

---

# Excluding Mothers-in-Law: A Research Note on the Preference for Matrilineal Advice

Journal of Family Issues


32(9) 1205–1222

© The Author(s) 2011

Reprints and permission: <http://www.sagepub.com/journalsPermissions.nav>

DOI: 10.1177/0192513X11402176

<http://jfi.sagepub.com>

 SAGE

Jonathan Marx<sup>1</sup>, Lee Q. Miller<sup>1</sup>,  
and Scott Huffmon<sup>1</sup>

## Abstract

With whom do parents discuss medical and behavioral child-rearing questions? In a telephone survey of 167 parents (49 fathers and 118 mothers) in the southern United States, the authors found that mothers express a clear preference for their own mother's advice as opposed to that of their mother-in-law. Fathers are less likely to consult any relative and show little preference for their own mothers in seeking parenting advice. Directions for further research are discussed.

## Keywords

mothers-in-law, grandparents, matrilineal, advice, grandchildren

## Introduction

In societies with bilateral descent such as the United States, both maternal and paternal sets of grandparents are theoretically expected to have equal access to grandchildren for emotional and material support. It is well documented, however, that a maternal bias exists in the United States. Mothers are more likely to have close relationships with their parents, especially their

---

<sup>1</sup>Winthrop University, Rock Hill, SC, USA

### Corresponding Author:

Jonathan Marx, Sociology and Anthropology Department,

Winthrop University, Rock Hill, SC 29733, USA

Email: [MarxJ@winthrop.edu](mailto:MarxJ@winthrop.edu)

mothers. This intimate relationship correlates with the grandchildren having greater closeness to the maternal grandparents. Although the father can buffer the impact of this effect with a strong relationship with his parents, the grandchildren's preference toward the maternal side remains widespread (Chan & Elder, 2000; Fingerman, 2004).

This favoritism potentially influences a sizable number of grandparents, especially those without maternal grandchildren. The percentage of grandparents who are solely paternal is quite large. Rogers and Doughty (2001) indicate that about 25% of the families currently comprised only male children. The parents of these male children are most likely to become paternal grandparents. Coupling this fact with the increasing number of women, regardless of marital status, who are voluntarily choosing not to have children (Uhlenberg & Kirby, 1998), we can conservatively estimate that about 30% of all grandparents have no maternal grandchildren.

Over a quarter of a century ago, Fischer (1983b) found that mothers often seek parenting advice from their own mothers, and fathers' relationships with their parents are often "wife-mediated" (Fischer, 1983a). Given the importance of the mother for determining the level of parental grandparent involvement, and the importance of involvement for grandparental role satisfaction (discussed below), it seems prudent to revisit the question of maternal over paternal grandparent preference for mothers seeking parenting advice, especially in light of the ever-evolving characteristics of the American family. For example, the average age of first marriage has been increasing over time (Fields, 2004; Goodwin, McGill, & Chandra, 2009; Kreider, 2005). Additionally, women are having their first child later in life (Mathews & Hamilton, 2009). *Ceteris paribus*, people are becoming grandparents at older ages and the time from volatile female teen-mother relationships to age of first motherhood is increasing.

Although a variety of grandparenting styles exist (Cherlin & Furstenberg, 1986; Neugarten & Weinstein, 1964), most studies report that grandparents derive satisfaction from the secondary role (Barber & Tremblay, 2004; Troll, 1985). Rewarding aspects relate to being valued by others, reliving earlier experiences, and expressing social immortality needs (Kivnick, 1982). One of the major factors that affect how grandparents feel about their role in their grandchildren's lives is their comfort level for giving advice to parents about how to raise those grandchildren (American Association of Retired Persons [AARP], 2002).

Our research assumes that grandparents who are consulted about child-rearing issues are more likely to feel comfortable in providing advice. Conversely, grandparents whose opinions are not solicited will generally experience more

discomfort in offering advice. If the previously mentioned maternal bias generalizes to advice networks, then we expect a preference for matrilineal advice to dominate family consultation patterns in relation to grandchildren. In other words, mothers will ask their mothers' advice on child-rearing issues much more often than they will ask their mothers-in-law. In light of the kin-keeping role expectations associated with women (Rosenthal, 1985; Turner, Young, & Black, 2006), many paternal grandmothers may feel left out of their grandchildren's life. Therefore, any finding of a systematic preference for matrilineal advice on child rearing may serve to inform future research on grandparents' role satisfaction.

