The Association Between Marital Satisfaction and Coparenting Quality: A Meta-Analysis

by

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Abstract

Background: Coparenting refers to the way parents or caregivers relate to each other within their roles as parents, particularly regarding the extent to which they show support and coordination in childrearing. Family systems theory (FST) posits that the coparenting relationship is distinct from, yet intimately connected to, the marital relationship. Marital satisfaction can be defined as the evaluation of the correspondence of one's actual relationship to their expected relationship, or an alternative. The main objective of this study was to summarize and analyze the current evidence regarding the association between marital satisfaction and coparenting quality.

Methods: Based on the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines, manuscripts relevant to the research questions were identified, screened, and evaluated for eligibility. Meta-analyses of 96 published and unpublished manuscripts (including 99 studies) were conducted to evaluate the association between marital satisfaction and coparenting. Analog ANOVA and meta-regression were conducted to examine the moderating effects of individual, family, and study factors.

Results: Through the meta-analysis of samples including both mothers and fathers, a medium association was found between marital satisfaction and coparenting quality (r = .40; 95% CI [.36, .43]; $Q(82) = 751.75$ (p <.001); I^2 = 89.09%; tau^2 = 0.032). Separate meta-analyses of samples including only mothers and only fathers and an analog ANOVA examining the moderating effect of parent gender (Q = 4.30, p = .038, k = 143) found larger effects for mothers than fathers. Several family and study level variables were found to be statistically significant moderators: length of the relationship between parents, number of children, country, person reporting on coparenting quality, measure of marital satisfaction, measure of coparenting quality, and type of publication. After removing one outlying study, type of publication was no longer a significant moderator.

Implications: By improving the information available on the link between marital satisfaction and coparenting quality in families of typically developing children and children in clinical populations, this research may inform the work of parent and family support services and contribute to positive family functioning across generations.

Keywords: meta-analysis, coparenting, marital satisfaction, relationship satisfaction, family systems

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The Association Between Marital Satisfaction and Coparenting Quality: A Meta-Analysis

Family Systems Theory and An Ecological Model of Coparenting

Families and the interactions between family members can be conceptualized using family systems theory (FST). The core principle behind FST is that all systems are composed of necessarily independent elements, or subsystems, which form an organized whole (Minuchin, 1985). Families represent important social systems that provide insight into human functioning. In using a FST approach to understanding human behaviour, the focus shifts from the examination of individuals to a broader consideration of patterns of relationships between system members that are developed and maintained over time (Minuchin, 1985).

Despite the forces contributing to the maintenance of patterns, open systems are subject to change and evolution. Buckley (1968) described families as complex adaptive systems. Morphogenesis, or change of form, works in contrast to homeostasis, such that the disruption of existing patterns leads to the exploration of alternatives and the establishment of new patterns that better fit the circumstance (Minuchin, 1985; Nichols, 2014). Such reorganizations are a natural part of the family life cycle. For example, when two people enter a relationship and become a couple, there are multiple new structural requirements (Nichols, 2014). First the couple must establish mutual accommodation, a process through which they must manage differences, coordinate, and find agreement on the details of everyday life, from where to live, to when to have children, to what to eat for dinner. Next, the couple must also negotiate boundaries that protect them from entities outside the relationship, such as each partner's family of origin. Further change can be expected, as the birth of a child serves as a catalyst for reorganization of the family structure and established patterns. Patterns of interaction will be established between the parental subsystem and child subsystem. As reorganizations occur over time, family systems continue to change and often become increasingly complex.

All complex systems can be broken down into subsystems. Individuals can be conceptualized as subsystems in themselves; however, there are a number of larger possible subsystems that can be considered (Minuchin, 1985). Some possible subsystems include the following: the spouse subsystem, the parent subsystem, parent-child subsystems, sibling subsystems, and subsystems involving extended family members such as grandparents. It is

important to note that, while many of these subsystems involve the same family members, each subsystem is distinct.

Feinberg (2003) proposed an ecological model of coparenting (Figure 1), which places the coparenting relationship or the coparenting subsystem within the context of a larger family system. This model represents the pathways through which individual (individual parent characteristics and individual child factors), family, and extra-familial factors interact with the coparenting relationship. Furthermore, the model illustrates possible means by which the coparenting relationship, along with environmental support and stress, individual parent characteristics, the overall parental relationship and child characteristics, impact parent adjustment, parenting, and child adjustment. With its roots in FST, this model offers a useful theoretical foundation and context for understanding the coparenting relationship and its connections to other family systems and processes.

Marital satisfaction and coparenting. Within the context of FST, parental figures each represent their own subsystem and together they compose both the spouse subsystem and the parent subsystem. The parent subsystem can be conceptualized as the executive subsystem, responsible for coparenting (Feinberg, 2003). Despite the fact that the spouse subsystem and the parent subsystem include the same family members, according to FST they are conceptually distinct. In Feinberg's (2003) Ecological Model of Coparenting, the spouse relationship, referred to as the Interparental Relationship, is connected bidirectionally with the coparenting relationship. This bidirectionality represents the idea that miscoordination or friction within either of those relationships may spill over and affect the other relationship.

Feinberg (2003) describes the association between the marital relationship and the coparenting relationship as dynamic and bidirectional. When the couple enters the coparenting relationship, they bring with them their existing abilities to provide support and respect each other, as well as the ability to handle disagreements. Then, after the coparenting relationship has been established, it becomes central to many of the couple’s day-to-day experiences, ultimately having an impact on the overall interparental relationship or marital relationship (Belsky & Hsieh, 1998; Feinberg, 2003).

For the sake of consistency, both with previous research and within this document, I will primarily be using the term “marital satisfaction” to refer to the extent to which parents are satisfied with the general, or romantic, interparental relationship. This term is reflective of a

historical context in which research on relationship satisfaction, especially between parents, would have frequently been conducted using samples of married couples. Therefore, I acknowledge that currently "marital satisfaction" is not an ideal term, as it is not representative of the variety of family compositions and marital statuses of parents in modern families. Despite the use of the term "marital satisfaction," the scope of the present literature review and proposal will not be limited to married couples.

Coparenting

The concept of coparenting has been shaped by the influence of two theoretical backgrounds. Object relational theorists contributed to the conceptual understanding of the coparenting relationship by suggesting that through the provision of mutual acknowledgment and respect in the face of the stresses of parenthood, a strong coparenting relationship supports parents' self-esteem (Feinberg, 2003; Weissman & Cohen, 1985). Within the context of FST, coparenting has been conceptualized in terms of the executive subsystem (Feinberg, 2003). Minuchin (1974) defined coparenting as the degree to which parents share leadership and provide support for each other within their joint roles as architects and heads of the family. Specifically, the coparenting subsystem involves the parents in their role as co-managers of the family and is characterized by the regulation of behaviours, interactions, relationships, and outcomes within the family.

Coparenting is often defined as "the ways that parents and/or parental figures relate to each other in the role of parent" (Feinberg, 2003, p. 96). More specifically, the coparenting relationship is characterized by the extent to which parental figures demonstrate support and coordination as they manage shared responsibilities within the childrearing context (Feinberg, 2003). Cowan and McHale (1996) stated that "a well-functioning coparental relationship accomplishes parenting tasks but also conveys to the child a sense of solidarity and common purpose" (p. 99). The coparenting relationship is distinct from the marital relationship and is limited to aspects of the partnership that are related to childrearing; the coparenting relationship does not include the romantic, sexual, companionate, emotional, financial, or legal factors in the relationship not pertaining to childrearing. Additionally, although the coparenting relationship is characterized by shared responsibility, the extent to which parents share equal amounts of authority or responsibility varies between families due in part to social and cultural factors. It is worth noting that in addition to varying in the distribution of authority and responsibility,

families vary in many other ways and the concept of coparenting may still be applied. Primary caregivers who engage in the cooperative childrearing arrangement that characterizes coparenting may differ in terms of biology, gender, marital status, or legal status (Feinberg, 2003).

Based on coparenting literature focusing on families with divorced parents as well as two-parent families, Margolin et al. (2001) highlighted three dimensions of coparenting: conflict, cooperation, and triangulation. The conflict dimension captures the degree of conflict occurring between parents with regards to parenting issues. Specifically, this dimension is intended to describe the extent to which parents argue or disagree about the child, have hostility surrounding child-rearing issues, undermine each other's parenting, or disagree on overall standards and household rules (Gable et al., 1992; Maccoby et al., 1993). The cooperation dimension refers to "the extent to which mothers and fathers support, value, and respect each other as parents and the degree to which they ease one another's parenting burden" (Frank et al., 1986; Margolin et al., 2001, p. 5; Weissman & Cohen, 1985). Finally, triangulation represents the degree to which parents distort parent-child boundaries by encouraging the child to form a coalition that serves to undermine or exclude the other parent. Through this process, the child is drawn into existing conflict between parents, as the child is pressured to side with one parent (Minuchin et al., 1978). Within the context of these dimensions, cooperative coparenting represents the positive aspects of the coparenting relationship, while the conflict and triangulation dimensions represent potentially problematic aspects of coparenting.

Alternatively, Feinberg (2003) conceptualized the coparenting relationship using a model that represents coparenting as being comprised of four interconnected components: childrearing agreement, division of (child-related) labor, support versus undermining for the coparental role, and joint management of family interactions (see Figure 2). This model suggests that these components are conceptually distinct, yet connected. Childrearing agreement represents the extent to which parental figures agree on various child-related topics such as moral values, behavioural expectations and discipline, and emotional needs (Feinberg, 2003). Division of labor refers to the way in which child-related tasks and responsibilities are divided between parental figures. Within the coparenting relationship, support is demonstrated in the extent to which parental figures affirm each other's parenting competency, acknowledge and respect the other's contributions, and uphold the other's parenting decisions and authority (Feinberg, 2003; McHale,

1995; Weissman & Cohen, 1985). Conversely, undermining is characterized by a parental figure criticizing, disparaging, or blaming the other. Finally, joint family management entails management of family interactions including interparental conflict, setting boundaries for the interparental relationship, and the degree of balance in each parent's interactions with the child (Feinberg, 2003).

Families vary regarding the extent to which they experience coordination within each of the components of Feinberg's (2003) model of coparenting. Lack of coordination or positive functioning relating to these components may increase the likelihood of a family experiencing greater levels of conflict, which in turn may translate into decreased marital quality (Terry et al., 1991), greater parental stress (Abidin & Brunner, 1995), and negative child outcomes (Block et al., 1981; Buehler et al., 1998; Deal et al., 1989; Emery, 1982; Feinberg, 2003; Floyd & Zmich, 1991; Holden & Ritchie, 1991; Jouriles et al., 1989; Rutter, 1994; Vaughn et al., 1988). Within the context of the current study, this model is useful in conceptualizing various aspects of coparenting, within which parents may function adaptively or maladaptively. Furthermore, maladaptive functioning in any of these components has the potential to bring about conflict and stress for parents.

Individual Level Factors

Individual parent characteristics.

Parent psychological conditions. The individual level influences at play in Feinberg's (2003) ecological model include individual parent and child characteristics. Individual parent characteristics, which include attitudes (e.g., gender role expectations) and emotional and mental health, influence both the coparenting relationship and the overall interparental relationship. For example, depression or hostility may impede parents' ability to engage in aspects of positive coparenting, such as expressing emotional support, resolving childrearing differences productively, or maintaining boundaries (Belsky & Hsieh, 1998; Feinberg, 2003). More specifically, the experiences of feeling drained, struggling to tolerate frustration, and being more likely to misinterpret relationship cues make individuals with symptoms of depression more likely to find it challenging to work together with their partner and to parent their child (Lovejoy et al., 2000). Furthermore, parents experiencing greater levels of depression tend to show fewer positive and more negative parent-child interactions, have more difficulty with establishing routines around parenting, and engage in less supportive and greater negative coparenting

(Elliston et al., 2008; Lyons-Ruth et al., 2002; McDaniel & Teti, 2012; Paulson et al., 2006; Tissot et al., 2017).

Parent gender. Parenthood can be considered as a gendered experience, wherein mothers and fathers often experience diverging roles within the family system (Cowan & Cowan, 1992; Hays, 1998; Shelton & Harold, 2008). Despite evidence that fathers have become more actively involved in parenting in recent decades, mothers continue to be the primary caregivers in the majority of families, including dual-earner couples (Kotila et al., 2013). Violated expectations surrounding the division of labor in childcare has been identified as an important factor in the decline of marital quality over the transition to parenthood as well as being a predictor of changes in coparenting experiences post-partum (Hackel & Ruble, 1992; Ruble et al., 1988). Differing roles and experiences within the childrearing context may lead mothers and fathers to develop different perceptions of the coparenting relationship. While some studies have found that mother and father reports of coparenting tend to be moderately to highly correlated (Feinberg et al., 2012; Schoppe-Sullivan et al., 2004), other researchers have found that fathers report higher satisfaction with their coparenting relationship than mothers (Floyd & Zmich, 1991; Van Egeren, 2004).

Mothers and fathers both experience negative emotions as a consequence of lower levels of marital quality; however, some studies have found evidence indicating that interparental conflict may have a more detrimental effect on fathers' parenting compared to mothers' (Coiro & Emery, 1998; Harold et al., 2012; Levenson & Gottman, 1985; Wang & Crane, 2001). One possible explanation for this difference is that mothers may feel a stronger responsibility to maintain consistent parenting, as they are most often the primary caregiver; while fathers may perceive their parenting role as less vital, leading them to rely more on their partner (Christopher et al., 2015). Several studies have provided support for this explanation of coparenting dynamics between mothers and fathers. It has been found that fathers tend to become less involved in parenting in response to marital problems, while mothers may regulate their parenting behaviour by compartmentalizing emotions stemming from fluctuations in marital quality (Conger et al., 1992; Grych & Fincham, 1990; Krishnakumar & Buehler, 2000). While mothers may be more likely to maintain consistent parenting behaviours, marital quality decreases may lead to deterioration of mothers' feelings of trust or confidence in their partners' parenting (Cowan & Cowan, 2000). Therefore, mothers with low confidence in their partners' parenting abilities, or

those who feel that their position as the primary caregiver is threatened, may engage in less supportive coparenting (Allen & Hawkins, 1999; Christopher et al., 2015). Furthermore, Margolin and colleagues (2001) found that mothers tended to be rated higher on coparenting cooperation than fathers.

Child characteristics. Child factors can also influence the coparenting relationship and, less directly, the marital relationship (Feinberg, 2003). For instance, children with difficult temperaments are not as easily soothed, leading parents to experience more perceived failures. These parents will, therefore, encounter more opportunities for interparental criticism and undermining. Additionally, parents of more temperamentally difficult children may need to reevaluate parenting strategies more often and have increased opportunities for disagreement on childrearing issues. In addition to the effects of temperament, children's behavioural patterns may influence interactions within the coparenting relationship. For instance, some studies have found that infants seem to vary in terms of their inclinations to engage with parents simultaneously or individually (Feinberg, 2003; Fivaz-Depeursinge & Corboz-Warnery, 1999; McHale & Fivaz-Depeursinge, 1999). Furthermore, other triadic patterns may occur with older children, with some promoting interparental teamwork, while others join one parent in a coalition against the other parent (Feinberg, 2003). These patterns of triadic behaviour are likely to influence multiple components of the family system, including the coparenting relationship as well as child adjustment.

As mentioned above, consideration has been given to the ways in which coparenting experiences may differ when raising children of different ages. In terms of ineffective forms of coparenting, it has been suggested that parents of younger children tend to experience higher levels of conflict, while parents of older children tend to show greater levels of disengagement (Macoby et al., 1990; Macoby et al., 1993). Given that younger children are more dependent on their parents and require more frequent support, the demands of addressing the constant needs of young children may necessitate more cooperation and teamwork between coparents (Margolin et al., 2001). In contrast, the developmental level of older children may place parents of older children at greater risk of engaging in triangulation (Margolin et al., 2001). Margolin and colleagues (2001) found that parents of preschool children reported higher levels of coparenting cooperation than parents of preadolescent children.

Child gender is another child factor that has been examined in connection with coparenting quality. The results of several studies have indicated that boys are more likely to be exposed to interparental conflict and child-rearing disagreements (Block et al., 1981; Cox et al., 1989; Cummings et al., 1994; Morgan et al., 1988). Further, McHale (1995) found a stronger association between marital distress and hostile/competitive coparenting in families of boys than families of girls. In contrast, daughters have been found to be at greater risk for more distancing from fathers who experience marital distress (Amato, 1986; Belsky et al., 1989). With respect to distancing, McHale (1995) observed greater parenting discrepancy between mothers and fathers of daughters than sons. Some research has suggested that daughters are more likely to experience triangulation (Buchanan et al., 1991), while the results of other research indicate that greater levels of triangulation occur between mothers and sons (Margolin et al., 2001).

Child ADHD has also been found to have an impact on relationship functioning within families. Child ADHD behaviour is a risk factor for marital dissolution (Williamson & Johnston, 2016; Wymbs et al., 2008) as well as being related to marital functioning and attributions (Jenkins et al., 2005; Wymbs & Pelham, 2010). Williamson and Johnston (2016) found that child ADHD symptoms predicted a lower quality parenting alliance as reported by mothers. Similarly, raising a child with autism spectrum disorder (ASD) can have a pervasive impact on the family system. Challenging child behaviour, parenting stress, and psychological wellbeing have been identified as risk factors for poor relationship satisfaction of parents of children with ASD (Sim et al., 2016). Over the transition to parenthood, parents with children with ASD have been found to be at an increased risk for experiencing decreased relationship satisfaction (Sim et al., 2016). On the other hand, qualitative reports have indicated that raising a child with ASD can strengthen relationships in some cases, suggesting a high degree of variability in couple adaptation (Hock et al., 2012; Marciano et al., 2015; Markoulakis et al., 2012; Myers et al., 2009; Ooi et al., 2016; Ramisch et al., 2013). Parents of children with ASD who experience low levels of parenting stress have been found to be more likely to report higher relationship satisfaction compared to those experiencing greater stress (Sim et al., 2017). Furthermore, positive dyadic coping, including assisting one's partner with coping efforts and working together to address a mutually experienced stressor, is associated with relationship satisfaction in families of children with ASD.

Ethnicity. Some studies have found differences in coparenting processes across ethnicities, including moderate differences in the division of labour between families of different ethnic and racial backgrounds. More specifically, African American husbands were found to be slightly more involved in household chores and childcare compared to European American husbands; however, in both groups, wives remained responsible for the majority of these tasks (McLoyd, 1993; Shelton & John, 1993). Additionally, Latin fathers were found to be more likely to participate in traditionally female household tasks; however, the total amount of time spent on domestic tasks as well as their attitudes toward the division of labour did not differ from those of European American fathers (McLoyd, 1993; Shelton & John, 1993).

A number of studies have been conducted on topics concerning involvement of fathers in parenting and coparenting practices across different ethnic groups, although there seems to be some variation in findings. In a study of two-parent families, Hofferth (2003) found that Black fathers exhibited less warmth but more monitoring, while Hispanic fathers monitored their children less; however, both Black and Hispanic fathers tended to exhibit greater responsibility for their children compared to White fathers. These results are in line with other studies that show that Black non-resident fathers are more involved with their children than fathers from other racial/ethnic groups (Carlson et al., 2008; King, 1994; Seltzer, 1991). Alternatively, in a study of unmarried fathers, Ellerbe and colleagues (2018) found that Black fathers exhibited greater engagement with their children than Hispanic fathers, but not White fathers. Furthermore, Ellerbe and colleagues (2018) found that Black fathers displayed higher levels of shared responsibility and positive coparenting with mothers than either White or Hispanic fathers.

Extrafamilial Level Factors

Feinberg's (2003) ecological model of coparenting includes extrafamilial level influences drawing on a stress-coping perspective (Feinberg, 2003; Lerman & Glanz, 1997). It is assumed that all coparents must expend some degree of effort in order to maintain coordinated childrearing strategies and provide support for their coparenting partner. The efforts to engage in coparenting may be further bolstered when coparents receive support and, conversely, coparenting efforts are undermined by stress. For instance, research suggests that extrafamilial social support serves as a protective factor in families experiencing stress (Johnson & Sarason, 1978). In the context of Feinberg's (2003) model, extrafamilial support is proposed to influence the coparenting relationship directly as well as indirectly via parent characteristics, parental

adjustment, and the overall interparental relationship. In contrast, economic stress caused by limited financial resources has been found to have a negative impact on parental and couple well-being (Conger et al., 1994; Vinokur et al., 1996; Voydanoff & Donnelly, 1988).

