

# **Parenthood, Work-Family Conflict and Well-Being:**

## **Are Work Hours a Mediating Factor?**

Ariane Pailhé and Delphine Remillon (INED)

Preliminary version

### 1. Introduction

Having children is supposed to be associated with greater satisfaction with life but it is also factor of worry, stress and anxiety. Hence, the literature on the effect of parenthood on subjective well-being (SWB) found mixed results. These inconsistencies may result from the fact that the effect of children on subjective well-being is moderated by several factors. In this article, we focus on two essential moderators: the work-family conflict (WFC) and the work hours flexibility. A vast literature suggests therefore that reduced work hours is critical to alleviating the problems faced by employed mothers and fathers. Our research question can be summarized as follows: what are the effects of the evolution of family structure, including births, on well-being, when changes in work-family conflict and in work hours are taken into account? Our main hypothesis is that family changes (including a birth and changes in the age of the youngest child) modify the level of work-life conflict and thus those of subjective well-being and perceived health. We assume that this link can be moderated by an adaptation of work hours, a certain flexibility or predictability of working schedules. It is assumed that the effects differ by level of education and gender.

In this paper, we aim to contribute to the literature on these issues in four ways:

- Very often the literature on this subject, particularly in Psychology, uses very small and limited to specific professions samples (more often samples of managerial and professional employees rather than samples of hourly workers). Another frequent limitation is the cross-sectional nature of the data, thus the causal relationships between family experiences, work-family conflict and SWB are difficult to assess (Bianchi *and al.*, 2010). In this paper, we used the two waves of a rich nationally representative French survey on working conditions.
- Second, our analysis was not limited to parents / married employees. It included single employees and single parents and studied different stages of the life course taking into account the age thresholds of children that are crucial in terms of organizational changes for parents (birth, age at the end of the maternity leave, age of entry into kindergarten, age of transition to primary school, etc.)
- Third, we applied a fixed effects approach which eliminates unobserved heterogeneity bias and estimates the effect of the evolution of the family structure on changes in subjective well-being. Indeed, several sources of heterogeneity can bias the measurement of well-being: the reference point of judgment and personality traits for example (Clark, 1997) and satisfaction is inherently relative (Hamermesh, 1977). Two

people sharing the same characteristics and observable situations will not necessarily position themselves at the same level on a satisfaction scale because their judgment criteria - unobserved - are not necessarily the same (Ravaillon and Likshin, 2001). Having panel data helps to control for the effects of these unobservable factors and to estimate causal relationships.

- Fourth, two indicators of subjective well-being were incorporated in the analyses: the WHO5 score, which makes it possible to study both the occurrence of a depressive symptom and to measure the level of psychological well-being (Coutrot, 2018), and the self-perceived health. These two indicators have the advantage to be some measures of the SWB that are more independent from work-life issues and work-life balance than others such as job satisfaction (Pichler, 2009).

This study focuses on France, a country where the gender employment gap is relatively small compared to some other European countries: in 2018, the employment rate was 75.7% among men and 68.1% among women (Eurostat). It is also a context of high fertility rates compared to other European countries, with a good offer of childcare public services (daycare centers, kindergartens). The legal working week is 35 hours per week, with a fairly high proportion of part-time work which increased in recent decades. There is a guaranteed right to work part-time for parents. However, the part-time hourly rates are rather higher than elsewhere.

