

In parenting alliance, respect for the other parent relates to the degree to which the parent respects the commitment and judgment of the other parent with regard to the child (Abidin & Brunner, 1995; Konold & Abidin, 2001). Like coparenting undermining and endorsement, this dimension addresses role approval in partner parental support. The second dimension of parenting alliance, namely communication and teamwork, is the sense of cooperation between parents and agreement concerning discipline and values for the child. This is conceptually close to the coparenting dimension of agreement but lies outside the scope of the definition of partner parental support.

Couple support relies on dimensions involving help in a wide range of everyday situations such as friendships, work, or leisure: instrumental support, such as lending money or providing transport, emotional support such as listening, validating feelings or reassurance, informational support such as offering advice or giving suggestions and appraisal support such as providing feedback (Brassard, Houde, & Lussier, 2011; Brock et al., 2014; House,

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1981). These dimensions are relevant to the definition of partner parental support, but specifically dedicated to duties and responsibilities in parenthood.

Based on this literature review, we posit that partner parental support conceptually encompasses three dimensions. The first dimension is an emotional component defined as empathy, love and trust but also encouragement, active listening, reflection and comfort (Dale, Williams, & Bowyer, 2012). In emotional support, the individual legitimizes the feelings of another person and explores actively his/her emotions (Cutrona & Russell, 1990). In the field of parenthood, it may consist of listening, validating, exploring or showing empathy toward the feelings and difficulties encountered as a parent. Second, the component of concrete support consists of assisting the parent in problem-solving with concrete help and/or information (Cohen & Wills, 1985). It involves acting concretely when the parent encounters a problem, for example looking after the child in place of the parent in order to relieve him/her, or giving him/her information about parenthood. Finally, the component of role approval consists of affirming the parent's parenting skills, respecting his or her contribution and supporting his or her authority and parenting decisions (Belsky, Woodworth, & Crnic, 1996). Each partner validates the other partner in his/her role as parent and enhances his/her parental identity. He/she does not hesitate to provide feedback to his/her partner on his/her way of being a parent.

The current study

We developed an instrument specifically measuring partner parental support. To date, no scale measuring help that partners offer each other in the specific area of parenthood, is available. Scales assessing coparenting and parenting alliance exist but they are limited to individuals sharing joint responsibilities for a child, and scales assessing couple support exist but they are extended to various areas of the couple relationship. Given both the diversity of contemporary families and the importance of support in the specific area of parenthood, the

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development and validation of a scale focusing on partner parental support is highly relevant. Since partner parental support does not imply reciprocity, i.e. partners differ in the extent to which they need support and to which they are prompt to give it, two versions of the partner scale were developed, the one focusing on perceived support and the other on given support.

Based on our conceptual network approach, a tridimensional structure encompassing emotional support, concrete support and role approval was hypothesized. Following APA guidelines (Association, 1999), the psychometric properties of this instrument were tested, in particular its internal structure and reliability. Next, we examined external validity by assessing whether parental support was associated with related variables in a manner consistent with theory and research. For example, marital satisfaction was expected to be related to partner parental support. For example, Katz, Beach, and Anderson (1996) found a positive relation in a correlational study between couple support and the level of marital satisfaction. Parental sense of competence was also expected to relate to partner parental support because it was associated with the quality of the coparenting relationship. For example, Hughes, Gordon, and Gaertner (2004) showed that a high parental sense of competence was predictive of a better and more satisfying parenting alliance.

Method

Participants

Data were collected in Belgium from a community sample of 442 parents, including 394 women (89.1%). The parents' mean age was 37.95 years ($SD = 8.60$), ranging from 23 to 78. The mean number of children per parent was 2.11 ($SD = .95$), ranging from 1 to 5. 272 parents in the sample (61.5%) were married. The others ($n = 170$; 38.4%) lived with a partner without being married. In terms of educational level, 80 (18.1%) had high school education, and 362 parents (81.9%) had a higher education degree. The net monthly income of the couple to which

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each parent belonged was established: for 26 parents (5.9%) it was between €1/1.15\$ and €1500/1723\$, for 76 (17.2%) it was between €1500/1723\$ and €2500/2872\$, for 121 (27.4%) it was between €2500/2872\$ and €3500/4017\$, for 125 (28.3%) it was between €3500/4017\$ and €4500/5164\$ and for 94 (21.3%) it was higher than €4500/5164\$.

Sampling procedure

The study was approved by the Ethics Committee of the Psychological Sciences Research Institute at the UCLouvain in Belgium. Participants were informed about this study through social networks and websites and by word of mouth. The inclusion criteria were that participants must be a parent, have at least one child still living at home and be in a partner relationship. Participants were informed that the study was about partner parental support, and took part in the study on a voluntary basis. They were asked to answer the questions considering the “partner” as the person with whom they were in couple at the moment of their participation to the survey, being the other parent of the child(ren) or not. They were invited to complete an online questionnaire on the Qualtrics platform after giving informed consent. The informed consent assured them that the data would remain confidential and that they were free to drop out at any moment without giving any reason. The questionnaire was completed online with the forced choice option, ensuring a dataset without missing data.

