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Beliefs About Caregiving, Women's Work, and Childcare:
An Alberta Example

by

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Abstract

Although a relationship between women's work and use of child care is well-established, little is known about women's beliefs about who (family or society) is responsible for this care. Using data from a province-wide survey, path analysis determined how beliefs about caregiving predict women's decisions to work or use child care, at different stages of family life. Overall, Albertans believe caregiving is a social responsibility, particularly urban Albertans and women. Women's social beliefs about caregiving predict working for women with preschool and school-age children, and women without children under 14, but do not directly predict use of care at all. Social beliefs are predicted by more education (women with preschool and school-age children) and more children (women with school-age children). The results of this study are presented using an ecological framework, and confirm that beliefs about caregiving should be considered in future studies of women's labour force participation.

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Much love,
~Julie

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Chapter One

Introduction

One of the most profound social changes in the last quarter century has been the movement of women with young children into the labour force (Aube, Fluery, & Smetana, 2000; Fast & Da Pont, 1997; Statistics Canada, 2006). In fact, women's labour force participation has been increasing in Canada since World War II, and only decreased following the end of the war, at which point women were replaced by the men returning from war (Pierson, 1986). This demographic shift has raised many questions about the importance of women staying home to care for children (Belsky & Eggebeen, 1991), women's economic rights, traditional family roles (Timpson, 2001), and work-family balance (Todd, 2004). Although the shift in women's increased labour force participation is not new, it is nonetheless a current and momentous topic. As evidence of this, recent statements by Alberta's Minister of Finance, the Honorable Iris Evans, generated a flurry of media coverage[1] and controversy[2] (for example, see Canadian Free Press, 2009), when she stated that, "when you're raising children, you don't go off to work and leave them for somebody else to raise. This is not a statement against daycare. It's a statement about the belief in the importance of raising children properly" (Canadian Free Press, 2009). The Minister's comments were inflammatory, partly, because they touched on Albertans' personal ideological beliefs about who is responsible for the care of children. Ideological beliefs describe "how a society

[1] In fact, Dr. Berna Skrypnek, my supervisor, was contacted by a local radio station and asked to comment on the issue!

[2] At the time of closing postings allowed by viewers, the CBC website hosting this article had over 1000 comments from viewers.

ought to be and how to improve it" (Adams, 2001, p. 3) and are therefore bound up in fundamental differences in personal beliefs, and are not easy to resolve amongst individuals of differing ideological perspectives.

The academic literature relating to factors affecting women's labour force behaviour has focused primarily on child care accessibility (for example, see Hofferth, 1999). Much of this literature refers to women's decisions to participate in the labour force as rooted in economics, with women weighing the cost of staying home versus the cost of working (and using child care) (for example, see Connelly & Kimmel, 2003). Of course, factors such as the accessibility of child care are important in determining women's labour force behaviour (Cleveland, Gunderson, & Hyatt, 1996; Connelly & Kimmel, 2003). While there has been some research on women's motivations to do paid work (see, for example, Campione, 2008) it is curious to note that very little research regarding women's labour force participation has gone beyond such explanations, particularly given that women themselves often debate the issue on an ideological level.

A recent Statistics Canada report is a particularly useful example of the tendency of researchers to focus on child care accessibility when examining women's labour force behaviour, perhaps to the detriment of considering other factors. Roy (2006) reported on the notable decline in women's labour force participation in Alberta (Roy, 2006). Roy and her colleague (see Luffman, 2006) highlighted the trend, partly because the decline in women's labour force participation in Alberta was significantly lower than any other Canadian province. In fact, for women with children under 6 years, the only other province to have

experienced a decrease in women's labour force participation (for women with young children) since 1999, was Manitoba. Statistics Canada (2006) reported that if the participation of women with young children in the labour force in Alberta had actually risen as it did in Quebec (during the same time period), 30 000 more women would be in the labour force in Alberta in 2005. Given the labour shortage in Alberta in 2005, such an injection of workers into the labour force would have been beneficial for both industry and the provincial tax base. Roy notes that, at that time, the "slowdown of participation rates [was] surprising in light of the boom in growth in the west and increasing signs of labour shortages in crucial sectors of the economy" (p. 3.2).

The Statistics Canada study is noteworthy because Alberta is unique with respect to the rest of Canada (and particularly in contrast to Quebec) in terms of its economic (Cross & Bowlby, 2006), political (Stewart & Archer, 2000), and social welfare context (Hayden, 1997). That is, Alberta is unique with respect to its macrosystem, or its economic, political, and ideological environment (Bronfenbrenner, 1994). More specifically, the politically conservative nature of Alberta combined with a narrowly-focused but formerly booming economy, is reflective of the distinctive context of Alberta within Canada.

Given these circumstances, what might be influencing the decisions of Alberta women to enter the labour force or not? What unique features of Alberta might have contributed to the pronounced decline in women's labour force participation in 2005? It is conceivable that Alberta's exceptional ideological landscape is reflected in the beliefs of Albertans, and perhaps more specifically,

their beliefs about caregiving (particularly, caregiving for children). Perhaps a broader consideration of the issue of women's labour force participation, beyond the issue of child care, is needed. Such a framework, which takes a more holistic approach, is an ecological framework (Bronfenbrenner, 2005).

An Ecological Model

The ecological model takes into account many environmental 'layers' or 'systems' (Bronfenbrenner, 1994). Based on Bronfenbrenner's ecological model, four major contexts can be examined in terms of women's labour force participation in Alberta: the chronosystem, macrosystem, exosystem, and microsystem[3]. Here, I describe each of these systems and the aspects of each that are related to women (individuals at the centre of the framework) who are making decisions about whether or not to do paid work. These systems are described beginning with that which is most distant from the individual (chronosystem) to that which is nearest (microsystem).

To begin with, the 'chronosystem', refers to the changes and consistencies in the characteristics of individuals and their environment over time (Bronfenbrenner, 1994). Therefore, in my review of the literature, I describe the historical trends in women's labour force participation in Canada since World War II, as well as women's changing roles in society, and changing family forms.

The next layer, the 'macrosystem' consists of the patterns of the other layers, the beliefs, values, knowledge, and other cultural factors that exist in a given society. Bronfenbrenner's 'macrosystem' can be thought to include what

[3] Bronfenbrenner's model also includes the 'mesosystem' (which links microsystems) however this element is not included as part of the framework for this review.

Raphael, Renwick, Brown, Steinmetz, Sehdev and Phillips (2001) refer to as the 'social epidemiology', or, what Green, Richard and Potvin (1996) term the 'social ecology'. The 'macrosystem' includes the "sociopolitical environment" (Kettner, Moroney, & Martin, 1999, p. 38). Therefore, in terms of the macrosystem, Alberta's unique political and economic systems will be considered. Further, ideology related to caregiving will also be examined. In this study, ideology is a construct consisting of social responsibility on one end of the spectrum, and individual responsibility on the other, and is based primarily on Eichler's (1997) model of family responsibility.

Thirdly, the exosystem will be considered. Exosystemic factors are not as broad and far-reaching as macrosystemic factors, but still indirectly influence individuals (women). In my review of the literature, the exosystemic factor which is considered is child care accessibility, including cost and available spaces. Cost and the availability of child care are related to each other, and both are related to women's decisions about whether or not to do paid work.

Fourth, Bronfenbrenner (1994) describes the microsystem as, "a pattern of activities, social roles, and interpersonal relations experienced by the…person in a given face-to-face setting … that invite, permit, or inhibit engagement in sustained, progressively more complex interaction with, and activity in, the immediate environment" (p. 1645). In my review, I describe the role of household income, the age of children, and the number of children in the home, on women's decisions to do paid work.

It should be noted that women themselves possess characteristics that may influence their decisions about whether or not to do paid work. In my review of the literature, I consider a woman's education, her marital status, and her personal beliefs about caregiving. A woman's beliefs about caregiving are assumed to be related to her macro-level environment, or, as Patten (2003) notes, "it could be said that each person inhabits a particular space within Canada's ideological landscape" (p. 275). Therefore, this study explores the role of macrosystemic factors which may influence Alberta women's decisions to do paid work, via women's personal beliefs about caregiving.

Finally, because an ecological framework assumes that the individual is influenced by her environment, but also that the individual influences her environment (Bronfrenbrenner, 2005), I consider how women's labour force participation impacts herself (as an individual), her microsystem (her family) and her exosystem (her political and economic environments).

Purpose of the study

Using data from a 2006/07 survey in Alberta, this study examines the role of Alberta women's personal beliefs about caregiving in predicting their labour force behaviour and their use of centre-based child care. This is an exploratory study, in that macrosystem influences on Alberta women's beliefs about caregiving have not been examined in relation to women's labour force participation and their use of child care.

Further, 'Alberta women' are not an entirely homogenous group, and therefore individual and contextual differences (e.g., women's age and location)

likely predict their beliefs about caregiving as well. Thus, this study also explores how Alberta women's demographics influence the relationship between their beliefs about caregiving, their labour force behaviour, and their use of centre-based care. The concept of who should be responsible for the care of children, and the associated costs (social/public or individual/private) is important, given that government spending is an important policy issue (Jacoby, 1994), and the recent baby boom in Alberta has concentrated the number of families needing to balance work and family life.

Outline of Thesis

In the following chapter, I begin my review of the literature by discussing women's, and particularly, women's participation in the labour force. From an ecological perspective, I examine relevant factors in four systems: (1) the *chronosystemic* context of historical trends in women's labour force participation since World War II; (2) the *macrosystemic* concept of ideology, as well as the political and economic context of Alberta; (3) the *exosystemic* factors such as the accessibility of child care; and (4) family-level, or *microsystemic* factors such as household income and the number of children in the household. Finally, *individual* level factors, such as women's education, and marital status, as well as personal beliefs about caregiving are explored. Lastly, I discuss the impacts of women's participation in the labour force on their families (microsystem) and their broader environment (exosystem). I conclude with three key research questions derived from this review.

In Chapter 3, I describe the methods used for this study project, including a description of the sample, variables, and statistical techniques.

In Chapter 4, I outline the results of the study, including a description of Albertans' beliefs about caregiving and the factors that contribute to Alberta women's beliefs about caregiving, their labour force participation and use of centre-based care (at different stages of family life). I summarize the findings using several path models to describe the relationship between Alberta women's beliefs about caregiving, their labour force behaviour, and use of centre-based care.

In Chapter 5 I discuss my findings within the context of the academic literature. I conclude with a description of the limitations of the study and implications for future research.

Chapter Two

Literature Review

Women's Labour Force Participation

In the following sections, I describe how women's labour force participation is influenced by various environments in which women interact. Bronfrenbrenner's (1994, 2005) ecological model provides a framework for examining these environments. Beginning at the broadest level, here I describe chronosystemic historical context in terms of trends in women's labour force behaviour; macrosystemic factors such as ideology, politics and economics; exosystemic factors such as the accessibility of child care; microsystemic factors such as household income and the number of children in the household; and individual factors such as the women's education, marital status and individual beliefs about caregiving. I conclude with a brief discussion of the impact of women's labour force participation on their environments.

Chronosystem:

Canadian Trends in Women's Labour Force Behaviour Since World War II

The decline in women's labour force participation in Alberta in 2005 (Roy, 2006) is contrasted by the historical increase in women's labour force participation in Canada over the past several decades. Therefore, I begin this review of the literature with a brief description of trends in women's labour force participation in Canada around the time of World War II and following the war, highlighting the particularly significant increase in the labour force participation of women with young children.

World War II

Prior to World War II, working outside the home was reserved for women who were single, spinsters, divorcees, or married women who needed the financial support (Timpson, 2001). In fact, in 1939 only about a quarter of Canadian women were in the labour force. World War II was a turning point in the labour force participation of women in Canada, such that their participation escalated greatly (Basset, 1994; Timpson, 2001) regardless of class, ethnicity, religion or marital status (Timpson, 2001). By 1945, approximately a third of adult women were in the paid labour force (Timpson, 2001). This increase was attributed to the increased need for workers to support the war effort (Pierson, 1986).

Although many view this sudden demographic shift as a reflection of changing ideologies about the traditional roles of men as breadwinners and women as homemakers, others claim that women were no further ahead once the war was over (Pierson, 1986). For instance, the Advisory Committee on Reconstruction, created in 1943, produced a report entitled 'Problems of Women' in which it advocated for the opportunity for women to make a choice about whether to return to the domestic sphere or remain in the workforce (Timpson, 2001). Despite this recommendation, women's labour force participation declined immediately following the war. In fact, 80 000 women were laid off from war industries to make way for the men returning from war.

After the War

Post World War II, and beginning around 1950, the percentage of married women in the labour force began to rise, from 30% in 1950 to 50% in 1961 (Timpson, 2001). This increase also meant that there were more married women than single women in the labour force (Timpson, 2001). In fact, from the mid-1940s onward, the rate of women's labour force participation increased faster than men's participation (Fast & Skrypnek, 1994). Thus, the *proportion* of women in the labour force (as compared to men) also increased.

Baker (1995) notes that since 1960, the participation rates of Canadian women rose faster than many other countries, including France, Germany, the Netherlands, Sweden, the United Kingdom and the United States. She presents five reasons for this increase, including: (1) increasing cost of living and the necessity for dual-income households; (2) improvements in birth control and legalization of abortion; (3) changing roles of women in society to reflect more equality between the sexes; (4) women not leaving their jobs to raise children; and (5) maternity and parental leave policies that have been reformed to allow women to take time off and return to work.

From 1970 onward, women's participation in the labour force in Canada increased dramatically (Barnett, 2004; Beaudry & Lemieux, 1999; Fast & Da Pont, 1997; Fast & Skrypnek, 1994). According to Baker (1995), women's labour force participation rose to 61% in 1992. By 1995, 91% of women aged 20 and

older had worked for pay at some point. As of 2007, 62.7% of women participated in the paid labour force across Canada[4] (Statistics Canada, 2008).

The Most Significant Shift: Women with Young Children

Although women's labour force participation has increased overall, researchers have pointed out that age cohort differences exist in women's labour force behaviour (Basset, 1994; Beaudry & Lemieux, 1999; Fast & Da Pont, 1997; Fast & Skrypnek, 1994). Most notably, over the last several decades in Canada, the most significant increase has been for young women of child-bearing age (Barnett, 2004; Basset, 1994). In the early 1990s, women aged 25 to 44 had the highest participation rates compared to all other cohorts (Basset, 1994; Fast & Skrypnek, 1994). More specifically, labour force participation has increased most for women with children under age 6 (Basset, 1994; Fast & Skrypnek, 1994), even exceeding the rates of women without dependent children (Fast & Skrypnek, 1994). On the other hand, the smallest increase has been for women age 55 to 64 years, increasing only from 30.8% to 36.4% between 1975 and 1993 (Basset, 1994).

More recently, women with young children are experiencing shorter work-interruptions than they did several decades ago. For example, women aged 25 to 34 experience only about 1.4 years of work interruption versus 8.1 years for women aged 55 to 64 (Fast & Da Pont, 1997). Fast and Da Pont (1997) report that in the 1990's, 55% of women who interrupted their work returned after 2 years, and that near the turn of the century, most women (71%) returned to paid work after an interruption, such as the birth of a child. These figures may be an

[4] This may be an under-estimate, however, as this figure includes women of retirement age.

underestimate, however, as Marshall (1999) found that between 1993 and 1996, 86% of mothers returned to work after one year, and 93% had returned after two years. This discrepancy is likely the result of different data sources, with Marshall reporting on the Survey of Labour and Income Dynamics (SLID), which refers to a 'return to work' anytime following the first month after childbirth. However, the General Social Survey (GSS) only considered mothers to have experienced a 'work interruption' if the break was 6 months or longer. Thus, the SLID included mothers who were not included in the GSS. Also the GSS relies on recall work interruptions over their lifetime, whereas the SLID reports on data collected twice a year, over a 4 year period. Regardless of the data source, however, it is clear that women with young children are much more likely to be in the paid workforce than they have been historically.

Summary

Given the historical increases in the labour force participation of women in Canada, and particularly the increases in young mothers' participation, the decline in women's labour force participation in Alberta is unexpected (Figure 1). As Basset (1994) points out, historically, women's participation rates have increased during periods of economic prosperity and decreased during times of recession. Notably, this trend did not seem to hold in Alberta, when women's participation rates decreased amidst an economic boom. Barnett (2004) notes that, "because of the massive changes that have taken place in the past 25 years with respect to women's education, gender role attitudes, paid employment, and fertility, few expect a return to the sole-breadwinner stay-at-home-mom pattern of

the 1950s" (p. 158). It seems that in Alberta, however, history may be in fact repeating itself. Thus, two key questions are raised: (1) Why are the patterns of women's labour force participation in Alberta different from other parts of Canada?; and (2) What are the implications of these differences for Alberta women and their families? The implications for women's labour force participation are addressed in the final portion of this review. In the meantime, here I examine the first question by addressing what about Alberta is unique, and how might this distinctive context influence the labour force behaviour of Alberta women.

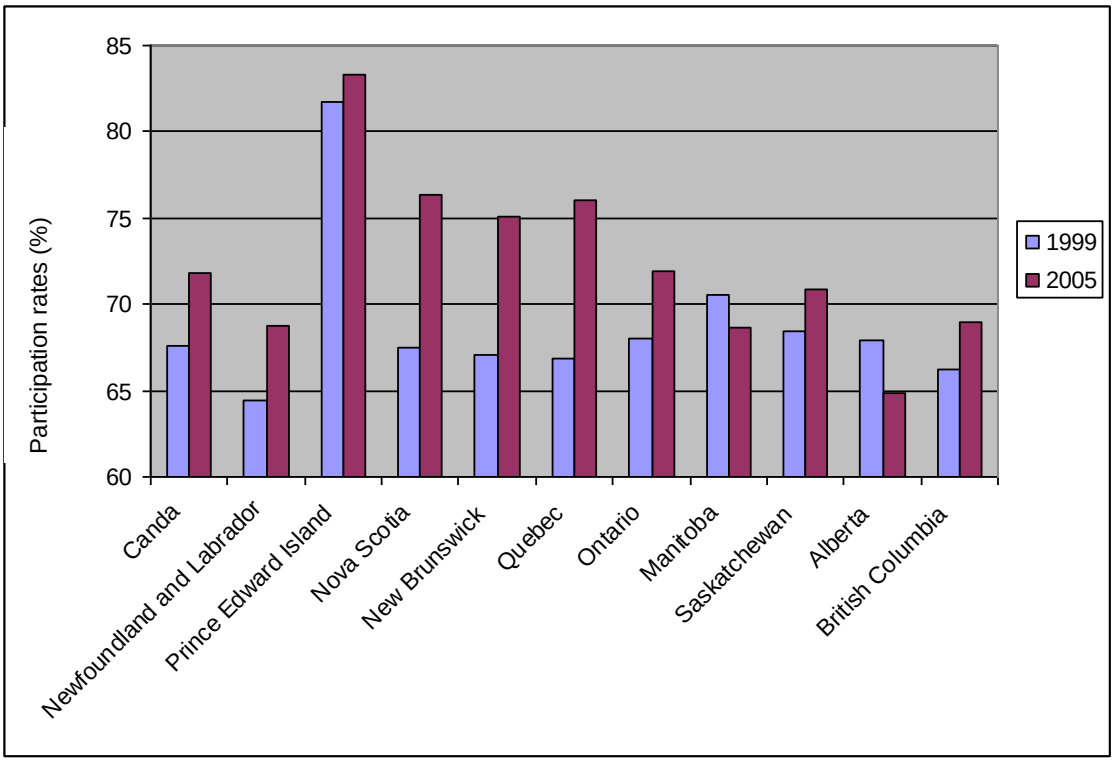

Figure 1. Labour force participation rate for women with children under 6 years between 1999-2006, by province (adapted from Roy, 2006).

Macrosystemic Factors: Ideology, Politics and Economics

The macrosystem consists of a culture's values, beliefs and knowledge. As ideology can be defined as "a set of political beliefs about how society ought to be

and how to improve it" (Adams, 2001, p. 2), ideology is very much a part of the macrosystem. So, too, are a society's economic and political systems, which reflect a society's values while influencing life experiences of the individuals in that society. Here, I describe the theoretical concept of ideology in terms of individual and social models of responsibility. Individual versus social models of responsibility at the macro-level is related to personal beliefs about caregiving at the individual level, which I explore later. Following the description of ideology, I describe Alberta's political and economic context, which is useful in understanding how Alberta's macrosytem is unique when compared to other provinces in Canada and how individual beliefs about caregiving might also be different in Alberta.

Ideology: Individual and Social Models of Responsibility

Here, I will begin by describing Eichler's (1997) model of family responsibility, which compares individual to social responsibility[5]. This framework will be the basis for exploring the notion of ideology at the macro-level. To get a broader perspective of the concepts of individual and social responsibility, I will also discuss other researcher's conceptions of individual and social (or collective) models of responsibility, including the critical feminist assumption of the false public-private dichotomy.

Model of family responsibility. To begin with, Eichler (1997) argues that an individual responsibility model of family is one in which both husbands and wives are responsible for the economic well-being and caregiving needs of the

[5] Eichler also describes a Patriarchal model of the family, however, she assumes this model is out-dated, and focuses on the Individual model versus the Social Responsibility models for the present. For the purposes of this study, this dichotomy is most helpful and therefore is used here.

family. However, the public (the collective) has no responsibility for fulfilling either the economic or caregiving roles, except temporarily, and only if necessary. Although Eichler describes both men and women as being responsible in this scenario, researchers have noted that women are more likely to be caregivers in the family than are men (e.g., Fast & Da Pont, 1997) and therefore the responsibility for caregiving implicitly falls to women.

On the other hand, Eichler describes a social responsibility model in which: (1) there is an ideological commitment to minimizing gender stratification; (2) adult members of the family are responsible for the economic well-being of the family members, regardless of whether they live with their children; (3) both parents are responsible for the caregiving needs of the family, which are not tied to parental rights; and most notably (4) the public shares the responsibility with both parents for the care of dependent children. If a parent is unable to provide for the family, society will take over this responsibility. Eichler notes one way to discover whether an individual or a social model of responsibility is in play: "A simple test suffices to identify which is which: would the public pick up the cost of care if it was not provided by a family member (indicating a social model of responsibility)?" (p. 135). In Canada, the public education system is an example of a social model of responsibility in that education is a publicly-funded program, and teachers as well as parents are responsible for caring for children. As Eichler notes, "public education for children at the age of six is a form of caregiving that allows parents to work in order to earn money (and schools cost taxpayers a considerable amount of money)" (p. 143).