In this research note, we explore patterns of advice seeking by male and female parents regarding child rearing, including both medical and behavioral issues. Understanding advice networks is an essential first step for two primary reasons. First, based on the AARP *Grandparent Study 2002 Report*, grandparent consultation patterns provide an indirect way to gauge if maternal and paternal grandparents are experiencing their role as grandparents in similar ways. For example, if daughters-in-law are excluding paternal grandparents from the inner circles of advice, many paternal grandparents may be at risk for a less rewarding parenting experience. Second, a maternal bias in advice networks excludes paternal grandparents from the social network that often guides help-seeking behavior (Geertsen, Klauber, Rindflesh, Kline, & Grey, 1975; Gore, 1989; McKinley, 1972, 1973; Pescosolido, 1992; Radelet, 1981). As a result, parental responses to health and behavioral problems typically follow maternal norms. A less than inclusive advice network may result in less than optimal decision making by parents in many circumstances. This study attempts to establish a current matrilineal advice preference. If successful, our future work will explore how this preference affects grandparent satisfaction and health outcomes for children.

## Literature Review

Children have a significant impact on the relationships that mothers and fathers share with their own parents and in-laws. Although the dynamics of such relationships vary (Troll, 1985; Turner et al., 2006), the literature reveals some general patterns. In the following review, we introduce some common findings that will guide our hypotheses on parental advice-seeking behavior within families.

With the arrival of children, daughters and mothers perceive an improvement in their relationship relative to the preadult years. Fingerman (1997, 2000) indicates that the mother-daughter relationship becomes more about

family and less about individual conflicts that may have festered from the teen years. New mothers begin to assume a kin-keeping role in the family, advancing the traditions and value system associated with their family of origin (Turner et al., 2006). The position of kin-keeper is typically passed from mother to daughter (Lee, Spitz, & Logan, 2003; Lopata, 1999; Rosenthal, 1985; Shuey & Hardy, 2003). Furthermore, in conjunction with their own mothers, new mothers turn their collective attention to reconstructing the maternal shared vision of family. For example, Fischer (1983b) found that mothers are four to five times more likely to ask their own mothers for child-rearing advice (such as what to feed a child) than they are to seek advice from their in-laws. Likewise, daughters have more interaction via phone and visits with their mothers than before the child was born. Motherhood thus defines the roles for mother and daughter, reducing the amount of interpersonal conflict (Fischer, 1983b). However, as noted above, family structures and dynamics have evolved in the more than two and a half decades since these findings. This evolution begs the question of whether this preference still holds and, if so, how strong it remains.

On the other hand, a mother's relationship with her mother-in-law often takes a turn for the worse with the birth of grandchildren. Although daughters-in-law and mothers-in-law enter into the marriage with high expectations, Turner et al. (2006) find that most daughters-in-law and mothers-in-law experience trust issues and that their actual relationships do not match premarriage expectations. Research indicates that the greatest source of frustration for daughters-in-law results from issues related to children (Fischer, 1983b; Marotz-Baden & Cowan, 1987). In particular, daughters-in-law complain of mothers-in-law who undermine or challenge child management decisions that reflect differences in values and opinions. Likewise, grandparents (AARP, 2002; Troll, 1985) see the lack of transmitting their norms and values to children as a source of conflict. In particular, Marotz-Baden and Cowan (1987) find that mothers-in-law report a lack of communication and differences in values and opinions as major sources of conflict with their daughters-in-law. Decisions relating to children, thus, appear to provide a battleground on which different family cultures are fought.

Interestingly, daughters-in-law and mothers-in-law generally express different strategies for dealing with conflicts. Marotz-Baden and Cowan (1987) indicate that communication is the most common strategy to avoid conflict for mothers-in-law, although daughters-in-law prefer to ignore the problem. The avoidance strategy that many daughters-in-law share may contribute to relational strain and unexpressed hostility toward the mothers-in-law

(Duvall, 1954; Fischer, 1983b). Likewise, several studies indicate that the amount of interaction with paternal grandparents is less than that with maternal grandparents (Rossi & Rossi, 1990) after the birth of a child. Unfortunately, grandparents who do not feel comfortable giving advice to their children regarding how to raise their grandchildren risk distancing themselves from the grandparent role (AARP, 2002).

Marriage and fatherhood also distance sons from their mothers. Fischer (1983a) and Lee et al. (2003) discuss the notion that husbands are gradually pulled toward their wife's family. A number of studies indicate that the relationship between married men and their mothers are "wife mediated" (Adams, 1968; Farrell & Rosenberg, 1981; Fischer, 1983a; Sweetser, 1983). The husband's warming to his wife's family is likely the product of increased exposure on holidays and other visits. Husbands show less preference toward their family in terms of contact and assistance than do their wives. With children, the husbands, like their wives, become more negative toward their mothers and closer to their mothers-in-law. In fact, in times of marital conflict, both husbands and wives believe that the husband's family is more likely to be the source of conflict than the wife's family (Kieren, Henton, & Marotz, 1975; Marotz-Baden & Cowan, 1987). Based on our previous discussion, men appear to be caught in the middle of alternative family cultures with sometimes contrasting norms and values. It appears that husbands often side with or defer to their wives (the emerging kin-keepers). Typically, these decisions most often align with the maternal definitions of proper child-rearing practices.