Materials

A preliminary version of the Partner Parental Support Questionnaire (PPSQ) was created for the purpose of this study. A list of items was inspired by nine different questionnaires that have been selected from a systematic literature review of prior measures of coparenting, parenting alliance, couple support, and social support: the Quality of Relationship Inventory (Pierce, Sarason, & Sarason, 1991), the Significant Others Scale (Power, Champion, & Aris, 1988), the Support in Intimate Relationships Rating Scale-

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Revised (Barry, Bunde, Brock, & Lawrence, 2009), the Postpartum Support Scale (Dennis & Ross, 2006), the Personal Assessment of Intimacy in Relationships (Schaefer & Olson, 1981), the Dyadic Coping Inventory (Gmelch et al., 2008), the Coparenting Relationship Scale (Feinberg et al., 2012), the Parenting Alliance Inventory (Abidin & Brunner, 1995) and finally, the Network of Relationships Inventory (Furman & Buhrmester, 2010). Two preliminary versions of the PPSQ were created: the perceived and the given support versions. The PPSQ was composed of three subscales: emotional support (“My partner comforts me as a parent” or “I comfort my partner as a mother/father”), concrete support (“My partner helps me solve the problems I encounter with my/our child” or “I help my partner to solve the problems she/he encounters with her/his/our child”) and role approval (“My partner says positive things about my way of being a parent” or “I say positive things to my partner about her/his way of being a parent...”).

The initial versions of the questionnaire consisted of 54 items. This pool of items was presented to a one-hour convenience focus group ($n = 12$) that we set up with colleagues who were all experts on parenting issues and more than 50% of whom were also parents, to discuss the questionnaire and the items that best represented the tri-dimensional conceptualization of partner parental support. Each item was presented and three questions had been prepared by the facilitators: (1) Do you think this item is representative of partner parental support? (2) Can you explain your answer? (3) Do you think the formulation of the item is correct? Fifteen items were rated as best unanimously. Consequently, the questionnaire was then refined with three colleagues who had participated in this group, leading to a final 15-item version assessing emotional support (5 items), concrete support (5 items) and role approval (5 items). PPSQ items were scored on a 6-point Likert scale: never (1), rarely (2), sometimes (3), often (4), very often (5) and always (6).

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Marital satisfaction was assessed with the short form of the Dyadic Adjustment Scale (DAS). The DAS is a 16-item, self-report questionnaire measuring marital satisfaction (Antoine, Christophe, & Nandrino, 2008) (e.g. “I sometimes think about divorce, separation or ending our relationship”). Items are scored on a Likert-type scale from 1 (“Never”) to 6 (“Always”). The marital satisfaction score is obtained by summing the 16 item scores. Coefficient alpha in the initial validation study was .89 (Antoine et al., 2008). Coefficient alpha found in the current sample was .91.

Parental sense of competence was assessed with the Parenting Sense of Competence Scale (PSOC). The PSOC is a 17-item, self-report questionnaire measuring the parental sense of competence on two dimensions: satisfaction and efficacy (Gibaud-Wallston & Wandersman, 1978) (e.g. “Being a parent is manageable, and any problems are easily solved”). Items are scored on a Likert-type scale from 1 (“Strongly disagree”) to 6 (“Strongly agree”). The parental sense of competence score is obtained by summing the 17 item scores. Coefficient alpha in the initial validation study was .82 for the satisfaction subscale, .70 for the efficacy subscale and .80 for the total questionnaire (Gibaud-Wallston & Wandersman, 1978). Coefficients alpha found in the current sample were respectively .76 for the satisfaction subscale, .70 for the efficacy subscale and .81 for the total questionnaire.

Analysis strategy

The validation of the PPSQ was conducted according to the standards and guidelines of the American Psychological Association (Association, 1999). In this paper, we provide evidence to support the internal structure of the PPSQ and its relations to other variables.

