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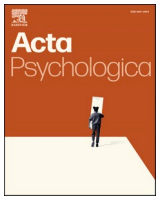

Maternal gatekeeping and paternal self-efficacy and mental health: The mediation of dyadic adjustment

Margarida C. Freitas [a], Tiago Miguel Pinto [b], Ana Conde [a,*]

[a] CINTESIS.UPT@RISE-HEALTH, Portucalense University, Rua Dr. António Bernardino de Almeida, 541, 4200-072 Porto, Portugal.
[b] Lusófona University, HEI-Lab: Digital Human-Environment Interaction Labs, Porto, Portugal

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ABSTRACT

Although underexplored, maternal gatekeeping can negatively interfere in the experience of fatherhood, leading to negative family outcomes. This study aimed to analyze the mediation role of dyadic adjustment in the association between maternal gatekeeping and paternal self-efficacy and mental health. A sample of 142 fathers of children aged between 0 months and 10 years completed self-reported measures of maternal gatekeeping, dyadic adjustment, parenting self-efficacy, and mental health. Lower perception of maternal gate-opening behaviors and higher perception of maternal gate-closing behaviors were associated with lower paternal self-efficacy and higher mental health problems. The association between maternal gatekeeping and paternal self-efficacy and mental health problems was mediated by dyadic adjustment. Findings suggested the importance of considering dyadic dimensions to understand the association between maternal gatekeeping and paternal self-efficacy and mental health problems. Parenting interventions aiming to promote paternal self-efficacy and mental health should adopt a couple-focused approach and target maternal gatekeeping.

1. Introduction

Research on fatherhood and masculinity has expanded considerably over the past few decades (Astone & Peters, 2014; Johnson & Young, 2016). Due to women's increasing participation in the workforce as well as changes in society regarding masculinity, fathers are now more actively involved and included in their parental tasks (Fisher, 2017). Several studies have emphasized the important role of the father in a child's life and development. For example, having a father who is responsive to their child's needs and provides a sense of security and confidence can support the child's ability to regulate emotions, experience positive affect (Sroufe, 2009), develop social skills, and acquire positive self-concept (Cabrera et al., 2018).

Compared to motherhood, the factors influencing the experience of fatherhood have received considerably less attention (Voyer-Perron et al., 2024). While maternal roles have long been the focus of psychological, sociological, and public health research, studies on fatherhood remain relatively scarce, often limited in scope and depth (Mancini et al., 2024). This gap persists despite growing recognition of fathers' critical role in child development and family dynamics (Rilling & Hadley, 2023).

Paternal involvement in childcare is influenced by maternal behaviors, attitudes, and expectations, which can either facilitate or constrain fathers' engagement with their children (Zhang & Hwang, 2023). For instance, given that mothers are typically regarded as the primary caregivers and role models within the family, fathers frequently rely on their partners for guidance on how to interact with their children (Doherty et al., 1998; Schuengel & Oosterman, 2019; Yaffe, 2020). Role theory (Hosley & Montemayor, 1997) offers a framework to understand how parenting differences between mothers and fathers may emerge, emphasizing the influence of socially constructed roles and gendered expectations. According to this theory, the father's role has traditionally been characterized as that of a provider and protector (Cabrera et al., 2018; Tadesse et al., 2018), whereas the mother's role is typically described as that of a caregiver, socialized to nurture and safeguard her children (McKinney & Renk, 2008).

Fathers might use their children's mothers as models for their own parenting (Hawkins et al., 1993), and it has become more evident that women have a significant impact on fathers' involvement with their children (Fagan & Cherson, 2017). Family systems theory (Minuchin, 1974) is an impotant framework for understanding the relational context in which parenting occurs. The coordination of three different

* Corresponding author at: CINTESIS @RISE, CINTESIS.UPT, Portucalense University, Rua Dr. António Bernardino de Almeida, 541, 4200-072 Porto, Portugal.
E-mail address: anac@upt.pt (A. Conde).

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relationships—mother-child, father-child, and the couple—each of which has specific demands (such as parent versus intimate partner) that need to be synchronized and balanced—adds an additional layer of complexity to family interactions (Kerig, 2016). However, each of these relationships may influence the others; for example, when interparental tensions "spill over" differentially onto mother-child versus father-child relationships (Kerig, 2019). Parents can also engage in behaviors that damage the bond between the child and the other parent, such as preventing the partner from developing an emotionally close bond with the child (Parke, 1990).

Mothers may act as gatekeepers, either facilitating or restricting the father's involvement in important responsibilities related to the family and childcare (Allen & Hawkins, 1999; Trinder, 2008). Maternal gatekeeping is defined as "a set of complex behavioral interactions between parents, where mothers influence father involvement through their use of controlling, facilitative, and restrictive behaviors directed at fathers' childrearing and interaction with children on a regular and consistent basis" (Puhlman & Pasley, 2013). In this way, mothers may serve as gatekeepers in the family—controlling fathers' involvement in parenting by discouraging ("gate-closing") or encouraging ("gate-opening") their involvement (Schoppe-Sullivan et al., 2008). Gate-closing behaviors can include the mother assuming primary responsibility for childrearing tasks or criticizing the fathers' actions when he is involved (Allen & Hawkins, 1999; Schoppe-Sullivan et al., 2008). Gate-opening behaviors include mothers encouraging fathers' involvement in childrearing and creating opportunities for fathers to interact with their children (Schoppe-Sullivan et al., 2008; Van Egeren, 2000).