## 2. Literature review and hypotheses

The empirical evidence on the relationship between parenthood and subjective well-being is substantial but very mixed: some studies found a positive association (Aassve *et al.* 2012; Cetre *et al.* 2016; Kohler *et al.* 2005; Hansen *et al.* 2009); others a negative or non significant relationship (Buddelmeyer *et al.* 2015; Deaton and Stone 2014; Evenson and Simon 2005; Le Moglie *et al.* 2019; Myrskylä and Margolis, 2014; Nomaguchi and Milkie, 2003). In theory, becoming a parent is supposed to be associated with greater satisfaction with life but is also factor of worry, stress and anxiety (McLanahan and Adams 1987). Some research also argued of a selection into parenthood: happier people choose to have children, rather than children cause happiness (Cetre, Clark and Senik 2016). The sign of the relationship (positive or negative) also depends on the age of the child, with a positive and declining effect of childbirth, until 2-3 years, and a negative effect thereafter (Clark *et al.* 2008); it also varies with the parity with sharper increase of SWB before the first birth and a larger decrease after third birth (Nomaguchi and Milkie, 2003; Kohler *et al.* 2005). Altogether, these contrasting results of the literature depend on whether cross-sectional or panel data are used and on the inclusion or not of important mediating factors of well-being such as pre-birth happiness level, the stage in the life course, the context. They also depend of the gender and of other sociodemographic characteristics with greater happiness for older mothers, and for higher socio-economic status (Myrskylä and Margolis, 2014).

In this paper, we focused on two essential moderators: the level of work-family conflict (WFC) and the work hours and working schedules flexibility. We tested two main hypotheses that can be broken down into four sub-assumptions:

- **H1: Effect of parenthood on SWB is mediated by WFC**

Our first assumption is that the effect of parenthood and family changes on subjective well-being is mediated by work-family conflict.

**- H1a: WFC is higher for parents**

The literature has shown that the level of work-life conflict is generally higher for parents but the effects of parenthood on WFC vary:

- with the age of children (the level of WFC decreases when children get older- Russell *et al.*, 2009; Bianchi *et al.*, 2010; Kinnunen *et al.*, 2004; Lin and Burgard, 2018)
- with the number of children (Adkins *et al.*, 2012; Bianchi *et al.*, 2010; Kinnunen *et al.*, 2004; Lin and Burgard, 2018)
- between mothers and fathers (Higgins *et al.*, 1994).

**- H1b: Higher WFC is associated with lower SWB**

The literature has shown that higher work-family conflict is associated with lower subjective well-being (Nomaguchi *et al.*, 2005), poorer health (Bianchi *et al.*, 2010) and mental health (Allen *et al.*, 1999), lower job satisfaction (Kinnunen *et al.*, 2004), particularly for mothers. Some research argued that the effect of childbearing on SWB or life stress was transmitted through the level of WFC (Matysiak, Mencarini and Vignoli, 2016; Praturaman *et al.*, 1996).

- **H2: Effect of parenthood on SWB may be moderated by a change in work hours** (Keizer *et al.*, 2010)

Our second hypothesis is that the effect of parenthood on subjective well-being may be moderated by an adaptation of the work hours, with gender differences. Women often reduce their work hours or quit employment after childbearing while men increase their work hours. When the children grow up, work hours are likely to rise particularly among mothers.

**- H2a: Higher work hours are associated with higher level of WFC**

Our assumption of the potential moderator factor of an adaptation of work hours is based on the vast literature showing some relationships between work hours and the level of work-family conflict: part-time work reduces WFC (Glass and Estes, 1997; Warren, 2004; Russell *et al.*, 2009); working time is positively related to WFC (Major *et al.*, 2002; Adkins *et al.*, 2012; Parasuraman *et al.*, 1996; Bianchi *et al.*, 2010; Kinnunen *et al.*, 2004). The effect of flexible work hours on the level of WFC presents mixed empirical evidence (Glass and Estes, 1997; White *et al.*, 2003; Russell *et al.*, 2009; Major *et al.*, 2002; Bianchi *et al.*, 2010).

**- H2b: mixed empirical evidence regarding the relationship between work hours and SWB**

Work hours may also have a direct effect on subjective well-being but the empirical evidence regarding this relationship is very mixed (Barnett and Gareis, 2000; Barnett, 1998; Booth and Van Ours, 2009): In France, a rather positive relationship between working time and satisfaction was found, with the exception of very long work hours (Afsa, 2007). This evidence can be related to the « work-family enrichment theory » (Greenhaus and Powell, 2006) which suggests that each role (parenting and working roles) can benefit another. In addition, low

working hours are not necessarily the result of a choice and are not always associated with high well-being : part-time workers are less financially secure employees (because part-time jobs are often bad jobs, with poor pay and promotion prospects) and are less satisfied with their social lives (Waren, 2004). Positive effects of part-time work on SWB might also be offset by a rising work intensity. Finally, some research has found that work hours *per se* do not seem to have a strong link to mental health (Barnett *et al.*, 2008; Gareis and Barnett, 2002) but is indirectly related to psychological distress through WFC (Major *et al.* 2002; Schneider and Harknett, 2019).