Family Level Factors

Family type. Coparenting quality is a relevant issue for families of various types, including intact families as well as separated families. Intact families are those in which the parents are in a current romantic relationship regardless of whether they are married or not. In contrast, separated families include families in which the parents are divorced or otherwise not currently in a romantic relationship with one another. The coparenting relationships of divorced parents may be especially challenging to manage. In a study surveying young adults, greater parental hostility, lower parental cooperation, and lower parenting skills of fathers (i.e., fathering) were found to be associated with parental divorce; while, mothering practices were not significantly associated with divorce (Gasper et al., 2008). Additionally, in a study of married and nonmarried fathers, married fathers who report greater involvement and higher relationship quality with mothers were found to report more parental support, while this association was not significant for nonmarried fathers (Isacco et al., 2010).

Marital satisfaction. Burgess and Locke (1945; 439, as cited in Rollins & Feldman, 1970) defined marital satisfaction as an evaluation of the correspondence of one's actual relationship to their expected relationship, or to a potential alternative. Therefore, an individual's level of marital satisfaction directly corresponds to their subjective evaluation of the extent to which their current relationship meets their expectations or resembles their ideal relationship. Additionally, relationship satisfaction may be lower if the individual perceives more attractive alternatives, either in the form of an alternative partner or other preferable scenarios associated with the termination of their current relationship. In contrast, relationship satisfaction may be higher if alternatives seem less attractive than the current relationship. In the conceptualization of marital satisfaction, developments in the field have led to the understanding that a satisfying marriage is not simply characterized by the absence of dissatisfaction (Bradbury et al., 2000). It has been suggested that marital satisfaction is more appropriately conceptualized as a two-dimensional construct with positive and negative evaluations being related, yet distinct, dimensions (Bradbury et al., 2000). Adding to the conceptual richness of marital satisfaction, is

the notion that it represents a temporal trajectory involving fluctuations in spouses' marital evaluation across the span of their relationship.

In addition to changes over time, contextual factors, such as spouses' personal backgrounds and characteristics, have been linked to marital functioning and satisfaction. For instance, individuals with a history of depression during adolescence were found to have a greater likelihood of experiencing elevated rates of marital dissatisfaction compared to those with other diagnoses or without diagnoses (Gotlib et al., 1998). Also relating to personal background and characteristics, attachment research has demonstrated an association between partners' secure attachment and greater marital quality (Bradbury et al., 2000). The Five-Factor Model of personality has been applied to the study of relationship satisfaction, with findings showing that low neuroticism, higher agreeableness, higher conscientiousness, and higher extraversion in individuals are associated with their partners' relationship satisfaction (Malouff et al., 2010). Furthermore, personal characteristics have the potential to impact marital satisfaction across generations. The connections between parental divorce and offspring divorce has been found to be mediated by maladaptive behaviours including jealousy and hostility (Amato, 1996).

Marital satisfaction is an important area of study, as it has been linked to well-being. The marital discord model of depression (Beach et al., 1990) suggests that marital dissatisfaction reduces resources, such as spousal support, and increases experiences of stress and hostility, thus negatively impacting well-being and leading to elevated risk for depression. In contrast, supportive marriages have been associated with positive aspects of well-being, including physical health (Wickrama et al., 1997) and self-esteem (Voss et al., 1999). A meta-analysis of the literature on marital quality and personal well-being provides further support for the association, finding higher levels of marital quality to be associated with a more optimal degree of personal well-being (Proulx et al., 2007). In addition to affecting personal well-being, conflict between parents preceding divorce has been associated with poorer functioning in children (Amato & Booth, 1997). Given all of this, poor marital satisfaction is certainly not ideal in terms of individuals' well-being and it seems reasonable that parents experiencing low levels of marital satisfaction may experience greater challenges in parenting and coparenting situations.

Given that marital satisfaction fluctuates over time and in response to significant experiences, numerous studies have examined changes occurring across the transition to

parenthood. Twenge et al. (2003) conducted a meta-analysis on parenthood and marital satisfaction, finding that parents reported lower marital satisfaction than nonparents. Furthermore, a significant negative correlation was found between marital satisfaction and number of children. Additionally, the effect size for parenthood was slightly, yet significantly, stronger for mothers ($d = -.19$) compared to fathers ($d = -.13$; Twenge et al., 2003). The effect of parenthood on marital satisfaction was stronger for mothers of infants, than mothers of older children. For fathers there was no significant change in the strength of the effect size across ages of children. Other significant moderators included socio-economic status (SES), year of study, and birth cohort, such that the effect of parenthood on marital satisfaction was more negative for higher SES groups, younger birth cohorts, and in more recent studies. The authors interpreted these findings as supporting models relating to role conflicts and restriction of freedom (Twenge et al., 2003). Relating back to FST, LeMasters (1957), proposed the notion that the addition of family members necessitates reorganization of the family system, as old patterns are no longer appropriate. Parenthood adds an additional social role, which may lead to increased stress and conflict (Rollins & Galligan, 1978; Twenge et al., 2003). Furthermore, women may be disproportionally affected by this new role, as they have traditionally shouldered more caregiving responsibilities (Belsky et al., 1986; Hochschild, 1989; Twenge et al., 2003).

A second meta-analysis by Mitnick et al. (2009) focused specifically on the transition to parenthood, finding a small but significant decline in marital satisfaction for both men and women when comparing levels during pregnancy to 11 months after birth; however, four studies of newlyweds who did not become parents indicated that these couples experienced a decline in marital satisfaction comparable to parents. A third meta-analysis was conducted on the literature comparing the marital adjustment of parents of children with disabilities to parents of children without disabilities (Risdal & Singer, 2004). Risdal and Singer (2004) found that parents of children with disabilities were slightly worse off in terms of marital adjustment; however, they interpreted the observed effect as being much smaller than expected given historically pervasive assumptions that the presence of children with disabilities is severely damaging to family well-being. Taken together, the results of these meta-analyses seem to suggest that the addition of children to a family represents a possible catalyst for a decline in marital satisfaction. However, it appears that parenthood is not the only factor contributing to newlyweds' decreasing levels of

marital satisfaction. Additionally, parents of children with disabilities may be at a slightly higher risk for diminished marital satisfaction, but not dramatically so.

Research on marital satisfaction and coparenting. There have now been a number of studies examining the connection between marital satisfaction and coparenting quality utilizing a variety of study designs. Several studies have used longitudinal designs to examine the association between marital satisfaction and coparenting quality across the transition to parenthood. Durtschi et al. (2017) utilized a sample of ethnically diverse couples from the Fragile Families and Child Wellbeing Study to examine longitudinal and dyadic associations between supportive coparenting, parental stress, and relationship quality across the first 3 years of parenthood. Durtschi et al. (2017) found that supportive coparenting significantly predicted higher relationship quality for both mothers and fathers. Similarly, Le et al. (2016) investigated longitudinal associations between relationship quality and coparenting over the transition to parenthood; however, results indicated gender differences in the longitudinal reciprocal associations for mothers and fathers. More specifically, while Le and colleagues (2016) found that prenatal relationship quality was associated with mothers' and fathers' postnatal coparenting functioning, the link between coparenting functioning and subsequent evaluations of relationship quality was only found for mothers. Christopher et al. (2015) also found some differences in the patterns of results for mothers and fathers in their study. For fathers, decreased marital satisfaction predicted more competitive coparenting and less father involvement, and increased marital conflict predicted less cooperative coparenting; whereas for mothers increased marital conflict was associated with less support of their spouse's parenting. Similar findings by Van Egeren (2004) indicated general support for the association between pre-birth marital satisfaction and positive coparenting experiences, yet differing patterns for mothers and fathers. This literature provides support for the connection between marital satisfaction and coparenting quality, while also indicating a degree of diversity in findings, particularly regarding mothers and fathers.

Longitudinal studies of marital satisfaction and coparenting have also been conducted past the transition to parenthood. Peltz et al. (2018) found that both parents' marital satisfaction was reciprocally connected to their own reports of coparental conflict, as well as being linked to fathers' coparental cooperation. Moreover, in a study of coparenting after the birth of a second child, only fathers' reports of greater marital satisfaction were associated with more cooperative

coparenting (Kuo et al., 2017). Additionally, a study spanning the time from an infant being 6 months old to 3 years old demonstrated moderate stability in coparenting and marital behaviour, as well as finding more consistent associations at the 3-year mark (Schoppe-Sullivan et al., 2004). Furthermore, early coparenting predicted subsequent marital behaviour; however, the reciprocal predictive relation was not supported.

Some studies on marital satisfaction and coparenting have also considered the role of child factors including temperament and gender of children. For instance, Kuo et al. (2017) found that firstborn children's difficult temperaments were associated with less cooperative coparenting for mother and fathers. Furthermore, higher relationship satisfaction between parents has been associated with more optimal coparenting behaviour in families of children with difficult temperaments, while low marital quality was linked to less optimal coparenting of children with difficult temperaments (Schoppe-Sullivan et al., 2007). Similarly, parents of children higher on levels of negative affect have been found to show a greater degree of undermining coparenting behaviour (Cook et al., 2009). The same study demonstrated that marital adjustment served as a moderator in the relations between children's negative affect and supportive coparenting behaviour; however, unexpectedly, it was in families where parents reported greater levels of marital adjustment that child negativity had the greatest impact on supportive coparenting. Regarding the gender of children, McHale (1995) examined behaviours within triads, finding that maritally distressed parents of boys tended to display hostile-competitive coparenting behaviour, while maritally distressed parents of girls tended to exhibit discrepant degrees of parenting involvement.

Other studies have used different lenses to examine marital satisfaction and coparenting, focusing on issues such as daily fluctuations in coparenting and coparenting of adolescent parents belonging to ethnic minority groups. Using a daily diary format, McDaniel et al. (2018) found that daily fluctuations in coparenting were predicted by changing levels of relationship quality along with other factors including parents' negative moods, parenting stress, and fathers' work hours. In addition, within the context of a sample of African American and Latino adolescent parents, mothers' relationship quality predicted coparenting quality (Varga et al., 2017). In contrast, fathers' relationship quality and coparenting was associated with father involvement; however, relationship quality was not associated with coparenting.

The current body of literature on the association between marital satisfaction and coparenting quality is varied. Overall, research tends to support a positive association between marital satisfaction and coparenting quality; however, the connection seems to be somewhat nuanced and complex. Studies differ in terms of their conceptualization of marital satisfaction, sometimes focusing on marital conflict or distress and sometimes focusing on marital satisfaction or adjustment. Similarly, coparenting may be conceptualized as a general construct, or broken down into subcomponents. Beyond the operationalization of the constructs, there is a considerable degree of variation in patterns of results, particularly when results for mothers and fathers are considered independently. Therefore, it would be reasonable to conclude that this body of literature may benefit from efforts to summarize and clarify the connection between marital satisfaction and coparenting quality.

The Current Study

The study of coparenting seems to be growing and, along with it, a number of research studies examining the association between coparenting quality and marital satisfaction have accumulated. While many studies have demonstrated a significant positive association between marital satisfaction and coparenting quality, the results of some studies suggest that the association may be more complex. As mentioned previously, there is a considerable degree of variation in the strength of the association when comparing mothers and fathers as well as across child age, gender, and birth order. The presence of a significant correlation provides some information about the relation between marital satisfaction and coparenting quality; however, the strength of the association contributes to a richer understanding of these processes. Meta-analyses represent an effective method for summarizing findings from existing research (Berman & Parker, 2002). Furthermore, meta-analysis offers an appropriate means of increasing clarity on the strength of the association. To date, there has not been a meta-analysis addressing this topic. Therefore, this study is the first synthesis of research on the association between marital satisfaction and coparenting quality using meta-analysis.

Furthermore, this study examines the effects of several moderators. Consistent with Feinberg's (2003) categorization of factors influencing coparenting, moderating effects of individual parent (i.e., gender, psychological diagnoses of parents, parental education levels, ages of parents, and ethnicity of parents) and child (i.e., age, gender, and psychological diagnoses) factors were investigated. Additional moderators included family level variables (i.e.,

family type, years married, and number of children in family) and study factors (i.e., year of publication, country, person reporting, and questionnaire used). Given that FST is based on the conceptualization of families as interconnected subsystems in which family members influence each other, it was expected that individual and family level factors may be implicated in the association between marital satisfaction and coparenting quality.

Research questions.

The aim of the present study was to address the following research questions:

1. How large is the association between marital satisfaction and coparenting quality in studies including couples (dyadic samples)?
2. How large is the association between marital satisfaction and coparenting quality in samples (or subsamples) including mothers only?
3. How large is the association between marital satisfaction and coparenting quality in samples (or subsamples) including fathers only?

Individual level factors.

4. Do mothers and fathers differ in terms of the strength of the association between marital satisfaction and coparenting quality?
5. Does the education level of mothers (percent who completed high school) moderate the association between marital satisfaction and coparenting quality?
6. Does the education level of fathers (percent who completed high school) moderate the association between marital satisfaction and coparenting quality?
7. Does the age of mothers at the time of measurement moderate the association between marital satisfaction and coparenting quality?
8. Does the age of fathers at the time of measurement moderate the association between marital satisfaction and coparenting quality?
9. Does the ethnic/racial background of mothers moderate the association between marital satisfaction and coparenting quality?
10. Does the ethnic/racial background of fathers moderate the association between marital satisfaction and coparenting quality?
11. Does the percentage of children in a sample having a psychological diagnosis moderate the association between marital satisfaction and coparenting quality?

12. Does the mean age of a family's only child or eldest child, at the time of measurement, moderate the association between marital satisfaction and coparenting quality?
13. Does the gender of children (percent female children) in primiparous families moderate the association between marital satisfaction and coparenting quality?

Family level factors.

14. Does the type of family (percent intact) moderate the association between marital satisfaction and coparenting quality?
15. Does the number of months parents had been married (or in a cohabiting relationship if parents are unmarried) at the time of measurement moderate the association between marital satisfaction and coparenting quality?
16. Does the mean number of children in each family in the sample moderate the association between marital satisfaction and coparenting quality?

Study factors.

17. Does the year of publication moderate the association between marital satisfaction and coparenting quality?
18. Does the country of study moderate the association between marital satisfaction and coparenting quality?
19. Does the person reporting on marital satisfaction (i.e. self-report vs. observation by researcher) moderate the association between marital satisfaction and coparenting quality?
20. Does the person reporting on coparenting quality (i.e. self-report vs. observation by researcher) moderate the association between marital satisfaction and coparenting quality?
21. Does the measure of marital satisfaction used in each study moderate the association between marital satisfaction and coparenting quality?
22. Does the measure of coparenting quality used in each study moderate the association between marital satisfaction and coparenting quality?
23. Does the publication status of each study moderate the association between marital satisfaction and coparenting quality?

Hypotheses.

First, based on the existing literature (Christopher et al., 2015; Cook et al., 2009; Durtschi et al., 2017; Kuo et al., 2017; Le et al., 2016; McDaniel et al., 2018; Peltz et al., 2018; Schoppe-Sullivan et al., 2004), I predicted that greater marital satisfaction would be associated with greater coparenting quality. Second, based on mixed literature including child factors (Cook et al., 2009; Schoppe-Sullivan et al., 2007), I predicted that the association between marital satisfaction and coparenting quality would be comparable in families with children in clinical populations and those with typically developing children. Finally, based on the mixed results from past studies, wherein some studies have found a stronger association for mothers (Varga et al., 2017) and others have found a stronger association for fathers (Christopher et al., 2015; Kuo et al., 2017; Le et al., 2016), the association between marital satisfaction and coparenting quality for mothers and fathers was examined in an exploratory manner.

Further exploratory analyses were carried out to assess for potential moderating effects of the following individual parent and child factors: education level of mother, education level of father, age of mother, age of father, ethnic/racial background of mother, ethnic/racial background of father, age of the children at the time of measurement, and child gender (for primiparous families). Further exploratory analyses assessed possible moderating effects of the following family level factors: family type (i.e., intact versus separated), years married, and number of children in families. Study factors were primarily used as moderators in order to assess for any issues relating to the quality of studies being included in analysis.

Method

Meta-analyses were conducted to summarize and analyze the findings of the existing body of research on the association between marital satisfaction and coparenting quality using dyadic data from couples, as well as individual data from mothers and fathers. For the purpose of this study, marital satisfaction refers to each parent's evaluation of their relationship with the other parent (or caregiver) of their child. As discussed above, the term "marital satisfaction" is commonly used to refer to this type of relationship satisfaction in research; however, for this study it was not necessary that the parents be married. Relationship satisfaction may be considered within the context of different family types including those in which the parents were never married, are currently married, or were married but were no longer together at the time of measurement; however, for the purpose of consistency and aligning with other similar research in this field, the term "marital satisfaction" will be used. Coparenting was defined as the way

parents relate to each other within their roles as parents (Feinberg, 2003). More specifically, the coparenting relationship is characterized by the extent to which parental figures demonstrate support and coordination within the childrearing context (Feinberg, 2003).

Protocol

A detailed protocol was established with respect to the research questions. The protocol specified the criteria that must be met for studies to be included in the analysis, as well as the criteria that would cause studies to be excluded (Berman & Parker, 2002). Furthermore, the study protocol included a list of allowable methods of measurement for both marital satisfaction and coparenting quality. The criteria to be met for studies to be included and a list of allowable measures can be found in the "Inclusion Criteria" section of this document. In cases where there were multiple publications reporting the results of one study, the most comprehensive study was selected for analysis. In cases where multiple publications of a single study were equally comprehensive, the results from the earliest published was used. Additionally, a coding manual specifying the type of information to be extracted from the studies and the format in which it would be recorded was developed (see Appendix A).

Search Strategy and Identification of Studies

The Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines were followed in the identification, screening, and evaluation of manuscripts relevant to the research question (Moher et al., 2009). The following databases were systematically searched for relevant reports prepared up to June 2019: a) PsycINFO, b) ProQuest Dissertations and Theses, and c) Google Scholar. In order to reduce the risk of publication bias, in which a greater number of records reporting positive effects inflate the estimated effect size (Berman & Parker, 2002; Dwan et al., 2008; Easterbrook et al., 1991; Moher et al. 2009), both published and unpublished records were utilized in this study. Publication bias refers to the observed phenomenon wherein research reporting statistically significant results is more likely to be published compared to studies reporting non-significant results (Berman & Parker, 2002; Dwan et al., 2008; Easterbrook et al., 1991). The exact search strategy differed between databases depending on the limiting features of each database. The following keywords were used in database searches: marital satisfaction, marital quality, relationship satisfaction, relationship quality, coparent*, parenting alliance, parenting partnership, parental agreement, parental disagreement, and childrearing agreement. In addition to database searches, I searched for

additional articles in two related journals: *Journal of Child and Family Studies* and *Journal of Family Psychology.*

Once the searches had been conducted, articles were subject to three stages of screening in order to determine their eligibility. The initial screening simply involved the recording and removal of any duplicated studies. Second, the title and abstract of each study was evaluated. Any clearly unrelated or irrelevant articles were excluded at this point. Subsequently, the remaining articles were screened based on their full text. Furthermore, eligible articles were screened using Wood's (2008) steps for the identification of duplicate samples. Through this process, studies that shared overlapping samples were identified and the most comprehensive study was selected for inclusion, while less comprehensive studies were excluded. The screening procedure was documented using a PRISMA flow diagram, including the number of articles that were included and excluded during each stage of screening along with the reasons for studies being excluded (Card, 2012). The PRISMA flow diagram for the present study can be seen in Figure 3. A tracking file on the Rayyan website (Ouzzani et al., 2016) was used to document the records included and excluded at each stage of the screening process. Rayyan is a web application that was created to aid researchers in the screening process of systematic reviews and meta-analyses. Rayyan allows researchers to create and share folders for their projects, to which they can upload records of their searches and designate labels representing decisions made on the inclusion of specific articles.

In addition to the search procedures stated above, backward and forward reference searches of articles that meet the inclusion criteria were utilized in order to avoid missing relevant studies (Card, 2012). This was accomplished by reviewing the reference lists of articles that met the inclusion criteria (backward reference search) and screening studies that cite eligible articles (forward reference search). Additional studies found through this process were evaluated using the screening method stated above.

Inclusion Criteria

Studies eligible for inclusion in the analysis were required to meet the following criteria:

1. The study must have been published (or prepared) in English before June 2019. As stated previously, both published and unpublished studies were included.
2. Eligible studies must have included a quantitative evaluation of the relation between marital satisfaction and coparenting quality.