Maternal gatekeeping is a multidetermined behavior that is not merely associated with cultural beliefs related to gender roles (Schoppe-Sullivan et al., 2015). In fact, maternal expectations and psychological well-being have shown stronger associations with gatekeeping behaviors than adherence to conventional gender stereotypes (Schoppe-Sullivan et al., 2015). Furthermore, maternal perceptions of paternal competence in child-related tasks (Schoppe-Sullivan et al., 2008), satisfaction with the marital relationship, and the quality of co-parenting alliance (Puhlman & Pasley, 2017; Trinder, 2008) were identified as relevant factors. These relational and psychological factors, along with maternal gatekeeping behaviors, may have implications for fathers' mental health. Restrictive gatekeeping were linked to increased psychological distress, reduced paternal involvement, more feelings of exclusion from parenting roles (Thomas & Holmes, 2020), and diminished sense of parental self-efficacy in fathers (Schoppe-Sullivan et al., 2015; Trahan & Shafer, 2019).

The nature and extent of maternal gatekeeping have been considered as important aspects of co-parenting relationships. When mothers have provided considerable encouragement, the quality of the co-parenting relationship has been associated with fathers' engagement and competency (Schoppe-Sullivan et al., 2008). These maternal gate-opening behaviors have been shown to promote fathers' involvement in domestic affairs and parental responsibilities (McBride et al., 2005), enhance fathers' participation in parenting tasks (Pekel-Uludağlı, 2019), and improve fathers' mental health. In contrast, fathers' mental health may be negatively affected by maternal gate-closing behaviors. Fathers who have perceived greater maternal gatekeeping behaviors have reported higher levels of depressive symptoms (Thomas et al., 2022).

Maternal gatekeeping can also affect fathers' beliefs about their parenting self-efficacy, either increasing or decreasing them (Lee et al., 2019). Paternal self-efficacy refers to the set of expectations individuals have regarding their success in performing tasks associated with the role of being a father (Coleman & Karraker, 2003; Schuengel & Oosterman, 2019). This concept encompasses four interrelated aspects: parents' personal beliefs about parenting, their perceived capabilities when faced with certain conditions, their ability to engage in actions to accomplish tasks in challenging situations, and their capacity to manage situation-specific tasks (Bandura, 1997). Self-efficacy is grounded in social learning theory, which posits that behaviors are not learned through the direct association of events but through the conscious processing of information derived from the environment (Schuengel & Oosterman, 2019). Bandura (1997) concluded that for parents to be effective in their role, they must believe in their ability to produce the desired outcomes and have confidence in performing specific behaviors.

In a co-parenting relationship where there is communication about what the other does well in parenting, it reinforces an individual's self-efficacy (Bandura, 1977). Parents who perceive greater support from their partners may develop more positive beliefs about parenting efficacy and report fewer symptoms of depression and anxiety (Pinto et al., 2016). Conversely, fathers with lower parenting self-efficacy appeared to elicit increased maternal gate-closing behaviors (Schoppe-Sullivan et al., 2015).

Marital relationship quality appears to be a significant predictor of both individual and couple well-being (Rollè et al., 2017). Low marital satisfaction is a strong risk factor for mental health issues and tends to worsen for both parents after the birth of a child (Kouros et al., 2008). Fathers may be particularly vulnerable to the negative effects of marital instability, and maternal support for paternal involvement in parenting is crucial for fathers' adjustment and effective parenting (Feinberg, 2002; Kerig, 2019; Wong et al., 2009).

Families organize their dynamics across various dimensions, one of which is interdependence (Grych, 2002; Lumpkin et al., 2008). Fathers often delegate to their partners the role of being the "architects" of family dynamics and the primary examples of how to interact with children, as mothers are frequently regarded as parenting "experts" in the family (Kerig, 2019). Consequently, if the interparental relationship is characterized by conflict or emotional distance, it is the father-child relationship that is most likely to be affected. Marital relationship may act as a mediator in the association between maternal gatekeeping and paternal depression, as well as between maternal gatekeeping and low paternal self-efficacy. In this context, the symptoms of paternal depression may influence the partners and alter how they approach co-parenting to manage the father's symptoms (Turney & Hardie, 2018). Conversely, marital satisfaction has been positively linked to parental self-efficacy (Kwan et al., 2015; Meijer & van den Wittenboer, 2007; Merrifield & Gamble, 2013).

Despite growing interest in paternal involvement, the father's role within the family system remains insufficiently explored, particularly in relation to the dyadic mechanisms that foster or hinder his engagement in parenting tasks (Cabrera et al., 2018; Tadesse et al., 2018). Maternal gatekeeping was linked to decreased paternal self-efficacy (Schoppe-Sullivan et al., 2015; Trahan & Shafer, 2019) and increased depressive symptoms (Thomas et al., 2022), yet little is known about how these associations may be mediated by the quality of the couple's relationship. Although marital satisfaction was positively associated with both paternal mental health and parenting self-efficacy (Kwan et al., 2015; Meijer & van den Wittenboer, 2007; Merrifield & Gamble, 2013), few studies have examined the specific dimensions of dyadic adjustment—such as satisfaction, cohesion, and consensus—as potential mediators in this process.