Using Eichler's model of family responsibility, Skrypnek and Fast (1996) point out that in Canada many policies are not meeting the needs of families because they are based on an individual, versus a social responsibility model. For example, child care policy in Canada partially assumes an individual responsibility model, such that caring for children seems to be the responsibility of individual families and social support comes only in the form of some benefits and tax breaks. A social model of responsibility would mean that the public played a larger part in the care of the nation's children, by providing universal, high-quality child care or preschool for all children. A social model of responsibility for child care makes sense from an economic standpoint, as England and Folbre (1999) explain, "the time, money and care that parents devote to the development of children's capabilities create an important public good whose economic benefits are enjoyed by individuals and institutions who pay, at best, a small share of the costs" (p.195).

False public-private dichotomy. Other researchers have also explored the meanings of the private or individual versus the public, social, or collective. For example, critical feminist researchers refer to the 'false public-private dichotomy'. In this dichotomy, men are equated with public society and women with the private family (Osmond & Thorne, 1993). In a public-private dichotomy, complimentary role patterns are formed, especially between husband and wife, and therefore, between work and family (Osmond, 1987). As Osmond (1987) explains, "occupation is idealized and housework is trivialized to the extent that

these appear to be two separate and non-overlapping realms" (Osmond, 1987, p. 116).

Following from Eichler's model, the private sphere is related to individual responsibility for caregiving. In other words, individual families are responsible for caring for their family members (Eichler, 1997). On the other hand, social responsibility refers to the public sharing the responsibility with parents for the care of dependant children.

While the notion of the public- private is an established ideological construct (see, for example, Bobo, 1991; Eichler, 1997; Gelissen, 2001) it is also part of our everyday culture. For example, the expression, "it takes a village to raise a child" could be said to refer to a social model of responsibility. On the other hand, when I raise the topic of my thesis or child care with parents, they sometimes remark that they "don't want someone else raising their child". This, it seems, is a reflection of an individual model of responsibility.

Other perspectives. Taking a different perspective on the concepts of social (or collective) and individual, Hui and Trandis (1986) surveyed 81 psychologists and anthropologists from all over the world to find consensus on the meaning of collectivism. They defined collectivism as:

> A cluster of attitudes, beliefs, and behaviors toward a variety of people…summarized by the word 'concern', which refers to bonds and links with others. The more concern one has toward others, the more bonds with others are felt and acted upon, the more collectivist is the person. Low concern implies weakness or infrequency of perceived and enacted bonds with others, and is typical of an individualist" (p. 240).

Further to this, Hofstede (1980), explains that "(c)ollectivist societies call for greater emotional dependence of members on their organizations; in a society in

equilibrium, the organizations should in return assume a broad responsibility for their members" (p. 217).

Kremer (2007) describes 'ideals of care', which can also be mapped on to the individual-collective construct. Kremer explains that an ideal of care "implies a definition of what is good care (for children) and who gives it" (p. 234). Ideals of care are defined in relation to women, and include: (1) full-time mother (mother is best care-giver); (2) surrogate mother (any mother is better than none); (3) parental sharing (men and women are able to care for children); (4) intergenerational care (grandmothers care for grandchildren); and (5) professional care (educated and accountable professionals care for children). Arguably, the first four ideals describe an individual responsibility for caregiving[6], such that families are first and foremost independently responsible for the care of children. The public would only assist families in these scenarios if needed. Only the fifth ideal, professional care, implies a public or social responsibility for the care of children such that caregivers outside the family are assumed to share the responsibility for child care.

Thus, both individual (or private) and social (or public, collective) models of responsibility can be found in macro-level ideology, such as child care policy, collective beliefs, or ideals. This macro-level ideology can be examined via personal beliefs at the individual level, which I will come to later on. In the

[6] The second care ideal, 'surrogate mother' might also be considered part of the social responsibility ideology, particularly if a mother is also a professional caregiver. However, I argue that Kremer's (2007) description of 'surrogate mother' implies an individual responsibility for care because the focus is still on the family ('mother') and not on broader society.

meantime, here I describe other aspects of the macrosystem; the political and economic environments.

Wild Rose Country: The Alberta Scene

Also within the realm of the macrosystem are the political and economic systems which *may influence and be influenced by* ideology. Alberta, in particular, is unique with respect to both its politics and its economics, and thus perhaps its ideology with respect to caregiving.

In terms of the political landscape, Alberta is considered a conservative strong-hold (Stewart & Archer, 2000), and more recent governments have been referred to as 'neo-conservative' (Hayden, 1997). Between 1935 and 1971 the ultra –conservative Social Credit Party formed government, without interruption (Stewart & Archer, 2000). The Progressive Conservative party took over in 1971, and has continued to form government, also without interruption, to this day. Alberta's historical conservatism can be traced back to the over-representation of immigrants from the United States that came to Alberta around the turn of the 20th century (Wiseman, 2007).

In the 2008 federal election, every Alberta seat except one was won by a Conservative (the one notable exception is the Edmonton-Strathcona seat, currently held by the New Democratic Party of Canada). The current sitting Prime Minister of the governing federal Conservative Party of Canada hails from Calgary. The (former) Reform Party of Canada, considered ultra-conservative by many, had its roots in Alberta. The conservative leanings of Alberta are interesting, particularly at the federal level. For instance, in Canada, federal

conservativism has been linked to individualism (Patten, 2003), and an emphasis on family and the market to provide child care, and not the state (Teghtsoonian, 1993). Teghtsoonian notes that in both Canada and the United States, conservatives, "stressed the importance of maintaining a firm boundary between public authority and the world of "the family", and the need to limit the incursions of the former into the decision-making processes of the latter" (p. 120).

In terms of Alberta's economy, the latest economic boom in Alberta contributed to some unique social advantages, and challenges, for the province. In 2006, Statistics Canada reported that Alberta was "in the midst of the strongest period of economic growth ever recorded by any province in Canada's history" (Cross & Bowlby, 2006, p. 3.1). In 2006, Alberta's average income ($66 275) was higher than it had ever been, in any Canadian province, when compared to the national average. Alberta's wealth, at the time, was mainly attributed to the oilsands and coalbed methane industries- so much so- that Alberta had the least diverse exports of any province in Canada.

However, the economic prosperity of Alberta has come with a price. In 2006, the demand for housing in Alberta created an enormous jump in the cost of new homes, particularly in Edmonton (49%) and Calgary (28%) (Cross & Bowlby, 2006). Further, while Alberta had a strong labour market, with the lowest unemployment rates in North America (2.9% in 2006), the province continued to experience a massive labour shortage. As evidence of the demand for labour, the Alberta hourly wage was highest in Canada in 2006, at $20.94 pr hour. Cross and Bowlby (2006) suggest that, "labour shortages make it important to better

integrate people who are often on the fringe of the labour market, notably recent immigrants and Aboriginal people" (p. 3.10). What the authors fail to consider, however, was the potential for tapping the female labour pool in Alberta, at that time.

In summary, the macrosystemic factors which are relevant to the proposed study are the ideological, political and economic environments in Alberta. It is expected that the unique features of Alberta's political and economic environments uniquely influence the caregiving ideology of women in Alberta, thus impacting their decisions to do paid work and use child care.

Next, I explore the exosystemic factors (accessibility of child care) which is most prevalent in the research literature examining women's decisions to do paid work and use child care.

Exosystemic Factors: Accessibility of Child Care

Accessibility and use of child care can be looked at in a number of ways including cost to users and their income (Connelly & Kimmel, 2003), quality (Goelman, Forer, Kerhsaw, Doherty, Lero, & LaGrange, 2006), and availability of spaces (Chevalier & Viitanen, 2002; Hofferth & Collins, 2000; Kreyenfeld & Hank, 2000). Cleveland et al. (1996) point out that cost, quality and availability of child care are subject to substantial policy control, making these particularly relevant issues. Less research has looked at the quality of child care, as researchers have tended to focus on regulated spaces because they are thought to be the most desirable form of care in terms of quality, and because they are the most affected by the Canada Health and Social Transfer (Doherty, Friendly, &

Oloman, 1998). Therefore, here I will describe the research related to cost and availability of child care in relation to mothers' labour force behaviour.

Economic factors: Costs and Off-Setting Costs

> Women have chosen to adapt their working lives to fit their family lives not because this is what they choose/prefer to do with their lives but because they have had to adapt to the realities of paying for child care in a country that does little to help working parents…it is the constraint of finding affordable child care that has resulted in adaptive family/employment choices, not simply a preference for more family work and less market work (McRae, 2003, p. 332).

As McRae describes, the high cost of child care has been cited as a barrier to its use (Ribar, 1991) and to mothers' labour force participation (Anderson & Levine, 2000; Connelly & Kimmel, 2001; Friendly, Beach, & Turiano, 2002; Hofferth & Collins, 2000; Kimmel, 1998; Ribar, 1991). In particular, in terms of the economic literature related to women's labour force participation and child care, most "has focused on determining estimates of the price elasticity of non-maternal child care with respect to employment" (Chevalier & Viitanen, 2002, p. 915). Elasticity refers to the extent of change in behaviour due to a change in price[7]. For example, high elasticity means that there is a large or extreme change in behaviour with a small change in price (Jaumotte, 2004). As well, researchers have often considered mothers' income or spousal income in their analyses

[7] Elasticity can be defined as the percent change in one variable (cost of child care) to the percent change in another (use of child care). Elasticity is commonly used to measure consumer preference, as it is in this case. As elasticity measures percent change, it ranges from 0 to 1 and can be positive or negative.

(among several other factors), which is important because the ability to purchase care is relative to what one has to purchase with.

Primarily, two Canadian studies have looked at the impact of child care costs on the elasticity of women's labour force participation. In the first, the authors found that the cost of child care exerted a significant negative impact on the decisions of women with preschool-aged children to engage in the labour market (elasticity of -0.388) (Cleveland et al, 1996). In other words, Cleveland et al. concluded that reducing the price of child care by 10% would lead to a 3% increase in the probability of women to engage in the paid labour force. As well, the authors found that mothers' expected wage was positively related to their use of market-based child care and their decision to enter the paid labour force. Specifically, high-wage mothers were more likely to purchase market-based child care, with a 10% increase in wage being associated with a 2% increase in the probability of purchasing care. Similar to this study, Cleveland et al.'s study was limited to a single province (Ontario) in order to, "minimize the effect of different government policies and regulations on the choice of child care arrangements, as well as differences in the economic environment that can affect labour supply decisions" (Cleveland et al., 1996, p. 143).

In a second prominent Canadian study, Powell (1997) found that child care costs also had a negative effect on labour force participation, specifically for married women (elasticity = -0.32). Using data from the 1988 National Child Care Survey and the Labour Market Activity Survey, this study was the first in Canada to measure the direct child care cost elasticity on mothers' hours of work.

Consistent with Cleveland et al. (1996), Powell (1997) found that women's market wage had a positive effect on her hours of work and the overall labour force participation of women. Powell also found that a higher number of infants and pre-school aged children in the household discouraged women's labour force participation, however, increased education for women encouraged their labour force participation. Thus, individual characteristics of the women impacted the relationship between cost of care, income, and labour force participation.

Overall, Powell (1997) predicted that "(i)f child care costs were fully subsidized (i.e., universal zero-cost care), the model predicts that 63.21% of married women would participate in the labour market" (p. 591). It should be noted, however, that Hakim (2001) refutes this point in referencing a study by Connelly (1991), in which universal no-cost childcare was estimated to increase women's labour force participation by only 10%. Further, current Canadian participation rates for women are very similar to those predicted by Powell, at 62.7% (Statistics Canada, 2008), without fully subsidized care. Further to the notion that affordability does not guarantee accessibility, Riley and Glass (2002) looked at a number of factors which contribute to the likelihood of women's preferences for child care matching their actual use of care. Of 247 participants, only 53 (22%) had a match between their preference for care and the primary type they used. The authors noted that family income did not facilitate a match, indicating that matching preferences and actuality is a problem for all families, no matter the household income. As the authors point out, "(t)he picture portrayed here is certainly not one of mothers are easily able to translate their preferences

for child care into reality as they return to work" (Riley & Glass, 2002, p., 9).Thus, as Hakim asserts, the effect of child care costs on women's decisions to do paid work or not, may not be as strong a determining factor as it is sometimes portrayed.

Taking a somewhat different approach to examining the impact of child care costs on women's labour force participation, a number of researchers have examined the policy 'levers' (or 'tools') that might be used to promote women's labour force participation (see Connelly & Kimmel, 2001; Jaumotte, 2004). These include child care expense deductions or credits, operating grants to child care providers, vouchers or subsidies for parents, allowances for parents, and parental leave and benefits (Cleveland et al., 1996). In Canada, government funding is provided in the form of benefits, subsidies, and tax relief programs (Jaumotte, 2004; Michalopoulos & Robins, 1998). Generally, researchers have found that subsidizing child care costs increases women's labour force participation and consequently, increases female employment income (Marvin Shaffer & Associates Ltd., 2005). These findings are consistent with those suggesting that a mother's wage impacts both her decision to participate in the labour force and use child care (Baker, 1995; Cleveland et al., 1996; Marvin Shaffer & Associates Ltd., 2005; Powell, 1997; Ribar, 1991).

In summary, child care costs may act as a barrier to women's ability to choose paid work or not. As well, child care subsidies which reduce the cost of child care increase the opportunity for women to participate in the paid labour force. However, assertions about the impact of the cost of care on women's labour

force behaviour may be exaggerated, given that reducing the cost of care or increasing a woman's incomes does not necessarily increase her labour force participation. Although researchers have tended to focus on cost of care as a primary indicator of women's labour force behaviour, other factors are likely contributing also.

Availability

The availability of child care has been found to contribute to whether or not women participate in the paid workforce (Chevalier & Viitanen, 2002). Specifically, a lack of child care could constrain women's participation in the labour force (Chevalier & Viitanen, 2002; Doherty et al., 1998; Fast & Da Pont, 1997; Kimmel, 1998; Roy, 2006), whereas increased availability can contribute to women's increased labour force participation (Baker, Gruber, & Milligan, 2008; O'Hara, 1998; Todd, 2004; Togeby, 1994).

For example, in a study which established a causal relationship between women's labour force participation and child care availability, Chevalier and Viitanen (2002) found that women in the United Kingdom with children age five and younger were constrained in their participation in the labour force by a lack of child care facilities. In the United States, Hofferth and Collins (2000) found that the availability of care affected the job stability of employed mothers, such that mothers who lived more than 10 minutes from their child care were more likely to leave their jobs. As such, Hofferth and Collins note that, "(t)he availability of child care is clearly one of the most important factors related to job stability" (p. 318).

On the flip side, in places where child care is *more* available, women's labour force participation actually *increases*. For example, Baker et al. (2008) examined various effects of Quebec's universal 'five dollars per day' (currently seven dollar per day) child care program. Baker et al. found that "the introduction of universal child care in Quebec led to a very large increase in the use of care" (p. 4). Specifically, the authors noted a 14% increase in the use of care for 0 to 4 year olds, relative to the rest of Canada. Further, the authors pointed out that, "(t)his rise in child care was associated with a sizeable increase in the labour force participation of married women", noting a 7.7% increase. This study is of particular relevance because of the quasi-experimental conditions that were present. That is, the authors were able to examine mothers' labour force participation before and after the implementation of the new program, and thus were able to measure these changes without the need for a hypothetical economic model. Further, the Baker et al. (2008) study is noteworthy because it occurred in a Canadian context, and considered the effects of provincial macrosystemic factors, such as policy. Very few other Canadian studies have examined women's labour force participation at the provincial level (for an exception, see Cleveland et al., 1996).

On the other hand, in looking at other countries where, arguably, child care is more available than in most of Canada (Todd, 2004), women's labour force participation rates are not always significantly higher. For example, Denmark, the Netherlands, France, and Sweden have all been cited as enabling women to participate in the paid labour force via generous policies which "allow

women and men to balance paid work with unpaid responsibilities" (Todd, 2004, p. 28). In 2002, at least 76% of women between the ages of 25 and 49, in all three countries, were employed (Todd, 2004). However, in Canada in 2001, 79.1% of women between the ages of 25 and 54 were in the labour force (Luffman, 2006).

Although France provides several policies which support families in their caregiving, it "is perhaps best known for its extensive child care system" (O'Hara, 1998, p. 10). Here, 68% of married mothers were employed in 1992, and of those, 72% were employed full time. This compares with only 61% of all women age 15-64 in Canada at the same time (OECD, 2009). In Sweden, family policy is structured such that municipalities are obligated to provide child care spaces for all children between one-and-a-half and six years old, before and after school (O'Hara, 1998). This commitment, combined with a number of other family policies which aim to increase women's labour force participation and create gender equity (O'Hara, 1998), has resulted in over 90% of Swedish women returning to work after their parental leave has expired (Todd, 2004). These rates are again similar to Canadian trends, where 86% of mothers returned to work after one year, and 93% had returned after two years (Marshall, 1999).

In summary, mothers' labour force participation may decrease when child care is less available, and increase when child care is more readily available. However, inter-country comparisons suggest that availability of care does not always contribute to significant increases in women's labour force participation. Although the literature pertaining to mothers' labour force participation has tended to focus on child care accessibility, it is important to also explore other

factors which may be influencing mothers' decisions to do paid work. In the next section I describe the microsystemic factors influencing mothers' decisions to do paid work and use child care.

Microsystemic Factors: Household Income and Children in the Home

Generally, two microsystemic factors have been considered in the literature exploring mothers' labour force participation and their use of child care. These factors are household income, and the presence and age of children in the household.

Household income. Generally, researchers have found that higher earnings for women increase their labour market attachment (Leibowitz, Klerman, & Waite, 1990; Ribar, 1991). In a Canadian example (reviewed earlier), Powell (1997) found that a woman's market wage had a positive effect on her hours of work and the overall labour force participation of women. In the United States, Cleveland et al. (1996) found that a mothers' expected wage was positively related to her use of market-based child care and her decision to enter the paid labour force. Specifically, high-wage mothers were more likely to purchase market-based child care, with a 10% increase in wage being associated with a 2% increase in probability of purchasing care.

On the other hand, increases in the husband's income decreases the likelihood of women's labour force participation (Eckstein & Wolpin, 1989). In one study, Abroms and Goldscheider (2002) found that in the United States, spousal income was associated with fewer work hours for mothers, whereas a relative's income had no effect on mothers' work hours, and cohabiting partners

income actually increased the hours that mothers worked. The authors speculate that spouses act as financial providers and thereby reduce women's motivation to work, whereas mothers want to match their income to that of their cohabiting partners. Further to this, O'Neill (2002) points out that "(m)any women… cannot choose the 'homemaker' role- the ability to devote full time care to home and family is a decision often only made possible by the existence of an alternative stable and sufficient source of income. Thus, that fewer women appear to be 'choosing' the homemaker role may have less to do with choice than with economic necessity" (p. 50).

Presence and age of children. The presence of more than one child in the home generally decreases the likelihood of women's labour force participation (Eckstein & Wolpin, 1989). In one example, in the United States, Connelly and Kimmel (2003) found that mothers were less likely to participate in the paid labour force if they have more than one child under six years, or another child between the ages of six and ten years. Further, Abroms and Goldscheider (2002) found that the number of children in the household was inversely related to the number of hours a mother worked.

In a Canadian example, White, Maxim and Gyimah (2003) also found that the likelihood of a woman being employed decreased if she had young children. Specifically 61% of women without children under 15 years, or with one child 15 years or older were employed; however, only 45% of women with at least one child under 2 years were employed.

In sum, household income is often explored in terms of the mothers' income or her spouse's income. When a mother's income is high, she is more likely to do paid work. However, when her spouse's income is high, a mother is less likely to work (if the couple is married). A larger number of children in the home is also related to mothers' decreased labour force participation, particularly if those children are young (under two years). In any case, more information about how these factors influence mother's labour force behaviour and decisions about whether or not to use child care is needed. Therefore, in the proposed study I will consider the relationship between mothers' decisions to do paid work and use of child care and both household income and the number and age of children in the household.

Individual Factors: Mothers' Characteristics and Caregiving Ideology

Here I review the individual factors which may influence mothers' decisions to do paid work and use child care. Researchers have examined characteristics of the mother, such as her education, marital status, and other factors such as ethnicity. However, researchers have not considered how mothers' personal beliefs about caregiving may also influence her decisions to do paid work and use child care. Thus, here I briefly review the literature on mothers' characteristics, and then I describe the literature pertaining to individual or social responsibility, or personal beliefs.

Mothers' Characteristics

It is important to remember that women as a group are not homogenous (Anderson & Levine, 2000; Hakim, 2002), and that a variety of characteristics will contribute to their ability to do paid work or not. Researchers have examined the relationship between women's labour force participation and child care while considering several other factors, such as women's income, education, marital status, as well as a few other factors.

Mothers' Education. Higher education appears to support women's labour force attachment (Eckstein & Wolpin, 1989). For example, in the United States, Leibowitz et al. (1990) found that women without a high school degree were less likely to return to work than high school graduates, although women with a college degree did not differ from those without. Fast and Da Pont (1997) noted that women with more education had fewer work interruptions. White et al., (2003) found that 74% of women with a university education were employed, whereas only about 25% of women with a grade 8 education or less were employed.

In another study, Riley and Glass (2002) examined working women's preferences for child care. Although the participants were already participating in the paid labour force, the authors noted that the greater a woman's education, the more likely it was that her preferred method of child care was the same as her actual method of child care. Finally, Lau, Ma and Chan (2006) examined the participation of women in the labour force, women's attitudes toward traditional roles (women as homemakers), and women's educational attainment, in Hong

Kong. The authors found that less traditional attitudes were associated with women's increased educational attainment, and the co-existence of these were associated with increased labour force participation for women.

Relationship status. Married women appear to have the opportunity to do more paid work than single women but also have the opportunity to stay home, if they prefer. In other words, married women appear to have more choice than single women. For example, Leibowitz et al. (1990) found that married women were more likely to return to work after childbirth than single women, and White et al. (2003) found that lone female parents are less likely to be employed than those who are married. On the other hand, Abroms and Goldscheider (2002) note that married mothers were more able to rely on their partners for financial support and thus could work fewer hours than mothers living with a relative or cohabiting. This finding is consistent with Connelly and Kimmel (2003) who found that single mothers were more sensitive to changes in the price of child care than married mothers. However, a discrepant finding comes from Kimmel (1998), who found that single mothers were less sensitive to changes in cost of child care. Kimmel's study suggests that single mothers cannot afford *not* to work, no matter the economic cost of child care.

Other factors. Several other factors which may contribute to women's choices to do paid work have also been considered, but to a lesser extent. For example, researchers have considered a woman's ethnicity (Ribar, 1991; White et al., 2003).

As an example of the influence of ethnicity on women's choices, White et al. (2003) note that Aboriginal women in Canada, and Registered Indian women in particular, are at a disadvantage in terms of their labour force participation. Registered Indian women and other Aboriginal women have employment rates of 42% and 60%, respectively. However, Non-Aboriginal women have the highest employment rate, at 65%, and the lowest unemployment rate at 7%.

