

Conceptualizing Child Care Patterns in a Dual-Carer Setting

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Abstract

This study conceptualizes care as a trajectory of time allocations by mothers and fathers over the child's early years. Starting from the fixed requirement of care for 7 days a week, 24 hours a day, the allocation of time to care is theorized to be driven by the relative values of three distinct dimensions: economic costs of parental vs. non-parental care; parents' work attachment; and gendered parenting. The analysis is based on a unique set of administrative data, parental leave episodes over the first two years for 4,217 children born in Sweden in 2009. Sequence and cluster analyses identify eight distinct patterns of care. Multinomial logistic regression models the determinants of each of the patterns. Differences in primary caregiving (mother or dual), sharing of care, length of parental care and distribution of care spells are interpretable in relation to the varying importance of the underlying care dimensions.

Introduction

In almost all industrialized countries, the majority of couples are now dual-earner (OECD 2011). In a small number of countries, the dual-earner/dual-carer model has begun to emerge. The slow movement of men into child care and household work is often described as the stalled second stage of the gender revolution. Because equal sharing of family work is envisioned as the final product in a gender equal society (Gornick & Meyers 2008), it is important to understand the dynamics of dual-caring. This study will explore dual carers in a context in which the principle of dual caring is universally accepted and widely practiced. Time-use studies have shown how parents divide care between them in a particular day, but there are no longitudinal population-based studies showing how parents put the child care puzzle together those first years after a child is born. Are dual-carers dual in every point in time or does primary caregiving alternate between them? To what extent is care alternated and what is the length of each care spell?

In most research on work/family allocations, family time is treated as residual to work time. It is not work, however, that is restricted to particular times and places, but the care of young children. To understand couples' allocations of time to paid work and child care, one must begin with the constraint that children require care 24 hours a day, 7 days a week.

In contrast to other activities, time for childcare cannot be accumulated or traded over time. Parents cannot choose to provide more caregiving in one point in time and less in another. Furthermore, care and work are for the vast majority mutually exclusive allocations of time. In dual-carer couples, caring for children thus generates an absolute interdependency between paid and unpaid work of both the mother and the father. At every point in time, children need at least one and not more than one caregiver.

Given the 24-7 care restriction, allocation decisions are not determined in the cross-section (cf. Bianchi & Milkie 2010, Becker & Moen 1999). This study is the first to conceptualize care of young children as a trajectory of care arrangements over time. Care patterns are explored from the child's birth through the first two years. Particular patterns of mother and

father care are theorized to be driven by the relative values of three dimensions of time allocated to care or paid work: economic costs of parental vs. non-parental care; the parents' attachment to the labor force, occupation or workplace; and gendered parenting. The relative value of each of these dimensions is further theorized to give rise to different ideal types of care patterns.

The setting of this study is Sweden, an optimal context for an exploratory population-based study on caring decisions by couples that both work and care. Sweden's work-family reconciliation policies and long tradition of gender equality in both paid work and care provide a much wider variety of choices to parents than in other societies and impose no formal obstacles to dual caring (Ellingsaeter & Leira 2006). Because parents can choose among periods of parental and non-parental care, paid work or leave to care, and care by mothers or fathers, the context provides a multitude of opportunities for constructing the care pattern.

Data

The population under study is a ten percent random sample of all couples registered in Sweden and having their first child in 2009: 4,317 children and 8,634 parents. Data on paid parental leave come from the Swedish Social Insurance Agency, the government agency administering the parental leave system. The SSIA data are comprised of dated episodes in which either parent claimed paid parental leave, from birth up until the child is two years old. This information comes directly from parents' claims on parental leave and is the most detailed information on parental leave usage available in Sweden. All parental leave in Sweden is claimed through episodes and parents are free to construct them in any way they want. 174,437 episodes of parental leave were reported during the child's first two years, or about 40 episodes per child. For each episode, the start and end date and the number of days the parent claimed within that particular period are provided. Each episode is connected to the ID-number of the child for which the days are taken and the ID-number of the claimant parent.