With regard to the internal structure of the PPSQ, assessment of normality, reliability estimates and confirmatory factor analyses (CFAs) were performed using Stata 14 software (StataCorp., 2015). First, CFA was performed to validate the internal structure of the

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questionnaire and the three subscales, i.e. emotional support, concrete support, and role approval. Analyses were conducted based on the covariance matrix and using maximum likelihood estimation. Several goodness-of-fit indices were used to determine the acceptability of the models: χ^2 , the comparative fit index (CFI) and the standardized root mean squared residual (SRMR). Chi-square compares the observed variance-covariance matrix with the predicted covariance matrix. Theoretically, it ranges from 0 (perfect fit) to infinity (poor fit). It is considered as satisfactory when it is non-significant (Byrne, 2001). Values close to or greater than .90 are desirable on the CFI (Hu & Bentler, 1999). For SRMR, values close to .08 or smaller are generally considered a good fit. Because the SRMR is an absolute value of fit, a value of zero indicates perfect fit (Hu & Bentler, 1999). Second, assessment of normality for the items of the questionnaire was based on skewness and kurtosis values. Values of asymmetry and kurtosis between -2 and +2 were considered sufficient to prove normal univariate distribution (Georgy & Mallery, 2001). Factor loading of the items and Cronbach alphas were also calculated. Third, with regard to the relations between the PPSQ and other variables, the specificity of parental support was investigated by examining its correlations with marital satisfaction and parental sense of competence. CFA and analyses testing the relations between parental support and other variables were conducted on the entire sample ($N = 442$). All statistical analyses were conducted separately for the perceived support version and the given support version.

Results

Factor structure and reliability

First, CFA was conducted on the perceived support version of the questionnaire. With regard to fit indices, χ^2 was significant, $\chi^2_{(102)} = 520.09$, $p < .001$, suggesting that a significant proportion of the variance was unexplained by the model. However, this should not necessarily lead to model rejection. “The use of χ^2 in a large sample is not adequate since

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excessive test power (because of the large N) may prompt the rejection of acceptable models” (Hayduk, 1996, pp.197). Other fit measures demonstrated a good fit to the data: CFI = .95 and SRMR = .04. The completely standardized factor loadings ranged between .71 and .91. There are displayed in Table 1. The 15 items of the questionnaire were normally distributed according the asymmetry and kurtosis values. Correlations between the three factors were .80, .71 and .91. Cronbach alphas were .93 for the emotional subscale, .92 for the concrete subscale, .94 for the approval role subscale and .96 for the total perceived support version of the questionnaire. These results provide strong support for the validity of the perceived support version of the PPSQ.

Second, CFA was conducted on the given support version of the questionnaire. With regard to fit indices, χ^2 was significant, $\chi^2_{(102)} = 694.67, p < .001$, as in the perceived support version of the questionnaire. However, other fit measures also demonstrated an acceptable to good fit to the data: CFI = .91 and SRMR = .06. The completely standardized factor loadings ranged between .73 and .90. There are displayed in Table 2. The 15 items of this version of the questionnaire were normally distributed according to the asymmetry and kurtosis values. Correlations between the three factors were .82, .78 and .62. Cronbach alphas were .88 for the emotional subscale, .85 for the concrete subscale, .93 for the approval role subscale and .95 for the total given support version of the questionnaire. Again, these results provide strong support for the validity of the given support version of the PPSQ.

Insert Tables 1 & 2 about here

Because of the strong correlations between the three subscales of the questionnaire, we tested an alternative model with a single factor of parental support. For the perceived support version of the questionnaire, the fit measures did not demonstrate a good fit to the data: χ^2 was significant, $\chi^2_{(90)} = 1076.88, p < .001$, CFI = .85 and SRMR = .06. For the given support version of the questionnaire, the fit measures also failed to demonstrate a good fit to the data:

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χ^2 was significant, $\chi^2_{(90)} = 1119.36$, $p < .001$, CFI = .80 and SRMR = .08. The fit indices support the tridimensional model rather than the single factor model.

Relationship with other variables

Descriptive statistics of the Partner Parental Support Questionnaire subscales for the perceived and given support versions are presented in Table 3.

Insert Table 3 about here

Pearson correlations between the perceived support version, the given support version, marital satisfaction and parental sense of competence are presented in Table 4. Moderate coefficients suggest that, as expected, significant relations exist between partner parental support, marital satisfaction and parental sense of competence. Hence, as marital satisfaction and parental sense of competence rises, partner parental support also increases. However, the relation is stronger between partner parental support and marital satisfaction than between partner parental support and parental sense of competence. This result is not surprising since partner parental support and marital satisfaction are close variables, both of which evaluate conjugal factors. Conversely, parental sense of competence concerns an individual factor.

Insert Table 4 about here

Discussion

The main purpose of the current research was to overcome shortcomings from previous research by (1) conceptualizing partner parental support alongside three proximal and interrelated concepts, (2) developing and studying the psychometric properties of a questionnaire assessing perceived and given partner parental support. The results highlight the particularity of the concept of partner parental support and shed light on the three-dimensional nature of this concept. Two final versions of the questionnaire each consisting of 15 self-

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reported items were created, one for the perceived support version and one for the given support version. The validation of these two versions of the PPSQ is an important strength of the current study. Conceptually, partner parental support does not imply reciprocity or equality. Partners may differ in the extent to which they need support and to which they are prompt to give it. To date, this scale is the only one to provide two validated versions to measure both perceived and given partner parental support. In this respect, it is particularly relevant and useful for future research looking at actor-partner aspects, for dyadic studies, and for researchers interested in cross-informant ratings, discrepancies and bias (i.e. it makes it possible to control for shared method variance).

