



## Neuroticism, social support, and the timing of first parenthood: A prospective study

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### ABSTRACT

High neuroticism is known to delay the timing of parenthood, but little is known about mechanisms linking neuroticism to this transition. The model tested in this paper assumes social support from various domains and marital status mediating between early neuroticism and the timing of parenthood. Hypotheses were tested with time-to-event data from the Rostock Longitudinal Study ( $N = 244$ ). Discrete-time survival models include prospective data covering a time-span between age 14, when neuroticism was measured, and age 38. Social support was measured at age 20 and marital status was measured at age 25. As hypothesized, male gender and early neuroticism delayed the timing of the first child. Social support from family and workmates did not predict parenthood, but social support from friends and marital status did. Neuroticism was in part linked to parenthood via a developmental sequence containing support from friends at the beginning of adulthood and marital status during emerging adulthood. Results elaborate on earlier findings connecting personality traits to the timing of having children.

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### 1. Introduction

The timing of the transition to parenthood and its demographic and psychological conditions have received some general, but hardly any systematic attention in psychology (Jokela, Kivimäki, Elovaino, & Keltikangas-Järvinen, 2009; Miller & Pasta, 1995). Some demographic determinants such as education, ethnicity, gender, or marital status (Jokela et al., 2009) were shown to be associated with the timing of the first child. Time-to-event studies including psychological constructs such as personality or social support, are even harder to find. This lack of evidence is surprising since factors such as marital status and education are known to be related to personality or social support. In the following, findings demonstrating the linkage between psychological and demographic factors in conditioning the timing of parenthood will be introduced.

#### 1.1. Neuroticism and the timing of parenthood

The first time-to-event studies including personality traits that correlate with extraversion and neuroticism as predictors, were recently published by Jokela et al. (2009) and Jokela, Hintsanen, and Keltikangas-Järvinen (2010) who found *sociability*, *emotionality*, *novelty seeking*, *harm avoidance*, *reward dependence*

and *persistence* to be predictors of childbearing. These papers did not elaborate on mechanisms linking traits to fertility behavior. Instead, the authors asked for studies to “clarify the psychological and social mechanisms connecting personality traits to having children” (Jokela et al., 2009, p. 228). The study presented here aims at filling this gap by introducing social support from various domains and by examining its association with marital status as one possible missing link explaining the association between personality features and the timing of parenthood.

#### 1.2. Social support from various domains and the timing of parenthood

The study by Jokela et al. (2009) further showed that *marital/cohabital status* was the most influential variable in predicting the timing of a first child. People who had a partner became parents much earlier, a result that was confirmed by other studies (e.g. Amato et al., 2008). To our knowledge there have been no studies examining single effects of social support on the timing of parenthood from resources other than romantic partners. A study by Bühler and Fratcak (2007) described the nexus of support and fertility from whole networks, but they take a sociological perspective, using constructs as “social capital” or “communication networks”. In their view, networks provide different resources influencing first parenthood such as positive role models and informational support (Bühler & Fratcak, 2007). Miller and Pasta (1995) showed that the approval of one’s family plans by parents, but not by friends, increased the probability of having a child.

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### 1.3. Neuroticism and marital status or social support

Neuroticism was shown to be associated with the development and maintenance of social resources in many ways. Also, neuroticism was shown to influence partnership (Moller, 2004). Other studies showed a detrimental effect of high neuroticism on relationship qualities and the perception of availability of social support (Swickert & Owens, 2010). Several studies presented neuroticism as related to dissatisfaction in relationships with peers and family of origin during young adulthood (Belsky, Jaffee, Caspi, Moffitt, & Silva, 2003; Neyer & Asendorpf, 2001). Taken together, neuroticism was found to be a detrimental precursor of supportive relationships in various social domains, such as partnership, peers, family of origin and workmates.

