

Competing Care Burdens and Fertility: Are Extended Care Needs Reducing the Number of Children?

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Extended abstract

Introduction

The European population is experiencing a profound demographic transition, which in various stages has been ongoing since the early nineteenth century and continues up until today. The overall characteristic of this transition is decreasing fertility and increasing life expectancy. Increasing age at childbearing has shifted parenthood to higher ages. This suggests that also the parents of people in their childbearing age are becoming older and may be in need of care and attention. In some countries, it is more likely that some of the care for elderly is done by individuals who are in their childbearing age. In this context, this paper examines how competing demands for time and financial resources, otherwise known as care-capacity, for young- and middle aged adults' is associated with fertility. We hypothesise that individuals who have care obligations, e.g. simultaneously caring for elderly parents and dependent children, are less likely to have more children. We analyse this question using data from the Generations & Gender Survey (GGS). Using the longitudinal design of the GGS, we analyse the respondents' likelihood of having another child between the two waves. We find that the group of young adults who reported that they provide care also for others besides their children had a lower likelihood of having another child compared with those who were not engaged in providing care. Our proxy measure of increased care burden, having a parent with activity limitations, however did not prove a significant predictor. Thus, we cannot conclude that it is specifically the exposure to caring for elderly parents that is likely to reduce fertility.

Background & Hypothesis

Studies in the ageing literature establish the existence of care obligations towards multiple family members, and often across multiple generations, with especially women carrying a disproportional part of this towards both children and elderly household member's (Wiemers and Bianchi, 2015; Hoffmann and Mitchell, 1998). This trade-off in allocated care capacity forces a certain distribution of 'care' amongst multiple generations, which is what is referred to as a "*sandwich*" effect. Several factors affect the demand for care, as both shifts in intergenerational relations, mortality and fertility exert an influence on both recipients and suppliers of care. Fewer and later births oftentimes result in parents having to both care for new-borns and elderly surviving parents, which in itself as a trend is driven by increasing longevity. When considering the parental care burden alleviating effect of fertility decline, it is pertinent to note that the age of first births has increased in all of our GGS selected countries between 2017 and 1995, in the Czech Republic, for example, as much as 5 years (OECD, 2019). In addition to this, not only do women thus reach late middle-age with ever younger children than previously, but the age of full financial independence for children has also shifted upwards (Johnson, 2013).

Another aspect to consider here is that there are certain associated opportunity cost to having children in of themselves, which is especially the case for mothers' parental time (van Bavel, 2010). Hence, the care burden relief from fewer births is outweighed by an increased care

burden penalty for existing children both in financial terms, also from the direct competing care burden needs of elderly parents. Some of the literature linking care burden and fertility has focused on child-care opportunities' in universal welfare model countries, such as Sweden and France, where fertility rates are closer to replacement level than in more traditional societies', such as the Mediterranean countries. A potential explanation of this could be that despite women being less likely to work in Spain as opposed to Sweden, their overall care-burden is higher as structural and socio-cultural conditions differ widely across institutional models (McDonald, 2000). Building on this, it is also vital to consider the impact of interpersonal relationship changes, as shared divisions of household work amongst couples could be an important factor in reducing woman's overall care burden (Andrade and Bould, 2012).

Given the above, this paper will examine how fertility associates with an increased care burden, especially with the need to care for parents. Our main hypothesis is:

H1: people who do provide care (or are exposed to the need to provide care) to parents/relatives/friends are less likely to have another child, compared with those who do not.

In the second part of the analysis, we extend our hypothesis to take into account that in some countries the care burden on the individual is bigger compared with countries where the social security system is more accustomed to take care of the elderly. We expect less or no negative association between care needs and fertility in countries with more advanced old-age social security.

Data and methods

To test our hypotheses about the associations between care burden and fertility, we use wave 1 and wave 2 of the Generations and Gender Survey data. The analysis is limited to Austria, Bulgaria, Czech Rep., France, Georgia, Germany, Lithuania, Poland, and Russia. The first wave of the survey was administered between 2002 and 2011 in countries under observation. The second wave was carried out within 3-5 years from the first interview. In most cases, the follow-up is approximately after 3 years.