Few researchers have specifically focused on how the father and father-in-law relationship changes with the birth of a child. Males are not the primary decision makers in the domestic realm, especially in terms of children. If general male friendship patterns apply in this case (Caldwell & Peplau, 1982; Rubin, 1976), then the son and father relationship is primarily activity based (e.g., attending a soccer game) and is not driven by advice or discussion. Fischer (1983a) found that most husbands spend time alone with their fathers or fathers-in-law; few spend time alone with their mothers or mothers-in-law. Furthermore, the dyad between fathers-in-law and daughters-in-law (and, for that matter, father and daughters) is also unexplored. We speculate that the nature and health of these relationships are also wife mediated. Based on previous research, we offer the following hypotheses to focus our exploration of intergenerational parenting advice networks. We explore these primary hypotheses using data from a regional telephone survey of 167 parents in a southern metropolitan area:

*Hypothesis 1:* Female parents are more likely to seek behavioral and medical advice on their children from their mothers than male parents are to seek advice from their own mothers.

*Hypothesis 2:* Female parents consult their own mothers more frequently than their mothers-in-law on issues relating to children's health and behavioral concerns.

*Hypothesis 3:* Female parents prefer their mother's advice over their mother-in-law's advice.

*Hypothesis 4:* Female parents are more likely to prefer their mother's advice on medical and behavioral issues related to their children than male parents are to prefer their own mother's advice.

## Method

The Social and Behavioral Research Laboratory at the host university conducted a telephone survey of 167 parents with children age 18 years and younger in the household. Households were selected randomly from the 29708, 29710, 29715, 29730, and 29732 zip codes during early to mid November 2005. These zip codes represent the Eastern Transportation Corridor (I-77 Corridor) for York County, South Carolina (just south of Charlotte, North Carolina). The study was part of a larger investigation of regional transportation. Table 1 provides descriptive statistics from the aforementioned regional telephone survey. In terms of education, income, age of parent, and age of children, the sample illustrates a wide range of participants. The number of non-White respondents (25%) and male respondents (29%) is unique for studies on this topic.

## Measures

The main outcome measures explored parental information sources for medical and behavioral issues related to their children. The first item explored the health advice-seeking behavior, asking the responding parent to "think of the most severe illness episode in the last year that afflicted one of your children. Please answer yes or no for whether you consulted the following sources." Choices included physician, druggist, chiropractor, social worker, psychologist, coworker/classmates, grandparents, friend, spouse, sister, brother, mother, mother-in-law, father, father-in-law, other relative, clergy, Internet site, and reference book. The respondents were then asked in what order they consulted these sources. In other words, the parents created a temporal hierarchy in consultation. The ranking will be used in part to contrast the priority of consultation between mothers-in-law and biological mothers by parents.

**Table 1.** Descriptive Statistics for the Regional Household Sample ( $N = 168$ )

Variable	Percentage	Observations
Respondent's gender		
Female	70.66	118
Male	29.34	49
Respondent's race		
African American	18.79	31
White	75.11	124
Other	6.10	10
Respondent's education		
Less than high school	7.74	13
High school/GED	22.62	38
Some college	19.64	33
Two-year technical degree	11.31	19
Four-year college degree	21.43	36
Postgraduate	15.48	26
Do not know/refused	1.79	3
Household income		
Less than \$15,000	5.36	9
\$15,000-20,000	3.57	6
\$20,000-30,000	7.14	12
\$30,000-40,000	8.93	15
\$40,000-50,000	14.88	25
\$50,000-75,000	17.86	30
\$75,000-100,000	17.86	30
More than \$100,000	11.90	20
Do not know/refused	12.50	21
Age of referent child (years)		
2 and younger	16.07	27
3-5	11.90	20
6-12	48.81	82
13-15	11.31	19
16-18	10.12	16
Do not know/refused	1.79	3
Age of respondent (years)		
19 and younger	2.79	5
20-29	14.88	25
30-39	34.52	58
40-49	33.33	56
50-59	10.12	17
60 and older	2.38	4
Do not know/refused	2.98	5

(continued)

**Table 1. (continued)**

Variable	Percentage	Observations
How long lived in area (years)		
1	21.43	36
2-4	22.02	37
5-9	27.98	47
10-19	17.86	30
≥20	8.93	15
Do not know/refused	1.78	3
Respondent's parent distance (miles)		
Less than 5	25.00	42
6-25	15.48	26
26-50	9.52	16
51-100	5.95	10
101-200	7.14	12
More than 200	23.81	40
NA/refused	13.09	22
Spouse's parent distance (miles)		
Less than 5	17.86	30
6-25	20.83	35
26-50	5.95	10
51-100	5.36	9
101-200	5.36	9
More than 200	31.55	53
NA/refused	13.10	22

The responding parents were then asked about seeking advice for their children's behavioral issues. The parental respondents were asked to think about the most recent parenting question that they had. Again, the same set of advice sources were provided, followed by the item exploring the temporal hierarchy in consultation. Both sets of questions were patterned after those used by Pescosolido (1992) in her study of how people seek help. We contend that seeking frequent, priority advice from a source generally indicates preference at the aggregate level.