### 3. Data, variables and descriptive statistics

#### 3.1 Data and sample

We used the two waves of the French CT-RPS survey (Dares, 2013 and 2016), a survey on working conditions and psycho-social risks. This survey conducted every 3 years using CAPI on a sample of about 35,000 individuals contains rich data on the actual work as it is perceived by workers and on perceived health. The themes studied are nuisance and risk in the workplace, pace of work, working hours and organization, the degree of employee autonomy and initiative, employee communication networks and responsibilities.

In wave 1, the sample was made up of people having a job (who may or may not be employed in wave 2). We selected individuals aged between 20 and 50 years old in 2013 (wave 1) and working more than 10 hours a week in 2013 and 2016. This analytical sample included 7,705 women and 6,323 men.

#### 3.2 Dependent variables

We focused on three different outcomes that were measured at the two waves of the survey (2013 and 2016):

- The WHO-5 Well-being index comes from a questionnaire recommended by the WHO to measure the psychological well-being of individuals. This score from 0 to 25 is calculated from five very general questions designed to reach the majority of the population (Winther Topp *et al.*, 2015). The first question is for example: *“how often have you experienced the following statements in the last two weeks in your daily life, at work and outside?”*

- *I felt good and in a good mood*
- *I felt calm and quiet*
- *I felt full of energy and vigorous*
- *I woke up feeling refreshed*
- *My daily life has been filled with interesting things”*

- The self-perceived health (*« how do you rate your health status? »* from 1 to 5)

- The work-family conflict: *« In general, do your working hours match your social and family commitments outside of work? »* (from 1 to 4)

#### 3.3 Independent variables

The key explanatory variable was the age of the youngest child and the main moderation variable, the usual work hours. We introduced also some control variables: age and age<sup>2</sup>, the

fact of suffering from a chronic disease, to have changed of job in the last three years, the partner's employment status and the number of children.

### 3.4 Descriptive statistics

In table 1, we present some descriptive statistics : mean scores of SWB, self-perceived health and work-life balance in different configurations. Women with young children (under 1 year old) appeared to have a much higher level of well-being, on average, than others. This was also the case for fathers, but to a lesser extent. Parents of young children (especially up to 3 years old) had a lower average work-life balance score. Part-time women had, on average, a higher work-life balance and well-being score. The average perceived health score was slightly lower for women in atypical or unpredictable working hours. Above all, the average level of well-being appeared to be higher for both men and women reporting a good work-life balance.