Further, it is important to note that interactions between the factors listed here also contribute to the likelihood of mothers' paid employment. For example, Hofferth and Collins (2000) found that women's wage, in combination with varying degrees of accessible child care, have differing impacts on women's employment behaviour. Further, White et al. (2003) found that Registered Indian women were less likely to be employed, even with higher education, suggesting an interaction between education and ethnicity. As another example, women who are self-employed may also return to work more quickly than women who are not self employed, perhaps because they do not pay themselves employment insurance (and are thus financially motivated), or because they have more flexibility in their work schedule, or both (Marshall, 1999).

Recently, Champione (2008) looked at the variables that contributed to women's well-being in the United States, and found that in terms of work variables, union membership, supervisory capacity a recent promotion and government employment all contributed to women's well-being. Fast and Da Pont (1997) point out that, "many other factors also influence work interruptions. Economic conditions, the life cycle, forgone income, decisions on how to care for

children or elderly parents, attitudes toward the role of men and women within the family and availability of affordable daycare may all have an effect" (p. 7).

A final consideration in terms of why women do paid work or not, is to consider instead, why not do paid work? Several decades ago, Nye (1974) noted that women who entered paid employment, versus those who did not, experienced less "TV viewing, day-time neighbourhood visiting, formal entertaining, and golf" (p. 225). Employed mothers did not experience a decline in spouse or family-oriented recreation. Perhaps for some women, the 'costs' of working are not significant enough to warrant staying home.

Ideological Preferences: Government Involvement

Returning to the concept of ideology, I will now explore how individual and social models of responsibility have been approached at the level of individual beliefs. It is imperative to explore personal beliefs because this is one way that societal ideology can be measured. As Aube et al. (2000) point out, "(c)hanges in the macrosystem such as social policies and legislation, may affect more proximal developmental contexts, such as women's experience in the workplace" (p. 634).

Researchers have found that individual's ideologies, or personal beliefs, influence their attitudes toward government intervention and spending. Most notably, differences in ideologies are related to place of residence (Bobo, 1991; Bowes, Flanagan, & Taylor, 2001; Cash & Hemphill, 2007; Gelissen, 2001; Phipps, 1999; Zimmerman, 1992). Using data from the World Values Survey, Phipps (1999) compared Canadians attitudes toward responsibility for children to

the attitudes of citizens in other countries. She found that individuals living in the Canada were significantly more egalitarian (more willing to share in wealth) than individuals living in the United States, but that those living in the United Kingdom, Norway and Netherlands were more egalitarian than Canadians. Phipps notes that the egalitarian beliefs held by Europeans is, "in large part because people have been willing to interfere with market-based income distribution" (p.14). In another study, Gelissen (2001) found that public opinion regarding the provision of old-age pensions across different European countries was linked to specific types of welfare regimes. In other words, macro-level factors were found to influence beliefs about individual and social models of responsibility. Further, middle and upper-middle class citizens showed a stronger preference for private pension arrangements, whereas old-age pensioners, women, and union members preferred state pension provision. Gelissen postulated that sociopolitical beliefs mediate the effects of social position on opinions about government intervention.

Bowes et al. (2001) asked adolescents from six countries about the value of children's participation in household chores and the appropriateness of payment for their contributions. The authors found that differences in adolescents' attitudes toward paid work for household tasks tended to reflect value differences in countries that emphasize an individual versus social ethic. For example, adolescents in the United States, Australia, and Sweden were more likely to support general payment for household chores (individual ethic), whereas adolescents in Bulgaria, Czech Republic and Hungary were more likely to oppose payment (social ethic). Thus, the authors point out that their findings, "provide

evidence for links between the macrosystem and the developing individual in terms of the learning of cultural values" (Bowes et al., 2001, p. 67).

Researchers have also examined individual's beliefs within the same country (e.g., the United States) but in different regions (Bobo, 1991; Jacoby, 1994; Zimmerman, 1992). For example, Zimmerman (1992) compared people's attitudes toward government and family in the United States, in 'more' and 'less individualistic' states. Zimmerman defined 'more individualistic states' as those less oriented toward government in dealing with social problems, whereas 'less individualistic' states were more oriented toward government in dealing with such issues. Using a 40-item instrument, Zimmerman found that political culture (a more or less individualistic state) was significantly related to whether individuals supported more or less government support for families. For example, respondents from less individualistic states more strongly agreed that: (a) government and family share the responsibility of meeting the needs of children; and (b) government should allocate more money to day-care for children. Zimmerman linked citizens' beliefs to a part of the macrosystem, their political culture.

Personal beliefs have also been linked to preferences for social policy (Bobo, 1991; Jacoby, 1994; Phipps, 1999; Reutter, Harrison, & Neufeld, 2002). Reutter et al. (2002) examined public support for poverty-related policies using a random sample of 1203 Albertans. Participants were asked about their support for government spending in 6 policy areas, including nutrition programs, child care, increased welfare allowance, wage subsidies and recreation programs. The

greatest support was found for child care programs, and the least support was found for increased welfare allowance. Participants who chose a structural explanation for the relationship between health and poverty (as opposed to a behavioural explanation) were more likely to support government spending. The authors note that this finding:

> Suggests that the explanations chosen may represent an underlying social or individual approach to the causes and solutions to poverty… those who chose a behavioural explanation may perceive that unmet nutritional needs result from an individual's inadequate knowledge or skills in food preparation and budget management rather than from inadequate purchasing power…solutions to nutritional inadequacy may be viewed as the responsibility of the individual and family, rather than the state (pp. 300-301).

In a similar study, Bobo (1991) compared social responsibility and economic individualism in the United States using a factor analysis of 18 items. The author found that social responsibility was the highest predictor of support for redistributive policy attitudes. Jacoby (1994) notes that "questions about the government's ability and/or willingness to fund social programs cuts to the heart of the basic distinction between liberal and conservative ideologies" (p. 336).

Cash and Hemphill (2007) created a 27-item Likert scale measure to assess Albertans' attitudes toward stigma, responsibility, and perception of need around food security. The scale included several statements addressing individual versus social responsibility for food security (e.g., "The government spends too much money on food assistance"). The authors found that Albertans were more likely to perceive society (rather than individuals) as being responsible for their food security, but that differences based on region also exist. This study suggests that comparing differences in ideologies between countries, and even provinces,

may not completely capture the nuance of how different ideological contexts (based on location) impact personal beliefs.

In summary, mothers' individual characteristics such as her education and marital status have been shown to influence her decisions to do paid work and use child care. More specifically, mothers with more education are more likely to do paid work and mothers who are married appear to have more choice than single mothers about whether to do paid work or not. Personal beliefs about individual or social models of responsibility can be examined via preferences for government spending or intervention (with policies pertaining to government spending and intervention as a macrosystemic factor). Differences in beliefs can be attributed to place of residence, either between countries, or within the same country but in different regions. Beliefs which favour individual responsibility are associated with macrosystems which tend toward less government intervention and spending. On the other hand, beliefs about the importance of social responsibility are linked with macrosystems which exhibit more government intervention, or the support of public funding (taxes).

These findings are important, as they have implications for the impact of personal beliefs about caregiving on mother's decisions to do paid work and use child care. That is, if a mother believes in individual caregiving, she might prefer to care for her child herself, or have her child cared for by a close family member (e.g., spouse). Therefore, she would be less likely to use child care or do paid work. On the other hand, if a mother favours social caregiving, she may be more likely to employ child care and do paid work. However, research examining the

choices of mothers to do paid work and use child care has barely examined the influence of mothers' individual characteristics, and has not considered the role of mothers' beliefs about caregiving at all.

Working Women: Implications for Mothers, Children, and their Families

Finally, I explore the implications of mothers' employment on themselves, their families (microsystem), and their broader communities (exosystem). The effects of women's, and particularly mothers' labour force participation became a research issue as women's labour force behaviour began to increase. Much rhetoric has focused on the negative implications of women's labour force behaviour on families and the fabric of society. For example, arguments against women's labour force participation have centered on the negative consequences on the health of women, their children and their spouses (Aube et al., 2000). As Barnett (2004) points out, "(e)mployed, married women with children are portrayed as anxious and depressed…(t)heir husbands…will be emasculated by their successful wives…the message is that children of working mothers, especially during the early crucial years, will suffer a range of problems from insecure attachment to inappropriate externalizing behaviour" (p. 160). Perhaps due, in part, to the widespread media interest in mothers' entry into the labour force, the literature examining the effects of maternal employment on families is extensive (Barnett, 2004). However, research on the impacts of mothers' labour force participation has produced findings that are not so 'black and white'. Here, I briefly describe the impacts of women's labour force participation on the women

themselves, their families (including their spouses and children), and their broader political and economic environments.

Impacts on Women

Generally, three theoretical models which predict the effects of women's employment on their well-being guide the literature (Sorensen & Verbrugge, 1987, as cited in Aube et al., 2000): (1) the job stress model which predicts that employment is harmful to women because of the stress and strain of the labour market; (2) the health benefits model, which suggests that employment is beneficial to women because of the effects of financial compensation, social support, and increased control; and, (3) the role expansion model, which predicts that women who are employed will benefit indirectly from having multiple roles, such that difficulties in one role may be compensated by rewards in another. Although the literature can be explored using these different models, they are not mutually exclusive.

In terms of the job stress model, Aube et al. (2000) found that working women generally experience greater well-being, are less depressed, and have better physical health than non-working women. Thus, the authors argue against the job stress model (although quality of work environment may be a factor), but instead identify support for the health benefits model. However, Aube et al. (2000) also caution that the findings are not causal, meaning that it may be that women who work are healthier to begin with. Further, employed women with lower incomes or who are single may not experience the same health benefits as those with greater income or more support (Breitkreutz, 2005). On the other hand,

Campione (2008) found results similar to Aube et al. Campione found that while telecommuting, irregular shifts, and paid leave are correlated with women's depression, union membership, supervisory capacity, recent promotion, and government employment were correlated with global life satisfaction. Benefits of employment for women include earning a salary, doing challenging work, utilizing their talents, access to health benefits and social support (Barnett, 2004).

In terms of the role expansion model, researchers have noted that women in multiple roles experience better mental and physical health (Barnett, 2004). For example, employed women who were also mothers were significantly less distressed than non-mothers, when partner support and job control are high or average (Roxburgh, 1997).

Contrary to the positive aspects of multiple roles associated with women's labour force participation, (based on the role expansion model), several researchers have noted that women juggling multiple roles, particularly caring for children and maintenance of the household, along with paid work may experience role strain (Aube et al., 2000; Barnett, 2004; Campione, 2008; Lero, 2003; Ozer, 1995). For example, Ozer (1995) found that for mothers working in full-time professional careers, greater childcare responsibility was associated with lower levels of well-being and greater psychological distress, one month after giving birth. However, this relationship was mediated by the mothers' perceived self-efficacy to cope with demands of occupational and familial roles, particularly her belief in her ability to enlist the support of her husband for childcare. Thus, the role expansion model is related to the health benefits model, such that role quality

is a strong predictor of health status. Further to this, several researchers have noted that women's well-being is associated with congruence between actual and ideal roles (Aube et al., 2000; Lero, 2003). Aube et al. (2000) note that, "(i)f…women really want to work- and enjoy their jobs- then giving them up may result in higher distress for both themselves and their husbands" (Barnett, 2004, p. 163). Further to this, Togeby (1994) points out that women's roles as wives, mothers, and homemakers, "isolate women in their homes with their children and make them marginal to the political system" (p. 216). In contrast, feminists argue that increases in women's labour force behaviour have increased women's power, freedom, and control over their own lives (Aube et al., 2000), as well as created more equality in terms of political dominance in the family (Togeby, 1994).

Impact on Families

Women's labour force participation may not only provide economic benefits to society, it can also promote women's rights, or the health and well-being of the family. This point is perhaps made best by Labonte and Laverack (2001):

> A popular defense of early childhood programs… is that they increase labour market participation, which then increases income, which then increases lifetime health expectancy and which, as a whole, may increase economic growth. This instrumental pathway, in which economic growth is positioned as the ultimate goal, may be an important one. But…it is inconsequential to the defense of healthy childhood development and educational attainment, and the increased human agency this brings, as

> constitutive ends of human development itself, regardless of their distal effects on economic activities (pp. 111-112).

Most research examining the effects of women's labour force behaviour on family members has focused on the effects on children. Researchers have noted that in comparing children of mothers who do paid work versus children of mothers who do not, no consistent difference in children's cognitive or social-emotional well-being are found (Aube et al., 2000; Barnett, 2004). Barnett (2004) notes that children of employed mothers, "are not less securely attached; they show no cognitive or social deficits; and they do not feel deprived, abandoned, or unloved" (Barnett, 2004, p. 162). However, the effects of maternal employment on children may depend on the developmental stage of the child, the child's gender, on socio-economic status, other family variables (Aube et al., 2000; Belsky & Eggebeen, 1991; Lero, 2003), or even some combination of these. For example, infants may depend on the presence of a parent in order to develop a healthy attachment, particularly in the first 3 years of life (Belsky & Eggebeen, 1991). On the other hand, adolescents have been found to be better off in terms of socioemotional adjustment, independence, and social skills, when their mothers are employed (Aube et al., 2000). Daughters of employed women may be better off than sons, particularly in school, where middle-income boys may be more likely to act-out if their mothers are employed. Lero (2003) notes that children from lower income families may be better off when their mothers work, whereas children from middle or upper-income households may be worse off. This may be because lower-income children benefit from the stimulating environment and

school-readiness that daycare provides, whereas middle and upper-income children miss out on interacting with their highly skilled and educated mothers.

Finally, some researchers have examined the effects of women's labour force behaviour on spouses. Although there are only a few findings to draw on, generally researchers have found positive or neutral impacts on an employed woman's spouse. For example, Barnett (2004) noted that when a wife is happy with her work schedule, her husband's distress is low.

Political and Economic Impacts

In examining how political life in Denmark might be affected by the increase of women into the labour force, Togeby (1994) found that several changes could be determined, including an increase in the political involvement and participation of women. For example, Togeby notes that with women's entry into the labour force and increased political power, they will, "pay more attention to unacceptable conditions and to unequal treatment than before, and…they will make political demands for changes" (p. 217).

In terms of economic impacts, Treas (1987) notes that women's labour force participation may impact the economic context for families in the United States. That is, pretax income will be more equal across families when women are in the paid labour force because women are more likely to work when their families require a dual-income (and less likely to work when their husbands earn more). Thus, income equality across families is more likely when women have the opportunity to work.

In summary, what is curious here, is that while the increase in women's participation in the labour force has been challenged in terms of the consequences for families and society, the same has not been true for men. In fact, the participation of men in the labour market is considered essential to the survival of the economy. The result is that in the context of male employment, the health of the economy is given the highest priority, such that jobs must be available for men in order for them to support their families (i.e., post World War II). In the context of women's employment, however, the family is considered the highest priority, and thus good mothers stay home and care for their children. Claims about the harmful effects of mothers' labour force participation on themselves, their families and their communities are somewhat contrary to research findings. Although findings are complex, research suggests that mothers' labour force participation is, in some cases, associated with benefits to the individual mother, her children and spouse, and her broader community.

Summary and Conclusion

Using an ecological model, women's decisions to do paid work or use child care are influenced by various environments including their chronosystem (historical trends), macrosystem (ideological, political, and economic contexts), exosystem (accessibility to child care), and microsystems (family characteristics), as well as their individual characteristics (including personal beliefs).Women's labour force participation has been increasing in Canada since the end of World War II. Since that time, women with young children, in particular, have moved into the labour force in Canada at an exponential rate (chronosystem). Given the unique nature of Alberta's political and economic environments (macrosystem), it

is relevant to examine how Alberta's ideological environment may contribute to the decisions of women to do paid work and use child care. Using an ecological model, it is assumed that Alberta's strong conservative politics, and its booming economy may influence (and be influenced by) ideology in Alberta, particularly individual's personal beliefs about caregiving.

However, researchers have mainly focused on the accessibility of child care (exosystemic factors) when examining mothers' choices to enter to the paid workforce or not. Generally, researchers have found that higher costs and less availability of child care spaces is related to mothers' decreased labour force participation. On the other hand, when cost is lower or availability of spaces is greater, mothers' labour force participation increases. Others have argued that the cost and availability of care does not present the full picture.

Other research has also considered the family and individual-level influences on mothers' decisions to do paid work and use child care. Family influences such as more children of a younger age in the household decrease the likelihood of mothers' labour force participation. Individual influences such as being single and less educated also decrease mothers' labour force participation. Returning to ideology, this can be examined at an individual level by comparing personal beliefs about individual and social models of responsibility. These beliefs have been found to be linked to preferences for more or less government intervention. As Jacoby (1994) notes, "it is difficult to ignore the similarity between the content of the macrolevel model in public opinion and the microlevel

organization of spending attitudes around welfare programs and policy areas" (p. 356). Thus, macro-level ideology is related to individual beliefs.

Finally, an ecological model lends itself to considering not only the factors that affect women's labour force participation, but how women's labour force participation affects women and their families. Here the findings are mixed. Early research in this area focused on examining the negative consequences of mothers' labour force participation, however more recent research has also considered the benefits of women's labour force participation for themselves, their families, and their broader communities.

Research Questions

(1) What are Albertans' personal beliefs about who is responsible for caregiving?

(2) What is the relationship between demographic characteristics of women (e.g., age, education, household income), stage of family life, and women's personal beliefs about caregiving, their labour force participation, and their use of centre-based care in Alberta?

(3) What is the relationship among women's personal beliefs about caregiving, women's labour force participation, and women's use of center-based child care, in Alberta?

Chapter Three
Methods

This is an exploratory study that uses quantitative analysis of secondary survey data. In this chapter, I will describe the sample, and data collection methods that were used with this survey. I will also include any relevant details regarding the specifics of the study, including my data analysis strategy, and finally some potential limitations and implications for the study.

Survey

Data for this study were collected using a survey entitled, "What We Know About Child Development: A Provincial Benchmark Survey" (ACCFCR, 2007). These data were collected by the Population Research Laboratory at the University of Alberta. The survey was adapted with permission from a study assessing parenting knowledge in the United States entitled *"What Grown-Ups Know About Child Development: A National Benchmark Survey"* (ACCFCR, 2007). Permission to use and adapt this survey was received from the *'Zero to Three'* research group. The survey includes additional questions, including those pertaining to Canadian federal policy, federal legislation on corporal punishment and parenting morale.

The resulting survey was pre-tested on approximately 10 adults living in Alberta. This pre-test was used to refine the survey for wording, transitional statements, additional instructions, flow, and length (ACCFCR, 2007). The Population Research Laboratory at the University of Alberta and the Alberta Centre for Child, Family, and Community Research (ACCFCR) research team worked together to refine and develop the final version of the survey. The final

survey was formatted to the Computer Assisted Telephone Interviewing system for data collection.

Sample

Here I will describe the original sample and sampling technique that was used with the *What We Know About Child Development: A Provincial Benchmark Survey*.

Survey sample. Survey participants were selected using random digit dialing within the nine Alberta health regions (ACCFCR, 2007). The survey was completed by the adult (age 18 years or older) in the household with the most recent birthday, who had been in contact with at least one child age of 13 or under in the past 30 days. As a result, the sample included primary caregivers (i.e., parents), as well as, grandparents, relatives (aunts, uncles, cousins) and future parents. All participants were residents of Alberta.

The Population Research Laboratory at the University of Alberta was contracted to conduct the survey. At the onset of the study, the telephone interviewers and supervisors received training from the ACCFCR research team on the study background and content of the survey (ACCFCR, 2007).

Interviewers received additional training and were supervised by the Research Coordinator at the Population Research Laboratory (ACCFCR, 2007). The research coordinator also monitored the interviewers to ensure the data were of high quality.

Survey participants were interviewed by telephone for approximately 20 minutes (ACCFCR, 2007). Prior to beginning the survey, participants were

informed that their participation in the study was voluntary and that they could terminate the interview at any time without any penalty. Participants were also informed that they were not required to answer any question(s) that they were uncomfortable with and that all information collected would be completely anonymous. Finally, participants were reminded that the study had been approved by the University of Calgary ethics board and that the study procedures were in accordance with Provincial Privacy guidelines. Verbal agreement to begin the survey was regarded as consent for participation in this study.

Once data collection was completed, a password protected electronic copy of the raw data was provided to the ACCFCR research team (ACCFCR, 2007). All remaining materials with the Population Research Laboratory in Edmonton were password protected (for electronic files) or in a locked storage unit (hard copy files).

Original sample. The original sample consists of 1443 respondents (25.6% male, 74.4% female[8]) (see Appendix A for a description of the original sample). Over half of respondents have a college, technical, or university degree or diploma (54.7%). Almost 21% of respondents indicated that they have 'some post-secondary' education, almost 18% have a high school diploma, and only 5.7% do not have a high school diploma. Participants range in age from 18 to 88 years. Almost a quarter of respondents are between age 30 and 39 years (24.8%) and 40 to 49 years (23.7%). Age of children referred to in the study range in age from infants (less than one year) to 14 years. In terms of ethnic background, an overwhelming number of respondents indicated that they have a white/European

[8] This is expected as quota sampling was done which aimed for 75% females.

background. Fewer indicated that they have an Asian background (5.4%), Aboriginal background (2.6%), African/Caribbean/Black background (1.5%), or Middle Eastern/Arabic background (1.0%). Only 2.1% of respondents indicated that they did not fall into any of these categories and were designated as 'other'.

In order to understand how the study sample compared to the census data, key demographics were compared. First, the majority of respondents (75.1%) are married, almost 12% are single, 8.6% are divorced, and only a small percent (4.1) are widowed. Compared to census data collected in 2006 (see Table 1 for a comparison of the study data and census data), the sample is over-representative of married individuals (75.1% of the study sample compared with 50.6% of census data). Interestingly, the most frequent annual household income category respondents chose was $100 000 or greater (26.5%). Almost 16% have a household income between $60 000 to $79 999, almost 13% between $80 000 and $99 999, just over 14% between $40 000 and $59 999, 10% between $20 000 and $39 999, and the smallest percent (4.6) with an annual household income of $19 999 or less[9]. Compared to census data collected in 2006, the sample quite accurately reflects the income distribution of Albertans. In fact, census data indicates that the most frequent household income category that Albertans fell into was $150 000 or more, annually.