This study addresses this critical gap by investigating whether aspects of dyadic adjustment mediate the association between maternal gatekeeping, paternal self-efficacy, and mental health. In doing so, it builds upon existing literature that has established the significance of maternal behaviors (Puhlman & Pasley, 2013; Schoppe-Sullivan et al., 2008), father's perceptions of support (Pinto et al., 2016), and the broader relational context (Bowen, 1966; Kerig, 2016), and seeks to advance our understanding of how these factors interact to shape the lived experience of fatherhood. By integrating insights from family systems theory (Minuchin, 1974), role theory (Hosley & Montemayor, 1997), and social learning theory (Bandura, 1997), this research aims to contribute to a more comprehensive model of paternal functioning within contemporary family dynamics.

2. Methods

2.1. Participants

The sample of the present study (see Table 1) included 142 fathers aged between 21 and 57 years old ($M = 38.7$, $SD = 6.59$). More than half were married (63.4 %), while the remaining participants cohabited with the mother of their children. Additionally, the majority had been in their current marital relationship for over 10 years (69.01 %), were employed (52.8 %), held higher education degrees (73.2 %), and had a child from their current marital relationship (57 %). Their partners' age ranged from 21 to 53 years old ($M = 37.2$, $SD = 6.08$). The children's age ranged from 0 months to 10 years ($M = 3.15$, $SD = 3.17$), and 73 were boys (51.4 %).

2.2. Measures

2.2.1. Sociodemographic characteristics

A sociodemographic questionnaire was employed to gather pertinent information regarding the participants, including age, marital status, employment status, educational level, age of the partner, duration of the current relationship, number of children from the current relationship, and the age and gender of the child.

2.2.2. Maternal gatekeeping

Maternal gatekeeping was assessed using the Portuguese version of the Parental Regulation Inventory – Fathers Version (PRI; Van Egeren, 2000), which evaluates fathers' perceptions of how often their partners engage in behaviors that either encourage or discourage their involvement in childrearing. Originally developed to measure regulation of the partner's involvement through three dimensions—gate-opening, gate-closing, and communication—the PRI includes items such as: "How often does your baby's mother do the following to encourage you to be involved in child care and with your baby, including feeding, play, and emotional support?" and "When you do something that your baby's mother doesn't approve of regarding child care or with your baby, how often does she do the following?" (Altenburger et al., 2022). The version used in this study comprised 23 self-report items rated on a 6-point Likert scale ranging from 1 (never) to 6 (several times a day). In the current study, Cronbach's α coefficients were 0.90 for maternal gate-opening, 0.88 for maternal gate-closing, and 0.70 for communication.

Table 1
Sociodemographic characteristics of participants (N = 142).

	N	%
Marital status		
Married	90	63.4
Cohabiting	52	36.6
Professional status		
Employed	75	52.8
Working student	1	0.7
Open-ended employment contract	7	4.9
Fixed-term employment contract	6	4.2
Self-employed	17	12.0
Permanent employee	36	25.4
Level of education		
Middle school	4	2.8
High school	34	23.9
Bachelor's degree	58	40.8
Master's degree	38	26.8
PhD	8	5.6
Children of the current relationship		
1	81	57
2	48	33.8
3	10	7.0
4	3	2.1
Child's gender		
Male	73	51.4
Female	69	48.6

2.2.3. Dyadic adjustment

The Revised Dyadic Adjustment Scale (RDAS; Busby et al., 1995; Portuguese version: Pereira et al., 2017) was used to assess dyadic adjustment. The RDAS was designed to assess the perception of the relationship quality. It is a 14-item self-reported questionnaire scored on a Likert-type scale ranging from 0 (always disagree) to 5 (always agree) or 0 (never) to 4 (every day), with higher scores indicating higher relationship quality. The scale comprises three subscales: Consensus, cohesion, and satisfaction. The consensus subscale includes six items that assess a general agreement about the relationship in general (e.g., "How much do you and your partner agree on important decision-making?"). The cohesion subscale includes four items that assess the perception of coherence in the relationship (e.g., "Do you ever regret getting married or living together?"). Finally, the satisfaction subscale is composed of four items that assess relationship satisfaction (e.g., "Do you engage together in extra-family activities and interests?"). In the current study, Cronbach's α coefficients were 0.74 for the consensus, 0.81 for the cohesion, and 0.85 for the satisfaction subscales.

2.2.4. Parenting self-efficacy

The efficacy subscale of the Parenting Sense of Competence Scale (PSCS; original version: Gibaud-Wallston & Wandersman, 1978; adapted version: Johnston & Mash, 1989; Portuguese version: Ferreira et al., 2011) was used to assess parenting self-efficacy. The PSCS is a 15-item self-report questionnaire scored on a Likert-type scale ranging from 1 (strongly disagree) to 6 (strongly agree). The scale was designed to assess the general self-perception of parental competence through three dimensions: Efficacy, satisfaction, and interest. The efficacy subscale is comprised of seven items, which assess the degree to which the father feels competent/capable of solving their child's problems (e.g., "I would be a good role model for a young father, in the sense, that he could learn from me what he would need to know to be a good father."). In the current study, Cronbach's α coefficient for the efficacy subscale of the PSCS was 0.80.