The survey also included a series of Likert-type scale measures addressing the responding parents' perceived future utilization of specific family members' opinions on health and behavioral issues with respect to their child. The respondents were asked if they would discuss a health question regarding their child with certain people, indicating if they strongly agreed, agreed, neither agreed nor disagreed, disagreed, strongly disagreed, or did not know. A respondent's perceived likelihood of seeking advice from a source served as another indicator of advice preference.



The study also included several control measures beyond the previously mentioned demographic factors of gender, race, education, income, age of referent child, and age of respondent (see Table 1). The researchers asked about the physical distance to the respondent's parents or in-laws. It was expected that the closer the set of parents, the more involved their role in advising the parents. Current advances in communication technology, however, may make proximity less of a factor in maintaining contact. On the other hand, a greater frequency of physical visits, facilitated by closer proximity, may cement stronger familial bonds. Likewise, we measured how long the parents had lived in the area. Relocated parents may have less well-established peer networks and therefore rely more on their parents.

## Results

We first perform a chi-square analysis examining parental information sources for medical and behavioral issues by the gender of each parent. This analysis allows us to place family advice-seeking behavior within the larger context of advice-seeking behavior in contemporary society (Table 2). This analysis also enables us to explore how advice-seeking behavior differs by gender (Table 3). In the next set of analyses (Tables 4 and 5), we specifically explore the temporal sequence in which respondents consulted with their mothers-in-law or their mothers for behavioral issues and medical issues, categorized by gender. In our final analysis (Table 6), we provide regression analyses of parental attitudes toward seeking the biological mother's advice and seeking the mother-in-law's advice for children's future behavioral/medical issues, controlling for relevant exogenous variables.

Table 2 offers several interesting findings in relation to parental information-seeking sources that provide an essential contextual backdrop for our specific focus on maternal advice preference. Seeking the counsel of a physician or druggist is the norm for children's medical problems. Roughly 9 out of 10 parents, regardless of gender, contacted a physician. In terms of behavioral issues (e.g., bedtime, dating, or school behavioral issues), parents were more likely to contact spouses, friends, and family than experts. For example, parents consulted psychologists less than 10% of the time. Overall, family consultation appears to play a larger role for behavioral issues than for medical issues.

In support of Hypothesis 1, Table 2 suggests that female parents were significantly more likely to contact their mothers than male parents were to contact their mothers about medical issues ( $\chi^2 = 3.71, p < .1$ ) and behavioral problems ( $\chi^2 = 6.04, p < .05$ ). However, significant differences between male and female parents do not exist in terms of contacting mothers-in-law, fathers, or fathers-in-law for either behavioral or medical questions.

**Table 2.** Parental Information Source for Medical and Behavioral Issues by Gender of Parent

Source	Medical Issues		Behavioral Issues	
	Gender of Parent		Gender of Parent	
	Male	Female	Male	Female
Physician	87.80%	88.98%	20.41%	30.51%
Druggist	57.14%	67.71%	4.08%	7.63%
Chiropractor	10.20%	8.47%	2.04%	.85%
Social worker	8.16%	7.63%	2.04%	6.78%
Psychologist	8.16%	7.63%	2.04%	9.04%
Coworker/classmate	16.33%	27.97%	12.24%	22.03%
Respondent's grandparents	34.69%	16.95%***	14.29%	7.63%
Spouse's grandparents	28.41%	8.47%***	4.08%	2.54%
Friend	30.61%	54.24%***	30.61%	45.76%
Spouse	63.26%	66.94%	67.34%	76.27%
Sister	22.45%	36.44%	18.37%	31.36%
Brother	22.45%	18.64%	10.20%	11.02%
Respondent's mother	40.81%	57.62%*	26.53%	47.46%**
Mother-in-law	36.73%	29.66%	20.41%	19.49%
Respondent's father	24.49%	23.73%	14.29%	20.34%
Father-in-law	14.28%	16.10%	12.24%	8.47%
Other relative	28.57%	24.58%	8.84%	17.80%
Clergy	16.33%	18.64%	6.12%	8.47%
Internet	20.41%	28.81%	8.16%	16.95%
Reference (reading)	26.53%	33.05%	12.24%	26.27%**

\* $p < .1$ . \*\* $p < .05$ . \*\*\* $p < .01$ .