In terms of respondents' place of residence, 34.2% live in the Calgary Health Region, almost 38% live in the Capital Health Region, and almost 29% in

[9] Of all the demographic variables, participants were least likely to refuse to respond to the question about household income. In this case 11.9% refused to respond.

other health regions[10]. This means that over 55% of respondents reside in urban settings, while almost 45% reside in rural settings (outside of Edmonton or Calgary city limits). Although both samples indicate that more people live in urban than rural Alberta, the study sample slightly underestimates the difference (55.2% of study sample lives in urban Alberta versus 64.3% of census population). Finally, in terms of number of children, most respondents have 1 child (47.4 %). Almost 28% of respondents have at least 2 children, 8.6% have at least 3 children, 2.5% had at least 4 children, and less than 1% had five children. None of the respondents reported having any more than 5 children. According to census data, the sample is somewhat over-representative of parents without children (52.8% of sample compared to 38.8% of population).

[10] Health Regions were defined prior to the 2009 change to amalgamate all health regions under the Alberta Health Services Board.

Table 1

Comparison of Study Sample and 2006 Alberta Census Data[11] By Relevant Demographics

	Full sample		Statistics Canada 2006 Census Data	
	n	%	*n*	%
Relationship status				
Married or common law	1083	75.1	1 347 070	50.6
Single	171	11.9	905 120	34.0
Divorced	124	8.6	278 660	10.5
Widowed	59	4.1	127 980	4.8
Level of education attained[12]				
Less than high school	82	5.7		
High school	258	17.9	434 330	24.1
Some post-secondary	302	20.9		
Degree/Diploma	789	54.7		
Household income[13]				
$19 999 or less	66	4.6	46 140	5.1
$20 000 - $39 999	144	10.0	126 205	14.0
$40 000 - $59 999	206	14.3	152 350	
$60 000 - $79 999	230	15.9	148 580	16.5
$80 000 - $99 999	184	12.8	127 390	14.2
$100 000 or more	383	26.5	297 675	33.1
Location				
Urban (Calgary/Edmonton)	796	55.2	2 114 255	64.3
Rural	647	44.8	1 176 095	35.7
Number of children				
0	764	52.8	351 300	38.8
1	285	19.7	233 545	25.8
2	276	19.1	216 025	23.8
3 or more	118	8.2	103 980	11.5

Creation of Sample Groups based on Family Stage

Apart from the original sample, several other mutually exclusive sub-samples/groups were created to compare women across different stages of family life. These 'family stages' include: (a) women with preschool children (0-5 years)

[11] Statistics Canada, 2009.
[12] Comparable census data were not available for most education levels.
[13] For 2006 Census Data, the total percentage of household income is 99.8%, due to rounding.

only; (b) women with preschool and school-age children; (c) women with school-age children (6-13 years) only; and (d) women without children under age 14 or without children altogether. Family stage is an important consideration because the age and number of children in the household is established as a contributing factor to women's labour force participation. Further, 'family stage' is important to consider from a Human Ecological standpoint, in that the 'chronosystem' refers to individual lifecycle changes. Here I describe the variables used to create the samples, as well as the four samples based on different family stages (see Appendix A for a full breakdown of all demographics for each family stage). Following this, I describe the variables used in the data anaylsis, and provide an overview of the data analysis conducted.

Variables Used to Create 'Family Stages'

Participant gender. Surveyors indicated (without asking the respondent) whether the participant was male (1) or female (2). Seventy-four percent of the original sample is female, and only this portion was included in the four mutually exclusive samples/groups.

Interaction. Participants were asked about the capacity in which they had interacted with children 13 years of age and younger, in the past year. Participants were asked to indicate all of the capacities in which they had interacted with children that applied to them, from a list of 6 options, including 'other'. Only those participants who indicated that they were parents, guardians, or primary caregivers were included in the analyses of the mutually exclusive samples

(47.5% of original sample). Those participants who refused to answer or did not respond were not included.

Living arrangement. Participants were asked whether each of the children named (up to 7) lived with the participant full-time, part-time, or not at all. A part-time living arrangement was defined as less than 35 hours per week. Only those participants indicating that they lived with at least one child either full-time or part-time will be included in the four mutually exclusive samples. Participants who did not respond or who refused to respond were not included.

Child's age. For each child the participant named, the child's age was recorded. Ages of children in the household are important to examine, given that child care availability and costs depend on a child's age, which influence whether a woman works in the paid labour force and what child care option the family chooses (Leibowitz et al., 1990). This variable was recorded as continuous and was not recoded. Child's age based on year (if any) was used to distinguish between the four mutually exclusive samples. For example, in the sample of women with only preschool children, women with only children 5 years of age and younger were included. Therefore, children who are 5 years and 12 months are considered 'preschool' age.

Comparison of Family Stage Samples

Relationship status. Much like the original sample, the majority of women in each family stage are married: 90.3%, 92.8%, 83.5% and 67%, for women with preschool children, women with preschool and school-age children, women with school-age children, and women without children under 14 years,

respectively. The sample of women without children under 14 is comprised of more single women (20.6%), than the samples of women with preschool children, preschool and school-age children, and women with school-age children (at 5.5%, 0%, and 5.4%, respectively).

Age. In terms of age, it is not surprising to find that women with preschool children, and women with preschool and school-age children are each on the younger side of the total sample, with 57.2% and 66.3%, respectively, between 30 to 39 years of age. As expected, women with older children are older than women with preschool children only. In the case of women with school-age children only, over half of the women (53.6%) are between 40 and 49 years of age. Women without children under 14 vary in age more than the other groups. In this group, 20.2% of women are between the ages of 18 to 29 years, 17.7% between 40 and 49 years, 37.2% between 50 and 59 years, and 15.9% between 60 and 69 years.

Education. Most women in the sample are well-educated. For women with preschool children only, preschool and school-age children, school-age children only, and women without children under 14 years, the percentages of women who have completed post-secondary are 62.1%, 60.2%, 62% and 55.2%, respectively. Although the sample of women without children under 14 years consists of the fewest women to have completed post-secondary, many women in this group have some post-secondary (21.1%), suggesting that they may be earlier in their academic careers than women in the other groups.

Income. Consistent with the full sample, women in all family stages are most likely to report that their annual household income is $100 000 or greater.

The group of women without children under 14 consists of the fewest women to report annual household incomes of $100 000 or greater (24% of sample). This compares to 31.7%, 31.3%, and 30.4% for women with preschool children, preschool and school-age children, and school-age children, respectively.

Number of children in the household. Although the majority of women with preschool children have just 1 child (53.4%), many have 2 children under 6 years (41.8%). Not surprisingly, women with both preschool and school-age children are likely to have 2 children (43.4%), but many have 3 children (34.9%), 4 children (18.1%), and some even have 5 children (3.6%). Logically, women with school-age children, are most likely to have 1 child (57.6%), or 2 children (33.3%), but are less likely to have 3 children (7.6%). Of course, it is possible that women in any of the family stages have more children than are presented here, as participants were only asked to provide information on children under 14 years of age.

Place of residence. Interestingly, women with preschool children only are more likely to live in the Calgary Health Region (45.5%) versus the Capital Health Region (29.7%) or in other health regions (24.8%). Further, women in this group are more likely to live in urban (66.2%) versus rural (33.8%) locations. Contrary to this, women with preschool and school-age children, and with school-age children only, are more likely to live in the Capital Health Region (39.8% and 38.4%), versus the Calgary Health Region (27.7% and 31.7%) or other health regions (32.5% and 29.9%). Thus, it seems that overall, women with younger children are more likely to live in the Calgary area and women with older children

are more likely to live in the Edmonton area. Women with preschool and school-age children and women with school-age children only are almost equally likely live in urban (53% and 49.6%) versus rural (47% and 50.4%) settings.

Women without children under 14 are also more likely to live in the Capital Health Region (38.6%), but several live in the Calgary Health Region (34.1%), and other health regions (27.4%), which more closely resembles the place of residence of individuals in the full sample. Almost identical to the full sample, women in this group were more likely to live in urban (55.8%) than rural (44.2%) settings.

Predictor Variables

Household income. Participants were asked to estimate their total family household income (per year), before taxes and deductions. Household income is included as a predictor variable in this study and was coded as interval, with 6 mutually exclusive categories, including: less than $20 000; $20 000 to $39 999; $40 000 to $59 999; $60 000 to $79 999; $80 000 to $99 999; and $100 000 or more. Participants who did not respond, refused to respond, or did not know, were not included in the analyses.

Education. The highest level of education obtained by the participants was included as a predictor variable in this study. Women's education was coded as a categorical variable, with 4 mutually exclusive categories of women who reported completing less than high school, high school, post-secondary, and graduate studies. Participants' responses that cannot be categorized, who did not respond, refused to respond, or did not know, were excluded from analyses.

Relationship status. Women's relationship (marital) status is considered a predictor variable in this study. This variable was coded as categorical, with mutually exclusive categories of married or common law, single, divorced or separated, and widowed. For all regression analyses, this variable is recoded to include those who are married or living in common law relationships (1) and those who are not (0). Those participants who did not respond, refused to respond or did not know were excluded from analyses.

Health region. Participants were asked for their postal code, which was then recoded into one of three categories, including the Edmonton Capital Health Region, the Calgary Health Region, or neither (i.e., out-lying areas). The location of women and their children is included as a predictor variable in this study. If a respondent did not want to give all 6 digits of their postal code, the interviewer asked for the first 3 digits. If the respondent did not want to provide their postal code at all, the interviewer asked for the name of the city or town the respondent lived in. Those respondents who did not respond, continued to refuse to respond, or did not know were not included in the analyses.

Location. Participants were asked for their postal code, and based on this information it was determined that participants lived in Edmonton, Calgary, or another part of Alberta. If participants resided in Edmonton or Calgary, they were considered to reside in an urban setting, otherwise they were considered rural residents. Those respondents who did not respond, continued to refuse to respond, or did not know were not included in the analyses.

Age. Women's age is included as a predictor variable in this study. This variable was recorded as continuous and was not recoded. Women who did not respond, or refused to respond were not included in the analyses.

Number of children. Participants were asked how many children they had who were under age 14, including biological, adopted, foster and step-children. Participants responded from 0 to 5 children (up to 7 children could be reported). If the participant did not respond or refused to respond they were excluded from analysis.

Age of youngest child. Participants were asked to describe all the children they have under fourteen years of age, including biological, adopted, foster and step-children. Information regarding these children was collected for up to seven children, starting with the youngest child. Therefore, the age of the first child listed for each participant was used for this variable. If participants refused to respond the data were excluded from analysis.

Ethnic background. Participants were asked to provide their ethnic or racial background. If they replied that they are 'Canadian', the interviewer asked the respondent to pick an ancestry group she could identify with. This variable is considered a predictor variable in the proposed study and were coded as a categorical variable with 6 mutually exclusive categories, including: Aboriginal/First Nations/Metis; African/Caribbean/Black; Asian; Hispanic/Latino; Middle Eastern/Arabic; White/European/Anglo. Participants whose response could not be categorized, who did not respond, refused to respond, or did not know, were excluded from analyses.

Outcome and Predictor: Caregiving Responsibility Index

Five variables were predicted to contribute to an index of caregiving responsibility (measuring individual beliefs about caregiving). The index of caregiving responsibility is considered both a predictor and outcome variable in this study. The recoding of the 5 variables used to create the index is described below.

Responsibility for children. Caregiving ideology was measured using the variable '*responsibility for children'*. For this item, participants were asked whether children are primarily a family responsibility or both a family and social responsibility. Social responsibility, here, was defined as when a child is considered a responsibility of the entire community rather than the responsibility of the family, or the parents of the child (Child Development Questionnaire).This variable was coded as dichotomous (either family responsibility or both family and social responsibility). Participants who did not respond, refused to respond or did not know, were not included in the analyses.

Belief about percentage of daycare costs covered. Participants were asked what percentage of full-time daycare that cost $800 per child per month should be covered (paid for) by the provincial or federal government. This variable was recorded as a continuous variable. For some analyses (e.g., χ^2) this variable may be reduced to mutually exclusive categories (i.e., dichotomized or trichotomized). Participants who did not respond, refused to respond or did not know, were not included in the analyses.

Belief about financial assistance to families. Participants were asked whether, generally speaking, they thought the federal government should provide more financial assistance to low-income rather than middle-income families for daycare. Participants who did not respond, refused to respond or did not know, were not included in the analyses.

Belief about breakfast program. Participants were asked how important it is that we have programs in place to ensure that every child is provided with a healthy breakfast. Participants responded that this was not at all important, important, or very important. Participants who did not respond were not included in the study.

Belief about children's access to recreation. Participants were asked how important it is that we have programs in place to ensure that every child has access to recreation opportunities (e.g., accessibility and availability to playgrounds for children). Participants responded that this was not at all important, important, or very important. Participants who did not respond were not included in the study.

Outcome Variables

Work status. Participants were asked whether they currently held a paid job or business (maternity leave was coded as 'yes'). This variable was included as the outcome variable in this study and is coded as dichotomous. Participants who did not respond, refused to respond or did not know will be excluded from analyses.

Hours in care. The average number of hours per week a child is in centre-based care (day care or after school care) was recorded as a continuous variable and was not recoded. This variable is considered for the youngest child in the household. Children of participants who did not respond or refused to respond were not included in the analyses.

Data Analysis

First, Albertans' beliefs about caregiving were explored. In order to accomplish this, I first describe how Albertans respond to the 5 items identified as pertaining to beliefs about caregiving: Responsibility for children, belief about percentage of daycare costs covered, belief about financial assistance to families, belief about breakfast program, and belief about children's access to recreation. Next, I created an 'index of caregiving' using the 5 items identified here. Each item was recoded such that all of the responses for each item ranged from 1 to 3, resulting in an index range of 1 (individual responsibility) to 15 (social responsibility). More details on the index are provided in the following chapter. Using this index of caregiving responsibility, t-tests and one-way ANOVAs were used to explore differences in Albertans' beliefs about caregiving across demographic characteristics such as gender, age and marital status.

In order to address my second research question, the four mutually exclusive sub-samples, or 'family stages' of Alberta women were examined separately. These included women with only preschool children, women with at least one preschool and one school-age child, women with only school-age children, and women without children under 14 years (or with no children at all). I

describe the relationship between women's personal beliefs about caregiving, labour force participation, and use of centre-based care, based on demographic characteristics (e.g., marital status, household income, etc.) for each family stage. T-tests and ANOVAs were used to explore women's personal beliefs about caregiving (using the index of caregiving responsibility) and to explore women's use of centre-based care (for the youngest child). Exploration of women's use of centre-based care did not include women in the group without children under 14 years (or with no children at all). In order to address women's labour force participation, cross-tabs and chi-squares were used, as the work status variable is dichotomous.

Finally, to address my third research question, multiple regression analyses were used to explore the relationships between Alberta women's personal beliefs about caregiving, their labour force participation, and their use of centre-based care. Again, each family stage was examined separately. Linear regression was used to determine which factors (e.g., number of children in the family, age of youngest child) contribute to the variability in women's beliefs about caregiving and use of centre-based care (for the youngest child). Pairwise deletion was used in all linear regression analyses. Stepwise logistic regression was used to determine which factors predict women's labour force participation (as the work status variable is dichotomous). Regression models were computed for all women in the study (all 4 mutually exclusive sub-samples together) and all women with children (not including the group of women with children age 14 or

over). To complete the analysis, path models were created for each of the mutually exclusive groups, as well as the combined groups.

Chapter Four

Results

Albertans' Beliefs about Responsibility for Caregiving

To capture Albertans' beliefs about who should be responsible for caregiving, five items in the questionnaire were identified as indicators of Albertans' beliefs about caregiving responsibility. Albertans' responses to each of the 5 items are described below.

Responsibility for children. Participants were asked whether children are primarily a family responsibility or both a family and social responsibility. Overall, fewer Albertans (46.1%) indicated that they believed that children are primarily a family responsibility than the number who indicated that children are both a family and social responsibility (53%). Less than 1% did not respond or indicated that they did not know.

Belief about financial assistance to families. Participants were asked whether they believed that low-income families should receive more support from the federal government than middle-income families. An overwhelming majority of Albertans agreed that low-income families should receive more support (73.1%) than disagreed (21.9%). Five percent of Albertans responded that they did not know or did not respond.

Belief about breakfast programs. Participants were asked how important it is to have breakfast programs in place to ensure that every child is provided with a healthy breakfast. A large percentage of Albertans responded that it is very important (77.3%), 19.1% believe that it is important, and only 2.1% responded

that it is not at all important. Just over 1% responded that they did not know or did not respond.

Belief about access to recreation. Participants were asked how important it is that recreation programs exist to ensure that every child has access to recreation. In a similar pattern to the previous item, 73.7% of Albertans indicated that this is very important, 24.2% indicated that this is important, and only 1.7% indicated that it is not at all important. Less than 1% responded that they did not know or did not respond.

Belief about percentage of daycare costs covered. Participants were asked what percentage of full-time daycare (assuming it costs $800 per child per month) should be covered by the provincial or federal government. Albertans' responses ranged from 0% to 100%, with more than one-third (35.4%) of Albertans indicating that 50% of costs should be covered. Just over 22% indicated that less than 50% of costs should be covered, and almost the same percentage (22.4%) indicated that more than 50% of costs should be covered. Approximately 20% of Albertans indicated that they did not know or did not respond.

Based on their responses to the five items noted here, Albertans appear to support a social versus an individual model of caregiving. In order to examine this construct further, I created an index of caregiving responsibility, which is described below.

Index of Caregiving Responsibility

An overall index of caregiving responsibility was created, from the five questions purported to examine individuals beliefs about caregiving. Each

variable was recoded to reflect a model of caregiving responsibility, ranging from 1, individual responsibility, to 3, social responsibility (Table 2). This resulted in an index ranging from 0-15 with higher values reflecting social responsibility and lower values reflecting individual responsibility.

Table 2

Recoding of each Variable included in the Index of Caregiving Responsibility

Variable	1	2	3
Responsibility for children	Family responsibility		Social and family responsibility
Assistance to families	No		Yes
Breakfast programs	Not at all important	Important	Very important
Access to recreation	Not at all important	Important	Very important
Percent of daycare costs covered	0-49%	50%	51-100%

Potential differences in the index of caregiving for key demographics were explored (Table 3). Interestingly, gender differences exist in terms of individual versus social responsibility models. That is, men (M = 12.49) are less likely to support a social model of caregiving responsibility than are women (M = 12.96), $t(1349) = 3.86$, $p < .001$. An Albertan's age also makes a difference in terms of their beliefs about caregiving, $F(6, 1329) = 2.85$, $p < .01$. More specifically, Scheffe's post-hoc test ($p < .05$) revealed that Albertans between 80 and 89 years of age are less likely to support a social model of caregiving responsibility (M = 11.4) than are Albertans between 18 and 29 years (M = 13.17). Thus, there is a tendancy for older Albertans to hold less strong social responsibility beliefs than younger Albertans.

Place of residence also makes a difference when considering both health region, $F(2, 1348) = 9.51$, $p < .001$, and urban versus rural settings, $t(1349) = 3.19$, $p < .01$. More specifically, Albertans residing in urban areas are more likely to support a social model of caregiving responsibility ($M = 12.99$) than those in rural settings ($M = 12.65$). Comparisons of Health Regions further support this finding such that Scheffe's post-hoc test ($p < .05$) revealed that Albertans residing in the Calgary ($M = 12.96$) or Capital ($M = 13.01$) Health Regions are more likely to support social models of caregiving responsibility than Albertans living in other Health Regions ($M = 12.74$). There was no difference between Albertans living in the Calgary versus the Capital Health Region. Further, no differences were found in Albertans' beliefs about caregiving based on education, household income or relationship status.

Table 3

Respondents' Mean Scores on Index of Caregiving Responsibility for Key Demographic Characteristics

	Mean	S.D.	Statistic
Gender			$t(1349) = -3.86$***
male	12.49	2.13	
female	12.96	1.89	
Age			$F(6, 1329) = 2.85$**
18-29	13.17	1.86	
30-39	12.79	1.91	
40-49	12.87	1.94	
50-59	12.85	1.99	
60-69	12.78	2.16	
70-79	12.41	1.95	
80-89	11.40	1.76	
Education			$F<1$
Less than high school	12.87	1.72	
High school	12.76	1.86	
Some post-secondary	12.84	1.99	
Post-secondary	12.86	2.00	
Health Region			
Calgary	12.96	1.96	$F(2, 1348) = 9.51$***
Capital	13.01	1.95	
Other	12.47	1.94	
Location			$t(1349) = 3.19$**
urban	12.99	2.00	
rural	12.65	1.91	
Household income			$F(5, 1137) = 1.28$, *ns*
$19 999 or less	13.22	1.95	
$20 000 - $39 999	12.89	1.89	
$40 000 - $59 999	12.65	2.03	
$60 000 - $79 999	12.71	1.95	
$80 000 - $99 999	12.94	1.96	
$100 000 or more	12.94	1.94	
Relationship status			$F(3, 1342) = 2.24$, *ns*
Married or common law	12.77	1.97	
Single	13.09	1.93	
Divorced	13.03	1.97	
Widowed	13.17	1.70	

** p< .01, *** p< .001

The Relationship Between Women's Demographics and Women's Beliefs about Caregiving, Labour Force Participation, and Use of Centre-Based Care

Here I describe how women's demographic characteristics relate to the differences in their beliefs about caregiving, their labour force participation, and their use of centre-based care. These analyses are done for each family stage, and key findings are presented.

Women's Beliefs about Caregiving

To understand how women's beliefs about caregiving vary by demographic characteristics, t-tests and one-way ANOVAs were conducted. The findings for women at different family stages (women with preschool children, women with preschool and school-age children, women with school-age children, and women without children under 14 years of age) are presented in Appendix B.

Overall, women's beliefs about caregiving do not differ across family stage, F (3, 846) = 1.63, *n\s*. However, women with only preschool children differed in their personal beliefs about caregiving, based on health region, F (2, 135) = 3.48, p <.05, location, t (136) = 2.05, p <.05, and age of the youngest child F (5, 132) = 1.38, p <.001. Scheffe's post hoc test (p <.05) revealed that women with preschool children demonstrated significantly more support for social responsibility for caregiving if they lived in the Capital Health Region (M =13.32) than if they lived in a health region outside of either Calgary or the Capital Health Regions (M = 12.17). A similar pattern was found for location, such that women in urban locations demonstrated more support for social responsibility for caregiving (M = 12.97) than women in rural locations (M = 12.23). In terms of

age of the youngest child, women with preschool children become increasingly more supportive of social responsibility for caregiving as their children get older.

Women without children under 14 years also differed in their personal beliefs about caregiving based on location, t (419) = 2.99, p < .01, and health region, F (2, 418) = 4.24, $p < .05$. Again, women in this category were more likely to support social responsibility for caregiving when they resided in urban (M = 13.34) versus rural (M = 12.78) locations. Also consistent with women with preschool children, Scheffe's post hoc test ($p < .05$) revealed that women without children under 14 are more likely to support social responsibility for caregiving if they resided in the Capital Health Region (M = 13.22) versus health regions outside of the Capital or Calgary regions (M = 12.65).