2.2.5. Mental health

The Mental Health Continuum-Short Form (MHC-SF; Keyes et al., 2008; Portuguese version: Monteiro et al., 2020) is a 14-item self-report questionnaire scored on a Likert-type scale ranging from 0 (never) to 6 (every day), designed to assess positive mental health across three dimensions: emotional well-being, social well-being, and psychological well-being. The emotional well-being dimension includes three items (e.g., "Interested in life"), the social well-being dimension includes five items (e.g., "people are essentially good"), and the psychological well-being dimension includes six items (e.g., "During the past month, how often did you feel that you had experiences that challenged you to grow and become a better person?"). The MHC-SF can be scored continuously (i.e., scores range from 0 to 70) and higher scores indicate better positive mental health. In the current study, only the MHC-SF total score was used, rather than the individual dimensions. In the current study, Cronbach's α coefficient for the total scale was 0.93.

2.3. Procedures

The study was reviewed and approved by the Scientific Committee of the Master's Programme in Clinical and Health Psychology, at Portucalense University, Porto, Portugal, which oversees the ethical compliance of student-led research projects. No registration number was issued as part of this approval process. All procedures were conducted in accordance with the ethical standards of the institutional committee and

with the principles outlined in the Declaration of Helsinki.

Participants were recruited between November 2022 and March 2023 using two methods: (1) online pamphlets disseminated through social media platforms focused on psychology and parenting issues in Portugal, and (2) direct outreach to schools and universities in northern Portugal. Eligible participants were fathers aged 18 years or older, in a heterosexual relationship, cohabiting with the child's mother, and parenting a child between 0 and 10 years of age. In cases where participants had multiple children meeting the inclusion criteria, they were instructed to respond to the survey with respect to their youngest child. Fathers who were divorced or not cohabiting with their partner were excluded from the study.

This study had a cross-sectional design. After presenting the aim of the study, the participants were informed about the rights and duties associated with their participation. The fathers who agreed to participate in the study were asked to sign an informed consent form and complete self-reported measures of maternal gatekeeping, dyadic adjustment, parenting self-efficacy, and mental health online (via Google Forms).

2.4. Statistical analysis

Descriptive statistics (i.e., frequencies, means, and standard deviations) were computed to describe the study variables. Given the relatively small sample size, preliminary Pearson correlation analyses were conducted to explore the associations among the variables and to identify potential mediation pathways to be tested. Only variables that were significantly associated with both the independent variables (maternal gatekeeping dimensions) and the dependent variables (paternal mental health and parenting self-efficacy) were included in subsequent mediation models.

To examine the mediating role of dyadic adjustment, a series of independent mediation models were conducted using Model 4 of the PROCESS macro (version 4.7). Separate models were estimated for each dimension of maternal gatekeeping, considering either paternal mental health or parenting self-efficacy as the outcome. The dimensions of dyadic adjustment (i.e., consensus, cohesion, and satisfaction) were tested as mediators when they showed significant associations in the preliminary analyses.

Specifically, five mediation models were tested: (1) Maternal gate-opening as the independent variable, dyadic consensus, cohesion and satisfaction as mediators, and paternal parenting self-efficacy as the dependent variable; (2) Maternal gate-opening as the independent variable, dyadic consensus, cohesion and satisfaction as mediators, and paternal mental health as the dependent variable; (3) Maternal gate-closing as the independent variable, dyadic consensus, cohesion and satisfaction as mediators and paternal parenting self-efficacy as the dependent variable; (4) Maternal gate-closing as the independent variable, dyadic consensus, cohesion and satisfaction as mediators, and paternal mental health as the dependent variable; and (5) Maternal gate-related communication as the independent variable, dyadic cohesion as the mediator, and paternal mental health as the dependent variable.

Statistical analyses were performed using IBM SPSS Statistics (version 28). Statistical significance was set at $p < .05$.

3. Results

3.1. Preliminary analyses

Descriptive statistics and the correlations between the study variables are presented in Table 2. Maternal gate-opening was positively associated with the dyadic adjustment dimensions - consensus ($r = 0.44$, $p < .05$), cohesion ($r = 0.37$, $p < .01$), satisfaction ($r = 0.35$, $p < .01$), and with paternal self-efficacy ($r = 0.31$, $p < .01$) and mental health ($r = 0.24$, $p < .01$). Fathers who perceived more maternal gate-opening behaviors reported higher dyadic adjustment, and more parenting self-efficacy and mental health. Maternal gate-closing was negatively associated with the dyadic adjustment dimensions - consensus ($r = -0.44$, $p < .01$), cohesion ($r = -0.37$, $p < .01$), satisfaction ($r = -0.53$, $p < .01$), and with paternal self-efficacy ($r = -0.21$, $p < .01$) and mental health ($r = -0.23$, $p < .01$). Fathers who perceived more maternal gate-closing behaviors reported lower dyadic adjustment, and less parenting self-efficacy and mental health. Finally, maternal communication was positively associated with the cohesion dimension of dyadic adjustment ($r = 0.24$, $p < .01$) and with paternal mental health ($r = 0.20$, $p < .05$). Fathers who perceived higher levels of maternal communication reported greater dyadic cohesion and better mental health.

