

Care Strategies: The Diverse Ways in which Parents Take Turns in Caregiving

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ABSTRACT

Care strategies are conceptualized as a trajectory of time allocations by mothers and fathers over the child's early years. Longitudinal monthly data for 2,158 parental couples with children born in Sweden in 2009 reveal great diversity in how Swedish parents provide parental care during the first 24 months of the child's life. Couples not only share care to varying extents, but also use different dual-caring strategies and/ or lengths of parental care. Three out of four dual-caring couples engaged in a strategy of long solo-caring periods where the mother takes leave to care for 8 to 14 months and then the father for 3 to 6 months. A quarter of dual-caring couples instead employed a strategy of repeated turn-taking over a period of 5 to 11 months. Multinomial logistic regression models are estimated to predict the likelihood of employing each care strategies.

INTRODUCTION

In most contexts, fathers remain secondary caregivers to their children. A large number of studies have shown that fathers spend increasing time in child care, but still less than mothers (Craig & Mullan 2011, Dribe & Stanfors 2009, Bianchi, Robinson & Milkie 2006, Sayer, Bianchi & Robinson 2004); that they engage less than mothers in routine and physical care (Craig & Mullan 2011, Craig 2006); and that they consistently take on much less of the parental responsibilities (Doucet 2015). Child care is the critical dimension for gender equality in the family because it is characterized by time inflexibility; while household work can be 'fit in' around work schedules, young children need to be minded 24/7 (Bianchi et al. 2012). Because child care most often requires a 'scaling back' on paid work, understanding division of child care is central to understanding gender inequality (Bianchi et al. 2012, Raley, Bianchi & Wang 2012). Indeed, the transition to parenthood is the life-course stage at which much of family inequality in time is created (Baxter, Hewitt & Haynes 2008; Sanchez & Thomson 1997).

Studies based on large-scale surveys or administrative data have focused on the inertia of *unequal* sharing (e.g. Hook 2006, Bianchi, Robinson & Milkie 2006, Sayer 2005, Sayer, Bianchi & Robinson 2004, Gislason & Eydal 2011) i.e. the very slow aggregate change in men's engagement as caregivers. They have not explored changes within the family, i.e. how couples may use different kinds of *care strategies* over the child's early years. A few qualitative studies have shown how the small proportion of parents who substantially share child care manage their everyday life (Doucet 2015, Roman 2014, Alsarve & Boye 2012, Becker & Moen 1999, Deutsch 1999). These studies indicate that the pattern of sharing may constitute a life-course strategy in which partners take turns in being responsible for the children and the household (Becker & Moen 1999). Eriksson (2015) provided the first longitudinal life-course measures of care strategies using data for 2,158 parental couples with children born in Sweden in 2009. She found great diversity in how Swedish parents provide parental care during the first 24 months of the child's life. Couples not only share care to varying extents, but also use different strategies to achieve dual-caring and/ or lengths of parental care. Little is known about the parental characteristics associated with each care

strategy. Interview studies lack the ability to generalize (Roman 2014, Alsarve & Boye 2012) and the study by Eriksson (2015) included no parental characteristics.

This study conceptualizes care of young children as a trajectory of arrangements over time. It focuses on the type of child care that is most central to gender equality in the labor market, i.e. care that requires an absence from the work place. Care strategies are mapped using a new and unique dataset of administrative register data from the Swedish Social Insurance Agency tracking parents' use of paid parental leave during the first 24 months after their first child's birth. I estimate multinomial logistic regression models predicting the likelihood of employing each care strategies.

THEORIES AND RESEARCH ON CARE STRATEGIES

Time diaries have become the gold standard for quantitative evidence on division of child care time, tasks and responsibilities. Referring to a single-day, respondents are asked to report their activities in the entire 24-hour period. The aim of most studies using these data is to explain the *general structure of inequality* rather than to investigate *equal practices*. Much of what we know of care strategies therefore come from small-scale observational or interview studies.

In particular in the Nordic countries, evidence suggests that these strategies can only be observed with longitudinal data and a life-course perspective. Key is the use of extended solo-caring by each of the parents, producing unequal cross-sectional divisions of child care. In comparison to the distinction made in time-use surveys between caring activities performed alone or with the mother present (Raley, Bianchi & Wang 2012, Craig & Mullan 2011), solo-caring is here defined as weekly or monthly periods of daylong care during which the other parent is at the workplace (Wall 2014). In an interview study of 20 middle-class couples in Sweden, Roman (2014) reports how egalitarian mothers and fathers seek to protect both the mothers first period as a 'matter-of-course' and the fathers 'right' to take over later on. Taking over all tasks and full parental responsibility are important in this respect; egalitarian parents describe how 'he was the one who knew and she was the one who had to ask him' (Roman 2014:76).

Eriksson (2015) provided the first quantitative evidence of the diversity in care strategies employed by Swedish parents. Dual-caring couples, in particular, employ care strategies that do not fit the snapshot character of standard quantitative measures of division of childcare. In fact, most dual caregiving couples employ a life-course strategy in which parents trade off engagements in primary care over time (Becker & Moen 1999). First the mother takes leave for 8 to 14 months and then the father takes leave for 3 to 6 months. Although the parent in paid work obviously engages in care during off-work hours (Alsarve & Boye 2012), caregiving that requires absence from paid work is divided into two separate and unequal periods. A quarter of dual-caring couples, however, were continuously taking turns in who took care of the child. Mothers and fathers in these couples alternated solo-caring for 5 to 11 months.