One other factor contributed to differences in women's beliefs about caregiving. For women without children under 14, age contributed to differences in their beliefs about caregiving, F (4, 416) = 4.38, $p < .01$. It appears that middle-age women (between the ages of 40 and 49 years) are less likely to support social responsibility for caregiving than are women who are younger, or older.

In summary, the pattern that emerges in this case is not particularly helpful in explaining differences in women's beliefs about caregiving. Perhaps the most noteworthy pattern that emerges here is the tendency for women in more densely populated areas to support social responsibility for caregiving more than women residing in less densely populated areas.

Labour force participation

Relationships between women's labour force participation and key demographics were explored using chi-square tests and t-tests. Chi-square tests revealed that there is a significant association between family stage and work status, χ^2 (3, n = 898) = 16.69, p < .001 (Table 4). Women with school-age children and women without children under 14 years are more likely to work than women with preschool-age children or women with at least one preschool and one school-age child.

Table 4

Percentage (number) of Female Respondents who Work, by Family Stage

	Work status		
Family Stage	Yes	No	Total
Women with preschool-age children	69.2% (101)	30.8% (43)	100% (46)
Women with preschool and school-age children	60.20% (50)	39.8% (33)	100% (83)
Women with school-age children	76.4% (181)	23.6% (105)	100% (224)
Women without children under age 14	80.8% (340)	23.6% (1050	100% (445)
Total	74.8% (672)	25.2% (226)	100% (898)

Within each family stage, women's demographic characteristics are related to whether or not they are employed. This is particularly true of location. Chi-square tests reveal that there is a significant association between work status and health region for women with preschool children, χ^2 (2, n = 145) = 10.68, p < .01 (Table 5), and very nearly a significant association for women with school-age children, χ^2 (2, n = 224) = 5.94, p =.05 (Table 6). More specifically, women in the Calgary and Capital Health Regions are more likely to work than women in other health

regions. Further, there is a significant association between work status and location for women with preschool-age children, χ^2 (1, n = 146) = 14.11, p < .001 (Table 7), such that women with preschool-age children are more likely to work if they reside in urban rather than rural settings.

Table 5

Percentage (number) of Women with Preschool Children who Work, by Health Region

	Work status		
Alberta Health Region	Yes	No	Total
Calgary	77.6% (52)	22.4% (15)	100% (67)
Capital	74.4% (32)	25.6% (11)	100% (43)
Other	47.2% (17)	52.8% (19)	100% (36)
Total	69.2% (101)	30.8% (45)	100% (146)

Table 6

Percentage (number) of Women with School-Age Children who Work, by Health Region

	Work status		
Alberta Health Region	Yes	No	Total
Calgary	81.7% (58)	18.3% (13)	100% (71)
Capital	87.2% (75)	12.8% (11)	100% (86)
Other	71.6% (48)	28.4% (19)	100% (67)
Total	80.8% (181)	19.2% (43)	100% (224)

Table 7

Percentage (number) of Women with Preschool Children who Work, by Location

	Work status		
Location	Yes	No	Total
Urban	79.4%	20.6%	100%
	(77)	(20)	(97)
Rural	49.0%	51.0%	100%
	(24)	(25)	(49)
Total	69.2%	30.8%	100%
	(101)	(45)	(146)

For women without children under age 14, neither Health Region nor location made a difference, however age did. Women in this family stage are more likely to work between ages of 30 and 49 (Table 8).

Table 8

Percentage (number) of Women without Children under 14 years who Work, by Age

	Work status		
Age Group	Yes	No	Total
18-29 years	75.6%	24.4%	100%
	(68)	(22)	(90)
30-39 years	95.0%	5.0%	100%
	(38)	(2)	(40)
40-49 years	92.3%	7.7%	100%
	(72)	(6)	(78)
50-59 years	75.3%	24.7%	100%
	(125)	(41)	(166)
60-69 years	52.1%	47.9%	100%
	(37)	(34)	(71)
Total	76.4%	23.6%	100%
	(340)	(105)	(445)

Use of Centre-Based Care for Youngest Child

To explore whether any of the demographic characteristics were statistically significantly related to women's use of centre-based care, t-tests and one-way ANOVAs were conducted. To begin with, there is a statistically

significant difference in the use of centre-based care across family stage, F (2, 449) = 19.79, $p < .001$. Predictably, women with preschool (M = 7.69) and preschool and school-age children (M = 9.11) use more hours of care than women with school-age children only (M = 1.63). Differences in use of care for each family stage based on demographic characteristics are presented in Appendix C.

Consistently across all 3 family stages, women's use of centre-based care is significantly different depending on her relationship status. For women with only preschool children, $F(2, 142) = 3.38$, $p < .05$, single women use significantly more hours of centre-based care per week (M = 20.75) than women who are married or in common law relationships (M = 6.88). These findings are consistent with the literature which suggests that married women often rely on a spouse or partner for childcare. For women with pre-school and school-age children, F (1, 80) = 5.55, $p < .05$, divorced or separated women use more hours of centre-based care (M = 22.50) than married women or women in common law relationships (M = 8.05)[14]. A statistically significant difference was also found for women with school-age children, F (3, 220) = 5.83, $p < .01$. Scheffe's post hoc test ($p < .05$) revealed that for divorced or separated women, the youngest child spends more hours in centre-based care per week (M = 5.87), as compared to women who are married or living common law (M = 1.21), or single women (M = 0.33).

Women with preschool and school-age children also differed in their use of care based on education, $F(3, 78) = 3.35$, $p < .05$. Women with preschool and school-age children who have completed post-secondary use significantly more

[14] Post hoc tests were not computed because only 2 categories 'married/common law' and 'divorced/separated', were identified in this group.

hours of care per week (M = 13.00) than women with some post-secondary (M = 0.00) or a high-school diploma (M = 3.79).

Unlike women with preschool children and women with school-age children only, women with preschool and school-age children differed in their use of centre-based care based on the number of children in the household, F (3, 78) = 4.86, $p < .01$. Sheffe's post hoc test ($p < .05$) revealed that women with 2 children used more centre-based care per week on average (M = 15.83), than women with 3 children (M = 4.59).

Women with preschool children and women with school-age children varied in their use of centre-based care based on the age of their youngest child (although this was not the case for women with both preschool and school-age children). Scheffe's post-hoc test ($p < .05$) revealed that for women with preschool children, F (5, 139) = 6.33, $p < .001$, those with children under one year of age (M = 0.00) use significantly fewer hours than women whose youngest is two (M = 14.00) or three (M =16.88). For women with school-age children, F (7, 216) = 3.57, $p<.01$, Scheffe's post-hoc test ($p < .05$) revealed that women whose youngest is 6 years of age use more hours of centre-based care per week (M = 4.79) than women whose youngest is 11 (M = 0.18) or 13 years (M = 0.00).

The Relationship Among Women's Beliefs about Caregiving, Women's Labour Force Participation, and Use of Center-Based Care

Regression analyses were used to examine relationships among women's beliefs about caregiving, labour force participation, and use of centre-based care. Variables were recoded and renamed when necessary to reflect binary coding

(Table 9). Pairwise deletion was used for analysis regarding women's beliefs about caregiving and use of centre-based care (hours in care).

Table 9

Binary Recoding and Renaming of Variables for Regression Analysis

Variable Name	Recoded Name	Recoded '0'	Recoded '1'
Location	*Urban*	rural	urban
Marital status	*Married*	Single/divorced/widowed	married

Factors that Predict Women's Beliefs about Caregiving

Linear regression was used to explore the factors that predicted women's beliefs about caregiving. All women in the sample (regardless of the age of their children, or whether they had children or not) were examined first (n = 844). Beliefs about caregiving was regressed onto number of children in the household, location, marital status, and education, F (4, 840) = 2.95, $p < .05$ (Table 10). Here, location (B = .30) and marital status (B = -.34) emerged as statistically significant predictors of women's beliefs about caregiving, although, only 1.4% of the variance was explained (R^2 = .01).

Table 10

Summary of Regression Analysis for Variables that Predict Women's Beliefs about Caregiving Responsibility for all Women in the Study

Variable	*B*	*SE*	*Beta*	*t*	
Constant	13.00	0.28		46.92	***
Location	0.30	0.13	0.08	3.00	*
Marital status	-0.34	0.16	-0.08	-2.17	*
Education	0.03	0.03	0.02	0.45	
Number of children	0.02	0.07	0.03	0.38	

*p< .05, *** p< .001

For all women with children under 14 years (n = 424), beliefs about caregiving was regressed onto number of children in the household, location, marital status, education and age of the youngest child. The regression model was statistically significant, F (5, 419) = 2.25, p = .05. The number of children in the household (B = .22) and age of the youngest child (B = .05) made statistically significant contributions to the variance in women's beliefs about caregiving, although, only a small portion of the variance is explained (2.6%, R^2 = .03) (Table 11).

Table 11

Summary of Regression Analysis for Variables that Predict Women's Beliefs about Caregiving Responsibility for all Women with Children under 14 years

Variable	*B*	*SE*	*Beta*	*t*	
Constant	11.98	0.48		25.15	***
Number of children	0.22	0.10	0.12	2.07	*
Location	0.16	0.18	0.05	0.92	
Marital status	-0.21	0.26	-0.04	-0.82	
Education	0.12	0.10	0.06	1.18	
Age of youngest child	0.05	0.02	0.13	2.52	*

*p< .05, ** p< .01, *** p< .001

To explore how family stage might change the predictive value of any of the factors in explaining the variance in women's beliefs about caregiving, women's beliefs about caregiving was regressed onto number of children in the household, location, marital status, education, and age of the youngest child, for each family stage separately. For women with preschool children only (n = 136), the regression model was significant F (5, 131) = 3.29, $p < .01$. Only the age of the youngest child (B = .41) was a statistically significant predictor of women's beliefs about caregiving, explaining 11.2% of the variance in beliefs about caregiving (R^2 = .11) (Table 12).

For women with preschool and school-age children (n = 81), beliefs about caregiving was regressed onto number of children in the household, location, marital status, education and age of the youngest child, but the regression model was not statistically significant, F (5, 76) = 1.07, *ns* (Table 12). In this case, only education (B = .38) made a statistically significant contribution, explaining 6.6% of the variance in women's beliefs about caregiving (R^2 = .07).

Next, women with school-age children were examined (n = 205). Beliefs about caregiving was regressed onto number of children in the household, location, marital status, education and age of the youngest child, but the regression equation was not statistically significant, F (5, 200) = 1.60, *ns* (Table 12). For women in this family stage, only the number of children in the household (B = .50) made a statistically significant contribution, explaining 3.8% of the variance in women's beliefs about caregiving (R^2 = .04).

Finally, for the women without children over 14 years (n = 418), beliefs about caregiving was regressed onto location, marital status, and education, F (3, 415) = 3.95, $p < .01$ (Table 12). For women in this family stage, only location (B = .52) made a statistically significant contribution, explaining 2.8% of the variance in women's beliefs about caregiving (R^2 = .03).

Thus, it seems that overall, the factors that predict the variance in women's beliefs about caregiving are very different, depending on family stage.

Table 12

Summary of Regression Analysis for Variables that Predict Women's Beliefs about Caregiving Responsibility for each Family Stage

	Women with preschool children					Women with preschool and school-age children					Women with school-age children					Women without children under 14 years				
	B	*SE*	*Beta*	*t*		*B*	*SE*	*Beta*	*t*		*B*	*SE*	*Beta*	*t*		*B*	*SE*	*Beta*	*t*	
Constant	11.30	0.90		12.56	***	12.74	1.12		11.39	***	12.02	0.88		13.63		13.21	0.39		33.76	***
Number of children	0.05	0.28	0.01	0.17		-0.09	0.22	-0.05	-0.38		0.50	0.18	0.22	2.75	**					
Location[1]	0.59	0.36	0.14	1.62		-0.08	0.37	-0.03	-0.22		-0.09	0.23	-0.03	-0.39		0.52	0.19	0.13	2.69	**
Marital status[2]	0.18	0.59	0.03	0.30		-0.63	0.72	-0.10	-0.88		-0.22	0.32	-0.05	-0.69		-0.34	0.20	-0.08	-1.65	
Education	0.07	0.18	0.03	0.39		0.38	0.19	0.24	2.04	*	-0.01	0.16	-0.01	-0.07		-0.06	0.10	-0.03	-0.54	
Age of youngest child	0.42	0.12	0.29	3.35	**	-0.01	0.12	-0.01	-0.07		0.06	0.05	0.09	1.09						

[1] Urban = 1 and rural = 0.

[2] Married = 1, Other = 0

*p< .05, ** p< .01, *** p< .001

Factors that Predict Women's Labour Force Participation

Logistic regression was used to explore the factors which predicted women's labour force participation for all women in the study (n = 843). Work status was regressed onto marital status, beliefs about caregiving, education, and number of children in the household. The regression model was significant, $\chi 2$ = 39.91, p <.001 (Table 13). In this case, education (B = .39), location (B = .399), and number of children in the household (B = -.24) were statistically significant predictors of work status, explaining 6.8% (Nagelkerke R^2 = .07) of the variance.

Table 13

Summary of Regression Analysis for Variables that Predict Women's Work Status for all Women in the Study

Variable	*B*	*SE*	*Wald*	
Location	0.40	0.17	5.84	*
Marital status	0.23	0.20	1.26	
Beliefs about caregiving	-0.05	0.05	1.28	
Education	0.39	0.09	21.00	***
Number of children	-0.24	0.07	10.36	**
Constant	0.33	0.67	0.24	

*p< .05, ** p< .01, *** p< .001

Logistic regression was then used to explore the factors which predicted women's labour force participation for all women with children under 14 years (n = 424). Work status was regressed onto marital status, beliefs about caregiving, education, number of children in the household, and age of the youngest child. The regression equation was significant, $\chi 2$ = 49.27, p <.001 (Table 14). For this group of women, education (B = .502), age of the youngest child (B = .09) the number of children in the household (B = -.30), and location (B = .58) were

statistically significant predictors of women's work status, explaining 16.0% (Nagelkerke $R^2 = .16$) of the variance.

Table 14

Summary of Regression Analysis for Variables that Predict Women's Work Status for all Women in the Study with Children under 14 years

Variable	*B*	*SE*	*Wald*	
Location	0.58	0.24	6.03	*
Marital status	-0.35	0.40	0.76	
Beliefs about caregiving	0.01	0.07	0.04	
Education	0.50	0.13	16.10	***
Number of children	-0.29	0.13	4.80	*
Age of youngest child	0.09	0.03	7.68	**
Constant	-0.73	1.01	0.52	

*p< .05, ** p< .01, *** p< .001

Next I wanted to understand whether the factors that were predictive of women's labour force participation were equally predictive of the likelihood that women would work at each family stage. Thus work status was regressed onto location, marital status, beliefs about caregiving, education, number of children in the household, and age of the youngest child, for each family stage. For women with preschool children only (n = 136) the model was significant, $\chi^2 = 33.01$, $p < .001$ (Table 15). In this case, location ($B = 1.15$), education ($B = .62$), and age of the youngest child ($B = .56$) were statistically significant predictors of women's work status, contributing to 30.5% (Nagelkerke $R^2 = .31$) of the variance. Further, women's beliefs about caregiving demonstrated a trend toward explaining the variance in women's labour force participation ($B = -.21$). The number of children in the household no longer made a statistically significant contribution, possibly

because of the restricted range in the number of children had by women in this group.

For women with preschool and school age-children (n = 82), again work status was regressed onto marital status, beliefs about caregiving, education, number of children in the household, and age of the youngest child, $\chi^2 = 21.08$, $p < .01$ (Table 15). In this case, women's beliefs about caregiving was a statistically significant predictor of women's work status (B = .40), explaining 30.6% (Nagelkerke R^2 = .31) of the variance. Number of children in the household demonstrated a trend in explaining the variance (B = -.60).

For women with school-age children only (n = 206), work status was regressed onto marital status, beliefs about caregiving, education, number of children in the household, and age of the youngest child (Table 15), $\chi^2 = 17.13$, $p < .01$. Here once again, education was a statistically significant predictor of women's work status (B = .63), explaining 12.7% (Nagelkerke R^2 = .13) of the variance. For this group, there was also a trend toward the contribution of age of the youngest child (B = .17), and location (B = .70) in explaining the variance in women's work status.

For women without children or with children over 14 years of age (n = 418), work status was regressed onto location, marital status, beliefs about caregiving and education, $\chi^2 = 11.30$, $p < .05$ (Table 15). In this case, only beliefs about caregiving (B = .13) was a statistically significant predictor of women's work status, explaining 4.0% of the variance (Nagelkerke R^2 = .04). However,

Table 15

Summary of Regression Analysis for Variables that Predict Work Status for Each Family Stage

	Women with preschool children				Women with preschool and school-age children				Women with school-age children				Women without children under 14			
	B	*SE*	*Wald*		*B*	*SE*	*Wald*		*B*	*SE*	*Wald*		*B*	*SE*	*Wald*	
Location[1]	1.15	0.46	6.45	*	0.04	0.52	0.01		0.70	0.38	3.37	†	0.34	0.24	1.97	
Marital status[2]	0.85	0.79	1.15		-0.55	0.66	0.06		-0.35	0.56	0.39		0.37	0.25	2.22	
Beliefs about caregiving	-0.21	0.124	2.96	†	0.40	0.17	5.44	*	-0.09	0.12	0.61		-0.13	0.07	3.98	*
Education	0.62	0.23	7.07	**	0.37	0.28	1.71		0.63	0.23	7.70	**	0.23	0.12	3.63	†
Number of children	-0.39	0.35	1.29		-0.60	0.32	3.41	†	0.29	0.30	0.96					
Age of youngest child	0.56	0.20	7.68	**	-0.23	0.17	1.72		0.17	0.09	3.60	†				
Constant	0.02	1.83	0.00		1.71	1.66	0.06		-1.48	1.97	0.57		1.72	0.98	3.11	†

[1] Urban = 1 and rural = 0.

[2] Married = 1, Other = 0

†p <.10, *p< .05, ** p< .01

there was also a trend toward education in explaining the variance in work status (B = .23).

These findings demonstrate two key points: (1) the importance of examining women's labour force behaviour at different family stages, as women's beliefs about caregiving do not predict the variance in women's labour force participation unless broken down by family stage; and (2) women's beliefs about caregiving do contribute to differences in their labour force participation.

Factors that Predict Women's Use of Centre-Based Care

Linear regression was used to explore the factors which predicted women's use of centre-based care for their youngest child. Once again, I began by examining all women with children under 14 years (n = 424). Hours in care was regressed onto number of children in the household, location, marital status, work status, beliefs about caregiving, education and age of the youngest child, F (7, 417) = 9.95, p < .001 (Table 16). Marital status (B = -4.46), work status (B = 6.33), beliefs about caregiving (B = .85) and age of the youngest child (B = -.82) were statistically significant predictors of women's use of centre-based care, explaining 14.3% (R^2 = .14) of the variance.

Table 16

Summary of Regression Analysis for Variables that Predict Use of Centre-Based Care For All Women with Children under 14 years

Variable	*B*	*SE*	*Beta*	*t*	
Constant	0.12	4.70		0.03	
Number of children	-0.75	0.66	-0.06	-1.14	
Location	0.30	1.10	0.01	0.27	
Marital status	-4.46	1.63	-0.13	-2.74	**
Education	-0.34	0.64	-0.02	-0.53	
Beliefs about caregiving	0.85	0.30	0.13	2.81	**
Age of youngest child	-0.82	0.13	-0.30	-6.12	***
Work status	6.33	1.27	0.24	4.98	***

** p< .01, *** p< .001

As with beliefs about caregiving and work status, I wanted to explore whether the factors that predicted use of care would be consistent across family stages. For women with only preschool children, hours in care was regressed onto number of children in the household, location, marital status, work status, beliefs about caregiving, education and age of the youngest child, F (7, 129) = 5.57, p < .001 (Table 17). Here, work status (B = 9.38) and age of the youngest child (B = 2.37) were statistically significant factors in predicting women's use of centre-based care, contributing to 23.2% (R^2 = .23), of the variance. Women's beliefs about caregiving did not make a statistically significant contribution, but did produce a trend toward contributing to the variance in women's use of care (B = 1.06).

For women with both preschool and school-age children (n = 81) hours in care was regressed onto number of children in the household, location, marital status, work status, beliefs about caregiving, education and age of the youngest child, F (7, 74) = 4.93, p < .001 (Table 17). For women in this family stage, only

work status (B = 8.21) was a statistically significant predictor of women's use of care, explaining 31.8% of the variance (R^2 = .32). Marital status (B = -10.94) and education (B = 2.80) demonstrated trends in contributing to the variance.

Finally, for women with school-age children (n = 205), hours in care was regressed onto number of children in the household, location, marital status, work status, beliefs about caregiving, education and age of the youngest child, F (7, 198) = 5.13, p < .001 (Table 17). In this case, marital status (B = -2.15) work status (B = 2.08), and age of the youngest child (B = -0.72) were statistically significant predictors of women's use of care, explaining 15.4% of the variance (R^2 = .15).

Thus, overall, work status predicted women's use of centre-based care consistently across family stages. Age of the youngest child was almost always a predictive factor, and women's beliefs about caregiving appeared to be predictive in some cases as well.

Table 17

Summary of Regression Analysis for Variables that Predict Women's Use of Centre-Based Care for all Family Stages

	Women with preschool children					Women with preschool and school-age children					Women with school-age children				
	B	*SE*	*Beta*	*t*		*B*	*SE*	*Beta*	*t*		*B*	*SE*	*Beta*	*t*	
Constant	0.92	9.52		0.10		2.39	14.56		0.16		10.17	3.74		2.72	**
Number of children	-2.28	1.97	-0.09	-1.16		-2.99	1.82	-0.17	-1.64		-0.10	0.57	-0.01	-0.17	
Location[1]	-3.16	2.66	-0.10	-1.19		0.73	2.89	0.03	0.25		1.01	0.71	0.09	1.42	
Marital status[2]	-4.54	4.22	-0.09	-1.08		-10.94	5.83	-0.19	-1.88	†	-2.15	0.96	-0.15	-2.23	*
Education	-2.01	1.30	-0.13	-1.55		2.80	1.53	0.19	1.82	†	0.09	0.50	0.01	0.18	
Beliefs about caregiving	1.06	0.62	0.14	1.71	†	0.51	0.94	0.06	0.54		-0.17	0.22	-0.05	-0.78	
Age of youngest child	2.37	0.95	0.22	2.50	*	1.41	0.94	0.15	1.50		-0.72	0.17	-0.32	-4.31	***
Work status	9.38	2.83	0.29	3.31	**	8.21	3.26	0.27	2.52	*	2.09	0.93	0.15	2.25	*

[1] Urban = 1 and rural = 0.