**Table 1 : Descriptive statistics (mean scores)**

	Well-being index		Self-perceived health		Work-life balance	
	F	M	F	M	F	M
	15,3	16,3	4,0	4,0	3,1	3,1
<b>Age of the youngest child</b>						
Less than 1	16,3	16,6	4,2	4,2	2,9	3,0
Between 1 and 2	14,7	16,0	4,0	4,1	3,0	2,9
Between 2 and 3	15,7	16,4	4,1	4,1	2,9	2,9
Between 3 and 6	14,8	16,2	4,0	4,1	3,0	3,0
Between 6 and 12	15,2	16,4	4,0	4,0	3,1	3,0
Between 12 and 18	15,0	16,7	3,9	3,9	3,1	3,1
No child under 18	15,5	16,2	3,9	4,1	3,2	3,2
<b>Number of children</b>						
No child	15,4	16,2	3,9	4,1	3,2	3,2
1	15,2	16,4	3,9	4,0	3,1	3,0
2	15,1	16,5	4,0	4,1	3,1	3,0
3 and more	15,4	16,4	4,1	4,0	3,0	2,9
<b>Working hours</b>						
Full time	15,3	16,3	4,0	4,1	3,1	3,1
Part time	15,3	16,7	3,9	3,9	3,2	3,2
<b>Usual working hours per week</b>						
10-27	15,6	16,5	3,9	4,0	3,3	3,3
28-34	15,0	16,1	4,0	4,0	3,2	3,1
35-39	15,4	16,5	4,0	4,0	3,2	3,3
40-49	15,0	16,3	4,0	4,1	3,0	3,1
50-70	15,3	16,1	4,0	4,0	2,6	2,6
Missing values	14,0	15,4	3,8	3,9	3,2	3,0
<b>Predictability of working hours</b>						
Yes	15,3	16,4	4,0	4,1	3,2	3,1
No	14,9	16,2	3,9	4,0	2,8	2,9
<b>Atypical working hours</b>						
No	15,2	16,5	4,0	4,1	3,3	3,2
Yes	15,4	16,1	3,9	4,0	2,8	2,8
<b>Partner's employment status</b>						
Employed	15,3	16,4	4,0	4,0	3,1	3,1
Unemployed	15,7	15,7	4,0	4,1	3,1	3,1
No partner	15,0	16,2	3,9	4,0	3,1	3,1
<b>Work-life balance</b>						
Bad	13,4	14,5	3,7	3,9		
Good	15,7	16,8	4,0	4,1		
<b>Change of job in the last 3 years</b>						
No	15,2	16,7	3,9	4,0	3,1	3,1
Yes	15,3	16,1	4,0	4,1	3,1	3,1
<b>Last diploma</b>						
General certificate of Secondary	15,2	17,2	3,7	3,9	3,1	3,1

Vocational certificate	15,9	16,2	3,9	4,0	3,1	3,0
High school diploma	15,7	16,6	3,9	4,0	3,1	3,1
Two-year university degree	14,6	16,1	4,0	4,1	3,1	3,1
Bachelor	15,2	15,8	4,1	4,2	3,2	3,2
Master's degree and more	14,9	15,9	4,1	4,2	3,0	3,0
<b>Chronic disease</b>						
No	15,8	16,8	4,2	4,2	3,1	3,1
Yes	13,8	14,8	3,4	3,5	3,0	3,0

## 4. Results of the nested fixed-effect models

### 4.1 Modelling

We implemented nested fixed-effect models. The fixed-effect model contains an individual-specific constant term that absorbs all observed or unobserved time-invariant characteristics. A fixed-effects approach exploits variations within individuals (the over-time changes in the values of variables for an individual). To examine the impact of time-invariant characteristics such as diploma we stratified the analyses by gender and, in a second time, by education. Some research suggested in fact that highly educated men were more sensitive to life events than were other men (Drago *et al.*, 2009).

### 4.2 Work-life balance

In the first set of models, we tested the effect of the age of the youngest child on the perception of work-life balance. The list of the other controls, not presented in detail here, are listed under the table 2. In particular the number of children had no significant effect in any model once the age of the youngest child was controlled for, so we do not present the detailed results for this variable.

For women, the effect of having had one child, under 1 year of age at the time of the survey, had a negative effect on work-life balance (poorer conciliation). The effect was even greater when changes in working time were controlled for. The effect of children was negative until the youngest was before 12 but less and less important, with the exception of a younger child between 2 and 3 which was the most negative effect. Women who had part-time jobs expressed a better work-life balance and the effect of atypical or unpredictable working hours was negative (see for instance column 3).

For men, the perception of work-life balance was much less related to the age of the youngest child, except for the fact that having a youngest child aged 1 to 2 years had a negative effect (at the 10% threshold and the effect was not affected by the control of work hours). The effects of work hours on work-life balance were the same as for women but less strong.