3. The study included a direct measure of marital satisfaction between two individuals who are also coparents. Acceptable measures of marital satisfaction must include more than one item and must have evidence of reliability or validity. Examples of acceptable measures include The Dyadic Adjustment Scale (DAS; Spanier, 1976), Couples Satisfaction Index (CSI-4; Funk & Rogge, 2007), Kansas Marital Satisfaction Scale (Schumm et al., 1986), Relationships Questionnaire (Braiker & Kelley, 1979), Marital Opinion Questionnaire (MOQ; Huston & Vangelisti, 1991), and The Intimate Relations Questionnaire (Braiker & Kelley, 1979).
4. The study included a direct measure of coparenting quality. Acceptable measures of coparenting were limited to measures that reflect parents' perspective on the way they relate to each other. Acceptable measures of coparenting must include more than one item and must have evidence of reliability or validity. Examples of acceptable measures include the Coparenting Questionnaire (CQ; Margolin et al., 2001), Coparenting Relationship Scale (Feinberg et al., 2012), Parenting Alliance Inventory (PAI; Abidin & Brunner, 1995), Daily Coparenting Scale (D-Cop; McDaniel et al., 2017), and Perceptions of Coparenting Partners Questionnaire (Stright & Bales, 2003). In contrast, studies limited to measures of individual parenting practices or father involvement were excluded.
5. Measures of marital satisfaction and coparenting quality must have been taken concurrently, except, for studies on primiparous parents taking place over the transition to parenthood, where marital satisfaction may have been measured prenatally, while coparenting quality was measured postnatally.
6. Studies must have included a quantitative evaluation of the relation between marital satisfaction and coparenting quality on the couple-level or separate evaluations for mothers and fathers.
7. Studies including children or parents belonging to clinical populations were eligible, as coding allowed for analysis of moderation.
8. Similarly, families in which the biological parents were separated were included; however, parents' marital status was coded for. In studies including divorced or separated parents, the parents must have had a current coparenting partner with whom they were in a romantic relationship (i.e., families with stepparents). Studies that only provided

measures of relationship satisfaction and coparenting for dissolved relationships were not eligible.

9. Study participants must have been parents of children under the age of 18 years.

Moderator Analyses

One of the research objectives of this study was to examine the link between marital satisfaction and coparenting quality in families of typically developing children and those with children in clinical populations. Therefore, belonging to a clinical population, as indicated by diagnoses of psychological conditions, was considered as a moderator. Additional individual level child factors were considered through moderation analyses. The age of a family's only or eldest child at the time of measurement and child gender were considered as moderators. Furthermore, the moderating effects of individual parental factors such as maternal education level, paternal education level, age of mother, age of father, ethnic/racial background of mother, and ethnic/racial background of father were examined. The effect of parent gender was investigated by running separate analyses on samples of mothers and fathers and comparing the strength of the association between marital satisfaction and coparenting quality in those samples.

Other family level and study factors served as moderators. Family factors of interest included family type (i.e., intact versus separated), months married (or in a cohabiting relationship), and the number of children in the family. Study factors that were included as moderators were year of publication, country, person reporting on marital satisfaction, person reporting on coparenting quality, measure of marital satisfaction, and measure of coparenting quality. Study publication status was also included as a moderator in order to check for potential effects of including unpublished studies on the results obtained.

Data Extraction

A detailed coding manual was created for this study in order to provide instruction on the types of information needing to be extracted from the records as well as the method of recording the extracted data (Lipsey & Wilson, 2001; see Appendix A). All extracted information was recorded on coding forms created specifically for this study (see Appendix B). The coding manual and form were tested with alternative studies, which were not included in the analysis, to ensure these materials sufficiently specified and captured the required information.

I was the primary coder extracting data from records. To assess for intercoder reliability, a secondary coder coded 25% of the eligible studies. Secondary coding was conducted by a

fourth-year Honours student who received training on the coding procedures. Coding results were compared item by item (Lipsey & Wilson, 2001). Intercoder agreement between the two coders was first calculated using Cohen's kappa and intraclass correlation coefficients (ICC; Card, 2012; Lipsey & Wilson, 2001). Cohen's kappa could be calculated for type of publication (κ = 1.00, 95% CI [1.00, 1.00]), country (κ = 1.00, 95% CI [1.00, 1.00]), measure of marital satisfaction (κ = 1.00, 95% CI [1.00, 1.00]), measure of coparenting quality (κ = .95, 95% CI [.86, 1.00]), person reporting on marital satisfaction (κ = .88, 95% CI [.68, 1.00]), and person reporting on coparenting quality (κ = .89, 95% CI [.71, 1.00]).

For the remaining variables there were some features of the data that made the values for Cohen's kappa and ICC less representative of the level of agreement between coders. Specifically, there were a number of instances in which one of the coders had left an item blank, while the other coder recorded a value. In these instances, leaving blanks for one coder inflated the level of agreement. A second difficulty came with the child gender (percent female) moderator, for which there were not enough pairs of values within the 25% of studies that were second coded to generate an ICC in SPSS (Version 25.0; IBM Corp., 2017), but on visual inspection showed perfect agreement. Due to the closure of campus buildings as per university policy surrounding COVID-19, I was unable to access reference books that may have guided me in formulating a statistical plan to manage these difficulties. It was therefore concluded that percent agreement would be a more accurate representation of the level of agreement between the coders. Percent agreement ranged from 58% - 100% (M = 85%; See Appendix C for further details). Errors that were detected through the process of second coding were manually corrected prior to analysis.

Data collected included demographic information (i.e., parents' marital status, number of children in family, age of children, etc.), other study characteristics (i.e., title, author, year, type of publication, etc.), and the measures of marital satisfaction and coparenting quality. Missing data was indicated on the coding form. In cases where key information was missing, such as data required to calculate an effect size, efforts were made to contact the authors of the study. If the missing information could not be obtained, then the study was excluded from the analysis. Data was inputted into the Comprehensive Meta-Analysis (CMA) version 3.0 software for analysis (Borenstein et al., 2013). In cases where a study included multiple measures of either construct (i.e., marital satisfaction or coparenting quality), data from each measure was recorded

separately. This approach allowed for further examination of individual measures or for the aggregation of measures by averaging the scores and creating a single effect size for each construct (Lipsey & Wilson, 2001). For the purpose of the current study, separate correlations for mothers and fathers were used in the comparison of effect size between mothers and fathers; however, correlations corresponding to other types of subgroups, different measures, or multiple time points were aggregated within CMA.

Statistical Methods

Data was analyzed using CMA. Three datasets were created and utilized for separate analyses. The first dataset included all of the studies with dyadic samples (i.e., participants were couples). When studies with dyadic samples provided separate correlations for mothers and fathers, these subsamples were entered into CMA as subsamples that could be selected for separate analyses or aggregated; otherwise, some dyadic studies only provided one correlation for mothers and fathers. For the analyses using the dyadic samples, separate correlations for mothers and fathers were aggregated, as were the correlations for studies that provided multiple correlations corresponding to different time-points, different measures or subscales of measures, other types of subsamples, and so forth. The second dataset included studies with samples of mothers only as well as the subsamples of mothers from dyadic studies (only when separate correlations were given for mothers). The third dataset included studies with samples of fathers only as well as the subsamples of fathers from dyadic studies (only when separate correlations were given for fathers). Meta-analyses were conducted separately using each of these three datasets, addressing research questions 1-3.

Given the diverse nature of the studies included, heterogeneity in effect sizes was expected to stem from more than sampling error alone. Therefore, the assumptions inherent to a fixed effect model were expected to be violated and a random effects model was be used (Lipsey & Wilson, 2001). The distribution of effect sizes was examined to check for the presence of notable outliers, specifically those exceeding a *z* score of 1.96. In the case that outliers were present, they were recoded to more moderate values. More specifically, scores exceeding two standard deviations distance from the mean were recoded to the value at two standard deviations. All effect sizes from articles included in the analysis were weighted using the inverse of the sampling error variance in order to manage the contribution of each study, such that contributions are proportionate to reliability (Lipsey & Wilson, 2001). Correlation coefficient

effect size statistics were transformed using Fisher's Z_r -transformation and later transformed back to correlation coefficients to facilitate interpretation.

Moderator analyses were conducted using analog ANOVA and meta-regression (Lipsey & Wilson, 2001). Analog ANOVA was used to facilitate the comparison of mothers and fathers in terms of the association between their experiences of marital satisfaction and coparenting quality (research question 4) by comparing the effect sizes for samples of mothers and samples of fathers. Using the data from samples and subsamples of mothers, individual meta-regressions were conducted for the following moderator variables: a) maternal education level (research question 5), b) mean mother age (research question 7), and c) ethnic/racial background of mother (research question 9). Using the data from samples and subsamples of fathers, individual meta-regressions were conducted for the following moderator variables: a) paternal education level (research question 6), b) mean father age (research question 8), and c) ethnic/racial background of father (research question 10).

Using the dyadic data, individual meta-regressions were conducted for the following moderator variables: a) percentage of children having a psychological diagnosis (research question 11), b) mean age of (first or only) children (research question 12), c) gender of children in primiparous families (research question 13), d) family type (percent intact; research question 14), e) mean months of marriage or cohabitation (research question 15), f) mean number of children in family (research question 16), g) year of publication (research question 17), h) country of the study (research question 18), i) person reporting on marital satisfaction (research question 19), j) person reporting on coparenting quality (research question 20), k) measure of marital satisfaction (research question 21), l) measure of coparenting quality (research question 22), and m) publication type (research question 23).

For any studies where multiple measures of marital satisfaction or coparenting quality were provided, these effect sizes were aggregated so that the sample from that study only contributed one mean effect size to the distribution. The mean effect size for each distribution was calculated by weighting each effect size (ES_i) by the inverse of its variance. Additionally, confidence intervals were constructed by multiplying the standard error of each effect size mean by the critical *z*-value for a 95% confidence interval (1.96 for $\alpha = .05$) and adding the product to the mean for the upper limit, as well as subtracting the product from the mean for the lower limit.

Homogeneity of variance was assessed using the I^2 statistic in order to determine the percentage of variation across studies that was due to heterogeneity rather than chance (Higgins & Thompson, 2002; Higgins et al., 2003). Between study variance in terms of effect size was assessed using tau-squared (Borenstein et al., 2010).

Results

Study Selection

Systematic searches of two databases (PsycINFO and ProQuest Dissertations and Theses) resulted in 452 records. Additionally, out of 957 results from a systematic search using Google Scholar, 410 were identified as potentially relevant. Backward and forward reference searches were conducted along with a manual search of two relevant journals (*Journal of Child and Family Studies* and *Journal of Family Psychology*). These processes resulted in the identification of 14 eligible articles. Following the removal of duplicates, 676 unique studies remained. Screening based on title and abstract resulted in the exclusion of 224 studies, leaving 452 studies that were subject to a review of the full text. After the full-text screening, studies eligible for inclusion were screened using Wood's (2008) methods for identifying shared or overlapping samples. In cases where studies shared samples, the most comprehensive study was selected for inclusion. If studies were equally comprehensive, the study that was published first was selected for inclusion. Those studies that were less comprehensive or published later were excluded. Following the removal of overlapping samples, 96 unique records (including a total of 99 studies) were found to be eligible for inclusion in the analysis, having met the inclusion criteria (Figure 3).

Study Characteristics

Of the 99 studies (96 records) included in analyses, 75 were journal articles, 22 were theses/dissertations, one study (Oh et al., 2017) was published in the form of multiple articles within a journal issue, and one study was in the form of a convention poster (Table 1). The studies were published from the years of 1991 to 2019 (Table 1). Eighty percent of the studies were conducted in North America (n = 79), with the majority having been conducted in the United States (U.S.; n = 72), six studies were conducted in Canada, and one study used a sample including participants from the U.S. and Canada. Other countries in which studies were conducted included China/Hong Kong (n = 4), Switzerland (n = 4), Italy (n = 3), France (n = 2),

and the Netherlands (*n* = 2). There was one study conducted in each of the following countries: Australia, Britain, Germany and Switzerland, Sweden, and Turkey (Table 1).

Eighty-nine percent of the studies (*n* = 88) used only self-report measures to assess marital satisfaction, 4% of studies (*n* = 4) used observational measures only, 6% of studies (*n* = 6) used a combination of self-report and observational measures, and one study administered questions in an interview format (Table 1). The most commonly utilized measures were the Dyadic Adjustment Scale (DAS; Spanier, 1976), the Marital Adjustment Test (MAT; Locke & Wallace, 1959), and the Quality of Marriage Index (QMI; Norton, 1983; Table 1). Seventy-six percent of studies (*n* = 75) used only self-report measures to assess coparenting quality, 20% of studies (*n* = 20) used observational measures only, 3% of studies (*n* = 3) used a combination of self-report and observational measures, and one study administered questions in an interview format (Table 1). The most commonly utilized self-report measures were the Parenting Alliance Inventory (PAI; Abidin & Brunner, 1995), the Coparenting Relationship Scale (CRS; Feinberg et al., 2012), and the Parenting Alliance Measure (PAM; Konold & Abidin, 2001; Table 1). Twenty-five percent of studies (*n* = 25) used coded triadic interactions to measure coparenting quality.

Twelve studies (12%) included families of children from clinical populations and two studies (2%) included parents from clinical populations (Table 2). In studies of primiparous families, the percentage of female children ranged from 40% to 54% (Table 2). The average age of children ranged from 3 months to 101 months (Table 2). Of the studies that indicated the percentage of intact families (*n* = 77; Table 2), 6% of studies (*n* = 5) included only families that were not intact, in 5% of studies (*n* = 4) 55-75% of families were intact, in 18% of studies (*n* = 14) 80-99% of families were intact, and in 70% of studies (*n* = 54) all families were intact. The average length of the marital/cohabiting relationship between parents ranged from 30-228 months (Table 2). The average number of children ranged from 1-3 (Table 2). Two studies reported including same-sex parents (Carone et al., 2017; McDaniel et al., 2018).

The separate subsamples of mothers and fathers were used for the investigation of mothers' and fathers' education, respectively. Of the studies, from the mother subsample, offering reports on the percentage of mothers who had completed high school or higher levels of education (*n* = 20; Table 3), in 5% of studies (*n* = 1) 24% of mothers had completed high school or higher levels of education, in 15% of studies (*n* = 3) 62-77% of mothers had completed high

school or higher levels of education, in 55% of studies (*n* = 11) 86-99% of mothers had completed high school or higher levels of education, and in 25% of studies (*n* = 5) all mothers had completed high school or higher levels of education. Of the studies, from the father subsample, offering reports on the percentage of fathers who had completed high school or higher levels of education (*n* = 19; Table 4), in 5% of studies (*n* = 1) 24% of fathers had completed high school or higher levels of education, in 26% of studies (*n* = 5) 53-76% of fathers had completed high school or higher levels of education, in 58% of studies (*n* = 11) 90-99% of fathers had completed high school or higher levels of education, and in 11% of studies (*n* = 2) all fathers had completed high school or higher levels of education. The average age of mothers ranged from 27 to 43 years (Table 3) and fathers ranged from 29 to 46 years (Table 4).

The separate subsamples of mothers and fathers were used for the investigation of mothers' and fathers' ethnic/racial background, respectively. Of the studies, from the mother subsample, offering reports on ethnic/racial background for mothers (*n* = 27; Table 3), in 11% (*n* = 3) none of the mothers were White, in 4% (*n* = 1) 37% of mothers were White, in 7% (*n* = 2) the percentage of mothers who were White ranged from 50-75%, and in 78% (*n* = 21) the percentage of mothers who were White ranged from 76-95%. Of the studies, from the father subsample, offering reports on ethnic/racial background for fathers (*n* = 23; Table 4), in 13% (*n* = 3) none of the fathers were White, in 13% (*n* = 3) the percentage of fathers who were White ranged from 23-33%, in 4% of studies (*n* = 1) 50% of fathers were White, and in 70% (*n* = 16) the percentage of fathers who were White ranged from 80-95%. There was a total of 35,712 participants across all studies.

Association Between Marital Satisfaction and Coparenting Quality

Within the context of dyadic data (studies including both parents), the association between marital satisfaction and coparenting quality was medium (r = .40; 95% confidence interval (CI) [.36, .43]; $Q(82) = 751.75$ (p <.001); I^2 = 89.09%; tau^2 = 0.032; See Table 1). Figure 4 shows the effect sizes for the association between marital satisfaction and coparenting quality from the 83 studies with dyadic data. Cohen's (1977, 1988) guidelines for effect size interpretation, where small: $r \leq .10$, medium: r = .30, and large: $r \geq .50$, were referenced for the interpretation of this effect size. These results suggest that there is a moderate association between relationship satisfaction and coparenting quality in parents, particularly within the context of studies including both parents. The significant value for the Cochrane *Q*-test suggests

a greater level of heterogeneity in the effect sizes between studies than would be expected to present based on chance alone. The high value associated with I^2 indicates substantial heterogeneity, suggesting that 89% of the variation in effect sizes across studies is due to heterogeneity as opposed to chance (Higgins et al., 2003). Tau^2 represents the between studies variance, or the variance of true effect sizes, on the scale of the effect size and is the value used to compute weights. Twenty-three individual effects with a z-score exceeding 1.96 were identified as outliers and were re-coded at a z-score of 1.96. After the outliers had been re-coded, the strength of the association remained similar (r = .40; 95% CI [.36, .43]; $Q(82) = 716.79$ (p <.001); I^2 = 88.56%; tau^2 = 0.031).

Moderator Analyses

A total of 20 moderator analyses were conducted (see Table 5). Thirteen moderator analyses were conducted on the subsample of data that included only couples and eight moderator analyses were conducted using data from separate subsamples of mothers and fathers. One of the moderator analyses (gender of parents) used an analog ANOVA approach, while the remaining moderators were examined using meta-regression (see Table 5). Due to an insufficient number of studies including mothers or fathers from clinical populations, moderator analyses on psychological diagnoses of mothers and fathers could not be run. Similarly, there was an insufficient number of studies with same-sex couples to allow for a moderator analysis of sexual orientation of parents. Gender of parents was the only significant individual level moderator (Q = 4.30, p = .038, k = 143), with larger effects being found in samples of mothers (r = .47; 95% CI [.43, .52]; $Q(74) = 514.41$ (p <.001); I^2 = 85.61%; tau^2 = 0.039; See Table 3) than fathers (r = .41; 95% CI [.37, .45]; $Q(67) = 607.02$ (p <.001); I^2 = 88.96%; tau^2 = 0.030; See Table 4).

In terms of family level factors, the length of the relationship between parents was a significant moderator (Q = 5.55, p = .019, k = 46), with larger effects being found in families where parents had been married (or in a cohabiting relationship) for longer periods of time. Mean number of children was also a significant moderator (Q = 5.32, p = .021, k = 38), with larger effects being found in families with more children. No other family level factors were significant moderators in the association between marital satisfaction and coparenting quality.

Five study factors were found to be significant moderators. The country studies were conducted in was a significant moderator (Q = 25.09, p = .005, k = 83), with smaller effects being found from studies conducted in Switzerland. The person reporting (self-report vs.

researcher observation) on coparenting quality was a significant moderator ($Q = 77.46$, $p < .001$, $k = 83$), with smaller effects for studies including measures of coparenting quality that were completed by researchers, such as observational measures. The measure of marital satisfaction was a significant moderator ($Q = 24.72$, $p < .037$, $k = 83$), with smaller effects found in studies using the Dyadic Adjustment Scale (DAS; Spanier, 1976) in addition to another less commonly used measure and studies using the Marital Adjustment Test (MAT; Locke & Wallace, 1959) than studies that used only the DAS (Spanier, 1976). The measure of coparenting quality was a significant moderator ($Q = 124.57$, $p < .001$, $k = 83$), with larger effects for studies using the Coparenting Relationship Scale (Feinberg et al., 2012) and the Parenting Alliance Measure (PAM; Konold & Abidin, 2001) and smaller effects for studies using coded triadic interactions. The type of publication was a significant moderator ($Q = 13.41$, $p = .004$, $k = 83$), with a negative effect for one study that could only be found in the form of a poster (Tissot et al., n.d.). After the removal of this study from the analysis, type of publication was no longer a significant moderator ($Q = 2.73$, $p = .255$, $k = 82$); therefore, publication type does not seem to significantly moderate the association.

Study Quality

Study factors provide some insight into the quality of the studies included in the analysis. Type of publication can be considered in terms of the effect of publication status on effect size. The study by Tissot et al. (n.d.) that was found as an unpublished poster (mentioned above), displayed the most discrepant results with a correlation of -.40. Furthermore, as stated above, the removal of this study from the moderator analysis resulted in the previously significant effect of type of publication becoming nonsignificant. Based on this information, the quality of this study may be called into question. Due to the study being presented in poster form, there was little methodological detail provided that may have contributed to a better understanding of the discrepant results. Otherwise, type of publication was a nonsignificant moderator, suggesting that effects did not differ significantly between published and unpublished studies. This provides a degree of confidence that unpublished studies were not consistently of poorer quality compared to peer reviewed articles.

Country of study was a significant moderator, with smaller effects being found from studies conducted in Switzerland. This result may be explained in part by the common use of triadic interaction tasks as measures of coparenting quality in research conducted in Switzerland

(Favez et al., 2012; Favez et al. 2016; Tissot et al., n.d.; Tissot et al., 2019). The analysis of coparenting measures as a moderator indicated that studies using coded triadic interactions reported lower effect sizes. Therefore, the weaker, and in some cases negative, effect sizes of studies from Switzerland may be more accurately described as a measurement issue than an overall study quality issue.