[2] Married = 1, Other = 0

†p <.10, *p< .05, ** p< .01, *** p< .001

Path Models

Next, I wanted to test a path model depicting the causal model among the variables in the study. This is an exploratory model as beliefs about caregiving have not been tested in a causal model related to women's labour force behaviour and beliefs about caregiving. Figure 2 presents a path model of significant paths for all women in the study[15]. Use of centre-based care (hours in care) is not presented in this model because it includes women who do not have children under 14 years of age. The model shows that both being urban and married have a direct effect on women's beliefs about caregiving. Living in an urban setting, having fewer children in the household, and more education all increase the likelihood of working.

[15] All path models present only p-values, not coefficients because the models combine linear and logistic regression, and therefore the beta coefficients are not equivalent and not comparable.

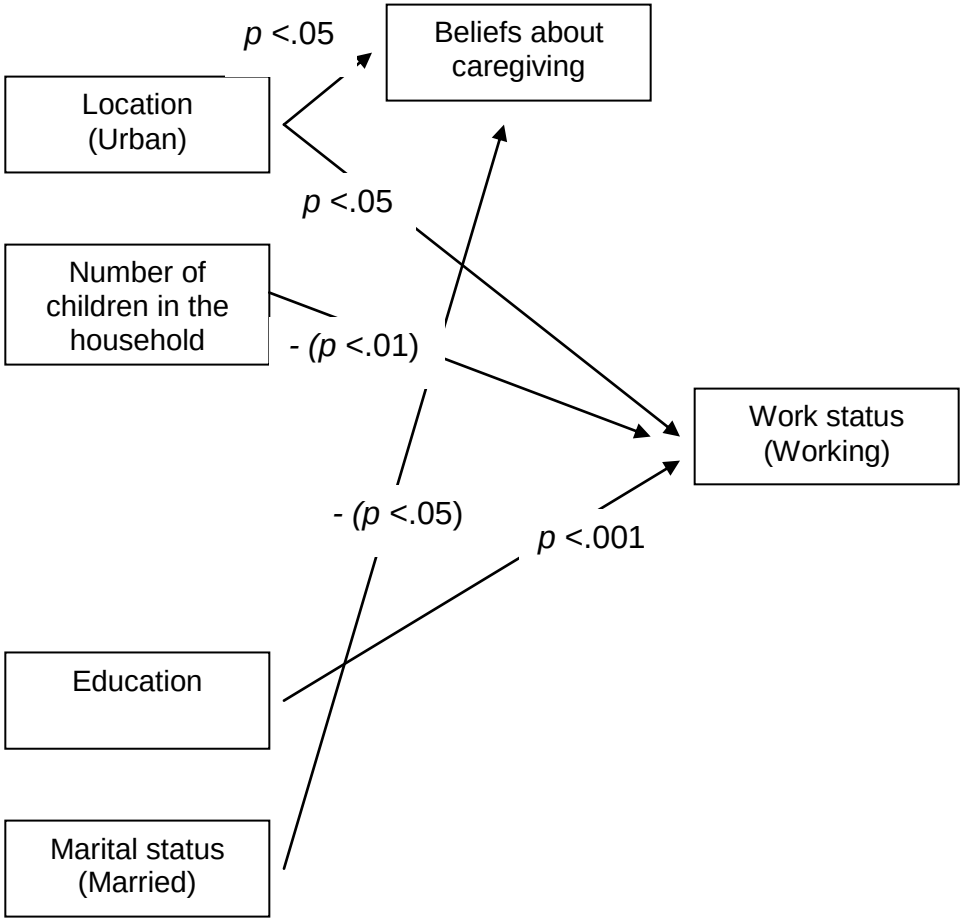

Figure 2. Path model depicting significant factors that predict beliefs about caregiving responsibility and work status for all women in the study.

Figure 3 presents the path model for all women in the study with children under 14 years of age. In this model, hours in care is included. Here, number of children in the household and age of the youngest child have direct positive effects on women's beliefs about caregiving, which has a direct effect on hours in care. Thus, women with more children, and older children, are more likely to hold a social model of responsibility about caregiving. Women with younger children and women who are not married use more hours of care. Women who live in urban locations, with more education, fewer children in the household, and with older children are more likely to work. Again, working is predictive of more hours in care.

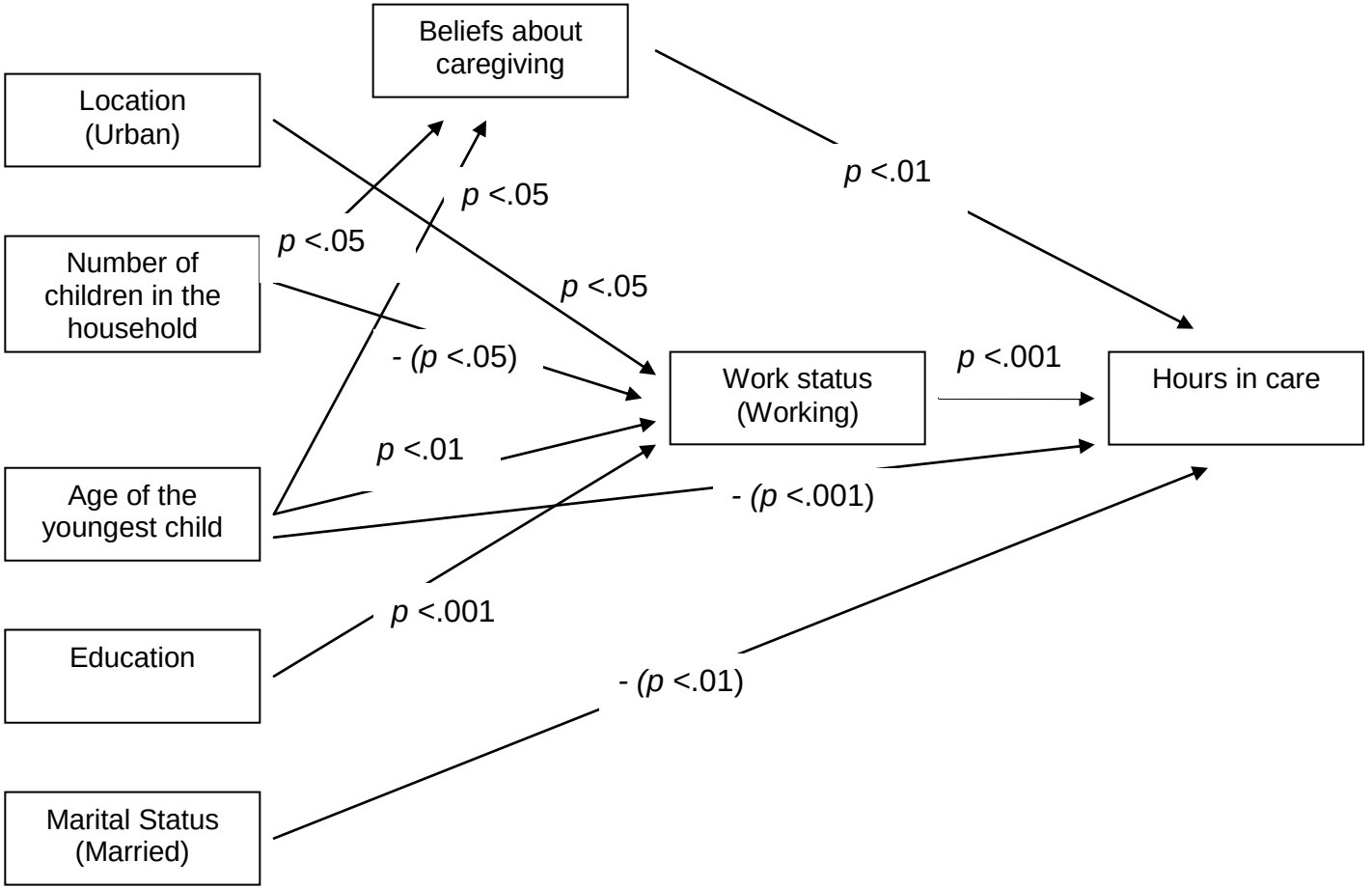

Figure 3. Path model depicting significant factors that predict beliefs about caregiving responsibility, works status, and hours in centre-based care for all women with children under 14 years.

Figure 4 presents a path model for women with preschool children only. In this case, women's beliefs about caregiving, work status, and use of centre-based care are affected by location, women's education, and age of the youngest child. In fact, age of the youngest child has a positive direct effect on all three. Again, women with more education who live in urban locations are more likely to work, and working is predictive of use of care. Of particular relevance in this model is the trend in the data of women's beliefs about caregiving having a direct effect on both work status and hours in care. Curiously, women with individual responsibility beliefs about caregiving are more likely to work; however, social responsibility beliefs are predictive of greater use of care.

Figure 5 depicts a path model for women with preschool and school-age children. In this model, the only significant path (involving both work status and hours in care) begins with education having a direct effect on women's beliefs about caregiving, while beliefs about caregiving increases the likelihood of women working, which ultimately has a direct positive effect on hours in care. There are also trends toward being married and having more education positively affecting hours in care, as well as more children in the household decreasing the likelihood of working.

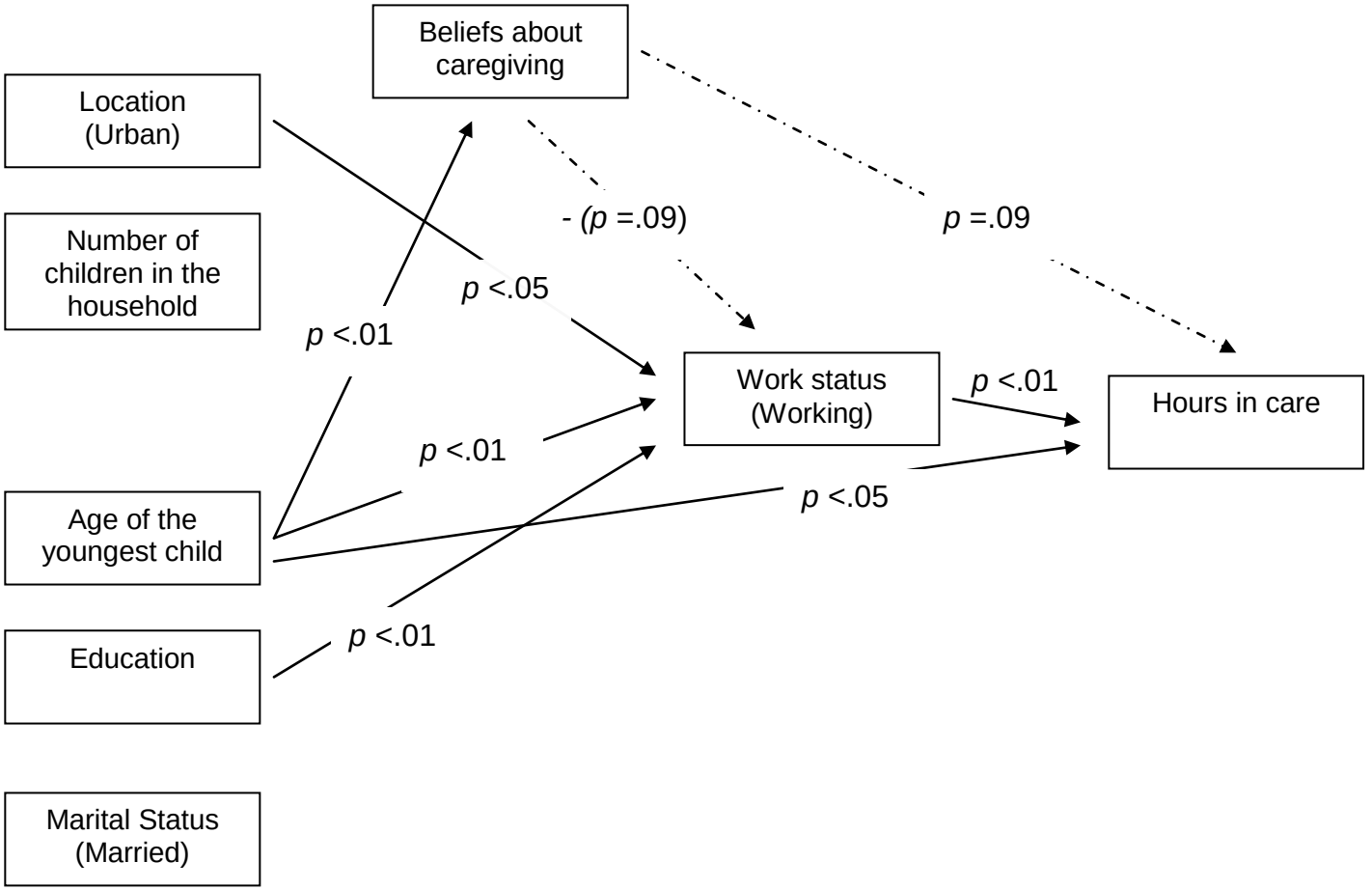

Figure 4. Path model depicting significant factors that predict beliefs about caregiving responsibility, work status, and hours in centre-based care for women with preschool children only.

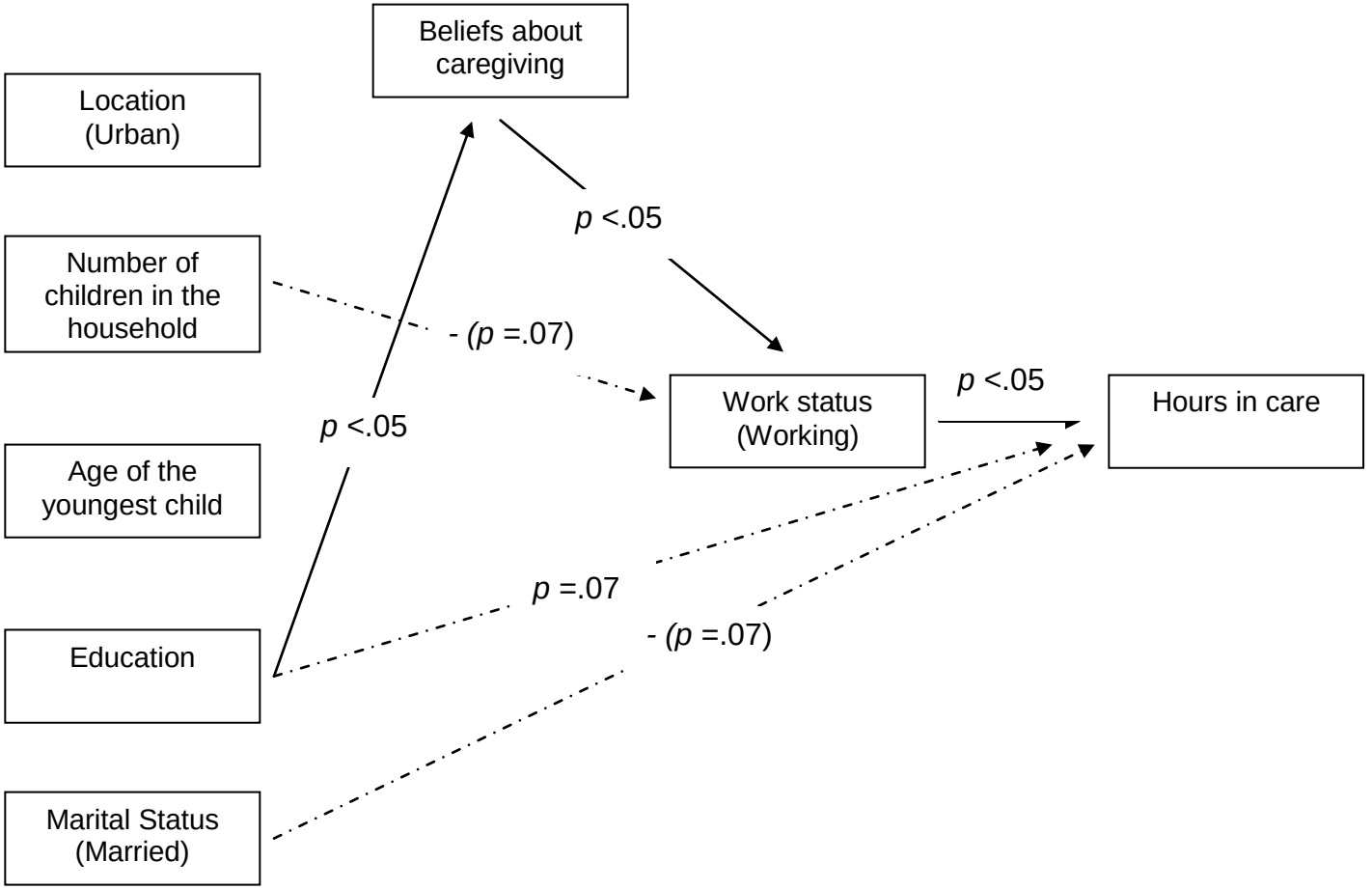

Figure 5. Path model depicting significant factors that predict beliefs about caregiving responsibility, work status, and use of centre-based care for women with preschool and school-age children.

Figure 6 depicts a path model for women with school-age children only. Once again, education is a factor, but in this case, education increases the likelihood of women working, and does not predict beliefs about caregiving. As well, education has an indirect positive effect on hours in care. Not being married and having younger children predicts more hours in care. Finally, although more children in the household predicts women's beliefs about caregiving, women's beliefs did not even produce a trend in the likelihood of working or use of hours in care.

In the final model (Figure 7), women without children under 14 years or without children at all, are depicted. Much like the group of women with preschool and school age children, only one significant path exists here. However in this case, living in an urban setting has a direct effect on social beliefs, but women's *individua*l beliefs about caregiving indicate that they are more likely to work (similar to women with preschool children). Thus, living in an urban setting has an indirect effect on work status. Again, hours in care is not included in this model. Once again, education is relevant, with a trend toward women with more education as being more likely to work.

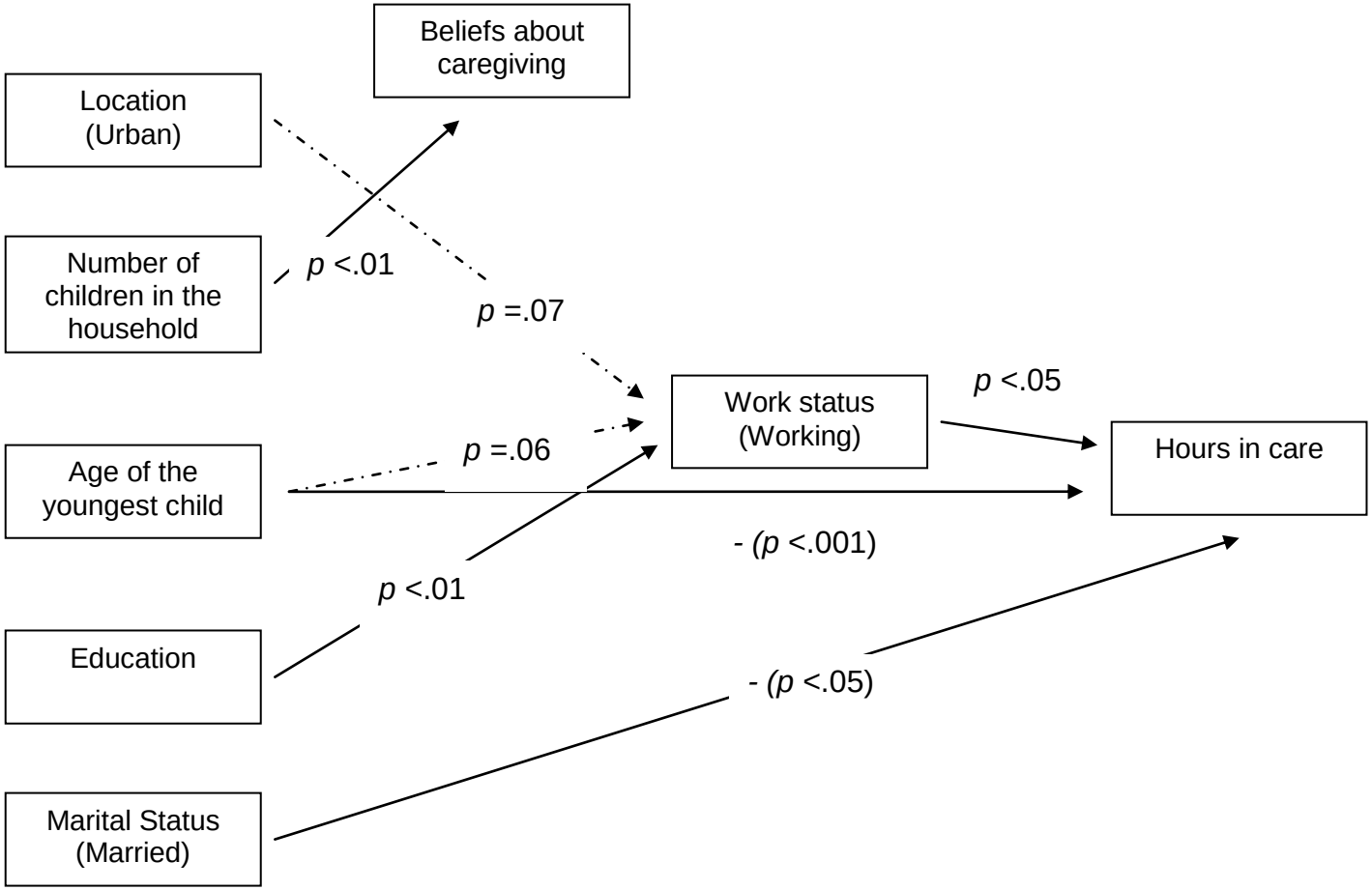

Figure 6. Path model depicting significant factors predicting beliefs about caregiving responsibility, work status, and use of centre-based care for women with school-age children.