First, we defined partner parental support within a conceptual network alongside coparenting, parenting alliance, and couple support. In a first step, we defined each concept within the network and compared their definitions. In a second step, we analyzed and compared the sub-dimensions of each concept. In this first section, we highlighted the conceptual links between partner parental support, coparenting, parenting alliance, and couple support, but also the specificity and the originality of the concept of partner parental support. This concept shares common theoretical characteristics with the others, but also differs from them with respect to its dimensions, the actors involved, and its schedule.

Second, our study supported the three-dimensional structure of partner parental support both for the perceived support version and for the given support version. Consequently, partner parental support contains an emotional component which consists of listening, validating, exploring and showing empathy towards the feelings and difficulties encountered as a parent (Dale et al., 2012). It contains a concrete component which consists of assisting the parent in problem-solving with concrete help and/or information (Cohen & Wills, 1985). And, finally, it contains a role approval component which consists of affirming the parent's parenting skills, respecting his or her contribution and supporting his or her

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authority and parenting decisions (Belsky et al., 1996). This view was empirically supported by confirmatory factor analyses. Consequently, partner parental support takes the form of a tridimensional concept. While the high correlations between the three dimensions could suggest the existence of a single underlying dimension, our analyses showed that a three-dimensional model was preferable to a one-dimensional model. They suggest that the three dimensions should be considered as relatively independent constructs. For example, a parent who receives/gives emotional parental support does not necessarily receive/give concrete support.

Third, our study highlighted positive and significant relations between partner parental support, marital satisfaction and parental sense of competence. Moderate correlations suggest that significant relations exist between the three constructs. The higher the parental sense of competence and the higher the level of marital satisfaction, the higher the level of perceived and given partner parental support. This result is not surprising since previous research has shown that an individual is more satisfied with his or her partner relationship when he or she receives more couple support (Cutrona, Suhr, & MacFarlane, 1990; Kurdek, 2005). Thus partners who are satisfied with their marital relationship are more likely to support each other, especially in the parental field. Moreover, the relation between partner parental support and parental sense of competence is also in line with our hypothesis. As pointed out, for example, by the study of Knauth (2000), greater satisfaction with the family's functioning and with the partner relationship is associated with greater parental sense of competence. Thus partners who are satisfied with their marital relationship and who support each other in the parental field will be more likely to have a high parental sense of competence. However, the relation is stronger between partner parental support and marital satisfaction than between partner parental support and parental sense of competence. This result can be explained by the fact that partner parental support and marital satisfaction assess similar characteristics, in

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particular couple features. Consequently, the common variance between partner parental support and marital satisfaction is higher than the common variance between partner parental support and parental sense of competence.

Limitations and recommendations for future studies

While innovative in many ways, the current study is by no means definitive. Several limitations have to be recognized that lead to recommendations for future research. First, the sample participating in the current study was not representative of the entire population of parents: the majority of participants were Caucasian with a high socio-economic status, and the number of men in the study was limited ($n = 48$). Consequently, we were unable to evaluate the measurement invariance of the questionnaire and verify whether the tridimensional factor structure was the same for mothers and fathers. Moreover, we did not collect precise information about the family type and the type of partners. We do not know how many partners were the other biological or adoptive parent of the child(ren), or a step parent, a same-sex parent, or simply a romantic partner. Future studies should replicate our results in a heterogeneous and representative sample.

Second, it would be interesting to study the intercultural variations that influence parental representations and the support exchanged between the partners. For example, there are cultural contexts in which the care of children is exclusively reserved for the mother. In this case, she does not receive parental support from her partner and does not expect to receive it.

Third, there may be some disadvantages of starting from existing scales for a new tool. Moreover, with a self-report questionnaire, social desirability may lead parents to over-report the frequency with which they feel they are supporting their partner in the parental context. Another method would have been to start from parental support experience. In this way, the

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construct validity of the PPSQ would gain from a mix-method approach including qualitative data collection.

Finally, it would be interesting to study the consequences that partner parental support could have on the individual, the couple and the child(ren). Moreover, it would be interesting to highlight the factors facilitating partner parental support, as such support could be an important aspect to consider in therapeutic solutions. Until now, no precise concept or instrument has taken account of the partner parental support that can be provided between partners. We hope that the present study and the development and validation of a tool measuring perceived and given partner parental support will stimulate research and clinic in this field.

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