The findings that triadic interaction measures and observational measures for which researchers are the reporters more generally, are associated with lower effect sizes does raise questions about the validity of different types of measures of coparenting quality. Many different measures of coparenting have been used across the studies included in these analyses, also suggesting a lack of consensus within the field in terms of the measurement of coparenting quality. In conclusion, measure of coparenting quality stands out as the factor that could most likely be impacting study quality.

Discussion

This study represents the first meta-analytic synthesis of the association between marital satisfaction and coparenting quality. This study used three subsamples or datasets from the overall dataset, which included 99 studies. The first set of analyses were conducted on a subsample of data that came from studies with samples that included couples of parents (dyadic data). Meta-analysis of this data found a medium association between marital satisfaction and coparenting quality (r = .40). Second, the association between marital satisfaction and coparenting quality was investigated in a subsample of studies including samples of only mothers or subsamples of mothers. The results of the meta-analysis of data from mothers indicated an association between marital satisfaction and coparenting quality that falls within the medium range, approaching the large range, (r = .47) according to Cohen's (1977, 1988) guidelines for effect size interpretation. Third, the association between marital satisfaction and coparenting quality was investigated in a subsample of studies including samples of only fathers or subsamples of fathers. The results of the meta-analysis of data from fathers indicated a medium association between marital satisfaction and coparenting quality (r = .41).

As there have been no previous meta-analyses of the association between marital satisfaction and coparenting quality, these results represent a novel contribution. The medium effects found by this study are theoretically consistent with the conceptualization offered by FST,

which suggests that the marital or couple subsystem and the parenting subsystem are distinct, yet intimately connected (Feinberg, 2003).

Individual Level Factors

Moderator analyses were conducted to further explore the factors influencing the association between marital satisfaction and coparenting quality. The strength of the association was compared between subsamples of mothers and fathers to investigate the extent to which parent gender had an impact on the relation. Results of the comparison between mothers and fathers indicated that parent gender represents a significant moderator in the association between marital satisfaction and coparenting quality. Specifically, a stronger association between marital satisfaction and coparenting quality was found for mothers (r = .47) than fathers (r = .41). This finding is consistent with a number of studies that reported a stronger association between marital satisfaction and coparenting quality for mothers than fathers (e.g., Broderick et al., 2019; Camisasca et al., 2019; Varga et al., 2017). In contrast, this finding is inconsistent with other studies that have found a stronger association for fathers (e.g., Christopher et al., 2015; Kuo et al., 2017; Le et al., 2016).

It is certainly the case that parenting is often a gendered experience, such that mothers and fathers inhabit different roles within the family system (Cowan & Cowan, 1992; Hays, 1998; Shelton & Harold, 2008). As mentioned previously, while fathers have taken on more substantial roles in parenting over time, in most families, mothers maintain the role of the primary caregiver (Kotila et al., 2013). Violated expectations regarding the division of labor associated with childrearing have been identified as a factor contributing to lower marital quality over the transition to parenthood as well as a predictor of coparenting experiences (Hackel & Ruble, 1992; Ruble et al., 1988). Therefore, with differing roles within the family system, it is unsurprising that mothers and fathers would experience the parenting partnership differently. It has been suggested that because mothers take on more caregiving responsibilities, parenthood plays a more substantial role in their identities (Katz-Wise et al., 2010; Maurer et al., 2001; Simon, 1992); therefore, the extent to which a partner assists or hinders mothers within their role as a parent may have a greater influence on their evaluation of the couple relationship (Le et al., 2016).

Some researchers have posited that mothers, who often act as the primary caregiver, may feel a stronger responsibility to maintain consistent parenting; while fathers may see their

parenting role as less essential and thus tend to rely more on their partner (Christopher et al., 2015). Similarly, the results of some studies have suggested a connection between marital distress and lower levels of father involvement, while mothers may maintain their parenting behaviour despite negative emotions relating to the marital relationship (Conger et al., 1992; Grych & Fincham, 1990; Krishnakumar & Buehler, 2000). Despite the tendency for mothers' parenting behaviours to remain constant, marital distress may reduce mothers' feelings of trust or confidence in their partners' parenting (Cowan & Cowan, 2000). In turn, mothers with low confidence in their partners' parenting abilities may engage in less supportive coparenting (Allen & Hawkins, 1999; Christopher et al., 2015). Therefore, it may be the case that fluctuations in marital quality have a larger impact on fathers' parenting behaviours and mothers' perspectives on the coparenting relationship. Similarly, fathers have been found to report higher levels of satisfaction with their coparenting relationship than mothers (Floyd & Zmich, 1991; Van Egeren, 2004), which may suggest that they hold a more consistently positive view of the coparenting relationship. Due to the majority of studies using self-report measures (88% for marital satisfaction and 76% for coparenting), parents own perceptions of the coparenting relationship and their satisfaction with the collective coparenting relationship would have been the focus of measurement, rather merely the extent to which parents carry out their parenting responsibilities.

Parental education levels were coded for as an indicator of socio-economic status (SES). While education level is not an ideal proxy for SES, it is commonly used as an indicator of SES, as it is considered to be a key predictor of one's work and economic situations (Darin-Mattsson et al., 2017; Duncan et al., 2002). Furthermore, parental education level is the most consistently reported and comparable proxy measure of SES in primary studies, which makes it a preferable indicator of SES for meta-analyses. In 80% of studies that reported on mothers' educational level, 86-100% of mothers had completed high school or higher levels of education and in 74% of studies that reported on fathers' educational level, 75-100% of fathers had completed high school or higher levels of education; this indicates that the majority of samples seem to have been highly educated. Neither education level of mothers or fathers were significant moderators in the association between marital satisfaction and coparenting quality; however, the restricted variability in education level may have been a limiting factor in this analysis. The average age of mothers ranged from 27 to 43 years and fathers ranged from 29 to 46 years. Neither maternal nor paternal age were significant moderators. This nonsignificant result does not provide evidence

that the strength of the association between marital satisfaction and coparenting quality differs depending on age.

Neither ethnic/racial background of mothers nor fathers were significant moderators. In 75% of studies that reported on mothers' ethnic/racial background, 76-100% of mothers were White. In 68% of studies that reported on fathers' ethnic/racial background, 80-100% of fathers were White. Therefore, while some studies included more racially diverse samples, the majority of the samples were largely White. Previous research has demonstrated that families with different ethnic/racial backgrounds may differ in terms of certain aspects of coparenting (McLoyd, 1993; Shelton & John, 1993) and level of involvement of fathers in parenting and coparenting practices (Carlson et al., 2008; Ellerbe et al., 2018; Hofferth, 2003; King, 1994; Seltzer, 1991). Despite these differences, the results from the current study did not support a moderating role of ethnic/racial background in predicting the strength of the association between marital satisfaction and coparenting quality.

Ten studies (12%) included families of children from clinical populations, including ASD, Downs Syndrome (DS), ADHD, intellectual disability (ID)/mental retardation, oppositional defiant disorder (ODD), conduct disorder, clinical levels of externalizing symptoms, and clinical levels of internalizing symptoms. As hypothesized, the percentage of children in a sample having a psychological diagnosis did not moderate the association between marital satisfaction and coparenting quality. This result is reflective of previous research displaying varied marital and coparenting experiences within families of children with psychological disorders (Hock et al., 2012; Jenkins et al., 2005; Marciano et al., 2015; Markoulakis et al, 2012; Myers et al., 2009; Ooi, et al., 2016; Ramisch et al., 2013; Sim et al., 2016; Williamson & Johnston, 2016; Wymbs & Pelham, 2010).

Average age of the family's eldest or only child was not a significant moderator. The average age of children ranged from 3 months to 101 months. This nonsignificant result did not provide support for age of the eldest or only child in a family as a factor influencing differences in the association between marital satisfaction and coparenting quality. Previous research has provided partial support for the notion that there may be different coparenting demands placed on parents of children of different ages (Margolin et al., 2001). Specifically, parents of preschool children have been found to report higher levels of coparenting cooperation than parents of older children (Margolin et al., 2001). Parents certainly face different coparenting challenges as

children's developmental needs change over time; however, it may be the case that age-specific challenges to various domains of coparenting balance out and are not captured by measures that represent overall coparenting quality. Perhaps examination of specific domains of coparenting would allow for a deeper understanding of the specific ways in which coparenting changes depending on child age.

Similarly, child gender did not act as a significant moderator in the association between marital satisfaction and coparenting quality in primiparous families. Previous research has suggested that, while sons may be exposed to interparental conflict, child-rearing disagreements, and hostile/competitive coparenting (Block et al., 1981; Cox et al., 1989; Cummings et al., 1994; McHale, 1995; Morgan et al., 1988), daughters have been found to experience more distancing from fathers (Amato, 1986; Belsky et al., 1989) and parenting discrepancy (McHale, 1995). Furthermore, research on the association between child gender and triangulation is mixed (Buchanan et al., 1991; Margolin et al., 2001). The nonsignificant results of the current study are consistent with other studies that have found minimal effects of child gender on parenting experience variables (Floyd et al., 1998; Margolin et al., 2001). It is possible that the association between marital satisfaction and specific domains of coparenting may have differed; however, the association between marital satisfaction and overall levels of coparenting was similar in families of boys and girls.

Family Level Factors

Family type, as indicated by the percentage of intact families, did not significantly moderate the association between marital satisfaction and coparenting quality. While separation or divorce may create challenges for families (e.g., Gasper et al., 2008), the results of the current study did not demonstrate significant differences between families with stepparents and intact families in terms of the strength of the association between marital satisfaction and coparenting quality.

The length of the relationship between parents was a significant moderator, with stronger associations between marital satisfaction and coparenting quality being found in families in which parents had been in a relationship for longer periods of time. The average length of marital/cohabiting relationship between parents ranged from 30-228 months. Previous research has found that marital satisfaction fluctuates over time (Lavner & Bradbury, 2010; Rollins & Feldman, 1970). This result is consistent with Feinberg's (2003) interpretation of the association

between the marital relationship and the coparenting relationship as dynamic and bidirectional. Feinberg (2003) suggests that when couples become parents, they bring certain relational abilities with them, such as the abilities to provide support and respect, as well as the ability to handle disagreements. It is possible that parents who have been in a relationship for a longer period of time have more firmly formed relational patterns. Couples who have spent a longer amount of time developing positive relational abilities within the couple relationship may be able to apply those strengths to the coparenting relationship to a greater extent. In contrast, longstanding negative relational patterns within the couple relationship may also spill over into the coparenting relationship.

The average number of children in in each family was also a significant family level moderator. The association between marital satisfaction and coparenting quality was strongest in families with more children. Previous research has demonstrated a decline in relationship satisfaction after the birth of a child (Mitnick et al., 2009). Furthermore, the results of a meta-analysis by Twenge et al. (2003) indicated a significant negative association between marital satisfaction and number of children. According to FST theory, the addition of new family members, as occurs with the birth of each child, serves as a catalyst, requiring reorganization of the family system in order to adapt from patterns that may no longer be appropriate (LeMasters, 1957). The stress associated with the reorganization of the family system and with greater parenting demands from parenting multiple children may place more pressure on the coparenting relationship and negatively impact relationship satisfaction in some cases; therefore, in families with more children a stronger coparenting relationship may serve as a buffer against declines in marital satisfaction. Conversely, higher levels of relationship satisfaction may create a stronger base for greater coparenting quality. While these connections likely exist for primiparous families, it seems that the magnitude of the connections are greater in families with more children. Further, this result is consistent with the significant effect found for relationship length, as parents with more children may have been in a relationship for a longer period of time than parents with fewer children.

Study Level Factors

The study level factors were primarily included in the analysis as a means by which to assess the quality of studies. The year of publication was not a significant moderator in the association between marital satisfaction and coparenting quality. It should be noted that the study

of coparenting quality is relatively new, and the earliest studies included in the analysis were from 1991. As mentioned previously, country of study was a significant moderator, with smaller effects being found from studies conducted in Switzerland; however, this effect may be explained by the use of triadic interaction tasks as measures of coparenting quality in research conducted in Switzerland (Favez et al., 2012; Favez et al. 2016; Tissot et al., n.d.; Tissot et al., 2019). This assumption is consistent with the result of the moderator analysis of measures of coparenting, which indicated that studies using coded triadic interactions reported lower effect sizes. Therefore, it seems likely that the effect of the country a study was conducted in can be better explained by the type of measure frequently used in those studies.

While the type of publication was initially found to be a significant moderator, after the removal of one study (Tissot et al., n.d.) with a particularly discrepant effect size (r = -.40) the moderator was no longer significant. With the outlier excluded, publication being a nonsignificant moderator suggests that correlations did not differ significantly between published and unpublished studies. Based on these results, the quality of this outlying study may be questioned; however, it seems that unpublished studies were not consistently of poorer quality than peer reviewed articles. Furthermore, these results suggest that publication bias, the tendency for published research to favor studies with significant results, has not significantly affected research on the association between marital satisfaction and coparenting quality (Card, 2012).

As was mentioned in relation to studies conducted in Switzerland, the measure of coparenting used and the person reporting on coparenting were both significant moderators. The effects associated with studies including measures of coparenting quality that were completed by researchers, such as observational measures, were lower than studies that used self-report measures. More specifically, larger effects were found for studies using the Coparenting Relationship Scale (Feinberg et al., 2012) and the Parenting Alliance Measure (PAM; Konold & Abidin, 2001) and smaller effects for studies using coded triadic interactions. Many different measures of coparenting have been used across the studies included in these analyses, and additional studies were excluded in screening based on the use of other measures of coparenting that did not meet the inclusion criteria. Based on this, it seems that there is a lack of consensus within the field in terms of the measurement of coparenting quality.

A recent systematic review conducted by Mollà Cusí et al. (2020) investigated existing measures of coparenting. They found that, while the study of coparenting started in the 1990s,

there has been a dramatic increase in the number of measures over the past two years (10 of the reviewed measures). Furthermore, Mollà Cusí et al. (2020) suggest that the presence of multiple theories for understanding coparenting has led to a considerable degree of heterogeneity in the tools for measurement. In terms of types of measures, Mollà Cusí et al. (2020) described observational measures as having the advantages of providing a rich understanding of family interactions, including parents and children, and the opportunity for an expert (the researcher) to assess the triadic interactions from their point of view. While prenatal measures of coparenting quality were not used in the current study, Mollà Cusí et al. (2020) also identified the potential benefit of prenatal versions of observational measures to offer a basis for early assessment and preventative intervention. With regards to limitations, observational measures have only been validated for use with non-separated parents, are generally validated in small samples, and, from a practical standpoint, are more time consuming to administer. In contrast to observational measures, self-report measures are most notably different in that they measure coparenting from the point of view of the parents. This can be considered as an advantage, as multiple perspectives can be obtained from different family members, or as a disadvantage, missing the expert perspective of the researcher. Furthermore, there is the potential for social desirability to influence parents' responses; however, only one of the studies reviewed by Mollà Cusí et al. (2020) found an association with social desirability (Feinberg et al. 2012) and it was a small association.

In terms of construct validity, Mollà Cusí et al. (2020) found there were similar factors present across different studies. The most commonly included factors were those related to support and those related to inter-parent conflict. More specifically, support dimensions included concepts such as communication, teamwork, respect, coparenting closeness, cooperation, and emotional support. Whereas the conflict dimension included concepts such as triangulation, conflict, parental disagreements, undermining of the coparent, hostility, restrictive coparenting, and blame (Mollà Cusí et al., 2020). Some measures include additional factors, such as childrearing agreement and division of labor, which were included in Feinberg's (2003; 2011) conceptualization. In terms of the measures that were associated with the highest effect sizes in the current study, the PAM includes two dimensions (communication & teamwork and respect) and the CRS includes seven dimensions (coparenting support, endorsement of partner's parenting, coparenting undermining, exposure to conflict, division of labor, childrearing

agreement, and coparenting closeness; Mollà Cusí et al., 2020). The concept of family integrity was more commonly included in observational measures (Mollà Cusí et al., 2020). Ultimately, it was suggested that there remains a lack of solid evidence confirming the most effective, accurate means for the assessment of coparenting. Of the studies reviewed by Mollà Cusí et al. (2020), the PAM was the only measure that reported standardized scores. Furthermore, efforts have not been made to validate these measures for use with clinical samples.

While measure of marital satisfaction was found to be a significant moderator, the measure of coparenting quality used in tandem may have contributed to this effect. Three out of the five studies that used the DAS (Spanier, 1976), in addition to another less commonly used measure, also used a triadic interaction task as a measure of coparenting quality. As mentioned previously, studies using triadic interaction tasks tended to find smaller effects. These three studies found small effect sizes, while the other two studies (not using triadic interaction tasks) found medium effect sizes. Therefore, the difference in effects found between studies using the DAS (Spanier, 1976) in addition to another less commonly used measure and those using the DAS (Spanier, 1976) alone may be better explained by the use of triadic interaction tasks to measure coparenting. Similarly, the six studies using the MAT (Locke & Wallace, 1959) found effects ranging in size from small to medium, with considerably smaller effects found by two studies that also used triadic interaction tasks to measure coparenting quality. Taken together, these patterns suggest measure of coparenting quality may have been an important factor influencing the significant moderating effect of measure of martial satisfaction.

Strengths and Limitations

The current study exhibits several of notable strengths. First, despite a growing body of literature on the topic, this study represents the first meta-analytic synthesis examining the association between marital satisfaction and coparenting quality. Second, this study included a considerable number of moderators in an effort to further elaborate on the current understanding of factors impacting the association between marital satisfaction and coparenting quality. The inclusion of moderators provided valuable information that is useful in informing explanations for the variability in effects. Third, parent gender was included as a moderator in the current study. There have been conflicting results in previous studies that have compared the strength of the association between marital satisfaction and coparenting quality for mothers and fathers; therefore, the current study was able to synthesize the results from multiple studies to provide

increased clarity in the understanding this gender difference. Fourth, the current study included samples with a variety of types of families, acknowledging the diverse forms that families take. For instance, blended families with stepparents were included along with families with same-sex parents. Fifth, both published and unpublished manuscripts were included in an effort to ameliorate potential effects of the publication bias (Card, 2012). Further to that effect, publication status was included as a moderator to confirm that there were no significant differences in effects between published and unpublished studies.

The current study also has a number of limitations. First, there was a greater proportion of disagreement between coders than expected. In addition to the primary coding of all of the studies, 25% of the studies selected for inclusion in the analyses were coded by an honours student. Coding forms were compared item-by-item and discrepancies were identified. Some coding issues were identified and addressed by adding additional instructions or clarifying existing instructions in the coding manual and returning the coding forms to the second coder for them to recode the problematic items using the revised coding manual. For some moderators, there were very few studies with reported values within the 25% of studies that were second coded; therefore, a single discrepancy resulted in a high level of disagreement. After addressing the errors that could be accounted for by confusion relating to instructions in the coding manual, the level of agreement was still not as high as desired. Therefore, prior to submitting this research for publication, 100% of the studies will be coded by a second coder and every discrepancy will be discussed and resolved, resulting in 100% agreement for all variables.

Second, the inclusion of unpublished studies does increase the potential for issues relating to study quality. Further, this study did not include an index for creating study quality ratings. There are a number of challenges associated with selecting an appropriate measure of study quality. There is a considerable amount of variability in the composition, complexity, and development process used to create measures of study quality (Moher et al., 1996). For example, there is a lack of consensus between scales in terms of the relative weights to be assigned to quality categories or variables (Juni et al., 1999). Furthermore, standard scale development techniques are often not followed (Jadad et al., 1996; Moher et al., 1996), there is no accepted means for establishing criterion validity (Conn & Rantz, 2003), and other psychometric properties, such as interrater reliability, are often not provided (Moher et al., 1996). Despite the fact that an established measure of study quality was not used, there were several means for

avoiding the inclusion of problematic studies and identifying study quality issues. Specifying requirements for measures of marital satisfaction and coparenting quality within the inclusion criteria was key in avoiding studies that used measures without any evidence of validity or reliability as well as one-item measures that would not be comprehensive enough to sufficiently capture the concept being measured. In addition, study level moderators such as publication status, country, year, measure of marital satisfaction, and measure of coparenting quality, were included to aid in the identification of quality issues. The moderator analysis of publication status suggested a potential quality issue with one study (Tissot et al., n.d.); however, when that study was excluded from the analysis, there was no indication that correlations varied significantly between published and unpublished works. Based on these factors, the inclusion of unpublished studies may be more accurately described as a strength than a limitation.