3.2. The mediating role of maternal gate-opening

Regarding paternal self-efficacy (see Fig. 1a and Table 3) the results revealed a significant indirect effect of maternal gate-opening on paternal self-efficacy through consensus ($\beta = 0.08$, $p < .05$, 95 % CI = 0.03–0.14). Regarding paternal mental health (see Fig. 1b and Table 3), the results revealed a significant indirect effect of maternal gate-opening on paternal mental health through satisfaction ($\beta = 0.76$, $p < .05$, 95 % CI = 0.16–1.53) and through cohesion ($\beta = 2.00$, $p < .01$, 95 % CI = 1.00–3.14). Furthermore, the direct effect of maternal gate-opening on paternal self-efficacy and mental health was not significant in the presence of the mediators, suggesting that the consensus fully mediated the relationship between maternal gate-opening and paternal self-efficacy, and satisfaction and cohesion dimensions of dyadic adjustment fully mediated the relationship between maternal gate-opening and paternal mental health.

3.3. The mediating role of maternal gate-closing

Regarding paternal self-efficacy (see Fig. 2a and Table 3), the results revealed a significant indirect effect of maternal gate-closing on paternal self-efficacy through consensus ($\beta = -0.10$, $p < .05$, 95 % CI = −0.17 to −0.04) and through cohesion ($\beta = -0.04$, $p < .05$, 95 % CI = −0.10 to −0.002). Regarding paternal mental health (see Fig. 2b and Table 3), the results revealed a significant indirect effect of maternal gate-closing on paternal mental health through satisfaction ($\beta = -1.29$, p < .05, 95 % CI

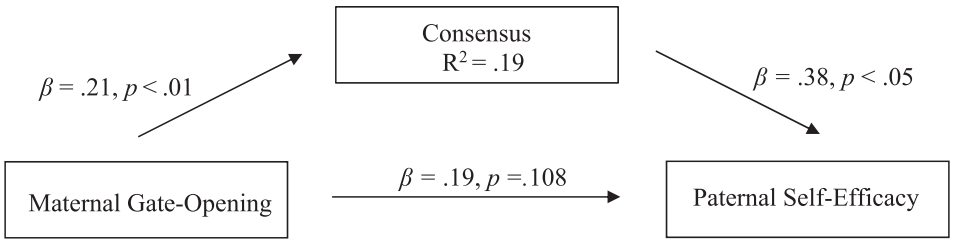
Table 2
Descriptive statistics and correlations between the main study variables (N = 142).

Variable	*M*	*SD*	1	2	3	4	5	6	7	8
1. Maternal gate-opening	3.84	1.20	–							
2. Maternal gate-closing	2.55	1.09	−0.36**	–						
3. Maternal communication	3.65	1.04	0.39**	0.15	–					
4. Consensus	3.99	0.59	0.44*	−0.44**	0.12	–				
5. Cohesion	2.97	1.02	0.37**	−0.37**	0.24**	0.46*	–			
6. Satisfaction	3.84	0.76	0.35**	−0.53**	0.08	0.60**	0.47**	–		
7. Paternal self-efficacy	4.41	0.74	0.31**	−0.21**	0.12	0.39**	0.32**	0.23**	–	
8. Paternal mental health	47.04	13.04	0.24**	−0.23**	0.20*	0.26*	0.55*	0.39**	0.35**	–

* $p < .05$.
** $p < .01$.

a

Statistical Diagram of the Mediation Model Analyzing the Association Between Maternal Gate-Opening and Paternal Self-efficacy Through Dyadic Consensus



b

Statistical Diagram of the Multiple Mediation Model Analyzing the Association Between Maternal Gate-Opening and Mental Health Through Dyadic Satisfaction and Dyadic Cohesion

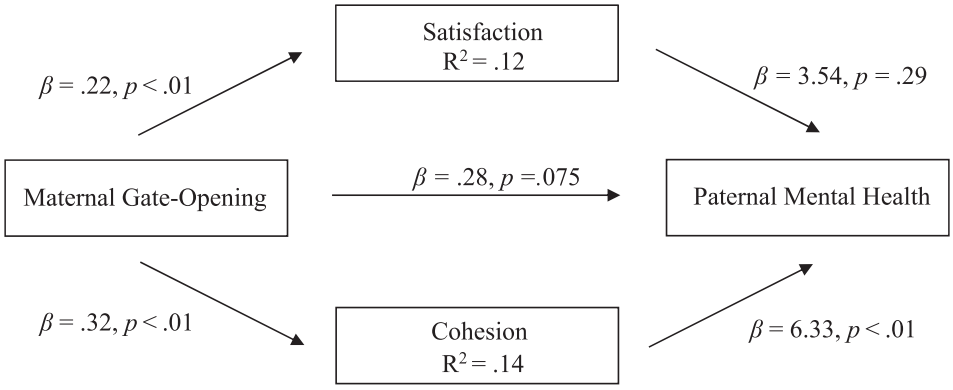


Fig. 1. a. Statistical diagram of the mediation model analyzing the association between maternal gate-opening and paternal self-efficacy through dyadic consensus. b. Statistical diagram of the multiple mediation model analyzing the association between maternal gate-opening and mental health through dyadic satisfaction and dyadic cohesion.