Women parents were generally more likely to discuss medical issues with friends than male parents. It is interesting to note that male parents were more likely to consult grandparents for medical problems than female parents.

Table 3 offers a simplified means to present the same data as Table 2. The table ranks the top 10 advice sources used for medical and behavioral problems by gender. For medical problems, mothers were almost twice as likely to consult their mothers (ranked fourth with 58%) versus mother-in-law (ranked eighth with 30%). In support of Hypothesis 2, a goodness-of-fit chi-square test illustrates that mothers were significantly more likely to seek the advice from their own mothers than from their mothers-in-law on issues relating to their children's health ( $\chi^2 = 45.6, p < .001$ ). Friends, sisters, and reference materials were also consulted more frequently than mothers-in-law. In fact, consulting mothers-in-law was in a virtual tie with consulting the Internet.

**Table 3.** Advice Source Utilization Rankings for Children With Medical and Behavioral Issues by Gender Parent

	Top 10 Ranking	
	Father	Mother
Medical issues	1. Physicians (87%) 2. Spouse (63%) 3. Druggist (57%) 4. Respondent's mother (41%) 5. Mother-in-law (37%) 6. Respondent's grandparent (35%) 7. Friend (31%) 8. Other relative (29%) 9. Spouse's grandparents (28%) 10. Reference reading (2%)	1. Physicians (89%) 2. Druggist (67%) 3. Spouse (66%) 4. Respondent's mother (58%) 5. Friend (54%) 6. Sister (36%) 7. Reference reading (33%) 8. Mother-in-law (30%) 9. Internet (29%) 10. Coworker/classmate (28%)
Behavioral issues	1. Spouse (67%) 2. Friend (31%) 3. Respondent's mother (27%) 4. Mother-in-law (20%) 4. Physicians (20%) 6. Sister (18%) 7. Respondent's father (14%) 7. Respondent's grandparents (14%) 9. Reference reading (12%) 9. Coworker/classmate (12%) 9. Father-in-law (12%)	1. Spouse (76%) 2. Respondent's mother (47%) 3. Friend (46%) 4. Sister (31%) 4. Physician (31%) 6. Reference reading (26%) 7. Coworker classmate (22%) 8. Respondent's father (20%) 9. Mother-in-law (19%) 10. Other relative (18%)

**Table 4.** Advice Source Preference Rankings for Children With a Medical Issue by Gender of Parent

Advice Source Rankings	Gender of Parent	
	Mother	Father
Mother > mother-in-law	50.00% <sup>a*</sup> (59)	26.53% (13)
Mother = mother-in-law	5.08% (6)	12.24% (6)
Mother-in-law > mother	5.08% (6)	10.20% (5)
Neither consulted	39.83% (47)	51.02% (25)
Total	118	49

a.  $\chi^2 = 9.28$ .

\* $p < .05$ .

**Table 5.** Advice Source Preference Rankings for Children With a Behavioral Issue by Gender of Parent

Advice Source Rankings	Gender of Parent	
	Mother	Father
Mother > mother-in-law	44.07% <sup>a*</sup> (52)	22.45% (11)
Mother = mother-in-law	4.24% (5)	2.04% (1)
Mother-in-law > mother	3.39% (4)	10.20% (5)
Neither consulted	48.31% (57)	65.31% (32)
Total	118	49

a.  $\chi^2 = 9.61$ .

\* $p < .05$ .

In terms of behavioral issues, the mother preference among female respondents is even more pronounced. For female respondents, consulting with their own mothers was second only to consulting with their own husbands. Mothers-in-law were in a distant ninth place. Also in support of Hypothesis 2, a goodness-of-fit chi-square shows that female parents consulted their own mothers more frequently than their mothers-in-law on issues relating to children's behavior ( $\chi^2 = 50.8, p < .001$ ).

Males did not show such a clear preference in consulting their own mothers over their mothers-in-law. In Table 3, both mothers and mothers-in-law rank closely for both behavioral ( $\chi^2 = 1.1, p > .1$ ) and medical ( $\chi^2 = 0.35, p > .1$ ) issues. The findings support the contention that fathers do not demonstrate a clear preference in advice seeking between their own mothers or mothers-in-law about their children's health and behavioral problems.

Table 4 focuses on the temporal sequencing of asking mothers versus asking mothers-in-law for medical advice by gender. Daughters-in-law consulted their mothers-in-law at the same time or before their own mothers for less than 20% of medical cases and less than 10% of behavioral problems. Male parents were less likely to seek maternal counsel in general. Fathers failed to discuss the issue with their own mothers or mothers-in-law in more than 50% of the episodes. Fathers only showed a clear preference for their own mother's advice in approximately 25% of the cases. On the other hand, daughters displayed a preference for their own mothers at nearly twice that rate ( $\chi^2 = 9.28, p < .05$ ). As displayed in Table 5, the same general patterns exist for behavioral problems. Together, these findings provide support for Hypotheses 3 and 4. Mothers show a clear preference for their mother's advice but fathers do not share the same bias toward their own mother's advice.