CARE STRATEGIES IN THE SWEDISH CONTEXT¹

The lack of data on care strategies, especially the diverse ways in which dual-caring couples take turns in caregiving, is not surprising. Many contexts offer little possibility for fathers' solo-caring (and thereby dual-caring), either through no provision of paid parental leave or through father leave that can be taken together with the mother. As noted by Deven & Moss (2010), nearly all countries lag behind Sweden when it comes to leave policy and fathers' opportunities to take leave. Sweden thus provides a unique case for understanding the current frontier of dual-caring as well as the limits to gender equality.

For parents with children under two years old the two most important parts of the Swedish welfare system are parental leave and public childcare. Through the social insurance system parents are given the right to 480 days of paid job-protected parental leave to share between them with two months reserved for each parent. For those with labor market earnings before the birth, 390 of the days² are paid at just under 80% of earnings up to a cap of 428,000 SEK (about 61,000 USD). The Swedish parental leave system offers great flexibility (Moss 2015). Public child care is universally provided to all children dwelling in Sweden from the child's first birthday and is heavily subsidized (Swedish National Agency for Education 2007).

Parents' use of the flexible parental leave and subsidized child care is shaped by Sweden's political and cultural context. Policy-making surrounding father care has a long tradition in Sweden and the Swedish case has been described as the most institutionalized shift of fathers' role from provider to care-giver (Bergman & Hobson 2002). Many studies have described the emergence of a child-centered fatherhood norm in Sweden, in which 'the engaged father' takes on all practical aspects of caring for the children (Johansson & Klinth 2008, Plantin 2007, Bekkengen 2002). Strong Swedish ideals of gender equality, the best interest of the child and equality in parental roles are all connected to this reinterpretation of fatherhood (Roman 2014). Much gender inequality remains, however. Fathers continue to take less than half of the leave allocated for each child (SSIA 2015). Job and career costs of leave-taking are higher for men than for women, presumably because men are expected to take leave to much less extent than women (Evertsson & Duvander 2010, Albrecht et al. 1999).

DATA

This study uses register data from the Swedish Social Insurance Agency (SSIA), the government agency administering the parental leave system. The parental leave system effectively captures time off paid work for the entire parental population in that all parents in Sweden are eligible for paid parental leave and 99.7 percent (own calculations) uses it in the child's first two years. Data is recorded for every claim each parent makes and are thus not subject to measurement errors or memory lapses as would be the case for survey reports over such an extended period. The population under study is a five percent random sample of all couples registered in Sweden and having their first child in 2009: 2,158 children and 4,316 parents.

METHOD

Couples' care strategies are distinguished along dimensions identified through sequence and cluster analysis applied in Eriksson (2015). First, care strategies of Swedish couples fall into

¹ Regulations mentioned refer to 2009.

² All forms of salary and wages are converted to a daily rate for 365 days per year and that is the amount that is paid for each day claimed, including days that are not normally worked.

two broad categories of about equal size: those couples in which primary caregiving remains with the mother throughout the period in which the child is in parental care (49 percent of all couples) and couples who adopt a dual-caring strategy in which both the mother and the father take on the role as primary caregiver for the child, each for a substantial period of time (42 percent of all couples). Separate multinomial logistic regression models are estimated for these two broad categories of care strategies. Variability in care strategies in the mother primary care group come from differences in the length of the parental care period, i.e. the time until which the child is enrolled in public childcare. A four-category outcome variable was created for the purpose of modelling the strategies of the mother caregiving group; parental care of about 9 months (4 percent of couples), 13 months (24 percent of couples), 18 months (18 percent of couples) and 22 months (4 percent of couples).

Within the dual-caregiving group, variability in care strategies is larger as substantial father care is added to the strategy. Dual-caring was found to be differentiated both by the length of parental care, as in the mother primary caregiving group, but also by two broad categories of dual-caring strategies. The largest group (32 percent of couples) was distinguished by two long segments of parental care: first the mother takes leave for 8 to 14 months and then the father takes leave for 3 to 6 months. The remaining fourth of the dual-caring couples (10 percent of couples) instead employed continuous turn-taking: after a few months in which only the mother took leave to care, the parents alternated care repeatedly between each other for a period of about 5 to 11 months. In both kinds of dual-caring strategies, two lengths of parental care was found; around 13 months of parental care and around 18 months of parental care. For the purpose of the second model, a four-category outcome variable was created: dual-caring through long segments with 12 months of parental care, dual-caring through long segments with 18 months of parental care, dual-caring through repeated turn-taking with 12 months in parental care, dual-caring through repeated turn-taking with 18 months in parental care.

I include a number of parental characteristics that I hypothesize are associated with employing each of the care strategies identified. Data is provided for both the mother and the father and include measures such as income, education, age, country of birth, self-employment and sector of workplace. Most importantly and unlike many previous studies on division of care, these data also include measures of occupation of the mother and the father. Occupational characteristics are hypothesized to be associated especially with the care strategies of the dual-caring group. Opportunities and constraints in a given occupation may be a driving force behind choosing a strategy of long segments of full-time leave or repeated alternation with the partner.

EXPECTED RESULTS

Even if we know a lot about division of care, evidence on care strategies is provided exclusively through interview or observational studies. The dual-caring strategy of long segments of care by each parent could be driven by the egalitarian idea of equality in parental roles (Roman 2014, Alsarve & Boye 2012) but also by limited possibilities for working part-time in the particular job (Boye 2014). Repeated turn-taking could be driven by a strive towards equal engagement and substantial presence at all developmental stages of the child (Rehel 2014) but could also be a strategy to limit labor market costs derived from scaling back on work. Longer leaves from work have been found more detrimental to the career than shorter leaves (Evertsson & Grunow 2012, Evertsson & Duvander 2011).

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