= −2.61 to −0.20) and through cohesion ($\beta = -1.96, p < .05$, 95 % CI = −3.17 to −0.90). Furthermore, the direct effect of maternal gate-closing on paternal self-efficacy and mental health was not significant in the presence of the mediators, suggesting that the consensus and cohesion fully mediated the relationship between maternal gate-closing and paternal self-efficacy, and that satisfaction and cohesion dimensions of dyadic adjustment fully mediated the relationship between maternal gate-closing and paternal mental health.

3.4. The mediating role of maternal communication

The results revealed a significant indirect effect of maternal communication on paternal mental health through cohesion ($\beta = 1.61, p < .05$, 95 % CI = 0.36–2.88). Furthermore, the direct effect of maternal communication on paternal mental health was not significant in the presence of the mediators (see Fig. 3 and Table 3), suggesting that the cohesion dimension of dyadic adjustment fully mediated the relationship between maternal communication and paternal mental health.

4. Discussion

The present study examined whether the dyadic adjustment dimensions of satisfaction, cohesion, and consensus mediated the association between maternal gatekeeping—encompassing maternal gate-opening, maternal gate-closing and communication—and paternal self-efficacy and mental health. The results indicated that the dimensions of dyadic adjustment may mediate the relationships between maternal gatekeeping behaviors and paternal self-efficacy and mental health. These findings contribute to a deeper understanding of the processes involved in the interdependence between the marital and parental systems.

Regarding paternal self-efficacy, the results suggested that a higher perception of dyadic consensus may mediate the relationship between paternal perceptions of maternal gate-opening behaviors and increased paternal self-efficacy. In contrast, a lower perception of dyadic consensus and cohesion may mediate the association between paternal perceptions of maternal gate-closing behaviors and decreased paternal self-efficacy. These findings are consistent with previous research, which has shown that maternal gate-opening behaviors are more predictive of fathers' involvement in parenting (Ponnet et al., 2013).

Regarding paternal mental health, the findings of the current study suggested that maternal gate-opening behaviors are associated with better paternal mental health, and this relationship seems to be mediated by higher dyadic satisfaction and cohesion. In contrast, findings suggested that maternal gate-closing behaviors were associated with more paternal mental health problems, and this relationship seems to be

Table 3
The mediator role of dyadic adjustment in the association between maternal gatekeeping and paternal self-efficacy and mental health.

Pathway	β	SE	t (p)	95 % CI		B	SE	t (p)	95 % CI	
				Lower	Upper				Lower	Upper
	Paternal self-efficacy					Mental health				
Maternal gate-opening										
Direct effects										
Maternal gate-opening → Consensus	0.21	0.04	5.71 (0.000)	0.14	0.29	0.21	0.04	5.71 (0.000)	0.14	0.29
Maternal gate-opening → Cohesion	0.32	0.07	4.76 (0.000)	0.18	0.45	0.32	0.07	4.76 (0.000)	0.18	0.45
Maternal gate-opening → Satisfaction	0.22	0.05	4.41 (0.000)	0.12	0.32	0.22	0.05	4.41 (0.000)	0.12	0.32
Maternal gate-opening → DV	0.09	0.05	1.62 (0.108)	−0.02	0.19	0.28	0.86	0.32 (0.750)	−1.43	1.98
Indirect effects										
Maternal gate-opening → Consensus → DV	0.08	0.03		0.03	0.14	−0.46	0.46		−1.47	0.38
Maternal gate-opening → Cohesion→ DV	0.04	0.03		−0.002	0.10	1.99	0.55		1.00	3.14
Maternal gate-opening → Satisfaction → DV	−0.02	0.03		−0.08	0.03	0.76	0.35		0.16	1.53
Maternal gate-closing										
Direct effects										
Maternal gate-closing → Consensus	−0.24	0.04	−5.79 (0.000)	−0.32	−016	−0.24	0.04	−5.79 (0.000)	−0.32	−0.16
Maternal gate-closing → Cohesion	−0.31	0.07	−4.11 (0.001)	−0.45	−0.16	−0.31	0.07	−4.11 (0.001)	−0.45	−0.16
Maternal gate-closing → Satisfaction	−0.36	0.05	−7.29 (0.000)	−0.46	−0.27	−0.36	0.05	−7.29 (0.000)	−0.46	−0.27
Maternal gate-closing → DV	−0.03	0.06	−0.45 (0.656)	−0.15	0.10	0.10	1.0	0.10 (0.919)	−1.87	2.08
Indirect effects										
Maternal gate-closing→ Consensus → DV	−0.10	0.03		−0.17	−0.04	0.46	0.50		−0.45	1.53
Maternal gate-closing→ Cohesion→ DV	−0.04	0.02		−0.10	−0.002	−1.96	0.58		−3.17	−0.90
Maternal gate-closing → Satisfaction → DV	0.03	0.04		−0.06	0.12	−1.29	0.62		−2.61	−0.20
Maternal communication										
Direct effects										
Maternal communication → Cohesion						0.23	0.08	2.91 (0.004)	0.07	0.39
Maternal communication → Paternal mental health						0.84	0.91	0.92 (0.36)	−0.96	2.64
Indirect effects										
Maternal gate-closing→ Consensus → DV						1.61	0.64		0.36	2.89