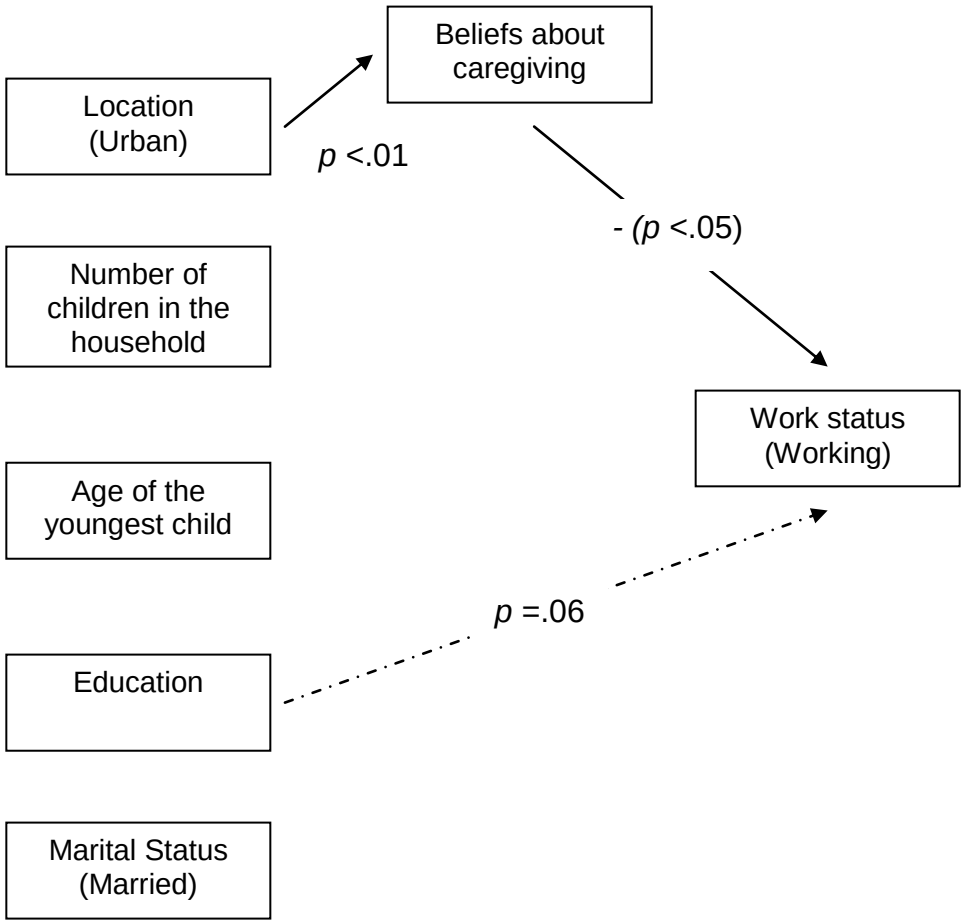

Figure 7. Path model depicting significant factors that predict beliefs about caregiving and work status for women without children under 14 years.

To summarize, family stage impacts the relationship between women's beliefs about caregiving, their labour force participation and use of centre-based care. Across all family stages, women's education was a crucial factor in predicting (directly and indirectly) all three of these variables. For women with preschool children only, higher levels of education predicted working, which then predicted use of centre-based care. For women with both preschool and school-age children, higher education produced a trend in predicting use of centre-based care. For women with school-age children only, higher education predicted

working, which predicted use of centre-based care. And finally, for women without children under 14 years, higher education produced a trend in predicting working.

When hours in care was included, work status always had a direct positive effect on it, such that working always predicted greater use of hours in centre-based care. In all family stages, except women with only school-age children, women's beliefs about caregiving produced at least a trend in predicting the likelihood of women's labour force participation. For women with preschool children, and women with preschool and school-age children, women's social beliefs predicted working. For women with only preschool children, women's social beliefs about caregiving also produced a trend in predicting greater use of centre-based care.

Chapter Five

Discussion and Conclusion

What is noteworthy, based on this study, and what has not been explored previously, is the fact that women's personal beliefs about caregiving do impact their labour force behaviour, as well as their use of centre-based care[16]. This finding is a particularly relevant contribution to the research literature pertaining to women's labour force behaviour, especially given that discussion of this issue among mothers themselves often pertains to their ideological beliefs about caregiving. Recent comments made by Alberta's Minister of Finance, the Honorable Iris Evans, pertaining to the importance of parents raising their children and not relying on childcare, highlighted this. In response to the Minister's comments, readers of an online article (Canadian Free Press, 2009) responded with statements reflecting both individual and social responsibility for caregiving. For example, this reader's statement reflects individual responsibility for caregiving and relates this responsibility to a healthy society:

> Congrats to Minister Evans for being brave enough to speak the truth. We all know that the ideal and preferred arrangement for child-rearing is for both parents to embrace and commit to a responsibility that logically goes hand-in-hand with the decision to bring children into the world, with one agreeing to the hands-on day to day work that should be expected and is necessary if parents really desire their children to reflect their values with

[16] It should be noted that the overall contribution of women's personal beliefs about caregiving to their labour force behaviour and use of centre-based care is small, despite being statistically significant in some cases. Thus, the finding that women's beliefs about caregiving contribute to labour force participation and use of centre-based care should not be overstated.

> a proper social disposition. This is not really up for argument, unless you are a complete fruitcake… In practice, as we are all too gloomily aware, a significant number (of) parents are inept at properly raising children and devoid of the necessary values themselves to produce a well-rounded, respectful and civilized kid.

On the other hand, this reader's statement reflects social responsibility for caregiving:

> It takes a community to raise a child not just the parents, and I believe that it is quality time that you spend with your children, and not necessarily how much time you spend being at home. I know a lot of "stay at home moms" who spend more time away from the house than I do, and I work 40 hours a week.

These statements echo the debate that ensued when women began to enter the labour force in North America at increasing rates following World War II. Arguably, the controversy surrounding women's entry into the labour force was controversial, not only because women were entering the workforce at rates not previously seen, but because individual beliefs about the impact of women's labour force participation was, and is, rooted in ideological beliefs about who is responsible for caring for children, and how caring for children impacts society. Although researchers have touched on the morality of women's labour force participation in their exploration of the impact of women's paid work on family and society (see, for example, Aube et al., 2000), researchers have not examined how personal values or beliefs about who is responsible for caregiving may be

impacting women's labour force participation and use of child care, in the first place.

In this exploratory study, not only are women's beliefs about caregiving a contributing factor in determining women's labour force behaviour and use of child care, beliefs about caregiving are predictive when other demographic characteristics of women (traditionally found to be significant) are not. For example, in the case of women with preschool and school-age children, education does not directly predict labour force behaviour, but education does predict beliefs about caregiving which then predicts work, and use of centre-based care. However, it is important to note that although beliefs about caregiving did predict women's labour force behaviour and use of centre-based care in some cases, often only a small percentage of the variance in labour force behaviour or use of centre-based care was explained by the regression equation. Therefore, further discussion of the relationship between women's personal beliefs about caregiving, their labour force behaviour, and use of centre-based care, is needed. Before moving on to this, however, I will first provide some context for this discussion with an analysis of Albertans' beliefs about caregiving more generally. I will conclude this chapter with a discussion of the study's limitations, implications, and opportunities for future research.

Alberta Supports Social Beliefs About Caregiving

While Albertans' beliefs about caregiving vary, overall they tend to hold fairly strong social responsibility beliefs. More specifically, Albertans are more likely to say that children are both a family and a social responsibility, rather than

only a family responsibility. They also favour more government support for low-income families, and approximately half of Albertans said that the cost of childcare should be shared equally between the family and government. Another quarter of Albertans said that government should pay the full cost of childcare. Finally, Albertans overwhelming responded that both recreation programs and breakfast programs for children were "very important". These findings are consistent with Reutter et al. (2002) who found strong support in Alberta for childcare, nutrition, and recreation programs.

The finding that Albertans hold social beliefs about caregiving is also consistent with the findings of Cash and Hemphill (2007) who found that Albertans were more likely to believe that food security is a social rather than an individual responsibility. These findings are interesting given that the politically conservative nature of Alberta is more consistent with an individual model of responsibility (Patten, 2003). As Phipps (1999) notes, "(i)t has been argued… that people in Europe are willing to accept social responsibility for children while people in North America are more likely to view children as a private responsibility" (p. 11). On the other hand, traditional conservatism is partially based on collective responsibility, whereas neo-conservatism is more focused on individual responsibility (Hayden, 1997). Traditional conservatism may also be reflected in the strong volunteer base in Alberta. For instance, Albertans are more likely to volunteer and more likely to volunteer more often, than the average Canadian (Hall, Lasby, Gumulka, & Tryon, 2006). Arguably, the 'volunteer spirit' in Alberta is rooted in a traditional conservative value in community

support and camaraderie. Thus, one possible explanation for the trend in Albertans' support for social responsibility may be rooted in traditional conservatism. However, it is also interesting to note that one of the most consistent findings in the study was greater support for social responsibility in urban centres than in rural settings. As traditional conservatism today is more closely linked to rural Alberta (Patten, 2003), the case for Albertans' beliefs in a social responsibility model based on traditional conservatism may not be valid. Given the finding that differences in beliefs were found between urban and rural locations, a better understanding of the link between the political macrosystem in Alberta and the personal beliefs of Albertans could be uncovered by examining the urban-rural divide more closely.

Alberta's Urban-Rural Divide: Validation of the Caregiving Index

In several instances, geographic location (or health region) made a difference in determining Albertans' beliefs about caregiving. Albertans residing in urban settings (or Edmonton or Calgary Health Regions) held stronger social beliefs about caregiving than rural Albertans. This was also true of women with preschool children and women without children under 14 years of age.

It is possible that rural Alberta's belief in individual responsibility for caregiving is reflective of the lack of public child care available in rural Alberta, as compared to urban centres. Perhaps, if rural Albertans are less likely to access child care, they are less likely to believe that societal responsibility for caregiving is valid. However, several other explanations can be offered for this difference as well.

Whyte (1956, as cited in Walks, 2002) argued that individuals and households have sorted themselves between city and suburban environments based on lifestyle preferences, and not income or ethnicity. Such an argument is supported by this study, such that neither ethnicity[17] nor household income produced any noteworthy findings. More recently, Whyte's argument has transitioned into one of public versus private space, such that, "(t)he view of suburban residents thus results from residential choices, driven by preferences for the private rather than public, for self-reliance rather than public responsibility" (Walks, 2002, p. 273). Walks further notes that, "place of residence has become increasingly important in explaining the divergence" (p. 269).

Based on political ideological differences between rural and urban Alberta, the tendency for urban Albertans to support social responsibility for caregiving more than rural Albertans[18], provides some validity for the caregiving index used in this study That is, rural Albertans tend to support right-wing parties, whereas the relatively little support that exists for left-wing parties tends to stem from urban centers. Reutter et al. (2002) found that poverty-related policies were less likely to be supported by those who voted for the Progressive Conservative or Reform (right) than by those who voted for the Liberal Party (central) or New Democratic Party (left). Currently, the only elected MLAs for the Liberal or New Democratic Party represent electoral ridings within the Edmonton and Calgary city-limits. It is often said that in Alberta, it is the rural ridings that elect the

[17] In the case of ethnicity, it should be noted that there was very little ethnic diversity in the sample, and this could partially explain the lack of significant findings related to this variable.
[18] This is a general statement based on the overall trend in support for social responsibility based in urban versus rural settings. This finding was not consistent across all family stages, however, it was never the case that rural Albertan's tended to support a social responsibility model more so than urban Albertans.

government, despite the fact that only approximately 36% of Alberta's total population is rural (Statistics Canada, 2009). Thus, despite the fact that a larger percentage of Albertans reside in urban settings, and that urban Albertans are more likely to support social responsibility for caregiving, neo-conservative governments are upheld by rural Alberta. This may be partially due to the fact rural ridings are overly-represented (and urban ridings are under-represented) based on population[19] (Alberta Electoral Boundaries Commission, 2010). Thus, the urban-rural divide in Alberta could be one explanation for the discrepancy between the neo-conservative elected governments and the findings of this study (and those of others, such as Cash & Hemphill, 2007; Reutter et al., 2002). As Phipps (1999), notes, "policy choices may or may not reflect the 'average' values of men and women living in the country" (p.11).

Further support for the hypothesis that location may be a factor contributing to political ideology is presented by Cash and Hemphill (2007) who noted regional differences in respondent's beliefs about food security. In fact, the authors found that once age and income were controlled for, the only difference in Albertans' beliefs about responsibility for food security were based on location. Curiously, Cash and Hemphill found that Albertans in northern communities tended to support social responsibility for food security more than Albertans from southern communities. These findings are also consistent with the political landscape of Alberta, in which the most right-wing political parties are born in the south. The most recent example of this is the Wildrose Alliance Party of Alberta,

[19] At the time of writing, the Alberta Electoral Boundaries Commission is reviewing electoral boundaries in Alberta.

which recently won a by-election in the riding of Glenmore- Calgary, and previously held a riding in Cardston-Taber-Warner, which is so far south in Alberta that it borders the United States (Alberta Electoral Boundaries Commission, 2010).

Finally, the finding that place of residence contributes to differences in individual beliefs is very much consistent with a Human Ecological model. Findings from this study suggest that exosystemic factors (i.e., location) influence individual values (i.e., beliefs about caregiving) which then influence women's labour force behaviour and use of centre-based care. Here, I will discuss my findings related to Alberta women's beliefs about caregiving more specifically, as well as how their beliefs are related to their labour force behaviour and use of centre-based care.

Alberta Women's Beliefs About Caregiving

Consistent with other researchers, I found a small, but statistically significant difference suggesting that women are more likely to support a social responsibility model than are men. Arguably, this finding is not surprising given that women are still the primary caregivers in the family (Doherty, Rose, Friendly, Lero, & Hope Irwin, 1995). A Canadian Policy Research Network (CPRN) study found that women are significantly less likely than men to believe that parents should sacrifice themselves for the sake of their children (Phipps, 1999). Phipps notes that, "it is easier to say that sacrifices should be made when you are less likely to be the one making the sacrifice" (p.12).

Women's support of a social model of responsibility is also consistent with the findings of Cash and Hemphill (2007) who found that male respondents had attitudes of greater individual responsibility for alleviating household food insecurity. Gilligan (1982) argues that women have a tendency to espouse collectivism versus individualism, or placing the care of others before oneself. Another explanation is provided by Reutter et al. (2002) who suggest that women could be more supportive of social policies as they are more socially and economically vulnerable, and may experience the effects of policies, such as child care, to a greater extent than men. Connelly and Kimmel (2003) make the point that although mothers themselves may not be caring for their children, they are still tasked with searching for and finding care for them. In any case, the difference between women and men with respect to their beliefs about caregiving support the notion that a distinct "political culture" can exist between individuals (O'Neill, 2002).

Women's Beliefs about Caregiving, Labour Force Participation, and Use of Centre-Based Care: Returning to an Ecological Model

Although I did not provide specific hypotheses about how women's personal beliefs about caregiving would influence their labour force behaviour and use of centre-based care, using the Human Ecological model, and based on my review of the literature, I informally hypothesized several outcomes for this study. The first I have already mentioned. That is, based on Alberta's politically neo-conservative macrosystem, I anticipated that Albertans in general (and Alberta women in particular) would espouse individual beliefs about

responsibility for caregiving. This was not the case. However, several other hypotheses were supported. Before discussing these however, first I will discuss the characteristics of women that predicted their personal beliefs about caregiving.

Characteristics of Women that Predict Beliefs about Caregiving

Several demographic characteristics of women predicted their social responsibility beliefs about caregiving. Cook and Barrett (1992, as cited in Reutter et al., 2002) describe the 'disposition-attribution' model of policy support which helps to partially explain these findings. In the model, four factors are said to influence support for social welfare: (1) self-interest (people will support programs that benefit them); (2) political predispositions (support for programs is based on political preference); (3) recipient deservingness (support is based on perceived need, and that the need is beyond the recipient's control); and (4) program effectiveness (support for the program is based on the fact that it is effective and not wasted public funds).

When all the women in the sample were looked at together, living in an urban setting and being unmarried (single, widowed or divorced) predicted Alberta women's support for the social responsibility model. Given that support for the Liberal and New Democratic Party tends to stem from urban settings in Alberta, political predispositions could account for the finding that women living in urban settings are more likely to support social responsibility beliefs. Further, the fact that unmarried women were more likely to support social responsibility beliefs is supported by the self-interest tenant of the model. That is, women who

are married can rely on their spouse's income and child care support more so than women without a partner (Connelly & Kimmel, 2003) and therefore unmarried women could require more public support than women with spouses or partners.

When only women with children in the study are considered, the child-relevant factors (e.g., number of children in the household and age of the youngest child) become important, but neither location nor marital status are predictive any longer. More specifically, having more children in the household, and older children both contributed to women's social responsibility beliefs about caregiving. When women with children are broken down by family stage, it becomes apparent that older children contribute to women's social responsibility beliefs about caregiving specifically for women with preschool children. Having more children in the household predicted women's social responsibility beliefs about caregiving for women with school-age children.

Here, the disposition-attribution model can only partially explain these findings. The finding that an increasing number of children predicted social responsibility beliefs is consistent with the self-interest tenant of the model. That is, women with more children are, arguably, more likely to require some type of support (beyond their own familial effort) in caring for their children. On the other hand, the model does not necessarily explain why women with older children tend to support social responsibility beliefs.

Thus, the disposition-attribution model presented by Cook and Barrett is somewhat useful in explaining the findings of this study. However, because some of the findings cannot be easily explained by the model, further investigation of

the factors used in the study may be required to understand why this is the case. One explanation for the disconnect between my findings and the disposition-attribution model might be that because the percent of the variance in women's beliefs about caregiving that is accounted for by the factors in this study is low (across all family stages), it is likely that characteristics other than those considered in this study contribute to women's beliefs about responsibility for caregiving. Perhaps, if characteristics related to Cook and Barrett's factors of 'recipient deservingness' and 'program effectiveness' had been considered, more of the variance in women's beliefs about responsibility for caregiving would have been explained.

The Relationship Between Women's Personal Beliefs about Caregiving, Labour Force Behaviour, and Use of Centre-Based Care

In terms of a woman's personal beliefs about caregiving, her labour force participation and use of centre-based care, I first hypothesized that a woman's personal beliefs about caregiving would predict her labour force behaviour and use of centre-based care. This was based on the Human Ecological model premise that an individual influences, and is influenced by, a variety of environments (Bronfenbrenner, 1994). In this case, as noted in the opening of this chapter, my hypothesis was correct in that women's personal beliefs about caregiving were found to influence her labour force participation and use of centre-based care.

However, despite the fact that women's personal beliefs about caregiving significantly predicted their labour force behaviour[20] and use of centre-based care[21], it should be noted that these contributions were small[22]. For instance, when all women in the study were looked at, only 6.8% of the variance in women's labour force participation was explained by the factors included. Women's personal beliefs about caregiving may contribute to more of the variance in women's labour force behaviour and use of centre-based care than is demonstrated by this study, as a result of a weak measure of beliefs about caregiving. Perhaps the index of caregiving beliefs was not sophisticated enough to accurately capture women's personal beliefs about caregiving. It is possible that if different questions were used, or if the questions had been worded differently, that index scores would have captured more of the variability in beliefs about caregiving, which could have resulted in a stronger relationship between women's beliefs and labour force behaviour or use of centre-based care. Such speculation is not unreasonable given the skewed and restricted range on several individual items, and thus, the overall index. For example, including the variables related to participants' beliefs about the importance of breakfast and recreation programs as part of the index of caregiving may have inflated

[20] For women with preschool and school-age children, and women without children under 14 years. Women's personal beliefs about caregiving also produced a trend in predicting labour force participation for women with preschool children only.

[21] Directly for all women with children under 14 years, and indirectly (via working) for women with preschool children only and women with preschool and school-age children. Women's personal beliefs about caregiving also produced a trend in predicting women's use of centre-based care for women with preschool children only.

[22] It was not always the case that a low percentage of the variance in women's labour force behaviour and use of centre-based care was accounted for. For example, for women with preschool children only, 30.5% of the variance in women's work status was explained. Of course, even when more of the variance was accounted for as it was in this case, a substantial proportion is still unaccounted for, and therefore I wanted to address this issue generally.

participants' scores on the index (because responses to both of these questions were skewed toward support for social responsibility). If these questions had included a stipulation that the participants' taxes would increase if the breakfast or recreation program were to be provided, this may have altered the participant's response (from very important to important, for example). This issue highlights the difficulty in measuring individual beliefs or values. As O'Neill (2002) points out, "(d)ifferences in values are often suggested as possible explanatory factors for measured differences in voting and opinions, rather than measured in their own right. This weakness rests in part on the difficulty involved in attempting to measure values as opposed to voting behaviour and opinions and attitudes" (p. 45).

Alternatively, it is possible that factors other than those included in the study actually predict women's labour force behaviour and use of centre-based care in Alberta, and that the factors that were included do not contribute to women's labour force behaviour and use of centre-based care as much as these other factors. One such factor that was not included in the study was a woman's personal income. A woman's income (independent of her male partner's income) has been shown to be predictive of women's labour force participation (Cleveland et al., 1996; Powell, 1997). However, information collected about income in this study was based on households, not individuals, and therefore it is possible that the predictive power of income on women's labour force participation (in

particular) was lost[23]. Another factor which was not included in the study was the accessibility (availability of spaces and cost) of childcare. Although the research literature suggested that accessible child care plays a large role in determining women's labour force participation and use of care (e.g., Connelly & Kimmel, 2003; Chevalier & Viitanen, 2002; Hofferth & Collins, 2000) this variable was not available for consideration in this study.

The second informal hypothesis I made was that women's beliefs about caregiving would predict her likelihood of working and use centre-based care. Specifically, I hypothesized that women who believe that caring for children is an individual responsibility will be less likely to work, and use of centre-based care, because they believe that it is their own responsibility to be the primary caregivers of their children— therefore they do not work and will not be as likely to use centre-based (non-maternal) care[24]. On the other hand, women who believe that caring for children is a social responsibility will be more likely to work and use centre-based care because they do not necessarily believe that it is their personal (or familial) responsibility to care for their children on their own.

This hypothesis was only partially supported. For all women in the study with children under 14 years, social beliefs about caregiving predicted an increased chance in use of centre-based care. Somewhat surprisingly, for women with preschool children only, there were trends such that the more social their

[23] Household income was not found to be related to women's beliefs about caregiving, labour force participation or use of centre-based case in a meaningful way, and therefore was not included in the regression analyses.

[24] To be clear, my hypothesis was based on the idea that women holding individual responsibility beliefs would be more likely to believe that caring for their children was the family's responsibility. I make the assumption that women are more likely to be the caregivers in the family than their male partners, which is supported by the research literature.

beliefs about caregiving, the less likely they were to be working but the more likely they were to be using centre-based care. For women with both preschool and school-age children, beliefs about caregiving predicted likelihood of working (women with greater social beliefs were more likely to be working) and work status predicted use of centre-based care (working women were more likely to use centre-based care). For women with school-age children only, beliefs about caregiving responsibility did not predict working or use of centre-based care. For women without children under 14 years, individual beliefs about caregiving predicted an increased likelihood of working (use of centre-based care was not relevant, and therefore not considered in this case).

How might one interpret these inconsistent findings? In terms of women's use of centre-based care, it is not surprising (based on my hypothesis) to find that women with social responsibility beliefs are more likely to use child care, given that the use of centre-based care reflects a social model of caregiving responsibility. Perhaps this finding is apparent in the case of women with preschool children only and women with preschool and school-age children because these women are potentially the most dependent on centre-based care, as their children are not yet in school. Of course, women with preschool children only do not have older children who could provide child care, and are therefore potentially even more dependent on centre-based care.