**Table 2: Work-life balance (fixed-effect models)**

	Women			Men		
	(1)	(2)	(3)	(1)	(2)	(3)
<b>Age of the youngest child</b> (ref. 12-18 year old)						
Less than 1	<b>-0.109**</b> (0.051)	<b>-0.128**</b> (0.051)	<b>-0.126**</b> (0.050)	0.021 (0.056)	0.020 (0.056)	0.027 (0.055)
Between 1 and 2	-0.096* (0.049)	-0.124** (0.049)	<b>-0.126**</b> (0.049)	<b>-0.101*</b> (0.055)	<b>-0.103*</b> (0.054)	<b>-0.103*</b> (0.054)
Between 2 and 3	-0.143*** (0.050)	-0.174*** (0.050)	<b>-0.182***</b> (0.049)	-0.032 (0.058)	-0.040 (0.058)	-0.041 (0.058)
Between 3 and 6	-0.093** (0.036)	-0.097*** (0.036)	<b>-0.100***</b> (0.036)	-0.033 (0.043)	-0.035 (0.043)	-0.033 (0.043)
Between 6 and 12	-0.054* (0.028)	-0.056** (0.028)	<b>-0.056**</b> (0.028)	-0.049 (0.033)	-0.053 (0.033)	-0.054 (0.033)
No child under 18	0.063 (0.056)	0.046 (0.056)	0.054 (0.055)	0.043 (0.061)	0.040 (0.061)	0.038 (0.060)
<b>Usual working hours per week</b> (ref. 35-39 hours)						
10-27		0.164*** (0.037)	<b>0.152***</b> (0.036)		0.130** (0.059)	0.134** (0.059)
28-34		0.052* (0.029)	<b>0.054*</b> (0.029)		0.025 (0.058)	0.038 (0.057)
40-49		-0.166*** (0.029)	<b>-0.162***</b> (0.029)		-0.150*** (0.028)	-0.137*** (0.028)
50-70		-0.342*** (0.053)	<b>-0.318***</b> (0.053)		-0.298*** (0.044)	-0.270*** (0.044)
Missing values		0.036 (0.117)	0.063 (0.115)		0.077 (0.168)	0.110 (0.165)
<b>Unpredictable working hours</b> (ref. predictable ones)			<b>-0.144***</b> (0.026)			-0.125*** (0.026)
<b>Atypical working hours</b> (ref. typical working hours)			<b>-0.238***</b> (0.032)			-0.156*** (0.035)

**Control variables:** chronic disease, age and age<sup>2</sup>, change of job in the last three years, number of children, partner's employment status.

### 4.3 Subjective well-being

In the second set of models, we have tested the effect of parenthood on subjective well-being (see Table 3). The effect of a birth (a younger child under 1 at the date of the survey) on well-being was positive for women. This effect remained and was increased when the level of work-life balance was controlled for. High working hours reduced well-being, as well as having unpredictable working schedules. For men, there was no birth effect, only a negative effect of having a youngest child aged 2 to 3. Working hours had no effect on well-being except for unpredictable hours.