Note. The mediation analyses were tested independently.
DV = dependent variable.

mediated by lower dyadic satisfaction and cohesion. The results are in accordance with the current state of the literature, showing that paternal perception of maternal gate-opening behaviors improves their involvement in parenting activities (Pekel-Uludağlı, 2019), which can positively influence their mental health. The findings are also congruent with those of previous studies suggesting an association between maternal gate-closing behaviors and more paternal depression symptoms (Thomas & Holmes, 2020).

According to previous research, fathers are more vulnerable to the impact of an unstable marital relationship, and maternal support in paternal parenting is essential for paternal adjustment and effective parenting (Feinberg, 2002; Fischer et al., 2023; Kerig, 2019; Wong et al., 2009). Therefore, fathers' satisfaction with their current relationship, along with the level of intimacy and shared activities within the couple, appears to positively influence paternal mental health. It can be hypothesized that the roles of father and husband may be less clearly delineated compared to the roles of mother and wife for women, making paternal involvement in parenting more susceptible to marital conflict or other external factors (Ponnet et al., 2013). Furthermore, the results of the present study suggest that a higher paternal perception of maternal communication is associated with better paternal mental health, with this relationship potentially mediated by increased dyadic cohesion. Marital relationships can serve as a context in which both partners openly share and value each other's opinions and emotions (Gabb & Fink, 2018). Consequently, the findings of the current study can be interpreted as reflecting the idea that greater closeness and shared activities within the couple may foster more effective communication, which, in turn, may be associated with higher paternal self-efficacy and mental health.

Overall, the results of this study can be framed within the Family Systems Theory perspective (Minuchin, 1974), which conceptualizes the family as a system composed of interdependent subsystems. The findings illustrated how maternal gatekeeping behaviors—situated within the parental subsystem—can influence fathers' psychological well-being and perceptions of parental self-efficacy. The spillover effect (Erel & Burman, 1995) helps explain how emotional dynamics in the marital relationship may impact parenting behaviors and father–child interactions. At the same time, the findings align with self-efficacy theory (Bandura, 1997), suggesting that supportive relational contexts (e.g., maternal encouragement) may enhance fathers' belief in their parenting abilities. Conversely, restrictive maternal behaviors and relational strain may undermine paternal self-efficacy and contribute to psychological distress. Integrating systemic and self-efficacy theories provides a more comprehensive understanding of the mechanisms through which maternal gatekeeping behaviors and dyadic adjustment influence fathers' psychological well-being and parental involvement.

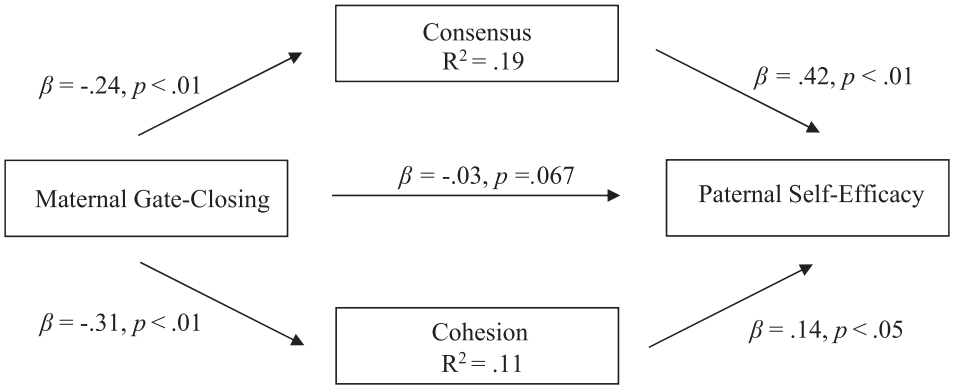
4.1. Limitations

Some limitations should be acknowledged. First, the cross-sectional design limits the ability to draw causal conclusions about the relationships among the variables. Additionally, the study relied solely on paternal reports, restricting insight into whether these perceptions align with those of their partners. Future research should include maternal perspectives to explore potential agreement between parents.