**Table 6.** Regression Analyses of Parental Attitudes Toward Seeking the Biological Mother's Advice and Seeking Mother-In-Law's Advice for Children's Behavioral Issues and Medical Issues by Explanatory Variables

Variables	Biological Mother				Mother-In-Law			
	Behavioral Problems		Medical Problems		Behavioral Problems		Medical Problems	
	Model 1b, Main Effects, $\beta$	Model 2b, Selected Effects, $\beta$	Model 1m, Main Effects, $\beta$	Model 2m, Selected Effects, $\beta$	Model 3b, Main Effects, $\beta$	Model 4b, Selected Effects, $\beta$	Model 3m, Main Effects, $\beta$	Model 4m, Selected Effects, $\beta$
Gender (G) <sup>a</sup>	-.22** (.09) <sup>b</sup>	-.28*** (.09)	-.30*** (.10)	-.28*** (.09)	.09 (.11)	—	.00 (.11)	—
Parents' age	-.27* (.15)	-.25*** (.10)	-.27* (.15)	-.25** (.11)	-.26* (.19)	-.26** (.14)	-.28* (.16)	-.26** (.13)
Race (R) <sup>a</sup>	.14 (.11)	—	.02 (.10)	—	.15 (.12)	.14 (.11)	.02 (.11)	—
Education	.04 (.13)	—	-.06 (.13)	—	.04 (.14)	—	.02 (.13)	—
Income	.06 (.12)	—	.15 (.12)	—	.21* (.14)	.24** (.12)	.32*** (.13)	.29*** (.12)
Distance of parents	.01 (.11)	—	.13 (.12)	—	.03 (.13)	—	.07 (.13)	—
Distance of in-laws	-.10 (.12)	—	-.07 (.12)	—	-.16 (.13)	-.18* (.11)	-.13 (.13)	—
Time in area	.04 (.11)	—	.09 (.11)	—	.07 (.12)	—(.12)	.14 (.12)	.16* (.11)
Child's age	-.09 (.12)	—	-.10 (.12)	—	-.06 (.14)	—	-.03 (.13)	—
Observations	110	110	110	110	105	105	107	107
R <sup>2</sup>	15.78	12.69	15.60	12.63	10.10	8.81	9.87	8.70
p <	.04	.01	.04	.01	ns	.05	ns	.05

a. G (1 = male); R (1 = White).

b. Standard errors in parenthesis.

\* $p < .1$ . \*\* $p < .05$ . \*\*\* $p < .01$ , two-tailed tests.

Table 6 offers a multiple regression analysis further exploring additional dimensions of advice preference with two Likert-type items. As discussed in the "Method" section, we asked, "If you have a [health/childrearing] question in reference to your child, would you ask the following persons about it?" The two family sources on whom we focused were the mothers and mothers-in-law. We introduced numerous exogenous variables, such as parent's gender, age, race, education, income, distance from both sets of parents, time living in the area, and the child's age. Although we only discuss the selected effect models, the main effect models are also provided.

We found that mothers were more likely to rate their biological mothers as a priority source of advice than their husbands were to prefer their own mothers for both medical ( $\beta = -.28, p < .01$ ) and behavioral ( $\beta = -.28, p < .01$ ) issues. Furthermore, older parents were less likely to consult their mothers on medical and behavioral problems. In terms of willingness to consult with mothers-in-law on child-rearing questions, the parent's gender does not seem important. We found that younger parents who live close to their in-laws were more likely to call on their mothers-in-law for advice. On medical issues, young, high-income parents living in the area for a longer period were also more likely to consult their mothers-in-law. It appears that proximity and familiarity are important factors in a parent's willingness to consult his or her mother-in-law.

After controlling for many socioeconomic and demographic factors, we find further support for Hypothesis 4 that female parents value their mothers' advice to a far greater extent than male parents value their own mothers' input regarding their children's behavioral and medical concerns.

## **Conclusion**

This study suggests that both mothers and fathers are strongly inclined to seek expert advice related to medical issues that affect their children. They also are likely to consult with one another. Female parents, however, are much more likely to value and use their own mothers' advice than their husbands are to value and use their own mothers' input. Furthermore, female parents are less likely to engage their mothers-in-law in the decision-making process versus other members of their lay referral network such as friends or sisters.

