**The grandparent factor in modern fertility**

**A European perspective**

Fleur Thomése

Department of Sociology

fleur.thomese@vu.nl

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**Background**

Grandparental involvement in child care has been shown to facilitate additional childbearing in Dutch families (Kaptijn et al., 2011; Thomese & Liefbroer, 2013). A common explanation for this finding is that grandparents alleviate mothers’ predicament in choosing between work and family obligations. This interpretation is countered by a lacking effect of paid child care on fertility outcomes. The *kin influence hypothesis* posits that influence from kin, and especially the (grand)parents, foster fitness enhancing behaviors. This would imply that any contact with kin would benefit childbearing. Alternatively, the Dutch context of family mindedness and relatively high child care provision may have mediated an effect of grandparental child care: only where grandparents are wanted as carers, can we observe an effect on fertility.

**Hypotheses**

1. Grandparental child care has a positive effect on the likelihood of additional childbirths across Europe.
2. An effect of grandparental child care support is moderated by the extent and the intensity of involvement between grandparents and their children.
3. The effects are strongest in countries with higher availability of formal child care, and countries with stronger family orientation.

**Data**

Waves 1 (2004/5) and 2 (2007) from the European Survey on Health and Retirement (SHARE): Sweden, Denmark, Netherlands, Germany, UK, Belgium, France, Austria, Switzerland, Spain, Italy, Greece:

12,797 respondents with data on care for grandchildren; 32,583 children of respondents identified at both waves; 6,102 children with valid data & parents of children < 10

**Method**

**Childbirth**

Youngest child wave 2 < youngest child wave 1 (0.1).

**Grandparental child care**

Wave 1: how often looked after children of selected child (1-4) in past 12 months. Range 1 (almost daily) to 4 (less often). “Never” is recoded to 4.

**Family influence**

# children living within 5 km
# kin helped outside children (0-3)
How often pray (1= > daily, 5 = never)

**Country level childcare**

Based on Saraceno (2011): SE, DK, FR high (2); NL, DE, B, AU, CH medium (1); IT, ES, GR low (0)

**Country level family orientation**

Protestant/other (0): SE, DK, NL, DE, CH
Catholic/orthodox orientation (1):
GR, IT, ES, FR, B, AU

**Control variables (wave 1)**

GP level: age, sex, health, # children child care, lag
P level: age, sex, education, partner, employed,
# children, age youngest (also sq)

**Multilevel binary logistic regression analysis**

**Results**

**Hypothesis 1:**
Monthly childcare has a positive effect on childbirths, compared to daily care; B = .88***

**Hypothesis 2:**
Independent effect of religiosity (prayer); B= -.08***

**Hypothesis 3:** contrary to hypothesis, see figure:

**Discussion**

1. Only monthly child care has an effect
2. Indirect measure of kin involvement (prayer) is more influential than direct measures
3. Child care effect disappears in countries with high levels of formal care (Sweden, Denmark, France)

-> involvement matters, but limited and in more subtle ways than measured in this study.