In terms of women's labour force behaviour, my hypothesis was correct in that for women with both preschool and school-age children, social beliefs about caregiving predicted working. However, my hypothesis was not confirmed

across any of the other family stages. One explanation for why women with individual responsibility beliefs are more likely to work is that women with individual responsibility beliefs are less likely to rely on social supports or welfare-based programs and therefore are more likely to work to earn their own living. However, neither this explanation, nor my hypothesis, provide insight as to why social beliefs about caregiving predicted working in some cases, individual beliefs predicted working in other cases, or why neither type of belief was predictive in other instances. Here I provide several explanations for these apparently inconsistent findings.

First, as I mentioned previously, it is possible that the validity of the index of caregiving was compromised, and therefore, was not sensitive enough to detect true differences in women's beliefs about caregiving. Another possibility, along a similar vein, is that the individual-social dichotomy is actually false. Although I used an index which ranged from individual to social (to avoid a definitive dichotomy), perhaps the questions which made up the index did not allow for the full range of the true variance of the 'responsibility for caregiving' construct. Further, the research literature does not provide for a means to describe a belief that is neither completely individual nor completely social, but in between. In fact, Bobo (1991) argues that individuals hold both beliefs at the same time, but depending on the issue, one may become more salient than the other: "Social responsibility beliefs are not merely the opposite end of a single dimension running from social responsibility at the low end to individualism at the high end. Rather, social responsibility and individualism are concurrent ideological

commitments that may assume different levels of importance across individuals" (p. 74). The false individual-social dichotomy is also consistent with the critical feminist notion of the 'false public-private dichotomy', which suggests that separating the home and family (private) from work (public) restricts the dialogue around issues such as women's labour force participation. Perhaps the findings here support the need to extend the dialogue around public versus private, or individual versus social, to something more sophisticated. A measure of individual and social beliefs about responsibility which could tap the 'responsibility for caregiving' construct further, would be beneficial.

Yet another consideration is that the relationship between women's beliefs about caregiving and work may not have produced a clear picture because women (and men) are not clear about their own beliefs. Beliefs about responsibility for caregiving are tied to a number of other issues, such as tax rates, reproductive rights, religious beliefs, and a slew of other moral and ethical questions. In this way, it is not surprising that there is "a certain level of ambivalence among Canadians who appear to think that parents should not necessarily make sacrifices for children, yet are not prepared to pay for programs that would mean less sacrifice for parents" (Phipps, 1999, p. 12).

Finally, I note that in hindsight, my hypothesis may have been too heavily focused on the assumption that social responsibility for caregiving is the same as non-maternal caregiving. That is, although I aligned social and individual responsibility with public and private funding for caregiving, I may have over-simplified the notion of public responsibility and equated it with public caregiving

(or centre-based care, in this study) in forming my hypotheses. Perhaps my initial assessment of Kremer's (2007) 'ideals of care' should be reconsidered[25]. Instead of considering only the fifth ideal (i.e., professional care) to fall under 'social responsibility for caregiving', perhaps all of these ideals might include the possibility of societal or individual responsibility for caregiving, depending on the circumstances. For example, if a mother (or surrogate mother, or father) is entitled to paid leave from work to care for her or his child, the funding for this program could be public, or government-funded[26]. That being the case, despite the fact that the caregiver is a family member (individual responsibility model), public funding supports this scenario (social responsibility model). Given this situation, personal social beliefs about caregiving actually predict a decrease in women's labour force participation (and therefore, use of centre-based care) because a woman could be publicly-supported to stay home and care for her child.

This reconsideration of my hypothesis also helps to explain why women's labour force participation rates in Canada (including Alberta) have been similar to those of other countries where the macrosystems (i.e., political environments) are, arguably, quite different. Although I noted previously that for women with children between 0 and 5 years, the labour force participation of women in Alberta was less than most other provinces across Canada in 2005 (Luffman, 2006; Roy, 2006), the rate of women's labour force participation in Canada (just

[25] Kremer's 'ideals of care' are introduced on page 19. To recap, these include: (1) full-time mother (mother is best care-giver); (2) surrogate mother (any mother is better than none); (3) parental sharing (men and women are able to care for children); (4) intergenerational care (grandmothers care for grandchildren); and (5) professional care (educated and accountable professionals care for children).

[26] In Canada, currently, parental leave replacement income is covered under the federal government's Employment Insurance program (EI) at a rate of up to 55% of a person's annual income, or $447 per week, which ever is less (Government of Canada, 2009).

under 80% for women between 25 and 54 years), generally, does not look much different than rates in the Nordic countries (Sweden, Finland, Norway and Denmark, all just over 80%) at the same time (Jaumotte, 2004).

Given my original understanding of individual responsibility (maternal care) and social responsibility (non-maternal care), it would seem that women's personal beliefs about caregiving (which then contribute to women's decisions to do paid work and use child care) may not be influenced by the macrosystem (i.e., political environment) in as simplistic a way as I predicted, based on the Human Ecological model. However, what is important to note about countries with different macrosystems (e.g., different political environments) such as Canada versus the Nordic countries, is that although the ideology behind the countries' policies may be different, and therefore women's personal beliefs about caregiving may be different, the decisions and actions women take based on their disparate beliefs may look very similar. Thus, it is not necessarily the case that the macrosystem does not influence women's personal beliefs about caregiving, but that their beliefs about caregiving (while different, perhaps as a result of the different macrosystems in which the women exist) result in similar courses of action (i.e., similar rates of labour force participation) for different reasons.

An example might help to clarify this point. In Canada (Alberta) I had hypothesized that given Alberta's political environment, women's personal beliefs about caregiving would tend to be more individually-focused (thereby reducing women's labour force participation). Following from this logic, I might have hypothesized that the labour force participation of women in the Nordic

countries, such as Sweden, would be much higher, because the political macrosystem of Sweden is considered to a strong social-welfare (social-responsibility) model (Bjornberg, 2002). However, given my revised understanding of individual and social models of responsibility, it is possible that Swedish women who tend to favour social models of responsibility choose not to work, because they are entitled to 480 days (16 months) of guaranteed, publicly-funded income replacement[27] (Todd, 2004). Canadian women, on the other hand, may be choosing not to work because of their individual-responsibility beliefs combined with a less robust social welfare model in Canada, which encourages them to stay home (Todd, 2004). Thus, although women in both countries participate in the labour force at similar rates, they are doing so for very different reasons.

Family Health and Well-Being, Real Choice, and Government Programs

Finally, in light of the earlier discussion of women's health and well-being and the relationship to family health and well-being, there are a few points which I would like to address. Researchers have found that women and their families are better off (financially, emotionally, socially, and in terms of mental health) when women's preferences are consistent with their actual lifestyle (Aube et al., 2000; Lero, 2003). For example, women who prefer to be working and are working are better off (and consequently so are their spouses and children) than women who are working and prefer to be home with their children (or vice-versa). Thus, a woman's ability to choose to be home or doing paid work appears to be critical

[27] Swedish parents are paid 80% of their income for the first 390 days of leave and for the remaining 90 days are paid a universal flat rate.

for the health and well-being of herself and her family (Aube et al., 2000; Lero, 2003). Even more precisely, a woman's ability to make a *real choice* about her decision to do paid work or not, is critical. This study has provided a better understanding of how women make choices about their decisions to do paid work or not, by highlighting the fact that women's beliefs about caregiving may contribute to this choice. Ideally, having a better understanding of women's choices around their decisions to do paid work could contribute to macro-level policy changes which provide *real support* for women and their families.

For instance, in Alberta, the Honorable Minister of Finance, Iris Evans commented that, "good parenting means sacrificing some income to stay at home while kids are young" (Canadian Free Press, 2009). Phipps (1999) points out that, "(i)f people in general feel that parents (typically mothers) should sacrifice career aspirations, then policies that help to balance family and workplace responsibilities are likely to be less well developed" (p.12). Such family-friendly policies would be flexible enough to allow women (or men) to stay home with their children, if they preferred to. Such policies would also allow women to do paid work, if this was their preference. Given the tendency for Albertans to support social responsibility for caregiving, it is conceivable that Albertans would support government playing a larger role in funding programs that would encourage them to work, or not, depending on their preference. These programs could allow women to stay home with their children without sacrificing their quality of life due to loss of income, or allow women to work without sacrificing the quality of care their children receive. Such programs might be based on a

stronger social-welfare model, like those which exist in the Nordic countries (Todd, 2004). Arguably, Canadian governments could do more to support the health and well-being of Canadian families (particularly those with young children) by moving in the direction of a stronger social-welfare model.

Limitations

As this study makes use of secondary data, and therefore the survey questions were not designed specifically for this study, I am limited in how extensively I can answer the research questions. For example, when participants were asked about their employment status, responses were limited to 'yes' or 'no'. Mothers on maternity leave were coded as being employed. For the purposes of this study, it would have been preferable to know whether women were employed full-time, part-time, and how many women were currently working versus those taking maternity leave. These differences in employment status could be related to important differences in mothers' caregiving ideology and their use of child care. Further, as noted previously, different questions pertaining to the caregiving index may have allowed for a more sophisticated understanding of individual beliefs about responsibility for caregiving.

A second limitation of this study is the cross-sectional design of the survey used, such that data were collected at only one point in time. In contrast to a longitudinal design, in which data are collected at multiple points over time, this study cannot determine causality. That is, the predictor variable, mothers' ideology, cannot be said to cause work status nor hours in care.

Third, the sample used in this study only included Alberta. Similar information was not collected from other provinces, and therefore, I could not compare the findings from this study with other provinces, or conclude whether these findings might be generalizable to other provinces across Canada.

Fourth, in comparing family stages, it was not possible (given the demographic information available) to determine whether the group of women without children under 14 is comprised of women who have not yet had children, do not have children and will not have children, or women who have children 14 years of age or older. Information based on age of the women in the sample and their relationship status suggests that this family stage is comprised of women from all of these categories. Thus, this 'family stage' is not as true a 'stage', but rather, a combination of stages. Caution should be taken when interpreting the results related to the family stage consisting of women without children under 14.

Finally, it should be noted that the sampling frame used in this study excludes Albertans who do not have a telephone number, which may or may not include lower income Albertans or transient individuals.

Implications and Recommendations for Future Research

Although caring for children is often considered when examining the issue of women's labour force participation, women's beliefs about who is responsible for caregiving has not been examined previously. This study contributes to a limited body of knowledge regarding the understanding of beliefs about caregiving in general, and specifically, beliefs about caregiving in Alberta. As Reutter et al. (2002) point out, "(t)here is substantial evidence that public

perspectives influence governments in the development of public policy across many policy fields, but particularly in the area of social welfare. Yet, there is virtually no Canadian research, other than limited public opinion polling, on public support for… policies and factors that influence this support" (p. 297).

Further, although a number of studies have attempted to measure beliefs about responsibility for social issues (food security, old age pensions, etc.) a standard measure of caregiving responsibility is yet to be developed. This study contributes to the possibility of the development of such a measure by providing a rudimentary index which attempts to measure the construct of 'responsibility for caregiving'.

This study also contributes to the research literature which examines women's labour force participation by identifying the need for a broader view of the issue of women's labour force participation. Or perhaps more accurately, this study provides a perspective that has not yet been applied by researchers. A formal qualitative study which examines women's beliefs about caregiving with respect to their labour force behaviour would build nicely upon what has been revealed here.

Finally, information derived from this study may be useful in informing both public and private policy that aims to meet the needs of Alberta women (and their families), with respect to their labour force participation and use of child care.

Summary and Conclusion

The comments made by Alberta's Honorable Minister of Finance, Iris Evans, sparked a debate that has been simmering for years, and is clearly a sore point for many parents. Through the years (literally) that it took me to complete this project, I spoke with many Albertans, many parents who asked "what my thesis was about". Everyone had something to say. Although this study was purely quantitative in method, I informally, and without intention, collected much qualitative data on the subject of this thesis. I heard from several working mothers who expressed guilt about not being "home with their kids". I heard unpaid working mothers who expressed guilt about being home with their children (they seemed to feel they should apologize for their role). Intuitively, the notion that women's beliefs about responsibility for caregiving will impact their labour force behaviour, and use of child care, makes sense. This study has provided some empirical evidence of this, and I hope, will stimulate future research that will more systematically explore beliefs about responsibility for caregiving. Perhaps a better understanding of our own beliefs will allow for better decision-making when we attempt to tackle these value-laden, empirically challenging, (and sometimes messy) issues.

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APPENDIX A

NUMBER AND PERCENTAGE OF ALL DEMOGRPHICS FOR EACH SAMPLE

	Full sample (*n* = 1443)		Women with pre-school children (*n* = 146)		Women with preschool/ school-aged children (*n* = 83)		Women with school-aged children (*n* = 224)		Women without children under 14 years (*n* = 446)	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Relationship status										
Married or common law	1083	75.1	131	90.3	77	92.8	187	83.5	299	67.0
Single	171	11.9	8	5.5	0	0	12	5.4	92	20.6
Divorced	124	8.6	6	4.1	0	7.2	23	10.3	39	8.7
Widowed	59	4.1	0	0.0	0	0.0	2	0.9	14	3.1
Level of education attained										
Less than high school	82	5.7	9	6.2	5	6.0	3	1.3	21	4.7
High school	258	17.9	24	16.6	19	22.9	23	10.3	83	18.6
Some post-secondary	302	20.9	20	13.8	8	9.6	58	25.9	94	21.1
Degree/Diploma	789	54.7	90	62.1	50	60.2	138	61.6	246	55.2
Age (group)										
18-29 (1)	193	13.4	48	33.1	6	7.2	7	3.1	90	20.2
30-39 (2)	358	24.8	83	57.2	55	66.3	71	31.7	40	9.0
40-49 (3)	342	23.7	13	9.0	21	25.3	120	53.6	79	17.7
50-59 (4)	264	18.3	1	0.7	0	0.0	26	11.6	166	37.2
60-69 (5)	169	11.7	0	0.0	0	0.0	0	0	71	15.9

70-79 (6)	80	5.5	0	0.0	0	0.0	0	0.0	0	0
80-89 (7)	17	1.2	0	0.0	0	0.0	0	0.0	0	0
Ethnic background										
Aboriginal	38	2.6	5	3.4	2	2.4	6	2.7	7	1.6
African/Caribbean/Black	21	1.5	1	0.7	5	6.0	2	0.9	6	1.3
Asian	78	5.4	6	4.1	7	8.4	19	8.5	19	4.3
Hispanic/Latino	18	1.2	4	2.8	0	0.0	6	2.7	4	0.9
Middle Eastern/Arabic	15	1.0	3	2.1	0	0.0	0	0.0	4	0.9
White/European	1222	84.7	122	84.1	68	81.9	184	82.1	394	88.3
Other	31	2.1	3	2.1	1	1.2	4	1.8	8	1.8
Household income										
$19 999 or less	66	4.6	7	4.8	2	2.4	6	2.7	22	4.9
$20 000 - $39 999	144	10.0	11	7.6	10	12.0	18	8.0	43	9.6
$40 000 - $59 999	206	14.3	18	12.4	12	14.5	29	12.9	68	15.2
$60 000 - $79 999	230	15.9	19	13.1	10	12.0	39	17.4	72	16.1
$80 000 - $99 999	184	12.8	24	16.6	15	18.1	36	16.1	49	11.0
$100 000 or more	383	26.5	46	31.7	26	31.3	68	30.4	107	24.0
Health Region										
Calgary	263	34.2	66	45.5	23	27.7	71	31.7	152	34.1
Capital	548	37.9	43	29.7	33	39.8	86	38.4	172	38.6
Other	402	27.8	36	24.8	27	32.5	67	29.9	122	27.4
Location										
Urban	796	55.2	96	66.2	44	53.0	111	49.6	249	55.8
Rural	647	44.8	49	33.8	39	47.0	113	50.4	197	44.2

Number of children								
0	764	52.8						
1	285	19.7	78	53.4			129	57.6
2	276	19.1	61	41.8	36	43.4	74	33.0
3	82	5.7	6	4.1	29	34.9	17	7.6
4	30	2.1	1	0.7	15	18.1	4	1.8
5	6	0.4	0	0	3	3.6	0	0
Age of youngest child								
0	82	5.7	50	34.5	8	9.6		
1	80	5.5	43	29.7	6	7.2		
2	61	4.2	24	16.6	17	20.5		
3	59	4.1	16	11.0	18	21.7		
4	39	2.7	5	3.4	13	15.7		
5	44	3.0	7	4.8	21	25.3		
6	44	3.0					39	17.4
7	28	1.9					21	8.4
8	31	2.1					18	8.0
9	38	2.6					29	12.9
10	38	2.6					28	12.5
11	52	3.6					34	15.2
12	35	2.4					23	10.3
13	52	3.6					32	14.3

APPENDIX B

STATISTIC AND MEAN SCORE OF WOMEN'S BELIEFS ABOUT CAREGIVING FOR EACH DEMOGRPHIC, BY FAMILY STAGE

Family stage	Women with preschool children		Women with preschool and school-aged children		Women with school-aged children		Women without children	
	Statistic	Mean	Statistic	Mean	Statistic	Mean	Statistic	Mean
Age	$F<1$		$F<1$		$F<1$		$F(4, 416) = 4.38$**	
18-29		12.37		12.67		13.83		13.84
30-39		12.84		12.98		13.05		13.05
40-49		13.00		13.47		13.10		12.70
50-59		13.00		n/a		13.00		12.92
60-69		n/a		n/a		n/a		13.02
Education	$F<1$		$F(3, 78) = 1.67$, n.s.		$F(3, 202) = 1.14$, n.s.		$F<1$	
Less than high school		13.11		11.80		14.67		13.24
High school		12.13		12.84		13.05		13.06
Some post-secondary		12.89		12.87		12.90		13.11
Post-secondary		12.8		13.34		13.12		13.09
Health Region	$F(2, 135) = 3.48$*		$F(2, 79) = 2.15$, n.s.		$F<1$		$F(2, 418) = 4.24$*	
Calgary		12.58		13.57		13.16		13.30
Capital		13.32		13.12		13.02		13.22
Other		12.17		12.62		13.11		12.65
Location	$t(136) = 2.05$*		$t<1$		$t<1$		$t(419) = 2.99$**	
urban		12.97		13.09		13.04		13.34
rural		12.23		13.07		13.09		12.78
Household income	$F<1$		$F(5, 69) = 1.05$, n.s.		$F(5, 176) = 1.29$, n.s.		$F(5, 338) = 1.33$, n.s.	
$19 999 or less		13.17		14.00		13.00		13.80
$20 000 - $39 999		12.45		12.60		13.61		13.41
$40 000 - $59 999		13.06		12.42		12.07		12.85
$60 000 - $79 999		12.29		13.30		12.72		12.98
$80 000 - $99 999		13.45		12.80		12.97		13.35

$100 000 or more	12.71	13.46	13.38	12.91
Relationship status	*F*<1	*F*<1	*F*<1	*F*(3, 415)=1.16, n.s.
Married or common law	12.66	13.05	13.08	12.95
Single	13.50	n/a	13.42	13.35
Divorced	12.33	13.50	13.00	13.33
Widowed	n/a	n/a	13.00	13.69
Number of Children	*F*(3, 135) = 1.18, n.s.	*F*(3, 78) = 2.52, p = .06	*F*(3, 204) = 2.28, p = .08	
1	12.85	n/a	12.89	
2	12.59	13.42	13.20	
3	11.60	12.55	13.65	
4	15.00	13.53	14.50	
5	n/a	12.00	n/a	
Age of youngest child	*F*(5, 132) = 3.38**	*F*(5, 76) = 1.66, n.s.	*F*<1	
0	12.29	13.50		
1	12.15	14.00		
2	13.39	12.38		
3	13.36	12.67		
4	14.20	13.23		
5	14.00	13.48		
6			13.16	
7			13.00	
8			13.17	
9			12.93	
10			13.26	
11			13.03	
12			13.45	
13			12.87	

*p< .05, ** p< .01; n/a indicates the analysis could not be computed

APPENDIX C

STATISTIC AND MEAN SCORE OF HOURS IN CARE FOR THE YOUNGEST CHILD, BY FAMILY STAGE

Family stage	Women with preschool children		Women with preschool and school-age children		Women with school-age children	
	Statistic	Mean	Statistic	Mean	Statistic	Mean
Age (groups)	$F(3, 141) = 2.14$, p=.10		$F(2, 79) = 1.69$, n.s.		$F<1$	
18-29 (1)		4.92		2.33		1.00
30-39 (2)		10.34		8.16		1.20
40-49 (3)		2.23		13.52		1.05
50-59 (4)		0		n/a		1.00
60-69 (5)		n/a		n/a		n/a
70-79 (6)		n/a		n/a		n/a
80-89 (7)		n/a		n/a		n/a
Education	$F<1$		$F(3, 78) = 3.35$*		$F(3, 218)=2.21$, $p=.09$	
Less than high school		10.89		5.00		8.33
High school		9.46		3.79		0.74
Some post-secondary		9.65		0		1.07
Post-secondary		6.72		13.00		1.90
Health Region		$F<1$		$F<1$		$F<1$
Calgary		8.14		8.70		1.49
Capital		8.19		9.79		1.94
Other		6.50		8.62		1.39
Urban-Rural	$t<1$		$t<1$		$t(222)=1.87$, $p=.06$	
urban		8.13		9.66		2.31
rural		6.82		8.47		0.97
Household income	$F<1$		$F<1$		$F(5, 190)=1.02$, n.s.	
$19 999 or less		9.00		12.50		0
$20 000 - $39 999		12.64		7.40		3.44
$40 000 - $59 999		6.67		6.33		1.97

$60 000 - $79 999		8.05		6.20	1.85
$80 000 - $99 999		4.58		9.60	0.25
$100 000 or more		8.76		11.46	2.15
Relationship status	F (2, 142) =3.38*		F(1, 80) = 5.55*		F(3, 220) = 5.83**
Married or common law		6.88		8.05	1.21
Single		20.75		n/a	0.33
Divorced		8.17		22.50	5.87
Widowed		n/a		n/a	0
Number of Children	F(3, 142) = 1.76, n.s.		F(3, 78) = 4.86**		F(3, 220) = 2.43, p = .07
1		10.09		n/a	1.54
2		5.51		15.83	1.01
3		0		4.59	4.82
4		0		4.00	2.50
5		n/a		0	n/a
Age of youngest child	F(5, 139) = 6.33***		F(5, 76) = 1.04, n.s.		F (7, 216) = 3.57**
0		0		0	
1		8.00		7.33	
2		14.00		7.75	
3		16.88		10.83	
4		18.60		8.08	
5		11.43		13.29	
6					4.79
7					2.71
8					0.83
9					2.31
10					1.21
11					0.18
12					0
13					0

*p< .05, ** p< .01, p< .001, n/a indicates the analysis could not be computed