Third, conducting 20 moderator analyses may have presented a risk of finding significant results based on chance rather than a true effect (Type 1 error). While moderators were selected based on previous research or theory, suggesting possible implications for the marital and coparenting relationships, the risk of Type 1 error is still worth noting. Finally, the current study was not able to examine the moderating effect of psychological diagnoses of parents as there was an insufficient number of studies reporting psychological diagnoses of parents. It would have been informative to examine the effect of psychological conditions on the association between marital satisfaction and coparenting quality; however, there have not been enough studies conducted with clinical samples to allow for such an investigation.

Practical Implications

The results of the present study indicate that there is a moderate association between marital satisfaction and coparenting quality. These results are consistent with Feinberg's (2003) ecological model of coparenting (Figure 1), which conceptualizes the coparenting relationship within the context of the larger family system, being influenced by a number of other factors, including the marital/couple relationship. This information has important implications for the training of clinicians. Many training programs encourage clinical students to focus on adults or children, with some offering opportunities to gain experience working with couples or families; however, this study, in congruence with FST, emphasizes the importance of relationships within families and suggests that a narrow focus on one part of the system may hinder clinicians in gaining a deeper understanding of the clients to whom they provide treatment. Training programs

could benefit students by introducing FST as a perspective for case conceptualization or research, as well as by offering opportunities for student clinicians to work with systems, such as couples or families.

Information on the association between marital satisfaction and coparenting quality, as well as the factors influencing the association, may also be useful for clinicians working with families. First, these results may serve to emphasize the importance of considering the interconnectedness of subsystems within families. Specifically, understanding that there is an association between marital satisfaction and coparenting quality may be helpful for clinicians in identifying couples who may benefit from increased support around the birth of a child. For instance, those couples who experience more conflictual marital/couple relationships may be identified and provided with increased prenatal marital support or increased coparenting support postnatally. Similarly, clinicians working with couples experiencing marital distress should be cognizant of the possibility that there may be co-occuring problems in the coparenting relationship.

Beyond aiding clinicians in identifying families who may benefit from additional services, the results of the current study have implications for intervention strategies. While the results of the current study are purely correlational, the association between marital satisfaction and coparenting quality suggests that improvement of functioning within one subsystem may be accompanied by improved in the other subsystem. Specifically, relational abilities such as support, respect, and conflict management that may be common to both the martial and coparenting relationships may be especially important for clinicians to foster within couples and families. Furthermore, the finding that mothers experience a stronger association between marital satisfaction and coparenting than fathers may help clinicians working with couples better understand potential discrepancies in mothers' and fathers' experiences within their roles as parents. Coparenting has been shown to have an important effect, not only on the immediate family system, but also on the relationship functioning in families across generations (Yan et al., 2018). Therefore, by increasing the understanding of the link between marital satisfaction and coparenting quality in families of typically developing children and children belonging to clinical populations, this research may inform the work of parent and family support services and contribute to positive family functioning across generations.

Scientific Implications

This research has helped advance the existing knowledge of factors contributing to family functioning within the research community by consolidating research on marital satisfaction and coparenting quality. Broadly speaking, the results are in line with FST and provide support for Feinberg's (2003) ecological model of coparenting (Figure 1), particularly the conceptualization of the marital/couple relationship and the coparenting relationship as distinct, yet interconnected subsystems within the larger family system. More specifically, the current study served to synthesize and summarize the existing research on the association between marital satisfaction and coparenting quality, thus providing greater clarity to the understanding of the strength of the association. Previous research has generally supported a positive association between marital satisfaction and coparenting quality; however, there has been a considerable degree of variation in the strength of the association. Based on the body of existing literature, the current study was able to provide evidence for a medium effect size.

In the past, studies on parenting related topics have often been limited to collecting data from mothers; therefore, by considering the marital and coparenting experiences of both mothers and fathers, this study acknowledges the role of fathers and contributes to recent efforts to include fathers in studies of parenting related topics. In particular, the current study increases the understanding of the distinct coparenting experiences of both mothers and fathers. Furthermore, the current study addresses discrepancies in previous research with some studies suggesting a stronger association between marital satisfaction and coparenting quality for mothers (e.g., Broderick et al., 2019; Camisasca et al., 2019; Varga et al., 2017) and others suggesting a stronger association for fathers (e.g., Christopher et al., 2015; Kuo et al., 2017; Le et al., 2016).

By including families of children in clinical populations, this research contributes to a broader understanding of ways in which marital satisfaction and coparenting function within different types of families. Specifically, the results of the current study suggest that there is a similar level of connection between marital satisfaction and coparenting quality in families with children belonging to clinical populations as families with typically-developing children.

The results of the current study may inform directions for future research. First, the considerable level of variation in effect sizes and the significant moderating role of the measure of coparenting suggest that different measures may be tapping into different aspects of the coparenting relationship that are differentially related to marital satisfaction. This need for further research and consensus within the field is supported by the conclusions of the systematic

review conducted by Mollà Cusí et al. (2020). The field of coparenting research would benefit from greater clarity in terms of the specific aspects of coparenting that existing measures of coparenting assess as well as greater consensus in terms of which measures serve best as comprehensive measures of coparenting quality.

Second, this study illuminates the lack of research into marital satisfaction and coparenting quality in families of parents from clinical populations. Because these families may already experience unique challenges, greater understanding of the connections between subsystems within the larger family system may be beneficial. Based on Feinberg's (2003) ecological model of coparenting, which suggests that individual parent characteristics impact the coparenting subsystem, and previous research indicating that psychopathology may impact close relationships, including coparenting (Belsky & Hsieh, 1998; Elliston et al., 2008; Feinberg, 2003; Lovejoy et al., 2000; Lyons-Ruth et al., 2002; McDaniel & Teti, 2012; Paulson et al., 2006; Tissot et al., 2017), the association between marital satisfaction and coparenting quality may differ within clinical populations. Third, there has been very little research into the association between marital satisfaction and coparenting quality in families with same-sex parents. Further investigation into the association between marital satisfaction and coparenting quality in families with same-sex parents may be especially important, as gender of parents was found to be a significant moderator in the current study. Future research should investigate the extent to which the strength of the association between marital satisfaction and coparenting quality may differ between same-sex female couples, same-sex male couples, and heterosexual couples. All of these directions for future research would contribute to a greater understanding of the connections between subsystems within the larger family system, particularly in diverse families.

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Table 1

Study Characteristics of Studies Included in Analysis of the Association Between Marital Satisfaction and Coparenting Quality (Research Questions 1, 17, 18, 19, 20, 21, 22, & 23)

Study	Pub type[a]	Country of study	MS Measure	Person reporting on MS[b]	CQ Measure	Person reporting on CQ[b]	*r* (95% CI)	*p*
Abidin & Brunner (1995)	J	US	MAT	S	PAI	S	.30 (.15, .43)	< .001
Altenburger et al. (2017)	J	US	DAS	S	TFI	O	.18 (.02, .32)	.030
Baril et al. (2007)	J	US	Other	Int	CQ	S	.48 (.36, .59)	< .001
Barzel & Reid (2011)	J	Canada	DAS	S	CQ, CS, & PAM	Other	.55 (.41, .66)	< .001
Bax (2005)	T/D	Canada	DAS	S	PAM & PSPS	S	.64 (.56, .71)	< .001
Blandon et al. (2014)	J	US	IRQ	S	TFI: CFRS	O	.02 (-.24, .28)	.871
Block (2016)	T/D	US	DAS	S	TFI: CFRS	O	.19 (.03, .34)	.022
Bolton (2001)	T/D	US	DAS	S	PAI	S	.50 (-.07, .82)	.082
Bouchard (2014)	J	Canada	DAS	S	PAI	S	.52 (.44, .60)	< .001
Broderick et al. (2019)	J	US	DAS, PBS, CTS-2, & CST	S	PAI	S	.47 (.40, .53)	< .001
Brody et al. (1994)	J	US	MDT	O	QCS & OPS	S	.12 (-.03, .26)	.119
Burney & Leerkes (2010)	J	US	CPS & AMLQ	S	PAI	S	.35 (.20, .48)	< .001
Camisasca et al. (2015)	J	Italy	DAS	S	PAM	S	.34 (.24, .43)	< .001
Camisasca et al. (2019)	J	Italy	DAS	S	CRS	S	.46 (.34, .56)	< .001
Carone et al. (2017)	J	Italy	DAS	S	CS	S	.42 (.32, 52)	< .001

Study	Pub type[a]	Country of study	MS Measure	Person reporting on MS[b]	CQ Measure	Person reporting on CQ[b]	*r* (95% CI)	*p*
Christopher et al. (2015)	J	US	RQ & MOQ	S	TFI: CFRS	O	.05 (-.09, .19)	.470
Cook et al. (2009)	J	US	DAS	S	PCPQ & TFI	S	.41 (.32, .50)	< .001
Cordova (2000)	T/D	US	MAT & MAP	S	Other	S	.43 (.25, .58)	< .001
Davies et al. (2004)	J	US	OPS & CPS	S	CRD	S	.38 (.26, .49)	< .001
Doohan et al. (2009)	J	US	OHI	O	TFI: FICS & SWEPT	O	.26 (.07, .43)	.006
Doss et al. (2014)	J	US	DAS	S	PAM	S	.51 (.27, .69)	< .001
El Ghaziri et al. (2019)	J	Germany & Switzerland	NRI	S	PPC	S	.44 (.42, .46)	< .001
Favez et al. (2012)	J	Switzerland	DAS	S	TFI: GETCEF	O	-.02 (-.22, .18)	.811
Favez et al. (2016)	J	Switzerland	MAT	S	TFI: FAAS	O	.03 (-.14, .20)	.711
Feinberg et al. (2007)	J	US	MAT	S	CRI: SS	S	.22 (.16, .27)	< .001
Feinberg et al. (2010)	J	US	QMI	S	Other/MDFS	S	.57 (.44, .68)	< .001
Feinberg et al. (2016)	J	US	QMI & MDT	S & O	CRS & TFI	S & O	.57 (.48, .64)	< .001
Floyd et al. (1998)	J	US	DAS & MDT: CST	S & O	FEQ	S	.31 (.15, .46)	< .001
Formoso et al. (2007)	J	US	DAS	S	MCPA	S	.57 (.48, .65)	< .001
Gallagher Armer (2005)	T/D	US	DAS	S	FEQ	S	.63 (.50, .74)	< .001
Gerace (2016)	T/D	US	CI & NIS	S	TFI	O	.05 (-.05, .16)	.336
Gou et al. (2019)	J	Canada	DAS	S	PAI	S	.44 (.29, .57)	< .001
Holland & McElwain (2013)	J	US	IRQ	S	PAI	S	.59 (.52, .64)	< .001

Study	Pub type[a]	Country of study	MS Measure	Person reporting on MS[b]	CQ Measure	Person reporting on CQ[b]	*r* (95% CI)	*p*
Jones & Neblett (2019)	J	US	QMI	S	CRS	S	.51 (.25, .70)	< .001
Kan et al. (2012)	J	US	MIS	S	MDFS	S	.49 (.34, .61)	< .001
Katz & Gottman (1996)	J	US	MDT: SPAFF	O	TFI	O	.21 (-.05, .45)	.114
Kolak & Volling (2007)	J	US	IRQ & MDT: ISS	S	CQ	S	.50 (.28, .68)	< .001
Latham et al. (2017)	J	Britain	QMI	S	CRS	S	.57 (.48, .66)	< .001
LeRoy et al. (2013)	J	US	RQ & CPS	S	FEQ	S	.34 (.24, .44)	< .001
Liu & Wu (2018)	J	China	ENRICH	S	CS	S	.41 (.34, .48)	< .001
Luz et al. (2017)	J	France	DAS	S	PAI	S	.39 (.19, .57)	< .001
Mahoney et al. (1997)	J	US	MAT	S	MSI	S	.41 (.31, .50)	< .001
Margolin et al. (2001)	J	US	DCI & MDT: MCS	S & O	CQ	S	.50 (.43, .57)	< .001
McConnell & Kerig (2002)	J	Canada	DAS, OPS, & CPS	S	TFI: CFRS	O	.10 (-.08, .26)	.276
McConnell (2015)	T/D	US	DAS	S	CRS	S	.45 (.22, .63)	< .001
McDaniel et al. (2018) - Study 1	J	US	QMI	S	CRS	S	.67 (.60, .72)	< .001
McDaniel et al. (2018) - Study 2	J	US & Canada	CSI-4	S	CRS	S	.56 (.50, .62)	< .001
McHale (1995)	J	US	MAT & MDT	S & O	TFI	O	.24 (.08, .39)	.005
McHale (1997)	J	US	MAT	S	MDFS & QCS	S	.28 (.15, .41)	< .001
Merrifield & Gamble (2012)	J	US	KMSS & Other	S	FEQ	S	.37 (.28, .46)	< .001
Merrifield et al. (2014)	J	US	GMDS	S	MSI & CIQ	S	.40 (.23, .55)	< .001

Study	Pub type[a]	Country of study	MS Measure	Person reporting on MS[b]	CQ Measure	Person reporting on CQ[b]	*r* (95% CI)	*p*
Metz (2017)	T/D	the Netherlands	PFB	S	CS-R	S	.29 (.17, .41)	< .001
Moore Hughes (2005)	T/D	US	DAS	S	PAM	S	.64 (.54, .72)	< .001
Morrill et al. (2010)	J	US	QMI	S	PAM	S	.37 (.23, .50)	< .001
Norlin & Broberg (2013)	J	Sweden	DAS	S	PAM	S	.57 (.50, .63)	< .001
Oh et al. (2017)	Other: Issue	US	IRQ & MDT: IDCS	S & O	CQ & TFI	S & O	.22 (.09, .34)	.001
O'Leary & Vidair (2005)	J	US	DAS	S	CRD	S	.55 (.48, .62)	< .001
Parent et al. (2014)	J	US	QMI	S	OPS & PCS	S	.21 (.08, .34)	.002
Peltz et al. (2018)	J	US	CSI-4	S	CQ & CCS	S	.41 (.33, .48)	< .001
Richardson & Futris (2019)	J	US	QMI	S	CQ & CFAI	S	.57 (.46, .66)	< .001
Richardson (2012)	T/D	US	DAS	S	FEQ	S	.48 (.35, .59)	< .001
Richmond (2004)	T/D	US	QMI, MAT, & Other	S	PAI & CRD	S	.53 (.44, .62)	< .001
Riebeling (1996)	T/D	US	QRI	S	PAI	S	.60 (.45, .72)	< .001
Riina & McHale (2015)	J	US	RQ	S	DMS	S	.51 (.45, .57)	< .001
Rodriguez (2015)	T/D	US	RQ	S	Other	S	.45 (.35, .55)	< .001
Rouyer et al. (2015)	J	France	DAS	S	PAI	S	.41 (.29, .52)	< .001
Ruff (2012)	T/D	US	RELATE	S	CQ	S	.59 (.53, .65)	< .001
Schoppe-Sullivan & Mangelsdorf (2013)	J	US	MDT	O	TFI	O	.16 (-.11, .40)	.244
Scrimgeour (2015)	T/D	US	Other/ MDFS	S	TFI	O	.09 (-.15, .32)	.463

Study	Pub type[a]	Country of study	MS Measure	Person reporting on MS[b]	CQ Measure	Person reporting on CQ[b]	*r* (95% CI)	*p*
Stroud et al. (2011)	J	US	DAS, MDT, SASB, & MSI-R	S	TFI	O	.09 (-.07, .25)	.288
Talbot et al. (2009)	J	US	MAT & MDT	S & O	TFI: CFRS	O	.37 (.17, .54)	.001
Tissot et al. (2019) - Study 1	J	US	MAT	S	TFI: CFMRS	O	.09 (-.10, .27)	.367
Tissot et al. (2019) - Study 2	J	Switzerland	DAS	S	TFI: Re-PAS	O	.07 (-.19, .33)	.593
Tissot et al. (n.d.)	Other: poster	Switzerland	DAS	S	TFI: FAAS	S	-.40 (-.67, -.05)	.027
Tucker (2014)	T/D	US	CSI & CTS-2	S	CRS & PAI	S	.58 (.47, .68)	< .001
van der Pol (2011)	J	the Netherlands	MMQ	S	CRD	S	.60 (.49, .69)	< .001
Van Egeren (1999)	T/D	US	DAS & MDT: IDCS	S	FEQ & TFI: McHale (1995)	S & O	.18 (.04, .32)	.013
Vuchinich et al. (1993)	J	US	DAS	S	TFI	O	.17 (-.07, .39)	.160
Westerman & Massoff (2001)	J	US	MSI	S	TFI	O	-.08 (-.43, .30)	.696
Williamson & Johnston (2016)	J	Canada	DAS	S	PAM	S	.70 (.60, .78)	< .001
Wu (1999)	T/D	China	DAS	S	TFI: CFRS	O	.27 (.02, .49)	.032
Young et al. (2017)	J	US	DAS	S	CS	S	.48 (.35, .58)	< .001
Yuan (2016)	T/D	China	PRQC	S	CS	S	.48 (.38, .56)	< .001

	I^2	tau^2	Q(df)	*r* (95% CI)	*p*
Summary Effect with Outliers	89.09	.032	751.75(82), $p < .001$	.40 (.36, .43)	< .001

Summary Effects with Outliers Re-Coded	88.56	.031	716.79(82), $p < .001$	.40 (.36, .43)	< .001

[a]J = Journal article, T/D = Thesis or doctoral dissertation, O = Other. [b]Self-report = S, Observational = O, Int = Interview.

Note. Marital Adjustment Test (MAT; Locke & Wallace, 1959); Parenting Alliance Inventory (PAI; Abidin & Brunner, 1995); The Dyadic Adjustment Scale (DAS; Spanier, 1976); Triadic family interaction = TFI; Coparenting Questionnaire (CQ; Margolin et al., 2001); Coparenting Scale (CS; McHale, 1997); Parenting Alliance Measure (PAM; Konold & Abidin, 2001); Partner Support for Parenting Scale (PSPS; Lee & Bouchard, 1999); The Intimate Relations Questionnaire (IRQ; Braiker & Kelley, 1979);); Coparenting and Family Rating scales (CFRS; McHale et al. 2000); Positive Bonding Scale (PBS; Allen et al. 2010); Conflict Tactics Scales-2 (CTS-2; Straus et al. 1996); Communication Skills Test (CST; Stanley et al. 2001); Marital discussion task = MDT; Quality of Coparenting Scale (QCS; Ahrons, 1981); O'Leary-Porter Scale (OPS; Porter & O'Leary, 1980); Conflict and Problem-Solving Scales (CPS; Kerig, 1996); Aspects of Married Life Questionnaire (AMLQ; Huston et al., 1986; Proulx et al., 2004); Coparenting Relationship Scale (CRS; Feinberg et al., 2012); Coparenting Scale-Revised (CS-R; McHale, 1999); Relationships Questionnaire (RQ; Braiker & Kelley, 1979); Marital Opinion Questionnaire (MOQ; Huston & Vangelisti, 1991); Perceptions of Coparenting Partners Questionnaire (PCPQ; Stright & Bales, 2003); Marital Agendas Protocol (MAP; Notarius & Vanzetti, 1983); Child-Rearing Disagreements scale (CRD; Jouriles et al., 1991; Posada et al., 1991); Oral History Interview (OHI; Buehlman et al., 2005); Family Interaction Coding System (FICS; Siler et al., 2006); SWEPT Family Coding System (Siler et al., 2006); Network of Relationships Inventory (NRI; Furman & Buhrmester, 1985); Parent Problem Checklist (PPC; Dadds & Powell, 1991); GETCEF scale (Fivaz-Depeursinge et al., 1997); Family Alliance Assessment Scale (FAAS; Favez et al., 2011); Child Rearing Issues: Self and Spouse Scale (CRI: SS; Hetherington & Clingempeel, 1992); Quality of Marriage Index (QMI; Norton, 1983); Measure designed for study = MDFS; Family Experiences Questionnaire (FEQ; Frank et al., 1988); Measure of the Co-Parenting Alliance (MCPA; Dumka et al., 2002); Commitment Inventory (CI; Stanley & Markman, 1992); Negative Interaction Scale (NIS; Stanley et al., 2002); Marital Interactions Scale (MIS; Braiker & Kelley, 1979); Specific Affect Coding System (SPAFF; Gottman et al., 1996); Interaction Supportiveness Scale (ISS; Cutrona, 1996); ENRICH (Li, 1999); Marital Satisfaction Inventory (MSI; Snyder, 1981); Domestic Conflict Index (DCI; Margolin et al., 1990); Marital Coding System (MCS; Gordis, Margolin, & Garcia, 1996); Couples Satisfaction Index (CSI-4; Funk & Rogge, 2007); Kansas Marital Satisfaction Scale (KMSS; Schumm et al., 1986); General Marital Disagreements scale (GMDS; Jouriles et al., 1991); Coparental Interaction Questionnaire (CIQ; Ahrons & Wallisch, 1987); Partnerschaftsfragebogen (PFB; Hahlweg, 1996); Interactional Dimensions Coding System (IDCS; Julien et al., 1989; Kline et al., 2004); Parenting Convergence Scale (PCS; Ahrons, 1981); Coparenting Conflict Scale (Ahrons & Wallisch, 1987); Casey Foster Applicant Inventory—Applicant Co-Parenting Scale (CFAI; Cherry & Orme, 2011); Quality of Relationships Inventory (QRI; Pierce et al., 1991); Domains of Marriage scale (DMS; Huston et al., 1986); RELATE assessment battery (Busby et al., 2001); Social Behavior Intrex-short form (SASB; Benjamin, 2000); Marital Satisfaction Inventory–Revised (MSI–R; Snyder & Aikman, 1999); Re-