We select respondents, both men and women, who were no older than 40 at the time of the first interview. Then, using information from the second wave of the survey, we calculate the number of additional children respondents had during the three-year period after the first wave. This includes pregnancies of the respondent or the respondent's partner that begin within a three year period. Included are children born to the respondent/partner and children who are adopted. The number of children added within the three-year period after the first interview constitutes the dependent variable of our analysis.

We have two main explanatory variables, which account for the respondent's need to give personal care or help. The latter is captured in both a direct and indirect way. First, we use the direct question in the GGS survey that asked whether the respondent had given regular help over the last year to relatives/friends (except that given to children). This constitutes a binary variable, indicating that the respondent had provided care/help. Secondly, we use the information on disability or activity limitations of the respondent's parents, constructing a binary variable that indicates that at least one of the respondent's living parents has a disability or limitation. We assume this to be a strong proxy for an increased care-burden or care-burden that the respondent expects in the future.

The dependent variable is a count value, ranging from 0 to 3. Its association with the predictors is modelled using Poisson regression. We estimate the model with robust standard errors, as recommended by Cameron and Trivedi (2009). We control for the number of children and age of the youngest child at the time of the first interview. Also, controls include sex and age of the respondent, his/her partnership status, educational level, activity status at the time of the first interview, intention to have another child at the time of the first interview, and country. After excluding observations with missing information in the variables, we end up with the study sample of 18,971 individuals who have in total 2,866 new children after wave 1 of the survey.

Preliminary Results

Results of the Poisson model are shown in Table 1. The coefficients in the table indicate that if the respondent's living parents have a disability or activity limitation ("R's parent's activity limitation"), this does not associate with the likelihood of the respondent having another child after survey wave 1. This suggests that our indirect measure of care burden has no relevance for fertility or that the measure itself is flawed. Our direct measure of care burden ("R has given help/care"), however, is negatively associated with likelihood of the respondent having another child and the coefficient is statistically significant. This supports our hypothesis that the individual's care burden is negatively associated with fertility outcomes.

Table 1

	Coef.	SE	Pr(> Z)	L95	U95
(Intercept)	-4.729***	0.546	0.000	-5.801	-3.658
R's parent's activity limitation	0.065	0.053	0.214	-0.038	0.168
R has given help/care	-0.258***	0.064	0.000	-0.384	-0.132
R is female	-0.017	0.038	0.656	-0.091	0.057
R's age	0.244***	0.039	0.000	0.167	0.320
R's age squared	-0.005***	0.001	0.000	-0.006	-0.004
Number of children at W1	-0.070**	0.031	0.024	-0.130	-0.009
R's partner status at W1 (ref=resident partner)					
Non-resident partner	-0.393***	0.069	0.000	-0.529	-0.258
No partner	-0.619***	0.058	0.000	-0.733	-0.505
R's educational level (ref=primary)					
Secondary education	-0.141**	0.059	0.016	-0.256	-0.026
Tertiary education	-0.120	0.065	0.064	-0.247	0.007
Intention to have child at W1					
Definitely not	ref.				
Probably not	0.577***	0.072	0.000	0.436	0.717
Probably yes	1.234***	0.065	0.000	1.106	1.361
Definitely yes	1.733***	0.065	0.000	1.606	1.860
N	18,971				
Log. Lik.	-7,976.7				

Note: country dummy variables and activity status of the respondent not shown.
*p<0.1; **p<0.05;
***p<0.01

The result about the direct measure of care burden remains statistically significant after controlling for the respondent's intentions to have children during interviews in wave 1. Other control variables have the results in the expected direction: age is curvilinearly associated with the likelihood of having another child; higher number of children at wave 1 reduces the probability of another child. Secondary and tertiary educated are less likely to have another child compared to low educated, but the result is not statistically significant for the highly educated.

Literature

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