The variables were measured using self-report questionnaires. As the independent, mediator, and dependent variables were reported by the same informant, common-method variance may have inflated the associations between the study variables. The results cannot be generalized due to the use of a convenience sample, which is not representative of the broader population. Therefore, future research should include a larger, more diverse sample, representing different socioeconomic backgrounds. Given the cross-sectional design, it is important to acknowledge that these associations may be reciprocal or operate in

a

Statistical Diagram of the Multiple Mediation Model Analyzing the Association Between Maternal Gate-Closing and Paternal Self-Efficacy Through Dyadic Consensus and Dyadic Cohesion



b

Statistical Diagram of the Multiple Mediation Model Analyzing the Association Between Maternal Gate-Closing and Mental Health Through Dyadic Satisfaction and Dyadic Cohesion

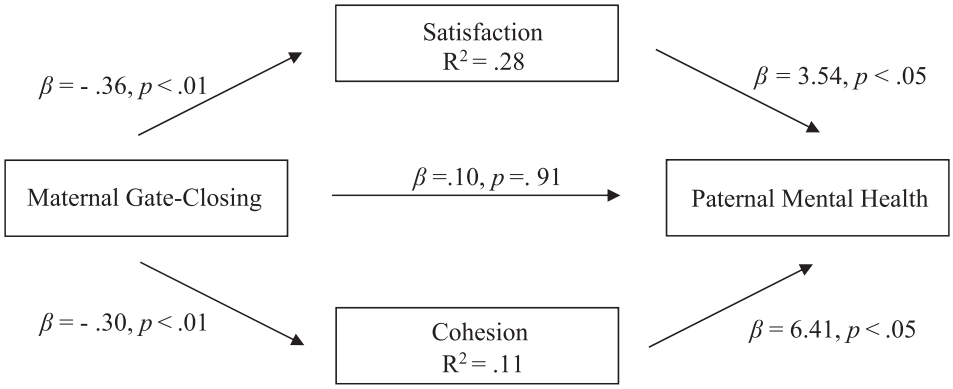


Fig. 2. a. Statistical diagram of the multiple mediation model analyzing the association between maternal gate-closing and paternal self-efficacy through dyadic consensus and dyadic cohesion.
b. Statistical diagram of the multiple mediation model analyzing the association between maternal gate-closing and mental health through dyadic satisfaction and dyadic cohesion.

Statistical Diagram of the Mediation Model Analyzing the Association Between Maternal Communication and Mental Health Through Dyadic Cohesion

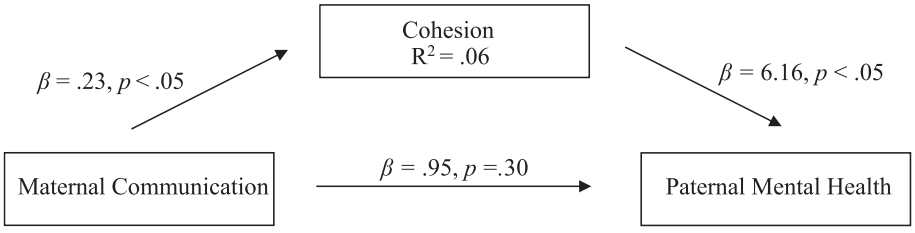


Fig. 3. Statistical diagram of the mediation model analyzing the association between maternal communication and mental health through dyadic cohesion.

opposite directional pathways. For example, paternal mental health problems might influence maternal gatekeeping behaviors, such as a mother assuming full responsibility for childcare due to the father's depression.

4.2. Suggestions for future research and implications for practice

This research makes significant contributions to the field of parenthood, namely in understanding which factors within the marital relationship are most relevant to fathers and may mediate the association between maternal gatekeeping, paternal self-efficacy, and mental health. By employing a dyadic and longitudinal approach, future investigations could incorporate both mothers and fathers to explore the complex interactions between maternal gatekeeping, dyadic adjustment, parenting self-efficacy, and mental health over time.

The findings also carry practical implications. Parenting interventions aimed at enhancing paternal self-efficacy and mental health should adopt a couple-focused approach that specifically targets maternal gatekeeping behaviors. Couple therapy has been shown to be an effective approach for resolving marital conflicts, demonstrating success and efficiency in reducing marital discord (Bradbury & Bodenmann, 2020). In the context of couple therapy with parents, this approach may be particularly beneficial, as mutual support in parenting efforts is also associated with higher-quality marital relationships (McHale, 2011). Given that there are strategies for managing conflicts within the marital system to prevent them from affecting the parenting system, discussing co-parenting in couple therapy may contribute to the improvement of marital relationship quality.

5. Conclusion

This study offers novel insights into the relational dynamics within the family system, emphasizing the complex interplay between maternal gatekeeping behaviors, paternal self-efficacy, and mental health. Specifically, it demonstrates that dimensions of dyadic adjustment - consensus, satisfaction, and cohesion - serve as mediators in the associations between different forms of maternal gatekeeping and paternal outcomes. The results suggest that these relationships may operate through distinct pathways, depending on the type of gatekeeping behavior and the specific aspect of dyadic adjustment involved.

Maternal gate-opening behaviors were associated with higher self-efficacy and mental health in fathers, whereas gate-closing behaviors were linked to lower paternal self-efficacy and increased psychological distress. The quality of the couple's relationship mediated these associations. These findings highlighted the interconnectedness between the marital and parental subsystems, reinforcing the notion that relational dynamics within the couple significantly influence fathers' psychological functioning and their perceived parenting competence.

CRediT authorship contribution statement

Margarida C. Freitas: Writing – original draft, Project administration, Methodology, Investigation, Formal analysis. **Tiago Miguel Pinto:** Writing – review & editing, Methodology. **Ana Conde:** Writing – review & editing, Supervision, Methodology, Conceptualization.

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Declaration of competing interest

The authors declare that there is no conflict of interest.

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Data availability

The authors do not have permission to share data.

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