PAS coding system (Frascarolo & Favez, 2005); Maudsley Marital Questionnaire (MMQ, Arrindell et al., 1983); Perceived Relationship Quality Components Scale (PRQC; Fletcher et al., 2000)

Table 2

Sample Characteristics of Studies Included in Analysis of the Association Between Marital Satisfaction and Coparenting Quality (Research Questions 1, 11, 12, 13, 14, 15, & 16)

Study	*N*[a]	% children from clinical pop.	Child age[b]	% female children[c]	% intact families	Relationship length[d]	Number of children	*r* (95% CI)	*p*
Abidin & Brunner (1995)	160	-	48.90	-	86	-	-	.30 (.15, .43)	< .001
Altenburger et al. (2017)	153	-	9.00	49	100	-	1.00	.18 (.02, .32)	.030
Baril et al. (2007)	177	-	16.34	-	100	228.00	-	.48 (.36, .59)	< .001
Barzel & Reid (2011)	122	-	-	-	93	190.23	3.00	.55 (.41, .66)	< .001
Bax (2005)	260	-	37.00	-	100	96.00	-	.64 (.56, .71)	< .001
Blandon et al. (2014)	58	-	-	-	100	-	-	.02 (-.24, .28)	.871
Block (2016)	154	-	-	54	100	-	1.00	.19 (.03, .34)	.022
Bolton (2001)	13	61.6	-	-	0	224.04	1.46	.50 (-.07, .82)	.082
Bouchard (2014)	302	-	6.09	53	100	60.00	1.01	.52 (.44, .60)	< .001
Broderick et al. (2019)	602	-	-	-	-	79.69	2.34	.47 (.40, .53)	< .001
Brody et al. (1994)	180	-	-	-	100	-	-	.12 (-.03, .26)	.119
Burney & Leerkes (2010)	158	-	-	40	100	-	1.00	.35 (.20, .48)	< .001
Camisasca et al. (2015)	348	-	-	-	100	-	-	.34 (.24, .43)	< .001
Camisasca et al. (2019)	202	-	-	-	100	184.80	-	.46 (.34, .56)	< .001

Study	*N*[a]	% children from clinical pop.	Child age[b]	% female children[c]	% intact families	Relationship length[d]	Number of children	*r* (95% CI)	*p*
Carone et al. (2017)	280	-	-	-	100	-	-	.42 (.32, 52)	< .001
Christopher et al. (2015)	192	-	-	-	100	-	1.00	.05 (-.09, .19)	.470
Cook et al. (2009)	333	-	-	-	100	-	-	.41 (.32, .50)	< .001
Cordova (2000)	96	-	3.68	54	100	72.00	1.00	.43 (.25, .58)	< .001
Davies et al. (2004)	227	-	-	-	-	65.64	-	.38 (.26, .49)	< .001
Doohan et al. (2009)	108	-	-	-	-	156.00	-	.26 (.07, .43)	.006
Doss et al. (2014)	55	-	-	-	100	30.24	1.00	.51 (.27, .69)	< .001
El Ghaziri et al. (2019)	4728	-	-	-	100	138.00	-	.44 (.42, .46)	< .001
Favez et al. (2012)	100	-	-	46	100	-	1.00	-.02 (-.22, .18)	.811
Favez et al. (2016)	138	-	-	-	-	-	-	.03 (-.14, .20)	.711
Feinberg et al. (2007)	1032	-	-	-	-	-	-	.22 (.16, .27)	< .001
Feinberg et al. (2010)	124	-	-	-	100	-	-	.57 (.44, .68)	< .001
Feinberg et al. (2016)	273	-	-	-	100	-	1.00	.57 (.48, .64)	< .001
Floyd et al. (1998)	136	100	-	-	100	162.96	2.59	.31 (.15, .46)	< .001
Formoso et al. (2007)	230	-	-	-	84	-	-	.57 (.48, .65)	< .001
Gallagher Armer (2005)	104	-	-	-	0	32.86	2.84	.63 (.50, .74)	< .001
Gerace (2016)	354	-	-	-	100	-	1.00	.05 (-.05, .16)	.336

Study	*N*[a]	% children from clinical pop.	Child age[b]	% female children[c]	% intact families	Relationship length[d]	Number of children	*r* (95% CI)	*p*
Gou et al. (2019)	141	-	-	-	100	54.60	1.00	.44 (.29, .57)	< .001
Holland & McElwain (2013)	488	-	-	-	100	90.00	-	.59 (.52, .64)	< .001
Jones & Neblett (2019)	44	-	-	-	100	173.52	2.30	.51 (.25, .70)	< .001
Kan et al. (2012)	135	-	-	-	100	-	1.00	.49 (.34, .61)	< .001
Katz & Gottman (1996)	56	-	-	-	-	-	-	.21 (-.05, .45)	.114
Kolak & Volling (2007)	57	-	-	-	-	108.00	2.00	.50 (.28, .68)	< .001
Latham et al. (2017)	212	-	-	-	100	-	-	.57 (.48, .66)	< .001
LeRoy et al. (2013)	328	-	-	52	100	37.91	1.00	.34 (.24, .44)	< .001
Liu & Wu (2018)	558	-	-	-	0	93.00	-	.41 (.34, .48)	< .001
Luz et al. (2017)	80	-	-	-	100	-	-	.39 (.19, .57)	< .001
Mahoney et al. (1997)	292	100	-	-	75	115.20	2.40	.41 (.31, .50)	< .001
Margolin et al. (2001)	494	-	-	-	100	139.60	-	.50 (.43, .57)	< .001
McConnell & Kerig (2002)	134	14.05	100.69	-	-	129.60	-	.10 (-.08, .26)	.276
McConnell (2015)	62	67.8	-	-	100	113.40	-	.45 (.22, .63)	< .001
McDaniel et al. (2018) – Study 1	358	-	-	-	-	119.28	1.85	.67 (.60, .72)	< .001
McDaniel et al. (2018) – Study 2	478	-	118.55	-	-	141.60	-	.56 (.50, .62)	< .001

Study	*N*[a]	% children from clinical pop.	Child age[b]	% female children[c]	% intact families	Relationship length[d]	Number of children	*r* (95% CI)	*p*
McHale (1995)	141	-	-	-	100	45.6	-	.24 (.08, .39)	.005
McHale (1997)	198	-	-	-	100	-	-	.28 (.15, .41)	< .001
Merrifield & Gamble (2012)	350	-	-	-	-	135.36	-	.37 (.28, .46)	< .001
Merrifield et al. (2014)	114	-	-	-	100	-	-	.40 (.23, .55)	< .001
Metz (2017)	233	-	4.20	-	93	73.20	1.00	.29 (.17, .41)	< .001
Moore Hughes (2005)	168	-	-	-	100	204.00	3.00	.64 (.54, .72)	< .001
Morrill et al. (2010)	152	-	-	-	100	152.52	-	.37 (.23, .50)	< .001
Norlin & Broberg (2013)	423	33.4	-	-	-	-	-	.57 (.50, .63)	< .001
Oh et al. (2017)	231	-	31.17	54	100	69.24	-	.22 (.09, .34)	.001
O'Leary & Vidair (2005)	406	-	-	-	95	-	-	.55 (.48, .62)	< .001
Parent et al. (2014)	202	-	-	-	0	-	2.09	.21 (.08, .34)	.002
Peltz et al. (2018)	498	-	-	-	94	81.00	1.80	.41 (.33, .48)	< .001
Richardson & Futris (2019)	192	-	-	-	0	195.60	-	.57 (.46, .66)	< .001
Richardson (2012)	172	100	-	-	65	134.88	2.84	.48 (.35, .59)	< .001
Richmond (2004)	252	-	18.81	47	-	-	1.49	.53 (.44, .62)	< .001
Riebeling (1996)	97	-	-	-	89	110.28	-	.60 (.45, .72)	< .001

Study	*N*[a]	% children from clinical pop.	Child age[b]	% female children[c]	% intact families	Relationship length[d]	Number of children	*r* (95% CI)	*p*
Riina & McHale (2015)	580	-	-	-	-	168.24	-	.51 (.45, .57)	< .001
Rodriguez (2015)	240	-	70.44	-	100	84.00	2.07	.45 (.35, .55)	< .001
Rouyer et al. (2015)	202	-	-	-	100	154.80	-	.41 (.29, .52)	< .001
Ruff (2012)	488	-	-	-	94	-	-	.59 (.53, .65)	< .001
Schoppe-Sullivan & Mangelsdorf (2013)	57	-	3.67	53	100	40.92	1.00	.16 (-.11, .40)	.244
Scrimgeour (2015)	69	-	-	-	100	-	-	.09 (-.15, .32)	.463
Stroud et al. (2011)	149	-	-	-	100	-	2.34	.09 (-.07, .25)	.288
Talbot et al. (2009)	83	-	-	-	98	83.88	-	.37 (.17, .54)	.001
Tissot et al. (2019) – Study 1	111	-	58.30	-	-	-	2.02	.09 (-.10, .27)	.367
Tissot et al. (2019) – Study 2	59	45.1	58.80	-	-	-	1.70	.07 (-.19, .33)	.593
Tissot et al. (2009)	30	-	-	-	-	-	-	-.40 (-.67, -.05)	.027
Tucker (2014)	162	-	-	-	-	124.80	2.00	.58 (.47, .68)	< .001
van der Pol (2011)	153	-	3.10	-	100	-	2.00	.60 (.49, .69)	< .001
Van Egeren (1999)	188	-	-	52	100	42.36	1.00	.18 (.04, .32)	.013
Vuchinich et al. (1993)	68	4.8	-	-	56	-	2.70	.17 (-.07, .39)	.160
Westerman & Massoff (2001)	32	-	-	-	100	-	-	-.08 (-.43, .30)	.696

Study	*N*[a]	% children from clinical pop.	Child age[b]	% female children[c]	% intact families	Relationship length[d]	Number of children	*r* (95% CI)	*p*
Williamson & Johnston (2016)	128	41	-	-	81	148.53	-	.70 (.60, .78)	< .001
Wu (1999)	64	-	50.00	-	100	-	-	.27 (.02, .49)	.032
Young et al. (2017)	172	-	-	-	87	136.80	2.60	.48 (.35, .58)	< .001
Yuan (2016)	306	-	-	-	100	87.60	-	.48 (.38, .56)	< .001

	I^2	tau^2	*Q*(df)	*r* (95% CI)	*p*
Summary Effect with Outliers	89.09	.032	751.75(82), $p < .001$	.40 (.36, .43)	< .001
Summary Effects with Outliers Re-Coded	88.56	.031	716.79(82), $p < .001$	.40 (.36, .43)	< .001

[a]Ranges for *N* are provided when different sample sizes were used for different correlational data. [b]Mean age of children in months. [c]Gender of children in primiparous families. [d]Length of relationship between parents in months.

Table 3

Characteristics of Studies Including Mothers Only or Mother Subgroups (Research Questions 2, 5, 7, & 9)

Study	Education of mothers[a]	Age of mothers[b]	% of mothers who are White	*r* (95% CI)	*p*
Abidin & Brunner (1995)	-	-	81	.20 (.00, .38)	.047
Barzel & Reid (2011)	-	40.00	-	.56 (.36, .71)	< .001
Bax (2005)	-	32.90	-	.64 (.52, .73)	< .001
Block (2016)	100	29.70	78	.16 (-.06, .37)	.154
Bonds & Gondoli (2007)	99	-	-	.70 (.61, .77)	< .001
Bouchard (2014)	-	28.00	-	.59 (.48, .69)	< .001
Broderick et al. (2019)	86	31.13	37	.53 (.44, .61)	< .001
Brody et al. (1994)	-	-	-	.14 (-.07, .33)	.205
Burney & Leerkes (2010)	-	29.00	85	.27 (.05, .46)	.016
Burney (2010)	-	35.60	74	.65 (.56, .72)	< .001
Camisasca et al. (2015)	-	39.16	-	.39 (.26, .51)	< .001
Camisasca et al. (2019)	-	43.10	-	.49 (.32, .62)	< .001
Christopher et al. (2015)	99	29.48	83	.06 (-.14, .26)	.568
Cook et al. (2009)	-	36.03	-	.50 (.35, .63)	< .001
Cordova (2000)	-	28.80	-	.40 (.13, .61)	.005
Coyne et al. (2017)	-	30.38	87	.70 (.66, .74)	< .001
Dadds & Powell (1991)	-	33.16	-	.62 (.53, .69)	< .001
Doss et al. (2014)	-	-	-	.48 (.13, .72)	.009
El Ghaziri et al. (2019)	-	33.33	-	.45 (.42, .48)	< .001

Study	Education of mothers[a]	Age of mothers[b]	% of mothers who are White	*r* (95% CI)	*p*
Favez et al. (2012)	-	30.00	-	-10 (-.37, .18)	.494
Favez et al. (2016)	-	32.30	-	.08 (-.16, .31)	.523
Feinberg et al. (2007)	93	-	94	.22 (.13, .30)	< .001
Feinberg et al. (2010)	-	28.58	91	.42 (.19, .60)	.001
Feinberg et al. (2016)	-	29.10	-	.58 (.46, .68)	< .001
Floyd et al. (1998)	-	37.24	-	.36 (.12, .55)	.003
Formoso et al. (2007)	24	38.00	0	.57 (.43, .68)	< .001
Gallagher Armer (2005)	100	37.00	95	.58 (.36, .74)	< .001
Gerace (2018)	-	-	86	.07 (-.08, .21)	.381
Giray et al. (2017)	-	34.86	-	.38 (.20, .54)	< .001
Gou et al. (2019)	-	29.98	-	.48 (.28, .64)	< .001
Hock & Mooradian (2012)	-	40.67	94	0.51 (.34, .65)	< .001
Holland & McElwain (2013)	-	32.75	82	.64 (.55, .70)	< .001
Jouriles et al. (1991) - Study 1	-	32.60	-	.52 (.41, .61)	< .001
Jouriles et al. (1991) - Study 2	-	33.40	-	.57 (.41, .70)	< .001
Kan et al. (2012)	-	28.33	91	.50 (.30, .66)	< .001
Latham et al. (2017)	-	-	-	.64 (.51, .74)	< .001
LeRoy et al. (2013)	100	27.16	-	.41 (.27, .53)	< .001
Liu & Wu (2018)	64	31.80	-	.40 (.29, .49)	< .001
Luz et al. (2017)	100	30.20	-	.30 (-.01, .56)	.060
Mahoney et al. (1997)	-	34.60	-	.51 (.38, .62)	< .001
Margolin et al. (2001)	-	35.58	-	.53 (.44, .62)	< .001

Study	Education of mothers[a]	Age of mothers[b]	% of mothers who are White	*r* (95% CI)	*p*
McConnell & Kerig (2002)	-	36.00	87	.11 (-.13, .34)	.375
McDaniel et al. (2018) - Study 1	99	31.82	-	.70 (.62, .77)	< .001
McDaniel et al. (2018) - Study 2	94	-	-	.63 (.53, .71)	< .001
McHale (1995)	-	31.00	-	.16 (-.14, .43)	.291
McHale (1997)	-	31.00	-	.27 (.08, .45)	.005
Merrifield & Gamble (2012)	98	34.89	82	.37 (.23, .49)	< .001
Merrifield et al. (2014)	-	30.60	-	.47 (.24, .65)	< .001
Metz (2017)	-	30.70	-	.32 (.14, .47)	< .001
Moore Hughes (2005)	-	42.20	94	.67 (.53, .77)	< .001
Morrill et al. (2010)	-	42.63	-	.28 (.06, .48)	.014
Norlin & Broberg (2013)	77	33.85	-	.56 (.47, .64)	< .001
O'Leary & Vidair (2005)	-	36.00	-	.58 (.48, .66)	< .001
Parent et al. (2014)	62	38.50	-	.22 (.04, .38)	.018
Peltz et al. (2018)	-	35.00	-	.45 (.35, .54)	< .001
Richardson & Futris (2019)	-	-	-	.55 (.39, .68)	< .001
Richardson (2012)	-	37.97	90	.62 (.47, .74)	< .001
Richmond (2004)	-	31.14	90	.51 (.37, .63)	< .001
Riebeling (1996)	92	35.92	-	.68 (.50, .80)	< .001
Riina McHale (2015)	-	40.84	0	.45 (.31, .57)	< .001
Rodriguez (2015)	-	28.13	0	.46 (.30, .59)	< .001
Ruff (2012)	-	-	-	.57 (.48, .65)	< .001
Teti et al. (2016)	99	-	86	.69 (.59, .76)	< .001

Study	Education of mothers[a]	Age of mothers[b]	% of mothers who are White	*r* (95% CI)	*p*
Tissot et al. (2019) - Study 1	-	-	-	.10 (-.17, .35)	.464
Tissot et al. (2019) - Study 2	-	-	-	.11 (-.27, .45)	.583
Tucker (2014)	-	33.90	77	.58 (.41, .71)	< .001
van der Pol (2011)	-	34.50	-	.63 (.47, .75)	< .001
Van Egeren (2011)	100	28.97	88	.19 (-.02, .37)	.072
Walsh (2014)	99	-	79	.69 (.59, .76)	< .001
Westerman & Massoff (2001)	-	-	-	.14 (-.38, .59)	.611
Westervelt Conners (1999)	-	-	-	.58 (.40, .72)	< .001
Williamson & Johnston (2016)	-	-	59	.70 (.55, .81)	< .001
Wu (1999)	-	33.00	-	.24 (-.12, .54)	.184
Young et al. (2017)	98	36.50	-	.50 (.32, .64)	< .001
Yuan (2016)	-	33.20	-	.52 (.39, .63)	< .001

	I^2	tau^2	*Q*(df)	*r* (95% CI)	*p*
Summary Effect with Outliers	87.61	.047	597.34(74), $p < .001$	.48 (.43, .52)	< .001
Summary Effects with Outliers Re-Coded	85.61	.039	514.41(74), $p < .001$	.47 (.43, .51)	< .001

[a]Percent of mothers having completed high school or higher levels of education. [b]Mean age of mothers in years.