### 1.4. Neuroticism, social support, and marital status as a developmental sequence

A study by Seiffge-Krenke (2003) provided evidence for a developmental sequence that comes close to the model tested here. In her prospective study, the author showed that self-concept measured at age 15 correlated with social support from peers, mothers and fathers at age 17, which in turn predicted long-lasting partnerships at age 21. Zimmer-Gembeck, Siebenbrunner, and Collins (2004) implemented the developmental sequence of “early temperament – friendship quality – onset of romantic relationship and lifetime number of sexual partners” into a holistic model. This study finds friendship quality to mediate between personality and the onset of romantic relationships. Taking the evidence together, one possible explanation for the absence of studies showing direct effects of social support on fertility behavior may be that social support works within a developmental sequence wherein support from friends and others provides resources for establishing and maintaining a partnership – which then predicts the timing of parenthood.

### 1.5. The present study

To establish a missing link between early neuroticism and fertility we grouped social support from various domains into a developmental sequence. All associations introduced here may be moderated by gender and education (e.g. Swickert & Owens, 2010; Zimmer-Gembeck et al., 2004) which calls for an adequate control of these factors. In order to test the hypotheses in a hierarchical order we will start with a first model containing basic assumptions (hypotheses 1–4). This model then gets enriched to a model with two mediating variables (hypotheses 5–6) assuming social support from various domains and the following marital relationship to predict the timing of first parenthood.

1. We expect women to have children earlier than men.
2. We expect higher educated participants to postpone childbirth.

3. We expect higher degrees of neuroticism measured at adolescence to postpone the time of first parenthood after gender and education were controlled for.
4. We expect marital status to predict the timing of parenthood after gender, education, and neuroticism were controlled for. Since we did not find studies regarding the influence of social support on fertility we did not formulate hypotheses, but explored the data.
5. We expect social support from various domains at the beginning of adulthood to mediate between adolescent neuroticism and the timing of the first child during adulthood.
6. We expect the developmental sequence: “social support at the beginning of adulthood – following marital status” to mediate the association between adolescent neuroticism and the timing of the first child during adulthood.

## 2. Methods

Data stem from the Rostock Longitudinal Study (ROLS, Meyer-Probst, Teichmann, Hayes, & Rauh, 1991) which started in 1970 with the birth of 294 children from the Rostock area. Rostock, a harbor town of about 200.000 inhabitants, is located in northern Germany and was governed by the communist East-German regime until 1990. Since 1970, eight follow-up measurements took place investigating different domains of individual development. Despite sample attrition the data remained representative for this age-cohort in Rostock (Reis, 1997). Table 1 shows constructs and points of measurement used for the analysis.

### 2.1. Sample

The Rostock Longitudinal Study comprises 294 participants who were followed up from birth in 1970/71 to the age of 38. Measurements took place at different ages (Table 1). A major advantage of using time-to-event statistics on longitudinal data is that they adequately deal with censored data. Three cases of censoring occurred in our data. A participant becoming a parent was censored at the time of parenthood ( $N = 157$ ). A participant who did not become a parent before dropping out of the study at a certain time was included into the study until the last point of measurement she/he took part in ( $N = 29$ ). All other participants who did not become parents were censored at the end of the observation period at age 38 ( $N = 58$ ) leaving 26.9% of the remaining sample childless at age 38. Data about having a first child or not having a child at the date of censoring were collected for 244 participants who constitute the sample analyzed here. About 49.6% of participants are male (see Table 1). In terms of education our sample differs from the all-German cohort of reference (1969–1974) at the beginning of the observed period (age 24, 1994). Due to education politics during the socialist regime, under which our sample grew up, we found significantly fewer individuals with a college degree ( $\chi^2(1, N = 236) = 7.6, p < .01$ ) or with less than 9 years at school

**Table 1**  
Times of measurement and sample demographics of the Rostock Longitudinal Study 1984–1995.

	Year 1984/85 (age 14)				Year 1990/91 (age 20)						Year 1995/96 (Age 25)		
	Neuroticism				Social support						Marital Status		
	N	M	SD	N	Family		Friends		Work		Single	Cohabiting	Married
				M	SD	M	SD	M	SD	N	N	N	
Male	121	3.14	2.65	90	24.80	3.03	24.78	2.45	21.15	3.68	44	61	9
Female	123	4.09	3.13	101	24.70	3.84	25.59	2.83	20.54	4.94	11	91	14
Total	244	3.63	2.94	191	24.75	3.47	25.21	2.68	20.83	4.39	55	152	23

Note. N = number of individuals in the sample or subsample, M = mean, SD = standard deviation.

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