In terms of behavioral problems, we found a much greater priority given to the lay referral system than experts for both male and female parents. Again, males consult few people beyond their spouse. Female parents are far more willing to seek advice from a more expanded informal network. At the same time, however, they appear to avoid their mothers-in-law. They are

more likely to ask their spouse, mother, friends, sisters, coworkers, and father for input than their mother-in-law.

Our findings provide clear support for the existence of a preference for matrilineal advice among female parents. The findings indicate that patterns uncovered by Fischer's groundbreaking work more than 25 years ago still hold in the 21st century (Fischer 1983a, 1983b). The results raise several important issues that require further attention. First, do the paternal grandparents feel slighted or emotionally saddened by their exclusion? As previously discussed, grandparents who do not feel comfortable giving advice regarding the grandchildren are at risk of distancing themselves from the grandparenting role (AARP, 2002). This should be considered along with the fact that the grandparent role typically brings satisfaction to many couples. The problem may be especially unsettling for couples who do not have a daughter with children.

Second, the apparent matrilineality limits the input of different perspectives on important issues. Mothers and daughters typically share the same cultural value system. Previous work on lay referral systems indicate that people often turn to trusted individuals to help define such decisions (Pescosolido, 1992). The mother/daughter dyad may reinforce the participants' perspectives on important child-rearing issues and medical choices. In some situations, paternal in-laws could very well create a needed, alternative viewpoint on these issues. In some circumstances, the paternal grandparents may advocate for particular preventive health beliefs (Lau, Quadrel, & Hartman, 1990) and promote healthy lifestyles (Cockerham, 2005; Wickrama, Conger, Wallace, & Elder, 1999) in the best interest of their grandchildren.

This research note is a first step. Although this study offers both a current and a demographically diverse sample, the data remain limited in their regional focus and their ability to address family dynamics. This foundational work needs to be supplemented with quantitative and qualitative research that directly explores the dynamic relationship between grandparent consultation, grandparent sense of involvement, and grandparent role satisfaction. Our assumption about grandparents who are asked for advice being more comfortable in providing it requires empirical examination. In fact, basic assumptions about grandparents wanting to provide advice on grandchildren require further focused study. Likewise, refinement is needed in measurement. Additional "contextual" factors that could influence the outcomes including the very nature of the child's problem, beyond the general health indicator and education categorization explored here, require attention. Finally, work is needed to assess if consulting with both maternal and paternal grandparents results in stronger parental decision making as opposed to excluding one or both sets of grandparents. Overall, our study illustrates that matrilineal advice preference still

exists. Future work needs to explore the implications of mothers-in-law network exclusion for these women and their grandchildren.

### **Declaration of Conflicting Interests**

The author(s) declared no potential conflicts of interests with respect to the authorship and/or publication of this article.

### **Funding**

The author(s) received no financial support for the research and/or authorship of this article.

### **References**

- Adams, B. N. (1968). *Kinship in an urban setting*. Chicago, IL: Markham.
- American Association of Retired Persons. (2002). *The Grandparent Study 2002 Report*. Washington, DC: Author.
- Barber, C. E., & Tremblay, K. R., Jr. (2004). *Grandparents: Styles and satisfactions*. Retrieved from <http://www.ext.colostate.edu/pubs/consumer/10241.html>
- Caldwell, M. A., & Peplau, L. A. (1982). Sex differences in same-sex friendships. *Sex Roles, 8*, 721-732.
- Chan, C. G., & Elder, G. H., Jr. (2000). Matrilineal advantage in grandchild-grandparent relations. *The Gerontologist, 40*, 179-190.
- Cherlin, A., & Furstenberg, F. (1986). *The new American grandparent*. New York, NY: Basic Books.
- Cockerham, W. C. (2005). Healthy lifestyles theory and the convergence of agency and social structure. *Journal of Health and Social Behavior, 46*, 51-67.
- Duvall, E. M. (1954). *In-laws: Pro and con*. New York, NY: Association Press.
- Farrell, M. P., & Rosenberg, S. D. (1981). *Men at midlife*. Boston, MA: Auburn House.
- Fields, J. (2004, November). *America's families and living arrangements: 2003* (Current Population Reports P20-553). Washington, DC: U.S. Census Bureau.
- Fingerman, K. L. (1997). Being more than a daughter: Middle-aged women's conceptions of their mothers. *Journal of Women & Aging, 9*, 55-72.
- Fingerman, K. L. (2000). We had a nice little chat: Age and generational differences in mothers' and daughters' description of enjoyable visits. *Journal of Gerontology: Series B, 55*, 95-106.
- Fingerman, K. L. (2004). The role of offspring and in-laws in grandparents' ties to their grandchildren. *Journal of Family Issues, 25*, 1026-1049.
- Fischer, L. R. (1983a). Married men and their mothers. *Journal of Comparative Family Studies, 16*, 293-403.
- Fischer, L. R. (1983b). Mothers and mother-in-law. *Journal of Marriage and the Family, 45*, 187-192.