Table 4

Characteristics of Studies Including Fathers Only or Father Subgroups (Research Questions 3, 6, 8, & 10)

Study	Education of fathers[a]	Age of fathers[b]	% of fathers who are White	*r* (95% CI)	*p*
Abidin & Brunner (1995)	-	-	-	.44 (.21, .62)	< .001
Barzel & Reid (2011)	-	42.00	-	.54 (.33, .69)	< .001
Bax (2005)	-	35.04	-	.64 (.53, .73)	< .001
Block (2016)	99	31.50	85	.21 (-.02, .41)	.071
Bouchard (2014)	-	31.00	-	.45 (.31, .57)	< .001
Broderick et al. (2019)	76	34.02	32	.40 (.30, .49)	< .001
Brody et al. (1994)	-	-	-	.10 (-.11, .30)	.349
Burney & Leerkes (2010)	-	31.00	85	.42 (.22, .59)	< .001
Camisasca et al. (2015)	-	41.78	-	.28 (.14, .41)	< .001
Camisasca et al. (2019)	-	45.50	-	.43 (.26, .58)	< .001
Christopher et al. (2015)	99	31.66	86	.05 (-.16, .24)	.652
Cook et al. (2009)	-	37.71	-	.51 (.36, .64)	< .001
Cordova (2000)	-	30.60	-	.47 (.21, .66)	.001
Doss et al. (2014)	-	-	-	.54 (.20, .76)	.003
El Ghaziri et al. (2019)	-	36.17	-	.43 (.40, .46)	< .001
Fagan & Lee (2014)	-	35.80	50	.20 (.17, .22)	< .001
Fagan & Palkovitz (2011)	-	34.71	32	.49 (.44, .53)	< .001
Favez et al. (2012)	-	32.00	-	.05 (-.23, .32)	.729

Study	Education of fathers[a]	Age of fathers[b]	% of fathers who are White	*r* (95% CI)	*p*
Favez et al. (2016)	-	34.90	-	-.01 (-.25, .22)	.909
Feinberg et al. (2007)	90	-	93	.22 (.13, .30)	< .001
Feinberg et al. (2010)	-	30.32	90	.70 (.54, .81)	< .001
Feinberg et al. (2016)	-	31.10	-	.55 (.42, .66)	< .001
Floyd et al. (1998)	-	39.62	-	.26 (.03, .47)	.028
Formoso et al. (2007)	24	40.00	0	.57 (.43, .68)	< .001
Gallagher Armer (2005)	100	41.00	95	.68 (.50, .80)	< .001
Gerace (2016)	-	-	89	.04 (-.11, .18)	.629
Gou et al. (2019)	-	32.03	-	.39 (.17, .58)	.001
Holland & McElwain (2016)	-	34.18	86	.53 (.43, .62)	< .001
Isacco et al. (2010)	53	29.00	23	.25 (.21, .29)	< .001
Kan et al. (2012)	-	29.76	90	.47 (.26, .64)	< .001
Kwok & Li (2015)	91	39.09	-	.40 (.36, .44)	< .001
Latham et al. (2017)	-	-	-	.50 (.34, .63)	< .001
LeRoy et al. (2013)	98	28.76	-	.27 (.13, .41)	< .001
Liu & Wu (2018)	70	34.12	-	.42 (.32, .51)	< .001
Luz et al. (2017)	100	32.80	-	.48 (.20, .69)	.001
Mahoney et al. (1997)	-	37.10	-	.30 (.14, .44)	< .001
Margolin et al. (2001)	-	38.20	-	.47 (.37, .56)	< .001
McConnell & Kerig (2002)	-	38.20	91	.08 (-.16, .32)	.512
McDaniel et al. (2018) - Study 1	99	33.34	-	.63 (.53, .71)	< .001

Study	Education of fathers[a]	Age of fathers[b]	% of fathers who are White	*r* (95% CI)	*p*
McDaniel et al. (2018) - Study 2	94	-	-	.50 (.38, .60)	< .001
McHale (1995)	-	29.00	-	.15 (-.14, .42)	.303
McHale (1997)	-	35.00	-	.29 (.10, .46)	.004
Merrifield & Gamble (2012)	95	37.66	83	.37 (.24, .49)	< .001
Merrifield et al. (2014)	-	33.50	-	.33 (.08, .54)	.011
Metz (2017)	-	33.60	-	.27 (.09, .43)	.004
Moore Hughes (2005)	-	43.60	94	.62 (.47, .74)	< .001
Morrill et al. (2010)	-	45.00	-	.46 (.26, .62)	< .001
Norlin & Broberg (2013)	67	35.39	-	.58 (.48, .67)	< .001
O'Leary & Vidair (2005)	-	38.00	-	.52 (.41, .61)	< .001
Parent et al. (2014)	71	40.66	-	.21 (-.01, .41)	.059
Peltz et al. (2018)	-	36.00	-	.37 (.25, .47)	< .001
Richardson & Futris (2019)	-	-	-	.58 (.43, .70)	< .001
Richardson (2012)	-	40.53	91	.30 (.09, .49)	.005
Richmond (2004)	-	33.59	91	.55 (.42, .67)	< .001
Riebeling (1996)	92	37.43	-	.50 (.24, .69)	< .001
Riina & McHale (2015)	-	43.48	0	.57 (.44, .67)	< .001
Rodriguez (2015)	-	30.33	0	.45 (.29, .58)	< .001
Ruff (2012)	-	-	-	.62 (.54, .69)	< .001
Tissot et al. (2019) - Study 1	-	-	-	.08 (-.19, .33)	.587
Tissot et al. (2019) - Study 2	-	-	-	.04 (-.33, .40)	.838

Study	Education of fathers[a]	Age of fathers[b]	% of fathers who are White	*r* (95% CI)	*p*
Tucker (2014)	-	35.90	80	.59 (.43, .72)	< .001
van der Pol (2011)	-	36.40	-	.57 (.40, .70)	< .001
Van Egeren (1999)	98	30.55	91	.18 (-.02, .37)	.083
Westerman & Massoff (2001)	-	-	-	-.29 (-.68, .24)	.289
Williamson & Johnston (2016)	-	-	-	.70 (.55, .81)	< .001
Wu (1999)	-	35.00	-	.31 (-.05, .59)	.090
Young et al. (2017)	98	38.50	-	.45 (.27, .61)	< .001
Yuan (2016)	-	35.00	-	.43 (.29, .55)	< .001

	I^2	tau^2	*Q*(df)	*r* (95% CI)	*p*
Summary Effect with Outliers	89.04	.030	611.44(67), $p < .001$	.41 (.37, .45)	< .001
Summary Effects with Outliers Re-Coded	88.96	.030	607.02(67), $p < .001$	.41 (.37, .45)	< .001

[a]Percent of fathers having completed high school or higher levels of education. [b]Mean age of fathers in years.

Table 5

Moderator Analyses

Individual level moderators	*k*	*Q*	*p*-value	R^2
Gender of parents (comparing mothers & fathers)	143	4.30	.038	
Education level of mothers (% who completed high school)	20	0.00	.951	.00
Education level of fathers (% who completed high school)	19	0.39	.531	.00
Mean age of mothers	58	2.03	.154	.00
Mean age of fathers	55	2.24	.135	.00
Ethnic/racial background of mothers (% White)	27	0.23	.633	.00
Ethnic/racial background of fathers (% White)	23	0.66	.415	.00
Percentage of children in a sample having a psychological diagnosis	10	0.41	.520	.00
Mean age of a family's only child or eldest child (months)	17	0.22	.635	.00
Gender composition of children in primiparous families (% female)	11	0.00	.971	.00
Family level moderators	*k*	*Q*	*p*-value	R^2
Type of family (% intact)	65	1.35	.245	.00
Length of relationship between parents (months)	46	5.55	.019	.04
Mean number of children in each family in the sample	38	5.32	.021	.12
Study moderators	*k*	*Q*	*p*-value	R^2
Year of publication	82	1.44	.231	.00
Country of study	83	25.09	.005	.00
Study design (i.e., longitudinal vs. cross-sectional)	83	1.89	.388	.00
Person reporting on MS measure	83	5.60	.133	.01

Study moderators	*k*	*Q*	*p*-value	R^2
Person reporting on CQ measure	83	77.46	< .001	.42
MS measure	83	24.72	.037	.04
CQ measure	83	124.57	< .001	.53
Type of publication	83	13.41	.004	.02

Note. *k* = number of effect sizes

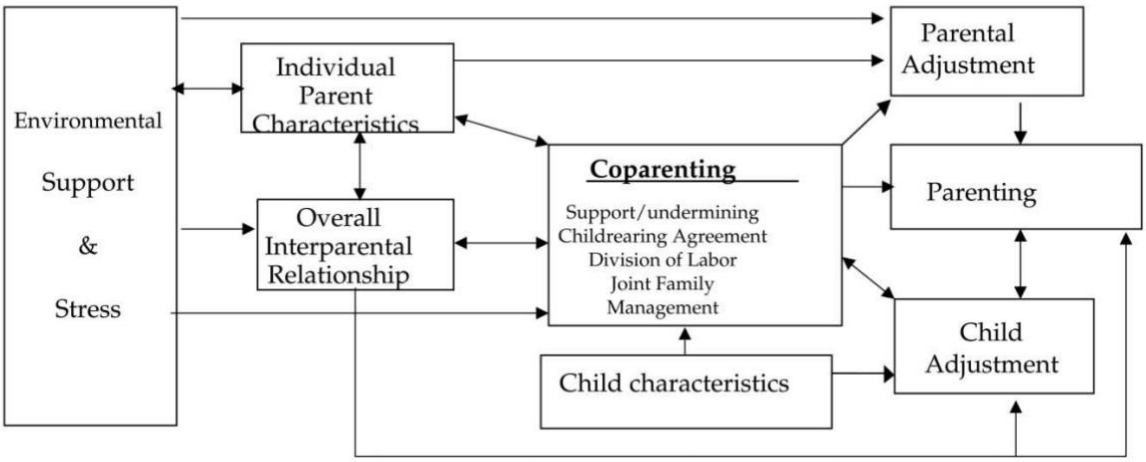

Figure 1. Ecological Model of Coparenting (Feinberg, 2003)

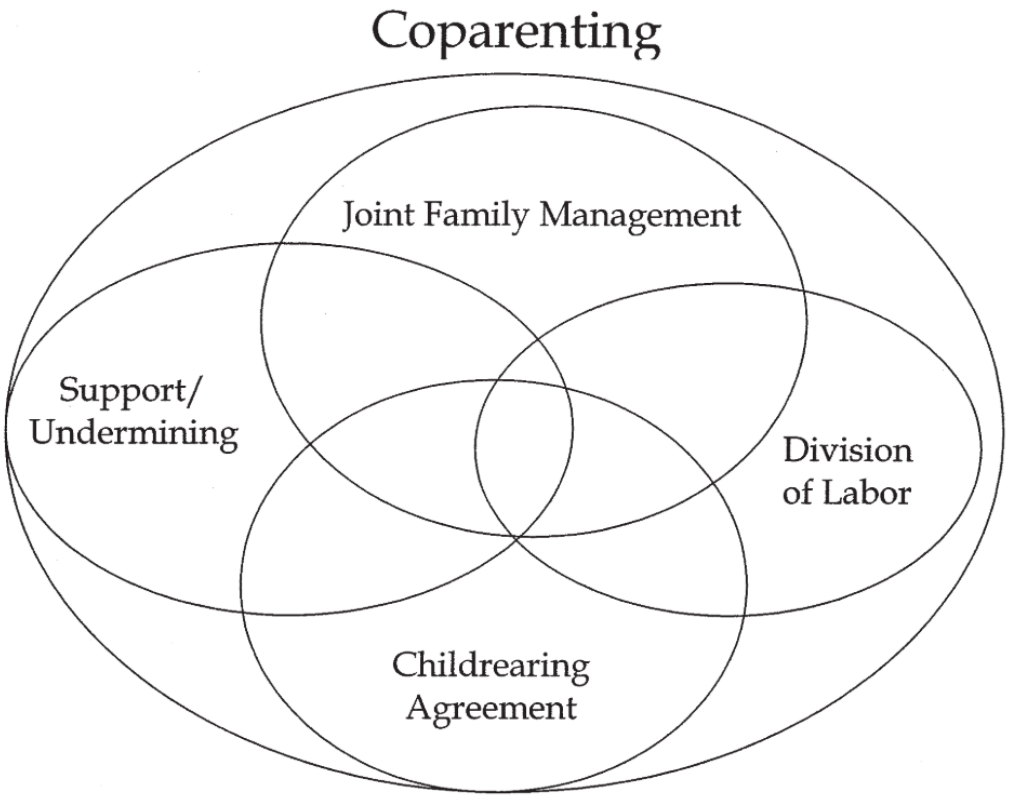

Figure 2. Model of Coparenting Components (Feinberg, 2003)

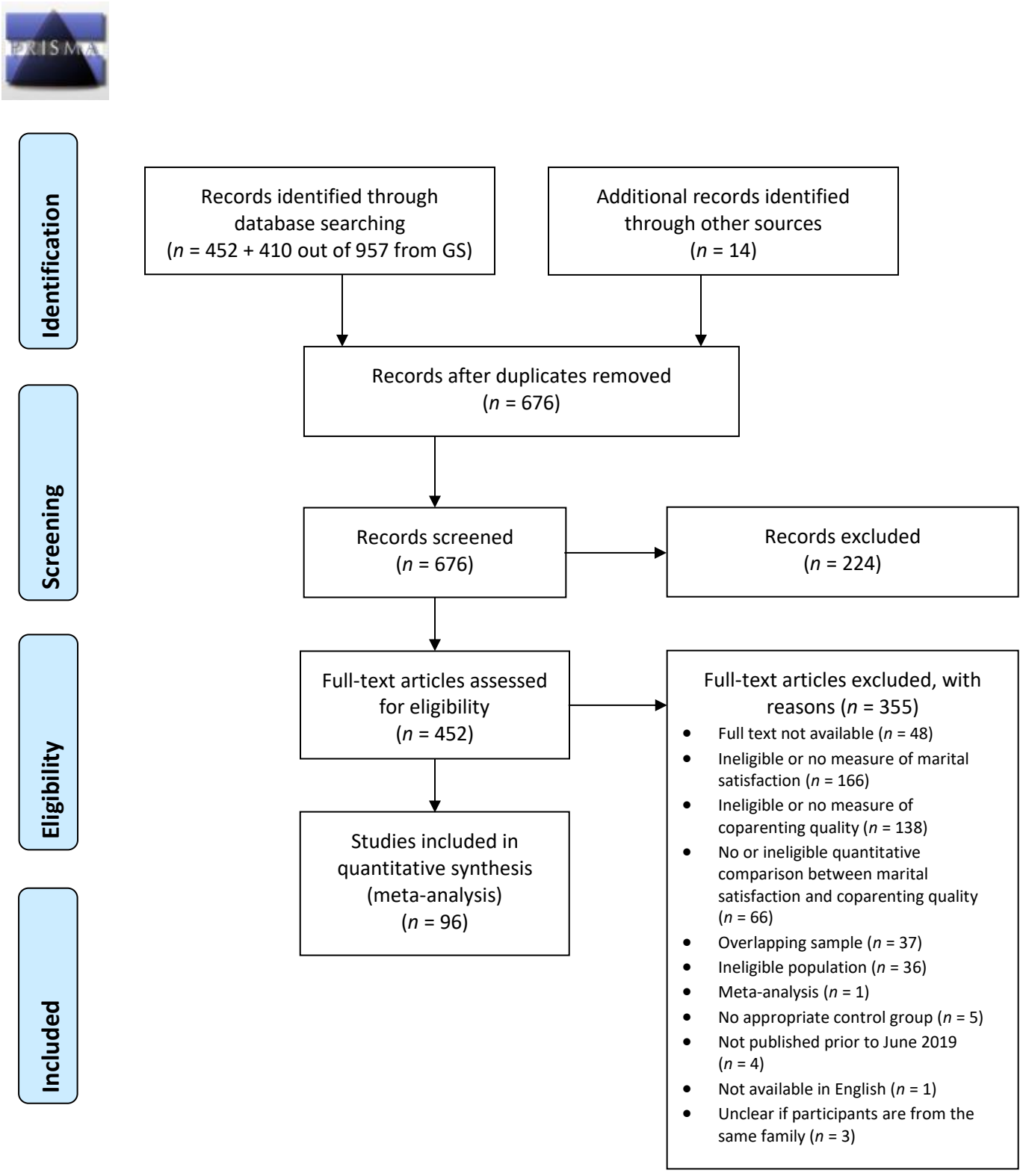

Figure 3. PRISMA Flow Chart. Adapted from the "PRISMA 2009 Flow Diagram" by (Moher et al. 2009)

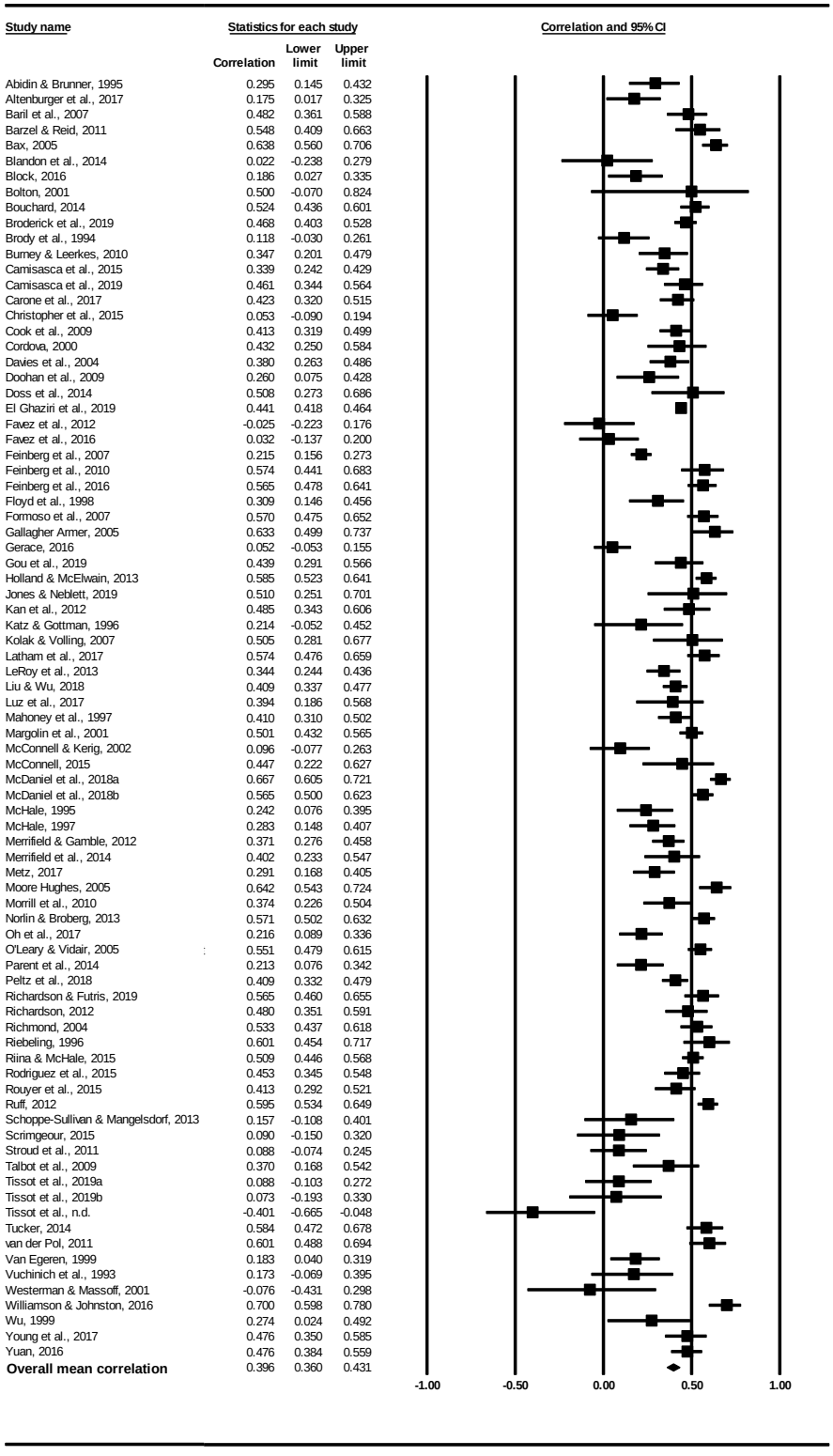

Figure 4. Forrest plot for the association between marital satisfaction and coparenting quality in dyadic samples. The average effect size (correlation) is represented by a diamond. Individual study effect sizes (correlations) are represented by squares. Confidence intervals are displayed as horizontal lines.

Appendix A

Coding Manual for Meta-Analysis on Marital Satisfaction & Coparenting Quality

General Coding Notes: Record the Study ID number at the top of every page used to code a given study. For every item starting at #5, indicate page number where information was found. Ranges are acceptable when needed. If a study uses a subsample from a larger dataset record information specific to the subsample whenever possible.

I. Study Level Descriptors

1. Bibliographic reference: _____

_____

_____

Write out the study reference in APA format. If two or more written reports were prepared on the same data, use the most comprehensive one.

2. Study ID number: _____

The Study ID number can be found in the Rayyan folder.

3. Type of publication:
   a. Journal article
   b. Book chapter
   c. Conference paper
   d. Thesis or doctoral dissertation
   e. Unpublished data
   f. Other

Please circle the number corresponding to the type of publication of the most comprehensive report consulted for this study.

4a. Publication year: _____

When there is a difference between the year published online and the year published in print, indicate the year the study was published in print.

4b. Indicate if only published online to date: Yes/No

5. Place study conducted in: (pg. _____)
   a. US
   b. Canada
   c. Britain
   d. Europe: _____

e. Australia
f. Other: _____

Please indicate the country where the study was conducted.

6. Indicate if the study used a longitudinal design:
a. Yes (longitudinal)
b. No (not longitudinal)
c. Data from one time point of a larger longitudinal study

Please indicate whether or not a longitudinal design was used (i.e., was data collected over multiple points in time).

7. Indicate if the primary purpose of the study is test construction/evaluation: Yes/No

Please indicate whether the primary purpose of the study is to construct or evaluate a test or measure (e.g., test development, reliability, or validity studies).

8a. Indicate if the study drew data from a larger study or database: Yes/No
8b. Larger study/database name: _____

Please indicate whether the sample for the study was taken from a larger study or database (e.g. the Fragile Families and Child Wellbeing Study). If so, provide the name of the larger study/database (if given). If the larger study/database is not named, provide any descriptors that are given.

9a. Indicate if the sample includes parents of children from clinical populations: Yes/No
9b. Specific diagnoses of children: (pg. ____)
a. _____: _____%
b. _____: _____%
c. _____: _____%
d. _____: _____%

Specify any diagnoses of children in the study as well as the percentage of the sample with children belonging to each clinical population.