**Table 3: WHO-5 well-being index (fixed-effect models)**

	Women				Men			
	(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)
<b>Age of the youngest child</b> (ref. 12-18 year old)								
Less than 1	<b>0.601**</b> (0.278)	<b>0.659**</b> (0.278)	<b>0.630**</b> (0.279)	<b>0.633**</b> (0.279)	-0.121 (0.306)	-0.133 (0.303)	-0.130 (0.303)	-0.121 (0.303)
Between 1 and 2	-0.045 (0.277)	0.022 (0.277)	-0.002 (0.277)	0.006 (0.277)	0.453 (0.294)	0.476 (0.293)	0.472 (0.293)	0.466 (0.293)
Between 2 and 3	-0.073 (0.299)	-0.003 (0.298)	-0.032 (0.300)	-0.035 (0.299)	<b>-0.645**</b> (0.312)	<b>-0.631**</b> (0.313)	<b>-0.632**</b> (0.313)	<b>-0.635**</b> (0.312)
Between 3 and 6	-0.086 (0.211)	-0.031 (0.210)	-0.039 (0.210)	-0.039 (0.210)	-0.083 (0.233)	-0.080 (0.233)	-0.071 (0.233)	-0.070 (0.233)
Between 6 and 12	-0.015 (0.167)	0.025 (0.166)	0.024 (0.166)	0.028 (0.166)	0.014 (0.186)	0.027 (0.186)	0.033 (0.186)	0.026 (0.186)
No child under 18	-0.151 (0.333)	-0.191 (0.332)	-0.200 (0.331)	-0.194 (0.332)	-0.037 (0.324)	-0.054 (0.322)	-0.060 (0.322)	-0.074 (0.322)
<b>Poor work-life balance</b> (ref. good work-life balance)	-	<b>1.084***</b> (0.137)	<b>1.054***</b> (0.138)	<b>-1.025***</b> (0.138)	-	<b>0.881***</b> (0.161)	<b>0.870***</b> (0.162)	<b>0.840***</b> (0.163)
<b>Usual working hours per week</b> (ref. 35-39 hours)								
10-27			-0.217 (0.210)	-0.229 (0.210)		0.376 (0.338)	0.389 (0.340)	
28-34			0.085 (0.177)	0.085 (0.177)		0.304 (0.346)	0.336 (0.346)	
40-49			<b>-0.292*</b> (0.156)	<b>-0.287*</b> (0.156)		-0.017 (0.147)	0.007 (0.147)	
50-70			<b>-0.518**</b> (0.256)	<b>-0.493*</b> (0.255)		-0.152 (0.230)	-0.094 (0.231)	
Missing values			-0.970* (0.586)	-0.919 (0.584)		-1.373 (0.845)	-1.290 (0.856)	
<b>Unpredictable working hours</b> (ref. predictable ones)				<b>-0.384***</b> (0.148)				<b>-0.347**</b> (0.146)
<b>Atypical working hours</b> (ref. typical working hours)				-0.177 (0.180)				-0.236 (0.189)

**Control variables:** chronic disease, age and age<sup>2</sup>, change of job in the last three years, number of children, partner's employment status.

#### 4.4 The self-perceived health

Finally, we have tested a third set of models with the self-perceived health as outcome (see Table 4): For women, having a youngest child aged 3 to 6 or 6 to 12 had a negative effect on health. This negative effect persisted even when the level of work-life conflict was controlled for and this one had a negative effect on health. Working hours, on the other hand, had no significant effect. For men, there was no significant effect of children on health, but being part-time or working long hours had negative effects on health.

**Table 4: Self-perceived health (fixed-effect models)**

	Women				Men			
	(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)
<b>Age of the youngest child (ref. 12-18 year old)</b>								
Less than 1	0.002 (0.045)	0.010 (0.045)	0.012 (0.045)	0.012 (0.045)	0.018 (0.049)	0.017 (0.048)	0.018 (0.048)	0.020 (0.048)
Between 1 and 2	-0.050 (0.046)	-0.040 (0.046)	-0.038 (0.046)	-0.038 (0.046)	-0.037 (0.049)	-0.033 (0.049)	-0.033 (0.049)	-0.033 (0.049)
Between 2 and 3	-0.025 (0.049)	-0.014 (0.048)	-0.011 (0.049)	-0.013 (0.049)	-0.029 (0.048)	-0.028 (0.048)	-0.028 (0.048)	-0.028 (0.048)
Between 3 and 6	<b>-0.083**</b> (0.035)	<b>-0.075**</b> (0.035)	<b>-0.075**</b> (0.035)	<b>-0.075**</b> (0.035)	-0.021 (0.039)	-0.019 (0.038)	-0.018 (0.038)	-0.018 (0.038)
Between 6 and 12	<b>-0.079***</b> (0.028)	<b>0.073***</b> (0.027)	<b>0.073***</b> (0.027)	<b>0.072***</b> (0.027)	-0.011 (0.030)	-0.008 (0.030)	-0.008 (0.030)	-0.008 (0.030)
No child under 18	-0.015 (0.054)	-0.021 (0.054)	-0.021 (0.054)	-0.020 (0.054)	0.019 (0.050)	0.019 (0.050)	0.018 (0.050)	0.018 (0.050)
<b>Poor work-life balance (ref. good work-life balance)</b>		<b>0.174***</b> (0.021)	<b>0.174***</b> (0.021)	<b>0.170***</b> (0.021)		<b>-0.135***</b> (0.024)	<b>-0.131***</b> (0.024)	<b>-0.129***</b> (0.024)
<b>Usual working hours per week (ref. 35-39 hours)</b>								
10-27			-0.032 (0.032)	-0.034 (0.032)			-0.055 (0.054)	-0.055 (0.054)
28-34			-0.011 (0.028)	-0.012 (0.028)			<b>-0.099**</b> (0.049)	<b>-0.096**</b> (0.049)
40-49			0.004 (0.024)	0.005 (0.024)			-0.024 (0.024)	-0.022 (0.024)
50-70			-0.019 (0.043)	-0.015 (0.043)			<b>-0.116***</b> (0.037)	<b>-0.110***</b> (0.037)
Missing values			-0.030 (0.077)	-0.021 (0.078)			-0.159 (0.122)	-0.155 (0.123)
<b>Unpredictable working hours (ref. predictable ones)</b>				<b>0.072***</b> (0.024)				-0.013 (0.022)
<b>Atypical working hours (ref. typical working hours)</b>				-0.015 (0.029)				-0.037 (0.028)