- Geertsen, R., Klauber, M. R., Rindflesh, M., Kline, R. L., & Grey, R. L. (1975). A re-examination of Suchman's views on social factors in health care utilization. *Journal of Health and Social Behavior, 16*, 226-237.
- Goodwin, P., McGill, B., & Chandra, A. (2009, June). *Who marries and when? Age at first marriage in the United States: 2002* (NCHS Data Brief, No. 19). Hyattsville, MD: National Center for Health Statistics.
- Gore, S. (1989). Social networks and social supports in health care. In H. Freeman & S. Levine (Eds.), *Handbook of medical sociology* (4th ed., pp. 306-331). Englewood Cliffs, NJ: Prentice Hall.
- Kivnick, H. (1982). Grandparenthood: An overview of meaning and mental health. *The Gerontologist, 22*, 59-66.
- Kieren, D., Henton, J., & Marotz, R. (1975). *Hers and his*. Hinsdale, IL: Dryden Press.
- Kreider, R. M. (2005, February). *Number, timing, and duration of marriages and divorces: 2001* (Current Population Reports P70-97). Washington, DC: U.S. Census Bureau.
- Lee, E., Spitze, G., & Logan, J. R. (2003). Social support to parents-in-law: The interplay of gender and kin hierarchies. *Journal of Marriage and Family, 65*, 396-403.
- Lau, R. R., Quadrel, M. J., & Hartman, K. A. (1990). Development and change of young adults' preventative health beliefs and behavior: Influence from parent and peers. *Journal of Health and Social Behavior, 31*, 240-259.
- Lopata, H. Z. (1999). In-law and the concept of family. *Marriage & Family Review, 28*, 161-172.
- Marotz-Baden, R., & Cowan, D. (1987). Mothers-in-law and daughter-in law: The effect of proximity on conflict and stress. *Family Relations, 36*, 385-390.
- Mathews, T. J., & Hamilton, B. E. (2009, August). *Delayed childbearing: More women are having their first child later in life* (NCHS Data Brief, No. 21). Hyattsville, MD: National Center for Health Statistics.
- McKinley, J. B. (1972). Some approaches and problems in the study of the use of services: An overview. *Journal of Health and Social Behavior, 13*, 115-152.
- McKinley, J. B. (1973). Social networks, lay consultation and help-seeking behavior. *Social Forces, 51*, 275-291.
- Neugarten, B., & Weinstein, K. (1964). The changing American grandparent. *Journal of Marriage and the Family, 26*, 199-204.
- Pescosolido, B. A. (1992). Beyond rational choice: The social dynamics of how people seek help. *American Journal of Sociology, 97*, 1096-1138.
- Radelet, M. (1981). Health beliefs, social networks, and tranquilizer use. *Journal of Health and Social Behavior, 11*, 230-252.
- Rogers, J. L., & Doughty, D. (2001). Does having boys or girls run in the family? *Chance, 14*(4), 8-13.

- Rossi, A. S., & Rossi, P. H. (1990). *Of human bonding: Parent-child relations across the life course*. New Brunswick, NJ: Aldine Transactions.
- Rosenthal, C. J. (1985). Kinkeeping in the familial division of labor. *Journal of Marriage and the Family*, 47, 965-974.
- Rubin, Lillian B. (1985). *Just Friends: The Role of Friendship in Our Lives* (p. 213-225). New York, Harper & Row.
- Shuey, K., & Hardy, M. A. (2003). Assistance to ageing parents and parents-in-law: Does lineage affect family allocation decisions? *Journal of Marriage and Family*, 65, 418-431.
- Sweetser, D. A. (1963). Asymmetry in intergenerational family relationships. *Social Forces*, 4, 346-352.
- Troll, L. (1985). The contingencies of grandparenthood. In V. Bengtson & J. F. Robertson (Eds.), *Grandparenthood* (pp. 135-149). Beverly Hills, CA: SAGE.
- Turner, M. J., Young, C. R., & Black, K. I. (2006). Daughters-in-law and mothers-in-law seeking their place within the family: A qualitative study of differing viewpoints. *Family Relations*, 55, 588-600.
- Uhlenberg, P., & Kirby, J. B. (1998). Grandparents over time: History and demographic trends. In M. Szinovacz (Ed.), *Handbook of grandparenthood* (pp. 23-39). Westport, CT: Greenwood.
- Wickrama, K. A. S., Conger, R. D., Wallace, L. E., & Elder, G. H. (1999). The intergenerational transmission of health-risk behaviors: Adolescent lifestyles and gender moderating effects. *Journal of Health and Social Behavior*, 40, 258-272.