10a. Indicate if the sample includes mothers belonging to clinical populations: Yes/No
10b. Specific diagnoses of mothers: (pg. ____)
a. _____: _____%
b. _____: _____%
c. _____: _____%
d. _____: _____%

Specify any diagnoses of mothers in the study as well as the percentage of the sample belonging to each clinical population.

11a. Indicate if the sample includes fathers belonging to clinical populations: Yes/No

11b. Specific diagnoses of fathers: (pg. ____)

a. _____: _____%
b. _____: _____%
c. _____: _____%
d. _____: _____%

Specify any diagnoses of fathers in the study as well as the percentage of the sample belonging to each clinical population.

12a. Measure of marital satisfaction: (pg. _____)

a. The Dyadic Adjustment Scale (DAS; Spanier, 1976)
b. Couples Satisfaction Index (CSI-4; Funk & Rogge, 2007)
c. Kansas Marital Satisfaction Scale (Schumm et al., 1986)
d. Relationships Questionnaire (Braiker & Kelley, 1979)
e. The Intimate Relations Questionnaire (Braiker & Kelley, 1979)
f. Quality of Marriage Index (QMI; Norton, 1983)
g. Marital Adjustment Test (Locke & Wallace, 1959)
h. Vinokur Support and Undermining Scale (Vinokur, Price, & Caplan, 1996)
i. Other: _____

Indicate the measure(s) of marital satisfaction in the study. There may be more than one measure. If a measure of marital satisfaction used in a study is not listed, select (i) and indicate the measure. If only a particular scale(s) from a measure are used, note the scale(s). Also note if a specific version of a measure (e.g., a version for a different language) is used.

12b. Indicate who completed the measure(s) of marital satisfaction: (pg. _____)

a. Each participant completed it for themselves
b. A researcher completed the measure (e.g. observational measures)
c. Other: _____

Indicate the person who completed the measure(s) of marital satisfaction in the study. There may be more than one measure. If the measure was completed in a manner not listed, select (c) and indicate who completed the measure.

13a. Measure of coparenting quality: (pg. _____)

a. Coparenting Questionnaire (CQ; Margolin, Gordis, & John, 2001)
b. Coparenting Relationship Scale (Feinberg, Brown, & Kan, 2012)
c. Parenting Alliance Inventory (PAI; Abidin & Brunner, 1995)
d. Daily Coparenting Scale (D-Cop; McDaniel, Teti, & Feinberg, 2017)
e. Coparenting Scale (McHale, 1997)
f. Parenting Alliance Measure (PAM; Konold & Abidin, 2001)
g. Perceptions of Coparenting Partners Questionnaire (Stright & Bales, 2003)
h. Family Experiences Questionnaire (Frank, Jacobson, & Avery, 1988)
i. Triadic family interaction (e.g., Lausanne Trilogue Play (LTP; Corboz-Warnery, Fivaz-Depeursinge, Gertsch-Bettens, & Favez, 1993))
    a. Coded using: _____
j. Other: _____

Indicate the measure(s) of coparenting quality in the study. There may be more than one measure. If a measure of coparenting quality used in a study is not listed, select (j) and indicate the measure. If only a particular scale(s) from a measure are used, note the scale(s). Also note if a specific version of a measure (e.g., a version for a different language) is used.

13b. Indicate who completed the measure(s) of coparenting quality: (pg. _____)

a. Each participant completed it for themselves
b. A researcher completed the measure (e.g. observational measures)
c. Other: _____

Indicate the person who completed the measure(s) of coparenting quality in the study. There may be more than one measure. If the measure was completed in a manner not listed, select (c) and indicate who completed the measure.

14. Gender of children in primiparous families (pg. _____)

	n male	n female	% male	% female
Total Sample				

Complete this section only for primiparous families (families with only one child). Indicate whether the sample was restricted males, females, or if both genders were included. If both genders were included, indicate the percentage of the sample that was female.

15. Age of eldest or only children (in months) (pg. _____)

	Mean	SD	Range	n
Total Sample				

Indicate the mean age of the eldest or only children of families in the sample in months. Include means for any subsamples as appropriate. Also indicate the standard deviation (SD) and sample size (n) where this information is available. Note that most studies will not provide information in all the categories. Record as much information as is available. At times you may need to calculate the mean age from other available data. If no age information is provided please write, "doesn't specify" beside child age.

16a. Indicate if the study categorized children by temperament: Yes/No
16b. Specific temperament groups: (pg. ____)

a. _____: _____%
b. _____: _____%
c. _____: _____%
d. _____: _____%

Specify any temperament groups that children in the study were placed into, as well as the percentage of the sample with children belonging to each group.

17. Proportion of the sample composed of heterosexual and same-sex couples: (pg. ____)
    a. Heterosexual couples: _____%
    b. Same-sex female couples: _____%
    c. Same-sex male couples: _____%

Record the proportion of the sample that is composed of heterosexual couples (i.e. a mother, a father, and child/children) and the proportion composed of same-sex couples. For the purposes of this question, "mother" refers to any custodial female caregiver, while "father" refers to any custodial male caregiver.

18. Family ethnic/racial background. (pg. _____)

	White (%)	African American (%)	Latino (%)	Asian American (%)	Other (%)
Total Sample					
Mothers					
Fathers					

Please indicate the ethnic/racial background of the family sample for studies conducted in North America only. If information is given on the ethnic/racial background of mothers and fathers separately, indicate the percentage for each. Include the percentages for the total sample whenever possible (even if the sample is all mothers or all fathers). If there are if there are subsamples of mothers and fathers, record overall percentages for mothers and fathers rather than separate percentages for smaller groups.

19. Parent/Caregiver age (in years). (pg. _____)

	Mean	SD	Range	n
Total Sample				
Age of Mothers				
Age of Fathers				

Indicate the mean age of the parents/caregivers as appropriate. Include values for the total sample, mothers, and fathers whenever possible. Also indicate the standard deviation (SD) and sample size (n) where this information is available. For the Total Sample, n should indicate the total number of participants (n for mothers + n for fathers). Note that most studies will not provide information in all the categories. Record as much information as is available.

At times you may need to calculate the mean age for the total sample, mothers, or fathers from other available data. If mean ages are only provided for subgroups, calculate the mean for the

total sample, mothers, and fathers whenever possible. If no age information is provided please write, "doesn't specify" beside parent age.

20. Caregiver sample characteristics: (pg. _____)
    a. Intact (married or cohabitating biological parents)
    b. Foster families
    c. Families with stepparents
    d. Other: _____

	Intact (%)	Not intact (%)	n
Total Sample			

Indicate whether the sample of families were intact (families in which the child's biological parents are raising the child and the parents are married/cohabitating) or not intact (e.g., families with foster parents, stepparents, or adoptive parents). Families including one biological parent and a parenting partner with whom they are in a romantic relationship can be categorized as families with stepparents. If no information is given on the marital/cohabitation status of parents please write, "doesn't specify" beside caregiver sample characteristics.

21. Length of relationship between parents (in months). (pg. _____)

	Mean	SD	Range	n
Total Sample				

If available, record the mean length of the relationship between parents in the sample. Indicate how the study refers to the relationship (i.e., length of relationship, marriage, cohabitation, etc.). If sample data is dyadic (both parents participated in the study), n should indicate the number of dyads (couples). If sample data is individual (only one partner per dyad participated), n should indicate the number of individual parents.

22. Number of children in the family (pg. _____)

	Mean	SD	Range	n
Total Sample				

If available, record the mean number of children in families in the sample. If sample data is dyadic (both parents participated in the study), n should indicate the number of dyads (couples).

If sample data is individual (only one partner per dyad participated), n should indicate the number of individual parents.

23a. Mothers level of education (pg. _____)

	Less than High school	High School	Some post-secondary education	Completed post-secondary education	n
Total Sample					
_____					

Indicate the level of education of the mother. Each category represents the highest level of education received. Post-secondary education includes trade, College, University Certificate, Diploma, University degree. Here, n represents the number of mothers.

23b. Percent of mothers having completed high school or higher: _____

Indicate the percentage of mothers who completed high school as well as those who completed any amount of post-secondary education.

24a. Fathers level of education (pg. _____)

	Less than High school	High School	Some post-secondary education	Completed post-secondary education	n
Total Sample					
_____					

Indicate the level of education of the father. Each category represents the highest level of education received. Post-secondary education includes trade, College, University Certificate, Diploma, University degree. Here, n represents the number of fathers.

24b. Percent of fathers having completed high school or higher: _____

Indicate the percentage of fathers who completed high school as well as those who completed any amount of post-secondary education.

II. Correlational Studies

1. Parents included in sample
    a. One parent per family: mothers only
    b. One parent per family: fathers only
    c. Heterosexual couples: mothers & fathers. Percent fathers: _____
    d. Same-sex female couples: mothers
    e. Same-sex male couples: fathers
    f. Other: _____

Indicate whether the sample used to calculate the correlation(s) between marital satisfaction & coparenting quality included individual parents (mothers or fathers) from a family or couples (heterosexual or same sex). If the sample includes parents from more than one of these categories, select all that apply. If the sample is composed of other caregivers, please specify.

2. N: _____

Record the total sample size in terms of the number of families included in the study. Specifically, if sample data is dyadic (both parents participated in the study), N should indicate the number of dyads (couples). If sample data is individual (only one partner per family participated), N should indicate the number of individual parents.

3. Indicate if measures use lower scores to indicate greater marital satisfaction or greater coparenting quality (if n differs from N above, please note appropriate n). If so, check here and highlight: _____

Check here and record the name of the measure here (i.e., the measure of marital satisfaction or coparenting quality that is scored in this manner).

4. Measures of collective coparenting relationship quality or quality of individual parents' contributions to the coparenting relationship: (pg. _____)
    a. All parents report on the quality of the collective coparenting relationship
    b. Parents report on their satisfaction with the other parents' contributions
    c. Parents report on their own contributions
    d. Other: _____

Indicate whether parents are reporting on the quality of the collective coparenting relationship, if they are reporting on their partner's contribution to the quality of the coparenting relationship, or if they are reporting on their own contributions to the quality of the coparenting relationship. If observational measures with coding are used, select other and note whether the researcher is rating the overall coparenting relationship, or the individual contributions of each parent.

Marital Satisfaction Outcome: _____
Measured with: _____
Internal reliability: _____

Construct	r	*n*	Measure	Internal Reliability
Coparenting Outcome:				
Subcomponent:				
Subcomponent:				
Subcomponent:				
Subcomponent:				

Record the name of the marital satisfaction (MS) and coparenting quality (CQ) outcomes (e.g., marital quality, relationship satisfaction, marital conflict, coparenting quality, parenting alliance, cooperative coparenting). If CQ is broken down into subcomponents, please record the name of the subcomponent (e.g., joint family management, division of labor, childrearing agreement, & support/undermining). Additional rows may be added when more than four subcomponents are measured. Rows may also be added in cases where there are correlations between one MS outcome and separate CQ outcomes (e.g., different measures or separate outcomes for mothers and fathers).

If a specific n is not indicated for the correlation, follow the following general guidelines:

a. *If sample data is dyadic (both parents participated in the study), n should indicate the number of dyads (couples).*
b. *If sample data is individual (only one partner per dyad participated), n should indicate the number of individual parents.*

Under "Measure" indicate the instrument used to measure the construct at hand (e.g., for coparenting, the measure may be the Coparenting Questionnaire).

Record the internal reliability (i.e., Cronbach's Alpha or other measure) for the measures of marital satisfaction and coparenting if they are provided.

The overall "Coparenting" row is to be used when studies have not specified distinct components of CQ (e.g. cooperation, triangulation, conflict).

Please complete separate tables in any of the following cases:

a. *More than one MS measure is used*
b. *Correlations are given for subcomponents of MS*
c. *Correlations for MS and marital conflict are given*
d. *Correlations are given for mothers and fathers separately*
e. *Separate correlations are given for other subsamples*
f. *Separate correlations are given for multiple time points*

Acceptable correlations must meet the following criteria:

- *Measures must consist of more than one item.*

    - *Do not include correlations from single-item measures.*
- *Measures of CQ must have been taken postnatally.*
    - *Do not include prenatal measures of coparenting quality.*
- *Measures of MS and CQ must be distinct from each other.*
    - *Do not include measures of MS that involve parenting or measures of CQ that are not focused on aspects of the relationship that do not pertain to childrearing.*
- *Measures of MS and CQ must have been taken concurrently unless MS was only measured prenatally. If MS was only measured prenatally and there were multiple postnatal measures of CQ, use the correlation for the measure that was taken closest to the time of the measure of MS.*
- *Only include zero-order correlations (nothing has been controlled for, covaried, or "partialed out").*
- *Only include correlations for parents/caregivers who are in a romantic relationship and cohabiting with their parenting partner.*

*Record **all** acceptable (meeting the criteria above) correlations between MS and CQ that are presented in the study.*

Appendix B

Coding Form for Meta-Analysis on Marital Satisfaction & Coparenting Quality

I. Study Level Descriptors

1. Bibliographic reference: _____

_____

_____

2. Study ID number: _____

3. Type of publication:
   g. Journal article
   h. Book chapter
   i. Conference paper
   j. Thesis or doctoral dissertation
   k. Unpublished data
   l. Other

4a. Publication year: _____

4b. Indicate if only published online to date: Yes/No

5. Place study conducted in: (pg. _____)
   g. US
   h. Canada
   i. Britain
   j. Europe: _____
   k. Australia
   l. Other: _____

6. Indicate if the study used a longitudinal design:
   d. Yes (longitudinal)
   e. No (not longitudinal)
   f. Data from one time point of a larger longitudinal study

7. Indicate if the primary purpose of the study is test construction/evaluation: Yes/No

8a. Indicate if the study drew data from a larger study or database: Yes/No
8b. Larger study/database name: _____

9a. Indicate if the sample includes parents of children from clinical populations: Yes/No
9b. Specific diagnoses of children: (pg. ____)
   e. _____: _____%

f. _____: _____%
g. _____: _____%
h. _____: _____%

10a. Indicate if the sample includes mothers belonging to clinical populations: Yes/No
10b. Specific diagnoses of mothers: (pg. ____)

e. _____: _____%
f. _____: _____%
g. _____: _____%
h. _____: _____%

11a. Indicate if the sample includes fathers belonging to clinical populations: Yes/No
11b. Specific diagnoses of fathers: (pg. ____)

e. _____: _____%
f. _____: _____%
g. _____: _____%
h. _____: _____%

12a. Measure of marital satisfaction: (pg. _____)

j. The Dyadic Adjustment Scale (DAS; Spanier, 1976)
k. Couples Satisfaction Index (CSI-4; Funk & Rogge, 2007)
l. Kansas Marital Satisfaction Scale (Schumm et al., 1986)
m. Relationships Questionnaire (Braiker & Kelley, 1979)
n. The Intimate Relations Questionnaire (Braiker & Kelley, 1979)
o. Quality of Marriage Index (QMI; Norton, 1983)
p. Marital Adjustment Test (Locke & Wallace, 1959)
q. Vinokur Support and Undermining Scale (Vinokur, Price, & Caplan, 1996)
r. Other: _____

12b. Indicate who completed the measure(s) of marital satisfaction: (pg. _____)

d. Each participant completed it for themselves
e. A researcher completed the measure (e.g. observational measures)
f. Other: _____

13a. Measure of coparenting quality: (pg. _____)

k. Coparenting Questionnaire (CQ; Margolin, Gordis, & John, 2001)
l. Coparenting Relationship Scale (Feinberg, Brown, & Kan, 2012)
m. Parenting Alliance Inventory (PAI; Abidin & Brunner, 1995)
n. Daily Coparenting Scale (D-Cop; McDaniel, Teti, & Feinberg, 2017)
o. Coparenting Scale (McHale, 1997)
p. Parenting Alliance Measure (PAM; Konold & Abidin, 2001)
q. Perceptions of Coparenting Partners Questionnaire (Stright & Bales, 2003)
r. Family Experiences Questionnaire (Frank, Jacobson, & Avery, 1988)
s. Triadic family interaction (e.g., Lausanne Trilogue Play (LTP; Corboz-Warnery, Fivaz-Depeursinge, Gertsch-Bettens, & Favez, 1993))
    a. Coded using: _____

t. Other: _____

13b. Indicate who completed the measure(s) of coparenting quality: (pg. _____)
d. Each participant completed it for themselves
e. A researcher completed the measure (e.g. observational measures)
f. Other: _____

14. Gender of children in primiparous families (pg. _____)

	n male	n female	% male	% female
Total Sample				

15. Age of eldest or only children (in months) (pg. _____)

	Mean	SD	Range	n
Total Sample				

16a. Indicate if the study categorized children by temperament: Yes/No
16b. Specific temperament groups: (pg. ____)
e. _____: _____%
f. _____: _____%
g. _____: _____%
h. _____: _____%

17. Proportion of the sample composed of heterosexual and same-sex couples: (pg. ____)
d. Heterosexual couples: _____%
e. Same-sex female couples: _____%
f. Same-sex male couples: _____%

18. Family ethnic/racial background. (pg. _____)

	White (%)	African American (%)	Latino (%)	Asian American (%)	Other (%)
Total Sample					
Mothers					
Fathers					

19. Parent/Caregiver age (in years). (pg. _____)

	Mean	SD	Range	n
Total Sample				
Age of Mothers				
Age of Fathers				

20. Caregiver sample characteristics: (pg. _____)
    e. Intact (married or cohabitating biological parents)
    f. Foster families
    g. Families with stepparents
    h. Other: _____

	Intact (%)	Not intact (%)	n
Total Sample			

21. Length of relationship between parents (in months). (pg. _____)

	Mean	SD	Range	n
Total Sample				

22. Number of children in the family (pg. _____)

	Mean	SD	Range	n
Total Sample				

23a. Mothers level of education (pg. _____)

	Less than High school	High School	Some post-secondary education	Completed post-secondary education	n
Total Sample					
_____					

23b. Percent of mothers having completed high school or higher: _____

24a. Fathers level of education (pg. _____)

	Less than High school	High School	Some post-secondary education	Completed post-secondary education	n
Total Sample					
_____					

24b. Percent of fathers having completed high school or higher: _____

II. Correlational Studies

1. Parents included in sample
   g. One parent per family: mothers only
   h. One parent per family: fathers only
   i. Heterosexual couples: mothers & fathers. Percent fathers: _____
   j. Same-sex female couples: mothers
   k. Same-sex male couples: fathers
   l. Other: _____

2. N: _____

3. Indicate if measures use lower scores to indicate greater marital satisfaction or greater coparenting quality (if n differs from N above, please note appropriate n). If so, check here and highlight: _____

4. Measures of collective coparenting relationship quality or quality of individual parents' contributions to the coparenting relationship: (pg. _____)
   e. All parents report on the quality of the collective coparenting relationship
   f. Parents report on their satisfaction with the other parents' contributions
   g. Parents report on their own contributions
   h. Other: _____

Marital Satisfaction Outcome: _____
Measured with: _____
Internal reliability: _____

Construct	r	*n*	Measure	Internal Reliability
Coparenting Outcome:				
Subcomponent:				
Subcomponent:				
Subcomponent:				
Subcomponent:				

Appendix C

Table C1

Coding Discrepancies

Individual level moderators	*Entries*	*Discrepancies*	*% Agreement*
Gender of parents (comparing mothers & fathers)	25	4	84
Education level of mothers (% who completed high school)	6	2	67
Education level of fathers (% who completed high school)	5	2	60
Mean age of mothers	17	2	88
Mean age of fathers	16	2	88
Ethnic/racial background of mothers (% White)	10	1	90
Ethnic/racial background of fathers (% White)	9	1	89
Percentage of children in a sample having a psychological diagnosis	25	1	96
Mean age of a family's only child or eldest child (months)	5	2	60
Gender composition of children in primiparous families (% female)	1	1	100
Family level moderators	*Entries*	*Discrepancies*	*% Agreement*
Type of family (% intact)	25	5	80
Length of relationship between parents (months)	13	3	77
Mean number of children in each family in the sample	12	5	58
Study moderators	*Entries*	*Discrepancies*	*% Agreement*
Year of publication	25	4	84
Country of study	25	0	100
Study design (i.e., longitudinal vs. cross-sectional)	25	2	92

Study moderators	*Entries*	*Discrepancies*	*% Agreement*
Person reporting on MS measure	25	1	96
Person reporting on CQ measure	25	1	96
MS measure	25	0	100
CQ measure	25	1	96
Type of publication	25	0	100
Correlations	*Entries*	*Discrepancies*	*% Agreement*
Correlations	151	36	76
n corresponding to correlations	151	56	63

Note. Twenty-five percent of eligible studies were coded by two coders in order to check the coding reliability. Entries refers to the number of pairs of values where at least one of the coders entered a value for that item on the coding form.