**Control variables:** chronic disease, age and age<sup>2</sup>, change of job in the last three years, number of children, partner's employment status.

#### 4.5. Analyses by level of diploma

Regarding the level of subjective well-being (the WHO5-index) by level of diploma we found that:

- the positive effect of a child under 1 on SWB was attributable to the group of highly educated mothers (those with a tertiary diploma)
- the negative effect of a child aged between 2 and 3 on SWB for men was attributable to the group of the less educated fathers
- The negative effect of WFC on SWB was higher for highly educated mothers and fathers
- The positive effect for part-time on SWB was attributable to the group of less educated fathers

Regarding the indicator of the self-perceived health, we found that:

- The negative association between young children and poorer health status was attributable to the group of the more educated mothers.
- On the contrary, for the less educated, having a child aged 1 to 2 or 2 to 3 was associated with better health, maybe due to a selection effect (the less educated women have an higher probability to become inactive when they have young children than the more educated; the ones who stay in employment may have some particular characteristics such as a better health).

Regarding the perception of the work-family conflict, we found that the negative association between young children (until 12 years old for mothers and between 1 and 2 for men) and WFC was attributable to the group of the more educated. The negative effect of long work hours on WFC was less important for the more educated than for the others.

## 5. Conclusion and Discussion

For women we observed a strong relationship between having young children and WFC, especially when the youngest was aged between 2 and 3. The first sub-assumption (H1) was confirmed. But we found no significant effect of the number of children and almost no effect of the age of children for men. We found that higher WFC was associated with lower SWB and a poorer health status for both women and men. The second sub-assumption (H1b) was confirmed.

Regarding the work hours, long work hours, atypical and unpredictable hours were associated with higher WFC for both men and women. The third sub-assumption (H2a) was confirmed. Finally, we found mixed effects regarding the relationship between work hours and SWB (the fourth sub-assumption H2c was confirmed). Long work hours had a negative effect on SWB for women but no effect for men. Part-time work and long work hours were associated with poorer health status for men but not for women

For women only, we found a positive relationship between births (youngest child under 1) and SWB and a negative relationship between young children and self-perceived health, even with controls for the WFC and the number of work hours. We can conclude than the effect of parenthood on SWB is not only transmitted through work hours and through the level of WFC.

The data we used have some limitations: they include only employed people. For now, only a short period of time can be considered (a 2 waves panel of 3 years), which makes it impossible

to disentangle selection from anticipation effects and some of the currently observed childless may have children later on. The data do not include information on household income and include only the information of children within the household (which can be a problem in case of separations).

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