Method

Each child's sequence of 24 monthly care arrangements represents the care pattern from birth through the first 24 months of life. I analyze these strings of 24 care months with sequence analysis. Sequence analysis aims to capture a holistic perspective on a trajectory, rather than reducing it to single events generated by an underlying stochastic process (MacIndoe & Abbott 2004). Because the theoretical discussion clearly lays out how care patterns should differentiate not just by the timing of mother care, father care and non-parental care but also by the duration spent in each state as well as the complexity in moving in and out of care arrangements, sequence analysis is the appropriate method for identifying trajectories of care. The sequences were analyzed using Optimal Matching (OM) analysis, the most broadly used technique in the social sciences (Aisenbrey & Fasang 2010).

Multinomial logistic regression will be applied to the care patterns to determine the association between these particular patterns and a range of coefficients. These coefficients include measures such as the mother's and the father's age, education, income, occupation, country of birth and usage of various social security benefits.

Preliminary results

Families in Sweden sort into eight different types of care patterns; Figure 1 displays the medoid¹ care pattern of each cluster. The patterns are differentiated by caregiving responsibility (mother primary or dual primary), the length of the parental care period (short, medium, and long), sharing of care (no sharing, unequal or equal) and distribution of care over time (longer segments or alternating care). There are two main groups of caregiving responsibility of about equal size. Among 48 percent of couples, the mothers are the only primary caregivers, while another 44 percent are classified as dual primary caregivers. The dominant length of parental care is medium (16-17 months), characterizing about 49 percent of the couples; another 23 percent include long parental care and 14 percent short parental care. Among those classified as dual primary caregivers, two of the clusters or about 13 percent of the population, are classified as sharing equally. Finally, longer segments of shared care are much more common than the pattern of alternating care (only 6 percent).

Results for the multinomial logistic regressions remain to be analyzed.

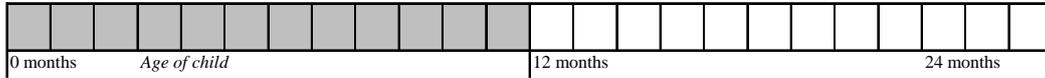
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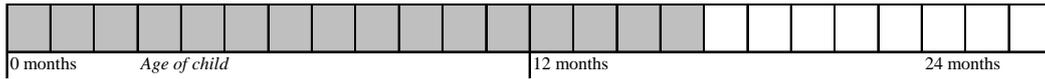
¹ The medoid care pattern can be thought of as the most typical care sequence for that particular cluster, see Aassve et al. (2007) for a discussion on the medoid sequence.

Figure 1. Medoid sequence for each cluster generated (group's % of all couples in parentheses)

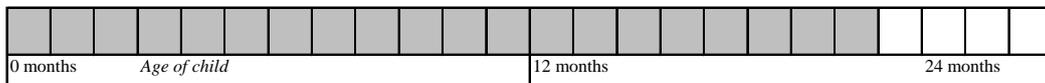
Cluster 1: Mother Primary Care - Short (13.7%)



Cluster 2: Mother Primary Care - Medium (23.7%)



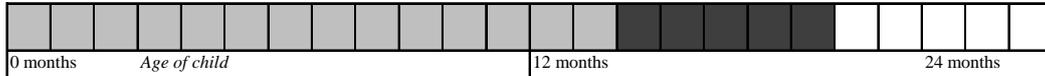
Cluster 3: Mother Primary Care - Long (10.5%)



Cluster 4: Dual Primary Care - Medium & Unequal (16.9%)



Cluster 5: Dual Primary Care - Long & Unequal (7.9%)



Cluster 6: Dual Primary Care - Medium & Equal (8.2%)



Cluster 7: Dual Primary Care - Long & Equal (4.5%)



Cluster 8: Dual Primary Care - Alternating (6.0%)

